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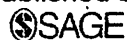
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The various categories of reports of child sexual abuse were examined in Phase 1 of a two-part study. In this first phase, all the reports (N = 576) of child sexual abuse made to the Denver Department of Social Services were categorized. Most reports were reliable accounts (70%), but a small proportion appeared to be fictitious (8%). In Phase 2, fictitious (false) reports of child sexual abuse were examined in detail. Certain clinical features appeared to mark the fictitious reports: lack of emotion and an absence of coercion and threat in the child's account, absence of detail, and several of the children and some adults were suffering from preexisting posttraumatic stress disorders based upon previous experiences. In certain cases, custody or visitation disputes were in force when the allegation arose. Poor quality of interviews with children was sometimes a factor. In our current state of knowledge absolute conclusions are not possible in the absence of corroboration. Tentative conclusions are drawn concerning present clinical practice and suggestions are made for future research.

Reliable and Fictitious Accounts of Sexual Abuse to Children

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Reporting suspected sexual abuse is mandated by law in most of the United States. Local social service departments break down these reports into two broad categories, and label them "founded" or "unfounded," or substantiated/unsubstantiated, valid/invalid. Unfounded reports usually make up approximately half of any area's reports (National Committee for Prevention of Child Abuse, 1986). The implication has been made that such unfounded cases may

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represent false allegations of abuse (Renshaw, 1985) but, as yet, there is a lack of adequate data on which to base this assertion. On the other hand, from a clinical perspective, false reports of sexual abuse to children are generally considered to be an unusual occurrence (Goodwin, Sahd, & Rada, 1982; Horowitz, Salt, Gomes-Schwartz, & Sauzier, 1985; Peters, 1976).

The purpose of the present study was to discover what varieties of situations were included in the broad categories of founded and unfounded, to find out how often child sexual abuse reports were false, to describe the features of false cases, and to derive clinical and research implications from the study of these cases.

The study consisted of two phases. The first was a pilot investigation of the types of reports of suspected sexual abuse made to a city's social service department during one year. The second was a clinical study of allegations considered to be false after evaluation at a child abuse study center. The overall aim was to use clinical experience to review large numbers of reports as well as to evaluate certain cases in depth in order to see if common themes were evident in such cases.

PHASE I

Sample

The Phase I sample consisted of all reports of suspected sexual abuse made to Denver Department of Social Services (DSS) during 1983 ($N = 576$). The reports were received from neighbors, relatives, day-care providers, and professionals. Each report was investigated by the Sexual Abuse Team of Denver DSS before being designated "founded" or "unfounded."

Method

We approached a local DSS and were granted permission to study all child sex abuse case records (provided the use of identifying information was avoided in our report). Preliminary discussions with the DSS Sexual Abuse Team caseworkers established that there were different categories of reports that were made to them. The caseworkers then classified all reports made during 1983 using the definitions set out below. When the caseworker was unsure, the record was reviewed by the researchers and placed into the appropriate category. The following categories were used:

- *Reliable accounts* were reports considered by the caseworkers to be convincing accounts of child sexual abuse (CSA). They included those cases that were corroborated in the legal sense.
- *Recantations* were reliable accounts that were subsequently retracted by the child. The retraction was considered to be falsely made under duress (Summit, 1983).
- *Unsubstantiated suspicions* were reported by an adult about a child. The adult reported his or her suspicion of CSA without malice. The reporter accepted the conclusion of DSS that sex abuse had not occurred. Abuse was not alleged, nor was an adult accused, merely suspicion reported.¹
- *Insufficient information* reports were those for which DSS did not have enough data to conclude whether or not CSA had occurred.
- *Fictitious² reports by adults* were made about children, yet considered by DSS to have not occurred. Deliberate falsifications, misperceptions, and confused interpretations of nonsexual events were all potentially included in this category.
- *Fictitious reports by children* were those in which the child provided an account of sexual abuse that was considered falsely made. As in the previous category, falsifications and misperceptions were included, as well as situations where the child had been coached by an adult to make a false account.

The caseworkers' classifications were reviewed by the research team for agreement. There was agreement between caseworkers and the research team on all cases categorized as recantations. Chosen at random were 10 cases from each of the categories insufficient information, unsubstantiated suspicion, and reliable accounts, and there was full agreement. The category fictitious account by an adult contained 11 cases out of 36 (31%) where the researchers considered there was insufficient evidence to allow a diagnosis to be made. These 11 were recategorized by the researchers as insufficient evidence. (One fictitious account by child case was in fact made by the child's parent on behalf of the child; this case was reviewed with the caseworker and recategorized as fictitious account by adult.)

Results

Table 1 shows the types of reports of suspected sexual abuse made to DSS during 1983. DSS considered that reliable reports and recantations constituted their overall category founded (N = 309; 53%). The remainder were considered unfounded reports (N = 267; 47%). Recantations (N = 25) made up 9% of the total number of founded cases of sexual abuse (N = 309).

TABLE 1
Sexual Abuse Reports in Denver, 1983

<i>Type of Report</i>	<i>N</i>	<i>%</i>	<i>DDS Category</i>
Reliable	284	49	Founded
Recantation	25	4	(N = 309 53%)
Insufficient information	137	24	Unfounded
Unsubstantiated suspicion	96	17	(N = 267 47%)
Fictitious from adult	26	5	
Fictitious from child	8	1	
Total	576	100	

The proportion of fictitious allegations can be considered by subtracting reports where there was insufficient evidence and regarding the remainder as suspicions or allegations of possible sexual abuse (N = 439).

As can be seen in Table 2, 8 allegations were fictitiously made by children, and 26 by adults on behalf of their children. There were 96 cases of unsubstantiated suspicion. Regarded in this way, 70% of the suspicions of sexual abuse turned out to be reliable cases. The fictitious cases are now looked at further.

There were eight fictitious allegations made by five individual children. One child made three separate allegations and another child made two. Four of these five were disturbed female teenagers who had been sexually victimized by an adult in the past, but had made this current allegation fictitiously. The circumstances of the allegation, alleged event, and circumstances were incompatible with the allegation made: The youngsters had symptoms suggestive of posttraumatic stress disorder (PTSD) with sleep disturbance, recollection symptoms, and a disturbance of affect. The fifth child was 4 years old and produced an account with his mother that appeared fictitious by the criteria described below.

The case records of the fictitious cases made by an adult were inadequate precluding a detailed review. However, two adults were parents with major psychiatric disturbance who appeared to have made an improbable allegation based upon their delusions. In other cases, allegations of sexual abuse had arisen in the context of a custody or visitation dispute.

TABLE 2
Types of Sex Abuse Allegation, Denver, 1983

<i>Type of Allegation</i>	<i>N</i>	<i>%</i>
Reliable and recantations	309	70
Unsubstantiated suspicion	96	22
Fictitious by adult	26	6
Fictitious by child	8	2
Total	439	100

PHASE 2

The Kempe Center is an institute of the University of Colorado Department of Pediatrics. It is involved in training and research, and has a small clinical program to which cases are referred by local DSS and other professionals.

Before describing Phase 2 of the study in detail, we will describe the process of validation used at the Kempe Center.

The Process of Validation

All cases were carefully weighed, and a clinical decision made as to the validity of the allegation. We do not have an absolutely reliable test of the occurrence of child sexual abuse. As clinicians, we are usually faced with a child's statement that abuse has occurred, and an opposing adult statement that it has not. Thus the clinical decision consisted of the gathering of relevant data, followed by deciding what degree of confidence could be applied to the conclusion as to whether sexual abuse had occurred or whether the allegation seemed fictitious. Hence we avoided a simple true-or-false dichotomy and chose instead to consider allegations along a spectrum extending from reliable accounts on the one hand to fictitious allegations on the other.

The factors that were taken into account when making the clinical judgment about the veracity of suspicion of sexual abuse are outlined below. An assessment was also made as to whether the alleged events could possibly have taken place within the time frame and in the place described in the allegation. This involves liaison with police officers in order to assess such issues. If a child alleged vaginal penetration or the presence of other individuals during the abuse, corroboration was sought. In such situations, an absence of corroboration

ration contributed to a decision that the report was fictitious. Some children said their account was false, and gave a good reason (unlike the recantations of reliable accounts, in which statements sounded pressured and contrived). In the fictitious cases, we were able to reconstruct a dynamic sequence through which the fictitious allegation had probably arisen. Like Benedek and Schetky (1985), we considered the diagnosis, fictitious allegation, incomplete without such a formulation. Finally, we stress that one dubious factor alone did not lead to a diagnosis of fictitious; rather, the coexistence of several such factors was necessary.

Factors in Validation

The factors presented here are based upon clinical experience and review of those authors who have described their experience with this process of validation (Faller, 1984; Goodwin et al., 1982; Sgroi, Porter, & Blick, 1982; Trankell, 1972; Undeutsch, 1982).

The Child's Statement

The statement was examined for *explicit detail* of the alleged sexual abuse. Younger children, particularly under the age of 5, were not able to relate as much detail as older children (Goodman & Helgeson, 1985). Detailed description of sexual acts was considered unlikely without personal experience.

Unique or distinguishing detail was looked for in the description of the sexual encounter and/or in surrounding circumstances. Such detail included unpredicted, unique, or unusual aspects of the account, for example, descriptions of unusual smells and tastes associated with rectal, vaginal, or oral sex. Such detail was also found in the description of the room, surrounding circumstances, or the clothing people wore.

The child's *words and sentence formation* should have been congruent with the age and developmental status of the child. Children did not usually use adult or sophisticated words to describe body parts of sexual functions such as ejaculation. (However, as time passed, some children adopted their therapists' words.) Sentence construction should have been in keeping with age and developmental status. In this regard, early statements of the child were often more helpful than later ones. The sentence construction and words used by the child when describing sexual abuse were compared with those used

by the child when describing less emotionally charged events.

A *child's perspective* was looked for in the statement. This revealed a perspective of the abuse that could have originated only from the child him- or herself, because of either a child's visual perspective or how a child organizes events.

The *emotion expressed* by the child during the interview was usually congruent with the events being described. However, two caveats were made. First, a child may have experienced one element of the abuse as more offensive than another, and this difference could have been different from the adult evaluator's notion as to what might have been the worst part of the abuse. Second, seriously traumatized children may have had a blunted emotional response. The way in which the account was given to the evaluator was examined. Accounts that were delivered in response to the slightest of prompts from the interviewer, or related in a rehearsed, packaged manner with an absence of appropriate emotion were considered with suspicion, as were those that lacked the usual difficulty, reserve, or hesitancy. We assessed whether the emotion expressed was apparently genuinely experienced or hollow in its character.

Quite apart from emotion expressed during the interview, the child's *psychological response* to the abusive incident was sought. We looked for typical emotional responses such as fear, anger, depression, guilt, dissociation, and feelings of low self-worth.

The *pattern of the abuse* was examined. Often, intercourse was not involved and the abuse consisted of genital fondling or oral sex. When the abuse was committed by a person known to the child, it was common for there to be multiple incidents over time, and a progression in the severity of the sexual contact over the time period involved. In many cases, the child was required to perform some sexual act upon the abuser.

An element of *secrecy* was usual, whereby the child was made to feel that the sexual activity had to be kept hidden either from specific individuals or from the outside world. The child may have been coerced into sexual activity and/or instructed not to tell about it afterward. Sometimes, children were told that they would be physically harmed or removed from people whom they loved, or that some dreadful fate would befall one of their relatives or friends. Such *coercion and threats* were covert or overt.

Other features were less common, but, if present, lent credence to the account. These included pornographic involvement, sadism, and

ritualism. Pornographic involvement sometimes consisted of involvement in a sex ring. On occasion it was produced for consumption within the family or by a group of families who shared sexual interests in their children.

Supporting Features

The features considered below either lent weight or detracted from the child's statement itself.

The *history of the family* provided supportive information. The biography of individual family members, as well as the nature of family interaction, was helpful. The accused's track record of violence, spouse abuse, alcohol and substance abuse, or criminal involvement was sought. Similarly, the nonabusive parent's attitude and response to the allegation of sexual abuse was scrutinized to see if it was in keeping with the responses seen in other corroborated cases. The family may have had a prior history of neglecting or abusing children. Frequently, there was intergenerational abuse and neglect. The parent's attachment to the child provided further data as did family interaction and functioning. The parents often had a history of sexual abuse as children, such a history being more common among incestuous parents.

The *behavior of the child* during the period when abuse was occurring, or the phase directly afterward, often showed typical features. These included anxiety features, sexually inappropriate behaviors and knowledge, depression, sleep and appetite disturbances, and symptoms of a PTSD. Older children displayed more acting-out behavior, running away, lying, stealing, conduct disturbance, drug and alcohol abuse, and suicide or self-harming behaviors.

The child's *disclosure* of abuse was examined to see if it was similar to other confirmed and corroborated cases. We looked to see if the account unfolded in the familiar way, whereby the child gradually overcame his or her internal reluctance, reserve, and fear (Summit, 1983). The timing of the disclosure was examined to see if it was understandable in terms of the pressures to remain silent. We noted whom the child told and why.

The child's *statement to the other people* was examined. A child usually told one of his or her friends initially, or a neighbor, babysitter, trusted adult, teacher, or professional person. The content of this statement was then compared with other statements made by the child.

Consistency between different statements made by a single child was regarded as more complicated than it first appeared. We noted that there was usually, in truthful accounts, consistency with respect to the core elements of abuse, but there was often variation in the more peripheral aspects (Goodman & Helgeson, 1985). Thus the question of consistency was not an either/or situation. It varied with the degree of personal poignancy of the particular experience and its meaning for that child. Similarly, violent elements such as coercion or threat may have been so terrifying for the child that disclosure would be delayed (Lister, 1982). Thus inconsistencies such as these in a child's account over time could be more indicative of a reliable account than a false statement made with monotonous consistency and no variation over time.

The way in which a child used *toys, playthings, and drawing materials* was often revealing. Drawings sometimes contained highly sexual themes. More commonly, play showed evidence of the emotional unavailability of parent figures, neglect and abuse that acted as a substrate to sexual abuse within the family. In cases of abuse by strangers, sexualized themes occurred commonly.

The child's *knowledge of sexual anatomy and function* was often asynchronous with those of similar age and social background. We took into account the subcultural setting in which the child lived, as there is much variation between families as to the degree of personal nudity and knowledge of sexual activity permitted.

Other children who were involved or in the same household may have had a viewpoint concerning the sexual abuse of the index child. Such children may have seen the abuse occurring, had knowledge of it, or have been additional victims, and so their statements were sought.

Physical and Physiological Evidence

Gross physical evidence of sexual abuse occurs in approximately 15% of cases (Kerns, 1981). Paul (1977) has provided a detailed description of the possible physical abnormalities in the sexually abused child. Evidence of ejaculation was sought in vaginal, rectal, and oral orifices as well as evidence of tissue damage or abnormal stretching created by attempted or actual penetration (Krugman & Jones, 1986). Cantwell (1983) has pointed to more subtle findings in sexually abused girls that may give an indication of possible abuse. Physio-

logical correlates of truthfulness, such as the polygraph examination, have not been subjected to sufficiently rigorous studies so as to provide a reliable measure of truthfulness. Cases exist with clear evidence in which the abuser passes a polygraph with ease.

The approach presented above involved assessing as many of the above features as possible, and the relative weight of the individual elements in any single case. At the time of writing, the major emphasis is on the child's statement itself.

Sample

Phase 2 consisted of the 21 false (fictitious) cases of child sexual abuse that were seen at the Kempe National Center between 1983 and 1985. During this period, 696 reliable cases were also seen. These latter cases provided a pool of clinical experience against which to make observations about the fictitious ones.

Method

All cases of child sexual abuse evaluated between 1983 and 1985 were subjected to the process of validation described above. The 21 cases described consist of all the cases considered to be fictitious seen during the years 1983-1985. The fictitious cases were classified into three groups: those made by the child, those made primarily by an adult, and those mixed cases in which both adult and child alleged that the child was a victim of sexual abuse, and it was unclear who first generated the allegation.

One of us (David Jones) categorized the quality of the investigative interview (DSS or police) that had preceded referral to the Kempe Center. The interview was regarded as *adequate* or *inadequate*, depending upon if it was too brief or developmentally inappropriate (e.g., interviewer used double negatives), if it contained excessive leading questions, if anatomically correct dolls were used in a leading manner, or if it simply was *not done* (i.e., no interview with the child).

Results

The Kempe Center sample of 21 fictitious cases consisted of 17 girls and 4 boys ages 1½ to 10 years. Of the 21 cases, 5 were made by the child, 9 by an adult, and 7 were mixed:

The five *fictitious accounts from children* were made by girls between 3 and 9 years of age. Four children were documented to have

been sexually abused before the current allegations, and were suffering from untreated PTSD when the current allegation arose. One child's parents were involved in a custody dispute. All five children made their allegations with little or no accompanying emotion when they described the abuse. Similarly, descriptions of threats were absent from their accounts. In four cases there were no distinguishing or unusual features described, and the expected child's perspective on the abuse was absent. However, the accounts contained considerable detail, even though adjudged fictitious. For example:

Two children were in foster care because they had been physically and sexually abused by their stepfather. While in placement, they made a fresh allegation following a supervised visit that the stepfather had reabused them. The new allegations were detailed, yet were made with little accompanying emotion, no coercive or threatening elements, and simply could not have occurred during the time frame or setting of the supervised visit. Furthermore, each child described the original family home when asked to describe the place where reabuse had occurred. This was at variance with their allegation that they had been sexually abused at the DSS office. It later transpired that they had made this fictitious allegation in order to avoid being returned home from foster care.

Nine fictitious accounts were made by adults. The adults were all female, with seven being children's mothers and two professionals. The children who were alleged to have been abused were between 1 and 6 years old—seven girls and two boys. In six of the nine cases, there was no account provided by the child despite careful and repeated interviewing, and the other three provided minimal information at interview. In seven of the cases, there was a custody/visitation dispute between the mother and her ex-husband. Six of the adults had personal histories of abuse, deprivation, and/or neglect. Five of these showed significant emotional disturbance currently, including the two professionals. The diagnoses were hysterical or paranoid personality disorder and/or symptoms suggestive of PTSD.

There were seven *mixed cases*. In these it was not clear who had first originated the allegation of sexual abuse. Of the children involved, two were male and five female. Ages ranged from 3 to 10 years. In all cases, there was a bitter custody or visitation dispute in process between the mother and her ex-husband. The allegation concerned the ex-husband in all these cases. All seven mothers were psychiatrically disturbed, with paranoid or hysterical personality disorders.

Three of them had evidence of an unresolved PTSD based upon their own childhood experiences of being sexually abused. In these three cases, the mother's abuse had occurred at around the same age as the child who was currently alleged to have been abused. In all seven cases, the mother-child relationship was unusually intense and enmeshed. The child provided emotional support and care for the mother and could be noted frequently checking his or her mother's response and status whenever subjects suspected of upsetting the mother were discussed. In those children who did describe abuse, there was no accompanying emotion or description of coercion/threats in their allegations.

The *quality of the initial investigative interview* was judged. In 8 of the adult fictitious cases, no one had interviewed the child, and it seemed highly probable that the omission had contributed to the confusion about diagnosis. In 10 other cases out of the 21, the interview was judged inadequate, and in only 2 out of 21 was an adequate interview performed.

DISCUSSION

The two phases of this study suggest that fictitious allegations are unusual and that the majority of the suspicions of sexual abuse brought to professional attention prove to be reliable cases. We suggest caution with the interpretation and use of these results, as the DSS survey was a pilot and the clinical survey was uncontrolled. The definition of *fictitious* used in this study was that professionals did not consider that abuse had occurred. This is subject to error, although in both phases of our study the conclusion of fictitious always followed a consensus of professional opinion. We therefore suggest that the results be used as a base for further study and not as a definitive basis for proving that a case is or is not "true." (We are aware that our study has already been misused in court for this latter purpose.)

Types of Reports Made

In the first phase, 8% of the allegations were deemed fictitious (after these cases with insufficient information were removed). This figure compares with 7% fictitious allegations found by Goodwin et al.

(1982), 6% by Peters (1976), and 5% by Horowitz et al. (1985). Katz and Mazur (1979) found a rate of 2% in their series of adult rape victims, compared with the 2% of fictitious child reports in this study. In Phases 1 and 2, children of all ages made fictitious allegations. The youngest to generate fictitious reports on their own initiative without prior coaching by an adult were a 12-year-old girl in Phase 1 and two 5-year-old girls in Phase 2.

In 24% of all the reports made to DSS there was insufficient information for any further decision to be made as to their validity. Since 1983, we have heard anecdotally that several of these have surfaced as confirmed cases of sexual abuse in 1984 or 1985. Of the reliably made allegations, 9% were recanted by the children shortly after disclosure. Goodwin et al. (1982) report a figure closer to 30% for this phenomenon and we have searched for an explanation of this. Our figure may represent an underestimate because our classifications were made around the time of the initial investigation, whereas the process of recantation reflects the child's gradual capitulation to internal and external pressures (Summit, 1983). Additionally, the child victims in this study received counseling and group therapy through the DSS program, and the lower recantation rate in this study may be a positive reflection of such services. Of the reports, 17% turned out to be unsubstantiated suspicions, reflecting that the law requires individuals to report their suspicions of child sex abuse in Colorado. The other factor that may have generated this high number of unsubstantiated suspicions was the high level of public awareness with local media coverage that had occurred in recent years in Denver.

Features of Fictitious Allegations

There was no formally assigned comparison group for the 21 Kempe Center cases. However, 696 cases were seen during the same period, allowing us to draw preliminary conclusions about the features of fictitious reports that appear to distinguish them from reliable ones. Again, we stress that no one factor alone simply discriminated allegations into reliable and fictitious ones. A lack of accompanying emotion as the abuse was being described was frequently found in the fictitious reports. Other authors have also pointed out this feature (Benedek & Schetky, 1985; Brandt & Sink, 1984; Goodwin et al., 1982; Green, 1986; Undeutsch, 1982). However, blandly delivered accounts of sex abuse do occur in certain circum-

stances in reliable cases. For example, when children have been subjected to multiple interviews, they may begin to recount their experience with muted emotions over successive interviews. Similarly, children who have been severely traumatized and suffer from PTSD may show an attenuated emotional responsiveness in all areas of life. However, an evaluative interview, which includes a period of free play, appears to allow evidence of conflict and significant emotion to be elicited, even in situations such as those described above.

In children who had been sexually abused in the past, but later made an erroneous allegation that they had been reabused, there was an interesting difference in their emotional expression when describing earlier abuse compared with that when describing the most recent, fictitious incident. When describing the first incident, their attendant emotion was pained, fearful, and sometimes angry, while the current description was delivered blandly, with little expressed concern. This difference was observed in spite of the fact that the current allegation appeared to have arisen in the context of a flashback or recollection experience. The absence of threats or coercive elements in the fictitious allegations was again of interest because in these children's original, corroborated abusive incidents, there was significant violence described. However, in the current, fictitious allegation, the sexual elements were described in full but without a description of accompanying violence. We feel that care must be taken with this finding, because the violence involved in any sexually abusive act may not emerge at the time the child discloses that he or she has been sexually abused (Lister, 1982).

Fictitious reports frequently lacked detail, whereas the reliable ones contained an appropriate amount of detail for the age of the child. However, the maxim that if a child uses explicit detail then the account must be a true one cannot be relied upon solely, because in this study those children who were prior victims and suffering from PTSD often provided considerable detail of the current alleged incident. Presumably, this was because they indeed had a clear memory of a prior experience, and attached this vivid memory to a new person in their life. As noted above, when children did this, the account lost its affective component and often the element of violence or threat. Hence detail alone may have to be treated with care as a discriminating factor. On the other hand, children who were coached, or those who were interviewed inappropriately, were not able to provide explicit details of their experiences. An interesting exception to this was

a 3-year-old girl who was coached to make a false allegation, but she had the added factor of having been a prior victim of sexual abuse, and thus had vivid personal memories to draw from.

The presence of unique or distinguishing features within the detail of the abuse was useful. Reliable accounts contained this element; however, those children who were suffering from an unresolved PTSD did sometimes include such distinguishing elements, especially concerning their surroundings, but rarely connected to the abuse itself. The language that the child used was often of help. Reliable children used personal pronouns and age-appropriate words and sentence formation when describing abuse. They used personal pronouns such as *I*, *we*, or *me* when describing their experience, whereas some children making fictitious statements used pronouns such as *they* throughout the interview. (In other cases, where sexual abuse was later corroborated, some children used the pronoun *they* when describing a portion of the abusive experience that was not experienced by them as hurtful, only to change dramatically to the use of the pronoun *I* or *me* when describing events that had a personal poignancy.) Yet again, cases of PTSD raised some problems because the account seemed very real at first. However, if the previous sexually abusive event occurred some years before, when the child was immature, then a careful review of the language used in the current allegation was revealing. For example, one child, age 5, who made a fictitious allegation, used words and sentence structure in keeping with her development when age 3. It turned out that she had been sexually abused when age 3 but by a different person, and this review of language used in the current allegation was one of the factors in determining that the current allegation was fictitious.

In addition to the report and statement of the child or adult, useful information was derived from an examination of the adult or parent-child interaction. In this study, acrimonious custody or visitation disputes were often connected with fictitious allegations. However, in a separate study of child sexual abuse allegations in the context of a custody dispute, there were more occasions when there were *both* a custody dispute and a reliable sex abuse account than cases of false allegation (Jones & Seig, n.d.). In the present study, the mother-child relationships were enmeshed and mutually overly dependent in custody cases, suggesting a possible mechanism for the origin of the report in the child's need to provide emotional nurturance for his or her parent.

The observation that adults who made fictitious reports and who became enmeshed with their children often had personality problems or symptoms of PTSD should be approached with caution, because many nonabusive parents in incest families are childhood incest victims, and the presence of such features per se does not discriminate reliable from fictitious. The presence of residual psychological symptoms related to this experience may be helpful, particularly if the adult gives a history of frequent flashback or recollection experiences. In such situations, the adult lives with a constantly elevated fear, sometimes constituting conviction that he or she is about to be sexually abused again, or that a person for whom he or she cares will meet the same fate.

IMPLICATIONS

Clinical Practice

First, this study suggests there is a need for professionals with specialist training in the areas of child development and the dynamics of child sex abuse to be involved in the initial investigative process. Such a response could be experimentally set up for investigation of cases involving young children or custody disputes, and its effectiveness assessed.

Second, there are implications for the type of clinical evaluation required. In selected cases there is a need for interviews with the child alone and with his or her parent, and an assessment of the quality of interaction between child and each parent. Such an evaluation can reveal possible mechanisms and dynamics with which to understand a reliable or fictitious account, particularly in custody or visitation disputes.

Third, the investigation itself should include a clinical process of validation in all cases, so that professionals always keep an open mind and maintain what Goodwin et al. (1982) have termed a "don't yet know" stance while data are being gathered. All too frequently, we saw cases where it appeared that the professional mind had been made up well before sufficient information had been obtained. Fictitious cases can only be diagnosed only if the evaluator entertains the possibility that such a situation is feasible.

Fourth, adults and children should be screened for the presence of prior victimization and PTSD. Such a past history should not be taken as a sign of falsehood; rather, it should raise caution in the

evaluator's mind. In adults who have been sexually abused, symptoms of anxiety or panic episodes, combined with a fear of recurrence, sleep disturbances, and flashbacks, are seen (Horowitz, Wilner, Kaltreider, & Alvarez, 1980). In children, the symptoms are less well defined, and include a similar recurrence conviction that may be expressed in play, anxieties about past and possible future abuse, as well as specific symptoms such as sleep disturbance and panic episodes (Goodwin, 1985). In addition, both adults and children may show an attenuated or muted emotional responsiveness to events that would create more emotion in other individuals.

Fifth, those involved in fictitious allegations, as well as the falsely accused, needed as much help as the reliable cases. The children may continue to believe that they have been sexually abused, especially when involved in overly close and enmeshed relationships with their mothers, as in the fused cases in this series.

Lastly, the absence of an absolute test of truthfulness implies that clinical conclusions should be offered with caution and due regard as to the degree of certainty that can be applied. In our present state of knowledge, in uncorroborated cases, it would be improper to offer conclusions without reference to what degree of doubt exists.

Research and Future Studies

These findings are presented as preliminary, yet provide a basis for future study. Further work on the cases reported to DSS could be done by researchers blind to the caseworkers' outcome categories in order to test the validity of these operationally defined categories. The impact of having specialist interviewers on specific cases could be explored on a comparative basis to see if diagnostic accuracy can be improved and, if so, which cases will benefit from such an approach. Further research into the physical sequelae of sexual abuse is needed, together with studies of polygraph examinations of accused adults in relation to case outcome. Research approaches could also include the rating of videotaped interviews of sexually abused children by clinicians who are blind to the eventual case outcome in order to test the reliability and validity of the factors used in validation of an allegation.

NOTES

1. For example, a divorced mother of a 5-year-old girl reported her suspicion of child sexual abuse on the recommendation of her pediatrician because of the girl's

vaginal redness and irritation after weekend visits with her father. The investigation did not reveal evidence of sexual abuse from the child's account, from further medical assessment, or from the quality of interaction between child and each parent. The mother accepted the department's conclusion, and at no point was a false allegation of sexual abuse made, but a suspicion was appropriately reported and investigated.

2. The term *fictitious* is used instead of *false* to avoid a pejorative connotation, and to include misperceptions and the like.

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