

# False Sexual Abuse Allegations: Causes and Concerns

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Because of the zeal to protect children from sexual abuse and because a number of generalizations have evolved about sexual abuse, society has paid less attention to the rights of those accused of sexual abuse. The result of an iatrogenic charge carries serious consequences for the falsely accused and their families.

## FALSE ACCUSATIONS WIDESPREAD

Besharov examined reports of abuse in New York State and found that despite the fact that 23,000 more reports of abuse were filed in 1983 than in 1979, the number of substantiated reports decreased by almost 100. Besharov asserts that more than 500,000 families are put through investigation of unfounded reports each year.<sup>1</sup> Concerned parents and professionals have established a national organization called VOCAL (Victims of Child Abuse Laws), which has organized approximately 100 chapters and publishes a national newsletter.<sup>2</sup>

## SEXUAL ABUSE GUIDEPOSTS

Certain physical and behavioral signs generally associated with sexual abuse serve as guideposts in making clinical decisions about the likelihood that sexual abuse has occurred. A problem arises, however, when guideposts become generalizations that are presumed to indicate sexual abuse in all cases in which they appear. This article examines 10 generalizations about sexual abuse and provides examples of situations in which the generalizations are unsupported. The generalizations are not invariably false, but they can be false, and relying on them in certain instances may lead to a false accusation.

**Generalization 1. Nightmares, Infantile Behavior, Excessive Masturbation, and Depression Are Signs of Sexual Abuse in Children.** Although behavioral disturbances can and do accompany sexual abuses, the converse is not necessarily true. Chess, Thomas, and Birch state that almost every child experiences occasional sleep disturbances, including nightmares, and regression to infantile behavior.<sup>3</sup> Anxiety disorders, excessive masturbation, and depression also can exist independently of

sexual abuse and can be problems in their own right if the behavior is excessive or prolonged.

**Generalization 2. When Children Say They Were Touched on Their Genitals, They Mean Sexual Touching.** They may mean precisely that, but when dealing with children under age 5, they may not. Children in these preoperational stages often take words literally.<sup>4</sup> If a child's father has ever wiped her, changed her diapers, or washed her, she might well answer correctly that he has touched her genitals. Yet in these cases, no sexual abuse has occurred.

**Generalization 3. If a Child Has Presocial Sexual Knowledge, He or She Gained that Knowledge from Direct Sexual Contact.** Although direct sexual contact is one way to gain sexual knowledge, other ways exist as well. A child may have witnessed the parents during sexual activity, may have examined hidden pornographic magazines in the home or at a friend's house, may have watched explicit sexual acts on cable television, or may have been exposed to another child who educated him or her about sexual language and behavior.

**Generalization 4. Children Don't Lie about Sexual Abuse.** In 46 allegations of sexual abuse, Goodwin, Sahd, and Rada found four cases of false accusations.<sup>5</sup> Two of these involved false accusations or lies by the child. Younger children might not lie deliberately, but they might not understand what they are being asked.<sup>6</sup> Interviewers of younger children need to ascertain whether the child knows the difference between "pretend" and "real."<sup>7</sup>

**Generalization 5. Children of Any Age Can Be Tested Reliably for Sexual Abuse.** In testing terminology, *reliability* means consistency of response. Sgroi argues that children under the age of 5 "frequently lack the verbal and conceptual skills required for investigative interviewing" in sexual abuse assessment cases.<sup>8</sup>

**Generalization 6. The Use of Anatomically Correct Dolls Is a Valid Procedure for Sexual Abuse Assessment.** In testing terminology, *validity* means the test measures what it claims to measure. In 1976, Friedmann and Morgan designed and developed anatomically correct dolls: each male doll has a penis and testicles, and each female doll has a vaginal opening and breasts.<sup>9</sup> All the dolls have oral and anal

openings, and the adult dolls have pubic hair. The assumption has been made that children can use these dolls to demonstrate sexual abuse done to them, but validity of this method has never been established formally.

Gabriel examined the behavior of 19 normal, nonabused children, ranging in age from 2.2 to 4.9 years, at a day-care center during a half-hour session in which anatomically correct dolls were made available together with other play material.<sup>10</sup> Three children fled the testing situation. Half of the remaining 16 children exhibited unusual interactions with the dolls' genitals, similar to interactions described by examiners in sexual abuse investigations.

**Generalization 7. The More Times a Child Is Tested, the More Reliable the Results Will Be.** Repeated questioning by parents, social workers, and police officers can in some cases result in children "admitting" to having been sexually abused when in fact they were not. In these cases, children are responding to the attention and other reinforcement they receive for answering this way.<sup>11</sup>

**Generalization 8. Knowing about the Relationship between the Parents Is Not Necessary to Ascertain Whether Sexual Abuse Has Occurred.** Benedek and Schetky compared 10 cases of false accusations of sexual abuse with eight documented cases. They found that in four of the unconfirmed cases and two of the confirmed, abuse allegations arose after the parents had separated or divorced. In all cases of false accusation, charges were brought by the parents, not the child. In contrast, children brought charges in six of the eight documented cases.<sup>12</sup> Schuman examined seven cases in which claims of abuse were shown to be invalid, and found that all seven occurred in a context of domestic relations litigation.<sup>13</sup>

**Generalization 9. Anyone with Appropriate Training in Sexual Abuse Assessment Can Test Accurately for Sexual Abuse of Children.** Although training courses in sexual abuse assessment are useful, they cannot guarantee accurate testing and conclusions regarding sexual abuse. Testing requires not only an understanding of the dynamics of sexual abuse, but also an understanding of normal child development, clinical interviewing

skills, and an unbiased attitude on the part of the examiner. If examiners were subjected to a Rosenhan-type study in which pseudo-patients—that is, nonsexually abused children—occasionally were presented to them for examination of sexual abuse, and the examiners knew of the abuse in advance, they might be more open to the possibility of false allegations.<sup>14</sup> If the professionals working with children have ever been sexually abused themselves, if a family member has experienced abuse, or if they or a family member has difficulty with their own sexuality, they may find it difficult to remain impartial. In any case, diagnostic interviews ideally should be videotaped in their entirety, so that others can weigh independently the examiner's conclusions.

**Generalization 10. It Is Better to Err in Falsely Accusing Someone of Sexual Abuse than to Fail to Confirm That a Child Has Been Sexually Abused.** Little attention has been paid to the negative consequences for those wrongly accused of sexual abuse. Employers, neighbors, relatives, and friends call the accused person's reputation into question, even if the accused later is found innocent of wrongdoing. Alleged abusers lose time and money on legal defense and may begin to doubt the meaning of their own actions and take on a more defensive relationship with the child they allegedly abused. At worst, the person could be wrongfully incarcerated. In addition, nonabused children suffer from the notoriety of having a parent or a relative who was accused of being a sex offender.<sup>15</sup>

### PRACTICE RESPONSIBILITY

Those who examine children for sexual abuse should be aware of the systematic nature of their conclusions. Not only is the examiner making a statement about a child and the child's welfare, the examiner also is making a judgment about the guilt or innocence of another human being regarding an action considered a serious criminal and moral offense. Given that weighty responsibility, examiners must be well-qualified and exercise extreme caution in making allegations of sexual abuse, especially in cases in which the child is younger than 5 years old; the evidence is strictly behavioral, or the parents of the child are in a custody battle. Examiners also must be aware that the time spent on false allegations could be spent better helping those who are actually abused or who are abusers.

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### Notes and References

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Accepted April 3, 1987

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