

PII S0145-2134(99)00108-8

ERRONEOUS CONCERNS ABOUT CHILD SEXUAL ABUSE

R. Kim Oates

Department of Pediatrics & Child Health, The University of Sydney, The New Children's Hospital, Westmead, NSW, Australia

DAVID P. H. JONES

University of Oxford, Park Hospital for Children, Oxford, UK

DAVID DENSON

Central Registry of Child Protection, Colorado Department of Human Services, Denver, CO, USA

ANDREW SIROTNAK

Kempe Child Protection Team, Department of Pediatrics, University of Colorado School of Medicine, Denver, CO, USA

NANCY GARY

Department of Pediatrics, University of Colorado School of Medicine, Denver, CO, USA

RICHARD D. KRUGMAN

The C. Henry Kempe National Center for the Prevention and Treatment of Child Abuse and Neglect (now the Kempe Children's Center), Department of Pediatrics, University of Colorado School of Medicine, Denver, CO, USA

ABSTRACT

Aim: To assess the incidence and nature of concerns about sexual abuse, with particular reference to erroneous concerns of sexual abuse made by children.

Methods: A review of case notes of all child sexual abuse reports to the Denver Department of Social Services over 12 months. Cases were put into four groups: substantiated, not sexual abuse, inconclusive and erroneous accounts by children. **Results:** 551 cases were reviewed. Forty-three percent were substantiated, 21% were inconclusive and 34% were not considered to be abuse cases. There were 14 (2.5%) erroneous concerns emanating from children. They comprised three cases of allegations made in collusion with a parent, three cases where an innocent event was misinterpreted as sexual abuse and eight cases (1.5%) of false allegations of sexual abuse.

Submitted for publication January 23, 1998; final revision received October 19, 1998; accepted October 19, 1998.

Request for reprints should be sent to R. Kim Oates, Sydney University Department of Paediatrics & Child Health, The New Children's Hospital, Cnr Hainsworth Street & Hawkesbury Road, Westmead, NSW 2145, Australia.

Conclusion: Erroneous concern of sexual abuse from children are uncommon. The four categories of concern in this study, in contrast to the simple classification of substantiated and unsubstantiated, provide a means of encouraging open minded assessments of the typical concerns which a child protection agency receives. © 1999 Elsevier Science Ltd

Key Words-Child sexual abuse, False allegations, Erroneous accounts.

INTRODUCTION

ONCE A CHILD protection agency is notified that a child may be a victim of sexual abuse, the suspected case is first screened for appropriateness, then investigated. Surveys of the outcome of investigations in the USA indicate that 41% to 53% of such concerns subsequently become confirmed as cases of sexual abuse (Finkelhor, 1990; US Department of Health and Human Services, National Center on Child Abuse and Neglect, 1994). We have used the term "concern" about child sexual abuse in preference to "allegation." The Oxford English Dictionary defines allegation as "a statement made without proof." In contrast, the term concern better describes the range of problems which present to a child protection agency. These concerns range from the tentative or poorly formed, through to the clearly abusive or those which appear to have little substance. What all these concerns have in common is the need for some degree of investigation.

Confirmed cases are also sometimes called "substantiated" or "founded" cases, the remainder are classified as "unsubstantiated" or "unfounded" cases. Researchers, commentators and the lay public have all expressed reservations about errors in classification because of the worry that among the substantiated cases, some may be wrongly categorised; resulting in a "false" allegation of sexual abuse. This is because of the serious consequences which ensue for the child and adults involved following "substantiation" of a case when there is no sexual abuse. These may include separation of child and parent, imprisonment, loss of job and reputation, and major psychological stress for all concerned.

There are several steps in the journey from a referral about suspected child sexual abuse to the consequences listed above. These include: investigation of the concern, a decision by the agency as to whether or not the reported concern comprises a case of sexual abuse or constitutes an error, child protection action and legal response.

A distinction can be made between the types of concern which are presented for investigation by an agency and the conclusions which that agency makes about them. On this basis, with regard to mistaken situations, we can distinguish between Erroneous Concerns (such as a referral, generally made in good faith, which is found to be groundless), and Erroneous Cases (false positive or false negative cases of CSA). This study looks at what one social services agency concluded about the concerns of sexual abuse which were presented to it during the course of one year. In this way we can provide from one metropolitan area of the USA a picture of a typical series of consecutive concerns about possible child sexual abuse and the conclusions which were drawn about whether these children had been abused or not.

Our overall aim was to distinguish the types of concerns which were referred. We were particularly interested in the concerns which were unsubstantiated at case conclusion, to see if we could better describe and enumerate these. We wanted to see whether the proportion of erroneous concerns of sexual abuse made by children (previously termed fictitious or false) had changed since our previous investigation of cases by the same agency, 9 years before in 1983 (Jones & McGraw, 1987). In addition we wished to see whether erroneous concerns of sexual abuse which emanate from children could be further classified in a way which would assists in assessment and management.

METHODS

The case records of cases of all child sexual abuse reports (CSA concerns) which were investigated and concluded by the Denver Department of Social Services from 1st January to 31st

December, 1992 were reviewed. Notifications include all reports of possible child sexual abuse, ranging from the vague to the clear cut. They can be made by telephone, by letter or by the child being seen at a professional agency, such as a hospital emergency department. All reports are reviewed and, based on the information presented a decision is made by the Department's supervisor as to whether to investigate the report. Some CSA concerns are not investigated by the Department because the child is not living within the Department's geographic area, while others are not investigated if they are considered unlikely to be sexual abuse.

If the CSA concern is accepted, a file is opened and an investigation commenced. The file remains open until a decision is made: a case conclusion. Reasons for concluding a case include no requirement for any action, such as a complaint not being able to be confirmed, referral to another agency or county for ongoing management or the case management plan being finalised. In reviewing the case records of the reports, we put them into four categories, based entirely on the decision made by the case worker as recorded in the case records. In a very small number of cases (less than 2%), where the case records were not clear and where it was difficult to be sure as to which category to use, further details and clarification were obtained from the relevant case worker. The four categories were:

- 1. Substantiated sexual abuse: This was based on the case worker's assessment that sexual abuse had occurred. This assessment was made on one or more of the following: information obtained from the child and family; medical evidence; court findings or perpetrator's confession.
- 2. Not sexual abuse: This included those cases where it was judged highly unlikely that sexual abuse had occurred and those cases where it was felt that sexual abuse had definitely not occurred (but excluding category 4).
- 3. Inconclusive cases: This category included those cases where it was felt that sexual abuse may have occurred but where there was insufficient evidence for the case to be put into the "substantiated" category.
- 4. Erroneous concerns by children: These reports were classified into three groups. The first group included cases where the allegation was made in collusion with a parent. The second group comprised cases where the child thought that sexual abuse had occurred (but the professional did not) and the third group contained those cases where the child had knowingly fabricated a story of sexual abuse.

Details were recorded about the age of the child, the relationship of the offender to the child and the offender's age group. Every 20th case was checked separately by a different member of the research group. Inter-rater reliability of the classification of cases into the four categories: substantiated cases, no sexual abuse, inconclusive cases, and erroneous reports by children was 89.5%.

RESULTS

Five hundred and fifty-one cases were investigated and concluded during the period under review. The classification of the cases is displayed in Table 1. Forty-three percent of cases (236) were classified as substantiated and 21% (116) were in the inconclusive category where sexual abuse may have occurred but with insufficient evidence to be classified as "substantiated." In 34% of cases (185) it was judged that sexual abuse had not occurred, the "not sexual abuse" category. This "not sexual abuse abuse had not occurred or was unlikely to have occurred (114 cases) and a group of erroneous concerns: where a parent or relative had over-reacted, wrongly assuming that sexual abuse had occurred (32 cases); where a community member had made a notification of sexual abuse which was found to be groundless (21 cases) and; where a professional thought that abuse may

Classification	Female (%)	Male (%)	Total (%)	Mean Age (SD) in Years
Substantiated Cases	204 (86)	32 (14)	236 (42.8)	8.2 (4.2)
Inconclusive	84 (72)	32 (28)	116 (21.1)	6.9 (3.8)
Not Sexual Abuse	138 (75)	47 (25)	185 (33.6)	7.6 (4.0)
Erroneous Accounts by Children	13 (93)	1(7)	14 (2.5)	9.6 (4.9)
Total	439 (80)	112 (20)	551 (100)	

Table 1. Summary of Characteristics of Children in Alleged Sexual Abuse Cases Investigated and Concluded by Denver Department of Social Services

have occurred and requested investigation (9 cases). In a further nine cases there was a definite fabricated allegation made by an adult.

Typical examples of a parent or relative over-reacting were concerns about exploratory sexual play between siblings and anxiety over vaginal redness or discharge which, on investigation, was found to be unrelated to abuse. Examples of over-reactions by community members included a neighbour calling to say that she thought that the children next door may be being abused, or a preschool teacher making a notification because a child at preschool had been masturbating. It is possible that some of these parent, relative and community notifications may have been malicious allegations by adults, although we only recorded a case as a fabricated allegation by an adult if it had been documented as such in the case records.

Erroneous concerns from children occurred in 2.5% of cases (14). Table 1 also gives the mean age and standard deviation in years of the children in the four categories. The children who produced erroneous concerns were significantly older than the children in the other three groups taken as a whole (t = 2.05, df = 534 2, p < .04).

The 14 erroneous concerns by children were put into three groups. In the first group, the child made the allegation either in collusion with the parent or after being coached by a parent. There were three cases in this group. The second group consisted of three children who confused or misinterpreted an innocent event as sexual abuse. In the third group the child had definitely made a fabricated allegation. There were eight cases in this group, representing 1.5% of the sample. In one case a 13.5-year-old girl made the allegation to get even with her step-father. In one case an 8.6-year-old girl told a classmate that she had been abused, possibly to impress her. The classmate's mother reported the story. In another case a 7.6-year-old child alleged that the abuse had been caused by another child, her 11-year-old sister. In the other five cases, where the allegations were made against adults, no definite motives were found (Table 2). The details of these 14 erroneous concerns are given in the appendix.

DISCUSSION

Denver Department of Social Services investigated 551 concerns about possible sexual abuse during 1992, of which 43% were considered by them to be substantiated cases of child sexual

Table 2	2. Ty	pes	of	Erroneous	Concerns	of	Sexual	Abuse
---------	-------	-----	----	-----------	----------	----	--------	-------

Cause of Erroneous Concern	Number of Cases		
1. Allegation Made in Collusion with Parent, or Coached by Parent	3		
2. Child Confused and Believed That Abuse Had Occurred	3		
3. Definite False Allegation			
To get even	1		
To impress classmate	1		
Reason for allegation unclear	6		
Total	14		

abuse. This figure is similar to the proportion of substantiated cases nationally in the USA at the time of the study (US Department of Health and Human Resources, National Center on Child Abuse and Neglect, 1994). The remainder fell into three groups: not sexual abuse; inconclusive cases and erroneous concerns by children.

This is one of the largest series which has looked at the incidence of the different types of concerns of sexual abuse which present to child protection services for investigation, comparable only with the series of 576 cases reviewed by Jones and McGraw (1987) and the 1249 cases reviewed by Everson and Boat (1989). Jones and McGraw found an incidence of 2% erroneous accounts by children among their 576. The large series of Everson and Boat was broken into age groups and found an average rate of erroneous accounts of 5%, falling to 2% in children under 6 years and rising to 8% in adolescents.

Our "not sexual abuse" cases were a mixed group with respect to the origin and motivation behind the concern which was presented to the agency. Limitations in the detail available to us in the records did not enable us to analyse the basis of the reports any further than we have. What we do know is that these notifications did not result in the agency calling these "substantiated cases." Hence they were a variety of erroneous concern, but not emanating from children themselves.

Our "inconclusive" cases ranged from those where abuse was considered a possibility but where the criteria were not met to allow the case to be classified as substantiated, through to situations where a conclusion in either direction was impossible. Not surprisingly, the children in this group were more likely to be young, and to have less verbal ability than definite cases.

The group of erroneous concerns by children comprised 2.5% of all concerns presented, and is similar to the range 2%–8% found by other authors (Everson & Boat, 1989; Faller, 1991; Goodwin, Sahd, & Rada, 1979; Jones & McGraw, 1987; Peters, 1976). In some series, a higher incidence, 36% and 55%, has been found (Benedek & Schetky, 1985; Green, 1986), but these have been in small samples of selected cases referred for forensic evaluation where allegations about sexual abuse were complicating child custody decisions. It seems reasonable to conclude on the basis of this and previous studies, that erroneous concerns of sexual abuse emanating from children themselves are relatively uncommon, but do occur. Child protection investigation teams will therefore need to identify this group of children so that an erroneous concern by a child does not automatically become classified as a substantiated case of child sexual abuse, leading to child protection and other actions.

We were able to identify three groups of circumstances where erroneous concerns emanate from children. These were: through collusion with a parent, by misinterpretation or confusion, or by deliberately concocting an account. Each of these mechanisms has been described by other authors (Bernet, 1993; Everson & Boat, 1989; Yates, 1991; Yates & Musty, 1988).

This study has limitations. It was a record based study, rather than a direct one, so that we were reliant on the case record keeping capacity of a busy state agency. This posed potential problems for adequate case discrimination. Nonetheless, records were surprisingly well kept for such difficult working circumstances, and the high level of inter-rater agreement is indicative that case details and outcome conclusions were available in sufficient detail for our main purpose.

The study was not an examination of the quality of the work of the Denver Department of Social Services. We did not assess interviewing practice or case decision making. It is therefore possible that some cases may have been wrongly categorised as either a false positive or negative, by the Department, a potential problem which was unable to be addressed in a case-record based assessment of the final outcome of investigation. Furthermore, a follow-up study would be necessary to determine the validity of the categories used as the case conclusion of the department workers could be incorrect in either direction.

Despite these caveats, we advocate the use of our four categories: substantiated abuse, not sexual abuse, inconclusive and erroneous accounts from a child, suggesting that this would be a distinct improvement on the simple binary distinction of substantiated and unsubstantiated. The further

classification of erroneous concerns from a child into three categories of: allegation made in collusion with a parent; child confused or misinterpreted an innocent event as abuse; deliberate false allegation would encourage open mindedness about case outcome, bringing with it a greater likelihood that appropriate interviewing techniques will be used (Lamb, 1998).

The simple binary division between substantiated and unsubstantiated tends to imply that the unsubstantiated group comprises cases where the professionals were not able for one reason or another to substantiate that sexual abuse had occurred. The term "unsubstantiated" tends to encourage the view that child sexual abuse might well have occurred, but was not able to be substantiated on this occasion. We think this is a crucial distinction and one which our proposed categorization should discourage.

It could be argued that child originated errors should be subsumed within the not sexual abuse group of cases, but we have separated them out here in order to draw attention to this important group. We suggest that if this group of concerns is not identified as erroneous by investigators some of them are likely to go on to become erroneous (false positive) cases of child abuse. This would have serious implications for those children and adults involved, as well as jeopardising the chances for the children involved in substantiated cases to receive the care and services required to respond to their needs.

The term false allegation seems to us perjorative and potentially very misleading. It is variously taken to include the variety of concerns which present for investigation, as well as the false positives and negatives among those concerns, which are finally determined to be or not be cases of child sexual abuse. Much of the harm deriving from investigation and from wrongful case categorisation will depend, to a considerable extent, on the quality of the investigation conducted by the child protection agency.

The fact that many children do not reveal their sexual abuse spontaneously (based on prevalence studies, Leventhal, 1990) is a far greater problem than the relatively small number of cases, as shown in this study and confirmed in others (Everson & Boat, 1989; Faller, 1991; Jones & McGraw, 1987), where the child presents with an erroneous concern and the even smaller number of cases where the child makes a deliberately false allegation.

A study such as ours does not do justice to the great difficulty that many children have in revealing their problem of child sexual abuse. The emphasis on this study is on the system's response to reports, rather than on the children's experience. However, we hope that this research will encourage a system of categorisation which will assist children in the long term, as well as their parents and carers, through encouraging the maintenance of objectivity and lowering the likelihood of the tragedy of false positives, whilst at the same time enabling definite cases of abuse to be successfully evaluated and identified.

Acknowledgements—The authors acknowledge the assistance of Kiely Forrestal, ACSW, LCSW, Supervisor Sexual Abuse Intake Unit, and Anita Miller, Administrative Assistant, Denver Department of Social Services.

REFERENCES

- Benedek, E. P., & Schetky, D. H. (1985). Allegations of sexual abuse in child custody and visitation disputes. In D. H. Schetky & E. P. Benedek (Eds.), *Emerging issues in child psychiatry & the law* (pp. 145–146). New York: Brunner/Mazel.
- Bernet, W. (1993). False statements and the differential diagnosis of abuse allegations. *Journal of the American Academy of Child and Adolescent Psychiatry*, **32**, 903–910.
- Everson, M. D., & Boat, B. W. (1989). False allegations of sexual abuse by children and adolescents. Journal of the American Academy of Child and Adolescent Psychiatry, 28, 230–235.

Faller, K. C. (1991). Possible explanations for child sexual abuse allegations in divorce. *American Journal of Orthopsy*chiatry, **61**, 86–91.

Finkelhor, D. (1990). Is child abuse overreported? Public Welfare, 48, 23-32.

Goodwin, J., Sahd, D., & Rada, R. T. (1979). Incest hoax: False accusation, false denials. Bulletin of the American Academy of Psychiatry & The Law, 6, 269–275.

Green, A. (1986). True and false accusations of sexual abuse in child custody disputes. *Journal of the American Academy* of Child Psychiatry, **25**, 449–455.

Jones, D. P. H., & McGraw, J. M. (1987). Reliable and fictitious accounts of sexual abuse to children. Journal of Interpersonal Violence, 2, 27–45.

Lamb, M. E., Sternberg, K. J., & Espilin, P. W. (1998). Conducting investigative interviews of alleged sexual abuse victims. *Child Abuse & Neglect*, 22, 813–824.

Leventhal, J. M. (1990). Epidemiology of child sexual abuse. In R. K. Oates (Ed.), Understanding and managing child sexual abuse (pp. 18–41). Sydney: W. B. Saunders.

Peters, J. J. (1976). Children who are victims of sexual assault and the psychology of offenders. American Journal of Psychotherapy, **30**, 398-421.

US Department of Health and Human Services, National Center on Child Abuse and Neglect. (1994). *Child maltreatment* 1992: Reports from the states to the National Center on Child Abuse and Neglect. Washington, DC: Department of Health and Human Services.

Yates, A. (1991). False and mistaken allegations of sexual abuse. Review of Psychiatry, 10, 320-335.

Yates, A., & Musty, T. (1988). Preschool children's erroneous allegations of sexual molestation. American Journal of Psychiatry, 145, 989–992.

RÉSUMÉ

Objectif: Évaluer l'incidence et la nature des inquiétudes qu'expriment les enfants par rapport à des agressions sexuelles dont ils auraient été victimes, particulièrement les fausses impressions.

Méthode: Les auteurs ont passé en revue les notes de dossiers de tous les cas de mauvais traitements rapportés au services sociaux de la ville de Denver. On a divisé les cas en quatre groupes: les cas prouvés, ceux qui n'étaient pas de véritables cas d'abus sexuels, ceux qui sont demeurés sans preuve et ceux que les enfants ont faussement rapportés.

Résultats: On a étudié 550 cas. Parmi ceux-ci, 43% étaient des cas prouvés, 21% étaient sans preuve et 34% ont été rejetés en tant que véritables cas de mauvais traitements. On a identifié 14 (2.5%) situations d'agressions sexuelles faussement rapportées par les enfants. Parmi celles-ci, il y avait trois cas d'allégations conçues de connivence avec un parent, trois cas de situations innocentes qui avaient été mal interprétées et huit cas (1.5%) comportant des allégations fausses.

Conclusions: Il est rare que les enfants se fassent de fausses impressions par rapport aux agressions sexuelles. Les quatre catégories d'inquiétudes soulignées dans cette étude, contrairement à la classification simple de cas prouvés ou non prouvés, encouragent une ouverture d'esprit qui permettra de mieux évaluer les inquiétudes typiques des enfants lorsque ces cas apparaissent dans les agences de protection de l'enfance.

RESUMEN

Objetivo: Evaluar la incidencia y la naturaleza de las preocupaciones acerca del abuso sexual, con particular referencia a las preocupaciones erróneas sobre el abuso sexual realizadas por los niños/as.

Método: Se realizó una revisión de todos los expedientes de notificación de casos de abuso sexual infantil realizados durante doce meses en el Departamento de Servicios Sociales de Denver. Los casos se clasificaron en cuatro grupos: confirmados, relatos no concluyentes o erróneos de abuso sexual, y situaciones demostradas como ausencia de abuso sexual.

Resultados: Se revisaron 551 casos. De ellos, 43% fueron confirmados, 21% no fueron concluyentes y 34% no fueron considerados como casos de abuso sexual. Se observaron 14 casos (2,5%) de preocupaciones erróneas provenientes de los propios niños. De estos, tres casos eran acusaciones realizadas en complicidad con un padre, tres eran acontecimientos inocentes que fueron malinterpretados como aabuso sexual y ocho casos (1,5%) fueron falsas acusaciones de abuso sexual. **Conclusión:** Las alegaciones erróneas sobre abuso sexual en los niños/as son poco frecuentes. La clasificación en cuatro grupos realizada en este estudio, en comparación con la clasificación simple de confirmado/no confirmado, proporciona un medio para promover evaluaciones más abiertas de los asuntos típicos que se reciben en una agencia de protección infantil.

APPENDIX

Summary of Erroneous Concerns About Child Sexual Abuse

1. Cases where the child made the allegation in collusion with a parent.

Case 1: Female, 4.0 years: The child's mother claimed that the child was being sexually abused by the child's father. The mother said that, the previous year the child had told the mother that the father had touched her genital area. When the child was interviewed by a detective she told the detective that the father had "put his finger in her." The physical examination was normal. The

social worker felt that this was a rehearsed story that had inconsistencies and was vague. There were no behavioural changes. The mother has a psychiatric disorder.

Impression: Most likely a erroneous allegation coached by the mother. There is a possibility that abuse may have occurred.

Case 2: Female, 13.5 years: The child claimed that her father raped her. The police interviewed the child using videos and later re-interviewed her because of inconsistencies during the first interview. The story changed again on the second interview. The father had been threatening the mother and the children with violence. The view of the police was that the story was fabricated by the child in collusion with her mother to obtain revenge on the father.

Impression: Fabrication by child in collusion with mother.

Case 3: Female, 3.8 years: The police responded to a domestic argument. During the interviews following the argument the child told the police "my daddy touched me." The mother said that her daughter woke up crying when sleeping on a couch saying "daddy touched me." The child was unable to give any details. The physical examination was normal. There is chronic marital turmoil in this family with violence and alcohol problems. The social worker felt that the mother may have suggested the abuse to the child. The mother had been sexually abused as a child.

Impression: Allegation by child possibly secondary to maternal influence.

2. Cases where the child was confused or misinterpreted an innocent event as sexual abuse.

Case 4: Female, 2.8 years: The mother suspected that the child's father had sexually abused her, as the child had been having nightmares and said that she did not want to attend the custody visits to her father. When interviewed, the child said that her father had "put his finger in her bottom" but could give no other information. Both parents are victims of child sexual abuse. The father was described by the mother as being violent towards her and her daughter. The father denied molesting the child. The social worker felt that the child's statement about being touched was questionable, given the amount of talking that had gone on at home about it and felt that the child was normal. *Impression:* The child's story has most likely been influenced unwittingly by her parents' concerns and past experiences. The child appeared to be confused, although it is not possible to be sure that sexual abuse has not occurred.

Case 5: Female, 4.9 years: This child had been cared for by a nanny. She described to her parents that she played a game with the nanny where they looked at each other's private parts and touched each other. When the child was seen in therapy, the therapist felt confident that the games were make believe. This was consistent with the view of the Social Services social worker. At interview the child denied any sexual touching. The physical examination was normal. The mother and father were under stress, related to domestic violence. The mother had been raped by an acquaintance while her husband, in the Navy, was at sea.

Case 6: Female, 13.1 years: The child had a dream that her 37-year-old father had raped her. She said that she was not certain if it was a dream or not. Assessment by the Social Services social worker felt that this was not abuse although the family is characterised by violence and multiple other problems. The child had previously been sexually abused by a male relative.

Impression: Probably not sexual abuse. The child was probably confused and may have been having a flash-back which resulted in the concern.

3. Cases where definite false allegation had been made by a child.

Case 7: Female, 13.1 years: This child is from a family characterised by multiple problems involving drug involvement. The child said that her step-father abused her. Later in therapy she said that she had made up the story because "her step-father was getting too much attention from her mother."

Impression: Fabricated allegation by child.

Case 8: Female, 8.6 years: The child told a classmate that her brother, in his 20's, came home drunk one night, took her clothes off and "started to mess around with her." The friend told her

mother who made a report to Social Services. When the child was interviewed she said that her friend was lying and that her brother, who had flown in from his interstate home one night, came to her room and gave her a kiss on the cheek. She denied sexual abuse by anyone at any time. The child has previously been exposed to family violence.

Impression: No evidence of sexual abuse. Either the child made up the story to impress her friend or the friend made up the story.

Case 9: Female, 7.6 years: The child said that her 11-year-old sister took her clothes off and then wrestled her to the floor. Both children are in a children's residential institution and both have been sexually abused in the past by their step-father. They have a lot of acting out behaviour. When the child was reminded that her sister was out of the institution on a home pass at the time that the event was said to have occurred, she retracted her story.

Impression: This is probably a fabricated allegation in a disturbed, previously sexually abused child.

Case 10: Female, 15.6 years: The class teacher had been receiving notes saying that the note-writer's father had been drunk and raped her. The notes were signed with initials. The handwriting on the note was similar to that of a child in the class with these initials. The child was interviewed by the Denver Social Services social worker. She denied writing the letters saying she had no knowledge of them. She denied any sexual abuse and denied problems at home. A home visit was done by Denver Social Services. The parents seemed appropriate and the investigation revealed nothing to suggest that sexual abuse had occurred.

Impression: Possibly fabricated allegation by child. Possibly a cry for help from the child. The notes could have been written by another child, using that child's initials

Case 11: Male, 15.8 years: At the time of the allegation, the subject was currently residing in an institution because of a conviction for burglary. He alleged that his uncle was molesting his sister. A home visit was made and the sister interviewed. The sister denied any abuse. She was not examined medically. The family has a chaotic lifestyle with uncles and aunts being involved in drugs and other family members being in prison. Both parents have died.

Impression: Most likely a fabricated allegation by third party (child).

Case 12: Female, 12.9 years: The child had told a friend that her father was molesting her and that her mother did not believe her. The child's friend told her own mother about this, whereupon the mother called the Denver Social Services hotline. The child was interviewed by the social worker. At the interview she denied sexual abuse and denied telling her friend about abuse. The child said that the children at her school had started a rumour that she was pregnant by her father. A week previously she had been suspended from the school for fighting. After the fight she started to get phone calls from someone who said that her father had been raping her. The child is known to have a self-esteem problem. Two years ago she had been stealing and giving the stolen goods to other children.

Impression: Possibly a malicious, fabricated allegation by another child. Possibly a well-meaning allegation by another child

Case 13: Female, 15.5 years: The child is in a children's home and in therapy for disturbed behaviour including running away, violent and aggressive behaviour and medication overdose. She had intercourse with her elder brother when she was 10 and was also sexually abused by a neighbour at the same age. While in the children's home she said that her father had sexually abused her. No details were given and she then withdrew the allegation.

Impression: Erroneous concern by child. Not malicious.