

False Allegations of Sexual Abuse by Children and Adolescents

MARK D. EVERSON, PH.D., AND BARBARA W. BOAT, PH.D.

Abstract. The frequency of false allegations of sexual abuse by children and adolescents is of significant legal and clinical importance. The rate of false allegations of sexual abuse is examined in a large sample of Child Protective Services (CPS) cases. The criteria used by CPS workers in judging the validity of allegations are considered, and the relationship between substantiation rates and attitudes about the trustworthiness of child reports of abuse is explored. Many professionals in the field of child sexual abuse are more skeptical of child and adolescent claims of sexual abuse than available research suggests is warranted. *J. Am. Acad. Child Adolesc. Psychiatry*, 1989, 28, 2:230-235. **Key Words:** sexual abuse, validation, false allegations.

Child sexual abuse cases in which there exists definitive, objective evidence of abuse are the exception rather than the rule. Typically, there are no eyewitnesses and physical evidence is found in only 15% of confirmed cases (Kerns, 1981). Even if medical evidence is present, it seldom identifies the specific perpetrator. Therefore, unless a confession is obtained, determination of whether and by whom the sexual abuse was committed rests, in large measure, on the word of the child. The evaluator may consider a range of other factors such as the behavioral and emotional state of the child and the interaction of the child and suspected perpetrator, but substantiation of the abuse allegation typically depends upon the evaluator's judgment about the validity and truthfulness of the child's statements.

For this reason, the frequency with which children and adolescents make false allegations of sexual abuse is of utmost legal and clinical importance. A number of guidelines for assessing the validity of a child's report of abuse have been offered (e.g., Sgroi et al., 1982; Weiss, 1983; Faller, 1984; de Young, 1986; Benedek and Schetky, 1987a,b; Jones and McGraw, 1987). In addition, several recent studies have attempted to shed light on the incidence and nature of fictitious reports of sexual abuse by children.

In one of the earliest of such investigations, Peters (1979) described a sample of 64 children who were originally examined in a hospital emergency room after allegations of sexual abuse or assault. After comprehensive psychiatric and medical evaluations, four of the allegations, or 6% of the total number of cases, were judged to be false. Peters made no distinction between allegations by children and allegations made by others on the behalf of children so the frequency of false *child* allegations cannot be determined. It is also unclear how the

sample of 64 cases were selected from the hundreds of sexual abuse cases reportedly seen in the emergency room during the same time frame.

Goodwin et al. (1979) described a clinical sample of 46 children referred to a child abuse agency for evaluation and treatment of sexual abuse. Among them, one case was determined to involve a false allegation of abuse by a child and two others were described as false reports by mothers with severe mental disturbances. Thus, 2% of the total number of referrals were categorized as false reports by children. The number of children actually reporting abuse among the 46 cases is not provided.

Horowitz et al. (unpublished manuscript, 1984) reported on 181 children referred for evaluation to a specialized sexual abuse program in Boston. Children made allegations of sexual abuse in 92 of the cases, of which 7 or 8% were determined after extensive evaluations to be false reports. None of the children considered to be making fictitious reports was younger than 8 years old. In five cases, the primary motive seemed to be to change the family composition or visitation arrangements, while the remaining two involved angry, retaliatory adolescents.

Benedek and Schetky (1984) described 18 cases referred for sexual abuse evaluations in the course of custody or visitation disputes. In 10 of the 18 cases, the allegations were judged to be unfounded or false. All of the false reports were made by adults rather than by children. Allegations of abuse were brought by children in seven cases, all of which were confirmed during the evaluations.

In a similar vein, Green (1986) reported the results of sexual abuse evaluations on 11 children who were the subjects of custody and visitation disputes. The sexual abuse reports were considered to be invalid in four cases. In three of these four cases, children made statements alleging abuse but reportedly only after the insistence or instruction of their mothers. No indication is given of the number of children who gave accounts of abuse so the percentage of false allegations among reports by children cannot be determined.

Benedek and Schetky (1984) and Green (1986) report cases referred to forensic or specialist child psychiatrists for evaluation. Frequently, only the more ambiguous or difficult cases are referred to such experts. Their small samples therefore may not be representative of the general population of sexual abuse cases or of a naturally occurring subpopulation of abuse reports. Furthermore, after a review of the records and a subsequent physical examination of the child in question,

Accepted September 12, 1988.

Dr. Everson is Clinical Assistant Professor of Psychology, Division of Child Psychiatry, Department of Psychiatry, University of North Carolina, Chapel Hill, N.C. Dr. Boat is Assistant Professor of Psychology in the same department.

This research was supported in part by the Federal Child Abuse and Neglect State Grant Funds administered by the North Carolina Division of Social Services of the Department of Human Resources. This study was presented in part at the Fourth National Conference on Sexual Victimization on Children, New Orleans, May 1986.

Reprint requests to Dr. Everson, Department of Psychiatry, CB#7160, University of North Carolina, Chapel Hill, NC 27599-7160.

0890-8567/89/2802-0230\$02.00/0© 1989 by the American Academy of Child and Adolescent Psychiatry.

Corwin et al. (1987) raised serious questions about Green's categorization of one of his four "false" cases of sexual abuse. Corwin et al. also criticized Green's criteria for judging the validity of sexual abuse reports.

Jones and McGraw (1987) have conducted the most comprehensive study to date on the nature and incidence of false abuse allegations among children. Jones and McGraw reviewed all 576 complaints of possible sexual abuse made to the Denver Department of Social Services in 1983. Of the total number of cases, 53% were confirmed or substantiated. Twenty-four percent had insufficient evidence to make a determination about abuse. Another 17% of the cases, while unsubstantiated, were categorized as representing legitimate suspicions of the reporting party. Eight allegations of sexual abuse made by five different children were judged to be fictitious reports of abuse. After subtracting all cases in which there was insufficient evidence, false allegations by children represented nearly 2% of the total number of cases. Four of the five children were disturbed teenage girls with prior histories of sexual abuse and symptoms suggestive of post-traumatic stress disorder. The fifth child was a 4-year-old who, with his mother, provided an account that lacked credibility.

Faller (1988) described a sample of 142 cases of alleged child sexual abuse referred to a child abuse program for evaluation and treatment. Approximately 3% of the children's assertions of sexual victimization were determined to be untrue. These cases fell predominantly into two categories: older children or adolescents who made their allegations for instrumental gain (e.g., revenge, to escape punishment) and very young or psychiatrically disturbed children who reported abuse to gain the approval of the interviewer.

The current study is an attempt to shed further light on the incidence of false allegations of sexual abuse by children and adolescents as determined by Child Protective Services (CPS) workers representing a large sample of county Departments of Social Service agencies. This study also examines specific criteria used by CPS workers to judge an allegation's validity and explores the relationship between substantiation rates and attitudes about the trustworthiness of child reports of abuse.

Method

Sample and Procedures

In phase I of the study, a survey was sent to the CPS unit in each of the 100 county Departments of Social Services in North Carolina. The survey was to be completed by the CPS worker in each county who had particular experience in child sexual abuse (CSA) cases. Each of the 100 workers was asked to provide estimates for the prior 12-month period of (a) the number of investigations of CSA in which he/she had been involved; (b) the number of cases of CSA that were substantiated; and (c) the number of cases in which a child or adolescent made an allegation of CSA believed to be false. Completed questionnaires were returned by CPS workers in 88 of the 100 CPS units surveyed.

In the second phase of the study, the 34 CPS workers who had described at least one false report of sexual abuse in their caseload were identified. (A few survey respondents provided statistics for an entire CPS unit instead of their own individual caseloads; in such cases, the CPS worker who actually reported

the false allegation was identified and involved.) From these 34, 24 workers were chosen to compose a "False Reports" subgroup. (Four workers representing the most populous counties were initially selected to ensure an adequate urban/rural mix while an additional 20 workers were randomly selected from the remaining pool.) Similar procedures were used to select 24 workers for a "True Reports" subgroup from the 54 workers who had reported no fictitious accounts of sexual abuse in the prior year.

The workers in these two subgroups were then interviewed by phone about their experience with CSA cases, their attitudes about the credibility of children, and, in the case of workers in the False Reports subgroup, the details about the false reports of abuse. Interviews were completed on all but one worker in each subgroup. In both cases, the worker had left the agency and was not available to be interviewed.

Results

Survey Findings

Table 1 summarizes the survey results for the 88 CPS respondents. A total of 1,249 cases of sexual abuse were reported. In approximately one third of the cases, the children were under age 6; in another third, they were elementary school age; and the remaining third was composed of adolescents. The rate of substantiation varied somewhat across ages with an overall mean of 56%. The substantiation rate was lowest for children under 3 among whom only 48% of the reports of possible sexual abuse were judged to be true.

The percentage of cases in which the worker believed that the child's report of abuse was false varied considerably across ages. In fewer than 2% of the cases involving children under age 6, but in 8% of those involving adolescents, the child was believed to have made a false report. The average rate across ages was just under 5%, so the child was perceived to be fabricating the abuse in nearly one out of every 20 sexual abuse referrals.

Although the number of children making allegations of sexual abuse among the 1,249 cases reported is unavailable, the percentage of child reports determined to be false can be estimated using the following formulas:

$$\% \text{ (lower limit)} = \frac{N \text{ of false child reports}}{N \text{ of total cases}}$$

$$\% \text{ (upper limit)} = \frac{N \text{ of false child reports}}{N \text{ of substantiated cases} + N \text{ of false child reports}}$$

The upper limit estimate is based on the assumption that the majority of substantiated cases of abuse among children approximately 3 years and older involve verbal disclosures by children and adolescents. This assumption is unlikely to be valid among children under age 3; therefore, an estimate for the youngest age group is not possible.

As shown in Table 1, the proportion of false allegations by children falls between 1.7% to 2.7% among preschool and kindergarten age children and between 8.0% to 12.7% among adolescents. The average percentage of false reports across the three age groups for which estimates are available ranges from 4.7 to 7.6.

TABLE 1. *Substantiation and False Allegation Rates*

Age of Child (in Years)	Total Cases	Substantiated		False Allegations		% of Child Reports
		N	%	N	%	
Under 3	124	59	48	2	1.6	-
3 to 5.9	301	182	60	5	1.7	1.7-2.7
6 to 11.9	414	229	55	18	4.3	4.3-7.3
12 to 17.9	410	234	57	34	8.0	8.0-12.7
Total	1,249	704	-	59	-	-
Mean	-	-	56	-	4.7	4.7-7.6

Comparison of False Reports and True Reports Subgroups

CPS workers in the False Reports and True Reports subgroups were not found to differ significantly on a number of background variables including years as a CPS worker (means 5.9 and 5.9, respectively) and total CSA cases in career (means 34.0 and 48.4). They also did not differ on a 10-point self-rating of "comfort" in conducting sexual abuse investigations (means 8.2 and 8.1).

The two groups did differ significantly, however, on two important dimensions. The first difference was in individual rates of substantiation. Workers in the False Reports subgroup had an average substantiation rate of only 45% compared to a rate of 63% for workers who had reported no cases of fabricated accounts in the prior year, $t(46) = 2.44, p < 0.02$.

The second significant difference between the groups involved their perceptions about the credibility of children and adolescents. During the phone interviews, each worker was asked the following question:

"Suppose you saw 100 children, ages 12 to 18 years, who said they had been sexually abused. On the average, how many of those children do you think would be *lying* or not telling the truth about the abuse?"

This question was repeated for the below 3, 3- to 6-, and the 6- to 12-year age ranges.

As shown in Table 2, workers who had recently described cases of false reports were more likely to question the child's veracity at each age level. Among adolescents, for example, they expected fictitious accounts in almost 20% of the cases compared to only 12% among the workers in the True Reports subgroup. In fact, 13% of the False Reports subgroup expected rates of lying among adolescents of 50% or higher. Individual comparisons for separate ages were not significant at the 0.05 level. But the expected rates of lying averaged across all four ages did reach statistical significance, $t(27) = 2.13, p < 0.05$. On the average, CPS workers in the False Reports subgroup expected children to fabricate abuse 12% of the time, over twice as often as the workers in the True Reports subgroup. It is possible that CPS workers in the False Reports subgroup expected higher rates of false allegations because they had recently seen more of these cases than their counterparts in the True Reports subgroup. Alternatively, the False Reports workers may have "seen" more false allegation cases because they expected more.

Analysis of Cases of Perceived False Reports

In the phone interviews of workers in the False Reports subgroup, 29 cases were described in which the child gave an account of abuse that was determined to be false. (Another 11 cases reported in the initial survey are not included in this total because case records were either not available or not maintained on unsubstantiated reports of abuse.) The 29 cases were reviewed for similarities that might explain the workers' decisions that the allegations of abuse were invalid. It was hypothesized that a large proportion of the cases would involve children classified as emotionally disturbed or mentally retarded, because these factors might reduce the perceived credibility of the child. It was also expected that custody disputes would be common in a large proportion of the cases and that many of the alleged perpetrators would be well-educated, because education and social status would likely add to their credibility.

Each hypothesis was unsupported (Table 3). Relatively few of the children had serious handicapping conditions and only five of the cases involved custody disputes. Virtually none of the alleged perpetrators were well-educated. It is interesting to note that there was only one male victim among the 29 cases. Since approximately 15% of CSA referrals to CPS involve male victims (American Humane Association, 1978), this is substantially fewer than one would expect by chance. One can speculate that CPS workers may view sexual abuse accusations by boys as more credible than similar reports by girls because of the additional shame and embarrassment males may experience in making such claims.

Nearly two-thirds of the cases involved fondling as the type of alleged sexual contact. Fondling is unlikely to leave any physical evidence that might provide corroborative support for the child's report of abuse.

The CPS workers were also questioned about the rationale underlying their determination that the child's report of sexual abuse was false. As noted in Table 4, the most frequently cited reason for disbelieving the child's report of abuse was a later retraction by the child. In the words of one worker, "She admitted it herself, that she had been lying all along." Retractions occurred in 16 of the 29 cases. One such case involved a 12 year-old girl whose stepfather and biological mother were undergoing an acrimonious separation. The stepfather accused the mother's boyfriend of having had sexual intercourse with the girl. The girl denied intercourse, but reported that

TABLE 2. *Perceived Rates of False Allegations among CPS Workers in the False Reports and True Reports Subgroups*

Child's age (in Years)	False Reports	True Reports	<i>p</i> Level
	Subgroup (<i>N</i> = 23) (%)	Subgroup (<i>N</i> = 23) (%)	
Below 3	7.3	1.3	0.07
3 to 5.9	3.8	1.5	NS
6 to 11.9	8.0	5.2	NS
12 to 17.9	19.6	11.9	NS
Mean	12.2	5.2	0.05

TABLE 3. *Characteristics of Cases Determined to Involve False Allegations*

Characteristic	N	%
Age		
Range 3–17 years; mean 10.6 years	29	–
12 years or older	16	55
Gender (% female)	28	96
Race (% white)	24	82
Handicapping conditions of child		
Emotionally disturbed	4	14
Mentally retarded	1	3
Other (e.g., hyperactive)	3	10
Type of alleged abuse		
Fondling	19	65
Attempted or Actual Intercourse	8	28
Other	2	7
Relationship of alleged perpetrator		
Biological father	9	31
Step/adoptive father or mother's boyfriend	13	45
Other relative	3	10
Child-care provider	2	7
Other nonrelative	2	7
Education level of alleged perpetrator		
Less than 12th grade	17	59
High school graduate	10	34
At least some college	2	7
Involved custody dispute	5	17

TABLE 4. *Reasons for Determining the Allegations to Be False*

	N	%
Retraction by child	16	55
Insufficient credibility of child	14	48
Improbability of report	(6)	(20)
Insufficient details	(3)	(10)
Inconsistencies in report	(2)	(10)
Conflicting evidence	(3)	(10)
Failure of others to corroborate	5	17
Credibility of alleged abuser	4	14
Absence of fear of alleged abuser	4	14
Absence of physical (medical) evidence	2	7
Polygraph test results	2	7

Note: Twenty-nine cases are summarized. Some cases involved multiple reasons.

the man had touched her inappropriately. Later, the girl admitted that she had been paid \$5 by her stepfather to make the accusation. She recanted after apparently realizing the seriousness of the charge. Two of her friends indicated that the stepfather had also attempted to bribe them to make similar false accusations.

In several cases, the child recanted her statement of abuse only after being pressured by others. Typically, this pressure came from disbelieving family members who seemed to have been invested in disproving the allegation. For example, a 13-year-old reported that her father had fondled her over a period of years. The CPS worker described the father as a "religious fanatic" who completely dominated the family, feeling that

he was "right about everything." The child's mother did not believe her daughter's account and refused to consent to a medical examination. The father was removed from the home, but the child remained in her mother's care. After numerous interviews by several professionals, including both parents' attorneys, the mother accompanied the child to the District Attorney's office, where she retracted her accusation. The girl explained that she had falsely accused her father because she resented having to go to church with her parents and she wanted more freedom. A number of psychotherapy options were subsequently offered, but the child's father declined, explaining that "God" was the only counselor needed.

In other cases, the child was confronted by seemingly skeptical professionals during the course of the investigation and subsequently withdrew the allegation of abuse. One particularly noteworthy case involved a 4-year-old who disclosed that her paternal grandfather had "put his hand in my panties." According to the CPS worker, after extensive questioning by police officers "with their little badges and little guns" (social worker's words) the child retracted her statement of abuse. The alleged perpetrator was not interviewed. No medical examination was performed. No explanation was given as to why the child made her original allegation. The CPS worker further explained that because the case was closed before the child's father returned home from work that evening, there was no reason to inform him of the allegations against his father.

In 14, or just under 50%, of the cases, the child's report was considered to lack credibility. In six such cases the child's account was viewed as improbable by the CPS worker. Three of these "improbable" cases involved adolescent girls who had made numerous complaints of sexual abuse, involving a number of assailants, prior to the current allegations. One girl, for example, had accused seven different men, including her father, of rape in the previous 2 years. Some of the men were reportedly nowhere near the girl during the time of the alleged crime, so the CPS worker considered her charges to be "almost like a joke." Another 16-year-old alleged that her father and several uncles had molested her. She also claimed that men in her church frequently approached her for sex, a charge the CPS worker viewed as unlikely since the girl weighed 270 pounds. The third adolescent was a 13-year-old, mildly retarded girl who had a prior history of sexual abuse by several members of her family. Her frequent accusations against various family friends and acquaintances, including the current allegation, were discounted as fantasies.

Two of the other accounts of sexual abuse that were considered improbable involved young children. One child's account of her father molesting her with a pair of tweezers was perceived as "too gross" to be believed. Another child, just under 3 years old, initially reported that her father had inserted a stick in her vagina. In a subsequent interview she added that after her father had inserted the stick he "flew up on the house." This remark was considered to impeach her entire statement.

The validity of the allegations of three children was called into question because their descriptions of the abuse lacked sufficient detail. For example, a 16-year-old accused her grandfather of fondling her as they passed in the hallway at

home. However, she was unable or unwilling to provide additional information such as when the fondling began and how frequently it occurred.

Five children were judged to have made false allegations of sexual abuse because of inconsistencies in their accounts or the existence of conflicting evidence. In one such case, a 5-year-old complained to his mother during bath time that his penis hurt. He went on to state that his day-care provider had fingered his anus and struck his penis. During the course of 4 to 5 interviews, inconsistencies emerged in his description of what happened: whether his clothes were on, in which room the incident occurred, and whether any other children were involved. On the basis of these inconsistencies and the absence of fear of the day-care provider, the case was dismissed. In two other cases, the spouse of the alleged abuser contradicted the child's assertion that the child and alleged abuser were home alone at the time of the purported abuse.

In five cases, individuals who might be expected to have some knowledge of the reported abuse failed to corroborate key elements of the child's account. For example, a younger sister of an alleged victim denied being an eye-witness to the abuse as her sister maintained. In three similar cases, family members believed to be present in the home at the time of the alleged abuse reported no suspicions or knowledge of the abuse. Another such case involved the 5-year-old boy described above who was allegedly abused in day care. Interviews with other children in the day-care home failed to support his claim that they, too, were sexually mistreated.

Another important factor was the reaction of the alleged perpetrator to the charges against him. In three cases, the child was not believed because the accused individual when interviewed "didn't seem to be guilty," usually because he appeared genuinely shocked or upset by the allegations. In one case, the alleged abuser agreed to a psychological evaluation, and the results suggested he was "very healthy."

The absence of fear or anger toward the alleged perpetrator was reported as a determining factor in four cases. Typically, the absence of a negative reaction toward the alleged perpetrator was established through direct observation of the interaction of the child and accused adult. In the case of a 4-year-old, the CPS worker made this assessment after observing the child's play with anatomical dolls. Although the child clearly showed the "alleged abuser" doll fondling the genitals of the "child" doll, the CPS worker noted that the "child" doll displayed no overt discomfort toward the "abuser" doll and, therefore, the child's report and demonstration were not considered credible.

Physical examinations were conducted in only 9 of the 29 cases. The absence of physical evidence of sexual abuse was cited in two cases as a primary reason for disbelieving the child's allegation. These cases involved 4- and 5-year-old children who had reported fondling and attempted intercourse, respectively.

In two cases, the CPS workers viewed the results of a polygraph test as persuasive evidence against the child. In one case, the alleged perpetrator "passed" the polygraph, while in the other, the 12-year-old alleged victim of abuse "failed" the test. When confronted with the results, she retracted her allegation of sexual abuse.

TABLE 5. Primary Motivation for False Allegation

	N	%	Mean Age
Change in living arrangement	6	21	15
Retaliation	6	21	14
Attention-seeking	5	17	10
Manipulation by another	6	21	7
Misperception by child	2	7	4
Unknown	4	14	6

Table 5 provides a summary of the primary motivation, as described by the CPS worker, for each false allegation of abuse. In 59% of the cases, the abuse report was viewed as a deliberate fabrication by the adolescent or child for secondary gain. The cases in this category were fairly equally divided among adolescents seeking changes in placement or living arrangements, adolescents retaliating against parental figures for perceived mistreatment, and children and adolescents desiring more "attention" or responsiveness from significant adults in their lives. "Attention seeking" seemed to be more likely identified as the explanation for the false report when no other obvious motivation existed.

The child's motivation for making the false allegation received a more benign interpretation in 28% of the cases. In six cases, typically involving children under age 10, the child was seen as manipulated by another into making the false accusation. In two cases of preschool-aged children, the allegation was believed to result from the child's misperception of the actions in question. Finally, in four cases the CPS worker was unable to identify the motivation behind the child's false report.

Conclusions

The estimated rate of false allegations in the current sample fell between 4.7 to 7.6% of all child and adolescent reports of sexual abuse. This estimate compares favorably with the 8% incidence rate obtained in a clinical sample of Horowitz et al. (unpublished manuscript, 1984) but is somewhat higher than Faller's (1988) clinical sample rate of 3% as well as estimates from other studies. Applying the formulas for calculating lower and upper estimates of false child reports when the number of child vs. adult allegations is not provided, the comparable incidence rate is between 1.8 to 2.5% for the Jones and McGraw (1987) sample, and 2.2 to 2.3% for the Goodwin et al. (1979) clinical sample. Comparable estimates cannot be calculated for the Peters (1979) sample because of insufficient data, but his combined child and adult false allegation rate (6% of all cases) falls in the same range.

The five studies mentioned above and this study are consistent in suggesting a false allegation rate of between 2 and 8% among child and adolescent reports of sexual abuse. However, two cautions are necessary in interpreting these figures. First, these rates are based almost exclusively on the evaluator's (or team of evaluators') determination of the validity of the original allegation in each case. Because such clinical judgment is far from infallible, the "true" rate of false allegations in all six studies could be either higher or lower than the reported rate. Second, the 2 to 8% rate represents an average over many different types of referrals. The incidents

of false reports of sexual abuse may be somewhat higher than this average within certain subpopulations of CSA referrals, such as acting-out adolescents and those arising out of custody cases. Nonetheless, the consistency of false allegation rates across studies is remarkable—especially given the diverse samples, the wide variation in evaluation procedures, and the differing professional backgrounds of the evaluators.

There is reason to believe that the rate of false allegations obtained in the current study is inflated. Examination of the criteria used in assessing the validity of the child's allegation raises serious questions about the adequacy of the evaluation as well as the accuracy of the ultimate determination in several of the cases. However, perhaps the most striking finding is evidence for what could be labeled an "eye of the beholder" phenomenon among a number of CPS workers. Specifically, these data suggest that a *subset* of CPS workers are predisposed against believing child or adolescent claims of having been sexually abused. As a result, these workers are likely to interpret ambiguous or inconsistent evidence as proof that the child's report is false, even though a more benign interpretation of the evidence in regard to the child's veracity may be equally compelling.

This bias against believing the reports of children could be seen in the greater expectations of children lying and lower substantiation rates relative to their peers among CPS workers in the False Reports subgroup. This bias was also apparent in the failure to question the validity of retractions of the child's allegation, despite obvious evidence of pressure or coercion to recant. It could also be seen in the incomplete or insensitive manner in which some investigations were conducted, the reliance on simplistic assessments of alleged perpetrators, and the confusion of the existence of a possible motive as proof of, rather than a possible explanation for, a false allegation. In its extreme, this bias could be seen in one CPS worker's adamant denial of the validity of a 9-year-old's allegation, despite the perpetrator's admission of guilt and subsequent imprisonment.

Although this study focused on CPS investigations, similar bias against believing the child's account of abuse can likely be found within all professional groups involved in the investigation or evaluation of CSA allegations. In workshops the authors conduct on child sexual abuse, participants are queried about their expectations of false allegations of sexual abuse among children. There is consistently a significant number of professionals from various disciplines who express expectations of false allegations of 25% or higher among children and up to 80% among adolescents. There is no known scientifically valid evidence to support such expectations. Even if one were to argue that current statistics somewhat underestimate the rate of false allegations because evaluators in some studies may have been predisposed to accept the child's report with-

out question, it is difficult to reconcile such excessive skepticism with the research evidence.

There is no doubt that the "eye of the beholder" phenomenon works in both directions. Recent literature contains many references to professionals who ill-advisedly adhere to the maxim, "Children never lie about sexual abuse" and thus find sexual abuse wherever it is alleged (e.g., Benedek and Schetky, 1987a; Coleman, 1986; Money and Lamacz, 1987). But, neither excessive skepticism nor unexamined acceptance of every allegation is a defensible position. Nor is either an acceptable substitute for informed clinical judgment.

References

- American Humane Association (1978), *National Study on Child Neglect and Abuse Reporting*. Denver: American Human Association.
- Benedek, E. P. & Schetky, D. H. (1984), *Allegations of sexual abuse in child custody cases*. Paper presented at the Annual Meeting of the American Academy of Psychiatry and the Law, Nassau, Bahamas (October).
- (1987a), Problems in validating allegations of sexual abuse. Part 1: Factors affecting perception and recall of events. *J. Am. Acad. Child Adolesc. Psychiatry*, 6:912-915.
- (1987b), Problems in validating allegations of sexual abuse. Part 2: Clinical evaluation. *J. Am. Acad. Child Adolesc. Psychiatry*, 6:916-921.
- Coleman, L. (1986), Therapists are the real culprits in many child abuse cases. *Augustus IX*, 6:7-9.
- Corwin, D. L., Berliner, L., Goodman, G., Goodwin, J. & White, S. (1987), Child sexual abuse and custody disputes. *Journal of Interpersonal Violence*, 2:91-105.
- deYoung, M. (1968), A conceptual model for judging the truthfulness of a young child's allegation of sexual abuse. *Am. J. Orthopsychiatry*, 4:550-559.
- Faller, K. C. (1984), Is the child victim of sexual abuse telling the truth? *Child Abuse Negl*, 8:473-481.
- (1988), *Child Sexual Abuse: An Interdisciplinary Manual for Diagnosis, Case Management and Treatment*. New York: Columbia University Press.
- Goodwin, J., Sahd, D. & Rada, R. T. (1979), *Bull. Am. Acad. Psychiatry Law*, 5:269-275.
- Green, A. H. (1986), True and false allegations of sexual abuse in child custody disputes. *J. Am. Acad. Child Psychiatry*, 4:449-456.
- Jones, D. P. H. & McGraw, J. M. (1987), Reliable and fictitious accounts of sexual abuse of children. *Journal of Interpersonal Violence*, 2:27-45.
- Kerns, D. L. (1981), Medical assessment in child sexual abuse. In: *Sexually Abused Children and Their Families*, ed. P. B. Mrazek & C. H. Kempe. Oxford: Pergamon, pp. 126-141.
- Peters, J. J. (1979), Children who are victims of sexual assault and the psychology of offenders. *Am. J. Psychother.*, 30:399-421.
- Money, J. & Lamacz, M. (1987), Genital examination and exposure as nosocomial sexual abuse in childhood. *J. Nerv. Ment. Dis.*, 175:713-721.
- Sgroi, S. M., Porter, F. S. & Blick, L. C. (1982), Validation of child sexual abuse. In: *Handbook of Clinical Intervention in Child Sexual Abuse*, ed. S. M. Sgroi, Lexington, MA: D. C. Health, pp. 39-79.
- Weiss, E. H. (1983), Incest accusation: assessing credibility. *Journal of Psychiatry & Law*, Fall, pp. 305-317.