

## Incest Hoax: False Accusations, False Denials\*

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In the psychiatric literature the definition of incest ranges from the narrow requirements of consanguinity and sexual intercourse to the more inclusive definition of child sexual abuse by an adult or older child in a parental role.<sup>1</sup> The purpose of this paper is to discuss clinical aspects of false accusation or false denial of incest using case examples and to suggest guidelines in the clinical investigation of such cases. Our case examples conform to the broader definition of incest and include examples of father and stepfather-daughter incest accusations.

Despite the recent increase in research on incest, the question of false accusation has been largely neglected in the psychological and psychiatric literature. A search of psychological abstracts for the past ten years yielded only one report, a Hungarian paper,<sup>2</sup> which dealt with the problem of false accusation. We reviewed 88 psychiatric papers on incest published over the past five years; two papers present surveys of the historical importance of false accusations of incest<sup>1,3</sup> and four papers contain individual case reports of false retractions of valid incest accusations.<sup>4-7</sup> We were unable to find a recent case report of a false accusation of incest. Macdonald<sup>8</sup> implies that false accusations are an important forensic problem; however, most of his case examples are drawn from a book published in 1913.<sup>9</sup>

Although reported false accusations of incest are rare, legal and mental health professionals tend to be suspicious of incest accusations. This may be explained, in part, by the continued influence of Freud's conclusion that many reports of incest were based on fantasy.<sup>10-12</sup> It is interesting, however, that, to our knowledge, Freud never reported a case example of false accusation of incest. Furthermore, he confirmed some of the accusations by interviewing family members.<sup>13-15</sup> The case of Dora documents his approach to an accusation of seduction which the family alleged to be a lie but which Freud validated as an actual event.<sup>16</sup> Some writers<sup>17,18</sup> believe that Freud overstated the importance of fantasy as the basis for incest accusations and that the therapist's assumption that an accusation is fantasy may drive

\*An earlier version of this paper was presented at the Annual Meeting of the American Psychiatric Association, Toronto, Ontario, Canada, May, 1977.

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victims out of treatment and into psychosis.<sup>18</sup>

Only one published article documents the relative frequency of false accusations of child sexual abuse. Peters<sup>3</sup> studied 64 children seen at a hospital emergency room with a complaint of sexual assault and found four cases in which the staff concluded that no sexual assault had occurred. However, the actual relationship between the alleged offender and victim is not indicated, and the 64 cases included offenders who were not living within the family or related to the victim.

### **Sources of Cases**

The cases presented are drawn from two sources: our experience with 46 families referred to a child abuse agency because of complaints of sexual abuse within the family, and a canvass of professionals working in six other agencies in the Albuquerque area whose patients include children with complaints of sexual abuse. Of the 46 families, 22 involved sexual abuse between a stepfather and daughter, and 18 between father and daughter. The remaining cases included sexual abuse between various family members or people living within the family. Our examination of the 46 families revealed one case of false accusation by a child (father-daughter), two cases of false accusations brought by psychotic mothers (father-daughter, uncle-niece), and two cases of false retraction of a valid accusation (both stepfather-daughter). Two additional cases of false accusation of incest by a child (both stepfather-daughter) were obtained from our canvas of professionals in the community.

### **False Accusation by the Daughter**

The medicolegal literature on incest contains only a few reported cases in which a daughter falsely accuses the father or stepfather of incest. In one of these a teenager accused a hated stepfather of incest to shield the boyfriend who had impregnated her. In another, a girl was coaxed and bribed with candy to make the accusation. In both cases the girls ultimately admitted that they had lied.<sup>8,9</sup>

False accusations of incest by children appear to be opportunistic lies rather than symptoms of a specific hysterical or delusional state. A desperate child decides the benefits of the lie outweigh the risks and has at hand the information necessary to fabricate an incest story.<sup>19</sup> In the reported cases, the child usually has an adult confederate, and the child readily admits the lie on direct questioning.<sup>9</sup> Where the child has made more than one false accusation, more specific pathology may be found.<sup>8,20</sup>

Cases #1 and #2 illustrate false accusations of incest by the daughter:

#### **Case #1:**

A thirteen-year-old girl had become jealous, disobedient, and depressed after her mother's remarriage. Both parents were achievement-oriented professionals who tended to ignore their daughter's concerns, and she became more symptomatic. The girl finally ran away from home and stayed with a girl friend whose father was a policeman. As the other family questioned her about why she had run away, the girl elaborated a vague account of having been sexually

seduced by the stepfather. When interviewed individually, she readily admitted that she had concocted the story from a book about incest. She focused with angry despair on her isolation in the family. Brief individual and family therapy successfully reintegrated her into the family unit. In this case the incest accusation apparently expressed the girl's wish to be included in her parents' relationship as well as an attempt to gain revenge.

#### Case #2:

A pathologically jealous mother, who had recently married a man fifteen years younger than she, dreamed that her new husband raped her ten-year-old daughter. Several weeks later she noticed a rash in the daughter's genital area. Mother questioned the daughter angrily, using very specific questions derived from her recent dream. The daughter answered each question in the affirmative. Physical examination of the girl showed an intact hymen. The stepfather was eager to be interviewed and seemed appropriately angry. In an individual interview the daughter said that she had supported her mother's explanation of the rash in order to conceal the masturbation which the child believed had caused the rash. Psychological testing showed that the child saw herself quite literally as an extension of her mother's body. The mother had chosen a young husband whose age was exactly intermediate between her own age and the age of the daughter. The girl's sense of fusion with mother made it more difficult for her to admit an independent sexual exploration than to admit to a sexual experience with mother's mate.

### Maternal Delusions of Incest

Lustig *et al*,<sup>21</sup> report a mother who had an encapsulated delusion that incest was taking place between her husband and her daughter. In that case, actual incest eventually did occur, possibly provoked and unwittingly engineered by the sick mother. In another case a psychotic mother eventually murdered her husband because of a delusion of incest.<sup>8</sup> Case #3 is illustrative.

#### Case #3:

Mrs. W. is a 35-year-old housewife with a long history of hospitalizations for schizophrenia. Previous psychotic breaks had been associated with the birth of her first child and with the marriage of her father to a much younger woman. She had recently delivered her second daughter and during the pregnancy her father died. Despite this, she appeared stabilized on phenothiazines. When her baby was four months old, Mrs. W. complained to her psychiatrist that her husband was sexually abusing her daughters by fondling their genitals. Her psychiatrist believed the accusation, referred the family to a protective services agency, and helped Mrs. W. initiate divorce proceedings.

Mr. W. was cooperative with the child protection agency and denied sexual abuse. He admitted tickling his daughters and said he had cleaned the baby's vulva several times at Mrs. W.'s request. He gave a

complete sexual history and was concerned that recent increased sexual experimentation in the marriage may have upset his wife. The nine-year-old daughter was interviewed and denied that her father had touched her genitals. Projective testing of father and daughter showed that both had excessive and overt sexual concerns. Mr. W. said that when his wife was psychotic, her sexual preoccupations upset everyone in the family.

Two months after her initial accusation, Mrs. W. was hospitalized with florid schizophrenic symptoms. She said God was telling her to have sex and that her husband was trying to make her homosexual. She gave a history of intercourse since age nine and blamed her father for having let her run wild.

The investigating agency made a judgment that Mrs. W.'s accusations of sexual abuse were delusional, based on displaced anger at her father who had allowed her to have intercourse as a child and who had married a woman young enough to be his daughter. Father's death had revived these issues.

The judgment was not communicated to Mrs. W.'s treating psychiatrist, who continued to discourage visits by Mr. W. and encouraged the patient to proceed with divorce. Mrs. W.'s psychosis continued to worsen until she was transferred to another hospital and another psychiatrist. On recovery she said that nothing sexual had happened between her husband and her daughters.

This case shows how expressed fantasies about incest can be as devastating to a family as actual incest.<sup>22</sup> The delay in fully exploring the mother's accusation and the precipitous overreaction to a charge which did not even involve intercourse probably interfered with prompt and appropriate treatment of her psychosis. The antagonized father was unwilling to accept a recommendation that he and his daughter receive psychotherapy.

### **False Denial of Incest**

Several cases have been reported in which a child victim falsely retracts an allegation of incest because of threats from the father, infatuation with the father, or guilt about upsetting the family.<sup>23</sup> In these instances, the child's lie is in the service of covering up a sexual assault which actually occurred. Refusal to talk or testify about the incest is more common than false denial and may occur on the part of as many as thirty per cent of victims.<sup>6</sup>

#### **Case #4:**

Eleven-year-old Veronica and nine-year-old Melissa ran away from home, saying their stepfather was beating them. While the charge of physical abuse was being investigated, one of the girls hinted that sexual abuse had also taken place. Physical examination of Veronica showed a ruptured hymen and a wide vaginal canal. In a tearful interview Veronica described a year-long sexual relationship with the stepfather which had begun while mother was in the hospital having a baby. The relationship was rationalized as sex education and Veronica colluded in it because she enjoyed intercourse. Veronica decided to expose the

relationship because the stepfather had recently begun the sexual education of the younger sister. Melissa confirmed this. Veronica was heavily made up and appeared much older than eleven.

The mother was most concerned with her own mother's insistence that she leave the stepfather because of the girls' accusations. Mother revealed that as a teenager she had been involved in incest with her own father. Mother said that she would not leave the stepfather even if she believed her daughter's accusations. The stepfather would not agree to be interviewed even by telephone, but the mother said he denied having had sex with the girls. The stepfather was chronically unemployed and both parents drank heavily.

At the next family interview the mother and both daughters said the accusation was a hoax. They said the girls had been coached by unidentified older girls to accuse the stepfather in the hopes that this would make mother leave him. Veronica repeated this story woodenly in the individual session but refused to elaborate on it. Melissa began weeping in the individual session and admitted that the retraction was a lie invented by the mother.

DeFrancis cites data which indicated that untrained interviewers often accept false denials of incest at face value. DeFrancis speculates that this is one factor that has led to the underestimation of the incidence of incest and to the assumption that many accusations are false.<sup>23</sup>

### Discussion

Verification of an accusation of incest is often technically difficult. Frequently, however, a thorough psychiatric examination of the family indicates a firm diagnosis and suggests appropriate intervention strategies.

Where such psychiatric investigation is indicated, we have found the following guidelines to be useful.

1. The investigator must be aware of his biases. Teenagers, schizophrenics, and self-dramatizing women can elicit strong irrational reactions, both positive and negative. Excessive horror of incest can lead to precipitous action.
2. The investigator should take the position that he does not yet know what really happened. The family often adopts this attitude of suspended judgment which allows family members to alter and elaborate on prior statements without loss of face. At this point, interim treatment plans can be made and an extensive diagnostic workup scheduled.<sup>24</sup>
3. The investigator should see individually every family member directly involved. The supposedly uninvolved siblings should also be interviewed to clarify family dynamics, to rule out other incestuous partnerships, and to identify psychopathology or behavior problems. Open lines of communication should be maintained and family members should be confronted with the puzzling fact that stories do not tally and should be asked for their opinions and feelings about this. The investigator's insistence on clarity can be therapeutic, especially in chaotic families with poor reality testing.
4. A detailed sexual, psychosocial, and family history should be obtained

from each parent.

5. The affective responses of each family member should be carefully noted. This is not the place for the traditional child guidance approach where family members are interviewed by different therapists. Decisions about whether a person is lying are subtle and subjective.<sup>20</sup> If multiple interviewers are involved, each interviewer should see all available family members.

6. The investigation should not be made more traumatic for the family than the alleged sexual abuse.<sup>25-27</sup> This cannot be overemphasized. In some cases the alleged victim should have a pelvic examination. Projective testing of family members can be helpful, especially in the case of the father who may have very subtle paranoid symptoms.<sup>28,29</sup> We have found kinetic family drawings particularly useful in identifying family pressures that may be motivating the daughter. Children who have experienced incest have great difficulty drawing the perpetrator, and their drawings often show a preoccupation with boundaries.

Other specific investigative techniques should be considered. Hypnotic age regression has been helpful in eliciting detailed descriptions of the alleged incestuous events.<sup>2</sup> Polygraph testing, in one of our cases, confirmed our clinical impression that a child's retraction of an incest accusation was false. However, patients interviewed with amytal or hypnosis may make statements about sexual events which combine fact with fantasy.<sup>30</sup>

7. The investigator should know the typical family profile in paternal incest, but should use the knowledge flexibly and be alert for exceptions.<sup>31-33</sup> In the typical pattern, the father is rigid, moralistic, and patriarchal; he is unlikely to engage in extramarital relations, other perversions, or other antisocial acts. However, he may have chronic problems with alcohol abuse or with unemployment. The mother, typically, has relinquished many maternal functions to the child victim. The child victim tends to be pseudomature and very protective toward the mother.

8. The investigator should keep in mind that actual paternal incest is fairly common in psychiatric patients (about five per cent in women and girls<sup>32</sup>) and that incest delusions and hoaxes are probably quite rare. Our findings and one prior study<sup>2</sup> indicate that a small percentage of incest accusations are false. Increased enforcement of child abuse laws has made false accusations a more potent manipulative weapon for children and teenagers. For this reason, if no other, questionable accusations should be carefully investigated.

On the other hand, the judgment that an accusation is false should be made positively and not by inference or exclusion. For example, lack of physical evidence of criminal penetration and persistent denial of the accusation by the parents may occur in cases of actual incest where the sexual contact has been limited to fondling or to oral intercourse.<sup>32</sup> If an incest accusation is false, thorough investigation will reveal precipitants of the hoax, psychodynamic explanations for this behavior, and the step-by-step development of the hoax.

### Summary

Expertise in investigating incest accusations is essential for psychiatrists

because the law requires the reporting of sexual abuse of children. In such cases persistent and methodical investigation tends to yield a consensually credible view of what really happened without resort to special forensic techniques of truth-finding. In order to make a diagnosis of incest hoax, the investigator must thoroughly understand the mechanics of the hoax and the psychodynamics of the perpetrator. Failure in recognizing a delusional hoax can delay treatment for the perpetrator of the hoax. Failure to recognize a child's fabrication can subject the family to unnecessary legal action and unwittingly support the use of a similar manipulative technique by other susceptible children. Failure to recognize the false retraction of an incest accusation may leave the victim in danger of further sexual abuse or of physical punishment for having revealed the secret.

### Acknowledgments

We would like to thank Robert Duncan, Ph.D., Richard Harris, Ph.D., and Samuel Roll, Ph.D., for their help in preparing this manuscript.

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