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Memory

ISSN: 0965-8211 (Print) 1464-0686 (Online) Journal homepage: www.tandfonline.com/journals/pmem20

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To cite this article: Sanne T. L. Houben, Linsey Raymaekers, Leonie Loop, Desiree Vandervelt, Lawrence Patihis & Melanie Sauerland (2024) Alleged false accusations of abuse: characteristics, consequences, and coping, Memory, 32:1, 90-99, DOI: 10.1080/09658211.2023.2284652

To link to this article: https://doi.org/10.1080/09658211.2023.2284652

Published online: 27 Nov 2023.

MEMORY
2024, VOL. 32, NO. 1, 90–99
https://doi.org/10.1080/09658211.2023.2284652

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Alleged false accusations of abuse: characteristics, consequences, and coping

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ABSTRACT

We have very little knowledge about the characteristics and consequences of false abuse accusations. Sixty-one members of a German support organisation for allegedly falsely accused individuals provided information about themselves, the accuser, the accusation, the consequences of the allegation, and their coping strategies. The majority of respondents were male (90%), accused of sexual abuse (89%), and a parent of the accuser (71%). The initial allegations were frequently (72%) associated with the accuser undergoing psychotherapy. The consequences for the accused were psychological, physiological, familial, job-related, personal, and legal in nature. These included a loss of contact (98%), altered family dynamics (92%), depressive symptoms (48%), and problems focussing at work (44%). Eleven accused (18%) faced legal prosecution, but none of them were charged. Frequent strategies to cope with the allegation included contacting the victim support organisation (100%), seeking therapy (51%), contacting counselling centres (43%) and other victim support organisations (23%). Most of the accused felt supported by their environment (84%). Supporting and elaborating upon previous studies, this study exposes the potential consequences of alleged false accusations.

ARTICLE HISTORY
Received 20 June 2023
Accepted 12 November 2023

KEYWORDS
False allegation; childhood sexual abuse; accusation; false memories; suggestive therapy

Introduction

In abuse allegation cases in society, there is a real risk of false allegations that can have dire consequences for the people involved in them. In abuse cases, objective evidence guilt or innocence (i.e., the "ground truth") is often difficult to determine. The legal decision is then oftentimes based on the credibility of the eyewitness testimony of the victim (Binder & McNiel, 2007). Although victim testimonies can be quite accurate (Bidrose & Goodman, 2000; Leander et al., 2007), we know that some memories of abuse can be inaccurate or even entirely false (e.g., Lilienfeld, 2007; Ost, 2017). Such false memories of abuse may result in a false allegation with serious legal, societal, and personal consequences for the accused and sometimes the accusers or their therapists. Here, we investigate the characteristics of alleged false accusations, how they progress, what consequences they bore, and how those who were accused coped with them.

It is a difficult task to determine whether an allegation is correct or false. Definitions of false allegations vary between studies and thus the estimated rates of such allegations vary greatly (O'Donohue et al., 2018). For example, an allegation might be considered false if they were unsubstantiated or inconclusive by other evidence (Herman, 2005), when the complainant knew them to be untrue (Cirlugea & O'Donohue, 2016), when the allegation is unknowingly untrue (Hritz et al., 2015), because of a mistaken identity (Ferguson & Malouff, 2016), or if the allegation is later recanted. Furthermore, individuals involved in an investigative proceeding may perceive themselves as facing accusations (Rumney & McCartan, 2017). More generally speaking, a false allegation is an allegation that is factually inaccurate (Hritz et al., 2015) and most studies refer to the accused as legally innocent (i.e., not convicted; Hoyle et al., 2016). However, some allegations do not result in a legal case. Yet, this does not allow for the inference that the accused is innocent.

Although there is a lot of literature on victims and offenders of abuse, we know only very little about those who are falsely accused. Two surveys among members of the British False Memory Society offer some clues into the nature of such accusations (Gudjonsson, 1997a; Rumney & McCartan, 2017). Both studies relied on the decision of the support groups to admit members. Most allegations reported by Gudjonsson (1997a) were made against the biological father and pertained to general accusations of childhood sexual abuse, rape, sexual intercourse, murder, exposure to pornographic material, and

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This article has been corrected with minor changes. These changes do not impact the academic content of the article.

sexual relations with animals. However, most respondents were not aware of the specific nature of the accusation, most likely due to indirect notification (e.g., via a third person) or the lack of communication once the accusation was made. Half of the accusations became more extensive over time. About half of the respondents noticed behavioural changes in the accuser prior to the accusation and a majority of respondents reported a stressful life experience in the accuser's life some years prior to the accusation (Gudjonsson, 1997a). Therapy seemed to play a role in almost all allegations (see also Hyman et al., 1995; Lynn et al., 2003). About a third of the accused sought treatment following the accusation. Rumney and McCartan (2017) found a similar pattern: most allegations were against unspecified family members and referred to child abuse or neglect, rape, childhood sexual abuse, issues around the right of access to a child, domestic violence, and indecent assault. This study did not gather information about the role of therapy and potential consequences. In summary, knowledge of the consequences of allegations remains scarce.

An investigation of false accusations in the workplace provides first insights about the consequences of false accusations (Burnett et al., 2017; but for detailed results see Hoyle et al., 2016). Thirty accounts of employees who reported being wrongly accused of abuse, as concluded by a support organisation, were examined in different professional settings, including teaching, community care work, or religious work. Respondents were either not charged, charged but acquitted, or their conviction was overturned. The reported consequences included stigmatisation, a fractured social network, and social withdrawal. More than half of the accused reported permanent personality changes in themselves (e.g., not feeling at ease with other people), suffered from depression, and experienced anxiety attacks. The accusations had a severe impact on the accused professional career, with only two remaining employed and the rest being suspended, dismissed, stripped of regular duties, forced to resign (e.g., early retirement), or already retired at the time of allegation. The majority of accused who had not been charged faced obstacles in finding a new job, because they were not formally recognized as not guilty and former employers refrained from providing reference letters. Some reported not wanting to work with children in the future, because they feared a new accusation and that social services could take away their own children.

Overall, with only two surveys looking at characteristics and development of such allegations in the family context (Gudjonsson, 1997a; Rumney & McCartan, 2017) and one survey in the workplace context (Burnett et al., 2017; Hoyle et al., 2016), our knowledge about characteristics, development and consequences or coping with such allegations is limited. Here, we report data of a German support organisation, *False Memory Deutschland e.V.*, for individuals who were, by their own report, falsely accused. The support organisation provides a survey to potential members that includes questions about the nature, development and consequences of the allegation as well as the reaction to it. Their survey is similar to previous surveys (i.e., Gudjonsson, 1997a; Rumney & McCartan, 2017), with the addition of questions regarding how others reacted towards the allegation, whether they experienced self-doubt and whether they sought help.

The organisation follows a standard procedure in order to prevent actual perpetrators of abuse from becoming members (Cammans, 2020). Whether a membership application is approved is based on some or all of the following criteria: interviews with family members; perceived emotions of accused (e.g., desperateness, suffering, etc.); circumstances of memory retrieval (e.g., discontinuous memories) and the role of therapy. Approval from the entire board is necessary before an applicant can become a member. In case of doubt, the organisation does not accept some applicants as members and instead offers minimal advice (e.g., lawyer referrals). The organisation does not accept convicted applicants. It lies in the nature of field studies such as the present survey that we cannot assert with certainty that all accusations were, in fact, false. Despite all efforts, the board cannot evaluate the truthfulness of allegations with absolute certainty. Furthermore, most respondents were not involved in a legal case. Therefore, the respondents were not limited to being found legally innocent. In the current survey, we followed the decision of the support organisation on the veracity of the allegation (for a similar approach see Gudjonsson, 1997a; Rumney & McCartan, 2017).

Comparable limitations in establishing ground truth also hold for the statements of victims of child sexual abuse or those who later on retract their accusations (Ost, 2017; Ost et al., 2001). Indeed, "the fact that it is difficult (if not impossible) to establish the ground truth, and that there may be self-serving or unconscious biases in presenting events in a certain light […] should not prevent scientific enquiry". (Ost, 2017, p. 900). The main purpose of the current survey was to gain insights into the consequences of such allegations from the accused's perspective, thereby adding to the scarce literature on this important topic.

Method

Participants

The respondents were members of False Memory Deutschland e.V. (False Memory Deutschland henceforth). All members reported being falsely accused of some sort of abuse. When more than one person was accused (e.g., both parents), the person at whom the accusation was most targeted to, was asked to complete the survey. At the time of survey distribution (2019), the organisation had 111 members, some of which corresponded to one case (i.e., couples). In total, 67 members responded. We excluded data from six respondents, because they did

not answer the key questions about the consequences of false allegation. The final sample therefore consisted of 61 respondents (six women, 55 men; $Median_{yearofbirth}$ = 1953; M_{age} = 65.8, SD = 11.7).

Respondents had a wide variety of educational backgrounds (see Table 1), with most having a university degree or secondary education. Most respondents were employed and worked in many different professional sectors (see Table 2). Some respondents were married (n = 44, 72.1%), divorced (n = 7, 11.5%), single (n = 3, 4.9%), with a new partner (n = 4, 6.6%), widowed (n = 1, 1.6%), or in the process of getting divorced (n = 1, 1.6%). The majority of the respondents had between one and five biological children (n = 58, 95.1%), eight respondents (13.1%) had between one and three stepchildren.

Materials

Questionnaire

The full questionnaire is available at DataverseNL (https://doi.org/10.34894/E52YNR). It consisted of ten sections with multiple-choice and open-ended questions. The different sections refer to biographical information about the accused (section A; reported in participants section; seven questions regarding demographics, educational and professional background), information about the accuser (section B; ten questions regarding the relationship with the accuser prior to the accusation), the accusation (section C; 20 questions covering the type, development and content changes of the alleged abuse), possible reasons for false allegation, and the potential role of false memories (section D; six questions pertaining to the likelihood of false memories), consequences of the allegation (section E; four questions covering, for example, personal and job-related consequences), reactions from others (section F; seven questions on who knows about the allegation, how they reacted and perceived support), self-doubt (section G; two questions covering experienced doubt), help-seeking behaviour (section H; two questions about when the organisation was contacted), actions that the accused took (section I; four questions about, for example, contacting other institutions), and any additional comments (section J; one question).

Table 1. Respondent's highest obtained degree (Highest Possible Attainment on Top).

Highest obtaied degree	*n (%)*
Doctorate (e.g., PhD, prof)	6 (9.8%)
University degree	18 (30.0%)
Advanced technical college[1]	4 (6.6%)
High school[2]	6 (9.8%)
Technical secondary education[3]	6 (9.8%)
Graduated apprenticeship[4]	3 (5.0%)
Secondary school[5]	16 (26.7%)
Elementary school	1 (1.6%)

Notes. Percentages are relative to n = 60. [1] = Fachhochschule/University applied sciences; [2] = Gymnasium/Matura; [3] = Fachoberschule; [4] = Ausbildung; [5] = includes secondary school (Mittlere Reife) and secondary modern school (Hauptschule).

Procedure

The board of False Memory Deutschland distributed the German language questionnaire to their members during member meetings between March and December 2019 (paper and pencil version; n = 45) or via e-mail among their members (n = 16; Qualtrics software; Provo, Utah, USA, 2017). The study was approved by the standing ethics committee of the faculty of Psychology and Neuroscience.

Data processing and analyses

After data collection, all responses were translated to English by two native German speaking research assistants. Two of the authors (LL and DV), native German speakers, cross-validated these translations. Qualitative answers to open questions were quantitatively coded using a thematic content analysis (Révész, 2012). Recurring and relevant themes (e.g., type of abuse, therapy, consequence) were identified and coded by LL and DV. Inter-rater reliability for this coding scheme was strong (Cohen's K = .86; McHugh, 2012).

Results

Reported numbers and percentages are relative to the complete sample (N = 61), unless otherwise specified. In this Results section, we will organise the information based on content rather than by survey section. For basic statistics on the accused, see the Participants section. The data is available at DataverseNL (https://doi.org/10.34894/E52YNR).

The accusers

The mean age of the accuser at time of the accusation was 28.2 years (SD = 16.8, range: 2–75) and their mean age at time of administration of the questionnaire was 37.0 (SD = 14.5, range: 7–78). Forty-three (70.5%) respondents reported that they were accused by one person, 11 (18.0%) were accused by two individuals, and three (4.9%) were accused by more than two individuals.

Multiple answers were possible to the question whether there was anything unusual about the accuser. The most frequently mentioned issues were emotional instability (n = 29, 47.5%), problems at school or training (n = 22, 36.1%), and that the accuser had previously accused another individual (n = 10, 16.4%). Less frequently mentioned issues included drug use (n = 4, 6.6%), personality problems (n = 4, 6.6%), relationship problems (n = 4, 6.6%), difficult relationship with parent (n = 3, 4.9%), behavioural problems (i.e., aggression, sexual, or physical; n = 2; 3.3% per type), or that the accuser had been in contact with the police (n = 2, 3.3%). According to the accused, the accusers' mental health issues prior to the accusation were a frequent issue (n = 45, 73.8%). We

Table 2. Respondents' professional sectors.

Profession	*n* (%)
Retired	11 (18.0%)
Engineering	11 (18.0%)
Healthcare	7 (11.5%)
Science	6 (9.8%)
Legal	6 (9.8%)
Management	5 (8.2%)
Financial	4 (6.6%)
Retail	3 (4.9%)
Educational	2 (3.3%)
Art	2 (3.3%)
Pastor	2 (3.3%)
Housewife/husband	2 (3.3%)

Note. Percentages are relative to $N = 61$.

report respondents' elaborations on the accusers' potential mental health issues on the OSF [https://osf.io/tw685].

Relationship between accused and accuser

Respondents could indicate more than one category with respect to their relationship to the accuser, because some respondents were accused by more than one individual. The majority of the accused were parents of the accuser ($n = 43$, 70.5%) or another family member such as an uncle/aunt of the accuser ($n = 4$, 6.6%), a stepparent ($n = 4$, 6.6%), or a grandparent ($n = 3$, 4.9%). Other answers included (half) sibling ($n = 2$), cousin ($n = 1$), friend of the accuser ($n = 1$), father-in-law ($n = 1$), confirmand ($n = 1$), or therapist ($n = 1$; 1.6% per category). Twenty-four respondents (39.3%) said that other individuals had been accused as well. This was related to the mother ($n = 8$ of 24, 33.3%), wife ($n = 3$ of the 24, 12.5%) or father of accused ($n = 3$ of 24, 12.5%), a friend of the accused ($n = 1$ of 24, 4.2%), uncle ($n = 1$ of 24, 4.2%) neighbour ($n = 1$ of 24, 4.2%), or acquaintance ($n = 1$ of 24, 4.2%).

Turning to the quality of the relationship between the accused and the accuser, 26 respondents (42.6%) reported that difficulties in the relationship had manifested in the period prior to the accusation. For example, respondents mentioned physical distance ($n = 5$ of 26, 18.5%), previous breaks in contact ($n = 3$ of 26, 7.4%), problems with school/career ($n = 2$ of 26, 7.7%), difficulties after divorce or related to puberty ($n = 2$ of 26, 7.7%), fighting with parents ($n = 1$ of 26, 3.7%), social withdrawal from accused ($n = 1$ of 26, 3.7%), and the accuser's jealousy toward the accused ($n = 1$ of 26, 3.7%). In the family context, respondents reported substantial family difficulties prior to the accusation ($n = 32$, 52.5%), including divorce ($n = 17$, 27.9%), parent-related issues (e.g., fighting between parents; $n = 11$, 18.0%), loss of a parent ($n = 3$, 4.9%), and an unstable living situation or conflict situation ($n = 1$, 1.6%).

The accusation

Accusations occurred between 1998 and 2019, on average 6.5 years ago ($SD = 5.3$). Fifty-four respondents (88.5%) reported being accused of sexual abuse, five (8.2%) of physical abuse, and two respondents (3.3%) of emotional neglect. Others listed deprivation of liberty ($n = 1$, 1.6%), sexual fantasy ($n = 1$, 1.6%), facilitating sexual abuse ($n = 1$, 1.6%), showering with an underage child ($n = 1$, 1.6%), or did not specify the type of abuse ($n = 1$, 1.6%).

Details of accusation

Most sexual abuse allegations were not elaborated on ($n = 41$, 67.2%). When respondents who were accused of sexual abuse elaborated upon the alleged actions, they mentioned vaginal ($n = 10$, 16.4%), oral ($n = 6$, 9.8%), and anal intercourse ($n = 6$, 9.8%). Upon examination of the detailed description of the accusation of the respondents, the remaining accusations concerned: physical abuse ($n = 10$, 16.4%), unwanted physical contact ($n = 9$, 14.8%), mental abuse ($n = 5$, 8.2%), vague accusations ($n = 3$, 4.9%), taking pictures/videos ($n = 3$, 4.9%), verbal abuse ($n = 2$, 3.3%), neglect ($n = 2$, 3.3%), deprivation of sexuality ($n = 1$, 1.6%), and exposure to child pornography ($n = 1$, 1.6%). One respondent (1.6%) mentioned "discrimination", but it was unclear what was meant by this and in what way this constituted a specification of the alleged act(s).

The alleged event was said to take place at home ($n = 34$, 55.7%), at the grandparents' house ($n = 4$, 6.6%), on vacation ($n = 4$, 6.6%), at church ($n = 3$, 4.9%), in a public space ($n = 2$, 3.3%), in a car ($n = 2$, 3.3%), in a holiday home ($n = 1$, 1.6%), at a friend's party ($n = 1$, 1.6%), or in a guest room ($n = 1$, 1.6%). The accuser allegedly had memories of specific clothes (e.g., the accused wearing a specific shirt; $n = 3$, 4.9%), a certain smell (e.g., smell of beer; $n = 2$, 3.3%), pictures in his/her head ($n = 2$, 3.3%), or noises (e.g., walking around the house; $n = 1$, 1.6%). Others reported that details were unknown ($n = 1$, 1.6%), the accuser could not remember ($n = 1$, 1.6%), the accuser had a feeling of being abused ($n = 1$, 1.6%), the accuser had thought the accused had paedophilic tendencies ($n = 1$, 1.6%), or the accuser did not want to talk about the alleged event ($n = 1$, 1.6%).

Frequency and duration of alleged abuse

Most accused stated that the alleged event happened more than once ($n = 44$, 72.1%), whereas five respondents (8.2%) reported that the alleged event had happened only once. Respondents reported that the alleged event supposedly happened over the course of several years ($n = 34$, 55.7%), several months ($n = 6$, 9.8%), or one day to several weeks ($n = 7$, 11.5%). Respondents were accused by the accuser in person ($n = 22$, 36.1%), online (e.g., e-mail, SMS or app; $n = 4$, 6.6%), in a letter ($n = 16$, 26.2%), or by phone ($n = 4$, 6.6%). In addition, respondents were also accused by a third party (e.g., other children, police, and wife; $n = 27$, 44.3%).

Initial reaction to accusation

Five respondents (8.2%) stated that the accuser was alone when she/he confronted the accused, while four respondents (6.6%) reported that others were present during

the confrontation. Most respondents ($n = 49$, 80.3%) did not defend themselves at the time of the accusation. Others provided some form of denial (e.g., pointing out an impossible detail of the accusation; $n = 7$, 11.5%).

Involvement of others

Respondents stated that strangers ($n = 3$, 16.7%), mothers ($n = 3$, 16.7%) or uncles of accuser ($n = 3$, 16.7%), grandparents ($n = 2$, 11.1%), fathers ($n = 2$, 11.1%), step(grand)-fathers ($n = 2$, 11.1%), friends of the accused ($n = 1$, 5.6%), therapists ($n = 1$, 5.6%), grandchildren ($n = 1$, 5.6%), teachers ($n = 1$, 5.6%), or healers ($n = 1$, 5.6%) were incriminated in the accusation (e.g., as having participated or tolerated the abuse). Seven respondents (11.5%) mentioned that the accuser claimed that the mother had noticed the alleged abuse, but had not intervened.

Assumed motives for accusation

Respondents could choose between revenge, anger, attention seeking, and belief in abuse or were free to report other reasons for the alleged accusation. The most prevalent motives were actually believing in the abuse ($n = 41$, 67.2%), attention seeking ($n = 16$, 26.2%), and revenge ($n = 14$, 23.0%). Table 3 shows an overview of reported reasons the accuser had, according to the accused.

Possible causes underlying the accusation

Nineteen respondents (31.1%) stated that the allegation might have resulted from a misinterpretation of events. Some specified that the misinterpretation referred to physical contact ($n = 5$, 8.2%), a real accident ($n = 4$, 6.6%), parenting style ($n = 2$, 3.3%), the fact that the accused had slapped the accuser in the past ($n = 2$, 3.3%), or a mix-up of people involved ($n = 1$, 1.6%). Others stated that the mental health issues might be the cause ($n = 2$, 3.3%) or that the accuser could not cope with the separation ($n = 1$, 1.6%).

Development of the accusation

When asked about the development of the accusation over time, most of the accused stated that the accusation had remained unchanged ($n = 31$, 50.8%) or had become stronger over time ($n = 23$, 37.7%). Seven respondents (11.5%) said the accusation had weakened. Accusations that increased over time did so in severity ($n = 11$, 18.0%), the number of details ($n = 8$, 13.1%), frequency of abuse ($n = 7$, 11.5%), number of accusations ($n = 7$, 11.5%), number of victims or perpetrators ($n = 4$, 6.6%; $n = 5$, 8.2% respectively), or the emergence of flashbacks ($n = 2$, 3.3%). Most respondents who indicated that the accusation weakened did not specify how, but some mentioned that the severity decreased ($n = 1$, 1.6%), details became vague ($n = 1$, 1.6%), or the accusation turned out to be wrong ($n = 1$, 1.6%).

Table 3. Motives for the accusation as reported by accused.

Motive	*n* (%)
Belief in abuse	41 (67.2%)
Attention seeking	16 (26.2%)
Revenge (e.g., ex-partner, wish to destroy family)	14 (23.0%)
Anger	11 (18.0%)
Search for explanation current problems	6 (9.8%)
Jealousy	3 (4.9%)
Influenced by others (e.g., therapist)	5 (8.2%)
Financial reasons	2 (3.3%)
Mental health problems (e.g., personality; withdrawal of medicine)	2 (3.3%)
Do not know	16 (26.2%)

Notes. Percentages are relative to $N = 61$. Respondents could choose multiple answers.

Role of therapy

According to the respondents, therapy played a role in most of the accusations. Many respondents reported that the accuser had been in therapy *prior* to the accusation ($n = 48$, 78.7%) and that the accuser was in therapy *at the time* of the accusation ($n = 44$, 72.1%). According to the majority of the respondents, the accuser had not talked about possible abuse prior to the therapeutic interventions ($n = 52$, 85.3%). It is beyond the scope of this manuscript to elaborate on the respondents' reports on accusers' therapy. This information is available on the OSF [https://osf.io/tw685].

Premeditation of the accusation – potential role of false memories

Respondents were asked whether the accusation was intentionally false or based on a false memory. Most of the respondents assumed that the accusation originated from a false memory during therapy ($n = 45$, 73.8%). Others stated that the accusation was intentionally false ($n = 10$, 16.4%) or indicated that the accuser acted under the influence of a victim organisation ($n = 9$, 14.8%).

Consequences of the accusation

Consequences of the accusation were manifold and affected the accused individually, their family, and friends. Before respondents could openly describe the consequences of the allegation, they could choose between multiple responses to indicate experienced consequences. Table 4 provides an overview of the multiple-choice answers. Most accused reported a loss of contact with the accuser ($n = 60$, 98.4%) and disruption of family dynamics ($n = 56$, 91.8%). The consequences also reached different areas of life, including health and well-being, family life, and professional careers. In the following sections, we examine the detailed descriptions of the experienced consequences that respondents listed.

Psychological and physiological consequences

Half of the accused ($n = 31$, 50.8%) experienced mental health problems (e.g., depressive symptoms, sleep

Table 4. Reported consequences of the abuse accusation for the accused.

Consequence	*n* (%)
Break in contact with accuser	60 (98.4%)
Disruption dynamics entire family	56 (91.8%)
Depressive symptoms	29 (47.5%)
Problems to focus (e.g., at work)	27 (44.3%)
Tension between accused and partner	18 (29.5%)
Lost others' trust	18 (29.5%)
Break in contact with friends/acquaintances	14 (23.0%)
Separated with partner	4 (6.6%)

Notes. Percentages are relative to $N = 61$. Respondents could choose multiple answers.

problems, concentration difficulties, panic attacks, alcohol abuse, or anxiety symptoms). Six respondents (9.8%) reported physiological problems (e.g., headaches) after the accusation.

Familial consequences

Consequences for the accuser's family (e.g., other children, spouse, and complete family) included conflicts and tensions ($n = 14$, 23.0%), a complete destruction of the family ($n = 12$, 19.7%), a break in contact with other family members ($n = 12$, 19.7%), or separation from partner ($n = 2$, 3.3%). As a positive consequence, some family bonds had become stronger after the accusation ($n = 3$, 4.9%). Almost all respondents ($n = 60$, 98.4%) reported that contact with the accuser was broken off and contact recovered only for a minority of them ($n = 12$, 19.7%). The break in contact lasted for several years ($n = 9$, 14.8%), months ($n = 2$, 3.3%), or one week ($n = 1$, 1.6%).

Job related consequences

Nine respondents (14.8%) reported job-related consequences (e.g., deprivation of retirement income or early retirement), but mostly did not specify the exact consequence.

Social consequences

The respondents reported that most (close) family and friends ($n = 52$, 85.3%) knew about the allegation. Others who knew were colleagues ($n = 6$, 9.8%), neighbours ($n = 1$, 1.6%), and the church community ($n = 1$, 1.6%). The professionals aware of the accusation included psychologists or psychiatrists ($n = 5$, 8.2%), physicians ($n = 3$, 4.9%) or others ($n = 2$, 3.3%). Respondents reported that when others learnt about the accusation, they were shocked ($n = 40$, 65.6%), surprised ($n = 26$, 42.6%), supported them ($n = 48$, 78.7%), turned their back on them ($n = 16$, 26.2%) or treated them differently once they knew ($n = 7$, 11.5%). Five respondents (8.2%) reported loss of contact with friends. Other respondents reported that they experienced withdrawal from all social activities ($n = 7$, 11.5%).

Twenty-six respondents (42.6%) stated that some people did not believe them *at the time of the accusation*. These were mainly other family members of the accused ($n = 7$, 11.5%), professionals who were in contact with the accuser ($n = 6$, 9.8%), or family members of the accuser ($n = 5$, 8.2%). Reasons for believing the accusation included doubt ($n = 5$, 8.2%), foster child was taken away ($n = 2$, 3.3%), or termination of contact ($n = 1$, 1.6%). At the *time of filling in the questionnaire,* somewhat fewer respondents ($n = 20$, 32.8%) stated that others did not believe in their innocence. These people were family members of the accused ($n = 4$, 6.6%), family members of the accuser ($n = 4$, 6.6%), (ex)partners of the accused ($n = 3$, 4.9%) or accuser ($n = 2$, 3.3%). Reasons for not believing the accusation included having a better relationship with the accuser than the accused ($n = 2$, 3.3%), manipulation by the accuser ($n = 2$, 3.3%), break of contact ($n = 1$, 1.6%), or ongoing lawsuit ($n = 1$, 1.6%).

Most of the accused felt supported by their environment *at the time of the accusation* ($n = 51$, 83.6%), for example, by empathy ($n = 24$, 39.3%) and active support of others ($n = 12$, 19.7%). This support was mainly given by spouses ($n = 14$, 23.0%) and friends ($n = 12$, 19.7%). Those who did *not* feel supported ($n = 10$, 16.4%) reported feeling mistrusted ($n = 2$, 3.3%) or socially excluded ($n = 2$, 3.3%). *At the time of completing the questionnaire*, the majority of respondents also received support ($n = 49$, 80.3%), specifically empathy ($n = 18$, 29.5%) or trusting relationships ($n = 4$, 6.6%), offered by non-involved family members ($n = 16$, 26.2%) or friends ($n = 10$, 16.4%). Respondents who reported that they did not receive support ($n = 12$, 19.7%) did not specify.

Legal consequences

In most cases, the accuser had not filed a legal complaint ($n = 40$, 65.6%). In a minority of cases, accusers ($n = 10$, 16.4%) or a third party ($n = 7$, 11.5%) had done so. Eleven respondents (18.0%) indicated that the complaint had been prosecuted. This had resulted in the dismissal of the prosecution ($n = 7$, 11.5%), the case still being investigated ($n = 2$, 3.3%), a not-guilty verdict ($n = 1$, 1.6%), and a church guilty verdict in a court of church ($n = 1$, 1.6%). Most accusations had not been retracted ($n = 51$, 83.6%). Reasons for retractions included court orders ($n = 1$, 1.6%), discussion with the accuser about the accusation ($n = 1$, 1.6%), or facts that were proved wrong ($n = 1$, 1.6%).

Positive consequences for accuser

Twenty respondents (32.8%) did not state positive consequences for the accuser, while three respondents (4.9%) stated financial compensation, and one respondent (1.6%) stated attention as positive consequences.

Seeking help and coping

Two open questions were asked when the respondent contacted False Memory Deutschland and what specific event led to this contact. Subsequently, the respondents were asked what other actions they had taken and how they had coped with the allegation.

Point of contact support organisation

The majority of the respondents ($n = 42$, 68.9%) did not specify when exactly they contacted the support organisation, but respondents indicated they had contacted the organisation five months ($SD = 5.2$) after the accusation, on average. Others reported that they had contacted the organisation as soon as they became aware of its existence ($n = 6$, 9.8%), after another support organisation referred them ($n = 2$, 3.3%), after therapy ($n = 2$, 3.3%), after breaking in contact with the accuser ($n = 2$, 3.3%), after contacting a lawyer ($n = 1$, 1.6%), or when other family members learnt about the accusation ($n = 1$, 1.6%).

Motive for contacting the support organisation

The accusation was the main reason for contacting False Memory Deutschland ($n = 20$, 32.8%). Other motives included a search for help and support ($n = 18$, 29.5%), need for information about false memories ($n = 4$, 6.6%) or an exchange of experiences ($n = 2$, 3.3%). Respondents came across information about the organisation on the Internet ($n = 20$, 32.8%), on TV ($n = 3$, 4.9%), received a recommendation from family members ($n = 3$, 4.9%), therapists ($n = 2$, 3.3%), and newspaper articles ($n = 2$, 3.3%).

Taking legal action

Many accused had taken legal actions themselves ($n = 27$, 44.3%). Specifically, the accused hired a lawyer ($n = 12$, 19.7%), filed a civil ($n = 4$, 6.6%), or objected to a restraining order ($n = 2$, 3.3%). Because of this, the investigation was closed/dismissed ($n = 7$, 11.5%), a warning for a false accusation by the accuser was charged ($n = 5$, 8.2%), or more distance to the accuser ($n = 2$, 3.3%) was experienced.

Other actions

Apart from contacting False Memory Deutschland, the accused sought help from therapists ($n = 31$, 50.8%), advice centres ($n = 26$, 42.6%), other victim organisations ($n = 14$, 23.0%), and pastors ($n = 6$, 9.8%). Respondents experienced support ($n = 20$, 32.8%). Yet, many respondents mentioned negative experiences with such institutions ($n = 23$, 37.7%), including lack of being helpful ($n = 5$, 8.2%), organisation provided bad advice ($n = 4$, 6.6%), organisation did not believe in innocence ($n = 3$, 4.9%), incompetent staff ($n = 3$, 4.9%), failure to understand the problem ($n = 2$, 3.3%), respondents did not receive help ($n = 2$, 3.3%), organisation rejected respondent ($n = 2$, 3.3%) or others did not specify ($n = 2$, 3.3%).

Coping

Respondents coped with the alleged abuse by having an open discussion about the abuse ($n = 10$, 16.4%), trying not to experience hate or anger towards the accuser ($n = 7$, 11.5%), being actively engaged in False Memory Deutschland ($n = 5$, 8.2%), focusing on positive things ($n = 4$, 6.6%), or searching for information about false memories ($n = 2$, 3.3%). Most of the respondents did not elaborate whether these coping strategies had positive ($n = 48$, 80.3%) or negative consequences ($n = 45$, 73.8%), but for some, the coping strategies led to personal settlement ($n = 5$, 8.2%), saved the family ($n = 5$, 8.2%), or resulted in resumption of contact with the accuser ($n = 2$, 3.3%).

Self-doubt

Most of the accused ($n = 47$, 77.0%) stated that they had never doubted their innocence. Six respondents (9.8%) reported that they experienced doubts in the past, but that they did not anymore. Seven respondents (11.5%) reported that they experienced self-doubt at the time of filling in the survey. Reasons for experiencing doubt included: not believing that someone would make such a claim if it were not true ($n = 2$, 3.3%), intense coping process ($n = 2$, 3.3%), others believing the accusation ($n = 1$, 1.6%), qualification as a parent ($n = 1$, 1.6%), having a mental breakdown ($n = 1$, 1.6%), long duration of the situation ($n = 1$, 1.6%), respondent somewhat fitting the accusation ($n = 1$, 1.6%) or others presumed that the accused must have a psychological disorder and therefore could not trust their memory ($n = 1$, 1.6%). Such self-doubts resulted in a search for possible reasons why the accusation was made ($n = 4$, 6.6%) and for possible misinterpreted situations ($n = 4$, 6.6%).

Discussion

Members of a German support organisation for those allegedly accused of false abuse provided information about themselves, the accuser, the accusation, the consequences of the allegation, and their coping behaviour. Our findings replicate earlier work on the characteristics of the accusations (Gudjonsson, 1997a; Rumney & McCartan, 2017) and expand our understanding of the consequences for the accused and their coping strategies.

Looking at the characteristics of the accusations, accusers most commonly made allegations against their fathers. The accused reported experiencing trouble in the relationship with the accuser for a longer period of time, similar to findings reported by Gudjonsson (1997a) and Rumney and McCartan (2017). In line with the previous findings, the accusations mainly pertained to sexual abuse (89%). Accusers were in their late twenties when they put the accusation forward, similar to Gudjonsson (1997a), but in contrast to Rumney and McCartan (2017) who reported a mean age range between 31 and 40. Most of the accusations did not change in quality or quantity over time, but in about one third of the cases, respondents noted that the accusation had become *stronger* over time, whereas the accusation had *weakened* over time in a minority of cases, similar to Gudjonsson (1997a). Somewhat more respondents (36%) were accused in person compared to Gudjonsson (1997a, p. 23%).

According to respondents, most accusers had been in therapy for psychological problems and had not talked about the alleged event *prior* to therapy (cf. also Gudjonsson, 1997a). Although discussing repressed memories during therapy is related to the probability of recovering such memories (Dodier et al., 2019; Patihis & Pendergrast, 2018), information as to whether the therapist had discussed potential repressed memories is not available in the current study.

Unlike earlier work (Gudjonsson, 1997a), the majority of respondents in the current study reported that the accuser had mental health issues *prior* to the accusation. It is possible that the accusers had mental health problems due to actual abuse (Carr et al., 2020; Dworkin, 2020; Kisely et al., 2018). That is, (childhood) sexual abuse can lead to several mental health problems in the short- and long-term (Freyd et al., 2005; Morais et al., 2018).

The consequences of the allegations were manifold and affected psychological, physiological, familial, job related, personal, and legal aspects of respondents' life. For most respondents, the accusation affected the entire family and led to tensions with their partner, even leading to divorce in some cases. The allegation led to a break in contact with the accuser for many of the respondents, which is a frequently mentioned consequence in previous studies (Dodier et al., 2019; Gudjonsson, 1997a; Patihis & Pendergrast, 2018). Regarding their social contacts, respondents often felt like they had lost the trust and friends broke off contact with them in almost a quarter of cases.

Most of the respondents reported that they did not defend themselves when the accusation was made. This could be due to a freeze reaction, the indirect nature of the confrontation or because the accuser refused contact, so the accused had no opportunity to contact the accuser (see e.g., Gudjonsson, 1997a). A minority of our sample experienced self-doubt. Although no elaborations were provided in earlier work (Gudjonsson, 1997a), a minority of the respondents doubted the accusation at some point in time as well. It could be that an accusation weakens the accused's confidence into their own memory, thereby creating a false belief (Gudjonsson, 1997a; 1997b). Indeed, current theories about memory differentiate between memory and belief (Mazzoni & Kirsch, 2002). Individuals can falsely believe that they have been sexually abused without a memory of the event; similarly, the accused may come to falsely believe that they have committed a crime (Gubi-Kelm et al., 2020; Ofshe, 1992).

Half of the respondents in our sample sought help from a therapist, which is higher compared to Gudjonsson (i.e., about a third; 1997a). Respondents primarily experienced mental health problems such as depressive symptoms. This is in line with the reported mental health problems of exonerates (Kukucka et al., 2022). Almost one in five respondents had faced legal prosecution, although none of them were convicted (except the court of church, $n = 1$). These findings are similar to the consequences reported earlier (Burnett et al., 2017; Hoyle et al., 2016), illustrating the far-reaching consequences of such allegations on the accused and those around them. Some respondents (44%) took legal actions themselves (e.g., hiring a lawyer of file a lawsuit). Such action resulted in the investigation being dismissed or that the accuser being warned.

To cope with the allegation, all respondents contacted False Memory Deutschland, sought therapy, contacted advice centres, and other victim support organisations, openly talked about the allegation, or tried not to harbour any hard feelings towards the accuser. Contacting advice and support organisations and seeking therapy were frequently named coping strategies in previous studies (see also Hoyle et al., 2016). Hence, multiple coping strategies were used, but it remains unclear how satisfied respondents are with the help they received from such organisations. More research is needed on the effectiveness of such coping strategies.

Limitations and future perspective

This survey has several limitations. An inherent shortcoming in field studies as the present survey concerns the lack of ground truth (cf. Ost, 2017). In other words, we cannot be sure of guilt or innocence and this uncertainty introduces bias to our data. Indeed, all respondents were members of a false memory organisation and may therefore have been invested in presenting themselves as innocent. Note that these limitations also hold for studies about victims of abuse, with objective evidence missing in many such cases (see also Rumney & McCartan, 2017). One way to address this concern could be by including the perspectives of accusers and accused (and possibly of retractors) in one study. However, a study design that includes both sides is incredibly difficult to implement, because joint participation of accuser and accused in a scientific study is highly unlikely. Of note, including only such cases where both accuser and accused agree to participate would probably lead to a very selective sample that would over-represent less conflictual cases. Researchers need to carefully weigh the advantages and disadvantages of the different options when deciding on their research design for holistically studying the nature and consequences accusations.

Another limitation concerns the predominant use of open questions in the survey. Though this approach allowed for a maximum of information in this explorative survey, a disadvantage can be that respondents' answers to those open questions lack specificity. For example, the survey included specific but open questions about possible consequences of the accusation. However, the responses of the respondents were quite general and did not include as many details as we had hoped. Additionally, most participants completed the questionnaire on paper, which may be more taxing compared to typing. As a result, the specific nature of the experienced

consequences of the false accusations often remained unclear, similar to previous work (Gudjonsson, 1997a). Also, participants completed the survey without the presence of a researcher nearby, so they were unable to ask questions when anything was unclear. For future studies, researchers might draw from the current work to design a more structured, less open-ended survey format.

A final limitation concerns the generalizability of the findings (Simons et al., 2017). The current study had an unbalanced sample, including mostly white males. This hampers generalisability and may have led to reasoning and presentational biases (Ashmore & Brown, 2010; Ost, 2017).

Overall, the current survey provides important insights into potential characteristics and consequences of and coping with reportedly false accusations of abuse. Most accusations referred to sexual abuse by the father and in many cases there were relational problems between the accuser and accused prior to the accusation. The current study adds to the limited knowledge of false allegations. Future studies might base their questions on our survey, but use more closed questions with answer options or give examples as to illustrate the level of detail the survey is aiming at. This way, more knowledge is obtained that might unravel a controversial topic in society.

As a final note, this survey does not intend to discredit authentic sexual abuse reports, nor does it aim to minimize the traumatic experience. Victims of sexual abuse should be supported in the prosecution of their perpetrator. Yet, the prevention of false convictions *and* false acquittals should be prioritized in sexual assault cases (Burnett et al., 2017; Engle & O'Donohue, 2012). Indeed, when a false allegation enters the legal arena, this can eventually lead to a false prosecution or even a false conviction of an innocent individual, thereby adding to the number of miscarriages of justice (Saks & Koehler, 2005).

Open Scholarship

This article has earned the Center for Open Science badges for Open Data and Open Materials through Open Practices Disclosure. The data and materials are openly accessible at https://doi.org/10.34894/E52YNR (this URL will be open when the manuscript is published) and https://doi.org/10.34894/E52YNR (this URL will be open when the manuscript is published).

Disclosure statement

No potential conflict of interest was reported by the author(s).

Funding

The author(s) reported there is no funding associated with the work featured in this article.

Data availability statement

Data is available on DataverseNL and the Open Science Framework.

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