

Consequences of Being Falsely Accused of Sexual Violence:
Focussing on Someone's Social, Personal and Economic life

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Abstract

A false accusation of sexual abuse occurs more often than most people would expect. Reasons for false accusations are mostly intentional, and otherwise erroneous. It is often argued that false accusations could have severe consequences for the falsely accused person on several aspects. Unfortunately, there is a paucity of good research on the consequences of false accusations of sexual abuse. In order to close the gap in scientific literature, the current study focussed on the consequences of sexual abuse on several aspects (social, personal, and economic) of someone's life. An explorative study was conducted, with the use of a self-report questionnaire among eight falsely accused men. The self-report questionnaire focussed on someone's perceived social support, rejection, stigmatization, coping style, and psychological- and physical well-being. Participants reported in the open-questions that the false accusation influenced their social, personal, and economic life. However, scores on the closed-ended questions of the self-report questionnaire did not indicate severe consequences of being falsely accused. It seems that participants who received a higher level of social support, showed less signs of stigmatization, rejection, psychological – and physical symptoms and vice versa. This could indicate that social support possibly had a buffering effect on the consequences of a false accusation. Further research is needed to support this possible buffering effect.

Keywords: False accusations, consequences, social, personal, economic, social support

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Sexual abuse and – assault cases are currently a hot topic in the public discourse. Cases of false accusations of sexual abuse are also being discussed in the newspapers, but not as often as cases of sexual abuse. A famous example of a false accusation case is the case of Dominique Strauss Kahn who recently got accused of having sex parties with prostitutes, and sexual abuse (Giesen, 2015). Even though Strauss Kahn was acquitted¹, his reputation was affected by the case and his career in politics came to an end (Giesen, 2005). Another example concerns a father being accused of sexual abuse by his autistic daughter (Golgowski, 2012). As a consequence, both parents went to prison and the younger brother was sent to juvenile detention, even though there was no actual proof of the abuse. The authorities never questioned the girl, when she accused her father of sexual abuse. During the court hearing the girl couldn't give a single correct answer and consequently the parents were cleared from all charges² (Golgowski, 2012). Another example of a false accusation news feed was written by Jonathan Wells (2015) who tells the story of multiple men that were falsely accused of sexual abuse. One of the men committed suicide even after being acquitted³; he couldn't cope with the police investigation. Another man stated that it felt like: "being attacked by some sort of monster – that I was tormented and abused by the system. And now I am tarnished, shamed and alienated" (Wells, 2015, par. 15).

A broad range of definitions is being used in the newspapers. The current study uses the definition of sexual violence from the World Report on Violence and Health (2002) which stated; sexual violence is "any sexual act, attempt to obtain a

¹ Even though acquitted it is not sure if this is the ground truth

² Idem.

³ Idem.

sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work" (Jewkes, Sen, & Garcia-Moreno, 2002, p.149). Sexual violence includes acts of rape and sexual abuse. These acts could occur in several settings, such as during armed conflicts, in an intimate relationship, and in a position of trust (Dartnall & Jewkes, 2013). Rape was defined as "physically forced or otherwise coerced penetration— even if slight – of the vulva or anus, using a penis, other body parts or an object" (Jewkes, Sen, & Garcia-Moreno, 2002, p. 149). Sexual abuse was defined according to the definition from the website of the American Psychological Associations (APA, 2016). Which stated; "sexual abuse is unwanted sexual activity, with perpetrators using force, making threats or taking advantage of victims not able to give consent" (APA, 2016, p1).

The APA states that sexual abuse can cause severe reactions (fear, anxiety, and post-traumatic stress disorder), which can last a life time (APA, 2016). Considering the (often severe) possible effects of sexual abuse, detection is of great importance. On the other hand, false accusations of sexual abuse do exist, and pose another problem. Some researchers argue that people, including the prosecutors tend to believe the accuser, following the 'Where there's smoke there's fire' reasoning, which could lead to wrongful convictions (Contactgroep Onterechte Beschuldigen, 2005; O' Donohue & Cirlugea, 2016; Peelman, 2010). Grounds (2004) and Huff (2002) argue that false accusations can have a huge impact on someone's life. Wells (2015) seems to agree with this reasoning. Wells argues that "even when suspects get completely cleared they can never regain the same social or emotional standard of life as they previously had" (par. 26).

False Accusations

Some of the sexual abuse cases turn out to be based on false accusations. According to Rumney (2006), who studied rates of false accusations across 20 different studies, the prevalence ranges between 1,5% and 90%. Research conducted by Patterson (1991) showed a prevalence between two and ten percent. In a recent Meta-analyse, O' Donohue and Cirlugea (2016) showed a prevalence of circa five percent of false accusations of sexual abuse (Everson & Boat, 1989; Kendall-Tacket, 1991). However, O' Donohue and Cirlugea (2016) showed that these numbers include statements that were later withdrawn. On the other hand, there most likely is a dark number of false accusations; there are false accusations that were never and will never be discovered. In addition to the dark number, there are also false accusations which do not fit the criteria of the crime, and therefore are not seen by the police as a crime (Saunders, 2012). This causes some uncertainty about the prevalence of false accusations. Another reason for the diversity in prevalence could be the use of different definitions by researchers.

Definition. Researchers tend to use a broad range of definitions of the term false accusation. Wall and Tarczon (2013) consider an accusation as false when an individual gives intentionally or unintentionally an inaccurate version of the sexual abuse. Saunders (2012) defines a false accusation as:

An accusation containing falsehoods: a generic, all-encompassing definition capable of incorporating both the sexual abuse that did not happen (the false complaint) and the sexual abuse that did not happen the way the complainant said it did (the false account) (Saunders, 2012, p. 17).

The Attorney General's Sexual Assault Task Force defines a false accusation as "a report of sexual assault that is factually proven to have never occurred or been

attempted” (n.d., p.4). According to Dutch law, accusation can be assumed as false when deceptions occur during the accusation, and/or the sexual abuse did not take place (Nierop & Van Den Eshof, 2008). In most research there is a distinction between two forms of accusations, namely: intentional false accusations which are based on lies; and unintentional false accusations which are based on false memories or distortions (Peelman, 2010).

The latter form of false accusations refers to *‘pseudologia phantastica’*, where a woman truly believes that she has been sexually abused due to a delusional state, but this never occurred (Bessmer, 1984; Kanin, 1994; Nierop & Van Den Eshof, 2008). One example of such *pseudologia phantastica* is when there hasn’t been sexual contact, but based on wrong interpretations of the alleged victim, the victim believes that she experienced sexual abuse. This belief can be the result of a hallucination or a distortion in the memory (Balasubramaniam & Park, 2003; De Zutter, Horselenberg, & Van Koppen, 2016). *Pseudologia phantastica* only occurs when the alleged victim truly believes in their own story (De Zutter et al., 2016). According to the Domestic Group of Experts on Special Sexual Offences⁴, these prior example is not considered as false, because the faults made in their statements are not intentional, that’s why it is better to consider them as inaccurate or erroneous rather than false (Nierop & Van Den Eshof, 2008).

In the current study two types of false accusation (sepot) cases were considered. A sepot is given in cases, in which the suspect is no longer a suspect and is considered innocent for several reasons (Sepot, n.d.). In the current study, two forms of sepot are included; sepot 01, which is being wrongly considered as a

⁴ Free translation by the author: *Landelijke Expertisegroep Bijzondere Zedenzaken (LEBZ)*

suspect and sepot 02, which is a case that got dismissed due to lack of evidence (Nierop & Van Den Eshof, 2008).

Possible reasons. According to Nierop and Van Den Eshof (2008) there are several possible motives for the alleged victims to give an intentional false accusation. The first reason could be revenge (e.g.,: reprisal for injury or anger). According to Kelly, Lovet and Regan (2005), this involves accusers who retaliate or wish to retaliate and these accusations generally involve a male who gets rejected by a woman.

The second reason could be an alibi, which is an attempt of a complainant to conceal or deny what they were really doing (Saunders, 2012). This could be an explanation of absence (e.g.: missed curfew, skipped school) or for unwanted pregnancy (Kanin, 1994; Kelly et al., 2005; Nierop & Van Den Eshof, 2008). O'Neal, Spohn, Tellis, and White (2014) stated that sometimes people even claim they have been sexually assaulted while they were abducted, to cover up infidelity.

A third reason could be gaining attention and/ or sympathy, which involves getting social recognition, and using victimization as an explanation for own problems (Kanin, 1994; Nierop & Van Den Eshof, 2008). Complainants use the false accusation as a way to manipulate gaining sympathy (Saunders, 2012). According to O'Neal and colleagues, there are two types of complainants in this category: those who want to get medical attention and/or medications and those who want to get attention and sympathy from authorities and people in the social environment. There are also cases in which the reason for a false accusation is a specific interest, such as winning a custody case or arranging the custody parental access, or blackmailing for all kind of purposes (money, better work position, etc.) (Nierop & Van Den Eshof, 2008).

Furthermore, regret could be a reason for a false accusation. In the case of regret sexual activity was consensual but unwanted and often regretted afterwards (De Zutter et al., 2016; Saunders, 2012); this could occur, for instance, when both parties were intoxicated before they have sexual contact (O'Neal et al., 2014). Sometimes regretted sexual activity that was consensual but unwanted, will afterwards be relabelled by the complainant as rape (De Zutter et al., 2016). In the case of regret and relabelling, the alleged victims are often convinced by others, to file a false accusation (De Zutter et al., 2016).

According to De Zutter and colleagues (2016), a distinction can be made between material gain (compensation) and emotional gain (alibi, attention, revenge, and sympathy). Motives of false accusations are always driven by gain, and all false accusations "were at least in part driven by emotional gain (De Zutter et al., p.14).

Nierop and Van Den Eshof (2008), argue that there are also different reasons for inaccurate/erroneous statements of sexual abuse. Meaning, there was no intention for making the false accusation. A first reason for inaccurate or erroneous statements could be a mental illness (De Zutter et al., 2016). O'Neal and colleagues (2014) reported that in more than one third of the cases they studied, mental illness was found to be the reason or at least part of the reason for an inaccurate statement. Mental illnesses that could influence the veracity of a statement could be personality disorders (e.g.; antisocial, borderline, histrionic), a delirium, a psychotic disorder with or without hallucinations or delusions, dissociation, a reduced mental capacity (which makes it hard to understand the nature of sexual acts) and a desire for attention/sympathy which is caused by symptoms of the condition (Engle & O' Donohue, 2012; O'Neal, 2014).

A second reason for inaccurate statements could be wrongly interpreted behaviour of the alleged victim. Wrongly interpreted behaviour can, for instance occur when a child has clinical records of depression, PTSD or exhibits strange behaviour, such as talking a lot about sex and bed wetting (Nierop & Van Den Eshof, 2008). Even though Nierop and Van Den Eshof (2008) make a distinction between intentional and erroneous statements, this does not mean that this distinction is always as clear as it seems. In some cases more than one motive exists for false accusations (de Zutter et al., 2016; O'Neal et al., 2014).

In addition, some other factors could lead to a false accusation. Detectives or police officers can get too emotionally involved, and for that reason have some form of confirmation bias (Nierop & Van Den Eshof, 2008). In these cases, this could cause the detective to search for facts supporting the statement of the accuser and interpret information in a way that it confirms the statement. In other words, a subjective way of looking at the available information in order to seek confirmation (Oswald & Grosjean, 2004). Olson and Charman (2012, p. 467) state that it is a "natural human tendency to look for evidence confirming our expectations". The fact that there are several different reasons for a false accusation makes it hard to identify these accusations. However, for the sake of the alleged perpetrator, it is of great importance to identify the motives for false accusations.

The Alleged Perpetrator

According to Fitzpatrick (1991) in 65% of the sexual abuse cases, there is not enough evidence for prosecution. Fitzpatrick argues that even though there is not enough evidence the alleged perpetrators will still get prosecuted. This is in line with the reasoning of O' Donohue and Cirlugea (2016), who suggest that the authorities believe the statement of the victims, even when these statements are unfounded

Paying attention to false accusations cases is important, because the falsely accused could be seen as victims themselves (Fitzpatrick, 1991). The falsely accused should get special assistance in continuing their lives, without prejudice from the direct environment (Fitzpatrick, 1991).

A person being accused can be described as “a person or people who may be guilty of a crime and who are being judged in a court of law” (Cambridge dictionary, 2016). A falsely accused person is a person who is believed to be guilty of a crime he did not commit (Becker, 1966). In the current study the person being falsely accused will be referred to as ‘*alleged perpetrator*’. The alleged perpetrator could be seen as a victim, because false accusations are the mirror of true accusations (Peelman, 2010). After all, in the case of false accusations the accuser is in fact the perpetrator and the accused is the actual victim. According to Peelman (2010), in the case of a false accusation, the accuser could be seen as the perpetrator. Consequently this turns the alleged perpetrator into the victim, who as a consequence had to experience the negative consequences of being falsely accused (Peelman, 2010).

In the current study the alleged victim of the crime, the person that erroneously accuses someone of sexual abuse, will be referred to as the ‘*accuser*’ as defined by the Explanatory Memorandum on Investigation and Prosecution of Sexual Abuse Cases⁵ (2011). When someone intentionally makes a false accusation of sexual abuse, it is considered a criminal act, and prosecution of the person that made the false accusation is possible (Aanwijzing zeden, 2016)⁶.

However, a study from Van Der Aa and Okur (2011) shows that this is not the right way to define the two groups, because it automatically sets some distrust toward

⁵ Translation: *Aanwijzing opsporing en vervolging inzake zeden*.

⁶ Aanwijzing zeden, translation: *Explanatory Memorandum Sexual Abuse*

the victim and using this term is against general policies concerning the victim (Van der Aa & Okur, 2011). Nowadays the Explanatory Memorandum Sexual Abuse (2016) does not use the term accusers anymore, but the term victims. In this way they try to take into account the perception of the events for the victims, in a more neutral way. By using the term victims, the distrust towards the accusers fades away. However, it remains important to distinguish between the two groups for the reason of objectivity, for this reason both terms (alleged perpetrator and accuser) are used in the current study.

Consequences

As stated above the alleged perpetrators can also be victims. Therefore it's important to consider the consequences of false accusation, which do not only include psychological consequences and stigmatization, but also other consequences such as loss of employment (Contactgroep Onterechte Beschuldigingen, 2005). Huff (2002) investigated the psychological consequences of being wrongly accused of a crime and ending up in prison. During the imprisonment, these individuals experienced fear, trauma and anger. Some even experienced being victimized by the other inmates during their time in prison, especially those who were accused of sexual abuse of minors (Huff, 2002). These types of offenders are the lowest in the prison hierarchy and they get victimized more than other prisoners (Huff, 2002). Consequences of wrongful imprisonment, can include personality change (moodiness, loss of sense and purpose, estrangement, loss of capacity for intimacy); being traumatized, which can lead to Post-traumatic stress disorder (PTSD) caused by violence; threats and self-protection, which can result in being aggressive and intimidating (Grounds, 2004). Another consequence for the alleged perpetrators is having problems in their social life. Other people can remain

suspicious and distrustful, even after the alleged perpetrator has been acquitted (Huff, 2002).

Even if a person that is falsely accused does not end up in prison, the consequences of being falsely accused could have an enormous impact on someone's life. There is a risk of loss of employment, family, money, and in most cases someone's mental health and self-esteem degrades (Contactgroep Onterechte Beschuldigingen, 2005; Richardson, 1990; Schulz, 1989). Furthermore, this research shows that being falsely accused could cause an attack on someone's personal integrity with emotional damage as a consequence, risking developing PTSD or a burn-out. In addition to all the psychological effects, it could also lead to tension in romantic relationships and even end them (Contactgroep Onterechte Beschuldigingen, 2005; Richardson, 1990; Whitesell, 1996). Alleged perpetrators could suffer from a destructive image (Ó Catháin, 2005) and devastated self-esteem (Richardson, 1990), which makes it hard to reintegrate in the society.

Social stigma and stigmatization. Being falsely accused is problematic because people will mistake the accusation for definitive proof, that the person committed the crime (Veraart, 1997). In most cases the alleged sexual abuse gets a lot of media attention (Peelman, 2010). These types of crimes lead to agitation and fear in the society, that's why the society generally believes that the alleged perpetrator is guilty (Peelman, 2010; Veraart, 1997). Believing in the guilt of the alleged perpetrator leads to serious stigmatisation. This stigmatization is one that the alleged perpetrator has to carry with him his whole life (Peelman, 2010).

Stigmatization can be defined as negative feelings and thoughts, such as bad and/or blameworthy about one's own caused by the society (Finkelhor & Brown, 1985). Goffman (1963) describes stigma as "an attribute that is deeply discrediting"

(p.3). Based on this attribute society discriminates the stigmatized person, which will reduce their life chances and opportunities. Nowadays stigma is mostly defined in terms of a person's social identity, which could influence the social context of someone's life (LeBel, 2008). According to LeBel (2008) members of stigmatized groups are "devalued and discriminated against by the general public and often suffer from social exclusion and status loss as a result" (p.410-411). Because of the social stigma, the alleged perpetrator gets a negative label, which causes loss of employment, psychological, financial and social suffering (Contactgroep Onterechte Beschuldigingen, 2005; Engle & O' Donohue, 2012). According to Engle and O' Donohue (2012) falsely alleged perpetrators "are subject to besmirched reputation, interruptions in important life functions and, in some cases, incarceration" (P.101). This is also one of the reasons, why it is important to try to prevent false accusations and convictions.

Social Relevance

The LEBZ works with (possible) false accusations of sexual abuse, trying to determine if an accusation is true or false based on the available evidence (Nierop & Van Den Eshof, 2008). The LEBZ is a group of multidisciplinary experts (clinical- and cognitive psychologists, vice detectives and investigative psychologists). The group was established on the first of October in 1999 to help with the Explanatory Memorandum Sexual Abuse (Nierop & Van Den Eshof, 2013). In the Explanatory Memorandum it is stated that the cases should be carefully examined, to conclude what exactly happened. The accuser and other possible witnesses should be interviewed individually, to prevent social influence (Aanwijzing zeden, 2016). For this reason, the LEBZ was established, to carefully examine sexual abuse accusations (Nierop & Van Den Eshof, 2008). The LEBZ advises prosecutors whether to continue

prosecution, or dismiss a case. Consulting the LEBZ is mandatory in cases involving recovered memories, cases involving victims younger than three years of age, and ritual abuse cases (Nierop & Van Den Eshof, 2008). In addition to the mandatory consulting, the LEBZ can also be consulted in cases concerning divorce, gang rape and cases that took place more than 8 years ago.

As stated above being falsely accused can have an enormous impact on a person's life (College van Procureurs-Generaal, 2010), and "the reputation of someone that is falsely accused may be ruined for a prolonged period of time" (Rasin & Van Der Sleen, 2005, p.589). Even though being falsely accused of sexual violence and the consequences of being falsely accused are serious topics, both topics are underexposed in existing literature (Huff, 2002; Veraart, 1997).

The main aim of the current study is to explore the consequences of being wrongly accused of sexual abuse. This study will contribute to scientific underpinned consequences of being wrongly accused of sexual abuse.

Research Question

Huff (2002) indicates that there is a paucity of good research about the consequences of being wrongly accused or convicted of a crime. Considering this gap in literature, the current study focused on the consequences of being wrongly accused and/or convicted of sexual abuse. Specifically, it focused on the consequences on the social (how do family and friends react; relationships; support from family, friends and others; coping), personal (psychological consequences such as depression; stress; self-competence; influence feelings and affect; and physical health), and economical (finding a job, financial situation) aspects of someone's life.

This leads to the following research question: what are the consequences of being falsely accused of sexual abuse, looking at social, personal and economical aspects of life?

Method

Participants

In the current study participants were excluded if they were minors, or if they had a mental disability. Inclusion criteria was, an accusation of sexual abuse resulting in sepot 01 (being wrongly considered as a suspect) or 02 (a case that got dismissed due to a lack of evidence) or being acquitted of all charges of the alleged sexual abuse. For this research eight participants ($M_{\text{age}} = 54.63$, $SD = 7.6$) were approached who were falsely accused of sexual abuse. They were approached through criminal lawyers in the Netherlands.

Design

The current study has an explorative design. Quantitative data was collected through a structured questionnaire. The questionnaire contained open- and closed-ended questions. The open-ended questions were useful to gain more insight on the given answers by the respondents. The current study will focus on the questionnaire, and mostly on the social, personal and economical aspects of the questionnaire.

For this research permission was asked of the Psychological Ethical Review Commission⁷ of Tilburg University, which granted permission to conduct the research. All the collected data will be preserved in an enclosed space and only the research team can access this data. All data received and published will be treated strictly confidential and anonymous.

⁷ Free translation of the author: *Psychologische ethische toetsingscommissie*

Procedure

The data was collected for a larger project that is set up by INTERVICT (International Victimology Institute Tilburg) in collaboration with the LEBZ. The potential participants were approached by former lawyers to give consent to participate in this research project. Afterwards the research team made contact by phone, and then they received an information letter, with the design, nature and goal of the project. Subsequently the participants were asked to sign an informed consent (appendix 1), in which it was emphasized that the research was voluntary and anonymous. By signing the informed consent, the participants also gave permission that the results of the questionnaires would be used for scientific research. The participants were informed that they could stop at any time during the assessment without consequences, and the data that was already collected would be destroyed. It was also emphasized that the participant could ask questions if they wanted to, by contacting the research team. Participants that agreed to participate were sent a questionnaire. They could fill in the questionnaire on the internet or on paper.

When participants completed the questionnaires they were asked to participate in a face-to face interview. When they agreed with an interview, the interview got planned during a phone call. At the beginning of the interview the participants were asked to sign the informed consent once again (appendix 1). Furthermore, the interviewer reminded the participant to speak freely about anything, and that there would be no judgement about what was told during the interview. After this the participant could indicate if some parts of the interview could not be used for the research study, if they did not feel comfortable with this. The interviews were

conducted in Dutch because this is the native language of the participants.

Materials⁸

For the current study quantitative data was collected, in order to give insight into the social, psychological and economic effects of the false accusation on the alleged perpetrator. The questionnaire has several parts: demographic and features of the false accusations; personality, handling situation and events, feelings and thoughts, feelings and behaviour, physical complaints, social support, social rejection, and society. The questionnaire consists of closed-ended questions and some open-ended question, to give the possibility to elaborate on the given answer.

To gain insight in the social aspects of someone's life the parts demographics and features of the false accusations, social support, social rejection and society were used. To gain insight in the personal aspects of someone's life the demographics and features of the false accusations, handling situation and events, feeling and thoughts and feelings and behaviour were used. For the economic aspects the demographic part and the open questions were used. The part of the questionnaire focussing on the personality was not used in the current study. The aim of the study was looking at the direct consequences of the false accusations on several aspects of someone's life and even though the personality could influence reactions on false accusations, this is not a direct consequence of the false accusation. Personality has a certain amount of stability during the lifespan, even during stressful life events (Van Aken, 2006). Therefore, a change in personality as a consequence of a false accusation is too far-reaching for the current study. Even though the personality could influence reactions on false accusations, this is not a direct consequence of the false accusation.

⁸ Not all the data from the questionnaires was used

Demographics and features of the false accusations. This part of the questionnaire consist of several questions about someone's age, gender, work, educational level, marital status and if this changed during or afterwards the false accusations, and having children. In addition, participants were asked to self-assess their experience about features of the false accusation. Examples of this are: when the accusation happened, who was the accuser, if prosecution followed the accusation, etc. and if this influenced the lives of the participants. These questions were answered with 'Yes' (=1) or 'No' (=0). Besides these questions there was also attention paid to the subject media influence, financial and employment situation, social network, psychological and physical health, which were asked in an open-ended questions. In these questions participants could indicate in which way the false allegation influenced a certain aspect of their life. The answers on the open-ended questions were used to support the answers given on other parts of the questionnaire.

Social aspects. To measure the influence of the social aspect on someone's life three questionnaires were used. The first questionnaire, the *Multidimensional Scale of Perceived Social Support (MSPSS)*, was used to assess the 'Support of others' part. The MSPSS was developed by Zimet, Dahlem, Zimet and Farley in 1988, to measure social support from friends, family, and significant others. The questionnaire consisted of 12 items and the items were scored on a 7 point Likert-scale, ranging from 1 "very strongly disagree" to 7 "very strongly agree". Participants were asked to indicate their feelings in general by the statements. Examples of items are 'My family really tries to help me' or 'I can count on my friends when something goes wrong'. According to Zimet and colleagues (1988) the MSPSS has a good

internal ($\alpha = .88$) and test-retest reliability ($\alpha = .85$). The Cronbach's alpha of the MSPSS in the current study was $\alpha = .87$.

The second questionnaire, *Rejection Scale*, was used to assess the 'Rejection by others' part. The Rejection Scale was developed by Link, Struening, Rahav, Phelan and Nuttbrock in 1997, to measure feelings of rejection and perceived stigma. The scale was adjusted for application on the topic false accusations; originally the questionnaire is used for the group men with dual diagnoses (mental illness and substance abuse). In this research project the scale consisted of 10 items instead of the original 12 items, and the answer options were "Yes" (=1), if the item applied or "No" (=0), when the item didn't apply. An example of an item is 'After people found out that I was (falsely) accused of sexual abuse, they avoided me'. The original questionnaire has a high internal consistency $\alpha = .80$ (Link et al., 1997). In the current study the items did not change except the subject is now false accusation instead of mental illness and substance abuse, this could mean that there still was a high internal consistency. The Cronbach's alpha of the rejection scale in the current study was $\alpha = .95$.

Finally, the *Stigmatization Scale* was used to assess the 'Society' part. The scale was developed by Harvey in 2001 and was used to measure perceived stigma, and a participant's attitude towards his role in the society. The scale consisted of 21 items, which are 18 scale items and 3 filler items. The items are divided over 6 subscales, 'Goal disruption, powerlessness, mastery, interaction anxiousness, personal self-esteem, and collective self-esteem'. The items could be scored on a five point Likert-scale ranging from 1 "totally agree" to 5 "totally disagree". Items are both positive (2, 4, 9, 15 and 17) and negative formulated (Harvey, 2001). Examples of items are 'People in the society seem to be scared of me' or 'I am generally treated

as an object, rather than as a person'. The scale has a high reliability, with a Cronbach's $\alpha = .90$ (Harvey, 2001). The Cronbach's alpha of the Rejection scale in the current study was $\alpha = .98$.

Personal aspects. To measure the influence of personal aspects on someone's life four parts of the questionnaire were used. The first part was 'Physical symptoms', which was measured using the *Cohen-Hoberman Inventory of Physical Symptoms* (CHIPS). This questionnaire was developed by Cohen and Hoberman in 1983, to measure symptoms of psychopathology through physical experiences. The original questionnaire consist of 90 items, in the current study a shortened version with 33 items was used. This version was used, because the reliability and validity are the same for this version as for the long version. The items had a response scale ranging from 0 "not been bothered by the problem" to 4 "This problem is extremely bothering" (Benham, 2006). Participants were asked about their experience of the last two weeks. Examples of the items are 'Sleep problems', 'Headaches', 'Diarrhea' and 'Palpitation'. The Cronbach's α in the original study was .88 (Cohen & Hoberman, 1983), but recent research shows a Cronbach's α of 0.93, which indicated a high internal reliability (Benham, 2006). The Cronbach's alpha of the CHIPS in the current study was $\alpha = .97$.

The second questionnaire *Center for Epidemiologic Studies Depression Scale* (CES-D scale) was used to assess the 'Feelings and Behaviour' part. This questionnaire was developed by Locke and Puntham, to measure depressive symptoms in the general population with use of a self-report scale (Radloff, 1997). The questionnaire consisted of 20 items, divided over 4 subscales, 'Somatic Retarded Affect', 'Depressed Affect', 'Positive Affect', and 'Interpersonal Affect'. The items could be scored on a four point Likert-scale from 1 "Almost never (less than 1

day)” to 4 “almost all the time (5-7 days)” in which participants could indicate how they felt the last week. Items are both positive (4, 8, 12 and 16) and negative formulated (Bouma, Ranchor, Sanderman, & Van Sonderen, 1995). Examples of items are ‘I did not want to eat; I had little appetite’, and ‘I felt depressed’. The higher the individual score, the greater chance of having a depression or at least having symptoms of depression. The reliability of this questionnaire is sufficient, with a test-retest correlation of .55 (Radloff, 1997). The Cronbach’s alpha of the CES-D in the current study was $\alpha = .93$.

The third questionnaire is the *Perceived stress scale* (PSS), which was used to assess the ‘Thoughts and Feelings’ aspect. This questionnaire was developed by Cohen, Kamarack and Mermelstein in 1983 in order to measure the degree of stress that is appraised in a certain situation. The questionnaire consisted of 14 items and the items can be scored on a five point Likert-scale ranging from 0 “never” to 4 “very often”. Participants could indicate how many times they thought or felt a certain way, in the last month. Items were both positive (4, 5, 6, 7 and 10) and negative formulated (Shah, Hasan, Malik, & Sreeramareddy, 2010). Examples of items are ‘How many times did you feel nervous and stressed, in the last month?’ or ‘How many times did you had the feeling that everything was under control, in the last month?’. The PSS has both an adequate/high internal ($\alpha = 0.84-0.86$) as an adequate/high test-retest reliability ($\alpha = .85$) (Cohen et al., 1983). The Cronbach’s alpha of the PSS in the current study was $\alpha = .89$.

Finally, the *Cognitive emotion regulation questionnaire* (CERQ) was used to assess the ‘Handling situations and events’ part. The CERQ was developed by Garnefski, Kraaij and Spinhoven in 2001, to measure cognitive coping strategies when dealing with negative life events. The questionnaire consists of 36 items

divided into two separate strategies and a total of 9 subscales. First there are the 'more adaptive strategies' (positive refocussing, focussing on planning, positive reappraisal, putting into perspective and acceptance) and then there are the 'less adaptive strategies' (Self-blame, focus on thoughts/rumination, catastrophizing, and blaming others) (Garnefski et al., 2001). The items could be scored on a 5 point Likert-scale ranging from 1 "(almost) never" to 5 "(almost) always". Participants could indicate what they overall thought about their experience with the false accusation. Examples of items are 'I think the cause of the situation lies by others' or 'think that the situation has positive aspects'. The higher the score on a coping strategy, the more this strategy is used by the participant (Garnefski & Kraaij, 2006). The CERQ has a good internal consistency for the sub scales with Cronbach's α ranging from .75 - .87 (Garnefski & Kraaij, 2007). Even though this questionnaire measures coping styles, in the current study the CERQ is used to give an insight in the personal aspects. Because, someone's coping style could influence the experience of the false accusations, and it could influence the level of depression, anxiety and other emotional problems (Garnefski & Kraaij, 2007). This means that a coping style could moderate personal distress and mental health problems. The Cronbach's alpha of the CERQ in the current study was $\alpha = .93$.

Economic aspects. The demographic part of the questionnaire was used to look at the influence on the economic aspects on someone's life, mainly through looking at the answers given on the questions about the employment and financial situation and the answers given on the open-ended questions.

Analysis

In order to analyse the collected data from the questionnaires, Statistical Package for Social Science (SPSS) 23 (IBM Corp., 2015) was used. The data was

reversed when needed, for example if a questionnaire had both negative and positive formulated questions, the data answers on the positive formulated questions were reversed to negative formulated questions. To start with the analyses, the descriptives of the respondents were examined through frequencies for the categorical and continuous variables, to see how many participants scored yes on the questions of influences from the accusation. Then new variables were computed for each part of the questionnaire, to look at the total scores, and the total score of the subcategories. Furthermore, means (*M*) and standard deviation (*SD*) were calculated for each part of the questionnaire. In this way it was possible to get an overview of the extent to which someone was experiencing the symptoms measured in the questionnaire.

For the CES-D a cut-off score of ≥ 16 exists (Radloff, 1997). This cut-off score makes a difference between possible cases of person with symptoms of depression if there is a score above 16 or 16, and persons who do not show any symptoms of depression (Radloff, 1997). Another research conducted by Lewinsohn, Seeley, Roberts and Allen (1997) used a cut-off score of 36 or higher. When a participant scored 36 or higher this indicated the individual experienced 'mild' or 'significant' symptoms of depression. In the current study it was chosen to use the cut-off score of 36, because this gives a better distinction between the severities of the symptoms of depression. The total scores on the questionnaire were cut for this number, to see how many participants scored higher and lower than the cut-off score.

Results

Demographics

All the participants in the research were male. The accusations occurred between 2000 and 2013 and none of the participants were still prosecuted when they

participated in this research project. All the participants finished some level of education, and 5 of them finished higher education. Six of the eight participants were employed and 5 of the participants were married, 2 divorced and 1 is a widow. All of the participants have one or more child(ren) (see table 1, for demographic information). All the cases were reported by the police and a civil procedure followed for two of the participants. The same two participants were prosecuted, and later acquitted of all charges. In the other 6 cases a sepot was given to the participants. In all the cases the accuser was someone they knew, one was accused by a colleague, one by an ex-partner, one by the partner, two were accused by other family members and 3 were accused by others, though a well-known person.

Table 1.

Demographic information regarding the participants.

	N=8
Education	
Lower	0
Secondary*	3
Higher**	5
Employment	
Employed	6
Unemployed	2
Marital status	
Married	5
Divorced	2
Widow	1
Children	8

* Secondary education = high school

**Higher education = higher vocational education (n=2) and University (n=3)

Social Aspects

The data that was collected from the demographic part of the questionnaire indicates that the false accusation influenced the social contacts of 6 participants, the participants indicated that the influence of the false accusation had the consequence that they lost their friends (n=4). The same 6 participants indicated that the false accusation influenced their living situation, due to a divorce (n=2), losing contact with

their children (n=2), having reliability issues with the partner (n=1), or tensions in the relationship (n=2).

Social support. Social support was measured using the MSPSS. For this questionnaire there was no cut-off score available, which is the reason for looking at the mean (M) and standard deviation (SD), of the total questionnaire and the sub categories of the questionnaire (see table 2). For the sub categories the participant could score between 4 and 28, the means indicate that the participants scored in the upper half of the possible scores of the categories. Remarkable is the score for social support of others (M = 26.4, SD = 3.1) where all participants scored in the upper half of the possible scores ranging from 20-28. This indicates that participants got the most social support from significant others.

Rejection by others. Rejection by others was measured using the Rejection scale. For this questionnaire there was no cut-off score available, consequently the mean and standard deviation were considered (see table 2) to interpret the questionnaire. Participants could score between 0 and 10. A low score meant that the participants experienced little rejection by others. Two of the participants scored 0, which indicates no rejection, and one other participant scored 1, the other participants scored 7, 7, 8 or 9, which is relatively high. One total score was missing. The scores had a mean score of $M = 4.57$ ($SD = 4.04$).

Society. Attitudes towards society were measured using the Stigmatization Scale. For this questionnaire there was no cut-off score available. Participants could score between 18 and 90, a high score would indicate that participants had the idea they were stigmatized by the society. Participants scored a mean score of $M = 42.62$ ($SD = 17.15$). Two of the participants did had a score of 60 and one had a score of 63. Three of the participants had score in the lower half of the possible scores,

namely 22, 24, and 27. The last participant had a score of 39. The difference in the scoring shows a broad range of scores (see table 2).

Table 2.

The descriptive statistics on the MSPSS, Rejection Scale and the Stigmatization Scale

Questionnaires	M.*	SD.	Min.	Max.
MSPSS				
Family	22.37	4.31	16	28
Friends	21.25	5.82	10	27
Others	26.37	3.11	20	28
Total	70.00	9.78	54	82
Rejection scale	4.57	4.03	0	9
Stigmatization scale	42.62	17.15	22	63

*Note. M is mean, SD is standard deviations, Min is minimum, and Max is maximum.

Personal Aspects

The data that was collected from the demographic part of the questionnaire indicated that the false accusation influenced the mental health of 6 participants and the physical health of 5 participants. The 5 participants that indicated that the false accusations influenced their physical health also indicated that their mental health was influenced by the false accusation. The participants indicated that the influence of the false accusation on the mental health was caused by distrust (n=1), depression (n=1), concentration problems (n=1), and PTSD (n=1). And the influence of the false accusation of the physical health caused among other thing fatigue (n=2), strained muscles (n=1), and high blood pressure (n=1).

Physical symptoms. Physical symptoms were measured using CHIPS, which does not have a cut-off score. Participants could score between 0 and 132, in which a low score indicates low levels of physical symptoms. Participants scored in the lower half of the possible scores (see table 3). Two participants scored relatively high compared to the other participants (56 and 52), which were the highest scores. However, it is still a score in the lower half of the possible scores. Five participants

scored between 0 and 9. Notably there were 5 items that none of the participants scored on (Acne, Nosebleeds, bruises, strained muscles and strained ligaments).

Feelings and behaviour. Feelings and behaviour was measured using the CES-D, which has a cut-off score of 36 (Lewinsohn et al., 1997). According to Lewinsohn and colleagues (1997), this score stands for a significant or mild depression. Participants could score between 0 and 80 for the total list. Each subscale has different possible scores, because the items are not equally divided over the subscales. A low score stands for less severe symptoms of depression. Higher scores indicate more severe symptoms of depression. Participants scored a mean of $M = 32.14$ ($SD = 22.94$), which is close to the cut of score. Two participants scored higher than the cut-off score of 36, namely 44 and 51. The other six participants scored lower than the cut-off score. Furthermore, the mean scores on the subscales (see table 3) of the CES-D were located in the lower half of the possible scores. Relatively the highest score was on subscale 3, positive affect, where 1 participant scored 15 which is almost the maximum score.

Thoughts and feelings. Thoughts and feelings were measured using the PSS, which is not a diagnostic instrument and does not have a cut-off score (Cohen et al., 1983). Participants could score between 0 and 56. A low score on the PSS meant that participants had little experience of stress. Participants scored a mean score of $M = 22.75$ ($SD = 9.72$). Two participants scored in the upper half of the possible scores, namely 32 and 38. Another participant scored 12, which is the lowest score and this shows a broad range in scores (see table 3).

Handling situations and events. Handling situations and events was measured using the CERQ. Participants could score between 4 and 20 for each emotion regulation strategy. A high score for a particular emotion regulation strategy

meant that the participants made use of the emotion regulation strategy. Participants scored in the lower half of the possible scores for most of the emotion regulation strategies (see table 3). For three emotion regulation strategies, acceptance ($M = 10.62$ $SD = 4.41$), focusing on planning ($M = 10.75$, $SD = 5.75$), and other-blame ($M = 12.75$, $SD = 6.11$) the participants scored in the upper half of the possible scores. The score on the latter emotion strategy was the highest. The more adaptive strategies were used more ($M = 46.62$, $SD = 16.14$) than the less adoptive strategies ($M = 37.5$, $SD = 12.50$). The lowest mean score was found for self-blame (see table 3).

Table 3.
The descriptive statistics on the CHIPS, CES-D, PSS and the CERQ.

Questionnaires	M	SD	Min.	Max.
CHIPS	17.87	22.94	0	56
CES-D*				
Somatic retarded ¹	9.75	3.37	6	15
Depressed affect ²	6.87	2.80	5	12
Positive affect ³	8.00	3.87	4	15
Interpersonal affect ⁴	2.75	0.89	2	4
Total	32.14	11.62	20	51
PSS	22.75	9.72	12	38
CERQ**				
Self-blame ^b	5.87	1.73	4	8
Acceptance ^a	10.62	4.41	4	16
Focus on rumination ^b	9.50	4.03	4	15
Positive refocussing ^a	9.12	4.45	4	16
focussing on planning ^a	10.75	5.75	4	20
Positive reappraisal ^a	8.87	5.03	4	20
Putting into perspective ^a	7.25	2.55	4	11
Catastrophizing ^b	9.62	3.46	4	13
Other-blame ^b	12.25	6.11	4	20
Total	83.87	25.80	36	121

* Note. Possible scores of 1.Somatic Retarded 6-24; 2. Depressed affect 5-20; 3.Possitive affect 4-16; 4. Interpersonal affect 2-8.

**Note. A. are the more adoptive strategies, B. are the less adoptive strategies.

Economic Aspects

The data collected in the demographic questionnaire indicates that most participants ($n = 6$) had a job on the moment of the assessment. However, 7 participants indicated that the false accusation had some kind of influence on their

work situation. Also 5 participants indicated that the false accusation influenced their financial situation. The participants indicated that the influence of the false accusation on the work situation was caused by, losing a job (n=2) or not being able to do all the things for work that they used to do, they have less responsibilities (n=3). The participants indicated that the influence of the false accusation on their financial situation was caused by not being able to work for some period (n=3), and spending a lot of money on a lawyer (n=2). The five participants that indicated that the false accusation influenced their financial situation also indicated that their work situation was influenced by the false accusation.

Underlying Connections

Raw data showed that participants which had a relatively high score on the PSS also had relatively high scores on the CES-D, CHIPS and CERQ and vice versa, which might indicate that, the symptoms of mental health and physical health problems are related. Raw data also showed that participants with a high score on the MSPSS had a lower score on the rejection and stigmatization scale. And vice versa, participants with a lower score on the MSPSS, showed higher scores for the rejection and the stigmatization scale. Furthermore, when participants had a high score on the MSPSS, they had lower scores on the CHIPS, CES-D and PSS, which might possibly indicate that social support can also serve as a buffer for mental and physical health problems.

The possible buffer of social support even seems to work, for the participants that spend some time in jail concerning the false accusation. Two of the participants served some time in prison, and were later acquitted. One of them had a relative high score for social support on MSPSS, and relative low scores on stress and depression scales. The other participant had a relative low score on social support and in

comparison, higher scores on the stress and depression scales, which could indicate that the participant suffers from some symptoms of stress and depression.

Discussion and Conclusion

Literature showed a paucity of research on the consequences of false accusations. This research studied the consequences of being falsely accused of sexual abuse, focussing on three different aspects of someone's life: social, personal and economical. The consequences of false accusations were explored with use of a self-asses questionnaire. Results of the demographics showed that most of the participants reported that the false accusation influenced their live on several aspects, such as their employment, and financial situation, their social contacts and their mental and physical health.

The MSPSS by Zimet and colleagues (1988) was used to measure social support. The results showed that most of the participants received a lot of social support from family, friends and significant others. In general, the participants had a relatively low score on the rejection scale (Link et al., 1997), which might indicate that participants experienced little rejection of others. Furthermore, an average score on the stigmatization scale (Harvey, 2001) was found which seems to indicate that participants had neither a positive nor a negative attitude towards the society. However, scores on these scales differ widely, making it harder to interpret the mean scores of these separate scales.

Most of the participants stated, that the false accusation influenced their mental health and their physical health. The CHIPS showed relatively low scores, which could indicate that participants had relatively low levels of physical symptoms (Cohen & Hoberman, 1983). Overall, participants showed a relatively low score on the CES-D, suggesting that they show little or no symptoms of depression (Radloff,

1997). However, using a cut-off score of 36, some participants reported 'mild' or 'significant' symptoms of depression (Lewinsohn et al., 1997). The low scores on the PSS could suggest that even though participants did show some level of stress, it was a relatively low level.

In general participants scored higher on the more adoptive cognitive emotion regulation strategies than on the less adaptive strategies of the CERQ. Furthermore, they reported lower scores on most of the emotion regulation strategies. In comparison, they scored relatively on 'acceptance', 'focussing on planning', and 'other-blame'. These scores might indicate that they use the first mentioned strategies in a lesser extent way than the latter strategies. 'Accepting' and 'focusing on planning' are related to being able to handle a negative life event, like being falsely accused of sexual abuse (Garnefski & Kraaij, 2007). According to Garnefski and Kraaij (2007) "other-blame refers to thoughts of putting the blame for what you have experienced on the environment or another person" (p.143). High scores on this scale could suggest that those participants blame someone else for their experiences. This seems to be a logical consequence of being falsely accused of sexual abuse, possibly explaining the high scores.

Most of the participants stated that the false accusation influenced their financial- and work situation. Participants reported loss of employment, causing financial problems. Furthermore, lawyer costs also influenced the financial situation for most participants.

Answers on the open-ended questions indicated negative consequences for most of the falsely accused. However, there are also other outcomes. One participant reported on the open-ended questions that none of these aspects were influenced by the false accusation. Aside from the scores on the MSPSS, low scores on closed-

ended questions on all parts of the questionnaire were found. Meaning that the participants did not show severe symptom of depression, stress, rejection, and stigmatisation and stated that they received a lot of social support. These results are contradictory to what was expected. Existing literature (e.g., Grounds, 2004; Huff, 2002; Richardson, 1990), found that being falsely accused had severe consequences. Therefore, it was expected that participants would report higher scores on the questionnaire (both open-and closed-ended questions).

A possible explanation for the seemingly contradictory results of the current study could be explained by a possible buffering effect of social support. It seems that participants with higher scores on the MSPSS had lower scores on the 'rejection' and 'stigmatization' scale. Link and colleagues (1997) argue that social support might protect people from getting rejected and stigmatized. Having a lot of social contacts, friends, and close friends can reduce the chance of being rejected (Masten, Telzer, Fuligni, Lieberman, & Eisenberger, 2012). Verhaeghe, Bracke and Bruynooghe, (2008) found that social/peer support could buffer against stigmatization, but only when the support was explicit and purposeful.

Furthermore, participants with a higher score on the MSPSS had lower scores on the PSS, CES-D, CHIPS, and the CERQ. Zimet and colleagues (1988) argue that social support can be a buffer for stressful life events and for severe psychological and physical symptoms. Moreover, it seems that social support can reduce the levels of stress, depression and other mental and/or physical mental health problems (Lin, Dean, & Ensel, 2014). Vice versa, a lower score on the MSPSS resulted in higher scores on the other parts of the questionnaire.

Despite the results that were found, there are some limitations to the current study, making it hard to draw conclusions and to generalize the findings. Firstly, the

study had only access to a small sample of participants. The current study is part of a larger research project, making it possible to add more participants in the future, to confirm the findings. Another possibility to make it easier to draw sustainable conclusions or to generalize the findings is adding the information from the interviews, and combine the two methodology strategies. By using both qualitative and quantitative data the more superficial information of quantitative data can be complemented by the more in depth information of the qualitative data (Bijleveld, 2013). Vice versa, the moderate ability of qualitative data to generalize the results can be complemented by the wide validity of quantitative data (Bijleveld, 2013).

The second limitation concerns the definition of a false accusation. In the current study two forms of sepot cases are included. The participants in the category sepot 01 are wrongly considered as a suspect and for those in category sepot 02 the case got dismissed due to lack of evidence. Especially in the latter category, there will always be some uncertainty about someone's guilt. In future research, when the data of more participants is collected, the research should mainly focus on sepot 01 cases, wherein there is more certainty that someone is not guilty.

In addition to these limitations there are also some methodological limitations. Firstly, the questionnaire was a self-report questionnaire which leaves room for social desirability. Social desirability especially plays a role when sensitive topics are involved, such as sexual activities, illegal behaviour and also false accusations (Hebert et al., 1997; Krumpal, 2013). Collecting data through interviews could reduce the social desirability in the responses. It can be argued that it is harder to give a social desirable response in an interview that takes approximately between 2 to 4 hours, and in which participants are asked to give examples, than in a questionnaire.

The second methodological limitation is that some of the false accusation cases dated back to 2006. The possible mental and physical problems could have changed and reduced over time. In future research a longitudinal design, meaning changes over time, should be considered. Using this design, it is possible to control changes over time.

Overall, the current study showed some negative consequences of being falsely accused of sexual abuse, but the consequences were not as severe as expected. Cautiously, it can be concluded that the consequences, of being falsely accused of sexual abuse, are possibly moderated by social support. Further research is needed to support these findings and fill the empirical gap. Research could focus on personality and different personality aspects, to see if these characteristics change the possible consequences of the false accusation. Another option that could be considered for future research is including a control group to see if the consequences of false accusations of sexual abuse differ from false accusation of other crimes. The current study was explorative and helped to underpin the social, psychological and economic consequences for the falsely accused.

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Appendix 1: Informed consent

Geachte heer/mevrouw,

Het komt voor dat mensen ten onrechte worden beschuldigd van het plegen van seksueel misbruik. De gevolgen daarvan kunnen ingrijpend zijn.

Deze vragenlijst heeft betrekking op een onderzoek van de werkgroep 'Beschuldigingen in zedenzaken'. Deze werkgroep is ontstaan als gevolg van een samenwerking tussen INTERVICT (Universiteit van Tilburg) en de LEBZ (Landelijke Expertisegroep Bijzondere Zedenzaken). U bent uitgenodigd voor dit onderzoek, omdat u aangeeft onterecht te zijn beschuldigd van het plegen van seksueel misbruik. Het doel van het onderzoek is, onder andere, om inzicht te krijgen in de gevolgen die een beschuldiging van seksueel misbruik kan hebben op de beschuldigde (en zijn/haar omgeving).

U heeft telefonisch aangegeven mee te willen werken aan dit onderzoek. Hartelijk dank hiervoor. Het invullen van de vragenlijst zal ongeveer **30 minuten** in beslag nemen.

De gegevens worden **vertrouwelijk behandeld** en **anoniem verwerkt**. De gegevens van deelnemers worden ook **niet verstrekt aan derden** (zie ook de bijgevoegde informatiebrief). Wij willen u verzoeken alle vragen te beantwoorden en de ingevulde vragenlijst, tezamen met de toestemmingsverklaring, in bijgesloten envelop te **retourneren**. Op deze envelop staat een antwoordnummer, dit betekent dat u geen postzegel hoeft te plakken.

Heeft u hulp nodig bij het invullen van de vragenlijst?

Neemt u dan contact op met de hoofdonderzoeker en projectleider (mevr. Kim Lens),

Met vriendelijke groet,
Namens het onderzoeksteam,

Dr. Kim Lens (hoofdonderzoeker en projectleider)