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## Children Don't Always Tell the Truth

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**ABSTRACT:** Although children are being more frequently called as witnesses in court proceedings, they often do not tell the truth. If lying is defined as giving a false statement for personal gain, then lying is only one of several causes for children not giving an accurate account of events. Other reasons include an immature brain, a congenitally acquired defect in the central nervous system, or the presence of an emotional disturbance such as psychosis or hysteria. The desire of a child to please others—that is, parents, therapists, or lawyers—may also result in an invalid statement. These factors and motivations should be considered in trying to interpret a youngster's statement.

**KEYWORDS:** jurisprudence, children, witnesses

During the past decade, children more frequently have been called into court to testify on their own behalf [1-3]. There are several types of proceedings which require such testimony. First are cases involving allegations of child abuse. To establish purposeful harm, a child may be asked to give evidence as to the manner in which he or she was injured as well as to identify the perpetrator. As a consequence of the child's statement, the court may decide to separate the child from his family for some period of time. Such proceedings usually occur in a family court where penalties against the abusive adults are not at issue but there may be a loss of custody. In instances where the child has been brutally harmed, the trial may take place in a criminal court where a youngster's testimony can result in imprisonment for the offender [1].

Another type of proceeding in which children may be called as witnesses are divorce hearings [1]. During such family disruptions, a parent, usually the mother or stepmother, may falsely charge the husband with sexual molestation of the daughters. The girls may be coached as to what to say by the parent and her lawyer. A judge who hears such testimony in a pretrial procedure will often separate the parent and child until the youngster's allegations can be proven as true or false [2]. In the months and years that may transpire until the issue is settled, both parent and child can suffer from the separation [3].

Unfortunately, penalties such those mentioned above can be handed down by judicial officials who carry a prejudice—namely that children will tell the truth [4]. This misconception arises from several adult illusions about childhood. The first of these is that a child cannot describe certain actions, often sexual in nature, unless he actually was the victim of such molestation [5-8]. Another inaccurate belief of adults is that young children, particularly preschoolers, have nothing to gain by not telling the truth. While we may not be able to discern or understand the motive for offering falsehoods, it may still be there [2]. Finally, a judge may not recognize that a child's view of an event is different

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from an adult's. For instance, the youngster's perception of an event may be colored by his or her inability to understand spatial relationships or by his or her age-related vocabulary which lacks the words to describe a particular action [9,10].

In fact, children frequently do not tell the truth. As was alluded to above, their motives may not have a self-serving cause. The purpose of this paper is to enumerate some of the reasons which cause children to make false statements. Each of these will be defined and discussed in terms of how it might lead to a child not telling the truth.

## **Discussion**

### *Misinterpretation*

(The inability to understand what the facts are.) The work of perceiving an event is divided between the two cerebral hemispheres which are connected by the corpus callosum. For right-handed individuals, the left hemisphere contains centers that permit information to be processed and analyzed on a rational basis; the right half is more closely devoted to mental imagery. The latter receives a limbic input whose processing depends on previous emotions, which can color an incoming signal [11]. In the fully mature human, an observation can be processed by both parts of the brain and an appropriate single image is perceived.

In children, the processing of a sensory stimulus is age dependent. The left hemisphere develops earlier than the right, and certain limbic influences which are necessary for mature thought and imagery are not available to the preschool child [9]. Furthermore, because the corpus callosum is immature during much of the preschool period, steady exchange of data between the hemispheres is not possible [12]. Intellectual capacity increases rapidly during the first years of life. A three-year old's perception of an object is considerably less accurate than that of a child of five [10]. As an example, a three-year old tends to perceive objects in only one dimension. A child of this age when asked to look at two glasses of equal volume but of different heights, will select the taller one as the one which is able to contain more water because youngsters are vertically rather than horizontally oriented [13].

A different example of an adult's limitation in understanding a child's inexact meaning is seen in the example of the 24-month old who spills the contents of a glass and then shouts "No, no" when his mother finds the mess. The "No, no" may be interpreted by the parent as the child's denial of the act. However, the words may also mean "I don't want this to happen" or "I don't want to be punished" [14].

A further problem in dealing with preschoolers is their tendency toward concrete thinking. If asked whether a man took her to his house, a child may say no if she were taken to his apartment [4]. In these situations, part of the difficulty lies with the adult who has not perceived the child's meaning or how the youngster is interpreting a given question.

The types of misperceptions mentioned above will be seen in conversing with normal children. Preschoolers with neurologic problems caused by birth trauma, congenital defects, intrauterine infections, and so forth may have additional difficulties in the perception of reality. These individuals often have findings on history or physical examination that suggest organic brain damage and might cause a physician to doubt the child's ability to answer correctly a question. Less evident to the physician or court officer is the preschooler with an attention deficit disorder. Such youngsters will appear normal but can have varying degrees of developmental aphasia, dyslexia, and so forth [15].

### *Confabulation*

(The reporting of material to fill in a gap in the patient's memory.) Joseph et al., in working with blindfolded children, noted that seven-year olds gave a better description of an object they touched than did four-year olds. Of equal significance was the observation that the younger child was willing to make up the answer to questions about the object when he or she did not know the correct response. In fact, there was an inverse relationship between the number of details children identified correctly and the amount of erroneous material they offered. The less they knew, the more they would confabulate [16].

### *Fantasy*

(A story that has little relation to reality but is perceived as true by the child; also called symbolic play.) At about 18 months of age a child begins to drink from an imaginary cup or comb her hair without an implement. One object may take the place of another; for example, a chair becomes a truck. Such fantasies occupy an increasing proportion of a child's play, and peak between 4 and 5 years of age [17]. Females tend to engage in such play more frequently than males. Older children need less realistic objects. They often invent invisible friends and animals [18]. A child's fantasies are dependent on his experience; they tend to be sex specific and are related to themes which he or she most often sees in the environment. Mother doing housework is chosen by 4-year-old girls, whereas boys may play at daddy going to the ball game [17]. Children who come from a home in which language is highly valued and diverse experiences are common will have a more varied and intense fantasy life than the disadvantaged youth [19]. The child's ability to differentiate such symbolic play from reality is dependent on many variables, such as age, intelligence, verbal skills, and so forth. It is difficult to predict how well a given child can demarcate the line between what is and what is not real [17].

The past several years have seen the emergence of incest as a more frequently reported problem in our society. Freud documented illicit sexual intercourse between fathers or stepfathers and several of his female patients [20]. Later in his career, he came to believe that most of these histories were actually fantasies [7]. In spite of this possibility, a judicial officer will lean over backwards to protect children who claim they have been sexually violated by family members; investigation of these charges frequently show that they are untrue [3,4]. Goodwin et al. described a ten-year-old girl who was induced by her mother to accuse the child's stepfather of molestations. Further investigation showed the charge to be false. The mother was noted to be extremely disturbed, and it is possible that her actions were based on her own fantasies or delusions [1]. The effect of such dissimulation on children can be seen in a recent article by Schuman [2], who reported seven families which were in the process of dissolution. Under the prodding of their mothers (or the parents' lawyers), several children six years of age or less told fantasized stories of sexual abuse perpetrated by their father or stepfathers. The preschoolers, in many instances, had come to believe that the stories they told were true [2].

A recent article in a Philadelphia newspaper detailed the histories of three men who were accused by their female children of sexual abuse. In each instance, the men were shown to be innocent, but not before they were charged with crimes that could have resulted in long jail sentences if the children's statements had been accepted as true and were left uninvestigated [3].

Are such cases happening more frequently today? With the recognition that sexual forms of child abuse are common, there has been a rapid rise in the rate of reporting of molestation [21,22]. Another factor contributing to this rise is the high divorce rate. As mentioned above, during the turmoil of separation and legal proceedings, it is not un-

common for a parent or her counsel to raise the possibility of incestuous relationship. Without much effort, an unstable mother can convince her young child to relate tales of the spouse's sexual molestation. There now appears to be ample evidence for this hypothesis [2,3,23].

In the past year, there have been multiple episodes, highlighted by front-page newspaper exposure, of instances where children have claimed to be molested by day-care workers [24,25]. In most of these episodes, investigation proved the charges to be false and they were eventually dropped [25-27], but not before the life savings of several accused day-care owners were exhausted in legal fees [28]. Centers have been closed and reputations destroyed by unsustainable accusations [28,29]. The increases in liability insurance that have resulted has led to marked increases in the cost of day care for the parents [30,31].

### *Psychosis*

Although this type of illness usually begins in adolescence, psychosis can start in childhood and be accompanied by auditory and visual hallucinations that are interpreted by the child as reality. Paranoid delusions will also alter the processing of sensory input and misperception of the facts is common in afflicted individuals [32]. In the milder forms of childhood schizophrenia, in which hallucinations have not appeared, disordered thinking permits the child to reach unreasonable conclusions on the basis of minimal evidence [33]. Finally, there is evidence that psychotic patients will deceive for their own purposes, that is, lie [34].

### *Hysteria*

(The conversion of anxiety into a physical symptom.) Although the incidence of this condition in childhood has decreased appreciably since the psychopathology was elucidated by Freud, cases of hysteria in preschoolers continue to be reported. Like their older counterparts, they complain of motor, auditory, and visual deficits. These reported losses are often accompanied by the same "la belle indifference" reported in adolescents. The symptoms often mask an event or events that a child unconsciously wishes to suppress [35-37].

An epidemic (also mass or contagious) form of hysteria is reported at the elementary school level [38,39]. In this form of the disease, multiple individuals, typically more females than males, begin complaining of the same symptoms—symptoms which in fact have no physiologic basis, such as vomiting, abdominal pain, and fainting. The devastating effects of mass hysteria may be easily recognized in the Salem witch trials where a group of affected young girls caused several adults to be put to death. One of the children who claimed to be possessed was Elizabeth Parris, who was only nine years old at the time of the trials [40].

Contagious hysteria is well documented in grade-school children, but has not yet been reported in younger children. As more preschoolers are entered into education programs, contagious hysteria may be observed [38,39].

### *Lying*

(The conscious telling of an untruth in order to gain something; that is, the teller or his/her friend will receive a reward or avoid punishment, also known as prevarication or dissimulation.) There are two forms of lying. The first is the self-centered or egocentric version. This is the typical lie for the purpose of self gain. Children of five or six years of age, when confronted with such untruths, can recognize their self-serving aspect and

condemn this practice [41,42]. The second type of lie is often called altruistic—a false statement that is made to help a friend. Most psychologists agree that by eight years of age a child has sufficient cognitive skills and exposure to social interactions that he or she can differentiate one type of prevarication from the other [41,42]. Recent conflicting evidence suggests that even five- or six-year-old youngsters may understand the difference [43].

To this point, it has been shown that a five-year old can recognize a lie, and an eight-year old can discern an altruistic from an egocentric falsehood. But does the fact that the children have an understanding of the concept of lying mean they will not tell lies, or at least limit lying to the altruistic variety? Unfortunately, there are few well-researched articles on the subject of childhood lying and even fewer that can shed light on this question. Incomplete evidence suggests that lying begins at about five years of age [14]. Greenglass found that when eight- and twelve-year-old children were placed in situations where a lie might help a friend, twelve-year olds were willing to tell such an untruth more frequently than eight-year olds [44]. Little else is written about the frequency, content, parental, and environmental effects and so forth of childhood prevarication.

If there are few articles about lying, there is considerable literature about cheating. Although lying and cheating are different, psychologists often group both behaviors together. If we can make the transfer from cheating to lying, then children who have attained higher planes of morality (usually after ten years of age) [45], such as the ability to conform to both societal and internal standards, will use self-serving lies less often than their younger counterparts [46,47]. The social environment, particularly parental behavior, may determine the frequency of egocentric lying [48,49]. Finally, there is evidence that cheating and, in turn, lying, are situational. That is, whether or not a child will dissimulate depends on the extent of the reward and the probability of being caught [50].

The important point is that several variables, including a child's makeup, the environmental pressures he or she perceives, and the uniqueness of a given situation, will all have an input as to whether or not a child will lie [50]. To be able to predict if a child will tell the truth in a given situation is usually not possible.

## **Conclusion**

The statements of children may not be true for many reasons, such as misperception, confabulation, fantasy, and lying. It is difficult for a psychologist or a psychiatrist to predict in which situation a given child may or may not tell the truth. Because of this problem, a child's testimony cannot be considered to be true merely because he or she is of a certain age. Certainly, important decisions such as separation of a parent from a child or incarceration of an adult based solely on a five-year old's statement should be discouraged. Corroborating evidence should be required as the basis of such judgments.

At the same time that a child's testimony must be examined, the rules of evidence that govern both direct and cross-examination of an older witness cannot apply to a preschooler. Systematic attack of a six-year old's testimony by an aggressive attorney is likely to reduce many children to tears [8,51].

There is currently underway a movement to prepare a uniform code for obtaining testimony from youngsters [51,52]. In the interim, as people who are interested both in children's welfare as well as justice, physicians, lawyers, and psychologists should participate in the drafting of such legislation.

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## References

- [1] Goodwin, J., Doris, S., and Roda, P., "Incest Hoax: False Accusations, False Denials," *Bulletin of the American Academy of Psychiatry and Law*, Vol. 6, 1978, pp. 269-276.
- [2] Schuman, D., "False Accusations of Physical and Sexual Abuse," *Bulletin of the American Academy of Psychiatry and Law*, Vol. 14, 1986, pp. 5-21.
- [3] Levine, S., "Child-abuse Allegations in Divorce Come into Question," *The Philadelphia Inquirer*, 20 May 1986, p. 1.
- [4] Bales, J., "Courts Try to Lift Burden on Abused Children," *Monitor*, May 1986, p. 20.
- [5] Kempe, C. in *Incest and Other Forms of Sexual Abuse in the Battered Child*, C. Kempe and R. Helfer, Eds., The University of Chicago Press, Chicago, 1980, pp. 198-211.
- [6] Peters, J., "Children Who Are Victims of Sexual Assault and the Psychology of Offenders," *American Journal of Psychotherapy*, Vol. 306, 1976, pp. 398-421.
- [7] Sawyer, K., "Backlash Feared on Child Sex Cases," *Washington Post*, 23 March 1985, p. 20, col. 1.
- [8] Shipp, E., "The Jeopardy of Children on the Stand," *New York Times*, 23 Sept. 1984, p. 8E.
- [9] Joseph, R., "The Neuropsychology of Development," *Journal of Clinical Psychiatry*, Vol. 38, 1982, pp. 4-33.
- [10] Galin, D., Johnston, J., NoKell, L., et al., "Development of the Capacity for Tactile Information Transfer between Hemispheres in Normal Children," *Science*, 1979, Vol. 204, pp. 1330-1332.
- [11] Gazzaniga, M. and LeDoex, J., *The Integrated Mind*, Plenum Press, New York, 1978, p. 1.
- [12] Hewitt, H., "The Development of the Human Corpus Callosum," *Journal of Anatomy*, Vol. 96, 1962, pp. 355-358.
- [13] Baldwin, A., *Theories of Child Development*, John Wiley & Sons, New York, 1967, p. 242.
- [14] Kanner, L., *Child Psychiatry*, 4th ed., Charles C Thomas, Springfield, IL, 1972, p. 656.
- [15] Wiig, E., "Psycholinguistic Aspects of Learning Disorders: Identification and Assessment," *Pediatric Clinics of North America*, Vol. 31, 1984, pp. 317-330.
- [16] Joseph, R., Gallagher, R., Halloway, W., et al., "Two Brains. One Child: Intrahemispheric Information Transfer Deficits and Confabulatory Responding in Children Aged 4, 7, 10," *Cortex*, Vol. 20, 1984, pp. 317-331.
- [17] Howells, J., *Modern Perspectives in the Psychiatry of Infancy*, Brunner/Mazel, New York, 1979, p. 118.
- [18] Fen, G., "A Transformational Analysis of Pretending," *Developmental Psychology*, Vol. 3, 1975, p. 291.
- [19] Rosen, C., "The Effect of Sociodramatic Play on Problem-Solving Behavior among Culturally Disadvantaged Preschool Children," *Child Development*, Vol. 45, 1975, pp. 920-927.
- [20] Freud, S., *The Origins of Psychoanalysis: Letters to Wilhelm Fliess, Drafts & Notes. 1887-1902*, 1st ed., Basic Book, Inc., New York, 1954, pp. 215-218.
- [21] Jason, J., Williams, S., Burton, A., et al., "Epidemiologic Differences between Sexual and Physical Child Abuse," *JAMA*, Vol. 247, 1982, pp. 3344-3348.
- [22] Herganic, B. and Wilbais, R., "Sexual Abuse of Children," *JAMA*, Vol. 239, 1978, pp. 331-333.
- [23] Schuman, D., "The Unreality of Children's Expression of Preference in Domestic Relations Litigation: A Psychiatric Approach," *Massachusetts Law Review*, Vol. 60, 1984, pp. 14-19.
- [24] Purdum, T., "Eighteen More Children Cite Sexual Abuse," *New York Times*, 7 Aug. 1984, p. 1, col. 1.
- [25] MacDonald, K., "Seven-Year-Old Testifies Teachers Molested Him at Preschool," *Washington Post*, 23 Jan. 1985, p. A2, col. 4.
- [26] Tinnick, L., "McMartin Student Appears to Recant Earlier Testimony," *Los Angeles Times*, 25 Jan. 1985, p. 1.
- [27] Gordon, D., "No Child Abuse, No Adult Abuse," *New York Times*, 2 March 1985, p. 23, col. 2.
- [28] Sitomer, C., "Child-abuse Case a Rigorous Test of Fairness," *The Christian Science Monitor*, 13 Jan. 1985, p. 4, col. 1.
- [29] Douglas, C., "Child-care Center Reopens, Burying the Tales of Abuse," *The New York Times*, 1 June 1985, p. 27, col. 7.
- [30] Sullivan, C., "For Towns, Doctors, Day-care Centers, Lawsuit Protection is Hard to Find," *The Christian Science Monitor*, 13 Sept. 1985, p. 13, col. 1.
- [31] Sugawara, S., "Hysteria in Day-care Crisis," cited in *The Washington Post*, 31 July 1985, p. B2, col. 1.
- [32] Kalvin, I., Dunsted, C., Humphrey, M., et al., "The Phenomenology of Child Psychoses," *British Journal of Psychiatry*, Vol. 118, 1971, pp. 385-395.
- [33] Weiner, I., *Child and Adolescent Psychopathology*, John Wiley, New York, 1982, p. 187.

- [34] Varga, E., "Hazugsag a Paranoiasnal es a Pszichopatanal," *Tanulmányok*, Vol. 8, 1965, pp. 449-454.
- [35] Herskowitz, J. and Rosman, N., *Pediatrics, Neurology and Psychiatry—Common Ground*, MacMillan Publishing Co., New York, 1982, p. 141.
- [36] Proctor, J., "Hysteria in Childhood," *American Journal of Orthopsychiatry*, Vol. 28, 1958, pp. 394-407.
- [37] Schneider, S. and Rice, D., "Neurologic Manifestations of Childhood Hysteria," *Journal of Pediatrics*, Vol. 94, 1979, pp. 153-156.
- [38] Levine, R., Sexton, D., Romm, F., et al., "Outbreak of Psychosomatic Illness at a Rural Elementary School," *The Lancet*, Vol. 2, 1974, pp. 1500-1503.
- [39] Nitzkin, J. L., "Epidemic Transient Situational Disturbance in an Elementary School," *Journal of the Florida Medical Association*, Vol. 63, 1976, pp. 357-359.
- [40] Upham, C., *Salem Witchcraft*, Vol. 1, Press of John Wilson & Son, Boston, 1867, p. 3.
- [41] Boehm, L., "The Development of Conscience: A Comparison of Students in Catholic Parochial Schools and in Public Schools," *Child Development*, Vol. 33, 1962, pp. 591-602.
- [42] Johnson, R., "A Study of Children's Moral Judgments," *Child Development*, Vol. 33, 1962, pp. 327-334.
- [43] Berg-Cross, L., "Intentionality, Degree of Damage, and Moral Judgments," *Child Development*, Vol. 46, 1975, pp. 970-974.
- [44] Greenglass, E., "Effects of Age and Prior Help or Altruistic Lying," *Journal of Genetic Psychology*, Vol. 121, No. 2, Dec. 1972, pp. 303-313.
- [45] Kohlberg, L., "The Development of Children's Orientations Towards a Moral Order. 1. Sequence in the Development of Moral Thought," *Vita Humana*, Vol. 6, 1963, pp. 11-33.
- [46] Grim, P., Kohlberg, L., and White, S., "Some Relationships between Conscience and Attentional Processes," *Journal of Personality and Social Psychology*, Vol. 8, 1968, pp. 239-253.
- [47] Kohlberg, L., "Relationships between the Development of Moral Judgment and Moral Conduct," paper presented at the meeting of the Society for Research in Child Development, Minneapolis, MN, March 1965.
- [48] Hartshorne, H. and May, M., *Moral Studies in the Nature of Character: Studies in Deceit, Vol. 1; Studies in Self-Control, Vol. 2; Studies in the Organization of Character, Vol. 3*, MacMillan, New York, 1928 to 1930.
- [49] McCord, W., McCord, J., and Zola, K., *Origins of Crime*, Columbia University Press, New York, 1959.
- [50] Hetherington, E. and Park, R., *Child Psychology. A Contemporary Viewpoint*, McGraw-Hill, New York, 1979, p. 619.
- [51] Sitomer, C., "Courts Walk Fine Line between Adult Rights and Concern for Young Christian," *The Christian Science Monitor*, 20 Feb. 1986, p. 3, Col. 1.
- [52] The general assembly of Pennsylvania Senate Bill No. 1505, Session of 1986.

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