

Custodial interrogation: What are the background factors associated with claims of false confession to police?

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Abstract

The aim of this paper is to investigate the association between an alleged false confession during custodial interrogation and reported adverse life events, substance abuse problems, self-harm behaviour, and previous psychological/psychiatric treatment. A total of 1896 students in further education in Iceland (aged 15–24 years), who had reported an experience of police interrogation, completed a detailed questionnaire about their background, substance abuse, and psychological/psychiatric treatment. Of the 1896 participants, 138 (7.3%) claimed to have made a false confession to the police. Out of 27 variables entered into a logistic regression analysis, eight significant predictor variables were identified in the model. These were largely associated with multiple victimisation (e.g., bullying, death of a significant other, being a victim of violence) and substance abuse (i.e., having attended substance abuse treatment, use of LSD). The findings suggest that multiple exposures to unpleasant or traumatic life events are associated with the reporting of false confessions during interrogation.

Keywords: *Stressful events, risk, victimization, substance abuse*

Introduction

In recent years a number of high profile cases of false confession have been reported (Gudjonsson, 2003, 2006; Kassin & Gudjonsson, 2004). In their review of a large number of proven cases of false confession in the USA, Drizin and Leo (2004) argue that these are likely to represent ‘only the tip of a much larger iceberg’ (p. 919). Kassin and Gudjonsson (2004)

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comment: 'As no one knows the frequency of false confessions or has devised an adequate method of calculating precise incident rates, there is perennial debate over the numbers' (p. 48).

All large-scale studies of false confession rates have been carried out in Iceland.

Gudjonsson and Sigurdsson (1994) and Sigurdsson and Gudjonsson (1996) asked Icelandic prison inmates if they had ever confessed falsely to the police. In both studies, 12% claimed to have made a false confession to the police at some time in their lives. Sigurdsson and Gudjonsson (2001) carried out a discriminant function analysis among 62 false confessors and 447 other prison inmates using 17 psychological and 16 criminological and substance misuse variables. The number of previous imprisonments and a low score on the Gough Socialisation Scale were the two best predictors. The findings suggested that antisocial personality traits and the extent and severity of criminal behaviour were the best predictors of false confessions being made during custodial interrogation.

In two community studies among Icelandic college and university students who reported that they had been interrogated by the police, 3.7% and 1.2%, respectively, claimed to have made a false confession (Gudjonsson, Sigurdsson, Bragason, Einarsson, & Valdimarsdottir, 2004a; Gudjonsson, Sigurdsson, & Einarsson, 2004b). In a recent study involving 10,472 students in further education in Iceland, a false confession rate of 7.3% was found for those interrogated by police, which gave a false confession rate of 1.6% for the total sample (Gudjonsson, Sigurdsson, Asgeirsdottir, & Sigfusdottir, 2006).

Gudjonsson et al. (2006) also investigated the association of making a false confession with variables relating to mental state and well-being (anxiety, depression, anger, self-esteem, attitude towards school, and parental support), involvement in delinquent behaviour, and the delinquent behaviour of friends. The false confessors reported more anxiety, depression, and anger problems, poorer self-esteem, less parental support, more delinquency during the previous year, and more delinquency among friends. This means that they were more delinquent and emotionally disturbed than the other participants.

In the present study we extend the previous research by investigating the association between claimed (unsubstantiated) false confession and past experiences of a range of unpleasant or traumatic life events or circumstances. Agnew (1992) developed a general strain theory relevant to crime and delinquency. One major strain, according to this theory, is a history of aversive life events (i.e., environmental aversions) which creates negative emotional reactions, such as anger and frustration, and impairs capacity to cope effectively with stressful life events and makes people susceptible to engage in delinquent acts.

The hypothesis being tested is that the reporting of a false confession during interrogation is associated with negative life events and chronic

strain, including bullying, violent and sexual abuse, death within the family, parental separation, expulsion from school, and serious substance misuse. These life events comprise a major continued emotional strain for the individual concerned, which places him or her in a position of frustration and avoidance when faced with the demands of a police interrogation.

Method

Participants

The participants were 1896 students in further education in Iceland who had been selected from a previous study of 10,472 students (Gudjonsson et al., 2006) on the basis that they had reported having at some time in their lives been interrogated as a suspect at a police station (in Iceland criminal responsibility is assumed from the age of 15). The students were from all 38 secondary education colleges in Iceland. There were 1359 (72%) males and 529 (28%) females in the study (eight further participants did not specify their gender on the questionnaire). The average age was 18.09 years (range 16–24, $SD = 2.00$).

Instruments

The data used in the study came from a population-based survey of high school students in Iceland in 2004. The survey was conducted by the Icelandic Centre for Social Research and Analysis in cooperation with the Government Agency for Child Protection, the Ministry of Education, and the Public Health Institute of Iceland. The questionnaire contained 169 items, asking among other things about educational, family, and social background, sexual experiences and abuse, various forms of victimisation, history of substance misuse, delinquency, and delinquency by friends. All the participants were asked about their experience of police interrogation and if they had sometime in their lives made a false confession to the police.

In the present study 27 categorical items relating to adverse background events and substance misuse were included in order to investigate how they discriminated between the participants who had reported a false confession during interrogation and those who did not. The 27 items were selected on the basis of likely theoretical relevance to false confessions (Gudjonsson, 2003). In relation to substance misuse, the types of drug use included in the study reflected the main illicit drugs used in Iceland (Hibell et al., 2000). The 27 items were as follows:

1. parents separated or divorced, rated yes or no
2. parent or a sibling died, rated yes or no
3. serious arguments with parent, rated yes or no
4. run away from home for more than one day, rated yes or no

5. been rejected by some of male or female friends, rated yes or no
6. death of a friend, rated yes or no
7. recent school performance, rated satisfactory or not satisfactory
8. been expelled from school, rated yes or no
9. being bullied in school, rated yes or no
10. experience of violence at home, rated yes or no
11. experience of violence at school, rated yes or no
12. experience of violence on the street, rated yes or no
13. history of sexual abuse, rated yes or no
14. drinking of any kind of alcohol, rated yes or no
15. ever used hashish, rated yes or no
16. ever used amphetamine, rated yes or no
17. ever used cocaine, rated yes or no
18. ever used LSD, rated yes or no
19. ever used ecstasy, rated yes or no
20. ever taken sleeping pills or sedatives not prescribed by a medical doctor, rated yes or no
21. attended substance misuse treatment, rated yes or no
22. history of self-harm, rated yes or no
23. history of serious suicide thoughts, rated yes or no
24. history of attempted suicide, rated yes or no
25. has asked a psychiatrist for help regarding personal matters during the last 12 months, rated yes or no
26. has asked a psychologist for help regarding personal matters during the last 12 months, rated yes or no
27. has taken or does take any psychotropic medicine, rated yes or no.

Procedure

The students were approached by teachers in class and asked to participate in a survey about young people. The participants were told that their answers were anonymous and confidential. The survey was completed in a scheduled class. The questionnaire took about one hour to complete and then students sealed their completed questionnaires in blank envelopes. All participants throughout Iceland completed the study on the same day.

Results

Differences between non-false confessors and claimed false confessors:

Background life events

Table I lists the number and percentage of the non-false confessors and claimed false confessors who had endorsed each of the 27 background life events investigated in the study. These are listed under three separate

headings: negative life events and chronic strain (Items 1–13), substance use and self-harming behaviour (Items 14–24), and treatment (Items 25–27).

A significant difference was found between the two groups on 25 of the variables (no significance was found for Items 3 and 14). In all instances, adverse events were associated with increased risk of false confession. In 21 instances the χ^2 value was significant above the .001 level. The highest χ^2 values were for two addiction variables: substance misuse treatment and LSD use (198.19 and 137.51, respectively). Substance misuse treatment was only reported in 5% of the non-confession cases, but in 37% of the false confession cases. Similarly, for LSD use the rates were 4% and 29%, respectively. Other remarkable differences were found in a history of sexual abuse (9% and 31%, respectively), experiencing violence at home (11% and 30%, respectively), being expelled from school (12% and 37%, respectively), having experienced the death of a parent or sibling (8% and 29%, respectively), and being bullied at school (3% and 16%, respectively). Little differences between groups were noted in relation to the use of alcohol (96% and 98%, respectively), cannabis use (51% and 62%, respectively), having had serious arguments with parents (57% and 65%, respectively), and having parents separate or divorce (30% and 40%, respectively).

The best predictive variables

In order to investigate which background variables are most influential in predicting claimed false confession, logistic regression analysis was performed on the data. Pearse, Gudjonsson, Clare, and Rutter (1998) used this method in a similar study in relation to the variables that predicted confession versus denial. This method aims to formulate a statistical model that identifies the predictive value of the independent varieties in relation to the odds an individual falls into a particular group (dependent variable), which in the present study is having a history of making a false confession during custodial interrogation.

All the categorical variables in Table I were entered into a logistic regression. The outcome variable was whether or not the participant had reported making a false confession to the police during custodial interrogation (i.e., a non-false confessor versus a false confessor). A forward stepwise method ('forward likelihood ratio') was used to enter the data (Field, 2003). Of the 27 variables entered into the analysis, eight made a significant contribution to the model. Table II gives the results of the logistic regression analysis and includes the odds ratio, 95% confidence interval (CI), and significance level for each of the eight variables that were entered into the final step of the model.

The results suggest that the odds of a suspect having a history of claimed false confession are increased more than threefold if that suspect reported

Table I. The number (*n*) and percentage (%) of non-false confessors and false confessors who endorsed each of the background life events.

Explanatory variables	Non-false confessors <i>m</i> (%)	False confessors <i>n</i> (%)	χ^2 (<i>df</i> = 1)
<i>Negative life events and chronic strain</i>			
1 Parents separated or divorced	520 (30%)	55 (40%)	5.98*
2 Parent or sibling died	131 (8%)	39 (29%)	67.60***
3 Had serious arguments with parents	992 (57%)	90 (65%)	3.53
4 Run away from home	392 (24%)	63 (48%)	38.93***
5 Rejected by friends	653 (38%)	70 (51%)	9.40**
6 Friend died	412 (24%)	63 (46%)	33.43***
7 Negative school performance	271 (16%)	33 (24%)	6.48*
8 Expelled from school	202 (12%)	51 (37%)	70.47***
9 Bullied at school	43 (3%)	22 (16%)	69.60***
10 Experienced violence at home	184 (11%)	42 (30%)	47.64***
11 Experienced violence at school	378 (22%)	51 (37%)	16.83***
12 Experienced violence on the street	668 (38%)	85 (62%)	28.66***
13 Sexually abused	149 (9%)	42 (31%)	67.82***
<i>Substance use and self-harming behaviour</i>			
14 Alcohol use	1691 (98%)	130 (96%)	1.83
15 Cannabis use	883 (51%)	83 (62%)	5.59*
16 Amphetamine use	504 (29%)	62 (46%)	16.20***
17 Cocaine use	322 (19%)	58 (44%)	46.53***
18 LSD use	75 (4%)	40 (29%)	137.51***
19 Ecstasy use	236 (14%)	52 (38%)	58.63***
20 Use of sedatives	385 (22%)	67 (49%)	50.52***
21 Substance misuse treatment	81 (5%)	50 (37%)	198.19***
22 Self-harm	401 (24%)	66 (51%)	45.73***
23 Serious suicide thoughts	538 (33%)	64 (51%)	18.14***
24 Suicide attempt	231 (14%)	47 (36%)	46.53***
<i>Treatment</i>			
25 Psychiatrist in last 12 months	128 (7%)	35 (26%)	53.36***
26 Psychologist in last 12 months	276 (16%)	45 (33%)	26.34***
27 Psychoactive drugs	213 (12%)	40 (29%)	30.77***

p* < .05; *p* < .01; ****p* < .001.

being bullied at school (odds ratio = 3.17). The other factors in the model that are influential in predicting outcome were LSD use (odds ratio = 2.94), having received substance misuse treatment (odds ratio = 2.67), having experienced violence in the street (odds ratio = 2.27), having experienced the death of a parent or sibling (odds ratio = 2.14), having been expelled from school (odds ratio = 1.98), having been physically assaulted at home (odds ratio = 1.90), and a negative school performance (odds ratio = 1.65).

We also carried out a separate analysis adding the three continuous variables from the Gudjonsson et al. (2006) study (depression, delinquency, and delinquency of peers) to the 27 categorical variables listed in Table I. In addition to the variables given in Table II, only delinquency of

Table II. Likelihood of false confession.

Variables	Odds ratio	CI (95%)	Significance
1 Bullied at school	3.17	1.38–7.30	.007
2 LSD use	2.94	1.54–5.60	.001
3 Substance misuse treatment	2.67	1.41–5.05	.003
4 Experienced violence in the street	2.27	1.46–3.52	.000
5 Death of parent or sibling	2.14	1.20–3.80	.010
6 Expelled from school	1.98	1.21–3.25	.007
7 Experienced violence at home	1.90	1.14–3.16	.013
8 Negative school performance	1.65	1.00–2.73	.050

peers entered the model in the final step and it had the lowest odds ratio. We have therefore in this paper relied on the categorical data given in Table II.

Discussion

The present findings confirm the findings of Sigurdsson and Gudjonsson (2001), Gudjonsson et al. (2004a), Gudjonsson et al. (2004b), and Gudjonsson et al. (2006) that individual differences are important in discriminating between claimed false confessors and other suspects interrogated by the police. Significant differences between the groups were present for 25 out of the 27 background life event measures.

The background measures assessed adverse life events and substance misuse (including treatment for substance misuse). Most of the serious adverse life events, such as the death of a parent or sibling, sexual abuse, experiencing violence at home, being bullied at school, and being expelled from school, were quite rare among the non-false confessors (range 3–12%), but they were common among the claimed false confessors (range 16–37%). Many had also experienced serious suicidal thoughts or attempts and had been in contact with mental health professionals. These victimisation factors can be construed as psychological vulnerabilities that increase the risk of a false confession. Bullying, although not the most frequently reported problem among the claimed false confessors, was a powerful predictor in the logistic regression analysis (odds ratio = 3.17). Interestingly, the question relating to bullying was worded in the present tense and therefore applied to participants' current schooling rather than to past experiences of bullying. In future research it will be important to differentiate between current and past bullying in terms of association with claimed false confession.

A similar but more marked pattern was found for substance misuse. For example, only 5% of the non-false confessors had attended substance misuse treatment in contrast to 37% of the claimed false confessors. The

findings also show that some illicit drugs, such as cannabis, were found in the majority of both groups with little difference between them. In contrast, LSD was very rare (4%) among the non-false confessors but common (29%) among the claimed false confessors. The less common the illicit drug used, the greater the addiction problem of the participant is likely to be.

A surprisingly high number of participants reported experiencing violence at school and in the street. Almost a quarter (22%) and over a third (38%) of the non-false confessors reported having been a victim of violence at school and in the streets, respectively; claimed false confessors reported being assaulted in the street in 62% of cases (the corresponding figure for violence at school was 37%). The rate of violent victimisation of these young students in further education who have been interrogated by the police as suspects is of great concern from a mental health perspective (e.g., post-traumatic stress disorder symptoms) and from criminal justice perspective (e.g., wasted police time, the possibility of a wrongful conviction).

The findings give strong support to the hypothesis that many claimed false confessors have experienced a number of serious adverse life events and this may make them vulnerable to making a false confession during interrogation. Of course, we are dealing with correlational data from a cross-sectional study and it is not possible to separate cause and effect. A longitudinal study is required. However, it is possible that a series of adverse life events builds up a level of frustration and despondency (i.e., continuous emotional strain), which impairs effective coping with stressful life events, such as being arrested and interrogated by the police. Making a false confession is a continuation of this role as a victim of adverse life events, and as a result these individuals cannot cope effectively with the custodial and interrogative environment, are unwisely eager to take on a case for a peer, are more easily persuaded by peers to take on a case for them, or no longer care about the consequences of their behaviour.

Recent independent findings from a study of 47 suspects at police stations in Iceland corroborate the findings in the present study (Sigurdsson, Gudjonsson, Einarsson, & Gudjonsson, 2006). When interviewed immediately after police interrogation by a psychologist, four (9%) of the suspects claimed to have made a false confession to the police during the interrogation due to their immediate need or psychological problems. One explained his false confession in terms of protecting somebody else, one wanted to avoid prolonged detention, and two said that they could not be bothered to deny the offence. All four reported significant symptoms of clinical depression.

This study has limitations. First, the findings are dependent on self-report. It was not possible to corroborate the participants' accounts through official records and some participants may not have been accurate or honest about their involvement with the police. Second, in the present study the reasons for giving a false confession to the police were not investigated. Third, the type and severity of the crime the students reported they had

confessed to falsely are unknown. Fourth, gender differences were not specifically investigated, because in the previous study (Gudjonsson et al., 2006) no differences in the rate of false confession were found once the rate of offending was taken into consideration.

In future research it would be desirable to conduct a clinical interview with participants reporting a false confession to the police, and to ascertain the primary clinical diagnosis. On the basis of similar research among prison inmates (Sigurdsson & Gudjonsson, 2001), conduct or personality disorder is likely to be the most common diagnosis.

In conclusion, the present study is unique in that it is the first to investigate the direct association between serious adverse life events and claims of having made a false confession to the police. The findings suggest that false confessions are not merely a part of a criminal lifestyle. Many of the claimed false confessors in this study reported a number of very adverse life events, which were far less evident among the non-false confessors. These findings can be interpreted within Agnew's (1992) general strain theory. The reporting of a false confession during interrogation is associated with negative life events and chronic strain, which places suspects in a position of frustration and avoidance when faced with the demands of a police interrogation and custody. The alternative interpretation, of course, is that some participants were in the habit of telling lies, including lying about having made a false confession and about their background and past victimisation. This is something we addressed in a previous study (Gudjonsson et al., 2004b). In similar work with prison inmates (Gudjonsson & Sigurdsson, 1994; Sigurdsson & Gudjonsson, 1996), we conducted detailed interviews about reported false confessions and made attempts to corroborate claims of false confession. In the present study this was not practicable. Therefore, the false confessions reported in the present study remain unsubstantiated and this is an obvious limitation to this kind of research.

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