Taking Blame for Other People’s Misconduct

Jennifer Willard*, Stephanie Madon† and Timothy Curran‡

Taking blame for another person’s misconduct may occur at relatively high rates for less serious crimes. The authors examined individual differences and situational factors related to this phenomenon by surveying college students (n = 213) and men enrolled in substance abuse treatment programs (n = 42). Among college students, conscientiousness and delinquency predicted their likelihood of being in a situation in which it was possible to take the blame for another person’s misconduct. Situational factors, including the relationship with the perpetrator, the seriousness of the offense, feelings of responsibility for the offense, and differential consequences between the offender and the blame taker, were associated with college students’ decisions to take the blame. Among substance abuse treatment participants, individuals who took the blame for another person’s misconduct were more extraverted, reported feeling more loyalty toward the true perpetrator, and indicated more incentives to take the blame than individuals who did not take the blame. Links between theories of helping behavior and situational factors that predict blame taking are discussed. Copyright © 2015 John Wiley & Sons, Ltd.

INTRODUCTION

History provides numerous examples of instances in which people have made confessions, pleas, and admissions of guilt for crimes they did not commit (Drizin & Leo, 2004; Leo & Ofshe, 1998; Redlich, 2010). Empirical research suggests that this phenomenon is not limited to high profile crimes, nor is it always the result of police pressure. For example, approximately 12% of prisoners sampled in Iceland reported falsely confessing to a crime in order to protect another person (Sigurdsson & Gudjonsson, 1996a, 1996b). Among college students, 16% reported taking the blame for another person’s misconduct (Gudjonsson, Sigurdsson, & Einarsson, 2007), and among incarcerated adolescents who falsely confessed over 50% indicated confessing in order to protect another person (Malloy, Shulman, & Cauffman, 2013). Although researchers have amassed an impressive number of studies highlighting factors that contribute to false confessions in interrogation situations (Kassin et al., 2010), they are only beginning to understand false confessions and pleas that arise in the absence of police pressure, particularly those made by individuals who are attempting to cover for another person’s misconduct.

*Correspondence to: Jennifer Willard, Psychology Department, Kennesaw State University, 402 Bartow Avenue NW, MD 2202, Kennesaw, GA 30144. E-mail: jwillar3@kennesaw.edu
†Iowa State University
‡Georgia Southern University

Copyright © 2015 John Wiley & Sons, Ltd.
Although the research investigating false confessions made by people motivated to protect another person is almost nonexistent, research focused on understanding the causes of voluntary false confessions in general has most often pointed to individual differences as a contributing factor. For example, individuals who falsely confess tend to have more delinquent lifestyles (Gudjonsson, Sigurdsson, Asgeirsdottir, & Sigfusdottir, 2007; Gudjonsson, Sigurdsson, Sigfusdottir, & Asgeirsdottir, 2008; Sigurdsson & Gudjonsson, 2001), higher rates of compliance (Steingrimsdottir et al., 2007), and lower ratings of agreeableness, conscientiousness (Steingrimsdottir et al., 2007), and neuroticism (Gudjonsson, Sigurdsson, & Einarsson, 2007). They also have poorer socialization (Gudjonsson, Sigurdsson, Finnbogadottir, & Smari, 2006; Sigurdsson & Gudjonsson, 1996a) and a greater likelihood of having been bullied or victimized (Gudjonsson, Sigurdsson, & Sigfusdottir, 2010; Gudjonsson et al., 2008). The extent to which these findings apply specifically to people who voluntarily falsely confessed in order to protect another person is unclear.

Few researchers have examined voluntary false confessions, pleas, or admissions of guilt as a product of situational factors. One exception is a descriptive study by Jones (2011) involving 50 women in an English prison. During interviews, women reported pleading guilty to crimes they did not commit due to pressure from their partners or family, a belief that they would get a lighter sentence than the perpetrator because of their sex or because of their shorter list of offenses, and a desire to protect their partner. Reports by these women indicated that situational factors played a key role in their decision to admit to crimes that they did not commit, suggesting that individual differences alone cannot fully explain the phenomenon. In our research, therefore, we examined the extent to which people’s willingness to take the blame for another person’s misconduct was explained not only by individual differences but also by situational factors.

**Overview of Study**

In our study, we asked participants about situations in which they had taken the blame for an antisocial or criminal behavior that someone else had committed. We refer to this as blame-taking behavior. We opted to use the broader concept of blame-taking behavior rather than the narrower concept of false confession, in which a confession and details about the offense are given to investigators, in order to capture less serious behavior. Blame-taking behavior for minor offenses may occur at significant rates even within relatively ordinary populations. Thus, we collected data from two different samples: college students and men who were undergoing treatment at drug and alcohol rehabilitation facilities. We reasoned that college students may have participated in minor misconduct, but also included men enrolled in two different substance abuse treatment programs on grounds that this population likely had a higher base-rate of blame-taking opportunities.

The purpose of this research was to (a) identify individual differences that predict one’s likelihood of being in a situation in which it is possible to take the blame, (b) replicate and extend the identification of individual differences that distinguish between individuals who take the blame for others and those that do not, and (c) identify situational factors associated with blame-taking behavior. Measures of the big five traits, delinquency, and empathy have been used in previous research in an attempt to distinguish between confessors and non-confessors (Sigurdsson & Gudjonsson, 1996a;
Sigurdsson & Gudjonsson, 2001; Gudjonsson et al., 2004; Steingrimsdottir et al., 2007). These measures were included in our study to examine whether they were related to individuals’ likelihood of being in a blame-taking situation, which has not been explored in previous research, and to make comparisons with past work regarding blame-taking behavior. A measure for codependency, which involves a dysfunctional tendency to focus on others and gain personal meaning from one’s relationships (Fischer, Spann, & Crawford, 1991), was also given to participants in substance abuse treatment programs. We predicted that delinquency, empathy, and codependency would be positively related to blame-taking behavior.

Because individuals who are motivated to take the blame for another person may, to some extent, be engaging in a form of helping behavior, we used theory from the helping literature to guide our exploratory investigation of situational factors that could be relevant to blame-taking behavior. For example, we included questions related to the benefits and costs of taking or not taking the blame for another, as well as questions that focused on the participants’ relationship with the offender.

**METHOD**

**Participants**

*College Sample*

The college student sample (n = 213) included 163 women, 47 men, and 3 undeclared individuals who were recruited from the psychology department research participation pool at a large university in the southeastern U.S. Their mean age was 22 years (SD = 5.62). There were 132 European Americans, 34 African-Americans, 12 multi-ethnic individuals, 10 Latin Americans, 8 Asian Americans, 14 individuals indicating Other, and 3 undeclared individuals in the sample. Students received credit in their courses for their participation.

*Substance Abuse Treatment Sample*

The substance abuse treatment sample (n = 42) consisted of men who were recruited from two drug and alcohol rehabilitation centers in the southeastern U.S. Their mean age was 38 years (SD = 10.19). The sample included 23 European Americans, 8 African-Americans, 3 Latin Americans, and 8 undeclared individuals.

**Procedure and Assessments**

Participants completed a survey that assessed whether they had ever been in a blame-taking situation, and blame-taking behavior among those who had experienced such a situation. All participants completed individual difference measures and provided demographics. The college student sample completed the survey on-line whereas the substance abuse treatment sample completed the survey in hardcopy.
Blame-Taking Situation

Participants first indicated whether or not they had ever been in a situation in which it was possible for them to take the blame for another individual’s misconduct. If participants indicated never having been in such a situation, they were asked to imagine such a situation and provide hypothetical responses. Data derived from these imagined situations were not included in the analyses. Participants who indicated that they had been in such a situation had their blame-taking behavior measured.

Blame-Taking Behavior

As a measure of blame-taking behavior, participants described the most serious blame-taking situation in which they had been involved, categorized the nature of the offense (e.g., property crime, drug-related offense, cheating, etc.), and indicated whether or not they had, in fact, taken the blame for the true perpetrator. Next, participants responded to closed-ended items that assessed the extent to which certain situational factors influenced their decision to take, or not take, the blame in that situation. These situational factors included (1) pressure exerted by the perpetrator—i.e., How much pressure did the person place on you to take the blame?), (2) perceived severity of the offense—i.e., How severe would you consider the behavior for which you took (did not take) the blame?, (3) loyalty to the perpetrator—i.e., How much loyalty did you feel towards the responsible person?, (4) obligation to the perpetrator—i.e., How much obligation did you feel towards the responsible person?, (5) feelings of responsibility—i.e., To what extent do you believe you were responsible for the offense for which you chose (not) to take the blame?, and (6) perceived differential consequences for oneself versus the perpetrator—i.e., Indicate the magnitude of the difference in consequences for yourself in comparison to the person who committed the crime. Two additional items (i.e., offered incentives to take the blame and the probability of being caught) were included in the questionnaires given to participants in the substance abuse treatment sample.

All but the differential consequences item were assessed on seven-point scales for which high values corresponded to greater perceived influence of the situational factor (e.g., 1 (none at all) to 7 (a great deal); 1 (not at all severe) to 7 (very severe), etc.). The differential consequences item was assessed on a 10-point scale with anchors -5 (consequences for perpetrator were greater than for self) to 0 (equal consequences) to 5 (consequences for self were greater than perpetrator’s).

Participants also responded to an open-ended item that instructed them to explain why they had chosen to take, or not take, the blame for the perpetrator and to report what factors had influenced their decision. We included this item in order to capture any factor that was not assessed by the closed-ended items, but that was nonetheless critical to participants’ decision to take, or not take, the blame. Coders read participants’ open-ended responses and, on that basis, created a list of contributing factors (e.g., responsibility of perpetrator, consequences or seriousness of offense, closeness with perpetrator). Next, the coders read participants’ open-ended responses a second time and recorded the frequency with which each participant had listed one of the contributing factors that had been identified earlier. Percent agreement for these frequencies across the coders was high, corresponding to 98% for the college student sample and 90% for the substance abuse treatment sample.
Individual Differences and Demographics

Participants completed several personality inventories and assessments of past behavior. Empathy was assessed with the empathic concern subscale of the Interpersonal Reactivity Index (Davis, 1983; $\alpha = .77_{\text{college}}, .44_{\text{substance}}$). Extraversion ($\alpha = .87_{\text{college}}, .59_{\text{substance}}$), agreeableness ($\alpha = .76_{\text{college}}, .72_{\text{substance}}$), conscientiousness ($\alpha = .78_{\text{college}}, .68_{\text{substance}}$), neuroticism ($\alpha = .84_{\text{college}}, .75_{\text{substance}}$), and openness ($\alpha = .78_{\text{college}}, .70_{\text{substance}}$) were assessed with the Big Five Personality Inventory (John, Naumann, & Soto, 2008). A delinquency index (Thornberry et al., 2003) was used to measure the self-reported frequency of delinquent behaviors ($\alpha = .87_{\text{college}}, .96_{\text{substance}}$). Additionally, participants in the drug abuse treatment sample completed the Spann–Fischer Codependency scale ($\alpha = .81_{\text{substance}}$, Fischer et al., 1991). Participants also provided demographic information.

RESULTS

Rates and Nature of Blame-Taking Behavior

We calculated the rate and nature of blame-taking behavior for each sample separately. In the college student sample, 67% of participants ($n = 142$) indicated having been in a blame-taking situation, and 61% of these individuals ($n = 86$) indicated having taken the blame for another person’s misconduct. Individuals who took the blame reported taking the blame for a friend or partner (65%), an acquaintance (17%), a family member (13%), or other (4%). The three primary offenses identified by blame takers included cheating (17%), disorderly conduct (17%), and stealing (11%). The three primary offenses identified by those who did not take the blame included stealing (26%), drug-related offenses (21%), and cheating (14%).

In the substance abuse treatment sample, 90% of participants ($n = 38$) indicated having been in a blame-taking situation, and 76% of these individuals ($n = 29$) indicated having taken the blame for another person’s misconduct. Individuals who took the blame reported taking the blame for a friend or partner (39%), a family member (32%), an acquaintance (21%), or other (7%). The three primary offenses identified by blame takers included drug-related offenses (59%), alcohol-related offenses (35%), and stealing (28%). The primary offenses identified by those who did not take the blame included drug-related (56%) and alcohol-related (35%) offenses. Participants in the substance abuse treatment sample could classify offenses in more than one way.

Individual Differences Predicting Being in Blame-Taking Situations

Table 1 presents descriptive data for the individual difference measures. A binary logistic regression was conducted in which college students’ age, sex, big five personality scores, empathy scores, and delinquency scores were entered as predictors. The outcome variable was whether or not college student participants indicated having ever been in a blame-taking situation (0 = no blame-taking situation, 1 = blame-taking situation). The model was a significant fit, $\chi^2(9, 203) = 23.24, p = .006$, Nagelkerke $R^2 = .15$, and the $-2 \log$ likelihood of the model was 236.99 (Table 2). Conscientiousness
The only factors to significantly predict college student participants’ likelihood of being in a blame-taking situation. A comparable analysis was not conducted for those in the substance abuse treatment sample because almost all the men (90%) reported having been in a blame-taking situation.

Factors Predicting Blame-Taking Behavior in College Student Sample

Next, we examined individual differences and situational factors associated with participants’ decisions to take, or not take, the blame for another’s misconduct using binary logistic regression. The analysis included nine individual difference factors (i.e., age, sex, neuroticism, agreeableness, conscientiousness, openness, extraversion, empathy, and delinquency) and six situational factors (i.e., amount of pressure to take the blame, seriousness of the offense, loyalty towards the perpetrator, obligation to the perpetrator, the extent to which participants felt responsible for the offense, and the perceived differential consequences between participants and the perpetrator). The outcome variable was whether or not college students indicated taking the blame (0 = no blame taking, 1 = blame taking).

Table 3 presents the results of the model. The model was a significant fit ($\chi^2(15, 128) = 54.55, p < .001$) and predicted a large amount of variance in blame-taking behavior (Nagelkerke $R^2 = .47$, $-2$ log likelihood = 119.09). Of the individual difference factors, only delinquency significantly predicted whether or not college students took the blame ($b = .89$, SE = .35, $p = .010$). Of the situational factors, three were statistically significant, including the perceived seriousness of the offense ($b = -.59$,

---

**Table 1. Descriptive data presented for individual difference measures organized by sample**

<table>
<thead>
<tr>
<th>Individual differences</th>
<th>College sample $M$ (SD)</th>
<th>Substance treatment sample $M$ (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Empathic concern</td>
<td>3.86 (.70)</td>
<td>3.39 (.50)</td>
</tr>
<tr>
<td>Extraversion</td>
<td>3.42 (.82)</td>
<td>3.17 (.55)</td>
</tr>
<tr>
<td>Agreeableness</td>
<td>3.92 (.59)</td>
<td>3.51 (.60)</td>
</tr>
<tr>
<td>Conscientiousness</td>
<td>3.52 (.60)</td>
<td>3.40 (.57)</td>
</tr>
<tr>
<td>Neuroticism</td>
<td>2.85 (.77)</td>
<td>2.97 (.68)</td>
</tr>
<tr>
<td>Openness</td>
<td>3.66 (.63)</td>
<td>3.36 (.50)</td>
</tr>
<tr>
<td>Delinquency</td>
<td>1.50 (.45)</td>
<td>2.90 (.97)</td>
</tr>
<tr>
<td>Codependency</td>
<td>not included</td>
<td>54.89 (12.72)</td>
</tr>
</tbody>
</table>

**Table 2. College student sample: predicting the likelihood of being in a blame-taking situation**

<table>
<thead>
<tr>
<th>Predictor</th>
<th>$B$</th>
<th>SE</th>
<th>Wald</th>
<th>Odds ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>-.18</td>
<td>.15</td>
<td>1.40</td>
<td>.84</td>
</tr>
<tr>
<td>Gender1</td>
<td>-.26</td>
<td>.43</td>
<td>.37</td>
<td>1.30</td>
</tr>
<tr>
<td>Extraversion</td>
<td>.24</td>
<td>.18</td>
<td>1.82</td>
<td>1.27</td>
</tr>
<tr>
<td>Agreeableness</td>
<td>.30</td>
<td>.22</td>
<td>1.89</td>
<td>1.34</td>
</tr>
<tr>
<td>Conscientiousness</td>
<td>-.47*</td>
<td>.19</td>
<td>6.13</td>
<td>.62</td>
</tr>
<tr>
<td>Neuroticism</td>
<td>-.20</td>
<td>.19</td>
<td>1.12</td>
<td>.82</td>
</tr>
<tr>
<td>Openness</td>
<td>-.08</td>
<td>.17</td>
<td>.20</td>
<td>.93</td>
</tr>
<tr>
<td>Delinquency</td>
<td>.71**</td>
<td>.25</td>
<td>7.97</td>
<td>2.04</td>
</tr>
<tr>
<td>Empathy</td>
<td>-.06</td>
<td>.20</td>
<td>.09</td>
<td>.94</td>
</tr>
</tbody>
</table>

Note: Gender (male set as comparison), *$p = .05$, **$p = .01$.

($b = -.47$, SE = .19, $p = .013$) and delinquency ($b = .71$, SE = .25, $p = .005$) were the only factors to significantly predict college student participants’ likelihood of being in a blame-taking situation. A comparable analysis was not conducted for those in the substance abuse treatment sample because almost all the men (90%) reported having been in a blame-taking situation.
In our study, higher scores on the differential consequences item meant greater perceived consequences for the self in comparison to the perpetrator, and results indicated that scores were positively related to blame-taking behavior. A follow-up chi-square analysis was conducted to further examine this pattern. We recoded the differential consequences item into a categorical variable with three groups: (1) consequences for perpetrator were greater than consequences for self (1 through 5, dummy coded as 0), (2) consequences for perpetrator equaled consequences for self (0 dummy coded as 1), and (3) consequences for self were greater than consequences for perpetrator (1 through 5, dummy coded as 2). Comparing participants who did and did not take the blame on this variable revealed a significant difference, \( \chi^2(2, N = 128) = 9.91, p = .007 \). When the consequences were perceived as greater for the self than for the perpetrator, a greater number of college students reported taking the blame (20%) than not taking the blame (4%).

**Blame-Taking Behavior in Substance Abuse Treatment Sample**

Because of the high number of substance abuse treatment participants who indicated taking the blame coupled with the number of predictor variables entered into the model, it was inappropriate to conduct logistic regressions. Thus, we conducted several independent-samples t-tests to determine whether there were differences between people who decided to take the blame and those who decided not to take the blame.\(^1\) Only

---

\(^1\) We opted not to apply a correction for type I error in our comparison tests in order to decrease the chances of a type II error. Many of our analyses were exploratory and power was reduced due to the size of the substance abuse treatment sample. It is worthwhile to note that the number of significant differences that emerged in our data exceeded what would have been expected by chance alone. Thus, type I error, if it occurred, cannot fully account for our results.
one of the individual difference variables achieved significance. Individuals who took the blame reported higher levels of extraversion ($M = 3.28, SD = .51$) than those who did not ($M = 2.86, SD = .57$), $t(35) = 2.05, p = .048, 95\%$ CI [0.00, 82].

In regards to situational factors, individuals who took the blame reported feeling more loyalty towards the perpetrator ($M = 4.97, SD = 2.44$) than those who did not take the blame ($M = 3.22, SD = 2.44$), $t(36) = 2.25, p = .031, 95\%$ CI [.17, 3.31], and blame takers reported being offered more incentives to take the blame ($M = 1.93, SD = 1.93$) than those who did not take the blame ($M = 1.11, SD = .33$), $t(33) = 2.19, p = .038, 95\%$ CI [.06, 1.58]. Additionally, blame takers less often indicated the probability of being caught as a contributing factor to their decision to take the blame ($M = 2.66, SD = 2.04$) than those who did not take the blame ($M = 4.44, SD = 1.81$), $t(36) = 2.36, p = .024, 95\%$ CI [.25, 3.33], and more often indicated a desire to protect the guilty person ($M = 4.31, SD = 2.17$) than those who did not take the blame ($M = 2.00, SD = 1.32$), $t(36) = 3.01, p = .005, 95\%$ CI [.75, 3.87].

**Comparisons between Blame Takers in College Student and Substance Abuse Treatment Samples**

The final set of analyses compared individuals who took the blame in the college student sample with individuals who took the blame in the substance abuse treatment sample. Blame takers in the college sample were younger ($M = 20.77, SD = 4.26$) than blame takers in the substance abuse treatment sample ($M = 36.85, SD = 9.70$), $t(106) = 8.36, p < .001, 95\%$ CI [12.15, 20.02]. Additionally, blame takers in the college sample were more agreeable ($M = 3.90, SD = .63$), more empathetic ($M = 3.82, SD = .73$), and less delinquent ($M = 1.59, SD = .51$) than blame takers in the substance abuse treatment sample ($M = 3.42, SD = .59; M = 3.38, SD = .46; M = 3.01, SD = .90$, respectively), $t(112) \geq 3.51, p \leq .003$. Finally, blame takers in the college student sample reported the blame-taking situation as being less severe ($M = 2.82, SD = 1.70$) and were less likely to have faced severe consequences for taking the blame ($M = 3.24, SD = 1.86$) compared with blame takers in the substance abuse treatment sample ($M = 4.59, SD = 2.10; M = 5.38, SD = 1.80$, respectively), $t(107) \geq 4.10, p \leq .001$. There were no differences reported in perceptions of loyalty, obligation, responsibility to the perpetrator, or perceived differential consequences between participants and the perpetrator between samples. Table 4 presents reasons that participants cited in their open-ended responses for taking or not taking the blame.

**DISCUSSION**

This research examined predictors of blame-taking behavior among college students and men receiving treatment for substance abuse. Sixty-seven percent of college students indicated having found themselves in a blame-taking situation, and 40% of the total college student sample indicated that they had taken the blame for another person’s misconduct. A high rate of blame-taking behavior was observed among participants in the substance abuse treatment program: 90% reported having been in a blame-taking situation and more than half of the total sample (69%) reported having taken the blame for another person’s misconduct. Results revealed that two individual difference factors—conscientiousness and delinquency—predicted college students’
likelihood of being in a blame-taking situation, and among both samples blame-taking behavior was associated with both individual difference factors and situational factors.

### Individual Differences

Among the college sample, conscientiousness was negatively related to participants’ likelihood of being in a situation in which it was possible to take the blame. Indeed, low levels of conscientiousness are associated with a host of negative behaviors, including risky driving, risky sex, drug use, and antisocial behaviors (Bogg & Roberts, 2004; Jones, Miller, & Lynam, 2011). Delinquency was also positively associated with the likelihood that participants in the college sample would be in a situation in which it was possible to take the blame. Furthermore, once in that situation, delinquency was associated with an increased likelihood that college students would actually take the blame. This pattern is consistent with the idea that blame-taking behavior may be part of the delinquent lifestyle (Gudjonsson, Sigurdsson & Einarsson, 2007; Redlich, Summers, & Hoover, 2010).

Among those in the substance abuse treatment sample, delinquency was unrelated to blame-taking behavior. However, the rates of delinquency were higher among participants in the substance abuse treatment sample than participants in college sample. Additionally, a larger proportion of those in the substance abuse treatment sample reported being in a situation in which it was possible to take the blame and a larger proportion reported actually taking responsibility for misconduct they did not commit. Similarly, Sigurdsson and Gudjonsson (1996b) found more illicit drug use among false confessors than non-false-confessors. However, differences between the college sample and the substance abuse sample in terms of blame-taking behavior should be interpreted with caution, given that there are multiple differences between the two groups. In other words, the differences we report may reflect general differences between college students and men who are receiving substance abuse treatment.

<table>
<thead>
<tr>
<th>Reasons</th>
<th>College sample</th>
<th>Substance treatment sample</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Non-blame-takers</td>
<td>Blame takers</td>
</tr>
<tr>
<td></td>
<td>( n = 56 )</td>
<td>( n = 84 )</td>
</tr>
<tr>
<td>Seriousness of the behavior or consequences</td>
<td>20%</td>
<td>2%</td>
</tr>
<tr>
<td>Differential consequences</td>
<td>5%</td>
<td>20%</td>
</tr>
<tr>
<td>Constructive consequences</td>
<td>7%</td>
<td>1%</td>
</tr>
<tr>
<td>Relationship with perpetrator</td>
<td>0%</td>
<td>36%</td>
</tr>
<tr>
<td>Closeness to perpetrator</td>
<td>2%</td>
<td>11%</td>
</tr>
<tr>
<td>Protection</td>
<td>0%</td>
<td>37%</td>
</tr>
<tr>
<td>Responsibility to perpetrator</td>
<td>2%</td>
<td>7%</td>
</tr>
<tr>
<td>Responsibility of perpetrator</td>
<td>61%</td>
<td>4%</td>
</tr>
<tr>
<td>Incentive or threats</td>
<td>0%</td>
<td>10%</td>
</tr>
<tr>
<td>Personal aversion</td>
<td>5%</td>
<td>0%</td>
</tr>
<tr>
<td>Personality reasons</td>
<td>0%</td>
<td>7%</td>
</tr>
</tbody>
</table>

Table 4. College student sample and substance abuse treatment sample: participants’ reasons for taking or not taking the blame

Situational Factors

Several situational factors were related to blame-taking behavior, and research relevant to helping may provide a theoretical context in which to understand these factors. According to social-exchange theory, people attempt to minimize costs and maximize rewards within social relationships (Foai & Foa, 1975). Researchers have even proposed that weighing costs and rewards occurs when individuals are in situations in which immediate decisions about helping must be made (Dovidio, Piliavin, Schroeder, & Penner, 2006). Consistent with this, among participants in the substance abuse treatment sample, those who took the blame indicated receiving more incentives than those who did not take the blame. Additionally, participants seemed to be taking into consideration the costs of helping, which included the seriousness of the crime and the probability of getting caught if they decided to take the blame.

Among the college student sample, the differential consequences between themselves and the true perpetrator were also related to blame-taking behavior. Participants’ open-ended responses indicated that some participants took the blame because they believed they would get in less trouble than the perpetrator. However, the differential consequence item distinguished between individuals who took the blame and those who did not only when the consequences were greater for the self than for the perpetrator. When the consequences for the self were perceived as greater in comparison to the perpetrator, more participants indicated taking the blame than not taking the blame. This could be interpreted in two ways. First, this pattern of responding may reflect a perceptual bias such that the perception of the consequences changes depending on whether people are thinking about themselves versus others. Events that could happen to the self might be perceived as more serious than events that could happen to another. Indeed, person-perception research indicates that people sometimes use different standards to make subjective evaluations of others (Biernat, Manis, & Nelson, 1991; Miron, Branscombe, & Biernat, 2010), have different emotional reactions when imagining how others would feel compared with imagining how they, personally, would feel (Batson, Early, & Salvarani, 1997), and hold different beliefs about the causes of behavior depending on whether they are reflecting on others’ behavior or their own behavior (Watson, 1982). It is also possible that the differential consequences reported by participants reflected reality. If this is the case, then even though participants perceived that they would face more consequences in comparison to perpetrators, participants were willing to take the blame. Participants who have been in trouble in the past may perceive that they have less to lose than someone who has no record. Clearly, further research that specifically examines participants’ perceptions of differential consequences is needed both to replicate this finding and to tease apart potential explanations for this pattern.

The relationship with the perpetrator also appeared to be related to blame-taking behavior, as most participants indicated taking the blame when the perpetrator was a friend or family member. This pattern of responding is consistent with theories of helping that propose that people are more likely to help kin (Burnstein, Crandall, & Kitayama, 1996), those that share a close relationship, and those that belong to the same social group (Brewer & Brown, 1998; Flippen, Hornstein, Siegal, & Weitzman, 1996). Consistent with these theoretical perspectives, among the substance treatment sample, loyalty to the perpetrator distinguished those who took the blame from those who did not take the blame. These relationship factors were also evident in participants’
self-reported explanations of why they took the blame—e.g., “She’s my sister.”; “She’s my wife, and she had never been to jail before.”; “I felt I should help out my friend when he needs me to help him out.”

Last, attributions and feelings of responsibility tend to factor into people’s decisions to help or not help others (Brickman et al., 1982; Schwartz & David, 1976). This pattern was observed among participants in the college sample. Participants who reported never having taken the blame for another’s misconduct justified that decision with statements such as “I did not do it, so I did not feel responsible.” Similarly, those who had taken the blame for another’s misconduct justified that decision by citing their own culpability to the offense stating, for instance, “I felt like the situation wouldn’t have happened if it weren’t for me. I felt obligated to take the blame.” This finding is similar to reports by Gudjonsson, Sigurdsson, and Einarsson (2007), in which 52% of the participants who reported taking the blame to protect another person also indicated being involved. However, it is unclear from our self-report data whether or not the feelings of responsibility were justified through a direct contribution to the offense. That is, did participants actually engage in some behavior that contributed to the offense or did participants simply feel responsible in some indirect way?

In this study, results were garnered from self-report data, leaving open the potential for biases in memory to influence the rates of self-reported blame taking. That is, it is possible that situations in which one took the blame might be more accessible in memory than situations in which one did not take the blame. Additionally, participants responded to the open-ended question asking them to identify factors that influenced their decision after having already answered the closed-ended questions. Thus, it is possible that the closed-ended questions may have influenced responses. The rates of blame taking reported here must be interpreted with caution. Despite these limitations, as Redlich et al. (2010) and others have argued, self-report data can be meaningful in our understanding of false confessions for several reasons. These reasons include the unavailability of objective measures, the value of participants’ perceptions of their experiences, and research suggesting that social desirability measures do not discriminate between those who report false confessions and those who do not (Gudjonsson et al. 2004; Sigurdsson & Gudjonsson, 1996a).

In our study, the definition of misconduct was broad. We included all participants’ self-reported incidents regardless of the level of seriousness and made no requirement that a confession be given during an interrogation. Our inclusion of less severe behavior may explain why the rates of blame-taking behavior in our data were higher than the rates reported in previous research. Although minor infractions may be seen as less important, identifying and understanding the underlying factors that contribute to occurrence of blame-taking behavior is worthwhile because of their sheer number.

**Conclusion**

False confessions that arise from a desire to protect another person or from pressure exerted from people other than investigators have received alarmingly little attention. We investigated the potential for individual differences and situational factors to contribute to blame-taking behavior. Identifying social psychological theories, such as those proposed in the helping literature, can guide researchers in their investigations. Relationship factors, feelings of responsibility, the seriousness of the offense,
incentives for blame-taking, and other situational factors contributed to participants’ decisions to take the blame in our study. Contributors to this type of confession may be very different from those contributors identified in previously explored false confessions.

REFERENCES


Copyright © 2015 John Wiley & Sons, Ltd.


