



Addressing Recantation Issues in Child Abuse Cases

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Objectives

- Discuss the dynamics of abuse and process of disclosure as they relate to child sexual abuse
- Identify risk factors for recantation
- Discuss steps the MDT/CAC can take to reduce the risk for recantation
- Using cases studies, discuss ways the team can prevent recantation and address it when it occurs



Fact Pattern: Recantation in Minimal Facts Interview

Suzy – age 5



Fact Pattern: Recantation in Minimal Facts Interview

Case - Unsubstantiated

Discussion:

- How would this have been handled differently if there were access to a CAC/MDT approach?
- With the CAC/MDT model in place, what could be the next step in this situation?



Remember the MDT Approach

- The foundation of a successful investigation
- Collaboration is key
- Strive for interdependence

Complicated Cases

- Require additional attention
- Deserve to be staffed by MDT



Recantation Defined:

Denial of abuse post-disclosure

Children refusing to discuss abuse post-disclosure



Rates of Recantation

23.3%
(Malloy & Mugno, 2016)

23.1%
(Malloy et al., 2005)



The Relationship Between Child and Perpetrator in Child Sexual Abuse Investigations



90% of offenders are known to the child

www.nsopw.gov/en/Education/FactsStatistics



Results of Recantation?

- Child not protected
- Offender not held accountable
- Abuser returned to the home
- Re-victimization
- Victim's vulnerability increased
- Inability to heal



Dynamics of Abuse and Process of Disclosure



Delayed Disclosure (London, et al 2005)

A Review of Multiple Studies Indicates

The relationship between child and abuser has direct impact on delayed disclosure and recantation	Most CSA victims do not report or delay disclosure during childhood	Most children make hesitant and unconvincing initial disclosures	Most child victims do not report the extent or severity of abuse during initial disclosures
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Variables That Affect Disclosure Patterns

Olafson & Lederman, 2006



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Olafson & Lederman, 2006

Dynamics of abuse

- Fear
- Accommodation
- Shame/Guilt
- Stigmatization
- Consequences to other family members
- Love of perpetrator
- Unaware abuse is wrong
- Others?

Videoclip – Let me count the ways...
10:27:58-10:29:43



How Children Tell About Abuse

Bottom line...

1. Kids tell when they are **safe** to tell
2. Kids tell when they feel **supported**
3. Kids tell when they are **ready** to tell
4. Kids may tell **different parts to different people**



How Children Tell About Abuse

What happens if there is a delay in conducting a forensic interview?

- Suspect may destroy evidence
- Suspect may tamper/influence witnesses or victim
- Family may influence victim
- Child may not feel believed or supported
- Family may not cooperate



How Children Tell About Abuse

Forensic Interview Referral Criteria

In case of emergency:

Determine CAC guidelines for emergency referrals

Considerations:

- Child lives in home with alleged perpetrator (AP)
- AP is romantic partner of caregiver
- Unsupportive NOC / family members
- Child at risk for tampering
- History of domestic violence



How Children Tell About Abuse

What if child has makes no disclosure to professionals?

- Remember the **dynamics of abuse**
 - The **team** should decide next steps
 - Make certain the child is **safe** to tell
 - Conduct a minimal facts interview
 - Refer for extended forensic interview
 - Consider therapy
 - Consider out of home placement
- **Include this in your protocol****

Dynamics of Abuse and Process of Disclosure

Implications for Practice





Malloy and Colleagues Research on Recantation



The Research

Malloy, Lyon, and Quas 2005 Study
looked at

257

CSA Substantiated Cases



The Research (Malloy & Lyon, 2006)

Caregiver Support in CSA Cases

Their reaction impacts disclosure and recantation.	Caregivers are less likely to support when AP is family member or romantic partner.	65.8% of cases included other types of abuse.	Support and belief are not static. Caregivers can vacillate especially early on.	Supportive caregivers are the best predictors of the child's adjustment and resilience.
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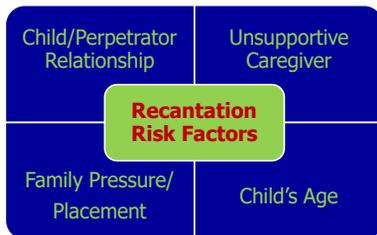
The Research (Malloy & Lyon, 2006)

Implications for Practice

- Educate first responders regarding how caregivers react to learning about allegations
- Explore how caregiver reacted
- Remove AP from home and/or recommend no contact during the investigation
- Explore other types of abuse/adverse conditions
- Educate caregiver regarding dynamics of abuse and this research.
- Emphasize the importance of support of their child even if they don't believe



The Research (Malloy, Lyon, and Quas 2007)



Also consider DV (Olafson & Lederman)



The Research (Malloy, Lyon, and Quas 2007)

Implications for Practice

- Educate first responders regarding recantation and dynamics of abuse
- Assess for risk factors in the initial phase of the investigation to determine urgency of response
- Immediately refer child for a forensic interview (Priority 1)
- Convene the MDT for CAC process and consider research in decision making



The Research (Malloy et al, 2016)

Familial Influences on Recantation

Sibling and extended family reaction impacts disclosure and recantation.

Some recanting children were influenced by siblings post-disclosure.

Children were less likely to recant when removed from home post-disclosure.

Children were less likely to recant when extended family expressed belief in allegations.



The Research (Malloy et al, 2016)

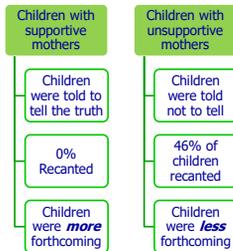
Implications for Practice

- Explore reactions of siblings and relevant people in the child's life
- Recommend no contact with unsupportive people during investigation
- Consider out of home placement if caregiver is unable to support/protect child or others may influence
- Help identify supportive person's in the child and caregiver's life



The Research (Malloy and Mugno, 2016)

Children's Recantation of Adult Wrongdoing





The Research (Malloy and Mugno, 2016)

Implications for Practice

- Instruct caregivers to tell their children to tell the truth
- Educate caregivers on how to talk to their child about what is happening
- Encourage caregivers to support their child during disclosure and afterward.



Fact Pattern: Recantation in Forensic Interview

Jennifer – age 12



Fact Pattern: Recantation in Forensic Interview

Case – pending

Discussion:

- Could this have been handled differently?
- What should be the next step in this situation?



The Research (Katz, 2014)

Recantation Interview Study 1st Interview Findings

Each child initially disclosed to a school professional.	Each investigation began within 5 days of outcry.	Each child provided clear, detailed disclosure in forensic interview.	Forensic Interviewers assessed these disclosures to be reliable.	Each case had external evidence and was thoroughly investigated.
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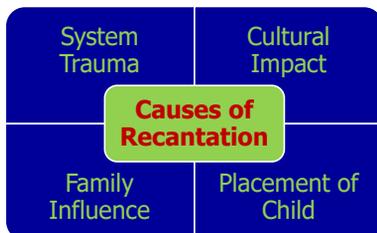
The Research (Katz, 2014)

Recantation Interview Study 2nd Interview Findings

All 12 children recanted from 5 days to 6 months of initial interview.	All 12 children reluctant in response to open-ended questions.	All 12 children used "stock" phrases and did not elaborate.	Forensic Interviewers assessed these interviews to be unreliable.
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The Research (Katz, 2014)





The Research (Katz, 2014)

Implications for Practice

- If a child recants, consider the cause of the recantation before moving forward
- Convene the MDT to decide next steps
- Identify unsupportive influences
- If the team decides to re-interview the child, the interview should focus on the cause of the recantation not the change in the child's disclosure
- The team should compare disclosure patterns of the interviews



Summary of Implications for Practice from Research



What can we do as a team?

- Ensure all MDT members **UNDERSTAND** the dynamics of abuse and process of disclosure
- Work together to **PREVENT** recantation by:
 1. ASSESSING for recantation RISK FACTORS
 2. Immediately provide **ADVOCACY** (education and support) to the involved caregiver and child
- Work together to **INVESTIGATE** recantation when it occurs



Summary of Implications for Practice from Research:

Preventing Recantation:

MDT members should:

- Encourage caregiver to tell their child to tell truth
- Recommend no contact with alleged perpetrator and unsupportive persons during investigation
- If child is in an unsupportive/unprotective environment, consider out of home placement with neutral, supportive caregiver



Summary of Implications for Practice from Research:

Preventing Recantation:

MDT and CAC staff should:

- Educate the involved caregiver regarding dynamics of abuse
- Assist the caregiver in determining how to explain the process and how to support their child
- Support caregiver in identifying supportive and unsupportive people in their and their child's lives



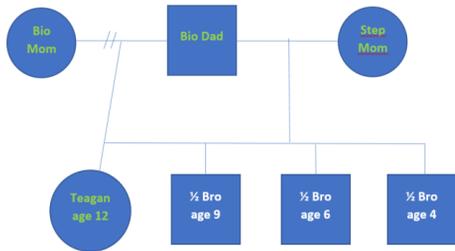
Summary of Implications for Practice from Research:

Preventing Recantation:

- Assess every case throughout intervention for recantation risk factors. If any risk factor exists:
 - Immediately schedule forensic interview of child
 - Separate child from unsupportive family members
 - Increase advocacy for involved caregiver, child and family
 - Immediately refer child and involved caregiver for MH services

**Case Study:
Preventing Recantation
Teagan**

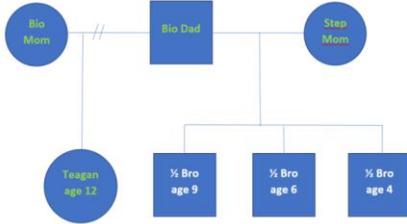
Teagan's Family Report #1



**Teagan's Fact Pattern Report #1
Sept 2011 – Physical Abuse**

- Teagan – age 11
- Lived with bio dad and stepmom since 5 y/o
- Has three half brothers

Teagan's Family Report #2



Teagan's Fact Pattern Report #2 March 2012 – Sexual Abuse

- Teagan – age 12
- Lives with bio mom

Teagan's Fact Pattern Report #2 March 2012 – Sexual Abuse

- Case goes to trial in July 2014
- Dad convicted
- Sentenced to 125 years



Teagan's Case Discussion

- **What were the risk factors for recantation in Teagan's first allegation of physical abuse?**

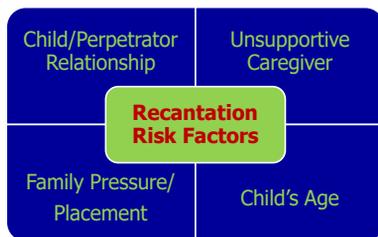
How was recantation prevented?

- **What were the risk factors for recantation in Teagan's second allegation involving sexual abuse?**

How was recantation prevented?



The Research (Malloy, Lyon, and Quas 2007)



Also consider DV (Olafson & Lederman)



On a side note...

What factors contributed to Teagan's resiliency?





Summary of Implications for Practice from Research:

Addressing Recantation:

- MDT protocol should include immediate response to recantation
- Original MDT and FI assigned staff the case
- Decide as a team next steps
- Focus on cause of recantation and what occurred after initial disclosure
- Assess protection/safety/influence on child
- Increase support/therapy to child and caregiver



Summary of Implications for Practice from Research:

Addressing Recantation:

- Rely on corroborative/external evidence from initial investigation for safety planning
- Consider out of home placement if child is in unsupportive environment
- First explore cause of recantation by interviewing collateral witnesses, then determine need for FI of child
- Consider the purpose of another FI



Summary of Implications for Practice from Research:

Addressing Recantation:

- If conducting a FI, same interviewer and same team assigned, recorded in same manner as original
- Compare disclosure patterns in both interviews
- Rely on corroborative/external evidence from initial investigation and expert testimony regarding recantation to move forward with prosecution



What Does This Mean?

Build a strong case...

- Work as a team
- Corroboration will strengthen your case
- Support for the child and caregiver is key
- If you have a good case, with external and corroborative evidence, recantation should not be an issue
- Place the responsibility of the success of an investigation on the shoulders of professionals, NOT the child



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Final Comments/Evals
