

Recantation and Non-Offending Parent Assessment

Recantation occurs when a victim later states his/her original report of abuse was untrue and/or minimizes the extent of the abuse. Recantation is **not** a false report. Rather, children who have been sexually abused can be greatly impacted by their disclosures, which might include police involvement, foster care, and family disruption. In these cases, “taking back” their disclosure is an attempt to re-establish normalcy in their lives.

When children recant, child welfare systems have had difficulty ensuring children’s safety. Historically when a child recanted an allegation, the “case” was closed, dispositions of “Unfounded” or “Unable to Determine” were made, and no further intervention occurred. This response leaves children unsafe. This document is designed to assist child welfare workers to assure child safety by:

- Understanding reasons why children recant;
- Learning ways to anticipate and prevent recantation,
- Clarifying child welfare’s role in providing for the emotional safety of the child, and;
- Assessing the non-offending parent’s ability to provide emotional safety for the child to prevent recantation.

I. Identifying Recantation

A) Most Likely to Recant...

Recantation is widely studied. It is commonly found that up to 23% of victims of substantiated sexual abuse recant their disclosures.¹ Knowing which situations are more likely to produce a recantation can assist workers in providing child safety. The most likely scenarios of recantation are as follows:

1. The child is abused by member of the household;
2. The non-offending parent expressed disbelief;
3. The child is younger than 10 years old - The highest rates of recantation are from 8 and 9 year olds.

According to the study cited above, if all three of these factors are present, the child is 50% more likely to recant than not.

¹ Malloy, Lyon, Quas (2007). Filial Dependency and Recantation of Child Sexual Abuse Allegations. *Journal of American Academy of Child Adolescent Psychiatry*. 46:2.

Other factors that may increase the possibility of recantation include situations where family members (including siblings) threaten, pressure, or intimidate the child. Remember that allegations of sexual abuse create significant disruption for **all** family members including: Incarceration, financial distress, foster care, housing problems, strained relationships, etc.

B) How Does Recantation Differ from False Allegations?

As stated above, recantation is not rare: It occurs in up to 23% of substantiated sexual abuse cases. However, false allegations are rare. False allegations are specifically “made up” abuse accounts. Research has also shown that fictitious accounts made by a child comprise 1-1.5% of allegations.² Another way to explain this is that 98.5% of child sexual abuse reports are not false.

II. How to Reduce Risk of Recantation

Rapid response to sex abuse allegations is helpful in reducing the risk of harm from recantation. Techniques include: Early detective assignment; well-documented field interviews that establish clear “minimal facts;” use of pretext calls where appropriate; same-day consultation with assessment center; and information gathered from every person child has told about the abuse.

A) Early Detective Assignment

When a child is ready to disclose, our best response includes having both child welfare and detectives (not officers) present for the first child interview. Both child welfare workers and detectives can clearly document a minimal facts interview that will provide a foundation for necessary family interventions.

B) Well-documented Field Interviews that Establish Clear “Minimal Facts”

Minimal fact interviewing helps establish safety of a child now and in the future. The field interview should include enough detail about an abuse event to protect the child even if the child later recants. Field interviews are not forensic interviews that outline abuse in great detail. Please see “**Child Interviewing Tips**” for further details about minimal facts.

C) Pretext Calls by Law Enforcement

² Oates et.al. (2000). *Erroneous Concerns About Child Sexual Abuse*. Child Abuse & Neglect. Vol. 24, No. 1, pp. 149-157.

Pretext phone calls, a tape-recorded telephone call between the victim and the offender, are used by law enforcement. It is utilized to gather incriminating statements and further details about the abuse. The suspect is unaware that the call is being recorded, are often apt to engage in conversation with the victim. Pretext calls are **only** done by Law Enforcement and are not appropriate in all situations.

D) Same-day Consultation with Child Advocacy Center (CAC)

Not every child sex abuse case will include a Child Advocacy Center evaluation. However, it is important to consult with the local CAC about the appropriateness of an evaluation. Also, some CAC's have a Family Support component which provides therapeutic intervention for victims and their families. Consultation with Family Support can be beneficial in many cases.

E) Gather Information from Every Person Child has Told

When we are able to obtain names of people the child has previously told about the abuse, we must interview each of them. The context of how they were told and the details provided can assist in child protection if a child later recants.

III) Assessing Non-Offending Parents: Helping Create Emotional Safety for the Child

Children experience much less trauma and are less likely to recant when their family believes their disclosure of abuse and are willing to engage in supportive services. Caseworkers can help minimize the trauma victims experience by wrapping multiple supports around the child **immediately** following a sex abuse disclosure. Techniques include:

- Assess and assist the non-offending parents in their ability to be supportive;
- Obtain supportive counseling for the child and family;
- Have early and on-going in-home contact with the child; support and corroborate the victim, and;
- Demystify the criminal justice and child welfare systems.

In working with non-offending parents at initial disclosure, caseworkers have two immediate tasks: 1) Assess the non-offending parent's ability to protect, both physically and emotionally, and; 2) Assist non-believing parents to become protective.

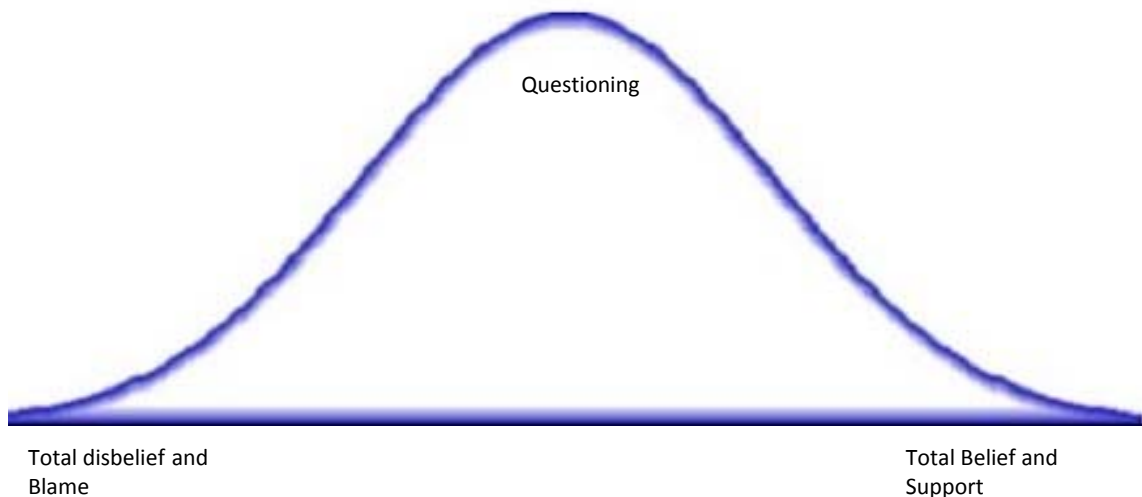
A) Assess the Non-offending Parent's Response

An in-home safety plan is not effective with a non-believing parent who reluctantly “agrees” to keep the offender out of the home. Parents must also be able to provide for the emotional safety of their child. Even if the caseworker believes the parent’s statement that they will “do whatever DHS says” to provide for the physical safety of the child, the following circumstances are some of the indicators of cases that are **not** conducive to an in-home safety plan:

- Parents who are adamant that their child was not abused (child is “making this up,” child “is a liar”);
- Parents who believe their child should be punished for making a disclosure;
- Parents who believe abuse occurred but blame the child, and;
- Parents who threaten the child (loss of housing, financial concern, offender going to jail).

While it is common for there to be initial disbelief by non-offending parents, this does not mean parents are unable to protect. The caseworkers’ role in these situations is to assist parents in moving along a continuum of protective responses.

Continuum of Protective Responses



B) Assist the Non-offending Parent to Emotionally Protect their Child

Assisting parents in moving along the continuum of belief is part of the role of DHS caseworkers. Parents in all stages of belief need assistance in how to respond to their child’s disclosure. Caseworkers should provide parents guidelines on how to respond:

1. Children should not be questioned about their disclosures - if the child decides to share information, the parent's role is to listen and note what is being said to pass this information to caseworkers and LEA.
2. Children should not be exposed to adult conversations around the abuse. This includes information about the criminal process, court hearings, etc.
3. Children will model their parent's responses. Parents need to be aware of this and monitor their behaviors, demeanor, and attitude.
4. Children are especially fragile at these times and may need more love, support, and structure. It is important to keep the same routine and schedule to maintain normalcy.
5. Children may also experience behavioral changes. Parents need to be aware of these potential behavior changes and increase their patience and tolerance.

As well as assisting parents in their response, it is important to assist parents to believe their child's disclosures, to understand the nature of sexual abuse and offenders, and the nature of sexual abuse disclosures. Providing parents with information about the general nature of sexual abuse (grooming by offenders, offender behaviors that keep abuse secret, and delayed disclosures), can be done with the assistance of Child Advocacy Centers and therapists.

In cases where there is a degree of certainty that the parent will not share information with the perpetrator, and in coordination with LEA, caseworkers can provide some details of their child's disclosure to the non-offending parent, such as: The timeframe of when the abuse occurred, general details of the seriousness of the disclosure, the child's perception of the parent's response (tried to tell them before), etc. This can be helpful for some parents in moving along the continuum of believing and supporting their child.

C) Obtain Supportive Counseling for the Child and Family

Parents and children, including siblings of the victim, all need supportive counseling to help establish normalcy again in the family. Caseworkers can help direct families to trauma-informed therapists, and work with the family about following through with counseling. Having professionals work directly with the family can help minimize recantation, and/or, assist families when children do recant.

D) Support and Corroborate the Victim

Having early and ongoing in-home contact with the child and family helps to validate the child's disclosure and potentially reduce the likelihood of recantation. To be a supportive presence for the child, it is necessary for child welfare workers to develop a consistent relationship with the child. This includes frequent face-to-face visits, providing the child with contact information, and responding when they contact us.

This level of contact with the child will also benefit the family by demonstrating the seriousness of the allegations despite whether criminal prosecution occurs, or the child recants. Frequent contacts with the child and family help increase the emotional safety of the child as we further assess the family's response.

E) Demystify the Criminal Justice System

As cases move through the court system, it is essential that the family has support in understanding steps and timelines involved with criminal court. Help the family by providing them with contacts of those involved with the case such as detectives, district attorneys, victim's advocates. Encourage families to ask questions about the approximate timeline of the criminal justice process for child sex abuse cases.

IV. How to Represent Recantation as a Child Safety Issue

Children who have recanted need representation and the support of child welfare to ensure their ongoing safety. Parents need our continued assistance to understand how recantation often **supports** the original disclosure and does not nullify the abuse. Child welfare workers must be knowledgeable about these dynamics and the ramifications recantation may have on the future safety of the child.

A) Presenting Recantation in Juvenile Court Proceedings

Children who recant may need child welfare workers to represent them in the dependency system. Workers can explain to the court that recantation is not a false allegation, but an attempt by the child to reestablish normalcy in their lives. When possible, use corroborative details that indicate the validity of the original disclosure such as:

- Provide clarity about the original disclosure, including child's demeanor at disclosure – discuss the reasons the disclosure is credible;
- Identify the threats or pressure or intimidation the child felt - any direct statements made to the child or disclosures from the child about pressure from family or friends or perpetrator;
- Discuss any relevant witness statements such as siblings "walking in on" something or the mother indicating her child told her "something about him bothering her";
- Discuss the child's demeanor upon recantation vs. child's demeanor upon initial disclosure;
- Explain that the context given to original disclosure is beyond what the child would know without an abuse event;

- Discuss the child’s ability to explain (or not) the original statements made such as: “Tell me about what it meant when you said ‘stuff’ came out of his privates?” Explain to the court that the child’s statements of “I don’t remember,” or, “I was lying,” do not explain away prior, clear disclosures of abuse;
- Submit information gathered from interviews with others whom the child has told – this can help to corroborate timelines and context;
- Discuss any corroborated details provided by the alleged offender. When interviewed they may corroborate details surrounding the incident such as being at the same place at the same time the child reported the abuse to occur. Document these corroborating details as they lend credence to the child’s original disclosure;
- Discuss and document any admissions or partial admissions made by the alleged offender. Instead of outright denying the abuse some offenders may state that they “don’t remember” or they “blacked out” or “I was really drunk that night.” These statements allow for the possibility that *something* may have happened. Most people do not provide possible explanations for circumstances in which they might have sexually abused a child.

B) The Impact of Recantation on CPS Dispositions

When children recant, CPS dispositions can still be supported as Founded:

“The allegation of Sexual Abuse and Sexual Exploitation to 9 year old, Joanna, by her mother’s boyfriend, Mr. X, is Founded. Joanna made clear, detailed disclosures, both to this CPS worker and to the interviewer at the Child Advocacy Center, of ongoing sexual abuse by Mr. X that started when she was 7 and continued until age 9. Though Mr. X has denied these allegations and Joanna later recanted her disclosure, her original statement of fondling and being made to perform oral sex on Mr. X. were clear and had contextual details. Joanna’s 7 year old brother has also indicated seeing Mr. X go into Joanna’s room during the night - the same context Joanna describes about when the abuse would occur.”

It is useful to document reasons why the recantation may have occurred:

“Though Joanna later recanted these original statements, it should be noted the extreme pressure and intimidation Joanna was experiencing when she was still placed with her mother in her home. Joanna has indicated that her mother told her she would have to go to church ‘every Sunday to ask God for forgiveness for what she was doing to this family.’ Joanna talked about her mother ‘crying all the time’ and being fearful of where they could live now that Mr. X was in jail and her mom ‘has no money.’ Additionally, Joanna’s recantation statement was unable to be explained other than Joanna stating, ‘I don’t really remember anything happening...I just want my mom to be happy again.’”

C) The Impact of Recantation on Case Planning

Recantation is an indicator of serious psychological distress and does not indicate a reason to “close a case.” A child’s recantation is not a “false allegation.” Recantation does not change the direction of case planning. Instead, it offers a sign to caseworkers to take more actions that include:

- Conduct further assessment of the child’s emotional safety in their living environment;
- Consider whether family members may be negatively impacting the child through threats or coercion to “change their story”;
- Consider whether current visitation or phone contact plans between the child and family need to be amended, and;
- Utilize local Child Advocacy Centers to obtain trauma-informed therapeutic services for the child and family.