CENTER PIECE

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Prevention of Recantations of Child Sexual Abuse Allegations

By Tamara E. Hurst*, LCSW
The University of Georgia

Imagine you are the victim of a crime. Initially you are not aware a crime has been committed because you thought it was something that just happened, like an accident or a mistake. But then you know. Someone did something to you. You feel bad and ashamed. You cannot stop thinking about it and you do not ever want to see that person again. You are not sure what to do. Should you tell or keep it a secret? You are embarrassed that it happened and think you should tell but telling means exposing your vulnerability. Then, you decide. You tell the person closest to you. At first you do not tell everything, just bits and pieces. But then with encouragement, you tell everything that happened. You are completely exposed but glad that someone else knows so now you can get help with what happened. But wait. The person you told is upset and crying. Not only that, this person is going to tell other people. This person is going to confront the person who committed the crime. This is more than you bargained for! Everyone is mad and sad. Every day the chaos gets worse. Regret sets in. You were better off before you told and wish you never trusted someone with your secret. You try to figure out a way to make everything better, to make it go away. The crime against you is not worth what is happening to your friends and family. Besides, a few people question whether something really happened. It is better to withdraw. You really just wanted to feel well again, but this is much worse than you were before. You decide to fix it and take back the allegation. You decide to say you lied.

The fallout from recantations of child sexual abuse allegations can be found in media coverage which typically follows a basic theme of a child taking back an allegation and an adult who was accused by a possibly false allegation. For example, *The New York Times* (Berger, 1998, July 10) provided the account of a 20-year-old who recanted her testimony as a teenager against her father. While her father was out on bail waiting for the appeal of his conviction, the woman wrote the judge and recanted her allegations, saying her accusations had been all lies (Berger, 1998, July 10). The district attorney believed the recantation to be false and was ready to proceed with the case without a cooperating victim. The judge was left to decide whether to throw out his prior conviction. Ultimately, he threw out the conviction stating it was unlikely that a retrial would succeed (Berger, 1998, September 26). The judge stated he found the recantation to be as credible as the initial allegation. In his 29-page decision, he wrote that the victim made a "fool's bargain" if she "purchased the companionship of her family with perjured recantation testimony" (Berger, 1998, September 26). *The Bakersfield Californian* (Mayer, 2008, December 11) published an article about a girl who recanted her trial testimony involving a 24-year-old male perpetrator. The public defender compared the case to the alleged satanic molestation rings in the 1980's, implying the girl lied under oath. *The Erie Times-News* (Thompson, 2009, April 29) from Pennsylvania reported a girl recanted her testimony two years after her alleged perpetrator was imprisoned on charges of child molestation. The prosecutors would not conduct a new trial because they believed they could not satisfy the burden of proof without the child witness. A child changing his or her allegation is one of the most common reasons for a prosecutor to not file charges or go forward with a case (Stroud, Martens, & Barker, 2000).

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The Standard-Examiner (Gurrister, 2009, August 5) from Utah reported a man who was imprisoned for 15 years possessed signed affidavits from his children saying they were coerced into testifying about sexual abuse. Articles such as these make it difficult for adults to believe the original allegation following a recantation (Rieser, 1991). Could the recantations of abuse in these cases been prevented? Were there indicators that would have alerted child abuse investigators the victims were going to change their testimony? To answer these questions, this article offers a brief review of literature regarding recantation, discusses the possible warning signs that a child might recant an allegation, and offers suggestions for prevention and intervention.

Literature Review

Recantation in child sexual abuse cases has been quantified by several different researchers. A study conducted by Sorenson and Snow (1991) estimated that recantation occured in 22% of all cases. This retrospective analysis reviewed 630 cases of sexual abuse of children ages three to 17 years, 80% of which came from a large nonprofit sexual abuse treatment facility where the authors had worked conducting clinical interviews. The remaining 20% of the children were from cases in which the authors worked in private practice as therapists or evaluators. The 630 cases were reduced to a subset of 116 "confirmed" cases of child sexual abuse. Confirmed was defined by the authors as cases in which there was a confession or legal plea by the offender; a conviction for one or more of the offenses; or medical evidence that was considered consistent with sexual abuse. From this subset, 22% of children recanted their statements, and 93% later reaffirmed the abuse. Reasons for the recantation included pressure from the perpetrator, pressure from the family, and negative personal consequences.

London, Bruck, Ceci, and Shuman (2005) conducted a review of 17 papers published since 1990, and discovered a wide range of variance in disclosure and recantation rates. The sources of data were from retrospective studies and from chart reviews. The variance in recantation rates ranged from 4% to 27%, with the lower rates of recantation happening in interviews with child protective services, and higher rates of recantation happening in therapeutic settings. An analysis of the variability in the rates showed the highest rates of recantation occurred in samples where the diagnosis of sexual abuse was least certain, possibly indicating that the initial allegation was untrue. The lower rates of recantation occurred in samples with minimum concern about whether the abuse actually occurred.

London, Bruck, Ceci, and Shuman (2005) expressed concern with the sample of children from the Sorensen and Snow (1991) study, noting the sample may have included children who were diagnosed as "ritually abused." Ritually abused children were previously described in a study by Sorenson and Snow (1990), and it is possible that some or all of these children were included in the subsequent Sorensen and Snow (1991) study. None of the children from the 1990 Sorenson and Snow sample were referred for therapy because they made an outcry of sexual abuse. They were referred because they had been named by another child, because they were engaging in sexual acting out, or because there were emotional or behavioral concerns. Issues of suggestibility and possible use of leading questioning techniques during therapy were not included in the Sorensen and Snow (1990) article. The article notes the children self-reported abuse, but the timing of the self-reports, whether before, during or after therapy, is not described. London et al. (2005) find that including children of suspected ritual abuse makes the results of the Sorenson and Snow (1991) study, including the rates of recantation, uninterpretable.

In another study involving alleged ritualistic sexual abuse, Gonzalez, Waterman, Kelly, McCord and Oliveri (1993) analyzed the process of disclosure by reviewing a sample of 63 preschool children from an upper-middle class community in Southern California. The alleged abuse took place in 5 different preschools. The study sought to confirm several hypotheses, one of which was to document the existence of recantation. The authors noted that unlike other studies of recantation, the children from the preschool setting were not in danger of losing their family structures which could have increased their motivation to recant. The children in the study received supportive therapy, but were also exposed to threats of consequences for telling as well as public controversy about their allegations. Recantations occurred in 27% of the cases. Following the recantation, 88% of the children reaffirmed their initial disclosure of abuse.

Faller and Henry (2000) conducted a study with a sample of 323 children, ages three to 21, referred from a prosecutor's office in a single Michigan county with a purpose of exploring case management of child sexual abuse allegations. In 21 cases (6.5%), the child recanted his or her allegation. The study notes overall how many cases were charged and how many went to trial but does not discuss if any of the cases in which a child recanted were prosecuted.

It is impossible to generalize the rates of recantation from these studies. Each study represents a unique sample that varies in the way initial allegations were obtained (i.e. interview techniques), and the factors that may have impacted the children following the allegations, such as believing or non-believing family environments after the disclosure, the amount of support received by the families from child protection services, family advocates, law enforcement and therapeutic resources. An accurate frequency of recantation of allegations has not been determined (Olafson & Lederman, 2006) and may be impossible to obtain given the number of variables that can affect a child's statement.

Warning Signs

Lack of familial support, and particularly lack of maternal support, is a leading warning sign to recantation (Lovett, 2004; Malloy & Lyon, 2006; Marx, 1996; Rieser, 1991). Lack of support includes non-believing parents and siblings, or parents who do not want to proceed with prosecution for fear of further traumatizing the child. Responses by caregivers can be responsible for a child's recantation of

Media coverage that draws attention to the victim and the victim's family causes fear of recognition and embarrassment. Identifying information about child victims appears regularly in media reports (Jones, Finkelhor & Beckwith, 2010). This is more likely true when the case is considered high-profile or if the alleged offender is a family member (Jones, Finkelhor & Beckwith, 2010). Even when identifiers are not used in the media reports, disguising the identity of a child victim is difficult when the report is published in small, close-knit towns and communities. Studies indicate publicity about children's victimization can increase their feelings of shame, and increased feelings of shame can lead to higher rates of post-traumatic stress disorder (Jones, Finkelhor & Beckwith, 2010). High levels of post-traumatic stress disorder have been found in children who recant their allegations of abuse (Gries, et al., 2000; Ullman, 2003).

Many families have never been in contact with the legal system and do not understand the process, including how long it takes for a case to go through the court system (Marx, 1996). It is not unusual for a case to take more than a year, and sometimes more than two years, for a resolution to be found in the court system. Just when a family starts to regain some normality to their routine, they must relive the incident. Children might have to testify and face an alleged perpetrator that has not been part of their lives for months. Families and children who are not in regular contact with support systems, such as victim or family advocates and therapeutic resources, are at risk.

Suggestions for prevention and intervention

In the criminal justice system, the state has the burden of proof and is required to prove the accused guilty beyond a reasonable doubt (Bulkley, 1988). The burden of proof weighs heavily on prosecutors and others who investigate child sexual abuse cases when a child recants his or her testimony. This is especially true when there is no corroborating evidence, no physical evidence, and no eye witnesses. Many prosecutors will not move forward with their case when a child recants his or her allegation. An online survey (n=62) was distributed to Georgia prosecutors, law enforcement officers, forensic interviewers, and family advocates who work in the field of child sexual abuse investigations (Hurst, 2009). Responses to the survey were voluntary and anonymous. The survey asked respondents about their knowledge of recantation protocols and their jurisdictions' reactions to recantation. Of the respondents, 34% worked in law enforcement, 29% were prosecuting attorneys and 25% were forensic interviewers. Approximately half of the population had more than 10 years experience in their profession and 37% of the population had more than 10 years experience in the area of child sexual abuse. The majority (81%) of the respondents had received education in the area of child sexual abuse disclosure and recantation. Despite this, 75% of the respondents had cases where the child recanted and the case was closed whether they believed the allegation was true or false, with the majority believing that the allegation was too difficult to prove in court. Therefore, it is incumbent upon all those involved in child sexual abuse investigations to prevent recantations of the allegations and to intervene when there are red flags that recantations might occur.

First responder law enforcement officers can have a tremendous impact on the child victim by having an age-appropriate response to the allegation. Simple acts such as listening to a child's statement, asking basic questions that are not leading, and not interrupting the child are critical. Thanking the child for the statement and stating there will be other people to help are significant to the child's progress in the investigation. First responders can tell a young child there are grown-ups who want to know what happened. All children should be given the opportunity to state what happened without being in the presence of the alleged perpetrator. While this seems obvious, some children are asked by law enforcement to make their statement while surrounded by family and the alleged perpetrator. Additionally, the caregivers need to be informed of the steps in the investigatory process and be provided with professional resources to help them navigate the system. The caregivers should be told to listen to their children but not ask further questions about what happened until after a forensic interview takes place.

Medical professionals must be trained that it is not their responsibility to get the entire report from children who have experienced abuse. Their responsibility as part of an investigative team is to obtain a patient's chief complaint, a brief history of the patient's present illness or injury, a review of the patient's systems, and relevant past medical, family or social history. Inquiries can be limited to asking the child if he or she is hurt or bleeding, determining if the incident happened more than once, and asking the child if he or she is safe at home. Doctors or nurse practitioners should guide their medical exams by obtaining details about allegations of sexual abuse from caregivers rather than victims. Questioning children adds to the total number of interviews the children undergo during the investigative process. Understandably, medical professionals feel responsible for getting the details of the allegations, and sometimes there is cause for this type of interview, but this should only happen at the request of others on the investigative team. The next step in the process is a forensic interview at a children's advocacy center, or a forensic interview with a professional who has been trained in an established protocol to speak with children about the abuse allegations.

Forensic interviewers have the unique opportunity to document concerns of children that might lead to recantations of abuse allegations. Interviewers are trained to ask questions using non-leading, non-suggestive methods about concerns the children might have, such as pressures from the family, or emotional bonds the children might have with their alleged abusers. This information is useful should the child decide to take back the allegation in the future and can be used to rehabilitate testimonies.

Family advocates are responsible for providing non-offending families with support during times of crises. The National Children's Advocacy Center provides an excellent overview of the responsibilities of a family advocate through their description of their Family Advocate Program (www.nationalcac.org). In child sexual abuse cases, the family advocate is able to observe stressors in the families that might lead to the recantation of sexual abuse. Family advocates can stress the importance of counseling for the child and the family. They act as brokers of resources for families stricken with financial instability, housing difficulties and transportation needs due to a child sexual abuse allegation. Family advocates provide education and emotional support to families going through the court system and can encourage familial support of the child victim.

Non-offending caregiver group therapy offers opportunities for families to support their children throughout the investigative process and afterwards. Non-offending caregivers have expressed common needs following disclosures of child sexual abuse including needing someone to talk to, receiving specific information about what happened, and learning ways to safeguard their children in the future (Byerly, 1985). Many studies support the belief that a child's path to healing is directly linked to how non-offending caregivers respond to crises such as allegations of sexual abuse (Heflin, Deblinger, & Fisher 2000; Malloy & Lyon, 2006). For a child and family to heal, they need access to new coping strategies and resources such as financial or emotional support.

Multidisciplinary teams consist of members from various agencies that work together to provide an effective response to allegations in child abuse cases. These teams are recognized as a best practice in the investigation of child abuse cases (U.S. Department of Justice, 2000). Multidisciplinary teams can supplement their protocols by encouraging members to develop a heightened awareness of indicators of recantations and work with families to provide support.

Conclusion

The investigative process can offer much to protect the child victim and the family from further trauma leading to a recantation of an allegation. The knowledge that children recant true allegations because of social, familial, and environmental factors makes it incumbent on responding professionals to recognize the indicators that lead to recantations of child sexual abuse allegations.

* **Correspondence to hurst28@uga.edu or 706-621-2818**

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