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Title
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Permalink
https://escholarship.org/uc/item/9rz733kj

Journal
Child Maltreatment, 21(3)

ISSN
1077-5595

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Publication Date
2016-08-01

DOI
10.1177/1077559516650936

Peer reviewed

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Author manuscript

Child Maltreat. Author manuscript; available in PMC 2019 January 30.

Published in final edited form as:

Child Maltreat. 2016 August ; 21(3): 256–261. doi:10.1177/1077559516650936.

52. Familial Influences on Recantation in Substantiated Child Sexual Abuse Cases

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Abstract

The underlying reasons for recantation in children's disclosure of child sexual abuse (CSA) have been debated in recent years. In the present study, we examined the largest sample of substantiated CSA cases involving recantations to date (n = 58 cases). We specifically matched those cases to 58 nonrecanters on key variables found to predict recantation in prior research (i.e., child age, alleged parent figure perpetrator, and caregiver unsupportiveness). Bivariate analyses revealed that children were less likely to recant when they were (1) initially removed from home postdisclosure and (2) initially separated from siblings postdisclosure. Multivariate analyses revealed that children were less likely to recant when family members (other than the nonoffending caregiver) expressed belief in the children's allegations and more likely to recant when family members (other than the nonoffending caregiver) expressed disbelief in the allegations and when visitations with the alleged perpetrator were recommended at their first hearing. Results have implications for understanding the complex ways in which social processes may motivate some children to retract previous reports of sexual abuse.

Keywords

child sexual abuse; recantation; disclosure

Intervening to reduce harm caused by child maltreatment demands first that the maltreatment is identified. The identification process can be particularly challenging in situations involving alleged sexual abuse, given that other forms of evidence may not be available and children's reports are weighed heavily in decisions to intervene (Lyon, 2007).

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Authors' Note

Portions of this research were presented at the annual meeting of the American Psychology-Law Society (2014, 2015).

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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When those reports involve recantations, there is often considerable debate about their veracity (e.g., London, Bruck, Ceci, & Shuman, 2005; Myers, 1992; Quas, Thompson, & Clarke-Stewart, 2005), most noteworthy whether the initial reports were true (and hence the recantation is false) or vice versa, the initial reports were false (and hence the recantation is true). In light of this debate and the implications for evaluating children's abuse allegations, it remains critical to understand the prevalence and predictors of recantations. This knowledge will also advance theories regarding how children reveal trauma, especially the process by which children disclose abuse perpetrated by known and trusted adults.

In the last decade, increased attention and debate have focused on the prevalence of recantation among child sexual abuse (CSA) cases, the underlying reasons why children may recant their CSA disclosures, and the most methodologically rigorous ways to study recantation (see London et al., 2005; London, Bruck, Wright, & Ceci, 2008; Lyon, 2007, for reviews). Some have proposed that recantation is rare and related to the certainty with which CSA is "diagnosed" (London et al., 2005). London et al., (2005, p. 216) argued that studies involving samples with the "least certain diagnoses" of sexual abuse had higher rates of recantation. Malloy, Lyon, and Quas (2007) proposed that recantation is not rare and is affected by children's vulnerability to adult familial influences. They found no evidence that recantation rates were lower among cases with corroborative evidence of abuse (see also Hershkowitz, Lamb, & Katz, 2014, who reported a 25% recantation rate among physical and sexual abuse cases for whom abuse was corroborated). In the present study, we examined cases involving recanted claims of substantiated CSA in the largest available sample to date of recantations. We compared these cases to a sample of nonrecantation cases matched on variables predictive of recantation in previous research (Malloy et al., 2007), thus allowing us to investigate differences between the cases of recanters and nonrecanters in a more discriminating manner than has been heretofore possible.

To date, empirical research on recantation has largely consisted of field studies assessing the prevalence of recantation among CSA cases, rather than examining the processes underlying recantation or the potential correlates of recantation. Legal professionals, fact finders, and expert witnesses would benefit from a more comprehensive understanding of recantation, including the risk factors for recantation, when evaluating the veracity of individuals' claims. By identifying a subset of children whose individual, abuse, or family characteristics enhance their risk of recantation, it may be possible for legal and social service professionals to target these cases for additional support and more appropriately tailor interventions. Several studies of CSA cases in which children were questioned about suspected abuse highlight the influence of children's age and caregiver supportiveness on recantation, demonstrating that younger children and those whose nonoffending caregivers react unsupportively to disclosure are at enhanced risk of recantation (e.g., D. M. Elliott & Briere, 1994; Gordon & Jaudes, 1996; Gries, Goh, & Cavanaugh, 1996; Keary & Fitzpatrick, 1994). There is limited information available on the factors that predict recantation because in many studies the rates of recantation are quite low. For example, Bradley and Wood (1996) found a 4% rate of recantation in a sample of substantiated CSA cases and were only able to describe *anecdotally* the circumstances of the eight recanters in their study.

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In an investigation of 257 substantiated CSA cases, Malloy et al. (2007) found a 23.1% recantation rate (n = 58 cases) and were thus able to test predictors of recantation in=a multivariate model. Recantation was influenced by children's vulnerability to adult familial influences, lending support to a filial dependency model. That is, children who were younger, who alleged abuse against a parent figure, and whose nonoffending caregiver reacted unsupportively to disclosure were significantly more likely to recant their allegations completely at least once during the investigation. Furthermore, children who were initially placed in foster care were marginally less likely to recant their allegations than those not placed in foster care. This marginal effect may have been due to insufficient power. In the present study, we matched recanters and nonrecanters on factors found to predict recantation in Malloy et al. (2007) in order to increase power to detect additional potentially important correlates of recantation, and thus better understand this phenomenon.

Malloy et al.'s (2007) study highlights the importance of the aftermath of disclosure for children's report maintenance, including the negative social reactions of others (Ullman, 2002, 2007). Negative or ambivalent parental reactions to CSA disclosure are relatively common (see Bolen, 2002; Elliott & Carnes, 2001, for reviews; Hershkowitz, Lanes, & Lamb, 2007) and also have crucial implications for children's mental health, case prosecution, and child placement decisions (Cross, De Vos, & Whitcomb, 1994; Goodman et al., 1992; Leifer, Shapiro, & Kassem, 1993). In a recent laboratory analogue study (Malloy & Mugno, 2016), children's mothers were coached to react supportively or unsupportively to their child's disclosure of an adult's minor act of wrongdoing (i.e., the experimenter broke a puppet and requested that children keep it a secret). Almost half (46%) of the 6- to 9-year-olds whose mothers reacted unsupportively recanted the allegation in a second interview versus no children whose mothers reacted supportively. Given the significance of the social context following abuse disclosure, it is imperative to move beyond examining reactions solely from nonoffending caregivers. The present study is the first to do so by investigating a broad range of familial influences and postdisclosure circumstances on recantation.

The Present Study

In the present study, we examined substantiated cases of CSA in which recantations occurred. Given children's vulnerability to external pressures and their potential influence on children's report maintenance, we focused specifically on whether family members believed children's allegations, children's placement postdisclosure (i.e., whether children remained in the home, whether they were separated from siblings), and children's visitation postdisclosure (i.e., whether visits with the alleged perpetrator were recommended at the first hearing, whether visits with the alleged perpetrator occurred). Hypotheses were as follows: First, we expected that the presence of family members (other than the nonoffending caregiver) who expressed belief of the allegations would buffer children against recantation. In contrast, we hypothesized that the presence of family members (other than the nonoffending caregiver) who expressed disbelief of the allegations would be associated with a greater likelihood of recantation. Second, based on a nonsignificant tendency for foster care placement to reduce the likelihood of recantation (Malloy et al., 2007), we anticipated that children who remained in their homes would be more likely to recant because of their potential exposure to familial pressures. Third, we expected that

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children who had contact with the alleged perpetrator via actual and recommended visits would be more likely to recant. We also conducted exploratory analyses concerning whether separation from siblings was predictive of recantation.

Method

Sample Characteristics

Malloy et al. (2007) identified 58 recanted, substantiated claims of CSA from a larger set of 257 substantiated CSA cases selected randomly from those that received a dependency court filing in Los Angeles County during a 1-year period (1999–2000). Recantation was defined as a child's explicit and complete denial of CSA by the alleged perpetrator in a formal (i.e., conducted by law enforcement, Department of Child and Family Services/social workers, medical or mental health professionals, or school personnel) or an informal (i.e., conducted by a parent/guardian or an adult or child relative/friend) interview, after having previously disclosed abuse by this individual. For the present study, these 58 recanters were matched to 58 nonrecanters from the Malloy et al. (2007) sample. Cases were matched on the variables that predicted recantation in this prior study: child age, parent figure alleged perpetrator, and caregiver unsupportiveness. There were five recantation cases for which there was no exact age match to a nonrecantation case. Thus, to create nonrecantation matches for these five cases, we randomly selected cases involving an age difference of ± 1 or 2 years.

Children ranged from 3 to 16 years of age ($M = 9.66$) at the time of arraignment (i.e., the initial hearing after filing of the dependency petition), were predominantly female (93%), and were ethnically diverse (64% Hispanic, 12% Caucasian non-Hispanic, 13% African American, and 11% other [e.g., biracial]). Abuse severity (13-point scale) ranged from noncontact offenses (e.g., exhibitionism) to vaginal or anal penetration. Children's mean severity score was 6.79, roughly corresponding to digital penetration (30% of the cases involved penile penetration of the mouth or genitalia; less than 1% involved solely noncontact offenses). Most cases (81%) involved alleged parent figure perpetrators (i.e., biological parent, stepparent, legal guardian, or nonoffending caregiver's intimate partner) and unsupportive nonoffending caregivers (72%). Nonoffending caregivers (91% biological mothers) were classified as unsupportive if they initially expressed disbelief or skepticism about the allegation(s), exerted direct verbal pressure on the child to recant, blamed the child, remained romantically or interpersonally involved with the perpetrator after CSA discovery (e.g., the perpetrator continued to live with the caregiver), or otherwise behaved in an unsupportive manner (e.g., forced the child to leave home).

Materials and Procedure

Case files contained evidence regarding the abuse allegations, including social services, police, medical, and psychological reports detailing the abuse, children's reports, and events following abuse discovery; the petition filed to remove the child from the home; and reports prepared for children's court hearings. For the present study, the files were reliably coded for key variables of interest in three broad categories: family belief, child placement, and visitation. Evidence of family belief (1 = *any family belief*, 0 = *no evidence of family belief*) and disbelief (1 = *any family disbelief*, 0 = *no evidence of family disbelief*) in the child's

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allegations was considered separately, given that case files could include information about belief/disbelief expressed by different family members. Furthermore, lack of evidence of family belief did not indicate evidence of family disbelief. Family members included those who were immediate (e.g., father, siblings) and extended (e.g., aunts/uncles, grandparents) but did not include the nonoffending caregiver whose beliefs were accounted for in the case file matching process. Belief and disbelief were recorded only when explicit statements were included in the file (e.g., "grandmother says she believes the child").

Regarding child placement, of interest was whether the child was initially removed from the home postdisclosure (1 = *changed placement*, 0 = *remained in the home*) and whether the child was separated from siblings (1 = *separated*, 0 = *not separated*) in his or her initial placement. The child had siblings in 91% of the cases. Finally, visitation was coded as whether visits were recommended with the alleged perpetrator at the time of the first hearing (1) or not (0) and whether visits with the alleged perpetrator had occurred by the time of the first hearing or ever (1 = *visit with alleged perpetrator occurred*, 0 = *no evidence of visits with the alleged perpetrator*).

Two coders scored 15% of the sample ($M\ \kappa = .73$). κs ranged from .46 to .87, with percentage agreement ranging from 84% to 94%. All discrepancies were resolved via discussion, and the remaining files were split between both coders.

Results

Analysis Plan

Our primary objective was to discriminate recanters and nonrecanters on key family, placement, and visitation variables. First, we individually tested potential predictors of the dichotomous recantation variable (1 = *recantationtion*, 0 = *no recantation*) using χ^2 analyses. Second, we entered variables identified as differentiating recanters and nonrecanters into a multivariate logistic regression predicting the dichotomous recantation variable.

Family Belief and Disbelief

Analyses revealed that children who had at least one family member other than the nonoffending caregiver (e.g., sibling, grandparent, and aunt/uncle) who believed the allegations (26% of the sample) were less likely to recant. That is, 33% of children who had at least one family member who explicitly expressed belief in the allegations recanted, whereas 56% of those who had no such family member recanted, $\chi^2(1) = 4.50$, $p = .034$, $\varphi = -.20$. It is important to note that family members' belief predicted recantation with the cases matched on whether the nonoffending caregiver was supportive of the child's allegations. At the same time, when a family member or members (beyond the nonoffending caregiver) explicitly expressed disbelief (28% of the overall sample), recantation likelihood increased. That is, the rate of recantation was 66% among children who had at least one family member who expressed disbelief, compared to 44% among children who had no such family member, $\chi^2(1) = 4.32$, $p = .038$, $\varphi = .19$.

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Child Placement

Children who remained in their current placement (i.e., living situation at disclosure; 22% of the sample) were more likely to recant than those who were removed from home and placed in foster or kinship care: 68% of those who remained in the home recanted compared to 46% of those who were removed from home, $\chi^2(1) = 3.94$, $p = .047$, $\varphi = -.19$. Among cases with siblings present (91%), children initially placed separate from siblings were less likely to recant (35%) than children who were not initially separated from their siblings (57%), $\chi^2(1) = 3.91$, $p = .048$, $\varphi = -.19$.

Visitation

With the cases matched on the identity of the alleged perpetrator, recantation was marginally more likely when visits with the alleged perpetrator were recommended at the first hearing, $\chi^2(1) = 3.31$, $p = .069$, $\varphi = .17$. Cases that involved recommended visits with the alleged perpetrator early on had a recantation rate of 63% compared to a rate of 44% among cases for which such recommendations were not made. If there was evidence of visits with the alleged perpetrator at any point during the investigation, children were marginally more likely to recant, $\chi^2(1) = 2.76$, $p = .097$, $\varphi = .15$ (evidence of visitation = 63% recantation rate; no evidence of visitation = 45% recantation rate).

Multivariate Model

Variables identified as differentiating recanters and nonrecanters were entered into a multivariate logistic regression predicting the dichotomous recantation variable (see Table 1). The model was significant, $\chi^2(6) = 20.97$, $p = .002$, Nagelkerke $R^2 = .24$, correctly classifying 70.2% of the cases. Children were significantly more likely to recant when at least one family member expressed disbelief in the allegations (odds ratio [*OR*] = 2.72) and visits with the alleged perpetrator were rec ommended at the first hearing (*OR* = 2.84). Children were significantly less likely to recant when at least one family member expressed belief in the allegations (*OR* = .32) and marginally less likely to recant when their initial placement was separate from siblings (*OR* = .36). In the multivariate model, initial removal from home and actual visits with the alleged perpetrator across the investigation were not significant predictors of recantation.

Discussion

The present study sheds important new light on the phenomenon of recantation by examining the largest sample of recanted substantiated CSA claims available to date and comparing these cases to a matched group of nonrecanters. Because recantation affects the legal system's ability to respond to child maltreatment, it is imperative to understand factors that increase the likelihood of recantation. Results suggest that exposure to familial pressures influences recantation, at least among children whose cases resulted in a dependency court filing. Specifically, children's removal from home, including whether they are separated from siblings, and allowing visitation with the alleged perpetrator may be important to consider when evaluating the risk for recantation. Also, the multivariate findings suggest that family members who believe children's allegations may provide a buffer, potentially preventing children from recanting—even when their nonoffending

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caregiver is unsupportive, whereas disbelief from other family members is associated with recantation, controlling for nonoffending caregiver unsupportiveness. Of note, with one exception (initial removal from home), all significant predictors in the bivariate analyses remained significant or marginally significant in the multivariate model, revealing their independent role in CSA recantation.

Although prior studies have identified a few key risk factors for recantation (e.g., D. M. Elliott & Briere, 1994; Malloy et al., 2007), studies are limited by the way in which the samples were collected and in having relatively small sample sizes and lack of available comparison samples. Our approach, in which we matched the groups initially on key variables known to influence recantation, enabled us to more finely test a broader range of familial influences and postdisclosure circumstances. In fact, the present study was the first to move beyond measuring a narrow constellation of abuse characteristics (e.g., child–perpetrator relationship) and nonoffending caregiver reactions to disclosure and to consider more fully the social context of children's postdisclosure experience (e.g., familial belief, including from extended family members; contact with siblings and alleged perpetrators) as a potential influence on children's abuse reports. Our findings advance understanding of the sociomotivational factors that influence children's testimony by demonstrating that familial influences on recantation extend well beyond simply the nonoffending caregiver and alleged perpetrator.

Multivariate analyses indicated that both family members' belief and disbelief of the allegations influenced recantation. These results highlight the significance of the broader family context on children's accounts of alleged abuse, consistent with a filial dependency model and with other research demonstrating the importance of social reactions to abuse disclosure (Ullman, 2002, 2007). Also, this points to the importance of interviewing multiple family members about their belief in the child's allegations—not just the nonoffending caregiver.

As the first study to find that decisions concerning removal from home and visitation with alleged perpetrators are associated with recantation, results may inform practitioners who have to make recommendations concerning placement and visitation, especially when children meet other risk factors for recantation (e.g., are young, have made allegations against a parent figure, and have an unsupportive nonoffending caregiver). At the same time our findings are informative to practitioners who can use the information broadly in their investigations, caution is warranted when applying our findings regarding placement and visitation on an individual case by case basis. First, initial removal from home and separation from siblings failed to emerge as significant predictors in the multivariate analysis, although separation was marginally significant ($p = .06$). Second, rather than suggesting that children be removed from their homes and separated from their siblings to protect against recantation, results highlight that external support is crucial in the context of CSA evaluations, especially in the presence of other known risk factors for recantation. Additional interventions to enhance such support may be necessary (e.g., Jinich & Litrownik, 1999).

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Limitations and Future Directions

Although we studied the largest sample of recanters in a substantiated sample of CSA cases to date, it is nonetheless a relatively small sample of claims which resulted in a dependency court filing. Our findings may not generalize to other CSA samples. In dependency court cases, state intervention may occur because nonoffending caregivers are unable or unwilling to protect the child from further abuse, or because an alleged perpetrator refuses to give up custodial rights (Cal. Welfare & Institutions Code Section 300, 2016, emphasis added). Thus, children involved in dependency cases may be especially likely to experience pressures from family members. However, it is important to note that it is not necessary for a parent to be neglectful for the dependency to take jurisdiction over the parent's child. A nonoffending caregiver could be subject to the jurisdiction of the dependency court if the other parent or a member of the household sexually abused the child, regardless of the mother's willingness and ability to protect the child.

As with any file review of this nature, we are necessarily limited by the thoroughness of the reports compiled by the investigators. For example, lack of information in the files concerning certain behaviors (e.g., family members' belief, visits with the alleged perpetrator) could be because there was no evidence of such behaviors or because the investigator did not consider them pertinent to the child's case. However, investigators made note of family belief as often as disbelief, and thus it does not appear as though they were making efforts to "explain" recantations. Future research could prospectively and systematically examine the factors identified here as likely predictors of recantation.

This study likely overlooked a large number of children who recant their allegations at an early stage of the investigation, which may well affect the likelihood of the allegation being further investigated. We were only able to examine recantations that occurred after abuse had been substantiated and a case was filed in dependency court. If a child recanted before abuse was formally reported or while the case was under investigation, then substantiation would be unlikely and the case would never appear in our sample (Lyon, 2007).

A final limitation is that one must be cautious in making judgments about causality. For instance, the relation between family belief and children's recantation suggests that family pressures lead children to recant. However, it is possible that family belief and recantation are related through an omitted variable. That is, children who recant may be more likely to make inconsistent statements about their abuse, leading family members to express disbelief. Moreover, we matched the recanter and nonrecanter groups on key variables known to discriminate the groups in order to provide sufficient power to test other factors as additional predictors. Such an approach capitalized on the nature of our sample, but in order to draw more definitive conclusions about the causal mechanisms underlying recantation, experimental investigations examining predictors of recantation (e.g., family supportiveness) and investigations of recantation with larger data sets are imperative (Malloy & Mugno, 2016).

In closing, investigators, clinicians, and jurors would benefit from a more comprehensive understanding of recantation to better evaluate children's CSA disclosure patterns. It is critical that research on recantation and its predictors be made available to expert witnesses,

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so that appropriate conclusions can be drawn about the meaning behind various disclosure patterns, especially recantation. With additional research, we can advance understanding of the numerous factors, including interactions among predictor variables (e.g., nonoffending caregiver supportiveness and alleged perpetrator identity), that influence recantation and how best to reduce them. More broadly, this research can reveal how sociocontextual factors like familial pressures can influence children's disclosure of trauma.

Acknowledgments

We would like to thank Michael Nash, Presiding Judge of the Los Angeles Juvenile Court and the Los Angeles County Counsel's office, for his assistance. We are grateful to Brittany Younger and other University of Southern California students for their work on this project.

Funding

The author(s) disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: This material is based upon work supported by the National Science Foundation under Grant No. SES —1252074 and National Institute of Child Health and Human Development Grant HD047290.

References

Bolen RM (2002). Guardian support of sexually abused children: A definition in search of a construct. Trauma, Violence, & Abuse, 3, 40–67. doi:10.1177/15248380020031003

Bradley AR, & Wood JM (1996). How do children tell? The disclosure process in child sexual abuse. Child Abuse & Neglect, 20, 881–891. doi:10.1016/0145-2134(96)00077-4 [PubMed: 8886473]

Cal. Welfare & Institutions Code § 300 (2016).

Cross TP, De Vos E, & Whitcomb D (1994). Prosecution of child sexual abuse: Which cases are accepted? Child Abuse & Neglect, 18, 661–677. doi:10.1016/0145-2134(94)90016-7

Elliott AN, & Carnes CN (2001). Reactions of nonoffending parents to the sexual abuse of their child: A review of the literature. Child Maltreatment, 6, 314–331. doi:10.1177/1077559501006004005 [PubMed: 11675815]

Elliott DM, & Briere J (1994). Forensic sexual abuse evaluations of older children: Disclosures and symptomatology. Behavioral Sciences & the Law, 12, 261–277. doi:10.1002/bsl.2370120306

Goodman GS, Taub EP, Jones DP, England P, Port LK, Rudy L, … Melton GB (1992). Testifying in criminal court: Emotional effects on child sexual assault victims. Monographs of the Society for Research in Child Development, 57, 1–142. doi:10.2307/1166127

Gordon S, & Jaudes PK (1996). Sexual abuse evaluations in the emergency department: Is the history reliable? Child Abuse & Neglect, 20, 315–322. doi:10.1016/0145-2134(96)88716-3 [PubMed: 8730767]

Gries LT, Goh DS, & Cavanaugh J (1996). Factors associated with disclosure during child sexual abuse assessment. Journal of Child Sexual Abuse: Research, Treatment, & Program Innovations for Victims, Survivors, & Offenders, 5, 1–20. doi:10.1300/J070v05n03_01

Hershkowitz I, Lamb ME, & Katz C (2014). Allegation rates in forensic child abuse investigations: Comparing the revised and standard NICHD protocols. Psychology, Public Policy, & Law, 20, 336–344. doi:10.1037/a0037391

Hershkowitz I, Lanes O, & Lamb ME (2007). Exploring the disclosure of child sexual abuse with alleged victims and their parents. Child Abuse & Neglect, 31, 111–123. doi:10.1016/j.chiabu.2006.09.004 [PubMed: 17316793]

Jinich S, & Litrownik AJ (1999). Coping with sexual abuse: Development and evaluation of a videotape intervention for non-offending parents. Child Abuse & Neglect, 23, 175–190. doi:10.1016/S0145-2134(98)00120-3 [PubMed: 10075186]

Keary K, & Fitzpatrick C (1994). Children's disclosure of sexual abuse during formal investigation. Child Abuse & Neglect, 18, 543–548. doi:10.1016/0145-2134(94)90080-9 [PubMed: 7922728]

Author Manuscript Author Manuscript Author Manuscript Author Manuscript

Leifer M, Shapiro JP, & Kassem L (1993). The impact of maternal history and behavior upon foster placement and adjustment in sexually abused girls. Child Abuse & Neglect, 17, 755–766. doi: 10.1016/S0145-2134(08)80006-3 [PubMed: 8287288]

London K, Bruck M, Ceci SJ, & Shuman DW (2005). Disclosure of child sexual abuse: What does the research tell us about the ways that children tell? Psychology, Public Policy, and Law, 11, 194–226. doi:10.1037/1076-8971.11.1.194

London K, Bruck M, Wright DB, & Ceci SJ (2008). Review of the contemporary literature on how children report sexual abuse to others: Findings, methodological issues, and implications for forensic interviewers. Memory, 16, 29–47. doi:10.1080/09658210701725732 [PubMed: 18158687]

Lyon TD (2007). False denials: Overcoming methodological biases in abuse disclosure research Pipe M, Lamb M, Orbach Y, &Cederborg A (Eds.), Disclosing abuse: Delays, denials, retractions and incomplete accounts (pp. 41–62). Mahwah, NJ: Lawrence Erlbaum.

Malloy LC, Lyon TD, & Quas JA (2007). Filial dependency and recantation of child sexual abuse allegations. Journal of the American Academy of Child & Adolescent Psychiatry, 46, 162–170. doi:10.1097/01.chi.0000246067.77953.f7 [PubMed: 17242619]

Malloy LC, & Mugno AP (2016). Children's recantation of adult wrongdoing: An experimental investigation. Journal of Experimental Child Psychology, 14, 11–21. doi:10.1016/j.jecp.2015.12.003

Myers JEB (1992). Steps toward forensically relevant research. Monographs of the Society for Research in Child Development, 57, 143–152. doi:10.1111/j.1540-5834.1992.tb00338.x

Quas JA, Thompson WC, & Clarke-Stewart AK (2005). Do jurors "know" what isn't so about child witnesses? Law and Human Behavior, 29, 425–456. doi:10.1007/s10979-005-5523-8 [PubMed: 16133948]

Ullman SE (2002). Social reactions to child sexual abuse disclosures: A critical review. Journal of Child Sexual Abuse: Research, Treatment, & Program Innovations for Victims, Survivors, & Offenders, 12, 89–121. doi:10.1300/J070v12n01_05

Ullman SE (2007). Relationship to perpetrator, disclosure, social reactions, and PTSD symptoms in child sexual abuse survivors. Journal of Child Sexual Abuse: Research, Treatment, & Program Innovations for Victims, Survivors, & Offenders, 16, 19–36. doi:10.1300/J070v16n01_02

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Table 1.

Results of Logistic Regression Analysis Examining Predictors of Recantation.

Predictor	*B*	*SE*	*OR*	Wald Statistic	95% CI (for *OR*)	*p* Value
Family expressed belief	−1.15	0.50	0.32	5.19	[0.12, 0.85]	.023
Family expressed disbelief	1.00	0.52	2.72	3.75	[0.99, 7.52]	.052
Recommended perpetrator visit	1.04	0.53	2.84	3.87	[1.00, 8.03]	.049
Actual perpetrator visit	−0.10	0.53	0.90	0.04	[0.32, 2.53]	.845
Removal from home	−0.35	0.55	0.70	0.41	[0.24, 2.06]	.520
Placed separate from siblings	−1.02	0.54	0.36	3.52	[0.13, 1.05]	.061

Note. 95% CI = 95% confidence interval; *OR* = odds ratio.

Child Maltreat. Author manuscript; available in PMC 2019 January 30.