

Why children disclose or not
Why children recant
How to respond to a disclosure

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FIELD TRAINER FOR ACADEMIC PARTNERSHIP WITH DCFS



What makes a child disclose or not?

First things first... “Disclosure of abuse is a process, not an event.” (Sorenson and Snow, 1991).

117 cases supported by medical evidence, perpetrator confession or criminal conviction:

- 72% of victims initially denied abuse and 78% were reluctant to discuss the abuse
- 74% were accidental and 22% recanted only to reaffirm later

Stages of Disclosure, Sorenson and Snow, 1991

Denial

Tentative

Active

Recanting

Reaffirming

However in another study...

Bradley and Wood found different results of 234 victims of :

- 6% contacted officials directly
- 72% disclosed to someone else (35% to family member, 16% other and 13% to a school official)
- 96% made full or partial disclosures
- 6% initially denied
- 10% displayed reluctance
- 3% recantation

Summit, 1983

- Abuse disclosure is incremental over time

Child victims of intrafamilial abuse may be reluctant to disclose abuse:

- Secrecy
- Helplessness
- Entrapment and accommodation
- Delayed, conflicted and unconvincing disclosures
- Retraction

Browne, 1991

Disclosure is almost always an ongoing process. It may begin with an initial quite dramatic first step, or it may manifest itself as a series of tentative revelations, hints and explorations (p. 153)

Kelley et al., 1993,

Disclosures are often delayed and gradual (p.82)

Prevalence of disclosure failures,

Faller and Everson, 2016

Between one-fourth and one-third of children deny sexual abuse during forensic interviews.

Populations where there are other indicators of sexual abuse have higher rates of non-disclosure.

Research indicates that more than half of children with STI do not disclose sexual abuse when asked.

Research indicates that a half to a third of children for whom there was video evidence of sexual abuse did not disclose when interviewed.

Most victims never report or delay

Many make hesitant and unconvincing initial disclosures

Partial disclosures

Fear and/or Helplessness

Fear harm to themselves, harm to loved ones, and harm to the perpetrator (Summit, 1983)

Fear of punishment by the perpetrator and or someone else, including abandonment and rejection and a desire to protect the perpetrator, or fear of hurting someone else (Russell, 1986).

Fear of losing the affection and goodwill of the offender, fear of blame or punishment, fear of harm or retaliation against someone in their family (Sauzier, 1989 and Finkelhor, 1980).

Fear of shame and blame or not being believed (Johnson & Shrier, 1985, Palmer et al, 1999).

Familial Abuse

Familial abuse is less likely to be reported than outside of family abuse. (Hanson, Resnick, Saunders, Kilpatrick, and Best, 1999; Smith et al, 2000).

Disclosure is more likely when the perpetrator was a stranger rather than a family member.

Ussher and Dewberry (1995) Longer delays to disclosure among intra vs nonfamilial abuse.

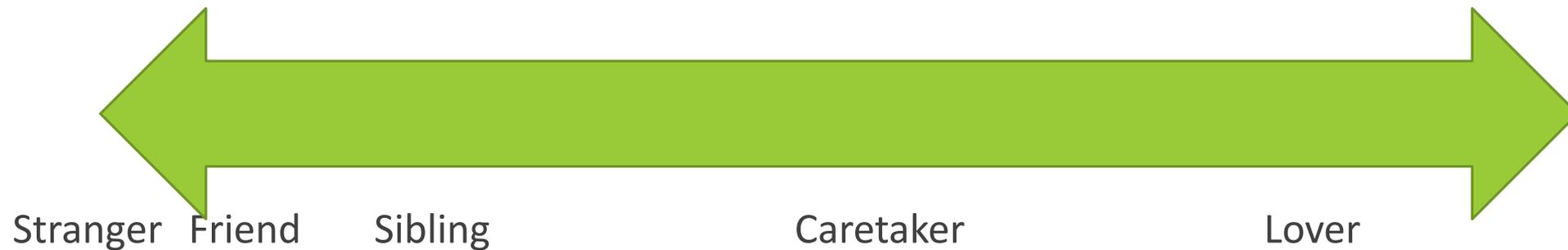
Victim/Perpetrator Relationship Continuum

Externalized

(easier to disclose)

Internalized

(more difficult to disclose)



Adapted from Ahlquist, A. (1992) CornerHouse

Secrecy

Bribes or manipulation by the offender

Children don't want to trouble the non-offending caregiver

Protective of other family members

Sas and Cunningham (1995), “the most common admonishments not to tell were a simple statement that it is a secret or that they should not tell, a warning that the child would be in trouble, a warning that the abuser would be in trouble, a threat of withdrawing privileges, a warning that it would hurt the mother to know, and a promise of money for not telling. (p. 122)

70% told to keep abuse secret (Berliner and Conte, 1990)

Child Development

Lack understanding of it being wrong/positive socialization

Lack words to disclose body parts or actions

Lack understanding of roles and relationships

Lack understanding of need to disclose

Lack of understanding of importance/significance

Lack of memory

Can modify meaning over time due to cognitive development

Will tell different parts to different people/aren't organized

Variance of culture

Adolescence less likely due to trust issues and awareness of consequences

Culture

Certain cultural groups may recant more often than others due to cultural taboos regarding sexual abuse (Fonts, 1993)

Loyalty to family members or fear of their reaction to abuse allegations may also contribute to some denials, recantations, and reluctance to disclose (Farrell, 1988, Lawson and Chaffin 1992, and Sauzier 1989).

Language barriers

Cultural barriers of trust

Psychological distress/PTSD, Bradley and Wood, 1996

Avoidance is a key component of PTSD.

Gonzalez, Waterman, Kelly, McCord and Oliveri, 1993 speculate that recantation and denial may be a way for victims to “make it all go away”.

Koverola and Foy (1993), “children suffering from PTSD often enter an avoidance phase,” in which they deny abuse or recant because they cannot cope with the anxiety about court appearances or a change in the home environment may lead to denial or recantation.

Stigma of being labeled as “broken” or “damaged goods”

Belief that they are at least partially responsible for the abuse and ashamed to reveal (Summit, 1983).

Gender

Faller and Everson, 2016

Boys are less likely to disclose than girls.

Taboos about:

- Sexual encounter with an adult
- Same sex sexual encounter

Accommodation and Entrapment, Summit, 1983

Dependent relationship

Child learns to accept the situation and to survive

Accommodates the reality of the abuse

Reconciling increase in abuse but to an increasing consciousness of betrayal and objectification by someone who is ordinarily idealized as a protective, altruistic, loving parental figure.

Survival techniques

What is the alternative to this life? Could it be worse?

Recantation Rates from studies,

London, Bruck, Ceci and Shuman, 2005

Table 2
Disclosure and Recantation Rates From Child Clinic Studies

Study	n	Age (range)	Disclosing	Recantations	No. SSI citations	Type of interview
Gonzalez et al. (1993)	63	(2-12)	24%	27.0%	9	Therapy
Sorenson & Snow (1991)	116	Mode = 6-9 (3-17)	25%	22.0%	70	Therapy
Lawson & Chaffin (1992)	28	M = 7.00	43%		31	Social worker
Carnes et al. (2001)	147	M = 6.00 (2-17)	45%		not listed	CSA team
B. Wood et al. (1996)	55	M = 5.70 (6-11)	49%		2	CSA team
Bybee & Mowbray (1993)	106	M = 5.60 (2-11)	58%	11.0%	5	CPS and therapy records
Cantlon et al. (1996)	1,535	Mode = 4.00 (2-17)	61%		3	CSA team
Gries et al. (1996)	96	M = 8.30 (3-17)	64%	15.0%	2	CSA clinic
Stroud et al. (2000)	1,043	M = 8.40 (2-18)	65%		1	CSA clinic
Gordon & Jaudes (1996) ^a	141	M = 6.40 (3-14)	74 ^b		4	CSA team
DiPietro et al. (1997)	179	M = 7.50 (1.4-22)	76% (47%) ^c		4	CSA team
Dubowitz et al. (1992)	132	M = 6.00 (< 12)	83% (59%) ^c		22	CSA clinic
Elliott & Briere (1994)	399	M = 11.03 (8-15)	85% (57%) ^c	9.0%	31	Clinician
DeVoe & Faller (1999)	76	M = 6.80 (5-10)	87% (62%) ^c		7	Social worker
Keary & Fitzpatrick (1994)	251	Mode = 6-10	91% (50%) ^c		16	CSA team
Bradley & Wood (1996)	234	M = 10.00 (1-18)	96% ^a	4.0%	16	CPS
Faller & Henry (2000)	323	M = 11.70 (3-21)		6.5%	1	CPS/police

Note. SSI = Social Sciences Citation Index; CSA = child sexual abuse; CPS = Child Protective Services.

^aWe do not report Gordon and Jaudes's (1996) "recantation" rate because the child was not interviewed under the same clinical watch, but rather the first interview was a brief medical screening. Also, the authors include parents' disclosures (i.e., as historian) in the base rate. ^bThis rate is the percentage of children from the total sample disclosing during the investigative interview. The authors do not report the percentage of disclosing during the investigative interview for substantiated cases. ^cDenotes studies based on cases classified as probable abuse cases; the first disclosure rate is that of children classified as substantiated, high probability, and so forth, the second disclosure rate is for all children examined, regardless of classification of abuse likelihood.

Variables on recantation, Malloy, Lyon, and Quas, 2007 and Burkhart, 1999

Sense of safety

Younger children more likely than older

Caregiver support

Pressure (familial, societal, investigation, court, therapy, shame)

PTSD avoidance

Isolation from support

Culture

Sense of blame/stigma

Guidelines to Prevent Recantation Burkhart, 1999

Assess for Recantation risk factors

- Is the NOC able/willing to protect?
- Proximity to the offender?
- Relationship to the offender?
- Access to the offender?
- Provide Safety for the Victim
 - Does the child need alternate placement?

Guidelines to Prevent Recantation Burkhart, 1999

Provide Support for the Victim

- Child Advocates/CAC, DCFS, CASA, BACA

Provide Evidence of the Victim's Credibility

- The interview is never enough
- MDT approach

Reduce trial stress and Trauma to the Victim

- Court prep and TF-CBT therapy

Non – offending Caregivers

Support to NOC is just as important

What support does the NOC have?

Establish rapport immediately

Assess the ability of the NOC to protect

- Incapacitation due to:
 - Absence due to divorce, sickness or death
 - Emotional disturbances, psychologically absent
 - Fear or intimidation or abuse
 - Power imbalance with perpetrator undercuts her ability to be available/protective to child

Reactions of NOC to the Sexual Abuse of Child

Elliot and Carnes, 2001

Disbelief/denial

Shock

Ambivalence

Overwhelmed

Hurt/betrayed

Anger

Helplessness

Guilt

Depression

First responder influence

Inconsistent, unreliable or contaminated statements due to:

Number of interviews

Quality of interviews

Length and depth of interviews

Interviewer technique

Interviewer/child rapport

Process of disclosure

False allegations

Recantation

How to respond as a first responder?

Minimal information/facts –

- Who, what, when and where

Ensure/assess safety-

- Of the discloser as well as other children in the home

Be open minded, neutral, ensure privacy/respect and be non-judgmental

Be objective to the occurrence

Validate the disclosure and the limits of your abilities/responsibilities

Call the hotline



What not to do...

DO NOT interview the child

DO NOT ask yes/no/did/why questions

DO NOT make promises you can't keep or have the authority to make

DO NOT ask leading questions

DO NOT make assumptions/jump to conclusions/fill in the blanks.

Important resources and details

Child abuse hotline 1-800-482-5964

It is against the law for anyone to refuse to let you report suspected child abuse

You can report anonymously

You can ask to speak to a supervisor if the report isn't accepted

CAC interviews must be called into the hotline first

Questions?
