



The full paper by
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can be found at
srcac.org/resources

Considerations for the MDT/CAC Approach to Recantation

Risk Factors for Recantation

- Unsupportive caregiver
- Alleged perpetrator is a family member, lives in home, or is romantic partner to caregiver
- Family pressure
- Child's age (younger more likely)

(Malloy et al., 2007)

Rates of Recantation

23.3%

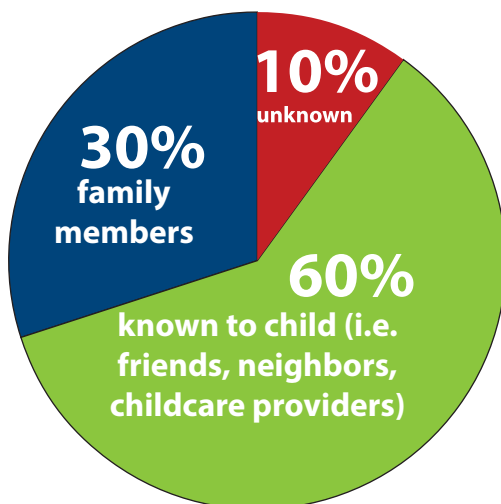
(Malloy & Mugno, 2016)

23.1%

(Malloy et al., 2007)

The Relationship Between Child and Perpetrator in Child Sexual Abuse Investigations

90% of offenders are known to the child



2015 US National Statistics on Child Sexual Abuse
(www.nsopw.gov)

Implications for MDT/CAC Practice

- Ensure all MDT members **UNDERSTAND** the dynamics of abuse and process of disclosure
- Work together to **REDUCE THE RISK** of recantation by ensuring MDT members:
 - **ASSESS** for recantation **RISK FACTORS**
 - **PRIORITIZE RESPONSE** to reports of abuse with risk factors as priority 1 or emergency
 - **PROVIDE** immediate **ADVOCACY** (education and support) to the involved caregiver, child, and family
 - Work together to **INVESTIGATE** the **CAUSE** of recantation when it occurs
- **IMPLEMENT PROTOCOL** to outline response to cases at risk for recantation and cases that involve recantation

Malloy, L. C., Lyon, T. D., & Quas, J. A. (2007). Filial dependency and recantation of child sexual abuse allegations. *Journal of the Academy of Child and Adolescent Psychiatry, 46*(2), 162-170.

Malloy, L. C., & Mugno, A. P. (2016). Children's recantation of adult wrongdoing: An experimental investigation. *Journal of Experimental Child Psychology, 145*, 11-21.