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)

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

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

30% family members
10% unknown
60% known to child (i.e. friends, neighbors, childcare providers)


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