

Coping with Sexual Abuse

Tameka Romeo^{1,2}, Henry Otgaar¹, Sara Landström²

¹Maastricht University; ²University of Gothenburg

Psychological Research on
Urban Society

2018, Vol. 1(1) 46-54

© The Author(s) 2018

DOI: [10.7454/proust.v1i1.11](https://doi.org/10.7454/proust.v1i1.11)
proust.ui.ac.id

Received: December 10th, 2017
Revision Accepted: March 19th, 2018

Abstract

General consensus exists in the psychological literature with regard to what constitutes child sexual abuse (CSA) and the negative implications for victims of CSA throughout the course of their lives. Recently, different types of cognitive strategies that victims may use to cope with CSA and the possible effects of these coping strategies on memory have received considerable empirical attention. The first aim of this paper is to provide an overview of the current literature about why, how, and when victims of CSA use the cognitive coping strategies of false denial, disclosure, and recantation to cope with psychological, emotional, and even interpersonal implications of their abuse. Over the years, disclosure is the one strategy that has been researched extensively, whereas research on false denial and recantation has barely just begun. The second aim is to provide a recent overview of the relationship between coping strategies and memory in the context of CSA. Specifically, we will discuss how false denials may have the potential to negatively affect a victim's memory. Finally, we present an argument for the need to undertake research into insufficiently examined coping strategies such as false denial and recantation.

Keywords

Child sexual abuse, memory, false denial, disclosure, recantation

Child sexual abuse (CSA) is a societal health problem on a global scale. The most updated data report that 1 in 5 women and 1 in 13 men have been a victim of CSA (World Health Organization, 2016). The immediate and long-term effects of CSA can be debilitating and fatal. Victims of CSA are at great risk of developing mental health problems, such as depression (Putnam, 2003), post-traumatic stress disorder (Shapiro, Kaplow, Amaya-Jackson, & Dodge, 2012), experiencing suicidal ideation, and committing suicide (Gladstone et al., 2004; Maniglio, 2011; O'Brien & Sher, 2013). With such disastrous outcomes, victims may understandably respond to the experience of CSA by employing certain coping mechanisms. We will illustrate this by highlighting the Anthony Hopkins case.

In 2010, Pastor Anthony Hopkins was sentenced to life in prison plus 51 years for the murder of his wife Arletha Hopkins and the sexual abuse, rape,

sodomization, and incest of Arletha's two eldest daughters from a previous relationship (Shantelle and Tasha). Details of the murder and sexual abuse came to the police's attention after Shantelle (19 years old and pregnant at the time) disclosed to a neighbor and the Hopkins family's pastor that she had been abused by Anthony since she was 11 years old. Shantelle told the pastor that she knew Anthony had also begun to abuse Tasha (17 years old at the time). Shantelle also revealed that Anthony referred to the biblical story of Lot having sex with his daughters to justify the abuse. The family pastor completely rejected Shantelle's disclosures. Unfortunately, the sexual abuse was not hidden knowledge in the Hopkins household. Arletha knew of the sexual abuse and confronted her husband, but the abuse continued. Despite the

Corresponding Author:

Tameka Romeo

Faculty of Psychology and Neuroscience, Forensic
Psychology section, Maastricht University

Email: tameka.romeo@maastrichtuniversity.nl

ORCID ID: <https://orcid.org/0000-0002-5059-7023>

skepticism that Shantelle encountered, DNA evidence eventually corroborated her disclosure by confirming that Anthony was the father of her unborn child. During the police inquiry, Tasha denied being sexually abused by Anthony. However, Tasha's disclosure of the sexual abuse in her personal diary proved otherwise.¹

As exemplified in the Hopkins case, sexual abuse victims oftentimes use disclosure-related coping strategies (e.g., non-disclosure, false denial) to refrain from speaking about their experiences. When Shantelle disclosed the abuse to her neighbor and particularly her resistant pastor, it would not have been surprising if she employed another less researched strategy: recantation. Fortunately, definitive biological evidence was available in the Hopkins case, which is not always obtainable in CSA cases. In many CSA cases, no supporting physical evidence is available, and the victims' recollections and subsequent statements are the only grounds upon which legal decisions are made (Goodman-Brown, Edelstein, Goodman, Jones, & Gordon, 2003; Leander, 2010; London, Bruck, Ceci, & Shuman, 2005). An obstruction to communication can be disastrous from an investigative standpoint when a victim's safety and the construction of a solid case hinge on the quality of the collected evidence (Paine & Hansen, 2002).

In the psychological literature, efforts have been made to understand and describe the different disclosure-related strategies used by victims of sexual abuse to avoid speaking about the traumatic incident (Walsh, Fortier, & DiLillo, 2010). A related issue that has received less attention is how these strategies may potentially affect victims' memories of the abuse when they do decide to come forward about the experience. Both matters are addressed in the current paper. Our discussions for each coping strategy will be framed within the context of psychological, social, and developmental factors. In addition, we will describe research on how such strategies might impact memory and offer some directions for future inquiry.

False Denials

According to Paine and Hansen (2002), the denial that is inherent in the inability or unwillingness of some victims of CSA to disclose may be due to feelings of guilt from perceiving his/her self as a co-conspirator to the abuse; in a sense, it can be conceptualized as an *internally* driven denial. In response to questioning (e.g., by the police or in a clinical setting), some victims of CSA may lie and falsely deny in whole or in part that the abuse occurred. The explicit statement by way of falsely denying an experience (e.g., "I was not abused") in response to probing can be seen as an externally driven deceptive strategy to withhold the truth (Otgaar, Howe, Smeets, & Wang, 2016). Perpetrators also frequently use manipulative and intimidating tactics, such as grooming/coaching, bribes, and threats, which can cause victims to engage in *externally* driven denial (Paine & Hansen, 2002). While denial may serve a protective purpose for both a sexual abuse victim or perpetrator in the short term, it is predominantly perceived as an obstructive tactic to prevent problems from being addressed directly (Jackson, 2006).

The issue of denial has been discussed in diverse strands of science and is often mentioned as a coping strategy in discussions about trauma among victims of sexual abuse. The literature has benefited from some important, albeit limited, discoveries on the denial patterns of victims of CSA. Leander (2010) found that in a sample of 27 children with histories of proven abuse (e.g., film and or photographic evidence), the children collectively (falsely) denied any sexual abuse on 95 occasions during the first police interview. Sorensen and Snow (1991) retrospectively examined disclosure patterns in cases of confirmed CSA and found that a large majority of victims of CSA who eventually disclosed their abuse had initially denied that the event had occurred. The study also showed that questioning by a parent/authority figure, being identified as potential victims, and being questioned in a formal interview setting were the most common predictors of denials.

¹ Details about the case can be found on several online sources, including:

<http://edition.cnn.com/2008/CRIME/07/31/preacher.freezer/>

Still, although the concept of false denials has been known by psychological professionals for some time, much about it remains unclear (Manousos & Williams, 1998; Otgaar et al., 2016). The focused studies that address false denials are few and at the moment, only distal parallels can be drawn from associated research as attempts are made to enrich false denial literature. A disproportionate focus also exists in favor of errors such as false allegations to the exclusion of the false negative error of false denial (Lyon, 1995). The absence of rigorous research on false denials may in part be attributed to the idea held by some that obtaining accurate data would be immensely challenging (London, Bruck, Wright, & Ceci, 2008). More specifically, London and colleagues argued that accurately assessing the rates of denial is almost impossible because most sexually abused children are never systematically interviewed. They argued further that because most sexually abused children are not officially interviewed, such a sample would be unrepresentative of the entire population. However, we believe that exploration into the issue of false denials should remain at the forefront of academic inquiry, if for no other reason than the fact that false denials could result in the dismissal of authentic cases of abuse (Sorensen & Snow, 1991).

Non-disclosure

Disclosure is known to facilitate mental healing in victims of CSA, has bearings on long-term mental outcome, and lowers the likelihood of revictimization (Kogan, 2005; Sorsoli, Kia-Keating, & Grossman, 2008). Victims may decide to informally confide in a peer about their abuse or disclose formally during a regular visit to the family medical doctor (Ullman, 2002). However, victims of sexual abuse are not as forthcoming about their experiences as the general public may think. Childhood disclosures commonly occur after a long period of time has elapsed (London et al., 2008). Furthermore, in the vast majority of cases, survivors of sexual abuse never disclose (Hébert, Tourigny, Cyr, McDuff, & Joly, 2009) or wait until adulthood, as was the case with Shantelle, who disclosed eight years after the onset of her abuse (Jonzon & Lindblad, 2004; London et al., 2005).

The failure to disclose prevents many CSA cases from being officially brought to the attention of legal authorities (Bottoms et al., 2016; Somer & Szwarcberg, 2001). One impediment to disclosure is the fact that the decision to disclose may be beyond the locus of control of some victims. When instructed by the perpetrator to do so, many keep the abuse a secret for long periods of times (London et al., 2008). The concept of *secrecy* is sometimes exploited by CSA offenders to force compliance in victims (Elliott, Browne, & Kilcoyne, 1995; Magnusson, Ernberg, & Landstrom, 2017). In the aforementioned case, Anthony Hopkins justified his grievous actions to Shantelle by referring to biblical scriptures. Generally, sexual perpetrators commonly groom children to not disclose the abuse either by explicitly asking them to keep the secret or by employing implicit psychological tactics (e.g., implying co-responsibility for the abuse), both of which have the potential to manipulate victims into compliance (Lyon, 1995; Bussey, 1995; Sjöberg & Lindblad, 2002). A child could also refrain from disclosure due to feelings of shame, guilt, and self-blame (Goodman-Brown, Edelstein, Goodman, Jones, & Gordon, 2003; Schaeffer, Leventhal, & Asnes, 2011).

Reports on disclosure rates in relation to the victims' age are varied, with some studies finding higher rates of disclosure among older children (e.g., 9–13-year-olds; Pipe et al., 2007). An argument that has been made is that younger victims are more likely to delay or refrain from disclosing the sexual abuse entirely (Hershkowitz, Horowitz, & Lamb, 2005; Keary & Fitzpatrick, 1994; Sjöberg & Lindblad, 2002; Wood, Orsak, Murphy, & Cross, 1996). One reason for this behavior is that younger victims may not remember being abused (London et al., 2008; Sjöberg & Linblad, 2002). By contrast, due to their developmental advantages, older children are better able to grasp the significance of their abusive experiences and disclose them as a result (Crisma, Bascelli, Paci, & Romito, 2004). Children who claim to be attracted to or in love with their perpetrator are also prone to delaying disclosure longer than children who did not express such feelings (Sjöberg & Lindblad, 2002). In addition, older children, chaotic familial households, poor parental response (Alaggia & Kirshenbaum, 2005; Alaggia, 2010), intra-familial abuse (versus non-familial), a great sense of perceived responsibility,

and fear of negative consequences tend to be associated with long delays in disclosure (Goodman-Brown et al., 2003; London et al., 2008).

Along with understanding the obstacles to disclosure, noting the factors that facilitate disclosure is equally important. For instance, DiPietro, Runyan, and Fredrickson (1997) found that after being physically examined, children were more inclined to disclose if the clinical interview was conducted by the same physician or nurse who performed their physical examination. In terms of time, conducting interviews soon after disclosure has also been found to be beneficial in facilitating the disclosure process in CSA populations (Newlin et al., 2015, p. 6). Malloy, Brubacher, and Lamb (2013) also stated that a less frequently highlighted facilitator of disclosure is the desire of the victim to protect another person (e.g., a sibling). The Hopkins case can be referenced as a good example of a victims' motivation to be protective, because Shantelle's awareness that Tasha was also being abused may have partly contributed to her decision to disclose.

Recanting

Recantation is the revocation of a previous claim (Malloy, Rivard, Mungo, & Molinaro, 2014). The recantation of an authentic CSA disclosure is viewed as a rare occurrence (London et al., 2008). Nevertheless, its repercussions are incalculable. When a victim of CSA recants their claim, the motivating factors behind the recantation may not be considered. As a result, authentic CSA cases may not be investigated properly, leading to further endangerment of victims (Marx, 1996) and other children. From a legal standpoint, prosecutors involved in CSA cases where victims recant may face the formidable challenge of demystifying the behavior to members of a jury (Parga, 2008). Bearing these undesirable outcomes and challenges in mind, the minimal knowledge about the cognitive effects of recantations is concerning. What we do know is that following the disclosure of abuse by victims of CSA, their whole family may be subjected to scrutiny. This negative attention can cause victims to feel even more stressed and pressured (Mollon, 2009). As a result, some victims may recant their reports of sexual abuse. Victims may also hold the belief that the recantation of a disclosure is the only means by which interrelational harmony can be restored

(Tully, 2002). Recantations can also be representative of a need to control the emotional and psychological turmoil that arises after disclosing the sexual abuse. Some children go as far as dismissing previous claims of abuse by reframing them as dreams, while others say that they lied (Elliott & Briere, 1994). Victims may even recant with the hope of hampering the investigation process into their assault, and in this regard, it is still a poorly understood phenomenon (Malloy, Lyon, & Quas, 2007). Social influences, such as pressure by the perpetrator, police involvement, and judicial proceedings, can also spur on recantations (Marx, 2000; Sorensen & Snow, 1991).

Other factors that seem to be associated with recanting have been identified, for example, the proposition of a filial dependency model of recantation (Malloy et al., 2007). This model focuses on the relationship between the child and the abuser, the level of support received by the child from the non-abusing guardian after he/she discloses, the child's age, and where the child is placed after disclosing (Malloy et al., 2007). The authors found that children who were more susceptible to being influenced by an adult relative (and thus more inclined to recant disclosures) were also younger, abused by a parental figure, and did not receive support from the non-offending guardian. Gonzalez, Waterman, Kelly, McCord, and Oliveri (1993) noted that some victims of CSA in their study recanted in therapy despite it being a supportive environmental context. This phenomenon is noteworthy because the fact remains that most CSA disclosures occur in environments outside of a supportive therapeutic setting. Although uncommon, the fallout that occurs from recantations is sufficiently malignant to warrant increased scientific efforts to understand the psychological processes and effects that are associated with the behavior.

Effects of Coping Strategies on Memory

A relevant issue when victims (falsely) deny, limit disclosure, or recant an abusive experience is the impact of these strategies on memory when victims do eventually speak out. To understand this issue, initially focusing on how traumatic events are remembered in general is imperative. A plethora of research has shown that in theory,

central details for highly negative and stressful events (e.g., sexual abuse) are well remembered and accurate (Block, Greenberg, & Goodman, 2009; Peterson & Whalen, 2001). In one study, Alexander and colleagues (2005) found that participants who indicated that CSA was the most traumatic event they had ever experienced displayed an accurate memory for documented central details of their abuse many years later. The authors suggested that this superior memory performance might be the consequence of the rehearsal of the events by the victims. However, although victims of CSA demonstrate superior memory of the abusive event, they sometimes deliberately omit sexual details or deny knowledge of such details (Leander, Christianson, & Granhag, 2007). Is it possible that Tasha Hopkins' false denial of her abuse potentially adversely affected her memory? The evidence thus far strongly suggests that the answer is yes because false denials have been shown to have an association with poor memory (Vieira & Lane, 2013). In a recent study, participants were shown 12 negative and 12 neutral pictures on a computer screen after which their memory was tested. Next, the participants in the false denial condition were instructed to deny in response to questioning (e.g., "What object was between the blue t-shirt and jeans?" – "There was no object between the blue t-shirt and jeans"). The following day, the participants' memory was reassessed, and all the participants were instructed to tell the truth. False denials were found to lead participants to exhibit poorer source monitoring recognition. (Otgaar, Howe, Smeets, & Wang, 2016). The authors of this study refer to this type of memory impairment as *denial induced forgetting (DIF)*, that is, being instructed to deny details in the first interview caused participants in the false denial condition to forget speaking to an interviewer about the details. Acknowledging the distinct cognitive processes that underpin different facets of memory, a follow-up study was conducted to ascertain whether the DIF that was observed in previous memory studies would be replicated when demands were placed on the ability to recall information. Otgaar, Romeo, Ramakers, and Howe (2017) conducted a study in which participants viewed a video of a theft and were then subsequently either instructed to tell the truth or deny that they had seen specific details. One day later, half of the participants (from both

the control and denial groups) completed either a source monitoring recognition task or a free recall task. In the experimental group, results showed that DIF was evident for details discussed in the first session among the participants who completed both the source monitoring and free recall tasks in session two, while their memory for details seen in the theft video was not impaired.

Discussion and Future Directions

To avoid the distressing realities that are synonymous with sexual abuse, we have seen that victims of CSA can use one or more cognitive strategies. While such strategies may serve a protective role (for the child or the perpetrator) initially, many problems may arise as a consequence. For instance, if a victim (who in theory is also a primary witness to alleged sexual abuse) is unable to affirm or confirm the occurrence of abuse, then the legal prosecution of perpetrators may become an extremely arduous task (Paine & Hansen, 2002).

Some victims may vehemently deny that any sexual violation occurred even though they are fully cognizant of the incident. In terms of motivations, the specific impetus of falsely denying sexual abuse may be feelings of guilt by victims or simply being instructed by the perpetrator to lie (Elliott et al., 1995; Paine & Hansen, 2002). As it stands, more focus has been placed on understanding false positive errors such as false allegations (e.g., Ost, 2016) of sexual abuse, to the neglect of false denial effect explication, thereby making it an insufficiently understood phenomenon (Manousos & Williams, 1998; Otgaar et al., 2016). The validity of the need to increase efforts to understand false denial beyond a mere definition or its existence has been proven. The few studies that have focused on false denial effects on later cognitive performance have shown that by rehearsing lies and falsely denying information, people tend to have poor recall for the details of events (Otgaar et al., 2014; Otgaar et al., 2016). Stemming from the work of Otgaar and colleagues, in which participants were not allowed to initially choose how to respond in the experiment, we wondered how having such freedom of choice and then obstructing its use may also affect memory for event details. The aforementioned question inspired a recently concluded study that investigated the matter.

Sexual abuse of children can go undiscovered well into the victims' adulthood because they falsely denied what happened to them amidst suspicion of abuse or they simply never disclosed it. Another case is that victims do disclose but, due to negative social reactions by confidants, they either do not re-disclose or they totally recant the initial disclosure. Either way, the importance of the need to understand how the dynamics of sexual abuse disclosure functions is adequately supported. As with false denial, victims of CSA may opt to use the non-disclosure approach to evasion based on their personal perception (e.g., shame, fear of negative consequences) or external influences (e.g., grooming by sexual perpetrators) (Elliott et al., 1995; Goodman-Brown et al., 2003). In the instances where victims of CSA disclose their abuse, the possibility still exists that they can recant the claim. Feelings of guilt for "causing" upheaval in the family unit and external pressure (whether from the perpetrator themselves or a non-offending other, such as a mother) are just some examples of causes of recantation (Mollon, 2009; Tully, 2002). The unfortunate reality is that in a bid to alleviate the intrapersonal stress of cognitive dissonance or to protect interpersonal relations, victims of CSA may withdraw their own disclosures to their personal detriment. If the recantation of an authentic report of CSA is accepted without dispute, then not only will the victim remain at risk for continued victimization, but other children can be endangered. Another issue is that legal professionals, who themselves may not understand the psychological processes that undermine recantations, may have the task of clarifying the behavior to a jury (Parga, 2008). While a fair amount of literature is available about the recantation of false allegations of sexual abuse (e.g., Ost, 2016) the same cannot be said for research on the recantation of truthful reports of CSA or furthermore how this may affect memory. Given that strong support for the adverse effects of false denial on memory has already been described, it would not be a far stretch to hypothesize that memory can also be distorted as a result of the employment of other cognitive strategies such as recantation.

Although supportive information such as medical evidence or witness accounts can be used, the most insightful and powerful type of evidence is that which is garnered from the victims of CSA themselves. As the primary grounds upon which

the prosecution of perpetrators stands, any factor that impedes victims' memory processes should be understood in depth. Here, we chose to highlight some factors that function through victims' cognitions. Although these coping strategies are adequately defined and well expounded upon in terms of the motivations underpinning their use, the concluding determination of this review is that defining them contextually memory-wise requires much more attention.

Declaration of Conflicting Interests

The author(s) declared that there were no conflicts of interest with respect to the authorship or the publication of this article.

References

- Alaggia, R., & Kirshenbaum, S. (2005). Speaking the unspeakable: Exploring the impact of family dynamics on child sexual abuse disclosures. *Families in Society*, 86, 227–234.
- Alaggia, R. (2010). An ecological analysis of child sexual abuse disclosure: Considerations for child and adolescent mental health. *Journal of the Canadian Academy of Child and Adolescent Psychiatry/ Journal de l'Académie Canadienne de Psychiatrie de L'enfant et de L'adolescent*, 19, 32–9.
- Alexander, K., Quas, J., Goodman, G., Ghetti, S., Edelstein, R., Redlich, A., . . . Jones, D. (2005). Traumatic impact predicts long-term memory for documented child sexual abuse. *Psychological Science*, 16, 33–40.
- Block, S. D., Greenberg, S. N., & Goodman, G. S. (2009). Remembrance of eyewitness testimony: Effects of emotional content, self-relevance, and emotional tone. *Journal of Applied Social Psychology*, 39, 2859–2878. doi.org/10.1111/j.1559-1816.2009.00553.x
- Bottoms, B. L., Peter-Hagene, L. C., Epstein, M. a, Wiley, T. R. a, Reynolds, C. E., & Rudnicki, A. G. (2016). Abuse characteristics and individual differences related to disclosing childhood sexual, physical and emotional abuse and witnessed domestic violence. *Journal of Interpersonal Violence*, 31, 1308–39. doi.org/10.1177/0886260514564155
- Bussey, K. (1995). Allegations of child sexual abuse: Accurate and truthful disclosures, false

- allegations, and false denials. *Current Issues in Criminal Justice*, 7, 176-192.
- Crisma, M., Bascelli, E., Paci, D., & Romito. (2004). Adolescents who experience sexual abuse: Fears, needs and impediments to disclosure. *Child Abuse & Neglect*, 28, 1035-1048.
- DiPietro, E. K., Runyan, D. K., & Fredrickson, D. D. (1997). Predictors of disclosure during medical evaluation for suspected sexual abuse. *Journal of Child Sexual Abuse*, 6, 133-142. doi.org/10.1300/J070v06n01_09
- Elliott, D. M., & Briere, J. (1994). Forensic sexual abuse evaluations of older children: Disclosures and symptomatology. *Behavioral Sciences & the Law*, 12, 261-277. doi.org/10.1002/bsl.2370120306
- Elliott, M., Browne, K., & Kilcoyne, J. (1995). Child sexual abuse prevention: what offenders tell us. *Child Abuse & Neglect*, 19, 579-94. doi.org/10.1016/0145-2134(95)00017-3
- Gladstone, G., Parker, G., Mitchell, P., Malhi, G., Wilhelm, K., & Austin, M. (2004). Implications of childhood trauma for depressed women: An analysis of pathways from childhood sexual abuse to deliberate self-harm and revictimization. *The American Journal of Psychiatry*, 161, 1417-25.
- Gonzalez, L. S., Waterman, J., Kelly, R. J., McCord, J., & Oliveri, M. K. (1993). Children's patterns of disclosures and recantations of sexual and ritualistic abuse allegations in psychotherapy. *Child Abuse & Neglect*, 17, 281-289. doi.org/10.1016/0145-2134(93)90047-9
- Goodman-Brown, T. B., Edelstein, R. S., Goodman, G. S., Jones, D. P., & Gordon, D. S. (2003). Why children tell: A model of children's disclosure of sexual abuse. *Child Abuse & Neglect*, 27, 525-540. doi.org/10.1016/S0145-2134(03)00037-1
- Hébert, M., Tourigny, M., Cyr, M., McDuff, P., & Joly, J. (2009). Prevalence of childhood sexual abuse and timing of disclosure in a representative sample of adults from Quebec. *The Canadian Journal of Psychiatry*, 54, 631-636.
- Hershkowitz, I. E., Horowitz, D., & Lamb, M. (2005). Trends in children's disclosure of abuse in Israel: A national study. *Child Abuse and Neglect*, 29, 1203-1214.
- Jackson, G. (2006). Denial. *International Journal of Clinical Practice*, 60, 253-255. doi.org/10.1111/j.1368-5031.2006.0884a.x
- Jonzon, E., & Lindblad, F. (2004). Disclosure, reactions, and social support: Findings from a Sample of Adult Victims of Child Sexual Abuse. *Child Maltreatment*, 9, 190-200.
- Keary, & Fitzpatrick. (1994). Children's disclosure of sexual abuse during formal investigation. *Child Abuse & Neglect*, 18, 543-548.
- Kogan, S. M. (2005). The role of disclosing child sexual abuse on adolescent adjustment and revictimization. *Journal of Child Sexual Abuse*, 14, 25-47. doi.org/10.1300/J070v14n02_02
- Leander, L. (2010). Police interviews with child sexual abuse victims: patterns of reporting, avoidance and denial. *Child Abuse & Neglect*, 34, 192-205. doi:10.1016/j.chiabu.2009.09.011
- Leander, L., Christianson, S. Å., & Granhag, P. A. (2007). A sexual abuse case study: Children's memories and reports. *Psychiatry, Psychology and Law*, 14, 120-129. doi.org/10.1375/pplt.14.1.120
- London, K., Bruck, M., Ceci, S., & Shuman, D. (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.org/10.1037//176-8971.11.1.194
- London, K., Bruck, M., Wright, D. B., & Ceci, S. J. (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.org/10.1080/09658210701725732
- Lyon, T. (1995). False allegations and false denials in child sexual abuse. *Psychology, Public Policy, & Law*, 1, 429-437. doi.org/10.1037/1076-8971.1.2.429
- Magnusson, M., Ernberg, E., & Landström, S. (2017). Preschoolers' disclosures of child sexual abuse: Examining corroborated cases from Swedish courts. *Child Abuse & Neglect*, 70, 199-209.
- Malloy, L. C., Brubacher, S. P., & Lamb, M. E. (2013). "Because she's one who listens": Children discuss disclosure recipients in forensic interviews. *Child Maltreatment*, 18, 245-51. doi.org/10.1177/1077559513497250
- Malloy, L. C., Lyon, T. D., & Quas, J. A. (2007). Filial dependency and recantation of child sexual abuse allegations. *Journal of the American Academy of Child and Adolescent Psychiatry*, 46, 162-70. doi.org/10.1097/01.chi.0000246067.77953.f7

- Malloy, L. C., Rivard, J., Mungo, A. P., & Molinaro, P. (2014, March). Expert opinion: Recantation in legal contexts. *AP-LS News*. Retrieved from <http://www.apadivisions.org/division-41/publications/newsletters/news/2014/03/recantation.aspx>
- Maniglio, R. (2011). The role of child sexual abuse in the etiology of suicide and non-suicidal self-injury. *Acta Psychiatrica Scandinavica*, 124, 30-41.
- Manousos, I. R., & Williams, D. I. (1998). The locus of denial. *Counselling Psychology Quarterly*, 11, 15-22. doi:10.1080/09515079808254039
- Marx, S. (1996). Victim recantation in child sexual abuse cases: The prosecutor's role in prevention. *Child Welfare*, 75, 219-234.
- Marx, S. (2000). Victim recantation in child sexual abuse cases: A team approach to prevention, investigation, and trial. *Journal of Aggression, Maltreatment & Trauma*, 2, 105-140. doi.org/10.1300/J146v02n02_06
- Mollon, P. (1996). Incest, false accusations of incest and false denials of incest. Discerning the truth in the debate about recovered memory. *Journal of Mental Health*, 5, 167-172.
- Newlin, C., Steele, L. C., Chamberlin, A., Anderson, J., Kenniston, J., Russell, A., ... Vaughan-Eden, V. (2015). Child forensic interviewing: Best practices. *Juvenile Justice Bulletin*. Retrieved from <http://www.ojjdp.gov/pubs/248749.pdf>
- Ost, J. (2017). Adults' retractions of childhood sexual abuse allegations: High-stakes and the (in) validation of recollection, *Memory*, 25, 900-909. doi.org/ 10.1080/09658211.2016.1187757
- O'Brien, B., & Sher, L. (2013). Child sexual abuse and the pathophysiology of suicide in adolescents and adults. *International Journal of Adolescent Medicine and Health*, 25, 201-205.
- Otgaar, H., Howe, M. L., Memon, A., & Wang, J. (2014). The development of differential mnemonic effects of false denials and forced confabulations. *Behavioral Sciences & the Law*, 32, 718-31. doi.org/10.1002/bsl.2148
- Otgaar, H., Howe, M. L., Smeets, T., & Wang, J. (2016). Denial-Induced Forgetting: False denials undermine memory but external denials undermine belief. *Journal of Applied Research in Memory and Cognition*, 5, 168-175. doi.org/10.1016/j.jarmac.2016.04.002
- Otgaar, H., Romeo, T., Ramakers, N., & Howe, M. (2017). Forgetting having denied: The "amnesic" consequences of denial. *Memory & Cognition*. doi.org/10.3758/s13421-017-0781-5
- Paine, M. L., & Hansen, D. J. (2002). Factors influencing children to self-disclose sexual abuse. *Clinical Psychology Review*, 22, 271-295. doi.org/10.1016/S0272-7358(01)00091-5
- Parga, C. C. (2008). Legal and scientific issues surrounding victim recantation in child sexual abuse cases. *Georgia State University Law Review*, 24, 779-812.
- Peterson, C., & Whalen, N. (2001). Five years later: Children's memory for medical emergencies. *Applied Cognitive Psychology*, 15, S7-S24. doi.org/10.1002/acp.832
- Pipe, M. E., Lamb, M. E., Orbach, Y., Sternberg, K. J., Steward, H., & Esplin, P. W. (2007). Factors associated with non-disclosure of suspected abuse during forensic interviews. In M. E. Pipe, M. E. Lamb, Y. Orbach, & A. C. Cederborg (Eds.), *Child sexual abuse: Disclosure, delay, denial* (p. 77-96). Mahwah, NJ: Lawrence Erlbaum Associates Inc.
- Putnam, F. (2003). Ten-year research update review: Child sexual abuse. *Journal of the American Academy of Child & Adolescent Psychiatry*, 42, 269-278.
- Schaeffer, P., Leventhal, J. M., & Asnes, A. G. (2011). Children's disclosures of sexual abuse: Learning from direct inquiry. *Child Abuse and Neglect*, 35, 343.
- Shapiro, D., Kaplow, J., Amaya-Jackson, L., & Dodge, K. (2012). Behavioral markers of coping and psychiatric symptoms among sexually abused children. *Journal of Traumatic Stress*, 25, 157-163.
- Sjöberg, R., & Lindblad, F. (2002). Delayed disclosure and disrupted communication during forensic investigation of child sexual abuse: A study of 47 corroborated cases. *Acta Paediatrica*, 91, 1391-1396. doi.org/10.1111/j.1651-2227.2002.tb02839.x
- Somer, E., & Szwarcberg, S. (2001). Variables in delayed disclosure of childhood sexual abuse. *The American Journal of Orthopsychiatry*, 71, 332-41. doi.org/10.1037/0002-9432.71.3.332
- Sorensen, T., & Snow, B. (1991). How children tell: The process of disclosure in child sexual abuse. *Child Welfare*, 70, 3-15.
- Sorsoli, L., Kia-Keating, M., & Grossman, F. K. (2008). "I keep that hush-hush": Male

- survivors of sexual abuse and the challenges of disclosure. *Journal of Counseling Psychology*, 55, 333–345. doi.org/10.1037/0022-0167.55.3.333
- Sorsoli, L. (2010). "I remember", "I thought", "I know I didn't say": Silence and memory in trauma narratives. *Memory*, 18, 129–141. doi.org/10.1080/09658210903168046
- Tully, B. (2002). The evaluation of retractions in sexual abuse cases. *Child Abuse Review*, 11(2), 94–102. doi.org/10.1002/car.728
- Ullman, S. (2002). Social reactions to child sexual abuse disclosures: A critical review. *Journal of Child Sexual Abuse*, 12, 89–121.
- Vieira, K. M., & Lane, S. M. (2013). How you lie affects what you remember. *Journal of Applied Research in Memory and Cognition*, 2, 173–178. doi.org/10.1016/j.jarmac.2013.05.005
- Walsh, K., Fortier, M. A., & DiLillo, D. (2010). Adult coping with childhood sexual abuse: A theoretical and empirical review. *Aggression and Violent Behavior*, 15, 1–3. doi.org/10.1016/j.avb.2009.06.009
- Wood, Orsak, Murphy, & Cross. (1996). Semistructured child sexual abuse interviews: Interview and child characteristics related to credibility of disclosure. *Child Abuse & Neglect*, 20, 81–92.
- World Health Organization. (2016). *Child Maltreatment*. Retrieved from <http://www.who.int/mediacentre/factsheets/fs150/en/>