Coping with Sexual Abuse

Abstract

This paper serves as an overview of the current literature about why, how, and when child sexual abuse (CSA) victims use cognitive coping strategies, namely false denial, disclosure, and recantation to cope with psychological, emotional and even interpersonal implications of their abuse. We show that victims of abuse use an array of different strategies to cope with sexual abuse and that some of these (i.e., false denial) have been found to negatively affect memory. Finally, we also offer some recommendations on how future studies can examine the link between these strategies and testimonies of victims.

*Keywords*: Child sexual abuse, Memory, false denial, disclosure, recantation

**Introduction**

In 2010 Pastor Anthony Hopkins was sentenced to life in prison plus 51 years for the 2004 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 - Anthony’s step-children). Details of the murder and sexual abuse came to the attention of police after Shantelle (19 years old at the time) disclosed to a neighbour and her pastor about her abuse which began at the age of 11. Shantelle told her pastor that she knew Anthony has also begun to abuse Tasha. The pastor completely rejected Shantelle’s disclosures. Shantelle also stated that in order to assure her that the sexual acts were “OK”, Anthony referred to the biblical story of Lot having sex with his daughters. Arletha was murdered during an argument with Anthony about the ongoing sexual abuse. It turns out that Arletha knew of the sexual abuse for some time after once walking in on Anthony during the act but he promised to stop the abuse and the couple sought counselling. Nevertheless, the abuse continued despite Anthony’s assurance to desist. The police also interviewed Tasha who vehemently denied any occurrence of sexual wrong doing by Anthony. However in addition to DNA evidence that Anthony was the father of Shantelle’s unborn child, Tasha’s personal diary proved otherwise. In her diary Tasha wrote that she wished for a closer relationship with God and a better relationship with her stepfather that did not involve sex. [[1]](#footnote-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 about the abuse to her neighbour and particularly her resistant pastor, it would not have been surprising if she employed another lesser researched strategy - recantation. Fortunately, definitive biological evidence was available in the Hopkins case which is not always reality. 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; London, Bruck, Ceci, & Shuman, 2005; Leander, 2010). An obstruction to communication can be disastrous from an investigative stand-point, when a victim’s safety and the construction of a solid case hinge on such (Paine & Hansen, 2002).

In the psychological literature, efforts have been made to understand and describe the different disclosure-related strategies that victims of sexual abuse use 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. Additionally, 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 which is inherent in the inability or unwillingness of some CSA victims to disclose may be due to feelings of guilt from perceiving his/her self as a coconspirator 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 CSA victims may lie and falsely deny in whole or in part that the abuse under investigation 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 amongst victims of sexual abuse. The literature has benefited from some important discoveries on the denial patterns of CSA victims, albeit limited. Leander (2010) found that in a sample of 27 children with histories of proven abuse (e.g., film and or photograph 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 CSA victims who eventually disclosed 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.

Still, though 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 number of 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. There has also been a disproportionate focus in favour 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 it would be immensely challenging to obtain accurate data (London, Bruck, Wright, & Ceci, 2008). That is, London and colleagues argued that in order to accurately determine denial rates amongst sexually abused children samples of questioned children with systematically recorded responses is needed. They argued further that since 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 CSA victims, has bearings on long-term mental outcome, and lowers the likelihood of re-victimization (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). Whether informally or formally, sexual abuse victims 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). However 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 (Somer & Szwarcberg, 2001; Bottoms et al., 2016). However 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 child sexual abuse offenders in order to force compliance in victims (Elliott, Browne, & Kilcoyne, 1995; Magnusson, Ernberg, & Landstrom, 2017). Just as Anthony Hopkins did by referring to biblical scriptures to justify his grievous actions, it is not uncommon for sexual perpetrators to groom children to not disclose about the abuse either by explicitly asking them to keep the secret or by way of 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, self-blame (Goodman-Brown, Edelstein, Goodman, Jones, & Gordon, 2003; Schaeffer, Leventhal, & Asnes, 2011).

Reports on disclosure rates in relation to the victims’ age is varied with some studies finding higher rates of disclosure amongst older aged children (e.g., 9-13 year olds; Pipe et al., 2007). London and others (2008) have given alternative explanations (e.g., the sexual event not being remembered; Sjöberg & Lindblad, 2002) in response to reports of younger aged victims being more likely to delay or refrain from disclosing entirely (Keary & Fitzpatrick, 1994; Wood, Orsak, Murphy, & Cross, 1996; Sjöberg & Lindblad, 2002; Hershkowitz, Horowitz, & Lamb, 2005). For example, Crisma, Bascelli, Paci, and Romito (2004) found that some adolescents attributed their disclosure to being able to better understand the significance of their abusive experience because they were older. Children who claim to be attracted to, or in love with their perpetrator are also prone to tend 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, 2010; Alaggia & Kirshenbaum, 2005), (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).

It would be imprudent to mention some of the factors that have been found to correlate with non/limited disclosure to the exclusion of those that do facilitate disclosure (e.g., context and time related factors). 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 did 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). It is also important to note that though the desire to protect another person has been reported by some (Malloy, Brubacher, & Lamb, 2013) as lesser mentioned disclosure-related factor, it is still quite possible that Shantelle’s awareness of her younger sisters’s abuse contributed in part to her decision to disclose.

**Recanting**

Recantations of authentic CSA disclosures are viewed as rare occurences (London et al., 2008). When CSA victims disclose about abuse they can feel burdened by immense internal and external pressure as they themselves and significant familial others become the focus of serious scrutiny (Mollon, 2009). The result of feeling pressured can cause some victims to recant their reports of sexual abuse. Recantation is the revocation of a previous claim (Malloy, Rivard, Mungo, & Molinaro, 2014) and this may be the only means by which the victim believes inter-relational harmony can be restored (Tully, 2002). CSA victims may also recant their disclosure to control the emotional and psychological turmoil that arises subsequent to disclosing about 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 investigatory 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 (Sorensen & Snow, 1991; Marx, 1999).

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) made the important note that some CSA victims in their study recanted in therapy despite it being a supportive environmental context. This is noteworthy because the fact remains that most CSA disclosures occur in environments outside of a supportive therapeutic setting. Particularly since recantations have been linked to feelings of being unsupported, preventative measures need to be developed to obstruct CSA victims from veering toward this evasive route (Malloy et al., 2007).

**The Effects of Coping Strategies on Memory**

A relevant issue when victims (falsely) deny, limit disclosure or recant an abusive experience, is what impact these strategies have on memory when victims do eventually speak out. To understand this issue, it is imperative to firstly focus on how traumatic events are remembered in general. 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 quite accurate (Peterson & Whalen, 2001; Block, Greenberg, & Goodman, 2009). In one study, Alexander and colleagues (2005) found that participants who indicated that CSA was the most traumatic event they had ever experienced displayed accurate memory for documented central details of their abuse many years later. The authors suggested that this superior memory performance might the consequence of the rehearsal of the events by the victims. However, although CSA victims demonstrate superior memory for the abusive event they sometimes deliberately omit sexual details or deny knowledge of such details regardless of if the perpetrator was a relative or stranger (Leander, Christianson, & Granhag, 2007). Is it possible that Tasha Hopkins’ false denial of her abuse could adversely affect 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 (Vierira & 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, 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 participants’ memory was reassessed and all of the participants were instructed to tell the truth. The results showed that false denials lead participants exhibited 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 wherein participants viewed a video of a theft and then subsequently either instructed to tell the truth or deny the fact that they had seen specific details. One day later, half of the participants (from both the control and denial groups) were 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 in participants who completed both the source monitoring and free recall tasks in session two while memory for details seen in the theft video was not impaired.

**Discussion and Future Directions**

In order to avoid the painful realities that are synonymous with sexual abuse, we have seen that CSA victims can use one or more cognitive strategies. While such strategies may serve a ‘protective role’ (for the child or the perpetrator) initially, there are many problems that 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 the legal prosecution of perpetrators may become an extremely arduous task (Paine & Hansen, 2002).

Some victims may vehemently deny that any sexual violation occurred, despite the fact of being 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 by 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, making it an insufficiently understood phenomenon (Manousos & Williams, 1998; Otgaar et al., 2016). The validity of increasing efforts to understanding false denial beyond a mere definition or its’ existence have been proven. In the few studies that have focused on false denial effects on later cognitive performance it has been 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 wherein participants were not allowed to initially choose how to respond in the experiment, we wondered how having such freedom of choice and then obstructing it’s use may also affect memory for event details. The aforementioned question has inspired an ongoing study to investigate the matter.

The 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 about it. It is also the case that victims do disclose but due to negative social reactions by confidants, they either do not re-disclose or 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, CSA victims may opt to use the non-disclosure approach to evasion based on personal perception (e.g., shame, fear of negative consequences) or external influences (e.g., grooming by sexual perpetrators) (Goodman-Brown et al., 2003; Elliott et al., 1995). In the instances where CSA victims disclose about 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 (Tully, 2002; Mollon, 2009). The unfortunate reality is that in a bid to alleviate the intrapersonal stress of cognitive dissonance or to protect interpersonal relations, CSA victims may withdraw their own disclosures to their personal detriment. If the recantation of an authentic report of CSA is accepted without dispute, not only will the victim remain at risk for continued victimization but other children can be endangered. 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. Since strong support moderating effects of false denial on memory has already been illustrated 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.

Though it possible to use supportive information such as medical evidence or witness accounts, the most insightful and powerful type of evidence is that which is garnered from the CSA victims themselves. As the grounds upon which the prosecution of perpetrators hinges, any factor that impedes victims’ memory processes should be understood in depth. Here, we chose to highlight some factors that function through victims’ cognitions. Though these coping strategies are adequately defined and in some cases more than others 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.

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1. Details about the case can be found on several online sources including: <http://edition.cnn.com/2008/CRIME/07/31/preacher.freezer/> [↑](#footnote-ref-1)