

# Key messages from research on identifying and responding to disclosures of child sexual abuse

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## Key messages

Children's disclosures of sexual abuse vary in the mode of communication, intent, spontaneity and amount of detail that is included. Disclosure is best understood as a process which is influenced by relationships and interactions with others and may extend over a considerable period of time.

Rates of verbal disclosure are low at the time that abuse occurs in childhood. However, children say they are trying to disclose their abuse when they show signs or act in ways that they hope adults will notice and react to. This is particularly important for disabled children.

Professionals need to keep in mind that any child could be attempting to disclose, but certain children may face additional barriers to disclosure because of their disability, gender, ethnicity and/or sexual orientation.

The act of disclosing sexual abuse can heighten shame and guilt. Others' negative reactions to disclosures may compound these impacts. This should not stop professionals from providing opportunities to children to disclose, but it is essential that children and their families receive appropriate support following disclosure.

A range of complex and interacting individual, relational and social barriers may prevent children from disclosing abuse, to professionals or anyone else.

Teachers are the professionals to whom children will most commonly disclose, but the disclosure process can be helped or hindered by the way in which any professional engages with a child about whom concerns exist.

Children want to be noticed by friendly, approachable and caring professionals, with whom they have built a trusted relationship. They want to be asked how they are doing and what is going on, so they have an opportunity to have an open dialogue.

Confidentiality is important to children, but can be difficult to balance with professionals' safeguarding responsibilities. Professionals may experience a tension around this in their relationship with the child. If maintaining confidentiality after a disclosure may not be possible, it is important to be open, honest and transparent with the child.

**Note: The term 'children' in this document refers generally to individuals under 18 years of age.**

Our 'Key messages from research' papers aim to provide succinct, relevant information for frontline practitioners and commissioners. They bring together the most up-to-date research into an accessible overview, supporting confident provision of the best possible responses to child sexual abuse.

## What do we mean by disclosure?

The term 'disclosure' is open to different interpretations across professional contexts (Alaggia et al, 2019; Cossar et al, 2013). Here, disclosure is broadly defined as "one person conveying their experience to another" (Cossar et al, 2013:13). Children convey these experiences in many different ways (Alaggia, 2004).

Disclosure of child sexual abuse (CSA) is best understood as a 'process' which is influenced by the characteristics and qualities of relationships in children's lives, and may evolve over an extended period of time (Jensen et al, 2005; Reitsema and Grietens, 2016). Although there is a growing body of UK research into children's disclosures that draws on their voices, there has been little research into professionals' experiences in recognising and receiving disclosures.

Disclosures of abuse occur within, and are facilitated by, relationships that children have with others (Baker et al, 2019; Jensen et al, 2005, Lerner, 2018). When responding to disclosures, it is critical to understand the different ways in which children disclose according to four overlapping factors: mode of communication, intent, spontaneity and detail.

### Mode of communication

Some children communicate their abuse directly through verbal means, while others do so indirectly (e.g. "I don't want to go to grandpa's house any more") (Alaggia, 2004), or they may use terminology that the perpetrator has used (e.g. talking about 'secrets' or 'games') or adult language that is not appropriate for their stage of development (Allnock and Miller, 2013).

Non-verbal means of expression include letter-writing, drawing pictures or playing with dolls (Alaggia, 2004; Jensen et al, 2005). Younger children may appear clingy or display temper tantrums, while older children and adolescents may withdraw, self-harm, exhibit anger, avoidance and run away. Even positive behaviours such as 'being good' can be a sign that children want to be noticed (Brattfjell and Flåm, 2019; Cossar et al, 2013).

Disabled children may be more likely than others to exhibit behaviours as signs, particularly where they are unable to communicate verbally with adults. It is important that these behaviours are understood, and not simply attributed to the child's impairment (Taylor et al, 2015).

### Intent

Some children disclose abuse purposefully – to stop abuse from occurring, to seek emotional support, or to protect siblings or other children who they worry may be at risk (Alaggia, 2004; Allnock and Miller, 2013). Others may 'want to tell' but equally 'do not want to tell' (McElvaney et al, 2012), one consequence of which may be an unwilling disclosure.

Disclosures can be unintentional, where children feel forced, coerced or pushed into a disclosure following third-party witness to the abuse, discovery of evidence or prompts from others to understand what might be behind the child's behaviour (Alaggia, 2004; Mathews et al, 2016).

Where disclosure is non-verbal, the child's behaviour may be intentional, to convey a message that something is wrong (Alaggia, 2004; Brattfjell and Flåm, 2019). Even if behavioural signs are unintentional, they may signal that something is wrong, and professionals should recognise and respond to this (Children's Commissioner for England, 2015).

False allegations are rare, but where they do occur, they are usually the result of undue influence by a third party or unsuitable questioning styles (London et al, 2008; O'Donohue et al, 2018).

## Spontaneity

Some disclosures are 'spontaneous', following the child's recognition, over time, that abuse has occurred (Cossar et al, 2013). Disclosure may be triggered by a lesson in school, a TV programme or an escalation of the abuse, or may be made accidentally (Alaggia, 2004; Allnock and Miller, 2013). Disclosures may build over time until a child cannot contain the secret any more – a "pressure cooker effect" (McElvaney, et al, 2012:1163).

Alternatively, disclosure may not be spontaneous at all, occurring only when prompted during, for example, a medical examination, an investigative interview or a therapeutic session – or simply when a teacher or health professional notices something may be wrong and asks (Alaggia, 2004; Sorenson and Snow, 1991).

## Detail

The detail provided within a disclosure may be vague or absent. The nature of disclosure as a process means that some disclosures are partial; more detail may or may not emerge over time (Allnock, 2018; McElvaney, 2015). And detail will be entirely missing when disclosure is communicated through behaviours or other signals.

## Who discloses child sexual abuse?

Studies have found considerable variation in rates of disclosure of CSA, depending on the sample and the way that disclosure is measured. In a recent study, non-verbal attempts to communicate abuse were not reported in a survey, but were described by young people in follow-up interviews (Allnock and Miller, 2013). In studies of Scandinavian adolescents, between 79% and 83% who had experienced CSA said they had spoken to someone about it (Helweg-Larsen and Larsen, 2006; Priebe and Svedin, 2008), while a review of 13 international studies found that 31% to 45% of adults with histories of CSA had talked about their abuse to an adult soon afterwards or during their childhood (London et al, 2008).

Girls who experience CSA are more likely than boys to disclose their abuse to someone during childhood (Priebe and Svedin, 2008; Radford et al, 2011).

The evidence is more mixed when considering ethnicity. While unique barriers to CSA disclosure by children from some black and minority ethnic backgrounds exist, it is unknown whether this translates into lower disclosure rates (Bailey et al, 2017; Bottoms et al, 2016; Springman et al, 2006).

Disabled children are less likely than other children to disclose their abuse; this has been found to be the case across a range of disabilities (Hershkowitz et al, 2007a; Sullivan and Knutson, 2000).

There is no available evidence on disclosure rates among lesbian, gay, bisexual, trans and queer/questioning children. We know little about disclosure rates among children in varied contexts, such as children in care or in institutions.

## What are the impacts of disclosure?

Disclosure can be traumatic and have short- and long-term effects on children's emotional wellbeing (Arata, 1998; Feiring et al, 2002). This does not mean that professionals should not provide children with the opportunity to disclose, but it does mean that children, and their families, will need support through the process.

Some children report feeling 'relief' and 'pride' after disclosing. However, children also report feeling embarrassment, anger and sadness (Berliner and Conte, 1995; Foster et al, 2014). Some describe their life "falling to pieces" after disclosing sexual abuse, and say that "things get worse before they get better" (Cossar et al, 2013; Warrington et al, 2017). Disclosure can lead to heightened feelings of shame and guilt, both of which are important emotional processes in the development of CSA-related post-traumatic stress disorder (PTSD) (Feiring et al, 2002). PTSD has been found to be heightened particularly where there are negative reactions to the disclosure by others (McTavish et al, 2019). Adolescents appear more susceptible to longer-term problems such as depression and low self-esteem following abuse becoming known (Feiring et al, 2002).

Family members may struggle to understand and respond appropriately to disclosures, particularly where abuse has been carried out by someone within or close to the family (Allnock and Miller, 2013). Negative reactions by others to disclosure are harmful to children's wellbeing and may deter them from making further disclosures (Ullman, 2002; Crisma et al, 2004). Professionals should consider appropriate support for children, and their families, in the immediate period following disclosure.

Withdrawals of disclosure may occur even where there is corroborative evidence. Studies of cases involving substantiated CSA have reported withdrawal rates of well below 10% (London et al, 2008), although one study – focusing on substantiated cases where disclosure could result in the child's removal from the family home – found that 23% of disclosures were withdrawn (Malloy et al, 2007). Withdrawal of disclosures is more common in younger children, where non-abusing parents/carers are unsupportive or where the perpetrator is a close family member (Elliott and Briere, 1994; Malloy et al, 2007).

Disclosures can also affect the wellbeing of professionals (Ahern et al, 2017a). Some professionals state they rarely feel or express emotion during a disclosure, as their focused attention is on the child, and they manage the emotional impact outside the workplace (Ahern et al, 2017b). Professionals have indicated their concern about conveying an appropriate level of emotion to a child who is disclosing, noting the importance of controlling their own facial expression when reassuring a child (Baker et al, 2019).

## The disclosure journey

Many children do not verbally disclose CSA until well into adulthood (Lemaigre et al, 2017; London et al, 2008). Non-disclosure and delayed disclosure must be understood in the context of the significant challenges that children face in seeking help following sexual abuse. Children's disclosures are influenced by developmental and emotional challenges, by relationships and by wider community and social norms and practices (Alaggia et al, 2019; Collin-Vézina et al, 2015).

### Disclosure in informal, everyday settings

A child's disclosure experience in informal, everyday contexts, such as the home and community, influences the way they will engage with and disclose to professionals they encounter. For instance, children who have disclosed to a family member or friend are more likely to disclose to professionals within forensic interview settings (Azzopardi et al, 2019; Lippert et al, 2009).

Children may not disclose if they do not understand abuse (Allnock and Miller, 2013), or if the abuse is normalised in everyday contexts (Allnock and Atkinson, 2019; Barter et al, 2009). Children also report that fear of not being believed stops them from disclosing to family members at the time when abuse is occurring (Allnock and Miller, 2013; Hunter, 2011). Coercive tactics used by a perpetrator to silence a child can inhibit disclosure, as can the nature of the relationship between the child and the perpetrator (Easton et al, 2014; Kogan, 2004; Leclerc and Wortley, 2015; London et al, 2008; Münzer et al, 2016). Children are less likely to disclose if they expect negative reactions from family members (Hershkowitz et al, 2007b; Schönbucher et al, 2012), and they worry about disrupting the family with disclosures, particularly if the family is experiencing multiple adversities (Alaggia, 2010; Hunter, 2011; Warrington et al, 2017).

In some communities, fears around preserving family and/or community honour, oppressive norms related to child obedience, respect for elders and taboos around sex and sexuality all deter children from disclosing (Brazelton, 2015; Fontes and Plummer, 2010; Sawrikar and Katz, 2017; Shalhoub, 2005; Zalcborg, 2017). Recognition of children's fears about others' reactions to disclosure may prevent professionals from informing

parents that a referral to children's services has been made – but informing parents following such a referral is an important step in helping them to access help, and can help reduce tension in the home that may arise from a referral being made (Cossar et al, 2013).

When children decide to disclose, they most commonly turn to family or friends before reporting to professionals (Allnock and Miller, 2013). Mothers are the most common familial disclosure recipients (Jonzon and Lindblad, 2004; Lahtinen et al, 2018). However, other family members, family friends and neighbours may receive disclosures (Lahtinen et al, 2018; Schaeffer et al, 2011). Younger children are more likely to confide in a parent or family member, while adolescents are more likely to confide in a friend or peer (Lahtinen et al, 2018; Ungar et al, 2009); friends play a significant role in recognising when their peers are struggling (Allnock, 2015), and in receiving disclosures of CSA (Bottoms et al, 2016; Priebe and Svedin, 2008). For professionals, understanding children's trusted networks within and outside the family home is important in understanding prior disclosure experiences and developing strategies for supporting them.

### Disclosure in universal settings

Professionals in universal settings such as health and education are well placed to identify children who are experiencing – or have experienced – abuse and may be trying to communicate this. Teachers are the professionals to whom children most commonly make initial disclosures (Allnock and Miller, 2013; Cossar et al, 2013).

Children have described mixed experiences of disclosure to teachers, which highlight key practice messages for all practitioners. Children want teachers to **notice signs** such as self-harm; eating disorders; acting out in class; school attendance; and being alone and withdrawn at school (Alaggia, 2004; Alaggia, 2010; Allnock and Miller, 2013). Professionals and children both highlight the importance of a **trusted relationship** between a child and a reliable professional (Allnock and Atkinson, 2019; Cossar et al, 2013) which provides the child with the **opportunity** to disclose (Cossar et al, 2013; Jensen et al, 2005). Both 'noticing' and 'opportunity' emphasise that disclosure is relationally dependent and emerges through **open dialogue** (Flåm



and Haugstvedt, 2013; Jensen et al, 2005). Children may require **significant periods of time** to build the trusted relationship that supports disclosure (Ahern et al, 2017b; Lefevre et al, 2017), particularly if they have had previous negative experiences of interacting with authority figures (Ahern et al, 2017b). Professionals can experience a tension between going at a child's pace and responding to safeguarding protocol (Baker et al, 2019; Lefevre et al, 2018).

**Confidentiality** is also important to children who worry about losing control over their information (Cossar et al, 2013; McElvaney et al, 2012). Professionals have highlighted the challenges of balancing confidentiality with safeguarding responsibilities. Sharing information too early may jeopardise a child's sense of trust, but not acting on information risks further abuse to the child as well as a failure to comply with organisational safeguarding procedures (Cossar et al, 2013). Professionals stress the importance of being open, honest and transparent if maintaining confidentiality may not be possible following a disclosure (Lefevre et al, 2017; Cossar et al, 2013).

Children want to be **kept informed** about what will happen next (Allnock and Miller, 2013; Beckett and Warrington, 2015). Professionals recognise the importance of taking the time to clearly explain what might happen next, but face difficulty when protective action needs to be taken against the child's wishes (Cossar et al, 2013; Lefevre et al, 2017). In such cases, trust can be rebuilt by involving children in conversations about what action needs to be taken, why and when (Lefevre et al, 2017). Issues of confidentiality and keeping children informed will be relevant to all professionals working with children, including those working in the child protection and criminal justice systems.

## Disclosure in formal child protection settings

Children are least likely to disclose CSA to professionals working in the child protection system. Such professionals are more likely to receive reports of abuse following reporting by others, by discovery of evidence or through an investigation (Helweg-Larsen and Larsen, 2006; Priebe and Svedin, 2008).

An initial disclosure to **police** is also unlikely, because children may not believe the abuse is a crime; they do not believe the police will keep them safe; they feel they will not be believed; or they are afraid of being blamed, getting in trouble or getting the perpetrator in trouble (Allnock, 2018; Beckett et al, 2013; Beckett and Warrington, 2014; Beckett and Warrington, 2015). Regardless of how or why police come into contact with children, the **initial contact** is central in building a child's confidence and may support disclosures (Beckett and Warrington, 2015). Children want police to act with **sensitivity and respect, not judge** them, **positively engage** in making decisions, and **keep them informed** (Allnock and Miller, 2013; Beckett and Warrington, 2015).

Children are unlikely to disclose to **social workers** because they may fear what will happen when social workers become involved and worry that social workers will judge them. Children want social workers to **show an active interest** in them, even when visiting for other reasons; to **understand the nature of their problems** and behaviours; to **be impartial** when assessing the home environment; to **talk to them separately** from other family members; and to **ask the right questions**, which will help provide a pathway for them to disclose abuse (Gilligan, 2016; Horvath et al, 2014; Morrison, 2016).

Professionals stress the importance of counteracting negative perceptions of police and social care, recommending that those working with children appear **friendly, approachable and caring** (Ahern et al, 2017b). They recognise that many children need to feel believed when they disclose (Lefevre et al, 2017). On the other hand, their responses must be in line with safeguarding policies, which may include guidance on ensuring that the disclosure is not influenced by their work or actions. Professionals feel that it is important to accept "a child's account and feelings without judgement" (Baker et al, 2019:7), and that focusing on what the young person is communicating – particularly paying attention using positive body language and listening skills – is critical to creating a supportive environment for disclosures to happen (Baker et al, 2019, Lefevre et al, 2017). They highlight a need to try to not act surprised or shocked at what the child says (Denov, 2003; Lefevre et al, 2017).

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