

Children and young people disclosing sexual abuse: An introduction to the research

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Summary

Child sexual abuse is largely a silent and witness-free crime, often leaving no physical signs and actively hidden by perpetrators. These features of sexual abuse make its detection very difficult, with increasing importance placed on the victims' disclosure of abuse for investigative and treatment purposes. It is recognized however, that children and young people may not readily tell somebody about – i.e. 'disclose' - experiences of sexual abuse. It is important that children can safely tell someone about their abuse to make it stop, and for them to receive help and support. This briefing looks at research on children telling somebody about sexual abuse: who, how and why they tell, and how those who are told about it might respond.

Key findings

- Many incidents of child sexual abuse go unreported, and delayed disclosure is common.
- Children may disclose sexual abuse by directly telling someone about it. They may also disclose less directly, sometimes unintentionally, over a period of time, through a variety of behaviours and actions, including discussions and indirect non-verbal cues. In this respect, disclosure should be seen as a process that occurs over time.
- Not enough is known about factors that influence disclosure or non-disclosure, although we know that both individual and contextual factors are important.

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- Retrospective studies of adults suggest that factors such as the relationship to the perpetrator; age at first incident of abuse; use of physical force; severity of abuse and demographic variables such as gender and ethnicity impact on a child's willingness to disclose abuse.
- If this is the case, abuse that may be the most harmful (long-term abuse by a parent or other relative that starts at a very young age) is the type of abuse that is the least likely to be disclosed.
- When children do disclose, it is frequently to a friend or a sibling. Of all other family members, mothers are most likely to be told. Whether or not a mother might be told will depend on the child's expected response from the mother. Few disclosures made in childhood are to authorities or professionals. Of all professionals, teachers are the most likely recipient of a disclosure.
- Historically, professionals promoted the idea that children frequently report false accounts of abuse. Current research, however, lacks systematic evidence that false allegations are common. Recantations of abuse are also uncommon.
- Disclosing is difficult for children for a variety of reasons. The research shows that some children do not tell because they feel they will not be believed or be taken seriously. For this reason, it is fundamental that adults, whether family members, friends or professionals, actively listen and respond sensitively. Creating a safe space for children to talk is crucial in breaking down barriers to disclosure.
- Research also indicates that children do not seek help from formal agencies or professionals because they do not know they exist; they are unsure what help they can get from them; or they worry about losing control over the information they share.
- Service development should focus on innovative ways of ensuring that services address children's concerns: they could provide a forum for children and young people to talk to

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someone about abuse they are experiencing, while also giving them the space and time to think about their options before providing details that may cause them to lose control of the situation.

- Services should be well-publicised in places where children and young people spend time. This includes places like schools and youth clubs, but in view of the increasing use of technology, internet websites such as social networking sites should also be part of any awareness-raising strategy.

Background

Adult survivors of sexual abuse in childhood and clinicians have for many years now highlighted the difficulties children face in talking about abuse they have experienced, and in being heard. This is despite the ‘rediscovery’ of child sexual abuse as a significant social problem in the 1970s and subsequent growing public awareness of the issue (Parton, 1985; Nelson, 1987; MacLeod and Saraga, 1988; Hooper, 1992).

Drawing on his clinical experience, Summit (1983), for example, argued that while children who have experienced sexual abuse may tell others about it gradually or incrementally, many children remain silent about it, deny that it actually happened, or produce a series of disclosures of abuse followed by recantations. Summit’s observations were an important development, because he raised questions about relying solely on children’s statements in forensic investigations: if children do not readily disclose abuse, then convictions for abuse are more difficult to obtain. Summit’s account is said to reflect the experiences of many professionals working with sexual abuse victims (Gonzales et al, 1993) although such clinical accounts of disclosure have not yet been rigorously tested by research (London et al, 2005).

On the basis of this understanding of sexual abuse disclosure, new strategies for interviewing children were developed with the aim of enabling them to disclose abuse more easily. There is now a substantial body of literature on forensic interviewing, a review of which is beyond the scope of this short briefing, though it must be acknowledged as important in shaping the debate about children’s disclosure (see Keuhnle and Connell, 2009; Pipe et al, 2007).

The development of such interviewing techniques have provoked controversy, particularly about the extent to which adults who interview children might influence or ‘coach’ them to say things that are not accurate, or even to support false allegations of abuse (see Bruck and Ceci, 1999; Ceci and Bruck, 1993; Poole and Lamb, 1998). Despite these concerns, the notion

that children do not always disclose abuse has been endorsed and supported by clinicians and scholars (Oates and Donnelly, 1997), and is echoed in current guidelines for interviews within criminal proceedings (CPS, 2001) and in the UK Government's *Working Together* guidance (HM Government, 2006; see para 5.37).

How Children tell - what is disclosure?

Disclosure is not a straightforward concept, as children do not always purposefully tell about abuse. Existing research tends to treat disclosure in a narrow sense: a singular event that happens in an official context, such as telling the Police or a social worker, or in an official forensic interview.

In reality, disclosure may happen in different situations and in different ways: 'accidental disclosure' is the term frequently used in the research to refer to situations when the abuse is found out by someone else through observation or through medical examinations, for example. In contrast, 'purposeful disclosure' occurs when a child *intentionally tells* someone about the abuse, perhaps with the aim of stopping it. Finally, the term 'prompted/elicited disclosure' is used to describe situations when authorities, professionals, parents, carers or other adults encourage a reluctant child to tell about the abuse (Alaggia, 2004).

Alaggia (2004) and Lindblad (2007) include non-verbal cues as part of the disclosure process. In Alaggia's (2004) qualitative study of 24 abuse victims, she found that half of the participants did not fit into the already established categories of disclosure types described above: some exhibited certain behaviours and attempted to tell someone about the abuse indirectly; some intentionally withheld their disclosures; while other disclosures came to light after being triggered by recovered memories.

Both Alaggia and Lindblad suggest that 'disclosure' should not be treated as a one-off event – i.e. that moment when a child spontaneously tells someone what is happening to them: disclosure is potentially a much more complex process involving cumulative acts of 'telling'

(Lindblad, 2007). This may involve a series of indirect statements and non-verbal cues over time, which children use consciously or unconsciously to tell someone about the abuse, and which can be seen to constitute separate but significant parts in the *process* of disclosure.

When children tell

Retrospective studies with adults have significantly contributed to our knowledge of disclosure patterns. Studies by Smith et al (2007), Kogan (2005), Jonzon and Lindblad (2004) use survey-based methods with sample sizes ranging from 60 to 1,411 participants and tend to be large national surveys or surveys of college students. They consistently show that between 46 and 69 per cent of adults abused as children never disclosed it in their childhood. While some studies show higher rates of disclosure (see Roesler and Weismann Wind, 1994; Kellogg and Hoffman, 1995; Arata, 1998; Cawson et al, 2000), this observed variability is likely to be caused by the use of different - and broader - definitions (for example, unwanted sexual experiences vs abuse), and different kinds of samples.

Another source of data comes from studies of children who undergo sexual abuse evaluations, which generally have much smaller sample sizes (ranging from 28 to 251 cases). A review of these studies by London et al (2007), echo the retrospective studies in that when children do disclose, it often takes them a long time to do so. Goodman et al (1992), who also studied disclosure rates of children whose cases were referred for prosecution, found that although 37 to 42 per cent of the children disclosed abuse within 48 hours of it happening, for many others it took between 6 to 12 months. Other studies (Elliott and Briere, 1994; Henry, 1997), using similar samples, found even higher rates of delayed disclosure. Furthermore, they found that children typically do not recant their allegations once they have disclosed abuse. Of the studies reviewed, only 4 to 27 per cent of children were said to have recanted their initial disclosures (Bradley and Wood, 1996; Gonzales et al, 1993; Bybee and Mowbray, 1993).

There is a misguided notion that a large proportion of allegations of abuse made by children are false. This is because allegations of child abuse are frequently (though not always)

contested by the accused and their supporters. False allegations are variously claimed to be a result of incompetent professionals (Faller and DeVoe, 1995); children being coerced into making a false disclosure or lying (Gardner, 1995); inaccurate memories and suggestibility (e.g. Ceci and Bruck, 1993, 1995); and fantasizing by children (Driver & Droisen, 1989). Faller (2005) argues, however, that research that examines reports of child maltreatment does not support the assertion that children often make false claims of abuse. In Trocme and Bala's (2005) study, false accusations represented only 4 per cent of all allegations, a rate that is consistent with other, similar studies (Faller and DeVoe, 1995; Oates et al, 2000; Jones and McGraw, 1987).

Many false cases of abuse are said to be connected with arrangements for children after divorce or separation, with the accusation more often than not made by the non-resident parent rather than the child (Trocme and Bala, 2005; Bala and Schuman, 2000). False allegations have also been associated with cases of child neglect, the type of maltreatment which is most difficult to substantiate (Faller, 2005).

Barriers to disclosure

There is a whole range of reasons why children delay or never disclose abuse. The literature highlights the importance of understanding how individual and contextual factors may inhibit or encourage disclosure of abuse in a child's life.

Individual factors that influence decisions have been identified in a review of the literature by Featherstone and Evans (2004):¹ the barriers that must be overcome by parents/carers, professionals and support agencies if children are to feel safe enough to disclose abuse. Children report feeling that there is no-one to talk to who will listen and can be trusted (Hallet et al, 2003; Butler and Williamson; 1994); that they will not be believed or taken seriously

¹ Featherstone and Evans (2004) *Children experiencing maltreatment: who do they turn to? A summary of research and findings* is available on NSPCC inform:

www.nspcc.org.uk/Inform/publications/Downloads/CEMsummary_wdf48180.pdf

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(Roesler and Weismann Wind, 1994; NSPCC, 2005); and that nothing will change if they tell someone. They also report feeling embarrassed; reluctant to burden others; fearful of getting themselves or someone else in trouble; fearful of a loss of control over the information that is shared and how that information will be acted upon by adults (Butler and Williamson, 1994); and that there is a stigma of involvement with formal agencies (Hallet et al, 2003). They also have limited knowledge of available services and what they can do to help (Hallet et al, 2003; Crisma et al, 2004).

Contextual factors also play a role in determining whether or not a child will disclose abuse. Intra-familial abuse (in particular the degree of closeness of the child to the perpetrator) has been found across a large number of studies to delay disclosure of the abuse (Smith et al, 2000; Goodman-Brown et al, 2003; Hershkowitz, et al, 2007; Sauzier, 1989; DiPietro, 1997; Sas, 1993; Sjoberg and Lindblad, 2002; Wyatt and Newcomb, 1990; Ussher and Dewberry, 1995). An explanation may be that children who experience abuse within the family have greater fears about betraying a parent, or fear punishment and/or other negative consequences as a result of their disclosure.

It is also thought that the more violence is used to coerce the victim, the less likely it is that the child will disclose abuse, but this is not what Arata's study (1998) concluded. Her study found that those who experienced more severe physical coercion were as likely to disclose as those who had not, but that those individuals who experienced *contact abuse* were less likely to disclose than those who experienced *non-contact* abuse. These findings are also supported by a number of other researchers (Lamb and Edgar Smith, 1994; Roesler, 1994; Smith et al, 2000).

Some researchers have examined whether a child's age at first incident of abuse impacts on their decision to disclose, but the evidence to date is inconsistent. Smith et al (2000) found that younger children were more likely to delay disclosure than older children, but other researchers (see Arata, 1998; Kellogg and Hoffman, 1995) failed to find an association. However, studies exploring child sexual abuse during adolescence have found high disclosure

rates, suggesting that older children may indeed be more likely to disclose abuse than younger children (Everill and Waller, 1995; Kellogg and Hoffman, 1995).

Gender differences have also been identified as impacting on the disclosure of sexual abuse. Although there are similarities between boys and girls in how they feel about it (e.g. fear, shame, guilt), Alaggia (2005) found that boys fear being stigmatised as a homosexual and/or victim, whereas girls are more likely to fear that they will not be believed. For boys and men, sexual abuse perpetrated by a male raises conflicts about their own sexuality as well as being 'masculine' in a society that assigns a particular value to masculinity, and these feelings will impact on the motivation of a boy to disclose abuse.

Who children tell

Children are most likely to tell their peers or their mothers about experiences of abuse and least likely to tell a professional. Abrahams' (1996) study highlighted that the reason many children who do disclose choose a best friend or their mother is that they have chosen the person(s) they think are most likely to believe their account. Elliott and Briere's (1994) study found that informal contacts such as a family doctor, faith group representative or mental health professional were important as potential confidants when disclosing, but much less so than close friends. Close friends were the most common confidants, followed by mothers, other relatives and non-familial members of the community.

The NSPCC prevalence study (Cawson et al, 2000) found that of those who had told someone of their abusive experiences, 55 per cent had told a friend, 29 per cent their mother or step-mother and only 11 per cent their father. Wattam and Woodward's (1996) study found that the majority of adults who disclosed as children told their mothers (34 per cent) followed by a friend or boyfriend (16 per cent). Where they disclosed as adults, it was their partner/spouse who was the most likely recipient of the disclosure (24 per cent). Across all these studies, few chose to tell a professional: less than 10 per cent in each of these samples (Hartwig and Wilson, 2002; NSPCC, 2005; Cawson et al, 2000; Wattam and Woodward, 1996).

Practice and policy implications

Parents, carers and other family members can help by fostering an environment where children feel safe to talk about things that are worrying them and feel they have someone they can turn to. Responding sensitively and supportively is crucial in helping children talk about what is happening to them. Encouraging good and healthy friendships for children opens up further routes of support. If children may feel threatened and afraid to tell a family member, they may be more likely to tell a friend.

Policy makers, managers and professionals should consider how to develop services which are based upon what children want and are concerned about. Confidentiality is one of the key issues children raise when they are asked about why they do not disclose abuse. Moreover, children have said that it is the fear of losing control over the situation that makes them hesitant to tell someone about abuse. Sometimes children need a safe and confidential space to talk about abuse and time to consider options before providing details that may lead to this loss of control (e.g. in case it results in a child protection referral). Therefore it is important that professionals respond to any disclosure sensitively, and fully inform the child of what will happen after they make a disclosure of abuse.

The research also shows that children and young people are not well-informed about available services and what they do. It is recommended that services themselves should reach out through awareness-raising campaigns that emphasise things such as confidentiality and respect, which children feel are important. Promoting services in schools and local youth clubs is one way of raising awareness. Developing child- and young person-friendly methods of accessing services is also important, for example designing eye-catching leaflets and websites.

Conclusion

For many reasons, children and young people often do not tell anyone about the abuse they are experiencing. This is a major cause of concern because it means that they continue to suffer in silence, which can have both short- and long-term impacts on their wellbeing. Furthermore, until perpetrators of abuse are caught other children remain at risk.

This brief review of the literature has identified some of the dynamics involved in disclosing abuse, including who children tend to turn to and what inhibits children from speaking out. It is important to learn lessons from the research, particularly to listen to and address children and young people's concerns, if we are to help create safe environments for open dialogue so that children feel they can tell someone.

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