

**What helps children tell? Identifying the factors that facilitate disclosure.
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In 2014, we were awarded a BASPCAN grant for our research work on child sexual abuse disclosure. This study is part of a multi-site study on this topic which we have been involved in over a number of years as an unfunded project. The grant was awarded on foot of our application to gather data in one site – a child sexual abuse unit based in a children’s hospital (Our Lady of Lourdes Hospital for Sick Children) in Dublin, Ireland. The project is a follow up study from my own doctoral dissertation, a qualitative study of how children tell. The PhD study involved interviews with children, their parents, and adults who had themselves been sexually abused in childhood. I developed a conceptual framework, ‘containing the secret’, that identified three key dynamics in the process of disclosure: *active withholding*, *the pressure cooker effect*, and *confiding* (McElvaney, Greene & Hogan, 2012). I also identified a number of factors that influenced participants’ experiences of disclosure – being asked, being believed, concern (McElvaney, Greene & Hogan, 2014). Given the challenges for both researchers and young people in engaging in research interviews, the purpose of the BASPCAN funded study was to conduct a retrospective file analysis; to examine children’s assessment reports and based on the information provided in such reports, to explore the evidence for my conceptual model and try to identify what helps children tell?

There has been a growing interest in the phenomenon of child sexual abuse disclosure in recent years. Large scale studies of adults in the U.S., Canada, and Ireland have highlighted the delays in such disclosure (Smith, Letourneau, Saunders, Kilpatrick, Resnick, & Best, 2000; Hébert, Tourigny, Cyr, McDuff, & Joly, 2009; McGee, Garavan, deBarra, Byrne, & Conroy, 2002), while similar findings have been noted in large scale studies of adolescents in the U.S. and Sweden (Kogan, 2005; Priebe & Svedin, 2008).

The findings from these studies suggest that:

- Most children do not disclose without a significant delay; many wait until adulthood, some never tell
- Some children deny when asked in the context of forensic interviews; even when corroborative evidence is available that confirms they were abused
- Children and adults experience considerable difficulty in confiding
- This difficulty persists throughout the lifespan

In the past decade or so, qualitative research has been conducted involving interviews with adults in the U.S. (Easton, 2011), Canada (Alaggia, 2004; Collin-Vézina, Cyr, Pauzé, & McDuff, 2015), Australia (Hunter, 2011) and the U.K. (Allnock & Miller, 2013) and with young people in Italy (Crisma, Bascelli, Paci, & Romito, 2005), Norway (Jensen, Gulbrandsen, Mossige, Reichelt, & Tjersland, 2005), the U.S. (Stellar & Nelson-Gardell, 2005), Australia (Mudaly & Goddard, 2006), Canada (Ungar, Barter, McConnell, Tutty, & Fairholm, 2009; Ungar, Tutty, McConnell, Barter, & Fairholm, 2009), Switzerland (Schönbucher, Maier, Mohler-

Kuo, Schnyer, & Landold, 2012), Ireland (McElvaney et al., 2012; 2014) and the U.K. (Cossar, Brandon, Bailey, Belderson, Biggart, & Sharpe, 2013).

Combined, the large scale studies noted above and the qualitative research in recent years has highlighted the complexity of the disclosure process and helped us understand what stops children telling and, to a lesser extent, what helps children tell?

What stops children telling? Paine & Hansen (2002) conducted a review of studies that identified age, gender, relationship to perpetrator, and fear of consequences of disclosure as influencing children's reluctance to disclose. Goodman-Brown, Edelstein, Goodman, Jones, & Gordon (2005) examined files of children in a District Attorney's office in the U.S. and found that children who were older, came from incestuous families, felt greater responsibility for the abuse, and feared negative consequences of disclosure took longer to disclose. Other studies have found that the expectation of non-supportive response from parents (Herszkowitz, Lanes, & Lamb, 2007; Schönbucher et al., 2012), shame (Schönbucher et al., 2012; McElvaney et al., 2014); and concern for others (not wanting to upset or burden) (Schönbucher et al., 2012; McElvaney et al., 2014) are important considerations for children and young people when deciding whether or not to tell.

What helps children tell? Several studies have identified extrafamilial abuse, older age, stable family, and experiencing a single incident of abuse as factors influencing early disclosure. Additional variables such as peer influence (Crisma et al., 2004; Schönbucher et al., 2012; McElvaney et al., 2014), being asked/Opportunity to tell (Jensen et al., 2005; Ungar et al., 2009a; Herszkowitz et al., 2007; McElvaney et al., 2014); having a trusting relationship with an adult (Stellar & Nelson-Gardell, 2005; Ungar et al., 2009a; Cossar et al., 2013; McElvaney et al., 2014) and living with offender (Leclerc & Wortley, 2015) have been identified as helping children tell.

Exploring methods of data collection. Various methods of collecting data from children and young people have been used that do not involve interviewing children directly about their experiences. Collings, Griffiths, & Kumalo (2005) examined 1,737 hospital files; Goodman-Brown et al. (2005) drew on 209 district attorney files; Schaeffer, Leventhal, & Asnes (2011) examined videotapes of children's investigative interviews (n=191) while McElvaney & Culhane (2015) examined children's files (n=39) where the children had been seen for a child sexual abuse evaluation. The latter study constituted the pilot study for a larger multi-site study on disclosure in children and young people. Hill, Thompson, and Williams (1997) suggest the term 'general' to refer to a category related to all cases, 'typical' to refer to where more than half of the cases are represented, and 'variant' to refer to when the domain applies to two to three cases. Three 'typical' themes (that is, featuring in over 50% of cases) were identified as influencing the disclosure process: feeling distressed (66%); opportunity to tell (59%); and fears for self (54%) Four 'variant' themes were identified: concerns for others (36%); being believed (31%); shame/guilt (28%); and peer influence (28%). Within this study, findings from children's direct

interviews about their experience of disclosure were compared with findings based on their evaluation reports. This comparative analysis revealed that in some cases more information was available from the children's files than had been offered in the direct interview with the child while in other cases, more information was obtained in the research interview than was available on the file. The extent of data available on file relating to disclosure was considered sufficient to warrant proceeding with retrospective file analysis as a valid method of data collection when investigating children's disclosure processes. Using children's file data has the potential to access children's experiences without asking children to engage in further interviews about experiences that were potentially traumatic. While acknowledging that it is sometimes therapeutic for children to engage in research of this nature, this methodology potentially protects children from the sometimes difficult experience of reflecting on their disclosure experiences while ensuring that their voices are heard and that they can influence policy and practice in the professional field of child abuse and neglect.

Current study: The aim of this study was to investigate the factors that influence early disclosure of children's child sexual abuse experiences. The objectives were to examine data collected as part of child sexual abuse assessments in a child sexual abuse unit; to analyse those variables associated with early disclosure and to make recommendations for prevention programmes. 80 children's files were examined. These children had been seen for assessment by two professionals; an opinion was offered that child had given a credible account of abuse; and written consent was granted from parents for file information to be used for research purposes. Ethical approval was granted by the children's hospital concerned. A Research Assistant (third author) was employed to assist with the study. The second author, who is based in the children's hospital, facilitated access to the children's files. The Research Assistant, using a template already developed in the pilot study, extracted relevant data from children's files (demographic data; descriptive characteristics of child, family and alleged perpetrator; details of disclosure). The record sheets were then analysed whereby variables already identified from the pilot study were used to code the data (present or absent) on an excel spreadsheet. Relevant text was inserted into the spreadsheet in comment format. Two students assisted with the coding process to ensure that all record sheets were independently coded; the first author met with the coders regularly to discuss and reach consensus on coding and also randomly sampled cases to check for validity and reliability. The excel data were then imported into SPSS to facilitate data analysis. Descriptive analysis in the form of frequency tables and pie charts were created for all variables; inferential statistics (Chi-square analysis, Fisher's Exact Test and logistic regression analysis) were run to investigate relationships between demographic variables and the categorical variables that represented the themes identified in the qualitative analysis.

The sample: The children and young people were aged between 3 and 17 years; most were female (79%). More were abused within the family (62.5%) than by someone outside the family. A significant minority of parents had their own history of childhood sexual abuse (26%) as did siblings (24%); while domestic abuse was a feature in 35% of families. Slightly more than half the sample

(52.5%) experienced penetrative abuse and slightly less (47.5%) experienced non-penetrative abuse. A significant proportion (41%) of the children and young people were abused by adolescents or young adults under 20 years of age. The majority of children were abused by a male figure (96%). The two most common groups of confidantes, that is the person to whom the child first disclosed, was parents (46%; 41%, mother 36%, father 5%) and peers (34%).

Influences on disclosure process. The aim of this study was to investigate the factors associated with early disclosure of child sexual abuse. Using the themes identified in the pilot study (McElvaney & Culhane, 2015), a content analysis was conducted to ascertain whether these themes were reflected in a larger sample and whether it was possible to identify specific factors that predicted early disclosure.

Table 1 below presents the prevalence of themes from this study that had been identified in the earlier pilot study.

Table 1. Influences on disclosure process

Feeling distressed	96%
Opportunity to tell (being asked)	44%
Fears for self	63%
Concerns for others (not wanting to upset)	61%
Fear of not being believed	20%
Shame	64%
Peer influence	65%

A very high proportion of children and young people described, or were described by their parents or the professionals as, feeling distressed either prior to the disclosure or following the disclosure. This high incidence of distress supports the idea of the pressure cooker effect as proposed in the *Containing the Secret* model. While children and young people did not specifically attribute their disclosure to feeling distressed, whether this distress was manifest before or after the disclosure can be understood in different ways. Many children cope with the psychological impact of abuse by withholding the secret; keeping the lid on the abuse is a way of containing the emotions that threaten to overwhelm the child. The disclosure can, for many children, 'lift the lid' not only on the secret of abuse but also on the emotions that had been so carefully kept in check.

Almost two thirds of the children in this study experienced fears for self if they were to disclose, were concerned that others would be upset if they disclosed, or felt ashamed about what happened. Some studies have found that young people's predictions about negative outcomes for themselves (such as not being believed, getting into trouble) were confirmed. Educating parents about sexual abuse and supporting parents through the disclosure process may mitigate the extent to which parents respond negatively to children's disclosures. The taboo and stigma of sexual abuse often deprives parents of the opportunity for much

needed support from other parents as they struggle to believe, understand, and validate their children's experiences. The shame that children and young people feel about the experience of abuse not only acts as an inhibitor to disclosure, but is also a complex issue to address in therapeutic work. Secrecy compounds shame; yet sexual abuse is a difficult topic to discuss openly, thus depriving children of opportunities to have their negative thoughts challenged by others and transformed into more self-affirming ways of thinking about themselves. A majority of children and young people (65%) were influenced by peers through the process of disclosure. It has been increasingly recognized that particularly for teenagers, peers are an important source of support for children struggling with sexual abuse. Empowering young people and educating them as to how to respond when friends disclose sexual abuse can have significant benefits for helping children tell. Finally, over a third (44%) of the children and young people described experiences of being asked questions about themselves, their psychological wellbeing and their behaviour, that appeared to influence them telling about their sexual abuse experiences. This figure was lower than the corresponding figure found in the pilot study.

What helps children tell? Chi-squared analyses were conducted to investigate relationships between the themes noted above and variables such as age at onset of abuse (under 4, between 5 and 12, and over 13), gender (male or female), whether the abuse was intrafamilial or extrafamilial, and in particular, time to disclosure (within 24 hours or more than 24 hours; within one month or more than one month). Surprisingly, given findings from other studies, no significant relationships were found between these variables, suggesting that the themes identified are relevant for children regardless of age at onset of abuse, gender, or whether abuse takes place within the family or outside.

Conclusion: While further analysis will be conducted when the findings from this study are amalgamated into the larger multi-site study, it appears at this stage that the findings support the position that the disclosure process is complex, influenced by identifiable factors but not in a predictable, patterned fashion that is specific to any development stage. Rather, despite considerable overlap in children's experiences, each child is unique in terms of how they are influenced to tell about their experience of abuse. There is much that we, as professionals, can do to help develop a society wherein children can feel supported in being able to tell – we can respond to children's distress, reassure them that they will be protected and help them cope with the emotional pain that emanates from the experience of abuse; we can support parents in helping them understand sexual abuse and what children need to help them heal from this experience; we can educate all children and young people about children's rights, where the responsibility lies when a child is abused and how young people can help each other along the pathway of disclosure.

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