CHILD SEXUAL ABUSE AND DISCLOSURE

What does the research tell us?

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Child sexual abuse is a global problem. Disclosure of abuse is a key to providing support and appropriate interventions. The challenges to disclosure are great. This paper reviews the current literature about disclosure and child sexual abuse with a focus on key messages for child protection workers and their practice.

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Executive Summary

Child sexual abuse is largely an unwitnessed and often undetected crime. Research suggests that most cases of child sexual abuse are never disclosed to authorities (Martin & Silverstone, 2013). In New South Wales (NSW), the proportion of risk of significant harm (ROSH) reports[1] made concerning child sexual abuse to the Child Protection Helpline has risen from 10% in 2009/2010 to 16% in 2011/2012 (Family and Community Services, 2013).

Working with child sexual abuse is both complex and challenging. Child protection workers often need to quickly assess the presence and risk of sexual abuse and to implement prevention strategies to keep children safe from further harm. Child sexual abuse often comes to light via a child's accidental or purposeful disclosure. Disclosures can take many forms but at its core is a child's need and attempts to let someone know that he or she is being or has been sexually abused.

Over recent years, reviews by the NSW FACS Child Deaths and Critical Incidents (CDCR) team have identified gaps in caseworker knowledge and skills in recognising and managing the risk of child sexual abuse. This includes understanding how, when and why children disclose child sexual abuse. This report reviews what the research tells us about the disclosure of child sexual abuse and summarises the key messages for practitioners with a view to transform this into learning resources for child protection workers.

The experience of child sexual abuse is usually difficult, distressing and traumatic. Disclosure of a one-off or ongoing sexual abuse is likely to be intense and upsetting. Children may tell just once or they may reveal their abuse to several people overtime. Studies confirm that delays in disclosing child sexual abuse are common. Although some children disclose immediately, many children wait until adulthood. Deciding who to tell is an important part of the disclosure process and a child's disclosure experience differs depending on the choice and reaction of the recipients. Younger children tend to disclose to parents and adolescents to their peers. Disclosure to authorities and professionals is rare.

Sadly, disclosure of childhood sexual abuse is often met with disbelief, anger, or rejection. This leaves a child feeling isolated, unnoticed and unsure. Children say they don't disclose because they are afraid of the consequences to themselves and others, they feel ashamed or in some way responsible for the abuse, they are unsure whether an abuse has occurred, or they do not know where to turn to for help. Children therefore make calculated decisions about disclosing; they consider who they will tell, whether they will be believed and how much detail they should provide.

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[1] In NSW a child is considered at Risk of Significant Harm if the circumstances that are causing concern for the safety, welfare or well being of the child or young person are present to a significant extent.

Within child protection settings, rates of withdrawing an allegation of child sexual abuse among children are generally low compared with disclosures and retractions made during psychotherapy sessions. However, some children may withdraw their allegations, especially if others or events (such as possible removal from home) pressure them to do so.

A child's characteristics, their family environment and the community in which they live can influence their disclosure decisions and experiences. Age is a predictor of disclosure, with younger children less likely to disclose than older children. Gender also affects the disclosure process. Girls disclose more often and sooner than boys, however boys can talk in depth if prompted.

Family functioning can effect a child's decision to disclose. Fixed and rigid gender roles within families or families who have indirect and closed communication styles can prevent a child from disclosing. Children who are sexually abused by a family member or by someone else they know find it very hard to disclose. This is because they worry about the consequence to themselves and family, or they feel a loyalty to the perpetrator. If a child is living in the presence of family violence (especially abuse of their mother), they may fear their disclosure will lead to further violence against their mother or themselves.

Cultural norms about virginity, sexual taboos or a desire not to bring shame on the family can also deter a child from disclosing. Likewise, a community that has a low understanding and awareness about childhood sexual abuse may be hostile towards and not believe a child's account of sexual abuse. If children and young people don't know about services that could help them or if there are no services in their location they may see disclosure as being futile.

Recent trends suggest that a significant proportion of disclosures are prompted by direct inquiry by friends, family and caregivers. Being asked directly or indirectly about sexual abuse can provide children with the opportunity and purpose for disclosing their abuse. Open ended questions that inquire about a child's general well-being may help them feel more at ease and help them disclose. Further, taking time to develop rapport, helping children feel safe and in control, and having general and regular conversations with children will help them share their stories.

Sexual abuse impacts on physical and mental health functioning and influences social and education outcomes (Cashmore & Shackel, 2013). However, research findings about the impact of disclosure are as idiosyncratic as the experiences of sexual abuse. Disclosing may help children access safety interventions and provide them with emotional support to assist with their healing. For others disclosure may be a traumatic or humiliating experience that has a deleterious affect on their psychological and physical functioning. Although the literature suggests disclosures are part of effective therapeutic interventions, authors stress the need for practitioners to evaluate each case and prioritise treatment based on the presenting symptoms and weighing up the risks and benefits for each client.

The research highlights the numerous challenges practitioners face when trying to get a child to tell of their abuse. They must balance the need to build trust and rapport with a child so they feel more comfortable and able to disclose, with the time pressures to "get a disclosure" in order to prevent further abuse. Moreover, the emotional pain associated with acknowledging and working on cases involving child sexual abuse may cause practitioners to deny or minimise the abuse prior to or following a disclosure. This situation is complicated by children's lack of knowledge about services and for some, a distrust and anxiety about what will happen if child protection or social services get involved

Improving our practice: How can we help children to disclose?

The findings of this review can assist child protection practitioners to understand and reduce the barriers to disclosure and provide children with an opportunity to tell someone about their abuse. It is important for practitioners to consider the factors that discourage and prompt disclosure when conducting risk and safety assessments and developing interventions. Issues of age, gender, culture, family dynamics, the victim's relationship to the perpetrator and severity of abuse can pose obstacles to disclosure. A holistic assessment of these dynamics by caseworkers may help practitioners understand and erode such barriers to disclosure.

There is no one signal or sign of child sexual abuse. Instead, to facilitate a disclosure, it is critical that practitioners be on the look out for indirect, non-verbal hints or out of context signs and statements that may suggest abuse has or is taking place. Strategies to help children disclose include building trust and rapport with the child, taking an interest in them and, letting them know that they will be believed. Asking children direct or indirect questions about the abuse, using open ended exploratory questions, active listening and creating multiple interview opportunities conducted in safe child friendly spaces, may all help children feel comfortable and able to tell their story in their own manner and time. Letting children have some control over the disclosure process is also important. This involves informing children about what is likely to happen to them and their family, who will be involved and the timeframe for actions. Central to all work is the need to take time to explore what life is really like for the child and remember that children are the experts in their abuse.

Disclosure is rarely a spontaneous event and is more likely to occur slowly overtime. It is therefore important to remain open to a future disclosure when working with children. Because some children may disclose sexual abuse and then retract their allegation (especially if they are pressured to do so) it is important to probe and be aware of external pressures and thoroughly document an early or first disclosure. Don't assume a recantation means that abuse has not or is not occurring.

The research suggests that workers need improved training and educational preparation to deal with the cases involving child sexual abuse. Generalist knowledge and practice wisdom

combined with specialist knowledge and skill will help boost worker's confidence and capacity to talk to children about sexual abuse. It will also prevent them from minimising or denying the risk of sexual abuse. Noting assumptions and interpretations about the case with others will assist in reducing professional and personal bias about child sexual abuse. Organisational improvements mentioned in the literature include more regular on the ground training and supervision of workers.

Future research

This review shows that there is a sound evidence base about how, when, why and to whom children report their childhood sexual abuse. However, there are still gaps in the knowledge base. Large representative samples drawn from the general population are needed to get a comprehensive understanding of disclosure and the validity and utility of proposed models of disclosure. It is also important that future studies capture and understand the patterns and experience of disclosure among young children (including direct interviews and file reviews) within distinct cultural and socio-economic groups. While existing research focuses on barriers to disclosure, greater investigation about motivations and strategies optimal or most conducive to disclosure may be of use for professionals working with victims of child abuse. Understanding of the dynamics and experiences of disclosure among children and young people abused by siblings or females is also warranted, as is greater investigation of how and when boys disclose and access services. Lastly, greater examination of professionals' perspectives and practice when dealing with cases of child sexual abuse will identify barriers to, and enablers of, disclosures.

This review highlights the silent nature of child sexual abuse and the multiple challenges children face when deciding whether or not to disclose their abuse and share their pain. It begs practitioners to be curious, listen, believe and take action. It also asks us to walk in the shoes of a child, understand their world and appreciate the bravery it takes for them to tell.

1: INTRODUCTION

1.1 Rationale and Purpose

Child sexual abuse is a global and a local problem. Recent international studies report that between 8 - 31 per cent of girls and 3-17 per cent of boys experience childhood sexual abuse (Finkelhor, 2014; Barth, Bermetz, Heim, Trelle & Tonia, 2013). In Australia, it is estimated that between 1-16 per cent of boys had experienced sexual abuse and 4-36 per cent of women had been abused as a child (Australian Institute of Family Studies, 2013).

Understanding and working with the dynamics of child sexual abuse is a core capability for child protection practice and for working in out of home care (OOHC). The percentage of ROSH reports concerning child sexual abuse provided to the New South Wales (NSW) Child Protection Helpline has risen from 10 per cent in 2009/2010 to 16 per cent in 2011/2012 (Family and Community Services, 2013).

The Office of the Senior Practitioner (OSP) within the NSW Department of Family and Community Services (FACS) undertook this literature review to examine how contemporary research into disclosure of child sexual abuse can assist child protection practitioners working with families where child sexual abuse is suspected or has been confirmed.

Although there are variations in the way disclosure is defined, for the purpose of this review, disclosure refers to the way children, young people or adults let other people know they are being or have been sexually abused. Research on disclosure comes from two main sources: adults who report histories of sexual abuse and children who are being or have been sexually abused. Findings consistently stress the compounding challenges children face in disclosing abuse that sadly results in many children never disclosing or delaying disclosure until adulthood. This review aims to improve our understanding of the latest evidence about disclosure trends and impacts, and factors that may inhibit or motivate children to disclose. The key findings from the review will inform the development of further training and resources for practitioners.

Several reviews of the disclosure literature have been published over the last ten years (McElvaney, Greene, & Hogan, 2013; London, Bruck, Wright, & Ceci, 2008) covering different aspects of disclosure. This review aims not to replicate but to build on these by synthesising major themes and findings across reviews, incorporating more recent academic and unpublished literature and by distilling and including key messages for practitioners. Accordingly, the aspects of disclosure that receive attention in this review include disclosure rates, latency to disclosure, recipients of disclosures, barriers and motivations to disclosure, the impact of disclosing, interviewing techniques related to disclosure, experiences of professionals working with child sexual abuse, and disclosure-based treatments.

1.2 Review Methodology

1.2.1 Search Strategy

Searches were made of databases containing scientific peer-reviewed articles including EBSCO, ProQuest, Ovid, Gale, Medline and Google Scholar. Reports from the national child abuse and neglect institutes including the Australian Institute of Family Studies, the National Society for the Prevention of Cruelty to Children, the National Centre for Child Abuse and Neglect in Washington and the Canadian Incidence Study of Child Abuse and Neglect were accessed through APAIS. Key words used in the search terms included "child sexual abuse" or "child sexual assault" and, "disclosure" or "telling" or "revealing" or "talking about".

1.2.2 Scope of the review

Studies or literature were included in this review if they met the following criteria:

1. Articles and reports published since 2004 (however, seminal pieces of work appearing either frequently [generally more than three times] or pertinent to the sub-topic were included). Articles and reports therefore make up and are referred to hereafter as "the literature".
2. Disclosure was the focus or a separately mentioned sub-topic.
3. Literature was published in English.
4. Experiences of disclosure from a child, adolescent, adult or professional perspective were all included in order to get a client and practitioner perspective.

In total, 208 pieces of literature were included and formed the basis of this review.

1.2.3. Quality of the evidence and methodological limitations

The literature on disclosure of child sexual abuse varies according to the issue under investigation. The review contains a relatively even breakdown of quantitative and qualitative research designs. This provides an evidence base rich in detail and with the ability to generalise. However, it is lacking in longitudinal data that would explore and show how disclosures occur and change over time. There are several large-scale national probability studies among males, females and adolescents that investigate the rates and timing of disclosure and non disclosure and the impact of disclosure. Other quantitative studies generally involve small sample sizes (ranging from 20 to 800) of male and female adults, professionals/workers or children and investigate a vast array of sub-topics. The qualitative literature involves smaller samples of children, adolescents, adults, police, and workers involved in the care and protection of children. Child sexual abuse research uses sensitive data that for ethical reasons is difficult to collect from children. This reality is reflected in this review as there were few studies that used child samples and some of the child-based studies relied on information provided by therapists or retrospective case file reviews rather than from children themselves. The research is also assisted by a number of

recent reviews or discussions about the disclosure literature that are more narrow and selective in scope than this review. Mixed method or case-control designs are limited within the prevailing research.

In reviewing the evidence of child sexual abuse and disclosure, it is important to highlight some of the methodological limitations that exist within the research. The evidence about the prevalence, experience and impact of disclosure comes from either children or adults who have disclosed. There are several key issues to note when interpreting the literature.

One of the important and basic problems is the issue of confirmation of sexual abuse. In some studies sexual abuse is substantiated via medical evidence or court findings and in others it is based on a child's disclosure. It is therefore not always possible to distinguish between the disclosure experiences of children who were, and those who were not, abused.

Two sampling methodologies dominate the evidence: studies of adults and studies involving children and young people. Both types of studies have shortcomings.

Studies involving children rely on samples and recorded answers of children questioned about sexual abuse. Because a significant proportion of children are not officially interviewed these clinical or forensic samples are not representative of the whole population of children abused.

Studies of children come from mainly smaller samples of adolescents. The experience and the characteristics of disclosure patterns among very young children who are vulnerable are limited. Adolescent samples should not therefore be considered as representative of all children experiencing abuse.

Studies involving adults' recollections of abuse experienced during childhood and disclosure may be subject to recall bias. Adults may forget telling someone or the details of disclosure over time. The time lag between being abused as a child and disclosing the experience in adulthood, may influence or compromise the accuracy of information. Finally some adult studies include people who report having repressed memories of their sexual abuse and who delayed disclosing. In such cases, the accuracy or reliability of the abuse and disclosure is questionable or fallible.

The majority of evidence is derived from studies examining disclosure and child sexual abuse perpetrated by males. Very little literature exists about disclosure patterns and experiences among men and women who were abused by females which could be attributed to the fact that the majority of child sexual abuse is perpetrated by males (Lamont, 2011).

Many adult studies fail to include information about whether, as children, they were asked about abuse and the content of their reply. Thus it is difficult to determine whether rates of

childhood silence indicate that children were asked and denied abuse or whether they had just never been asked.

There is inconsistency in the settings where disclosure was examined. Studies include disclosures made during interviews with police, child protection or welfare workers, psychologists or general practitioners. In addition, some studies fail to note whether the disclosures were accidental or purposeful. Differences in these variables restrict the ability to generalise results to patterns of disclosure in the general population.

The sampling methods employed in some studies may preclude certain population groups who have been at risk of child sexual abuse (homeless or institutionalised adults) and thus may not paint an accurate picture of the disclosure patterns for different and possibly more traumatised or isolated population groups. The cross-sectional nature of some study designs captures a snapshot of disclosure and limits understanding of the differences and nuances of disclosure experiences and impact over time.

Much of the literature is generated from high or middle-income countries and from primarily western cultures. The applicability of findings to low-income countries or among different cultural settings who may experience very different obstacles to disclosure is thus limited.

There have been very few rigorous studies into disclosure and child sexual abuse in Australia and in NSW.

The bulk of studies examine barriers to disclosure. While authors make recommendations based on flip side of identified barriers, such factors may not have been rigorously studied and do not therefore necessarily represent optimal factors or conditions for disclosure.

1.2.4 Structure of this report

The findings of the literature review are set out in seven chapters. Following this introduction, Chapter two describes the way in which people define, use and conceive of the disclosures of child sexual abuse. Chapter three examines how frequently people disclose, the time lag between abuse and disclosure and how people choose to tell about their abuse. Factors associated with disclosure are described in chapter four and chapter five details the barriers and the motivations to disclosure including the issue of direct inquiry and interviewing. How disclosure affects functioning and whether disclosure is a key component of the treatment and recovery process for victims of child sexual abuse are discussed in chapter six. Chapter seven looks at some of the challenges practitioners have when dealing with disclosure and child sexual abuse. The final and eighth chapter contains a summary, general practice implications and future directions for research.

2: DEFINITIONS, TYPOLOGIES AND MODELS OF DISCLOSURE

2.1 Definitions of the term disclosure: what does it mean?

There is variation in how the term disclosure is defined. It is used to describe when a child is telling someone about sexual abuse for the first time during an interview, describing an abuse experience to a friend or peer, making a statement about the abuse to authorities (such as police or child welfare workers), telling small pieces of an abuse story, or a person recalling and recounting an experience of abuse from memory. Because of such imprecision Jones (2004) urges researchers and authors to define and say exactly what they mean by disclosure. This review considered studies that encompassed and included one or more such definitions.

2.2 Types of disclosure

The disclosure process is varied and unique to each child. Children may make a full and detailed account of their abusive experience or they may reveal little bits of information over time, not in chronological order and to a range of different people (Ciarlante, 2007). Understanding how children disclose is a well researched area. Purposeful or accidental are the two most common typologies of disclosure employed (Campis, Hebden-Cutris & Demaso, 1993; Mian, Wehrspann, Klajner-Diamond, Le Baron & Winder, 1986; Sorenson & Snow, 1991; Nagel, Putman, Noll & Trickett 1997; Alaggia, 2004; Collings, Griffiths & Kumalo, 2005). Mian et al. (1986) define *purposeful disclosure* as "an intentional and deliberate revelation of the abuse with clear intent of revealing its existence" and *accidental disclosure* as "a statement made without forethought or intent to reveal the abusive relationship" (pp. 226). *Accidental disclosure* may occur when a physical symptom is detected or when a child displays some behavioural or emotional symptom (Shackel, 2009). Additional descriptors of disclosure include *prompted or elicited* (Jones, 2000; Mian et al. 1986; Paine & Hansen, 2002; Sorenson & Snow 1991; Hershkowitz, Lanes & Lamb, 2007) which refers to disclosures that are assisted by other people and *precipitant* disclosure which occurs when an event prompts or triggers a memory of the abuse (Campis et al. 1993).

A recent qualitative study of disclosure among 60 young men and women in the United Kingdom observed eight forms of disclosure: direct, indirect verbal, partial verbal, accidental direct/verbal, prompted, non-verbal/behavioural, retracted and assisted (Allnock & Miller, 2013). Partial disclosures were characterised by minimisation of the abuse, disclosing abuse of another person or disclosing other forms of abuse such as physical assault. Prompted disclosures were made in response to a direct inquiry about abuse while assisted disclosures involved a young person disclosing to another young person with the help of a friend. The authors note that children use a variety of techniques to disclose including direct or

ambiguous verbal statements and non-verbal disclosure in the form of writing letters, re-enacting abuse type situations or drawing pictures for adults.

Physical or bodily signs of child sexual abuse can include stomach aches, encopresis, enuresis, adverse reactions to yoghurt or milk (due to resemblance to semen), or soreness in the genitals (Jensen, 2005). Emotional signs can encompass fear, anxiety, and sadness, acting out without immediate cause, mood swings and reluctance to visit the perpetrator. Behavioural signs include sexualised playing with dolls, sexual experimentation, excessive masturbation, or drawing sexual acts (Finkelhor, 1994; Jensen, 2005).

KYLER'S STORY: Ellie, a caseworker was supervising a contact visit at the local park between Kyler (aged seven) and her birth mother. Ellie had been allocated this case recently and had not supervised any of the previous contact visits. Ellie was sitting on the park bench when Kyler approached her. She grabbed her arm and started kissing it and then placed her hands on Ellie's breasts. Kyler laughed awkwardly and asked Ellie if it was "ok to lie on adults". The caseworker replied no and told Kyler to go back to her mother because it was important for her to spend time with her mum. Later during the visit, the mother commented to Ellie that Kyler was "always mucking up like that, and doing stuff like playing with her dolls bottoms and breasts." In the file notes the caseworker wrote that the contact visit went well. There was no mention of Kyler's behaviour or question.

CASE REFLECTION: Kyler's sexualised behaviour towards Ellie and her sexualised playing suggest that a protective adult needs to be curious about what is happening for Kyler. Her behaviours and questions indicate that she is confused about these behaviours and is unsure what is normal or acceptable and what is not. There could be a number of explanations for these behaviours including exposure to pornography, exposure to sexualised conversations or having seen adult sexual behaviour that need to be explored. Alternatively, this may have been Kyler's way of unintentionally letting the caseworker or her birth mother know about her experiences of sexual or other forms of exploitation and abuse. Picking up on these cues and exploring the possible explanations for her behaviour including sexual abuse may have prompted a partial or full disclosure of sexual abuse. It is also important to talk with others directly involved in Kyler's life and explore the family culture and routines to see how and when adults may have access to Kyler. Given that Ellie did not know Kyler or her birth mother, it would also have been better to discuss the case and her observations with her colleagues and supervisors and access specialist knowledge if she felt unsure or uneasy.

2.3 Conceptualisation or Models of Disclosure

The conceptualisation of disclosure has received growing attention from researchers. Authors suggest that disclosure can be conceived as an event or as a continuum or process (Collings et al. 2005; Sauzier, 1989; Summit et al. 1983; Furniss, 1990; Bussey & Grimbeek, 1995; Goodman-Brown, Edelstien, Goodman, Jones & Gordon, 2003; Alaggia, 2004; Staller & Nelson-Gardell, 2005). Much of the work on the sequence or stages of disclosure emanates from Summit (1983) who first proposed a linear model identifying the successive phases of the disclosure process known as the Child Sexual Abuse Accommodation Syndrome to explain how children disclose and why they may be reluctant to do so. Summit's model included five components: secrecy (keeping the abuse secret), helplessness (feeling like they have no power to stop or communicate the abuse), entrapment or accommodation (learning to accept and accommodate the sexual abuse into their reality), delayed, conflicted and unconvincing disclosure and retraction (disclosing abuse and subsequent retracting). Summit theorised that a child accommodates to the abuse and does not disclose as a means of coping. While this model has been endorsed by many clinicians (Carnes, Wilson, Nelson-Gardell & Ogassa, 2001; McElvaney, 2013) research suggests that there is little empirical evidence to support the tenets of the model beyond the silence/secrecy stage (London, Bruck, Ceci & Shuman, 2005).

Building on Summit's work, Furniss (1991) identified external and internal factors that contributed to the abuse being kept a secret. Bussey and Grimbeek (1995) proposed a dynamic and interactive model whereby disclosure was multi-determined and noted four socio-cognitive elements that determine non-disclosure: attention (when children have not paid sufficient attention to the event), retention (where children can't remember sufficient detail), production (when children can't communicate the event) and motivation (children unwilling to report abuse).The authors noted that disclosure varied according to a child's cognitive capacity and their experience of the world. Goodman-Brown et al. (2003) developed a model whereby self-blame, fears of the consequence of telling, or others reactions, were key factors influencing delays in disclosure. In studying the experiences of disclosure among 34 female adolescents, Staller and Nelson-Gardell (2005) proposed a three staged framework that includes: the self (coming to terms with feelings of abuse) recipient selection and reaction (selecting how and when to tell and coping with the reaction) and consideration of consequence to explain the disclosure process. According to Hunter (2011) it is important to include the person to whom the disclosure is made in any model of disclosure because telling a friend, family members and police are very different experiences. These models contribute to the literature by emphasising that disclosure is not linear and sequential but rather a dynamic and interactive process that is influenced by how children receive and process information about the abuse and the abuser and make decisions about whom they tell.

The models also highlight the longevity and multiplicity of the disclosure process (McElvaney et al. 2012) that is best summarised by a research participant in Staller and Nelson–Gardell's study as being ".. never finished, never" (p.1426).

Key Messages from disclosure definitions and models

- There is great variation in how disclosure is defined and studied
- Disclosure is rarely a spontaneous event and it is more likely to occur slowly over time as part of a process. For some it is a process that reoccurs and is never finished
- Children and young people disclose abuse in many different ways ranging from direct verbal statements to more subtle indirect methods. Some children will tell purposefully yet others will do so indirectly or only after being encouraged by others to talk
- Non-verbal disclosures are more common among young children and can come about through letter writing, role playing or drawing
- Bodily or physical signs of abuse can include stomach aches, encopresis, enuresis, adverse reactions to yoghurt or milk, or soreness in the genitals
- Emotional signs of abuse include fear, anxiety, sadness, acting out without immediate cause, mood swings and reluctance to visit the perpetrator
- Behavioural signs can include sexualised playing with dolls, sexual experimentation, excessive masturbation, or drawing sexual acts. However, such behaviours need to be considered in the context of individual, family and wider societal dynamics in which they occur
- Various models or stages of disclosure have been proposed including staged, social exchange and social cognitive models. The models agree that disclosure is an interactive and dynamic process that is influenced by the way children conceptualise and make decisions about whom to tell and the reactions they might receive.

3: PREVALENCE, DELAYS, RECIPIENTS OF AND REACTIONS TO DISCLOSURE

3.1 Rates of Disclosure: how many victims disclose?

Results on rates of disclosure are influenced by differences in sampling methods and participants, definitions of sexual abuse and time windows used to define disclosure.

Despite these methodological variations, disclosure rates for children range from 24% to 96% (Gonzalez, Waterman, Kelly, McCord & Oliveri, 1993; Bradley & Wood, 1996; London et al. 2008). Disclosure rates among adults who experienced sexual abuse during their childhood are more consistent and range from 31% to 42% (Arata, 1998; Smith, Letourneau, Saunders, Kilpatrick, Resnick & Best, 2000; Somer & Szwarcberg, 2001; Finkelhor, 2014, Finklelhor, Hotaling, Lewis, & Smith, 1990; London et al. 2005; London et al. 2008). Two studies of women from New Zealand (McGregor, Julich, Glover & Gautam, 2010, Fergusson, Horwood & Lynskey, 1997) report high rates of disclosure of sexual abuse in their childhood (69% and 87% respectively). Reasons for these elevated rates could be explained by the young age of adults in the sample, self-selection bias and changes to New Zealand's domestic violence legislation that may have increased awareness of the issue therefore facilitating greater disclosure.

There is limited evidence on rates of disclosure in cases where the perpetrator is female. In an explorative qualitative study of self-reported impacts of female perpetrated childhood sexual abuse, Deering and Mellor (2011) reported that 79% of participants (n=14) did not tell anyone of the abuse as a child. As adults all of the respondents had told another individual about the abuse. These authors suggest that elevated rates reflect the silence that surrounds abuse perpetuated by females. This is supported by other authors who believe that the number of female perpetrators of child sexual abuse is under-estimated due to female physical contact with children being more acceptable and thus inappropriate touching may be missed or confused by the victim (Banning, 1989; Rowe, 2009).

Slightly higher rates of disclosure are detected among adolescents compared with adult retrospective studies. In their investigation of adolescent sexuality (n=4339), Priebe and Svedin (2008) find that 65% of girls and 23% of boys reported sexual abuse and that 81% of these girls and 69% of these boys disclosed. High rates of disclosure have also been reported in other adolescent studies (Kogan 2004; Helweg-Larsen & Larsen, 2006). Authors suggest that there could be less recall bias among studies involving adolescents compared with those involving adults given the length of time between the childhood sexual abuse and disclosure during adulthood.

The small number of qualitative studies into disclosure in cases of sibling sexual abuse consistently shows that disclosure is extremely rare, especially during or soon after the abuse had occurred (Ballentine, 2012; Hardy, 2001; McVeigh, 2003; Tsun, 1999; Carlson,

Maciol & Schneider, 2006; Laviola, 1992; Finkelhor, 1980). In a survey of 203 students in Florida, Hardy (2001) found that only one of the fifteen students who had been sexually abused by their sibling disclosed to an authority figure. Finkelhor (1980) found that among the 13% of his sample of 796 college students who were sexually abused by their siblings, only 12% ever disclosed thus suggesting an elevated rate of non disclosure and secrecy in such cases. In several of the studies, situational factors such as the abused or offending sibling leaving the home were more likely to end the abuse than a disclosure (Carlson et al. 2008, Laviola, 1992; Finkelhor, 1980).

Australian studies investigating disclosure are limited. A 1993 study of the prevalence of abuse among 300 women attending general practices in Melbourne reports that 28% of women experienced childhood sexual abuse yet only 9% of these women reported the abuse to their doctor as adults (Mazza, Dennerstein & Ryan, 1996). In a community sample of Australian women, Flemming (1997) reports that 52% of women (n=710) had disclosed the abuse. Of these women 28% disclosed at the time of the abuse, 9% within the first year, 18% between one and ten years later, with 45% waited for ten years or more to disclose. However, the findings are limited as the sample relied on women with an alcohol problem.

In their study about the affects of child abuse among children referred to the Child Protection Units of two Children's Hospitals in Sydney, Lynch, Stern Oates and O'Toole, (1993) identified that 81% of children had made direct disclosures of their abuse (prior to their admission) with 57% of disclosures being made to parents. However, the authors expressed concerns over sampling bias towards inclusion of younger children and those from more stable families who may have favoured disclosure.

3.2 Latency to disclosure: how long do people wait to disclose?

There is general consensus in the literature that many children who experience child sexual abuse delay disclosure until adulthood (Alaggia, 2004; Hunter, 2011; London, et al. 2008, Jonzon & Linbald, 2004; Ullman & Filipas, 2005) and that if disclosure during childhood occurs, delays are common (McElvaney, 2013). Because of between-study differences in the measurement of delays (e.g. number of months versus number of years) direct estimates of tendency to delay are varied. Immediate disclosure was detected among 24% (Ullman & Filipas, 2005) and 27% (Smith et al. 2000) of adult female survivors of child sexual abuse in the United States and 21.2% of adults in Canada (Hebert, Tourigny, Cyr, McDuff & Jolly, 2009). In the same study Smith et al. (2000) observe that 47.9% of women did not disclose for over five years, which was similar to a Canadian sample in which 57.5% of adults did not disclose for over five years (Hebert et al. 2009). A Swedish study of 122 women (who had experienced childhood sexual abuse) documents that 68% of women who told during adulthood on average delayed their disclosure for 21 years with some women delaying for up to 49 years (Jonzon & Lindbald, 2004).

Such lengthy delays are also recorded by McElvaney (2002) who recorded delays of between 20 to 50 years among a small sample of ten adults in Ireland.

If children tell during childhood, the time between abuse and when they tell is varied. Kogan's (2004) examination of disclosure among a subset of women who reported unwanted sexual experiences in the National Survey of Adolescents in the United States, reveals that 43% disclosed less than one month after the event, 31% disclosed after less than one year and 26% disclosed during the survey. In a review of 218 files of cases being prosecuted by the District Attorney in the United States, Goodman-Brown et al. (2003) report that 64% of children disclosed within the first month while 29% waited for 6 months. O'Donohue, Benuot, Fondren, Tolir, Vijay and Fanetti (2013) report that 51.5% of a sample of children who had experienced sexual abuse in Missouri or Nevada recounted the abuse less than one month after the incident. Longer delay periods have been detected by other studies with children. In a large national sample of 26,098 Israeli adolescents who alleged sexual and physical abuse, Hershkowitz (2006) found that just under a quarter of the children interviewed disclosed sexual abuse immediately. A recent report by Allnock and Miller (2013) on the experiences of disclosure among young men and women in the United Kingdom finds that the time lag between the onset of sexual abuse and the point at which young people tried to tell someone ranged from one week to 18 years with the average lag being 7.8 years.

Several retrospective studies among adolescents or adults who experienced child sexual abuse reveal that for some, disclosure only occurs during the research interviews. In their national probability sample of female adults in the United States, Smith et al. (2000) note that 28% of women had never told anyone about their abuse (child rape) until specifically queried by the interviewer during their study. Among national representative sample of adolescents in the United States (Kogan, 2004; Smith et al. 2000) and adults in Canada (Hebert, 2009) disclosure rates during interviews were 26%, 28% and 20% respectively.

3.3 Recipients of disclosure: whom do people tell?

Understanding who children and young people tell about their abuse provides insight into the support systems that may or may not be available and utilised by victims. Some patterns in choice of confidante are evident in the literature. Younger children tend to confide in parents while adolescents rely more on peers. In Kogan's study (2004) girls aged 7-13 were most likely to tell parents while older children (14-17) confided more frequently with their peers. This trend of older children who are more peer oriented talking to their friends rather than adults is supported by numerous studies (Allnock & Miller, 2013; Hershkowitz et al. 2007; Kogan, 2004; Schaeffer, Leventhal & Asnes 2011; Crisma, Bascelli, Paci & Romito, 2004; Schonbucher, Maier, Mohler-Kuo, Schnyder & Landolt, 2012). Authors concur that this pattern may be explained by the growing influence of peers during adolescence, adolescents' increased awareness of the potential risk of negative reactions and their lack of

trust in parents. Disclosure to peers suggests the need to educate young people about how to respond to a friend who is in need and services available for victims of child sexual abuse (Allnock & Miller, 2013). However results from Kogan's (2004) study suggest that, though adolescents share more information with peers than younger children, information shared was more likely to be about an experience with a peer. Kogan (2004) and other authors stress the continued role of parents and friends as confidantes (Paine & Hansen, 2002; Jensen, Gulbrandsen, Mossige, Reichelt & Tjersland et al. 2005; Smith et al. 2000; Ruggiero, Smith, Hanson, Resnick, Saunders, Kilpatrick & Best, 2004; Ungar et al. 2009; Ullman & Filipas, 2005). The particular role of mothers as trusted recipients is noted by a few studies (Malloy et al. 2013; Allnock & Miller, 2013; Sauzier, 1989; Smith et al. 2000; Jonzon & Lindbland, 2004).

MILEY'S STORY: Miley was twelve when her mother's partner, Wayne, first sexually abused her. He continued to assault her throughout her adolescence. Wayne had come into her mother's life and helped her mum manage her drug addiction. Miley was happy for her mother because she now had a job, went out with friends and seemed happy. It was also good because it meant that now Family and Community Services were no longer involved and checking up on her mum or threatening to take Miley away from her. She did not want to tell her mum about the abuse because she thought it would upset her and may make her take up drugs again. She also thought that maybe her mum would not believe her, especially because she had not told her sooner. One day, she missed her period. She became very worried that she was pregnant or that something else was wrong. She decided to tell her best friend Emma. Emma sat and listened but was unsure of what she or Miley should do next.

CASE REFLECTION: Children and young people often chose to tell their friends about their sexual abuse because they will provide emotional and pragmatic support and importantly will listen to and believe their friend's story of abuse. Children may chose peers because they may be afraid of distressing or burdening parents if they tell them about their abuse. Friends may also be the first to notice changes in a peer's behaviour or emotions. Telling a friend may help young people who have been or are being abused discuss the issue before they talk with other people such as their parents or siblings. It is important to raise awareness among all young people about the dynamics and consequences of sexual abuse. Children and young people need information on how to respond to their friends. Doing simple things like listening, believing and comforting a young person as they tell about their experience of abuse is important as is sharing information about what services and supports are available.

From a practice viewpoint, friends can represent an opportunity for an intervention. If you suspect that a child is being sexually abused, explore their peer network and determine how you can strengthen these relationships to increase the child's safety. Have a conversation with teachers and if there is an opportunity to do so, talk with the child's peers to see if they had noticed any changes in their moods or behaviours. Provide them with information about the services and supports that are available for both their friends who may be victims of abuse and themselves as a recipient of a disclosure. It is important that friends don't feel responsible or pressured to find a solution for their friend.

Reporting to authorities, including police and health professionals, is rare and considered "an exception rather than a common step in the disclosure process" (Schonbucher et al. 2012). Frequency of reports to authorities are generally in the range of 5-20% (London et al. 2005; Kogan 2004; Ullman & Filipas, 2005; Crisma et al. 2004; Ungar et al. 2009; Tang, Freyd & Wang, 2002). In their study of adolescent sexuality, Priebe and Svedin (2008) found that of girls and boys who reported that they had been sexually abused, only 9% of girls had talked to a professional about abuse and 7% disclosed to social authorities or police (Priebe & Svedin, 2008). For boys the respective percentages were 3% and 4%. Low rates of disclosure to professionals may be explained by fear of mandatory reporting, lack of awareness of services available and negative views about the involvement of social services (Allnock & Miller, 2013). None of the participants in Deering and Mellor's (2011) study of female-perpetrated abuse reported their experience to child protection authorities during their childhood; and as adults, only two participants reported notifying child protection services. Reasons why participants did not report to authorities are similar to those mentioned above, with the exception that victims of female-perpetrated abuse believed that because of the nature of the abuse, no one would believe their stories.

A small body of literature exists on disclosure to an intimate or romantic partner. Recent studies addressing the issue find that romantic partners are the least likely, compared to therapists and friends, to respond positively to a disclosure (Jonzon & Lindblad, 2004, 2005). The presence of an intimate partner with a positive attitude at the time of disclosure is cited as being beneficial to the abused person's health by Jonzon and Lindblad (2005, p 662).

Another strand of research concerns the number of people children chose to tell about their abuse. Malloy and Brubacher (2013) establish that as children become older and if they have taken part in forensic interviews, they tell more people. Among female undergraduates, Arata (1998) reports that 40% had told only one person, 24% disclosed to two people, 26% had told three people while 8% of women had shared their experience of abuse with four or more people. Given that many women within this study did not receive an intervention despite disclosing to multiple recipients the author argues that at least some

disclosures were "dead-end" in that they did not lead to official reports requiring action to be taken. The authors did not however discuss whether the disclosure benefited the women.

3.4 Recipient reactions to disclosure: How do people react to disclosures?

A related area of study is people's reaction to disclosure. A large number of studies document whether reactions were supportive or non-supportive and the specific details of the reaction (Lamb & Edgar-Smith, 1994; Arata, 1998; Sauzier, 1983; Ullman, 2003; Aherns, Campbell, Ternier-Thames, Waco & Sefi, 2007; Fisher, Daigle, Cullne & Turner, 2003; Moors & Webber, 2012). The types of positive reactions most common are belief /validation, not being blamed, emotional support (listening, holding the victim, asking helpful questions) and active instrumental support such as confronting the perpetrator (Ullman, 2003). Sauzier (1998) detected that telling at a younger age was significantly associated with less supportive reactions.

Negative reactions include shock and disbelief, blaming the victim or accusing them of lying, ignoring or minimising the disclosure, anger, rejection by parents, punishing the victim and avoiding further discussion (Sauzier, 1998; Ullman, 2003; Moors & Webber, 2012; Schaeffer et al. 2011). Incredulity as a common reaction fits well with Summit's (1992) observations that "protective denial surrounding abuse is seen as a natural consequence of the needs of almost all adults to insulate themselves from the painful realities of childhood victimisation" (p.179).

Schaeffer et al. (2011) note that parents struggle with, and are overwhelmed by, why their child did not tell them or waited to tell them about their abuse. They suggest that helping parents understand reasons why disclosure can be difficult for children "will allow parents to move beyond crippling feelings or guilt and begin to help children recover" (p.351).

Negative reactions appear to be the norm in cases of sibling sexual abuse. Parents regularly react to a disclosure of sibling sexual abuse with anger, disbelief and often blame the victim (Ballentine, 2012; Hardy, 2001; McVeigh, 2003; Tsun, 1999; Carlson, et al. 2006; Laviola, 1992; Finkelhor, 1980). Such reactions prevent further disclosure to non-family members. Tsun's (1999) case study of sibling sexual abuse in Hong Kong provides rich description of a mother's anger and denial on learning of her son's abuse of his sister with the shameful nature of the experience being defined by both the mother and daughter.

Allnock and Miller (2013) provide insight into young people's experience of disclosure. Based on discussions with 60 young people in the United Kingdom who had been sexually abused, disclosures that were considered positive were those that involved recipients believing the young person, the recipient took some form of action and the young person received some form of emotional support. Negative disclosure journeys were those in which

young people felt isolated, when they were not heard, their cases were poorly handled by professionals and when the young people were accused of lying or attention seeking. Other studies have described positive experiences of disclosures to include the provision of empathetic or tangible support while negative experiences involved reactions that were cold and detached, blaming, doubting, and when no help or support was provided (Aherns et al. 2007; Aherns, Cabralam & Abeling, 2009; Moors & Webber, 2012).

3.5 Recantation and disclosure: How often and why do children recant?

Disclosure discussions are often accompanied by concerns about recantations. The frequency of recantations and who is most likely to disclose and then later retract allegations is a nagging concern for practitioners. Likewise for children, recantation may offer some short-term resolution to the pressures they face but may also mean they are returned to abusive situations (Rieser, 1991). Research into recantation following a disclosure is limited and can be interpreted in either two ways: recantations reflect when a child is withdrawing a true experience of abuse or that a child is withdrawing a false allegation of abuse (London et al. 2005).

Summit's (1983) widely cited theory of disclosure asserts that recantations and contradictions are common. Studies indicate that rates of recantation range from 4% to 27% (Bradley & Wood, 1996; Jones & McGraw, 1987; Gonzalez et al. 1993; Sorenson & Snow, 1991). Paine and Hansen (2002) suggest that variance in recantation rates may be explained by differences in interviewing techniques, settings and advances in case management practices and legal interventions in cases of child sexual abuse. Studies conducted in psychotherapy settings reveal higher rates of recantation than those conducted within the child protection settings. In a review of studies in which recantation rates were specified, London et al. (2005) note that the highest rates of recantation are from samples where abuse status is less clear while the lowest rates are "obtained from samples that have the most certain diagnoses of abuse" (p. 216). The authors purport that recantation is uncommon among sexually abused children and that recantations predominate among false allegations.

Malloy, Thomas, Lyon and Quas (2007) explored this theory in their investigation of the rates and predictors of recantation among 237 children and young people aged between two and 17 years of age and whose allegations had been substantiated (via medical evidence or perpetrator admission) and resulted in children's court filings. The overall rate of recantation was 23.1% and on average, most children recanted in their fourth interview. Among these children who recanted, 43.1% withdrew their recantation and reaffirmed their entire abuse allegation while 56.9% stood by their recantation and maintained that abuse did not occur. Malloy et al. (2007) argue that Summit's earlier hypothesis that recantations resulted from potential inclusion of false allegations cannot be supported and recantation is "hardly" rare. Given the potential for recantation, the authors recommend that

investigations of abuse should ask about pressures placed on the child to keep the abuse a secret or withdraw their experience of abuse.

In a review of studies that reported recantation rates London et al. (2008) suggest that with the exception of the Malloy et al. (2007) study, recantation rates are generally low (4-13%) and that Malloy et al.'s higher rate of recantation (23.1%) is still low considering the sample could be expected to recant given that were being removed from the home as a result of their disclosure and have low levels of support from their non-offending parent. In conclusion London et al. (2008) suggest that unless there are major pressures on a child to recant by a family or friend most children do not recant when disclosures are true. The rarity of recantation is supported by a recent study of the properties of allegations of child sexual abuse among a sample of child/adolescent victims of abuse (O'Donohue et al. 2013). The authors report that recantation and contradictions are rare in substantiated cases and those allegations of child sexual abuse did not contain improbable or vague information or were made by someone who had something to gain from the report.

The predictors of recantation documented in Malloy et al.'s (2007) study include younger age, being abused by a parent figure and lacking support from a non-offending caregiver. These predictors are supported by earlier studies of recantation rationales that include realisation of the consequence of disclosure and a retreat to a stance of secrecy, denial, lack of support and pressure to recant, lies carrying more societal credibility than explicit claims of abuse, and intervening events (Marx, 1996, Rieser, 1991; Summit, 1983). Marx (1996) suggests that assessment of recantation risk should include exploring the victim's relationship to the offender, family response after disclosure, child's placement after disclosure and evidence of direct pressure to retract allegations of abuse.

The research consistently shows that false allegations of child sexual abuse are rare (Jones & McGraw, 1987; Oates, Jones, Denson, Sirotnak, Gary & Denison, 2000: Sjoberg & Lindbald, 2002; Mikkelsen, Gutheil & Emens, 1992). However a related area of research of interest to practitioners is whether there are clear markers of a false allegation. Some of the markers suggested are the inclusion of fantastical or incredible information within descriptions of abuse (Summit, 1983; 1992; Olafson & Lederman, 2006), the minimisation of abuse by children (Sjoberg & Lindbald, 2002; Lawson & Chaffin, 1992), delayed reporting (Smith et al. 2000; Goodman-Brown et al. 2003; Sauzier, 1989), inconsistencies or a lack of relevant information about the abuse (O'Donohue, Benuto & Fanetti, 2010), and the presence of a situation (i.e. divorce and custody) where an individual may benefit from an allegation of child sexual abuse (Berliner & Conte, 1993).

Practice implications born from the recantation literature include thorough documentation of early disclosures, inquiries about pressures on children to recant, increased training for welfare workers and legal professionals in the dynamics of sexual victimisation and recantation, consideration of out-of-home placements if disclosures are met with disbelief

and the perpetrator is still in the home, early and ongoing contact with children once they have disclosed, demystifying the criminal justice system and adequately preparing children for interviews about abuse (Malloy et al. 2007; London et al. 2005; Gonzalez et al. 1993; Marx, 1996).

Key Messages about disclosure rates, latency, recipients and reactions

- Disclosure rates among children vary widely (24-96%).
- Most people who experience child sexual abuse during childhood do not disclose abuse until adulthood
- The length of delay until disclosure varies widely. Some children disclose at the time of their abuse while others wait weeks, months or years before telling someone Delays can range from one week to fifty years
- Deciding whom to tell about childhood sexual abuse is an important part of the disclosure process. Younger children tend to disclose to parents (especially mothers or siblings) and adolescents tend to disclose to their peers
- Children abused by siblings are very unlikely to disclose and often it is situational factors such as the sibling leaving home that causes the abuse to stop
- Children rarely disclose sexual abuse to authorities or professionals. This poses significant challenges for workers when trying to find evidence of and stop abuse
- Most often childhood disclosure of sexual abuse are met with disbelief, ignorance, anger and rejection of the child The experience can make people feel isolated, unnoticed and unsure.
- If children think their disclosure will be met with a positive reaction (i.e. being believed or provision of emotional or pragmatic support) they may be more inclined to disclose and the disclosure experience considered more positive.
- Rates of recantation are generally low and range from 4%-23%. If children do recant, it may be because they are being pressured to do so. It is important to explore the presence of such pressures on a child.
- Children sometimes oscillate between a disclosure, recantation and reinstatement or their abuse allegation. Don't assume a recantation means that abuse did not or is not occurring.

4: FACTORS ASSOCIATED WITH DISCLOSURE

A steadily growing theme within the literature concerns the complex processes underlying disclosure (Alaggia, 2004; Goodman-Brown et al. 2003; Gries, Goh, Andrews, Gilbert, Praver & Stelzer, 2000; Jonzon & Lindblad, 2004; Kogan, 2004; Paine & Hansen, 2002). This literature highlights the importance of understanding how contextual and individual factors interact to inhibit or promote disclosure in a child's life including the child's age and gender, abuse severity, cultural issues, relationship to the perpetrator, family dynamics, availability of social support, and environmental receptivity (Alaggia & Turton, 2005; Fontes, 1993; Easton, 2013; Goodman-Brown et al. 2003; Jonzon & Lindblad, 2004; Kogan, 2004; Paine & Hansen, 2002).

4.1 Age

The relationship between age and disclosure has been extensively studied with mixed results. Several researchers fail to find any relationship between age and delay of disclosure (Arata, 1998; Kellogg & Hoffman, 1995; Widom & Morris, 1997). In contrast several authors posit that age at victimisation is a significant predictor of disclosure and that younger children are less likely to disclose (Smith et al. 2000; Schonbucher et al. 2012; Goodman-Brown et al. 2003; Sorenson & Snow, 1991; Ma, Yau Ng & Tong, 2004; Pipe, Lamb, Orbach, Sternberg, Stewart & Esplin, 2007). In a large national data set of children in Israel aged between three and 14 years, Hershkowitz et al. (2005) report similar results with pre-schoolers being less likely to disclose allegations than older children. Kogan (2004) noted that children less than seven years of age were unlikely to disclose immediately.

London et al. (2008) propose two explanations for the difference in disclosure patterns related to age. Firstly, young children may not be mature enough or have the linguistic or cognitive ability to recognise, name and describe abuse. In a tangential argument, Campis et al. (1993) submit that pre-school age children are more likely to disclose unintentionally or accidentally with non-verbal cues than older children. The second reason for the divergence of results is that there may be a higher rate of non-abused children in samples of young children. London et al. (2005) propose disclosure follows "a U-pattern with an increase in disclosure as one moves from pre-schoolers to school-aged children followed by an apparent decrease as one moves through adolescence" (London et al. 2008).

4.2 Gender

The issues of gender are generally accepted as influences on disclosure rates despite some early research to the contrary (Bybee & Mowbray, 1993; Sauzier, 1989; Di-Petro, Runyan & Fredrickson, 1997). In a synthesis of studies on gender and disclosure, Tang et al. (2007) surmise that retrospective studies repeatedly find that girls disclose child sexual abuse more

frequently than boys. From a large sample of college students (n=733), Ullman and Filipas (2005) observe "women were more likely to disclose abuse to others and to have received positive reactions". Studies with similar findings include those by Lippert, Cross, Jones, and Walsh (2009), Edwards, Holden, Felitti, and Anda (2003), Priebe and Svedin (2008), and Schoen, Davis, DesRoche, and Shekhdar (1998). Hershkowitz et al. (2005) notes that gender differences in disclosure rates are also affected by the perpetrator's identity with boys less reluctant to disclose sexual abuse by their parents or parent figures than girls.

Prospective studies are less consistent with Goodman-Brown et al. (2003) finding no gender differences in disclosure while Williams (1994) detected a large gender difference among 129 predominantly Africa American women. Interestingly, DeVoe and Faller (1999) suggest that although rates of disclosure were higher for girls, once boys disclosed they provided as much detail about alleged abuse. In Easton's study (2013) of male survivors of child sexual abuse, the mean rate of time for men to disclose was more than two decades. Easton (2013) reflects that their work confirms "men with histories of child sexual abuse routinely face discordance between sexual victimization and living up to cultural prescriptions for manhood, and that resilience depends, in part, on being able to contain, and renegotiate masculine roles"(p7).

Easton, Saltzman and Wills (2013) suggest that given homosexuality is often denigrated in the male socialisation process and most boys are abused by another male, they do not disclose for fear that their sexual abuse experience will be taken as evidence of their homosexuality. Spataro, Moss and Wells (2001) note that the "masculine stereotype does not sanction the expression of feelings of dependency, fear, vulnerability or helplessness" (p.177). Further, the authors suggest that the nature of the abuse situation may obstruct disclosure. Because boys are more likely to be abused by siblings or other boys, they may become confused about whether the abuse is a typical experience and appropriate for their gender.

Authors consistently call for caution when interpreting gender differences in disclosure due to differences in gender and cultural composition across studies. Tang et al. (2008) advocate for future research to explore the different reasons why females and males from different cultures disclose so that practitioners are better informed about how to best facilitate or encourage responses from different genders.

4.3 Culture: does cultural background play a role in disclosure?

Certain cultural issues such as shame, taboos and modesty, virginity, women's status, honour, respect and patriarchy may silence disclosure (Fontes & Plummer, 2010). Research on the influence of culture or ethnicity on disclosure is limited (Fontes & Plummer, 2010). However, several studies point to the role ethnicity and culture play in the disclosure process. Data shows that African-American (Elliot-Briere, 1994), Puerto-Rican (Fontes, 1993; Comas-Diaz, 1995) and Hispanic victims of abuse (Shaw, Lewis, Loeb, Rosado & Rodriguez,

2001) are less likely to disclose. Katerndahl, Burge, Kellogg, and Parra (2005) detect a greater correlation between acculturation level (the degree to which people modify their culture by adapting or borrowing from another culture) and reporting of child sexual abuse rather than belonging to a distinct ethnic group per se. Foynes (2013) stresses the importance of Asian values (such as family honour and not wanting to bring shame on families) in children's decisions to disclose. Similarly, Toukmanian and Brouwers (1998) suggest that individualistic versus collectivistic values may influence disclosure with children living in collective oriented cultures being less likely to disclose due to the negative impacts on family and ancestors. Taylor and Putt (2007) identified three family constraints on sexual violence reporting for women from culturally and linguistically diverse backgrounds: family denial that sexual violence exists, reluctance to report a partner perpetrator, and fear of being ostracised for bringing shame upon the family" (p4). Likewise within Arabian culture, issues of shame and honour combined with the stigma attached to mental health problems may influence the response to an abuse (Haboush & Alyan, 2013). Abu-Baker's (2013) recent study on Arabian parents' reaction to child sexual abuse highlights that Arab families rejected sexual abuse allegations and behaviours and focused on achieving solutions in the best interest of the family rather than the child. The author defends that cultural norms of "sexual sin" and "honour crimes" combined with loyalty to the extended family work to silence and cover up the victim's story. Other authors note that cultural attitudes and practices towards virginity also impact on and silence disclosure decisions (Kazarian & Kazarian, 1998 and Muntarbhorn, 1996).

The role of culture and disclosure of sibling sexual abuse is documented in Tsun's (1999) study of sibling sexual abuse in Hong Kong. Tsun notes that "the function of a family secret is to prevent family dissolution and to protect a family member from social disapproval or rejection. The old Chinese saying of "family shame should not be disclosed" discourages disclosure of sibling sexual abuse and helps the family maintain or keep "face".

The impact of the cultural background of professionals dealing with child sexual abuse is also of interest to researchers. Beginning with the claim that the training and values of British professionals dealing with child sexual abuse are overwhelmingly rooted in western cultural traditions, Gilligan and Akhtar's (2006) consultations with Asian women in Bradford reinforce the need for culturally competent practice and respectful dialogue when attempting to elicit a disclosure of child sexual assault. Springman, Wheey and Notaro (2006) examine the impact of race of both interviewer and victim on disclosure and reveal that Caucasian children are more likely to disclose to an African American interviewer, whereas African American children were almost three times as likely as Caucasian children to disclose to a Caucasian interviewer. This finding is in contrast to earlier analogue studies that found that children disclosed more to interviewers of the same race (Dunkerly & Dalenberg, 1999). Springman et al. (2006) suggest the divergence is due to the "real world nature of their study which utilised experienced forensic interviewers compared with the earlier study that employed recent graduates who followed scripts for their interaction with

children". In conclusion, Springman et al. (2006) hypothesise the interviewers felt more comfortable dealing with people from different cultural backgrounds and this, combined with cultural competency training, facilitated disclosures.

4.4 Severity and duration of abuse

There is no consistent evidence of the relationship between severity of abuse and disclosure. Several studies find increased likelihood of disclosure with greater severity of abuse (Hershkowitz et al. 2005; Ullman, 1996; Hanson, Resnick, Saunders, Kilpatrick & Best, 1999). Hershkowitz (2006) observe that rates of disclosure were greater in the case of sexual (71%) than physical abuse (61%). Likewise, Ullman (1996) learned that victims of sexual assault were more prone to disclose to family and friends if they had experienced a completed rather than an attempted rape. These authors suggest that injuries emanating from severe abuse are more apparent and require victims to seek protection and support, and disclose in the process.

In contrast, other studies find that the severity of abuse was associated with delays in or non-disclosure. In early studies, Arata (1998) and Ussher and Dewberry (1995) advise that more severe abuse is related to lengthier delays in disclosure or non-disclosure. Goodman-Brown et al. (2003) argue that delayed disclosures are more frequent when the alleged abuse was more intrusive. Priebe & Svedin (2008) concur and report that disclosure is less likely for girls if they had experienced contact sexual abuse with or without penetration. Proponents of this relationship suggest that more severe forms of abuse are likely to be accompanied by an extensive use of tactics by perpetrators to maintain the secret which leads to less disclosure.

Smith et al. (2000) detect no relationship pertaining to severity of the rape experience and delayed disclosure. However, the authors did observe that a series rather than a single episode of rape was associated with delayed disclosure. Priebe and Svdein (2008) also found that longer duration of abuse was a predictor of disclosure among female high school seniors. Sauzier (1989) defends the opposite pattern, whereby single episodes of abuse are associated with delayed disclosure.

London et al. (2005) write that the range of definitions for severity of abuse employed by investigators could contribute to the absence of any clear association between severity and duration of abuse with disclosure. Smith et al. (2000) argue that other aspects of the abuse most likely mediate disclosure and that "generalisations about the likelihood of disclosure based solely on severity of assault … are unwarranted" (p284).

4.5 Relationship to perpetrator

It is estimated that 90% of child sexual abuse is perpetrated by someone known to the child (Finkelhor et al. 2005; Australian Bureau of Statistics 2005). A growing body of quantitative

and qualitative research indicates that children find it more difficult to reveal abuse by a known or related perpetrator (Arata, 1998; Sorenson & Snow, 1991; Furniss, 1990; Goodman-Brown et al. 2003; Sjoberg & Lindbald, 2002; Kogan, 2004; Hershkowitz, 2006; Herbert et al. 2009; Smith et al. 2000; Ullman 1999). However, London, et al. (2005) warn that some studies (including Goodman-Brown, 2003 and Sjoberg and Lindbald, 2002) do not detect a consistent relationship between delayed disclosure and relationship to the perpetrator. In developing the Child Sexual Abuse Accommodation Syndrome, Summit (1983) proposed that children abused by a family member delay disclosure because of feelings of guilt, fear of not being believed, loyalty to the perpetrator and anxiety about the negative consequences of telling on the family. Attachment issues, traumatic bonding and a child's desire to protect and keep the family together are also cited by authors to explain the decreased likelihood to disclose when the perpetrator is a family member or a significant carer (Paine & Hanson, 2002; Malloy et al. 2007). Kogan (2004) contends abuse by a stranger is easier to report because there are fewer 'costs' to the disclosure and that it "may also be easier for young children to define the sexual activity as wrong or abuse when a stranger is a perpetrator"(p160). The findings in Collings et al.'s (2005) study of sexually abused girls and boys in South Africa extends understanding of this relationship claiming that abuse by family members is also less likely to be detected by eyewitnesses reflecting the covert nature of abuse within the home.

Some earlier studies detected a null or non-significant relationship between disclosure and relationship to perpetrator (Kellogg & Hoffman, 1995; Roseler, 1994) but these studies contain very small sample sizes.

4.6 Family and Environmental Dynamics

The impact of family dynamics on disclosure is an under researched topic. In their qualitative exploration of individual, family and environmental influences on disclosure, Alaggia and Kishenbaum (2005) identify four major inhibitors. These are: families that have rigid and fixed patriarchy based gender roles within families, the presence of family violence, a tradition of closed and indirect communication and social isolation. Constraints to disclosure among women from culturally and linguistically diverse backgrounds in Australia include family denial that abuse exists, reluctance to report a partner perpetrator and fear of being ostracised due to the shame upon the family (Taylor & Norma, 2012). Other research shows that females who experience emotional or psychological abuse tend to display avoidant coping techniques (Alaggia & Turton, 2005). They speculate that abused mothers may experience emotional numbing leading to a sense of indifference to possible dangers to their children.

An ecological analysis views disclosure as determined by a complex web of factors related to child characteristics, family environment, community and societal or cultural attitudes. Wider societal or environmental issues influencing disclosure that are articulated in the

literature include poverty, alcohol consumption, the presence of violence and disabilities (Kellogg & Menard, 2002; Finn, 2011; Mulryan, Cather & Fagin, 2004). In Kellogg and Menard's study of violence among family members of sexually abused children and adolescents, the average delay in disclosure was 2.3 years. Children and young people living in the presence of family violence were more likely to fear retribution by the perpetrator and thus decided to keep the abuse a secret or delay disclosure for a number of years.

Obstacles posed by communities on reporting or disclosure consist of: lack of community awareness and understanding about child sexual abuse; resultant hostility towards, or disbelief of, victims' claims; and the limited range of protection options available in communities (Taylor & Norma, 2012; Alaggia & Kishenbaum, 2005). When describing disclosure as a life long process, Hunter (2011) proposes that "within Indigenous Australia, disclosure is complicated by issues such as systemic racism, historical oppression and a lack of trust in the government following the removal of Aboriginal children from their homes known as the Stolen Generation"(p161). Within smaller communities, Taylor (2003) describes how "the community members may close ranks to inhibit proper investigation, stigmatise the victim or offender or treat those who report such offences as a whistle-blower" (p13).

4.7 Levels of support: does a supportive caregiver help children disclose?

The level of actual or perceived support for abuse victims is thought to moderate the disclosure process. Several studies find that children and young people who disclose in formal settings are more likely to have supportive parents in particular mothers (Priebe & Svedin, 2008; Lippert, Cross, Jones & Walsh, 2010). Lawson and Chaffin (1992) observe that disclosure is 3.5 times greater when a caretaker is "supportive" rather than non-supportive with "support" being defined as a carer's willingness to "accept the possibility that a child had been sexually abused"(p.537). Lippert et al's. (2009) review of 987 cases of child sexual abuse in the United States replicate this trend reporting that caregiver support actions, specifically contacting others, restricting contact with the child or removing the suspect, was significantly associated with disclosure during forensic interviews. Parental bonding and growing up in a caring and not over-protective family climate was the only predictor of disclosure common to both male and female high school seniors in Sweden (Priebe & Svedin, 2008).

The centrality of a strong mother–child relationship can lead not only to more disclosures and fewer recantations (Elliott & Briere, 1994; Lawson & Chaffin, 1992), but also can predict improved outcomes for the child victim after abuse (Lipton, 1997). However, when the perpetrator resides within the home, and when the victim alleges abuse by more than one perpetrator, maternal support can be less likely (Elliot & Briere, 1994; Lawson & Chaffin, 1992).

Sinclair and Gold (1997) uncovered no relationship between parental support and their reaction to the disclosure. The authors suggest that this unexpected result could have occurred due to distinct difference in family styles with some supportive families encouraging disclosure while other supportive parents believe the child, but may urge the child to keep the disclosure within the family confines.

THE NOLAN FAMILY'S STORY: Brenda, a child protection practitioner, has been working with the Nolan family for eight months. The mother, Robyn Nolan, was emotionally and physically abused by her husband Bruce for years until he eventually moved out of their home. There are also concerns about Robyn's mental health and she has problems with depression. The records on the casework file indicate that Robyn was sexually abused by a family friend when she was 13 years old. She disclosed the abuse to an Aunt who did not believe her. Robyn and Bruce have two daughters Gemma, aged eight, and Erin, aged five. There have been a number of allegations of sexual abuse against Bruce but none were substantiated. The records on the casework file show that Gemma displays violent behaviour, pushing and biting other children. She often complains of a sore stomach and constipation-often holding her bottom saying it hurts. Although Robyn does not believe Bruce poses a risk to her girls, she agreed to supervised visits. Robyn's mother, Colleen, rang Family and Community Services and expressed concern that the girls were having unsupervised visits with Bruce especially when Robyn has to go to work and she is not available to mind them. Brenda is worried about the impact of trauma on Robyn's parenting capacity and she is focused on connecting her with services and supports to help her rebuild her self-esteem, mental health and strengthen her parenting capacity. She thinks this is the most important way to keep the family safe and together. She has not spoken with the children or Colleen.

CASE REFLECTION: The ongoing net effects of violence can impact on a woman's judgement and decision-making abilities in all areas of her life long after the violence has stopped. Violence interferes with a parent's capacity to keep children safe. The probable grooming of Robyn by Bruce may undermine her ability to see the signs of possible sexual abuse. Although it was important for Brenda to appreciate Robyn's trauma, it should not have blinded her to the risks posed to the children's safety.

Gemma's aggressive behaviour and her unexplained physical symptoms can be suggestive of child sexual abuse yet Brenda did not explore these. It is important to engage with children and understand their reality. Brenda should consider asking Gemma general questions about her physical distress as this may provide an opportunity for her to talk about her sexual abuse and any fears she may have for her mother's or sister's safety. Understanding Robyn's trauma, and the rejection she faced when she disclosed, may help Brenda understand why Robyn thinks Bruce does not pose a risk to her girls or why she does not explore possible reasons for Gemma's behaviour. While keeping in mind a capacity to change, it is important for Brenda to find out as much as possible about Bruce. What does she know about his past behaviour? What sort of image or role does he have in the community? Could this deter Gemma from disclosing her sexual abuse? How has his violence impacted on the relationship between Robyn and Gemma? Finally, the case calls for a systems wide approach with the girls' safety underpinning inter-agency co-operation. Collaboration between child protection, health and the schools will confirm a joint vision to keep the girls safe. It will also help ensure that all people working with the children are aware of the signs of sexual abuse and create opportunities for children to disclose.

Key Messages about factors associated with disclosure

Age
- Younger children are less likely to disclose than older children
- Disclosure may increase as a child moves from pre-school to school and then decrease as the child moves through adolescence

Gender
- Boys and girls encounter distinct difficulties and make different decisions when disclosing their experience of sexual abuse
- Girls tend to disclose more often than boys
- Boys may not disclose for fear of being viewed as a homosexual or not living up to male norms including self-reliance, emotional control and pursuit of status. Boys can talk in depth if prompted and gender norms about masculinity need to be considered when assessing child sexual abuse.
- There is a need to unpack and understand gender norms within different cultures

Culture

- Cultural values such as shame, taboos and modesty, virginity, women's status, and patriarchy may act as a barrier to disclosure
- Cultural barriers may be different for males and females
- Professionals need to explore and understand more about cultures, the dynamics of cultural interaction, and their own personal and professional expectations and biases all of which may influence the disclosure process and outcome

Severity of abuse

- There is insufficient evidence to support a link between severity of abuse and the likelihood of disclosure

Relationship to perpetrator

- Child sexual abuse is primarily perpetrated by someone known or familiar to a child
- Children find it very difficult to reveal abuse by a known or related perpetrator
- Children abused by family members may delay disclosure because of feelings of guilt, fear of not being believed, anxiety about the consequence to themselves and family, and loyalty to or fear of the perpetrator

Family dynamics

- Disclosure is influenced by a complex web of individual, family and community issues
- Families exist within social environments that may be hostile towards victims of child sexual abuse. An holistic analysis of the factors that exist within families and communities is required to fully understand why children and young people do not disclose abuse
- The presence of family violence (especially abuse of women) may be a barrier to disclosure. Children may fear that their disclosure will lead to more violence against the mother or themselves.
- Practitioners need to explore the context in which alleged or suspected abuse has occurred and pick up on subtle clues or clusters of factors that may stop children and young people from telling

Support from caregivers

- Children and young people may be more likely to disclose to a supportive care-giver or family member
- Supportive mothers who are willing to believe allegations are central to a child's decision to disclose
- Closeness to parents may act both as a facilitator and barrier to disclosure.

5: BARRIERS AND MOTIVATION TO DISCLOSURES

5.1 Barriers: Why children say they do not tell

In response to being asked about why they do not tell, explanations echoed in the literature include fear of consequence to themselves or their families (Alaggia, 2005; Goodman-Brown et al. 2003; Kogan 2004; Malloy et al. 2013), threats made by the perpetrator (Allnock & Miller, 2013, Schaffer et al. 2011; Collings et al. 2005; London et al. 2008), and feeling responsible for abuse and fear of not being believed (Goodman-Brown et al. 2003; Crisma et al. 2004; Hershkowitz et al. 2007; Schaffer et al. 2011). Arata (1998) suggests that feeling ashamed and responsible for the abuse may be more common among children who were abused numerous times as they feel complicit the longer the abuse goes on. Several authors argue that older children rather than young children consider socio-motivational reasons for disclosure (such as loyalty to friends or family) and are more cognisant of the possible effects of disclosure on others, thus making them more likely to conceal (Goodman-Brown et al. 2003; Bussey & Grimbeek, 2002; Malloy et al. 2013). These findings are consistent with other patterns of secret keeping whereby school aged children keep more secrets of moral transgressions as they grow older (Malloy et al. 2013; Last & Aharoni-Etzioni, 1995).

Victims of sibling sexual abuse say that fear of provoking anger or being beaten by parents, anticipation of blame and rejection and anxiety about breaking up families prevent them from disclosing. Ballentine (2012) notes "incestuous sexual abuse patterns can involve a range of behaviours and a continuum of coercion and a mix of motivations and intentionality" (p.62). A victim may concurrently feel appalled by the abuse and appreciative of the affection shown or complicit in the abuse. This, combined with not wanting to risk the negative consequence of abuse, results in non or delayed disclosure (Ballantine, 2012, Tsun, 1999, Laviola, 1992).

Some children do not disclose for fear of upsetting their parents. Crisma et al. (2004) sample of 36 adolescents said they did not disclose because they wished to protect their parents. Likewise, McElvaney's study (2013) of 22 young people in Ireland noted that not wanting to upset parents was one of the key reasons they kept the abuse a secret. Jensen et al. (2005) and Lovett (2004) both noted that although mothers most often prompted disclosure, they were also the ones children wanted to protect and that mothers were seen as vulnerable and in need of support.

In a large study of youth in Canada (n=1099), Ungar, Barter, McConnell, Tutty and Fairholm (2009) report that adolescents did not disclose because they thought they would not be heard or believed, they were unsure or unable to make sense of the abuse, they did not know where to get help or perceived interventions to be ineffectual, and believed they would have no control over the disclosure process once they told. The authors contend that youth relied predominantly on others to "build the bridges between youth and formal care

providers" (p.352). Additional barriers identified in Allnock and Miller's (2013) study on disclosure among adolescents in the United Kingdom include having no-one to turn to or feelings of isolation, development and emotional barriers, not being asked or listened to, and anxiety over confidentiality of a disclosure.

5.2 Motivations: What prompts disclosure?

The emphasis in disclosure literature is on barriers to telling rather than what helps children to tell. Allnock and Miller's (2013) study of disclosure among 60 young men and women who were sexually abused in the United Kingdom describe six factors that prompt disclosure: intervention by others, developmental changes, emotional needs, changes in the nature of the abuse, desire to protect others and remembering forgotten abuse. Schaeffer et al. (2011) describe three domains prompting disclosure: internal stimuli such as feeling angry, outside influences including being asked, and as a result of direct physical evidence of abuse. The authors also identify the lack of opportunity as a less concrete reason for not disclosing; noting that in addition to not feeling comfortable disclosing, children may not be able to identify an appropriate time or opportunity to disclose. Jensen et al. (2005) submit that it may be easier for children to disclose if they feel like they have the opportunity, when they have privacy, when they are prompted, when there is a good reason for disclosing and when there is a shared understanding of the abuse. Malloy et al. (2013) contend that disclosure prompted by external stimuli (television shows or school presentation) may help children connect their experience with the external scenario and recognise that abuse has occurred and provide them with the opportunity to talk. McElvaney (2013) found that concern for other children was a motivating factor for telling.

In expanding the conceptualisation of disclosure patterns, Alaggia (2004) writes that disclosure may be intentionally withheld (i.e. when children repress or blank out the abuse) and may be triggered by recovered memories, which are derived within the context of human development, memory and environmental influences. However, when O'Donohue et al. (2013) reviewed studies assessing the phenomenon of repression, most studies report high levels of abuse recall suggesting there is little empirical evidence to support the notion of repressed memories surrounding child sexual abuse (Kendall-Tackett, Williams & Finkelhor, 1993; Loftus, Polonsy & Fullilove, 1994; Goodman-Brown et al. 2003).

5.3 Direct inquiry about child sexual abuse: do children tell if asked?

The idea of asking a child directly or indirectly is a recent trend in disclosure literature. Professionals may shy away from direct questioning for fear that it will be considered leading and corrupt future forensic investigations. Likewise parents may be concerned about how to ask children about abuse in a non-leading and sensitive manner that provides both opportunity and a space for a child to talk.

Recent research demonstrates that a significant proportion of disclosures have been prompted by questions from care-givers, friends, or others in the child's educational and social milieu (Kogan, 2004, Jensen et al. 2005, Hershkowitz et al. 2007, McElvaney, 2012, Schaeffer et al. 2011).

In a study of the prevalence of sexual violence among 3000 randomly selected men and women in Ireland, McGee, Garavan, deBarra, Byrne and Conroy (2002) found that 47% of respondents who disclosed sexual abuse first disclosed during the survey and said they had not disclosed previously because they had not been asked. Jensen et al (2005) studied disclosures as they occurred in natural situations. Data was obtained from 22 children who had articulated something of concern to their caregiver who subsequently turned to a therapist for help. The authors found that someone asking and engaging the child about what was bothering them led the child to say or do something that generated concern and action from caregivers. The authors suggest that disclosure is more likely if children have "an opportunity to talk, a purpose for speaking and a connection to what they are talking about" (p. 1409). In emphasising the conversational nature of the disclosure process, the authors assert that it is hard for a child to start a discussion about something distressing, incomprehensible, and embarrassing and suggest that parents lack a conversational routine or script for talking about abuse. They surmise that given children use adult reactions as a reference point about what they can and can't talk about; parents need to be open and able to having conversations about abuse. McElvaney et al (2013) echo these thoughts and submit that a parent's ability to be open to believing an account of sexual abuse is a prerequisite for being able to ask a child if abuse has occurred.

In studies of disclosure experiences within forensic investigations whereby the sexual abuse was known, direct questioning can provide an expanded narrative of the abuse. In a study of children attending a child sexual abuse clinic post disclosure in Yale-New Haven, Schaeffer et al. (2011) found that when asked specific questions about their reasons for disclosure or why they waited to tell, 73% of children provided extensive details about their disclosure experience and 55% of children identified their first disclosure recipient. Similarly, McElvaney et al (2013) found that posing a series of open-ended questions about the abuse to adolescents admitted to a hospital clinic elicited a detailed description of the abuse and disclosure process. In this study being asked was a trigger that prompted immediate disclosure or initiated a process that led to a later disclosure. The authors suggest that the addition of direct questions about the abuse within forensic interviews can produce a significant amount of new or additional information about the abuse.

5.4 Interviewing and disclosure: what methods and questions are useful?

The optimal approach to interviewing child sexual abuse victims is likely to be informed by whether disclosure is perceived as an event or as a process, with flexibility in interviewing practices (rather than a one size fits all approach) being indicated (Collings et al. 2005).

Disclosure of an event is likely to involve a single interview while disclosure as a process tends to involve multiple interviews. Extended evaluations or multiple interviews for children facilitating disclosure is supported by recent research (Faller, Cordisco-Steele & Nelson-Gardell, 2010; Larooy & Lamb, 2009). Such studies suggest that being interviewed more than once by a single interviewer helps develop trust between the victim and the professional and facilitates disclosure when directly asked. Children who feel comfortable and develop a rapport with the interviewer have less recall errors than children who do not (Matthews & Saywitz, 1992). In a national study of children, Faller and Nelson-Gardell (2010) observe that 95% of new disclosures occurred by the sixth session. This finding resonates with other studies that support the efficacy of six sessions (Carnes et al. 2001, Sorenson & Snow, 1991).

In an analysis of instruments used during investigations, Chueng (2008) indicate the use of more "what and how" questions in disclosure cases, whereas more closed ended questions are used in nondisclosure cases. They conclude that the interviewers should maintain an attitude that additional information may be obtained from other sources, which will help the interviewer demonstrate patience and understanding, rather than leading the child to disclosure or making a false allegation.

Malloy et al. (2013) detect no difference in types of information that were elicited directly, as opposed to spontaneously provided by children, but suggest that children interviewed in an open-ended, facilitative manner often provide information details about disclosure history that may trigger investigative leads and cue children's memory for evidence and additional abuse details. McElvaney et al. (2013) suggest that asking children or young people about their wellbeing (i.e. "How are you feeling?" or "Is anything wrong?"), rather than the abuse per se may generate a level of emotional distress and prompt disclosure. Lamb, Sternberg, Orbach, Hershkowitz, Horowitz and Esplin (2002) support this idea and suggest that protocols that use prompts (such as "tell me about") to gain free narratives are better than closed ended questions that required a yes or no answer. In addition, Lamb, Orbach, Hershkowitz, Horowitz and Abbott (2007) maintain that that information obtained using free recall prompts ("tell me about everything that happened") is more likely to be accurate than information generated using focused close-ended prompts (yes/no or forced choice). In her exploration of disclosure of child sexual abuse among 22 men and women, Hunter (2011) suggests that professionals need "to provide the scaffolding that is essential before children are able to make a disclosure… they need to initiate these conversations for the child, using scaffolding such as age appropriate books, videos or television programs" (p.170).

When faced with children who are less verbal or reluctant to communicate, Hershkowitz (2006) observed that the use of more closed ended questions by interviewers made children less obliging. Similarly, McElvaney (2013) reminds professionals that while it is important to remain open to the possibility of future and further disclosures, it is "equally important for

professionals to be able to avoid persisting with questioning those children who are reluctant disclosers".

Collings, Griffiths and Kumalo (2005) argue that anonymous methods were a major factor in gaining knowledge about abuse experience among African American postpartum women. The authors suggest that anonymous methods are greatly underutilised in child sexual abuse research. In this vein, Moors and Webber (2012) show a small but significant amount of disclosure and help seeking online. The authors note that online disclosures were mostly made by men and women who were abused before puberty by people close to them. They named four types of online self-disclosure: naming, unburdening, emoting and help-seeking; and vividly describe a "dance of disclosure" whereby the survivor and online respondent waiver "back and forth" through sympathising, advising and urging, normalising, admonishing and doubting behaviours. This original research fills a gap about online media for disclosure and people's reactions to child sexual abuse disclosure online. The authors urge sexual abuse counselling services to monitor these sites and offer advice about available services.

JADEN'S and DYLON'S STORY: Jaden is 14 months old and his brother Dylon is 7 years old. They are the children of Aboriginal parents Judy and Luke. The boys live with their mother Judy outside of Dubbo. There have been four reports of domestic violence by Luke towards Judy since Dylon's birth. Their case worker, Caroline, has been working with both parents on a case plan to address the violence. During a home visit, Judy was in the kitchen making a cup of tea. Dylon was playing in the lounge room with his toy cars. Judy yelled out that he should put away his toys because his uncle Geoff was coming to pick him up and he was going for a sleep over at his cousin's house. Dylon kept playing and did not pack away his toys. When Judy came back in the room she grumbled at Dylon and told him to pack away his toys. Dylon walked to his mum and hugged her and said he did not want to go to his uncle's house. She told him not to be difficult and that he would have fun playing with his cousins. She unhooked his arms and left the room. Dylon sat on the floor looked very sad and said to Caroline that he did not want to go. Caroline stayed calm, sat on the floor with Dylon and had the following conversation:

Caroline: *It sounds like you are feeling a bit upset about going to Uncle Geoff's house. Can you tell me about that?*

Dylon: *I dunno know, I just don't want to go, it is not fun.*

Caroline: *So you think it is not fun, what makes is not fun?*

Dylon: *Um....well sometimes it is...I like it when it is just my cousins and we play footy at the oval.*

Caroline: *So you have fun playing footy with your cousins. Can you tell me about when it is not fun?*

Dylon: *When it is only me and Uncle Geoff*

Caroline: *What happens when it is only you and Uncle Geoff?*

Dylon: *Um... he told me I should keep it a secret.*

Caroline: *Some secrets are not good for children. Can you tell me more about the secret?*

Dylon: *It makes me feel funny inside.*

Caroline: *Can you talk to me about feeling funny inside?*

Dylon: *Um it is like when I am sick... it feels like something is moving in my stomach*

Caroline: *It is horrible that you feel sick, like there is something moving inside your stomach. What makes your stomach feel like that?*

Dylon: *When Uncle Geoff touches me in a horrible way.*

Caroline: *Tell me about how he touches you in a horrible way?*

Dylon: *He goes down my pants and pulls out my willy and rubs it - it hurts. I asked him to stop but he doesn't. I feel funny afterwards and I want to hide and I don't want my cousins to know.*

Caroline: *When was the last time your Uncle Geoff touched your willy and rubbed so it hurt?*

Dylon: *Um... it was last week after school.*

Caroline: *Can you tell me every thing you remember about what happened last week with Uncle Geoff?*

Dylon: *My cousins were down the street with their mum and it was me and Uncle Geoff. He sat next to me on the bed and then he did it to me. He stopped when he heard the car come home.*

Caroline: *Thank you for telling me about what Uncle Geoff did to you.*

Caroline: *I believe you and you are very brave for telling me about your feelings and that Uncle Geoff touches you and makes it hurt. It is not ok for Uncle Geoff to do this. Have you told anyone else about what happens to you and how you feel?*

Dylon: *No I was afraid I would get in trouble and my cousins would not play with me anymore.*

Caroline: *What Uncle Geoff does to you is not ok and it is not something you would ever get in trouble for because it is not your fault. It is important that adults like me work to keep you safe. Is there anyone else you want to tell about Uncle Geoff?*

Dylon: *Maybe mum but I think she will get mad.*

Caroline: *Sounds like you are feeling scared about talking with your mum. I need to talk to mum about Uncle Geoff so that we can work to keep you safe. Would you like me to help you talk with mum?*

Dylon: *I dunno know um... yeah, I think it would be good if you can help me tell mum.*

Caroline: *Ok let's go and see where mum is and we can talk with her. We can then decide what else we need to do to keep you safe and then work out a plan. I will do my best to help you Dylon.*

Dylon: *Ok.*

Caroline: *I am really glad you told me*

CASE REFLECTION: It is important for practitioners to pick up on and explore verbal signs of sexual abuse. In this case, scenario Dylon said he did not want to go to is uncle's house. The caseworker was attuned to his reluctance to go and explored reasons why. Some of the good practices employed by the caseworker when responding to Dylon's disclosure include:

- o Staying calm and in control of her feelings
- o Showing concern about how Dylon was feeling
- o Listening to Dylon and letting him tell the story in his own words
- o Letting Dylon know that he was believed
- o Helping Dylon understand that it was not his fault and he should not feel responsible for the abuse
- o Telling Dylon that what happened to him was wrong
- o Telling Dylon what the next steps are
- o Using open-ended questions to explore issues raised by Dylon

Key Messages about barriers and prompts to disclosure

Barriers

- Fear of the expected consequence (physical injury, isolation, causing family distress or family breakup) is a common reason for not wanting to disclose.
- Fear of being blamed, feeling responsible for, and ashamed of, the abuse prevents children and young people from disclosing.
- Fear of, and threats made by, perpetrators stop children and young people from telling
- Older children may be more aware of the possible negative reactions to disclosure leading them to conceal the abuse
- Young children find it particularly difficult to understand and name what is happening to them
- Children and young people may not know where or who can provide support
- Feelings of being in some way responsible for the abuse may be more common among children who are abused multiple times

Motivations/prompts

- Providing a safe and private space and an opportunity to talk may help children disclose
- Internal feelings and the need for emotional support may prompt a child to disclose
- Remembering forgotten abuse may prompt disclosure
- A child may disclose when the abuse becomes more aggressive or frequent
- The desire to protect other children from abuse may prompt disclosure by adolescents

Being Asked

- Many disclosures are prompted by questions from care-givers, family and friends
- Being asked directly or indirectly about abuse can provide children with opportunity and purpose for telling
- Asking children how they are felling when there are signs of distress can help them disclose
- Being asked by a parent who is supportive and open to believing and hearing about abuse can help a child disclose
- Asking questions about sexual abuse within forensic interviews can help elicit a disclosure and provide new or additional information about the abuse

Optimal interviewing techniques

- Multiple interviews enable trust and rapport to be built between a child and a professional and may increase the likelihood of disclosure
- Six to eight counselling sessions have proven successful in eliciting disclosures
- Rapport between the interviewer and the child and making children feel comfortable helps reduce recall bias
- The use of open-ended questions asked in a facilitative manner in interviews (forensic, clinic or informal) facilitates disclosure. Use of open-ended prompts (i.e. tell me about) generates more accurate information about abuse than information generated by closed prompts.
- Asking children about their general wellbeing may generate an emotional response and prompt disclosure
- Use of age appropriate books, videos or television programs may help young children disclose
- Interviewers should not persist or use close-ended or problematic questions (i.e. asking about the perpetrator's identity) with children reluctant to disclose
- Anonymous inquiry methods are underutilised at present
- On-line disclosure is a new phenomenon and may be appropriate for victims abused before puberty by someone known to them.

6:   THE EXPERIENCE AND IMPACT OF DISCLOSURE

6.1 The impact of disclosure: Is disclosure good for people's health?

The impact of child sexual abuse is well researched and is associated with mental illness, poor interactions and relationships with others and substance use (Cutajar, 2010; Cashmore & Shackel, 2013; Ullman, 2003; Poulsney & Follette, 2000). In contrast the research isolating the relationship between disclosure and outcomes for victims is ambiguous. The consequences of disclosing are as idiosyncratic as the experiences of sexual abuse. Disclosing may help children access interventions and provide them with the emotional support required for healing or it may be a painful, humiliating or traumatic experience.

Finkelhor's (1979) study of undergraduates in the United States found no link between disclosing child sexual abuse and current functioning. Lamb and Edgar-Smith (1994) interviewed 57 adult survivors of child sexual abuse and failed to discover a direct relationship between the number of disclosures and adult functioning on the Behaviour Symptom Inventory. In contrast several studies show non-disclosure or delayed disclosure of child sexual abuse is related to more mental distress (Bonnanno, Noll, Putnam, O'Neill & Trickett, 2003; Jonzon and Linblad, 2005; Kogan, 2004; O'Leary, Coohey & Easton, 2010) including increased post traumatic stress disorder (PTSD) and major depression disorder symptom severity (Ullman & Filipas, 2005; Easton, 2013; Ullman, 2003; Ruggerio et al. 2004) and paranoid ideation (Murphy, Adamson. Stringer & Shevlin, 2012). Sinclair & Gold (1997) found that the extent to which a victim wanted to tell, but withheld disclosing their abuse, was a predictor of traumatic symptomatology rather than telling itself. The authors conclude that "withholding" is the most critical variable or predictor of traumatic symptomatology.

A smaller body of research explores the relationship between disclosure reactions and the mental health of victims. Lamb and Edgar-Smith (1994) detected no relationship between health, the number of disclosures and positive reactions to disclosure in an adult study of victims. Arata (1998) reports that first disclosures met with negative reactions, were not related to current functioning but was associated with fewer symptoms of Post Traumatic Stress Disorder. In opposition, Jonzon and Linbald (2005) found that positive reactions of partners are related to fewer symptoms while negative reactions from friends induced more mental health symptoms in adulthood.

The impact of disclosing to mothers represents a smaller subset of research. Disclosing to mothers showed no impact on mental health and health risk behaviour in Ruggerio's et al nationally representative sample of female survivors of child sexual abuse (2004). In striking contrast Broman-Fulks, Ruggiero, Hanson, Smith, Resnick, Kilpatrick and Saunders (2007) record that disclosure to mothers was associated with significantly reduced risk for current PTSD symptomatology. Based on other population-based studies the authors theorise that it is likely that in the majority of cases disclosure to mothers was met with a supportive and

protective response. They thus advocate for more longitudinal research to determine whether disclosure to mothers has a short-term rather than long-term impact on mental health.

6.2 Disclosure-based treatments: is disclosure a necessary part of treatment?

Although the impact of disclosure on physical and psychological wellbeing is mixed, many practitioners support the notion that disclosing, reviewing and transforming trauma memories are an essential part of treatment and healing (Bradley & Follingstad, 2001). Disclosure as an effective therapeutic intervention is supported by several studies with effectiveness being attributed to the opportunity disclosure provides for victims to "rethink and reformulate the traumatic events in new, more adaptive ways" (Farber, Khurgin-Bott & Feldman, 2009, p. 53). A pioneering study by Jouard (1971) provided evidence that disclosure increases self-awareness. Several subsequent authors explain that disclosure-through-rethinking or disclosure-through-description lead to improvements in depressed thought, low self-esteem and in people's ability to trust others (Farber et al. 2009, Chard, 2005). Farber et al. (2009) lists six potentially interrelated benefits of disclosure: self-awareness and identity formation, intimacy, validation and affirmation, a more differentiated sense of self, feeling genuine and open, and catharsis. A recent literature review of adult survivors' perspective on services found that positive experiences were related to issues of power, inclusion and equality within therapeutic relationships, and access to specialist knowledge about child sexual abuse and complex trauma. Negative experiences involved professionals dealing ineffectively with treatment error, and the prescription of heavy medication (Chouliara, Karatzias, Scott-Brien, Macdonald, McArthur & Frazier 2012).

Bonanno et al. (2003) and Seery, Silver, Holman, Ence and Chu (2008) describe a small sub-set of people for whom disclosure-based treatment may not be beneficial including survivors of abuse who display chronic dissociative experiences. The literature stresses that benefits accrued through disclosure-based treatment should be weighed against the risks and side-effects. Resultant guidelines for practitioners thus emphasise the need to evaluate each case and prioritise treatment based on presenting symptomatology and to discuss potential risks prior to the commencement of treatment (Bradley & Follingstad, 2001; Farber et al. 2009).

Key Messages about impacts and treatment

- Findings about the impact of disclosure on victims' mental and physical well-being are mixed
- The reactions by those who receive disclosures may impact on the victim's psychological health
- Disclosure-based treatments are generally considered beneficial to the victim's healing
- Treatments that encourage disclosure have lead to increased self awareness, ability to be intimate, greater belief in and an understanding of one's self, and greater emotional release
- Positive aspects of disclosure-based treatments include feeling included and equal rather than feeling inferior or powerless in relation to their therapists and being able to access specialist knowledge
- Negative aspects of treatment include being prescribed heavy medications, poor management or treatment error
- There are risks associated with disclosure-based treatments and professionals need to weigh these against potential benefits for each client.

7:   DISCLOSURE AND THE CHALLENGES FOR PROFESSIONALS

7. 1 Challenges and opportunities for caregivers and child protection workers

Child protection professionals working on cases of child sexual abuse perform an essential role both prior to and after disclosure. They must attempt to create a safe and supportive environment for children to disclose, provide the necessary protection, possibly present evidence in court or find alternate care arrangements and coordinate services to support children. They balance statutory and therapeutic roles. Despite the centrality and complexity of this work there is a paucity of research exploring the experiences and perspectives of professionals working on cases involving child sexual abuse. Existing research is qualitative, based on small sample sizes that include either professionals (healthcare workers, child protection workers or police) or children and their caregivers.

Softesad and Touverd (2013) investigated the perception of a small sample (n=11) of child protection workers in Norway on their work with families when child sexual abuse is suspected. The authors classified the challenges and opportunities for the child protection workers into five themes: workers lack of competence, support from colleagues and leaders and co-operation with trained professionals, the interaction with parents regarding care and protection and the interaction or relationship with the children. Areas marked for further development include improved training and educational preparation to deal with the issue, combining specialist knowledge with the generalist knowledge of workers, and finally increasing the amount of time that practitioners can spend with children.

Acknowledging that there is no one sign or symptom of sexual abuse, Jensen (2005) demonstrates that interpreting signs of sexual abuse are culturally embedded and operate within specific meetings and relationships. Herman (1992) explores the double cultural attitudes of workers whereby their professional awareness of child sexual abuse and intervention programs exist alongside occupational difficulties in acknowledging the existence of such abuse. Herman (1992) writes that professionals may inoculate themselves against their emotional pain by denying or minimising the child's experience of abuse. The author suggests being alert to and avoiding the universal tendency to deny.

In their study of how Australian police officers (n=92) conduct interviews, Powell and Hughes-Scholes (2009) find that when children did not disclose after initial prompts or did not discuss the precise act that formed the basis for the charge, the interviewers used problematic techniques (i.e. the offenders identity or question about family members) to elicit a disclosure. The authors suggest that police officers' poor adherence to best practice interview guidelines is due to a lack of organisational support such as regular practice, feedback and supervision post training on child sexual abuse. Haney, Vieth, and Campos (2010) call for credentialing forensic interviewers who conduct formal interviews when child

sexual abuse is suspected. Based on their study of frontline professionals in the United States, they suggest that rigorous training and the development of ethical standards are important ideas that could advance the welfare of children alleged to be victims.

Finn (2011) explored the experience of 30 nurses working in the United States after they received disclosures. They suggest that nurses and other professionals can provide a supportive environment that helps children share their stories. Strategies to achieve this include creating a child-friendly environment, building rapport with the child before even talking about the event, engaged listening, being mindful of the potential for false disclosure and believing the child's story. Lynch and Baber (2010) also emphasise the concept of openness to any possibility when talking with children in their writings on forensic nursing education. Alessi and Ballard (2001) discuss the balancing act required of workers in providing a non-biased, supportive environment in which the child understands "there are no right or wrong answers" (p. 401). The authors warn against developing beliefs based on information from third parties and they recommend that to minimise bias and gain accuracy, interviewers should remain neutral when communicating with third parties about abuse.

Studies into children's experience of child protection work, sexual abuse and disclosure are very limited. Miller and Allnock's (2013) study of the disclosure experiences among 60 young men and women in the United Kingdom details the role and experience of social services as perceived by the young people. Only a minority (n=20) of young people reached out to social service workers in the process of disclosure. A few (n=7) reported that as children they were anxious and distrustful of the involvement of social services and the authors suggest that the role of social workers may have an enduring negative reputation that prevents disclosure. The research also identified missed opportunities for social workers to identify ongoing abuse including when there was also the presence of domestic violence or mental health issues. The young people believed social workers failed to get to the root cause of their problems or that the workers either did not ask them about the abuse or failed to ask the "right" question. The key messages for social workers derived from the young people's experience include taking an active interest in children, taking the time to understand the nature of their problems, being impartial in investigations, providing a safe environment or space for children to disclose and asking them the right questions by exploring what life is like for the child.

Prior, Lynch and Glaser (1999) studied the perceptions of 35 children who had disclosed sexual abuse over the last 2-4 years. The majority of children perceived their social worker as having helped with essential elements of practice including believing the child, listening and talking to them, providing useful or factual information about sexual abuse and coordinating services such as counselling.

7.2 Legal proceedings and disclosure

A few academics discuss the relationship between disclosure of a child sexual assault and legal proceedings. In trials involving child sexual abuse the nature of the disclosure is often raised including to whom the disclosure is first made (Shackel, 2009). In using the empirical evidence surrounding disclosure to overcome potential misconceptions in the courtroom, Shackel (2009) contends that the defence strategy of conceiving disclosure to people other than a parent or caretaker as suspicious or fallible is at odds with the evidence of disclosure. In a similar vein, Cossins (2002) calls for a special exception to the hearsay statements of a child's disclosure in child sexual assault cases given the literature acknowledges delayed disclosure and rather than "being an aberrant feature of child sexual abuse, delay is a typical response" (p.163). McElvaney (2013) argues that delays in disclosure and partial disclosure are not conducive to legal investigations or proceedings and that knowledge within the legal professions is limited and does not comprehend the nuances and complexities involved in the disclosure of sexual abuse.

Key Messages about Practitioner's challenges

- Practitioners need support from colleagues and specialists in detecting abuse and working with children and families where abuse is suspected
- Children, young people and their families may have a negative view and distrust of child protection workers that may make getting a disclosure difficult for practitioners
- Professionals can create a supportive child friendly environment and use child friendly or appropriate methods to help children disclose
- Children value it when practitioners take an active interest in them, believe their disclosure, when they create a safe confidential environment for them, ask them general questions about their wellbeing, and when they provide factual information about child sexual abuse and coordinate services for them
- Personal and professional biases about the possibility of child sexual abuse exist. It is important for practitioners to think about their beliefs and possible biases and remain neutral when communicating with third parties about the abuse
- There is a lack of evidence to support claims within legal proceedings that disclosures to people other than a parent or adult are invalid.

8:   PRACTICE IMPLICATIONS AND FUTURE RESEARCH

8.1 General Practice Implications

Child sexual abuse is most often unwitnessed and undetected. Perpetrators prey on the powerlessness and innocence of children and young people. The research shows that disclosure is complex and influenced by a diverse range of factors. The resultant challenges for professionals and caseworkers are enormous. There is a need for professionals to balance being objective, neutral and open to future disclosures with the need to get children to tell so they can put safety and support measures in place. Open- ended narrative style inquiries may help gain a disclosure but restraint and time are needed for children or young people hesitant or reluctant to disclose. Guarding against professional and personal beliefs and bias is required and workers must often remain neutral in the face of consistent or contradictory information received from a number of third parties. While these challenges can be daunting, this review of the research into childhood sexual abuse and disclosure provides a number of key practice implications.

Looking out for the signs of abuse.

There is no single sign of abuse. Children and young people disclose in a variety of ways ranging from direct verbal statements to more subtle indirect behaviours or methods. Disclosure can be made with intent or by accident and it is important to be mindful of and open to the different ways children disclose. While empowering children to make disclosures is a common theme in the literature, research also recognises the importance of formal and informal caregivers in being better able to detect the possibility of abuse and support disclosures. Noticing how children play, draw or write about things may provide insight into abuse. Likewise watching for emotional signs (fear, sadness, anxiety), physical signs (stomach aches, soreness of the genitals) or behavioural signs (sexualised play, experimentation, excessive masturbation) is important. Being alert to non-verbal means of disclosure and out of context statements made by young children is key to good practice.

Understanding gendered experiences of disclosure

The barriers for boys and girls in disclosing are different. The research shows that boys are less likely to disclose or delay disclosure than girls. This suggests the need for professionals to be patient and open to the possibility of future disclosure. Likewise exploring family and social expectations of girls and boys may help practitioners identify barriers to disclosure and develop means to encourage responses from the different genders.

Adopt a holistic understanding

The research shows that disclosure is influenced by a myriad of factors including a child's characteristics, family dynamics and the community in which they live. In relation to family

dynamics, it is important to probe and identify the cluster of family factors that inhibit disclosure such as roles that are rigid and based on gender stereotypes, evidence of other forms of family violence, a communication system that is closed or secretive and the social isolation of either a child or the family.

The research also identifies peer influence as significant in encouraging disclosure among adolescents. Practice implications from the literature suggest that exploring a child's peer network will help practitioners to identify the peers that a child may confide in. Educating young people about what to do if their friend discloses may increase the likelihood and frequency of child sexual abuse being reported and services provided.

Other people or community groups (such as sporting, religious, school or cultural groups) who interact with an abused child and their family may have limited awareness and understanding about child sexual abuse or may be hostile towards or disbelieve a victim's claim. There may also be a limited range of protection options available in the community and subsequently disclosures become viewed as futile and unhelpful. Given these societal influences, there is a need to explore community and family member's understandings and beliefs towards child sexual abuse so that practitioners can better understand the barriers to disclosure and help them create a more supportive environment for children to share their stories.

Recantation

Rates of recantation among children within child protection settings are generally low and range from 4 per cent to 13 per cent. Children may be more likely to recant within psychotherapy type setting. Unless there are major external pressures on a child (such as the possibility of being removed from their family), children who have been abused do not generally recant or retract previous disclosures. Exploring the types of pressures that may be exerted on a child if they retract may help practitioners understand children's recantation and develop interventions to erode such pressures. However, it is also important to be aware that some children may retract their allegation of sexual abuse for a number of reasons: they may realise the consequences of telling and decide secrecy is a better option, they may be pressured by others to recant their disclosure, or their disclosure has been met with a complete lack of support. Predictors of recantation to be aware of include being of a young age, being abused by a parent figure and an unsupportive parent or environment post disclosure. Don't assume that if a child recants their allegation of sexual abuse that it did not or is not occurring. The possibility that a child may retract their allegation also suggests the need for thorough documentation of early disclosure details.

Speaking with children and young people

Child protection workers may shy away from direct questioning for fear that it will be considered leading and corrupt future forensic investigations. Likewise, parents may be

concerned about how to ask children about abuse in a sensitive manner. Research suggests that asking children directly or indirectly about abuse can provide children with an opportunity and reason to tell. Education and increased awareness about how to question and talk with children in an appropriate manner is needed. It is important to ask children and young people in a sensitive, non-leading and open facilitative manner to minimise recall bias and reduce inaccurate accounts of abuse.

Asking about signs of distress or children's general wellbeing may help children to disclose. It is equally important to recognise reluctant disclosers and avoid persisting in questioning hesitant children. Don't ask a series of close ended questions if a child is hesitant or non-communicative. Be patient and allow the child some time to return to and continue their story. Strategies for creating a supportive environment that help children to share their stories include creating a child-friendly environment, building rapport with children before even talking about the event, engaged listening and being open to believing a child's story. Taking time to explore what life is like for the child and understanding the nature of their problems will help practitioners identify abuse and help children disclose.

Helping children disclose and making the experience positive

The evidence notes that building trust and rapport with children, taking an interest in them, making them feel safe, letting them know they will be believed and creating a safe and confidential space for children will help children disclose. The identified barriers to disclosure support the need to give children some knowledge of, and control over, the process. Understanding what services are available and building relationships or connections with service providers to offer tangible supports to children and families will help make the disclosure experience more positive for the child. All of these factors indicate the need for early and ongoing support for children following their disclosure.

8.2 Key implications for future research

The findings of this literature review combined with the limitations of studies conducted to date indicate there is still room for further research into the disclosure of child sexual abuse.

Large representative samples drawn from the general population are needed to get a comprehensive understanding of disclosure and the validity and utility of proposed models of disclosure. It is also important that future studies capture and understand the patterns and experience of disclosure among young children (including direct interviews and file reviews) within distinct cultural and socio-economic groups. While existing research focuses on barriers to disclosure, greater investigation about motivations and strategies optimal or most conducive to disclosure may be of use for professionals working with victims of child abuse. Understanding of the dynamics and experiences of disclosure among children and young people abused by siblings or females is warranted, as is greater investigation of how and when boys disclose and access services. Lastly, greater examination of professionals'

perspectives and practice when dealing with cases of child sexual abuse will identify barriers to and enablers of disclosures.

9: CONCLUSION

Disclosure of child sexual abuse is a highly complex and nuanced process that for many never ends. Non-disclosure or delayed disclosures pose a significant risk for children and families and present a challenge for professionals. When children do not disclose or delay disclosure, there is a possibility of continued victimisation and no possibility of intervention. Although the research suggests areas for further investigation, the current evidence base has immediate and useful implications for practitioners.

There is no one signal or sign of child sexual abuse. Instead, the complex web of factors that envelope and discourage disclosure need to be considered in the context of risk and safety assessments and resultant interventions. Issues of age, gender, culture, family dynamics, the victim's relationship to the perpetrator and severity of abuse all need to be investigated, considered and deliberated upon by caseworkers. Likewise, workers need to be attuned to the indirect, non-verbal, out of context signs and statements that may suggest that abuse has or is taking place. Asking children directly or indirectly about their abuse or general well being will provide children with an opportunity and purpose to tell. Use of open-ended exploratory questions, and multiple interview opportunities conducted in safe child friendly spaces, may all help children feel comfortable and able to tell their story in their own manner and time. Generalist knowledge and practice wisdom combined with specialist knowledge and skill will help boost worker's confidence and capacity and reduce the use of avoidance and minimisation of the risk of child sexual abuse.

The challenge is great but the pathways to disclosure can be facilitated by a greater understanding of children's experience of abuse, the factors that help and hinder disclosure and an appreciation of the bravery it takes for a child to tell.

REFERENCES

Abu Abu-Baker, K. (2013). Arab parents' reactions to child abuse: a review of clinical records. *Journal of Child Sex Abuse*, *22,* 52 -71.

Aherns, C, Campbell, R., Ternier-Thames, K., Wasco, S., & Sefi, T. (2007). Deciding Whom to Tell: Expectations and Outcomes of Rape Survivors' First Disclosures. *Psychology of Women Quarterly* 31 (2007), 38–49.

Aherns, C, Cabralam G, Abeling, S (2009). Healing or Hurtful" sexual assault survivors' interpretations of social reactions from support providers. *Psychology of Women Quarterly, 33,* 81-94.

Alaggia, R. 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, 19*(1), 32-39.

Alaggia, R. (2004). Many ways of telling: Expanding conceptualizations of child sexual abuse disclosure. *Child Abuse & Neglect, 28*(11), 1213-1227.

Alaggia, R. (2005). Disclosing the trauma of child sexual abuse: A gender analysis *Journal of Loss & Trauma 10*(5), 453-470.

Alaggia, R. & Kirshenbaum, S. (2005). Speaking the Unspeakable: Exploring the Impact of Family Dynamics on Child Sexual Abuse Disclosures. *Families in Society, 86*(2), 227-234.

Alaggia, R. % Turton, J. (2005). Against the Odds: The Impact of Woman Abuse on Maternal Response to Disclosure of Child Sexual Abuse. *Journal of Child Sexual Abuse, 14*(4),95-113.

Alessi, H.and Ballard, D. (2001). Memory development in children: Implications for children as witnesses in situations of possible abuse. *Journal of Counselling and Development, 79,* 398-404.

Allnock, D., & Miller, P. (2013). No one noticed no one heard: a study of disclosure of childhood abuse. NSPCC. United Kingdom

Arata, C., M. (1998). To tell or not to tell: Current functioning if child sexual abuse survivors who disclosed their victimization. *Child Maltreatment, 3*, 63-71.

Australian Bureau of Statistics (2005). Personal safety Survey. Canberra. ACT: Australian Bureau of Statistics.

Australian Institute of Family Studies (2013) Child Abuse and neglect Fact sheet http://www.aifs.gov.au/cfca/pubs/factsheets/a144254/index.html accessed January 2014.

Ballentine, M. (2012). Sibling Incest Dynamics Therapeutic Themes and Clinical Challenges. *Clinical Social Work Journal, 40*, 56-65.

Balmforth, J. R. I never talked about it: A comprehensive process analysis of a significant client disclosure event in therapy. *Counselling & Psychotherapy Research, 12*(1), 2-12.

Banning, A (1989). Mother son incest: Confronting a prejudice. *Child Abuse and Neglect, 13,* 563-570.

Barnett, D., H. J. Heinze, et al.. Risk, resilience, and the Rorschach: A longitudinal study of children who experienced sexual abuse. *Journal of Personality Assessment, 95*(6), 600-609.

Barth, J., Bermetz, L., Heim, E., Trelle, S. & Tonia, T. (2013). The current prevalence of child sexual abuse worldwide: a systematic review and meta-analysis. *International Journal of Public Health, 58*(3), 469-483.

Berliner, L., & Conte, J. (1993) The effects of disclosure and interventions on sexually abused children. *Child Abuse & Neglect,19*, 371-384.

Bonanno, G., Noll,J., Putnam,F., O'Neill, M.,Trickett, P. (2003) Predicting the Willingness to Disclose Childhood Sexual Abuse from Measures of Repressive Coping and Dissassociative Tendencies. *Child Maltreatment, 8*(4), 302-318.

Bradley, R. & Follingstad, D. R. (2001). Utilizing disclosure in the treatment of the sequelae of childhood sexual abuse: a theoretical and empirical review. *Clin Psychol Rev*. *21,* 1–32

Bradley, A., & Wood, J. (1996). How do children tell? The disclosure process in child sexual abuse. *Child Abuse & Neglect, 20,* 881-891.

Brady, S. (2008) The impact of sexual abuse on sexual identity formation in gay men. *Journal of Child Sexual Abuse,17*(3-4), 359-376.

Broman-Fulks, J., Ruggiero, K, Hanson, R., Smith, D., Resnick, H, Kilpatrick, D., Saunders, B. (2007). Sexual assault disclosure in relation to adolescent mental health: Results from the National Survey of Adolescents. J*ournal of Clinical Child and Adolescent Psychology, 36*(2), 260-266.

Bussey, K & Grimbeck, E.J. (1995) Discloure processes: Issues for child sexual abuse victims, in K.T Rotenburg (Ed.), Disclosure processes in children and adolescents (p. 166-203). Cambridge University Press.

Bybee, Bybee, *D.,* & Mowbray, *C*. (1993). An Analysis of Allegations of Sexual Abuse in a Multi-Victim Day-Care Center Case. *Child Abuse and Neglect, 17*. 767- 783. Pergamon Press Ltd

Campis, L., Hebden-Curtis, J. and Demaso, D. (1993). Developmental differences in detection and disclosure of sexual abuse. *Journal of the American Academy of Child and adolescent Psychiatry, 32*, 920-924.

Canton-Cortes, D. C. M. J. F. The effects of perpetrator age and abuse disclosure on the relationship between feelings provoked by child sexual abuse and posttraumatic stress. *Anxiety, Stress & Coping, 24*(4), 451-461.

Carlson, B., Maciol, K., & Schneider, J. (2006) Sibling Incest: reports from the forty-one survivors. *Journal of Child Sexual Abuse*, *15*(4), 19-34.

Carnes, C., Wilson, C., Nelson-Gardell, D., & Orgassa, U. (2001). Extended forensic evaluation when sexual abuse is suspected: A multi-site study. *Child Maltreatment, 6*(3).

Cashmore, J & Shackel, R. (2013). The long term effects of child sexual abuse. Australian Institute of Family Studies.

Ceci, S. J., & Bruck, M. (1993). The suggestibility of the child witness: A historical review and synthesis. *Psychological Bulletin, 113,* 403-439.

Chase, S. K., J. R. Beatty, et al.. A randomized trial of the effects of anonymity and quasi anonymity on disclosure of child maltreatment-related outcomes among postpartum women. *Child Maltreatment, 16*(1), 33-40.

Chard, (K. (2005) An evaluation of cognitive processing therapy for the treatment of PTSD related to childhood sexual abuse. *Journal of Consulting and clinical Psychology, 73*(5),965-971.

Cheung, M (2008). Promoting effective interviewing of sexually abused children: A pilot study. *Research on Social Work Practice, 18*(2), 137-143.

Cheung, M. and N. M. Boutt-Queen Assessing the relative importance of the child sexual abuse interview protocol items to assist child victims in abuse disclosure. *Journal of Family Violence, 25*(1), 11-22.

Chouliara, Z, Karatzias, Scott-Brien, G., MacDonald, A., McArthur, A., & Frazier, N. (2012). Adult survivors' of childhood sexual abuse perspectives of services: A systematic review. *Counselling & Psychotherapy Research, 12*(2), 146-161.

Ciarlante, M. (2007). Disclosing sexual Victimization. *The Prevention Researcher, 14*(2).

Collings, S., Griffiths, S. & Kumalo, M. (2005). Patterns of disclosure in child sexual abuse. *South African Journal of Psychology*, *35*(2), 270-285.

Collings, S. J. (2007). Nonsupportive disclosure in child sexual abuse: Confidants' characteristics and reactions. *Psychological Reports, 100*(3, Pt 1), 768-770.

Collins-Vezina, D., Daigneault, I., Hebert, M. (2013). Lessons learned from child sexual abuse research: prevalence, outcomes, and preventive strategies. *Child and Adolescent Psychiatry and Mental Health, 7*(1), 22-22.

Comas-Diaz (1995) Puerto Ricans and sexual child abuse. In Fontes, L. (eds) Sexualabuse in nine North American cultures: Treatment and prevention (pp. 31–66). Thousand Oaks, CA: Sage

Cossins, A. (2002). The hearsay rule and delayed complaints of child sexual abuse: The law and the Evidence. *Psychiatry, Psychology, and Law*, 163-176.

Crisma, M., Bascelli, E., Paci, D. & Romito, P. (2004). Adolescents who experience sexual abuse: Fears, needs and impediments to disclosure. *Child Abuse & Neglect, 27,* 525-540.

Crisma, M., & Bascelli, E. (2004). Adolescents who experienced sexual abuse: Fears, needs and impediments to disclosure. *Child Abuse & Neglect, 28(*10), 1035-1048.

Cutajar, M. C., Mullen, P. E., Ogloff, J. R. P., Thomas, S. D., Wells, D. L., & Spataro, J. (2010b). Suicide and fatal drug overdose in child sexual abuse victims: A historical cohort study. *Medical Journal of Australia*, *192*(4), 184–187.

Del Castillo, D. & Wright, M.O.D. (2009). The perils and possibilities in disclosing childhood sexual abuse to a romantic partner. *Journal of Child Sexual Abuse: Research, Treatment, & Program Innovations for Victims, Survivors, & Offenders*,*18*(4), 386-404.

Deering, R., Mellor, D. (2011) An exploratory qualitative study of the self-reported impact of female-perpetrated childhood sexual abuse. *Journal of Child Sexual Abuse, 20*, 58–76.

DeMarni Cromer, L. & Freyd , J.J. (2007). What influences believing child sexual abuse disclosures? The roles of depicted memory persistence, participant gender, trauma history, and sexism. *Psychology of Women Quarterly, 31*(1), 13-22.

De Voe E. R., & Faller, K. C. (1999). The characteristics of disclosure among children who may have been sexually abused. *Child Maltreatment*, 4(3), 217–227.

Di-pietro, 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.

Dorahy, M. J. & Clearwater ( ) Shame and Guilt in Men Exposed to Childhood Sexual Abuse: A Qualitative Investigation. *Journal of Child Sexual Abuse, 21*(2), 155-175.

Dunkerly, G. K., & Dalenberg, C. J. (1999). Secret-keeping behaviors in black and white children as a function of interviewer race, racial identity, and risk for abuse. *Journal of Aggression, Maltreatment & Trauma, 2,* 13-35.

Easton, S. D. (2005). Disclosure of child sexual abuse among adult male survivors. *Clinical Social Work Journal , 41*(4), 344-355.

Easton, S. D. (in press). Masculine norms, disclosure, and childhood adversities predict long-term mental distress among men with histories of child sexual abuse. *Child Abuse & Neglect.*

Easton, S, Saltzman, L., & Willis, D. (2013) Would You Tell Under Circumstances Like That? Barriers to Disclosure of Child Sexual Abuse for Men. *Psychology of Men & Masculinity.*

Elliot, D. M.,& Briere, J. (1994). Forensic sexual abuse evaluations of older children: Disclosures and symptomology. *Behavioral Sciences and Law*, *12,* 261–277.

Faller, K. C., Cordisco-Steele, L., & Nelson-Gardell, D. (2010). Allegations of sexual abuse of a child: What to do when a single forensic interview isn't enough. *Journal of Child Sexual Abuse, 19*(5), 572-589.

Faller, K. C. & Nelson-Gardell, D. (2010). Extended evaluations in cases of child sexual abuse: How many sessions are sufficient? *Journal of Child Sexual Abuse: Research, Treatment, & Program Innovations for Victims, Survivors, & Offenders, 19*(6), 648-668.

Farber, B. A., R. Khurgin-Bott, R., & Feldman, S. (2009). The benefits and risks of patient self-disclosure in the psychotherapy of women with a history of childhood sexual abuse. *Psychotherapy: Theory, Research, Practice, Training, 46*(1), 52-67.

Finkelhor, D., (1980). Sex Among siblings: A survey of prevalence, variety and effects. *Archives of Sexual Behaviour, 9*(3), 171-194.

Finkelhor, D., Hotaling, G., Lewis, I., & Smith, C. (1990). Sexual abuse in a national survey of adult men and women: Prevalence, characteristics, and risk factors. *Child Abuse & Neglect*, *14*, 19-28.

Finkelhor, D., Ormrod, R., Turner, H., & Hamby, S. L. (2005). The victimization of children and youth: A comprehensive, national survey. *Child Maltreatment, 10*, 5-25.

Finkelhor, D. (1994). The International epidemiology of child sexual abuse. *Child Abuse & Neglect, 18*, 409-417.

Finkelhor, D. (2009). The prevention of childhood sexual abuse. *The Future of Children 19*(2), 169-194.

Finkelhor, D. Shattuck, A., Turner, H & Hamby, S. (2014). The Lifetime Prevalence of Child Sexual Abuse and Sexual Assault Assessed in Late Adolescence. *Journal of Adolescent Health Article in press xxx (2015) 1-5.*

Finn, C. Forensic nurses' experiences of receiving child abuse disclosures.(2011) *Journal for Specialists in Paediatric Nursing* 16(4), 252-262.

Fisher, B., Daigle, L., Cullen, F., & Turner, M. (2003). Reporting sexual victimization to the police and others: Results from a national-level study of college women. *Criminal Justice and Behavior*, 30, 6–38.

Fisher, C. B. Confidentiality and disclosure in non-intervention adolescent risk research. *Applied Developmental Science* **17**(2): 88-93.

Flam, A. M. H., Eli (2013). Test balloons? Small signs of big events: A qualitative study on circumstances facilitating adult's awareness of children's first signs of sexual abuse. *Child Abuse & Neglect* **37**(9): 633-642.

Flemming, J. (1997). Prevalence of childhood sexual abuse in a community sample of Australian women. *Medical Journal of Australia* **166**(2): 65.

Fontes, L. A. and C. Plummer (1993) Cultural issues in disclosures of child sexual abuse. *Journal of Child Sexual Abuse: Research, Treatment, & Program Innovations for Victims, Survivors, & Offenders* **19**(5): 491-518.

Fontes L. A., & Plummer, A. (2010). Cultural issues in disclosures of child sexual abuse. *Journal of Child Sexual Abuse*, *19*(5), 491–518.

Foynes, M. M., M. Platt, et al. (2013). The Impact of Asian Values and Victims Perpetrator Closeness on the Disclosure of Emotional, Physical, and Sexual Abuse. Psychological Trauma: Theory, Research, Practice, and Policy. Advance online publication doi:10.1037/a0032098

Fergusson, D. M., Horwood, L. J. and Lynskey, M. T. (1997), 'Childhood sexual abuse, adolescent sexual behaviours and sexual revictimization', *Child Abuse & Neglect* 21: 789 - 803.

Furniss, T. (1990) The multiprofessioanl handbook of childhood sexual abuse. London. UK. Routledge.

Gibson, K. and M. Morgan ( ) Narrative research on child sexual abuse: Addressing perennial problems in quantitative research. *Qualitative Research in Psychology* **10**(3): 298-317.

Gilligan, P. and S. Akhtar (2006). Cultural Barriers to the Disclosure of Child Sexual Abuse in Asian Communities: Listening to What Women Say. *British Journal of Social Work* **36**(8): 1361-1377.

Goldman, J. D. G. and P. Grimbeek Child Sexual Abuse and Mandatory Reporting Intervention Pre service Content Preferred by Student Teachers. *Journal of Child Sexual Abuse* **23**(1): 1-16.

Gonzalez, L., Waterman, J., Kelly, R., McCord, F., and Oliveri, M. (1993). Children's patterns of disclosures and recantations of sexual and ritualistic abuse allegations in psychotherapy. *Child Abuse & Neglect* **17**: 281-289.

Goodman-Brown, T., Edelstein, R., Goodman, G, Jones, D. & Gordon, D. (2003) Why children tell: A model of children's disclosure of sexual abuse. *Child Abuse & Neglect.* 27: 525-540.

Government of New South Wales, Department of Family and Community Services (2013). Annual Statistical report 2011/2012. Sydney.

Gries,L., Goh, D., Andrews, M., Gilbert, J., Praver, F., & Stelzer, D. (2000). Positive reaction to disclosure and recovery from child sexual abuse. *Journal of Child Sexual Abuse*, *9*, 29–51.

Gupta, S., G. A. Bonanno, et al. ( ) . Anger expression and adaptation to childhood sexual abuse: The role of disclosure. *Psychological Trauma: Theory, Research, Practice, and Policy* **3**(2): 171-180.

Haboush, K. L. and H. Alyan (2013) Who Can You Tell? Features of Arab Culture That Influence Conceptualization and Treatment of Childhood Sexual Abuse. *Journal of Child Sexual Abuse* **22**(5): 499-518.

Haney, M., Vieth, V., Campos, H. (2010). Setting Course: The Case for the Credentialing of Forensic Interviewers *Journal of Child Sexual Abuse* **19**(6): 709-727.

Hanson, R.F., Resnick, H.S., Saunders, B.E., Kilpatrick, D.G., & Best, C. (1999). Factors related to reporting of childhood rape. *Child Abuse & Neglect*. 23. 559-569.

Hardy, M.S. (2001). Physical aggression and sexual behaviour among siblings: A retrospective study. *Journal of Family Violence*, 16. 255-268.

Harrison, E. (2005). Disclosing the details of child sexual abuse: Can imaginative literature help ease the suffering? *Journal of Child and Adolescent Psychiatric Nursing* **18**(3): 127-134.

Hebert , M., Tourigny, Marc, Cyr, Mireille, McDuff, Pierre, Joly, Jacques (2009). Prevalence of childhood sexual abuse and timing of disclosure in a representative sample of adults from Quebec. *The Canadian Journal of Psychiatry* **54**(9): 631-636.

Helweg-Larsen, K., Larsen, H.B. (2006). A critical review of available data on sexual abuse of children in Denmark. *Child Abuse & Neglect*, *29*(6), 715-724.

Herman, J. (1992). Trauma and Recovery: From Domestic Abuse to political Terror. London, Pandora, River Oram Press.

Hershkowitz, I. Horowitz, d., and Lamb, M. (2005). Trends in children's disclosure of abuse in Israel: A national study. *Child Abuse & Neglect* **29**(11): 1203-1214.

Hershkowitz, I. (2006). Delayed disclosure of alleged child abuse victims in Israel. *American Journal of Orthopsychiatry* **76**(4): 444-450.

Hershkowitz, I., & Terner, A. (2007). The effects of repeated interviewing on children's forensic statements of sexual abuse. *Applied Cognitive Psychology* **31**: 1131-1143.

Hershkowitz, I., Lanes, O., and Lamb, M. (2007). Exploring the disclosure of child sexual abuse with alleged victims and their parents. *Child Abuse & Neglect* **31**(2): 111-123.

Hinkelman, L. and M. Bruno (2008).Identification and reporting of child sexual abuse: The role of elementary school professionals. *The Elementary School Journal* **108**(5): 376-391.

Howe, A. (2009). "Addressing child sexual abuse in Australian Aboriginal communities: the politics of the white voice *Australian Feminist Law Journal* **30**: 41-61.

Hughes-Scholes, C. H. and M. B. Powell Techniques used by investigative interviewers to elicit disclosures of abuse from child witnesses: A critique. *Police Practice & Research: An International Journal* **14**(1): 45-52.

Hunter, S. V. (2011) Disclosure of child sexual abuse as a life-long process: Implications for health professionals. *Australian and New Zealand Journal of Family Therapy* **32**(2): 159-172.

Jensen, T., Gulbrandsen, W., Mossige, S. Reichelt, S. & Tjersland, O.A. (2005) Reporting possible sexual abuse: A qualitative study on children's perspectives and the context for disclosure. *Child Abuse and Neglect* 29(12):1395-1413.

Jensen,T. (2005) The Interpretation of Signs of Sexual abuse. *Cultural& Psychology* 11(4):469-498

Jobe, A. and S. Gorin If kids do not feel safe they do not do anything': young people's views on seeking and receiving help from Children's Social Care Services in England. *Child & Family Social Work* **18**(4): 429-438.

Jones, D. (2000). Editorial: Disclosure of Child Sexual Abuse. *Child Abuse & Neglect* **24**: 269-271.

Jones, D, & McGraw, J. (1987) Reliable and Fictious Accounts of Sexual Abuse to children. *Journal of Interpersonal Violence*. 2:27-45.

Jonzon, E. and F. Lindblad (2004). Disclosure, Reactions, and Social Support: Findings from a Sample of Adult Victims of Child Sexual Abuse. *Child Maltreatment* **9**(2): 190-200.

Jonzon, E. and F. Lindblad (2005). Adult Female Victims of Child Sexual Abuse:

Multitype Maltreatment and Disclosure Characteristics Related to Subjective Health. *Journal of Interpersonal Violence* **20**(6): 651-666.

Jouard, S. (1971) Self-disclosure: an experimental analysis of the transparent self. New York. John Wiley Sons.

Katerndah, D., Burge, S.; Kellogg, N., Parra, J. (2005). Differences in childhood sexual abuse experience between adult Hispnaic and Anglo women in primary care setting.

Kazarian, S. S., & Kazarian, L. Z. (1998). Cultural aspects of family violence. In: S. S. Kazarian, & D. R. Evans (Eds.), Cultural clinical psychology: theory, research and practice (pp. 316–347). Oxford: Oxford Univ. Press.

Kellogg,N., & Hoffman, T. (1995). Unwanted sexual experiences in adolescents: Patterns of Disclosure. Child Abuse & Neglect. 19:1457-1468.

Kellogg,N., & Menard, S. (1995). Violence among family members of children and adolescents evaluated for sexual abuse. Child Abuse & Neglect. 27:1367-1376.

Kemshall, H. G. B. Child Sex Offender Public Disclosure Scheme: The views of applicants using the English pilot disclosure scheme. *Journal of Sexual Aggression* **18**(2): 164-178.Kendall Tackett, K. A., Williams, L. M., &

Kogan, S. M. (2004). Disclosing unwanted sexual experiences: Results from a national sample of adolescent women. *Child Abuse & Neglect* **28**(2): 147-165.

Kogan, S. M. (2005). The Role of Disclosing Child Sexual Abuse on Adolescent Adjustment and Revictimization. *Journal of Child Sexual Abuse* **14**(2): 25-47.

Lamont. A. (2011) Who Abuses Children? National Child Protection Clearing House Resource Sheet February 2011.

La Rooy, D., & Lamb, M. (2009). What happens when young witnesses are interviewed more than once. *Forensic update*.

Lalor, K., & McElvaney, R. (2010). Child Sexual Abuse, Links to Later Sexual Exploitation/High-Risk Sexual Behavior and Prevention/Treatment Programs. *Trauma, Violence & Abuse* **11**(4): 159-177.

Lamb, S & Edgar-Smith, S. (1994). Aspects of disclosure: Mediators of outcomes of childhood sexual abuse. Journal of Interpersonal Violence 9: 307-326.

Lamb, M. E., Sternberg, K. J., Orbach, Y., Hershkowitz, I., Horowitz, D., & Esplin, P. W. (2002). The effects of intensive training and ongoing supervision on the quality of investigative interviews with alleged sex abuse victims. *Applied Developmental Science, 6,* 114-125.

Lamb, M. Orbach, Y., Hershkowitz, I., Horowitz, Abbott, C. (2007) Does the type of prompt affect the accuracy of information provided by alleged victims of abuse in forensic interviews? *Applied Cognitive Psychology* 21(9):117-130

Lamott, A (2011). NCPC Resource Sheet, Australian Institute of Family Studies. February 2007. http://www.aifs.gov.au/nch/pubs/sheets/rs7/rs7.html. Accessed April 2014.

Last U., & Aharoni-Etzioni, A. (1995). Secrets and reasons for secrecy among school

aged children: Developmental trends and gender differences. *Journal of Genetic Psychology*, 156, 191–203.

Latzman, N. E. and R. D. Latzman Exploring the link between child sexual abuse and sexually intrusive behaviors: The moderating role of caregiver discipline strategy. *Journal of Child and Family Studies.*

Laviola, M. (1992) Effects of older brother-younger sister ncset: A study of the dynamics of 17 cases. *Child Abuse & Neglect.* 16:409-421.

Lawson, L and Chiffin. M (1992). False negatives in sexual abuse disclosure interviews. *Journal of interpersonal violence* 7(4):532-542.

Lippert, T. Cross,T. & Jones, L. & Walsh, W. (2009). Telling interviewers about sexual abuse: Predictors of child disclosure at forensic interviews. *Child Maltreatment* **14**(1): 100-113.

Lippert, T. Cross, T., Jones, L. & Walsh, W. (2010) Suspect confession of child sexual abuse to investigators. *Child Maltreatment* **15**(2): 161-170.

Lipton, M. (1997). The effect of the primary caretaker's distress on the sexually abused child: A comparison of biological and foster parents. *Child Adolescent Social Work Journal* 14(2):115-127.

Loftus,E., Polonsky, S,, Fullilove, M. (1994) Memories of childhood sexual abuse. Psychol Women Quarterly 18:64–84

London, K., Bruck.M, Ceci., 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**(1): 194-226.

London, K., Bruck, N., Wright, D., Ceci,S. (2008) Review of the Contemporary Literature on how children report sexual abuser to others: Findings methodological issues, and implications for forensic interviewers. *Memory,* 16(1): 29-47. Article in press doi:10:1002/car.2280 (2013)

Lovett, B. B. (2004). Child Sexual Abuse Disclosure: Maternal Response and other Variables Impacting the Victim. *Child & Adolescent Social Work Journal* **21**(4): 355-371.

Lynch, D., Stern, A., Oates, K., and O'Toole, B. (1993). Who participates in Child Sexual Abuse Research? *Journal of Child Psychology* **34**(6): 935-944.

Lynch, T. and . Barber, J, Ed (2010). <u>Forensic nursing,</u> St Louis Elsevier.

Lyon, T. D., E. C. Ahern, et al.. ( ) Children's reasoning about disclosing adult transgressions: Effects of maltreatment, child age, and adult identity. *Child Development* **81**(6): 1714-1728.

Ma, Y., Yau, D. C., Ng, W., & Tong, S. (2004). Characteristics of child sexual abuse cases referred for psychological services in Hong Kong: A comparison between multiple incidents versus single incident cases. *Journal of Child Sexual Abuse*, 13, 21–38.

Malloy, L, Thomas, D. Quas, J. (2007). Filial Dependency and Recantation of Child Sexual abuse allegations. *Journal American Academy of Child and Adolescent Psychiatry*. 46 (2):162-170.

Malloy, L. C., S. P. Brubacher, et al. (2011). Expected consequences of disclosure revealed in investigative interviews with suspected victims of child sexual abuse. *Applied Developmental Science* **15**(1): 8-19.

Malloy, L. C., S. P. Brubacher, et al. (2013). Because she's one who listens': Children discuss disclosure recipients in forensic interviews. *Child Maltreatment* **18**(4): 245-251.

Muntarbhorn, Vitit. 1996. Report of the Specia lRapporteur on the Sale of Children, Child Prostitution, and Child Pornography, United Nations Economic and Social Council, Commission on Human rights, 52nd Session, Agenda Item 20 (New York: UN), E/CN.4/1996/100 (1996).

Martin, E., Silverstone, P. How Much Child Sexual Abuse is "Below the Surface," and Can We Help Adults Identify it Early? *Frontiers In Psychiatry* **4**: 58-58.

Marx, S. (1996). Victim Recantation in Child sexual Abuse Cases: The Prosecutor's role in prevention. *Child Welfare* 75(3):219-233

Matthews, E., & Saywitz, K. (1992). Child victim witness manual. *California Center for Judicial Education and Research Journal*, 12, 5-81

Mazza, D., Dennerstein, L., Garamszegi, C. and Dudley, E. (2001). The physical sexual and emotional violence history of middle-aged women: A community-based prevalence study. *Medical Journal of Australia* **175**(4): 199-201.

McClain, N. and A. F. Amar ( ) Female survivors of child sexual abuse: finding voice through research participation. *Issues In Mental Health Nursing* **34**(7): 482-487.

McElvaney. R. (2002) Delays in reporting childhood sexual abuse and implications for legal proceedings. In sex and Violence " the Psychology of Crime and Risk assessment, Farrington, Dp, Hollin, CR, McNurran M(eds) Routledge, London: 138-153.

McElvaney, R., Greene, S., & Hogan, D. (2012). Containing the secret of child sexual abuse *Journal of Interpersonal Violence* **27**(6): 1155-1175.

McElvaney, R. (2013). Disclosure of Child Sexual Abuse: Delays, Non-Disclosure and Partial disclosure. What the Research tells Us and Implications for Practice. *Child Abuse Review* doi:10.1002/car.2280.

McGee, H., Garavan, R., deBarra, M. Byrne, J., Conroy, R. The SAVI report: Sexual Abuse and Violence in Ireland. http://epubs.rcsi.ie/cgi accessed March 2014.

McGregor, K., J. Gautam, et al. ( ) . Health Care and Female Survivors of Childhood Sexual Abuse: Health Professionals' Perspectives. *Journal of Child Sexual Abuse* **22**(6): 761-775.

McGregor, K., M. Glover, et al. ( ) . Working sensitively with child sexual abuse survivors: What female child sexual abuse survivors want from health professionals. *Women & Health* **50**(8): 737-755.

McGregor, K., Julich, S., Glover, M., and Gautam, M. (2010). Health professionals' responses to disclosure of child sexual abuse history: Female child sexual abuse survivors' experiences *Journal of Child Sexual Abuse Research, Treatment, & Program Innovations for Victims, Survivors, & Offenders* **19**(3): 239-254.

McLaren, H. (2007). Exploring the Ethics of Forewarning: Social Workers, Confidentiality and Potential Child Abuse Disclosures. *Ethics & Social Welfare* **1**(1): 22-40.

McVeigh, M.J. (2003). "But she didn't say no". An exploration of sibling sexual abuse. *Australian Social Work* 56(2) 116-126.

Mikkelsen, E., Gutheil, T., Emens, M. False Sexual Abuse Allegations by Children and Adolescents: Contextual factors and Clinical subtypes. American Journal of Psychotherapy 46:556-70. Mian, M., Weherspann,. Klajner-Diamond, H., Le Baron, D., and Winder, C. (1986). Review of 125 children 6 years of age and under who were sexually abused. *Child Abuse & Neglect* **10**: 223-229.

Mohr, W. and M. Nunno ( ) Black Boxing Restraints: The Need for Full Disclosure and Consent. *Journal of Child & Family Studies* **20**(1): 38-47.

Moors, R. and R. Webber (2012) The dance of disclosure: Online self-disclosure of sexual assault. *Qualitative Social Work* **12**(6): 799-815.

Mulryan, K, Cathers, P and Fagin, A. (2004) How to recognise and respond to child abuse. *Nursing* October 34:52-55.

Murphy, J., Adamson, G., Stringer, M., Shevlin,M. (2012). Memories of Childhood Threat, Fear of Disclosure and Paranoid Ideation: A Mediation Analysis Using a Nonclinical Sample. *Journal of Aggression, Maltreatment & Trauma* **21**(4): 459-476.

Nagel, D., Putnam, F., Noll, J., and Trickett, P. (1997). Disclosure patterns of sexual abuse and psychological functioning at 1-year follow-up. *Child Abuse & Neglect* **21**: 137-147.

New South Wales, Department of Family and Community Services (2013) Annual Statistical report 2019-2012.

Oates, R., Jones,., Denson,S., Sirotnak, A., Gary, N., and Krugman, R. (2000) Erroneous Concerns and Child Sexual Abuse. *Child Abuse & Neglect* 24:149-57.

O'Donohue, W., Benuto, L., Fondren, R., Tolie, L., Vijay, A., Fanetti, M. (2013). Dimensions of Child Sexual Abuse Allegations: What is Unusual and What is Not? *Journal or Forensic Psychology Practice* **13**: 456-475.

Olafson, E., & Lederman, C. (2006) . The state of the debate about children's disclosure patterns in child sexual abuse cases. *Juvenile and Family Court Journal*. Winter:27-40.

O'Leary P, Coohey C, Easton SD. (2010). The effect of severe child sexual abuse and disclosure on mental health during adulthood. *Journal of Child Sexual Abuse 19*(3):275-89

Paine, M., & Hansen, D. (2002) Factors Influencing children to self-disclose sexual abuse. *Clinical Psychology Review* 22:271-295.

Pipe, M. E., Lamb, M. E., Orbach, Y., Sternberg, K. J., Stewart, H., & Esplin, P. W. (2007). Factors associated with nondisclosure of suspected abuse during forensic interviews. In M. E. Pipe, M. E. Lamb, Y. Orbach, & A. C. Cederborg (Eds.), *Child sexual abuse: Disclosure, delay and denial* (p. 77-96). Mahwah, NJ: Lawrence Erlbaum Associates Inc.

Polusny, M. A., & Follette, V.M. (2000). Long term correlates of child sexual abuse: Theory and review of empirical literature. *Applied and Preventative Psychology* **4**: 143-166.

Poulsney , M. A., & Follette, V. M. (1995). Long term correlates of childhood sexual abuse. Theory and review of the empirical literature. *Applied and Preventative Psychology*, 4,143-166.

Powell,M., & Hughes-Scholes, C **(**2009) Evaluation of the questions used to elicit evidence about abuse from child witnesses : Australian study, *Psychiatry, psychology and law*, vol. 16, no. 3, pp. 369-378,

Price, D. M. (2004). Rebuilding Shattered Families: Disclosure, Clarification and Reunification of Sexual Abusers, Victims, and Their Families. *Sexual Addiction & Compulsivity* **11**(4): 187-221.

Priebe, G. & Svedin, C. (2008). Child sexual abuse is largely hidden from the adult society: An epidemiological study of adolescents' disclosures. *Child Abuse & Neglect* **32**(12): 1095-1108.

Prior, V., Lynch, M & Glasser, D. (1999). Children's and carer's views of social work practice. *Child and Family Social work* **4**: 131-143.

Reading, R. Committee on child abuse and neglect. The evaluation of children in the primary care setting when sexual abuse is suspected. *Child Care, Health & Development* **39**(6): 911-912.

Reiser, M. (1991) Recantation in child sexual abuse cases. Child Welfare 70:611-621.

Roesler, T. (1994) Reactions to disclosure of childhood sexual abuse: the effect on adult symptoms. *The Journal of Nervous and Mental Disease* (182): 618-624.

Rowe, V. (2009) The impact of Child sexual Abuse Children and Families October 2009 Australian Institute of Professional Counsellors. www.aipc.net.au/articles/the-impact-of-child-sexual-abuse accessed May 15 2014

Ruggiero KJ, Smith DW, Hanson RF, Resnick HS, Saunders BE, Kilpatrick DG, Best CL. 9(2004) Is disclosure of childhood rape associated with mental health outcome? Results from the National Women's Study. *Child Maltreatment.* 9(1):62–77

Sauzier,M. (1989) Discloure of child sexual abuse: For better or for worse. Psychiatric Clinics of North America. 12:455-469.

Schaeffer, P., J. M. Leventhal,& Asnes, J. (2011) Children's disclosures of sexual abuse: Learning from direct inquiry. *Child Abuse & Neglect* **35**(5): 343-352.

Schobucher, V., Maier, T., Mohler-Kuo, M., Schnyder, U., and Landolt, M. (2012). Disclosure of child sexual abuse by adolescents: A qualitative in-depth study." *Journal of Interpersonal Violence* **27**(17): 3486-3513.

Schoen, C., Davis, K., Collins, K. S., Greenberg, L., & DesRoches, C., & Abrams, M. (1997). *The Commonwealth Fund survey of the health of adolescent girls*. New York: The Commonwealth Fund.

Scott, C. "The Australian situation: not so touchy? *Sport, Education & Society* **18**(5): 599-614.

Seery,M., Silver, R., Holman, E. Ence, W. and Chu,T. (2008) Expressing thoughts and feelings following a collective trauma: Immediate responses to 9/11 predict negative outcomes in a national sample. *Journal of consulting and Clinical Psychology*, 76, 657-667.

Shackel, R. (2009). Understanding Children's Medium for Disclosing Sexual Abuse: A Tool for Overcoming Potential Misconceptions in the Courtroom. *Psychiatry, Psychology and Law,* 16(3): 379-393.

Shalhoub-Kevorkian, N. (2005). Disclosure of Child Abuse in Conflict Areas. *Violence Against Women* **11**(10): 1263-1291.

Shaw J Lewis,J.,Loeb,A.,Rosado, J. & Rodriguez, R.(2001)A comparison of Hispanic and African-American sexually abused girls and their families. *Child Abuse & Neglect* 25:1363–1379.

Sim, M. a. L., M. ( ) Children's disclosure of child sexual abuse: How motivational factors affect linguistic categories related to deception detection. *Psychology, Crime & Law* **19** (8): 649-660.

Sinclair, B & Gold. S. (1997). *The psychological impact of withholding disclosure of child sexual abuse. Violence and Victims, 12,:137-145.*

Sjoberg, R., & Lindblad, F. (2002) Delayed disclosure and disrupted communication of Hispanic-African-American sexually abused girls and their families. *Child Abuse & Neglect*. 25:1363-1379.

Smith, D., Letourneau, E., Saunders, E., Kilpatrick, D., Resnick, H., and Best, C. (2000). Delay in disclosure of childhood rape: results from a national survey. *Child Abuse & Neglect* **24** (2): 273-287.

Softestad, S. T., Ruth (2013). Challenges and Opportunities: Exploring Child Protection Workers' Experiences of Ensuring Protection of the Child during Child Sexual Abuse Suspicion. *British Journal of Social Work* **43**(8): 1510-1526.

Softestad, S., Toverud, R. (2103)Parenting conditions in the midst of suspicion of child sexual abuse (CSA). *Child & Family Social Work* **17**(1): 75-84.

Somer, E., and Szwarcberg, S. (2001). Variables in delayed disclosure of childhood sexual abuse. *American Journal of Orthopsychiatry* **71**: 332-341.

Sorenson, T., and Snow, B. (1991). The process of disclosure in child sexual abuse." *Child Welfare* **70**: 3-15.

Sorsoli, L., M. Kia-Keating, et al.. (2008). I keep that hush-hush': Male survivors of sexual abuse and the challenges of disclosure. *Journal of Counselling Psychology* **55**(3): 333-345.

Spataro, J., Moss, S. A., & Wells, D. L. (2001). Child sexual abuse: A reality for both sexes. *Australian Psychologist*, 36, 177–183.

Sperry, D. M. and B. O. Gilbert (2005). "Child peer sexual abuse: Preliminary data on outcomes and disclosure experiences." *Child Abuse & Neglect* **29**(8): 889-904.

Springman, R. Wherry, J., Notaro,P (2006). The Effects of Interviewer Race and Child Race on Sexual Abuse Disclosures in Forensic Interviews. *Journal of Child Sexual Abuse* **15**(3): 99-116.

Staller, K. M. and D. Nelson-Gardell (2005). 'A burden in your heart': Lessons of disclosure from female preadolescent and adolescent survivors of sexual abuse. *Child Abuse & Neglect* **29**(12): 1415-1432.

Studies, A. I. o. F. (2013). The prevalence of child abuse and neglect. Fact Sheet C. F. C. Australia, Australian Government

Summit, R. (1983) The child sexual abuse accommodation syndrome. *Child Abuse and Neglect* 7(2):177-193.

Summit, R. (1992). Abuse of the child sexual abuse accommodation syndrome. *Child Abuse & Neglect*, 24:689-700.

Tang, S. Freyd, J and Wamng, M. (2007). What do we know about gender in the disclosure of child sexual abuse? *Journal of Psychological Trauma* **6**(4): 1-26.

Taylor N & Putt J 2007. Adult sexual violence in Indigenous and culturally and linguistically diverse communities in Australia. *Trends & Issues in Crime and Criminal Justice* no. 345. Canberra: Australian Institute of Criminology

Taylor, J.F. (2003). Children and young people accused of child sexual abuse: A study within the community. *Journal of Sexual Aggression,* **9**(1): 57 – 70

Taylor, S. C. and C. Norma (2102).The ties that bind: Family barriers for adult women seeking to report childhood sexual assault in Australia. *Women's Studies International Forum* **37**: 114-124.

Tishelman, A. C. and R. Geffner ( ) Forensic, cultural, and systems issues in child sexual abuse cases Part 1: An introduction. *Journal of Child Sexual Abuse: Research, Treatment, & Program Innovations for Victims, Survivors, & Offenders* **19**(5): 485-490.

Tishelman, A. C. and R. Geffner Forensic, Cultural, and Systems Issues in Child Sexual Abuse Cases-Part 2: Research and Practitioner Issues. *Journal of Child Sexual Abuse* **19**(6): 609-617.

Tjersland, O. A., S. Mossige, et al.. (2006). Helping families when child sexual abuse is suspected but not proven. *Child & Family Social Work* **11**(4): 297-306.

Toukmanian, S. G., & Brouwers, M. C. (1998). Cultural aspects of self-disclosure and psychotherapy. In: S. S.Evans, & D. R. Evans (Eds.), Cultural clinical psychology: theory, research and practice (pp. 106–124).Oxford: Oxford Univ. Press.

Tsun,.O.K.A (1999) Sibling incest: A Hong Kong experience. *Child Abuse & Neglect.* 23: 531-537

Tutty, L. "Listen to the Children: Kids Impressions of Who Do You Tell. *Journal of Child Sexual Abuse* **23**(1): 17-37.

Ullman S. (1996). Social reactions, coping strategies, and self-blame attributions in adjustment to sexual assault. *Psychology of Women Quarterly*, *20*, 505-526.

Ullman, S. (2003) Social Reactions to Child Sexual Abuse Disclosures: A critical Review. *Journal of Child Sexual Abuse* 12(1)89-121.

Ullman, S., & Filipas, H. (2005) Gender differences in social reactions to abuse disclosures, post-abuse coping, and PTSD of child sexual abuse survivors. *Child Abuse & Neglect* 29 (2005) 767–782

Ungar M., Barter, K., McConnell, S .M., Tutty, L. M. & Fairholm, J. (2009).Patterns of abuse disclosure among youth. *Qualitative Social Work, 8*(3), 341–356.

Ungar, M., Tutty,L,., McConnell,S., Barter, K., Fairholm, J. (2009). What Canadian youth tell us about disclosing abuse. *Child Abuse & Neglect* **33**(10): 699-708.

Ussher, J. and Dewberry, C. (1995). The nature and long-term effects of childhood sexual abuse: A survey of women survivors in Britain. *British Journal of Clinical Psychology* (34): 177-192.

Walker Des-cartes, S., Y, Laraque, D and Rojas, M. (2011). "Caregivers perceptions of sexual abuse and its effect on management after a disclosure." Child Abuse and Neglect **35**: 437-447.

Widom, S., & Morris, S. (1997). Accuracy of adult recollections of childhood Victimization. Part 2: Child sexual abuse. *Psychological Assessment*, *9*, 34-46.

Williams L. M. (1994) 'Recall of childhood trauma: a prospective study of Women's memories of childhood'. Journal of Consulting and Clinical Psychology 62(6):1116-1167.