



Child Abuse Review Vol. 29: 97–113 (2020)
Published online in Wiley Online Library
(wileyonlinelibrary.com) DOI: 10.1002/car.2617

What Helps Children Tell? A Qualitative Meta-Analysis of Child Sexual Abuse Disclosure

The increasing use of qualitative methodologies to explore experiences of child sexual abuse (CSA) disclosure has led to the need to synthesise these findings. Recent reviews have tended to focus on the barriers to disclosure more than the facilitators or to conflate findings from studies of adults and studies of children and adolescents. This paper focuses on a qualitative meta-analysis of studies conducted in the past 20 years (1998–2018) that addresses the question of what helps children disclose experiences of CSA. An analysis of 20 studies that met the inclusion criteria suggests that six key themes are important facilitators of disclosure: access to someone you can trust; realising it's not normal; inability to cope with emotional distress; wanting something to be done about it; expecting to be believed; and being asked. These can be conceptualised as representing two key dynamics that help children tell: needing to tell (pressure cooker effect), and opportunity to tell. Professionals and carers can facilitate the process of disclosure through building trusting relationships with children, recognising their distress and initiating conversations with children about their wellbeing. © 2020 John Wiley & Sons, Ltd.

KEY PRACTITIONER MESSAGES:

- There is a need for the focus to be on what helps children tell rather than what hinders children telling.
- Children need those around them to notice when they need to talk about themselves and what is happening in their lives – when they are unable to cope with their distress, when they want something done about it.
- Professionals and adults interacting with children need to ask children about their lives and wellbeing, in order to: help create opportunities for children to tell; help them access someone they can trust; let them know they will be taken seriously; and help them to understand that abusive behaviour is not normal.

KEY WORDS: Child sexual abuse; Disclosure; Child maltreatment; Meta-analysis

Introduction

There has been a burgeoning interest in qualitative studies on child sexual abuse (CSA) disclosure in the past two or three decades. Jones (2000)

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highlighted the need for studies that would focus on ‘the individual experiences of children and their perception of the influences upon them which led to their disclosure of information’ (p. 270). As a young participant in Mudaly and Goddard's (2006) study put it: ‘get the kids interviewed from a kid's point of view. No one knows kids better than the kids’ (p.10). We now have a number of qualitative studies conducted with both adults and children, which focus on disclosure experiences. However, small selective samples lead to difficulties with transferability. One way to compensate for this methodological limitation is to conduct a qualitative meta-analysis, whereby studies are rigorously aggregated in the pursuit of a new conceptualisation that represents the essential elements of the original studies (Schreiber *et al.*, 1997; Timulak, 2009). The present study involved conducting a qualitative meta-analysis to explore what helps children disclose experiences of sexual abuse.

Focus on Barriers to Disclosure

The first comprehensive review of literature on CSA disclosure was conducted by Paine and Hansen (2002). Drawing on primarily quantitative data from survey studies and clinical literature, they outlined a range of psychological factors that influenced disclosure, in particular those that inhibited disclosure. These included: feeling responsible for the abuse; feeling shame and stigma associated with the abuse experience; fear of being blamed or judged negatively; fear of how they would be perceived sexually (particularly for male victims); fear of not being believed; fear of family disruption including divorce, separation or placement in foster care; and concern for the perpetrator who was often a family member. The authors noted that children's perceived support played a role in their willingness to disclose and children often told for the purpose of stopping the abuse and getting help in response to being asked questions.

Subsequent reviews have confirmed many of Paine and Hansen's (2002) findings, despite focusing on different populations (Alaggia *et al.*, 2019; Lemaigre *et al.*, 2017; London *et al.*, 2007; McElvaney, 2015; Morrison *et al.*, 2018; Reitsema and Grietens, 2016; Tener and Murphy, 2015). Nevertheless, non-disclosure and delayed disclosure continue to be prevalent among children and adolescents who experience sexual abuse. McElvaney (2015) noted that most children who have been sexually abused do not disclose until adulthood, while studies of adults (e.g. McGee *et al.*, 2002) and adolescents (e.g. Priebe and Svedin, 2008) continue to record significant numbers of respondents who had never disclosed their experiences of childhood abuse prior to the study. All of these recent reviews highlighted how most studies focus on barriers to disclosure rather than what helps children tell (Alaggia *et al.*, 2019; Lemaigre *et al.*, 2017; McElvaney, 2015; Morrison *et al.*, 2018).

Alaggia *et al.* (2019) in their thematic analysis of 33 studies (qualitative and mixed methods studies) of both children and adults' experiences of disclosure between 2000 and 2016 found that being asked was the most commonly identified factor in promoting disclosure. In addition, factors such as having a close relationship with someone, developmentally appropriate education, and receiving emotional support and understanding all facilitated disclosure.

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Reitsema and Grietens (2016) highlighted the importance of: how children anticipate others' reactions and make decisions about disclosure based on these perceptions; having access to a trusted person to engage in dialogue and who will do something about it, thus providing the opportunity to tell; having a shared frame of reference, such as watching a television programme or attending a presentation at school; and behavioural or emotional indicators such as anxiety or angry outbursts.

Conflating Child and Adult Studies

The reviews noted above have also included both studies of adults and children/adolescents in their reviews, acknowledging that different factors may influence disclosure at different junctures across a lifespan. London *et al.* (2007), while providing distinct reviews of adult studies ($n = 13$) and those that drew on child and adolescent samples ($n = 34$), did not distinguish between the findings from qualitative and quantitative studies. In addition, these studies represented quite distinct populations: adult participants were describing informal disclosure, such as disclosure to a friend or someone in their social network, while child participants were describing formal disclosure in the context of forensic evaluations, as distinct from the informal disclosure that often precedes such evaluations.

When adult studies are reviewed separately from children's studies, it becomes evident that there are key differences between these populations that warrant distinct attention. Tener and Murphy (2015), exclusively focusing on adult studies ($n = 28$ between 1980 and 2013) noted: a) the deliberate decision-making processes of adults; b) retrieved memories of the abuse acting as a trigger to disclosure; and c) reporting more positive responses to disclosure in adulthood than those they had experienced in childhood (such as disbelief, anger towards the alleged perpetrator or the survivor, or minimising or normalising the abuse). McElvaney (2014) in her study of 22 children and 10 adults, found that concerns for other children helped children tell but did not influence telling for adults. Societal stigma and family rigidity have been identified as having a greater impact on adults withholding their disclosure (Alaggia, 2010) compared with children who reported fears of something bad happening if they disclosed and a lack of understanding as inhibiting disclosure (Schaeffer *et al.*, 2011). Thus, while a lifespan perspective is important in considering the disclosure process, it is also important to take account of developmental aspects of disclosure. Conflating findings from studies of children, adolescents and adults may mask important considerations in determining how children at different developmental stages tell and what helps them tell.

Alaggia *et al.* (2019) highlighted the iterative dialogical nature of disclosure, noting that models of disclosure reflect a social-ecological, person-in-environment perspective that goes beyond interpersonal factors and takes account of the wider context of the child such as family and school characteristics and relationships. They noted the paucity of studies of younger children while Lemaigre *et al.* (2017), based on their review of 13 studies of children and adolescents, pointed to the lack of standardised measures across studies and the variety of data analysis techniques used.

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Limitations of Previous Reviews

While most of the studies conducted in the past few decades have been included in the above reviews, none have attempted to address one of the key shortcomings identified in these studies: the difficulty associated with small-scale qualitative studies that employ convenience samples. Nevertheless, it is clear that there are a number of overlapping themes that emerge from these disparate studies. All of the reviews, in line with the majority of studies in this area, have focussed on demographic data such as age, gender and family dynamics and on barriers to disclosure. While Lemaigre *et al.* (2017) also identified the facilitators to disclosure, no in-depth analysis of these factors was conducted nor was there an attempt to systematically synthesise the findings on this issue. A qualitative meta-analysis of studies based on small-scale convenience samples that include children of different ages and cultural backgrounds accessed in different settings (child protection, therapeutic services) could identify the key facilitators to disclosure that may be more transferable to the population of children who have experienced sexual abuse thus assisting practitioners and policy makers in targeting resources for prevention and intervention. Such a methodology compensates for the difficulties with transferability of findings based on small convenience samples.

Both Paine and Hansen's (2002) and Alaggia *et al.*'s (2019) reviews included studies of children and adults thus conflating the findings from these two distinct sampling cohorts. As the majority of studies in this field have been conducted with adults, there is a danger that factors unique to childhood or adolescence do not emerge when such studies are grouped together for analysis. Similarly, when quantitative methodologies are conflated with qualitative ones, there is a danger that the quantitative findings, drawn from larger samples, may mask the diversity inherent in children's experiences that is captured so well through the use of qualitative methodologies. While Morrison *et al.* (2018) focused on child and adolescent qualitative research, their review fails to provide the reader with a pooled estimate of the prevalence of each theme identified, and their findings, similar to other reviews, focus more on the barriers to disclosure than on facilitators: fear of what will happen; fear of disbelief; emotions and impact of the abuse; an opportunity to tell; concern for self and others; and feelings toward the abuser. We argue that in finding ways to help children tell it may be more beneficial to focus on what is known about what helps children tell rather than what stops them telling.

The present study aims to address these shortcomings in the literature and focus exclusively on qualitative studies conducted with children and adolescents with a specific focus on what helps children tell.

Method

This qualitative meta-analysis of facilitators to CSA disclosure followed the format recommended by Timulak (2009). Inclusion criteria for studies in this meta-analysis were as follows: the authors used a qualitative methodology; drew on a sample of child and/or adolescent participants (younger than 18 years old); and were published within the past 20 years (1998–2018). While some

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studies included in this meta-analysis included data from parents and adults, the data included in this meta-analysis were confined to data provided by children and adolescents. Similarly, where mixed methods studies were examined, only data from the qualitative analysis were included. Two studies were included that examined young people's disclosure of abuse experiences (not just CSA). Given the overlap between the findings of these studies and the common themes identified in the literature across studies of disclosure of physical, sexual and emotional abuse, and the specific focus on disclosure strategies in these studies, it was considered warranted to include these studies in this review. Consistent with previously published systematic reviews in the field (Alaggia *et al.*, 2019; Lemaigre *et al.*, 2017; Paine and Hansen, 2002) a search of seven databases (PsycInfo, Science Direct, PubMed, CINAHL, JSTOR and Web of Science) was conducted. Our initial search terms were: "child sexual abuse", "child maltreatment", "child abuse", "qualitative", and "disclosure". Through removal of duplicates and refining the search terms through the use of the Boolean term 'and', a total of 343 studies were identified. A title and abstract screen was conducted by two independent researchers which removed a further 310 studies using quantitative methodologies and adult-only groups of participants. A total of 33 articles underwent a full text screen with 15 articles removed due to not meeting the inclusion criteria. A further two sources were included that were not identified through the database search: one book (Mudaly and Goddard, 2006) and one report (Cossar *et al.*, 2013), totalling the final figure to 20 sources. See Figure 1 for further detail on the study-selection process.

The selected studies ($n = 20$) were thoroughly appraised independently by two researchers, with a distinct focus on methodological aspects that could impact on the findings such as design, sampling, data collection methods and data analysis methods of the primary studies. The relevant methodological features of the original studies are presented in Table 1. While the studies were not evaluated by the authors for rigour, all but two studies were published in peer-reviewed journals. Two researchers independently coded the results sections (qualitative data) of the 20 studies, including the verbatim quotes from children and young people, using NVivo software version 11.0 and identified themes, reaching consensus following the consensual qualitative research guidelines offered by Hill *et al.* (1997). All findings associated with what helps children tell were extrapolated and analysed.

Results

The themes identified in this meta-analysis are represented in two key overarching themes: 'Needing to tell' and 'Opportunity to tell'. The theme 'Needing to tell' captures the child's processes of recognising the behaviour as abusive, an intrapsychic build-up of psychological distress that overwhelms the child's own resources in coping with this distress, needing others to intervene, and experiencing others noticing their distress and asking them questions that facilitate the disclosure. The theme 'Opportunity to tell' captures the child's processes of having trusting and trusted relationships with others who will notice when they are distressed or something is wrong in their lives and ask them about their wellbeing.

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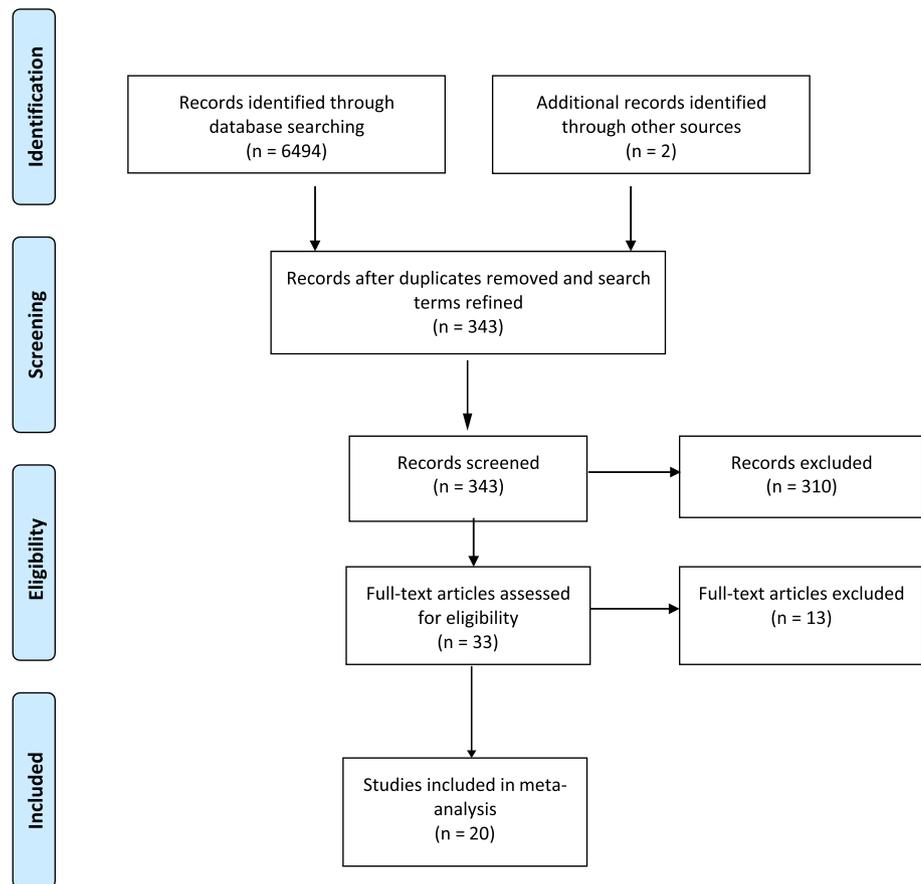


Figure 1. Process of study selection. [Colour figure can be viewed at wileyonlinelibrary.com]

These two overarching themes are comprised of six subthemes regarding what helps children tell about their experience of CSA based on whether the theme represented at least one third of the total number of sources (i.e. over seven). The subthemes reflecting the need to tell include: realising it's not normal; unable to cope with emotional distress; wanting something done about it; and being asked. The subthemes reflecting opportunity to tell include: access to someone you can trust; expecting to be believed; and being asked.

Needing to Tell: Realising it's Not Normal (n = 11)

More than half of the studies (n = 11) referred to the realisation that the abuse was not normal as helping children tell. This process was facilitated, over time, through the development of language, but, more particularly, the development of understanding that what happened was abuse:

'I never told anyone, because I felt that what I was going through didn't count as abuse... You know when you get older and you think a bit more. ... you learn more words over the years and you get better with your English and thing like that.' (Cossar *et al.*, 2013, p. 41 and 62)

'I didn't want to say anything cause I didn't know what was happening when I was littler. But then I started hearing things in school and about everything and health class and I just finally got the hang of what was going on and everything.' (Girl, 12; Schaeffer *et al.*, 2011, p. 349)

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Table 1. Methodological features of the original studies

Study	Sample Size	Age Range	Recruitment	Data Collection Methods	Major Findings
1. Barron and Topping (2013), Scotland, UK	<i>n</i> = 20 CSA victims	6–13 years	Recruited From: urban schools spread across a large Scottish city completing the Tweenees programme	Standardised knowledge/skill questionnaire, subjective experience questionnaires and in-depth interviews	Survivors of CSA can make significant knowledge, skill and disclosure gains from an abuse prevention programme delivered in a small group context. Facilitators included: listened and believed; that it's ok to tell; trust in the presenter; and 'that something would be done about it'
2. Cossar <i>et al.</i> (2013), England, UK	<i>n</i> = 261 online threads and <i>n</i> = 30 interviews with CSA victims	11–20 years	Recruited From: integrated team in a shire county and a London based voluntary organisation	Focus groups and an online peer support group were conducted	Education is needed to improve recognition, or providing services which facilitate trust to encourage prompted telling
3. Crisma <i>et al.</i> (2004), Italy	<i>n</i> = 36 CSA victims	12–17 years	Recruited From: advertisement in a young people's monthly magazine, <i>topgirl</i>	Phone interviews were conducted on a toll-free line	Adolescents need to receive proper information about the risk of being sexually abused and about the help they can receive from their social network and protective agencies. There is a crucial need for appropriate training of professionals
4. DeVoe and Faller (1999), USA	<i>n</i> = 76 CSA victims	5–10 years	Recruited From: multidisciplinary clinic specialising in child abuse and neglect	Semi-structured interviews were conducted with focused inquiry if required	Children require assistance with disclosure. Higher rate of disclosure among girls. Age not a factor in association between previous disclosure and current disclosure
5. Fehler-Cabral and Campbell (2013), USA	<i>n</i> = 20 CSA victims	14–17 years	Recruited From: Sexual Assault Nurse Examiner programmes, and their affiliate rape crisis centres	Qualitative interviews were conducted focusing on adolescents' initial disclosures prior to seeking formal help	Peer and family microsystems were decisive in survivors' willingness to enter formal systems. Disclosure to services more difficult when child has minimal control, and the opposite is also the case when they feel in control
6. Foster and Hagedorn (2014), USA	<i>n</i> = 21 CSA victims	6–17 years	Recruited From: large, urban child advocacy centre that counsels child victims of sexual abuse and their nonoffending parents or caregiver	Interviews recorded during TF-CBT counselling interventions	Children identified fear and safety as the overarching theme of abuse and disclosure, with subthemes of: memories of the abuse, the disclosure and subsequent events and the healing journey all impacting on their experiences
7. Hershkowitz <i>et al.</i> (2007), Israel	<i>n</i> = 30 CSA victims	7–12 years	Recruited From: children alleging CSA in northern and central regions of Israel	NICHD Investigative Interview Protocol was used	The disclosure process varied depending on the children's ages, the severity and frequency of abuse, the parents' expected reactions, the suspects' identities, and the strategies they had used to foster secrecy. The children's willingness to disclose abuse to their parents promptly and spontaneously decreased when they expected negative reactions, especially when the abuse was more serious
8. Jensen <i>et al.</i> (2005), Norway	<i>n</i> = 22 CSA victims	3–16 years	Recruited From: child protective services, child psychiatry clinics, family guidance offices, hospitals, and support centres	Follow-up life-mode interviews were conducted one year after their final therapeutic session	Disclosure is a fundamentally dialogical process that becomes less difficult if the children perceive that there is an opportunity to talk, and a purpose for speaking, and a

(Continues)

Table 1. (Continued)

Study	Sample Size	Age Range	Recruitment	Data Collection Methods	Major Findings
9. Malloy <i>et al.</i> (2013), England, UK	<i>n</i> = 204 CSA victims	5–13 years	Recruited From: transcripts of forensic interviews with police detectives	NICHD Investigative Interview Protocol was used	connection has been established to what they are talking about Mothers and peers were the most common disclosers, older children were more likely to have told peers and were also more likely to have told teachers. Some disclosed in an attempt to stop the abuse or protect others, whereas some felt compelled to tell someone. Events or people motivated disclosure e.g. Television programme or presentation at school
10. McElvaney <i>et al.</i> (2012), Ireland	<i>n</i> = 22 CSA victims	8–18 years	Recruited From: a child sexual abuse assessment and therapy service, based in a children's hospital in Ireland	Semi-structured individual interviews were conducted	Three key domains identified: active withholding, pressure cooker effect, and confiding the secret, reflecting an overarching process of containment in the experience of disclosure. Containment through appropriate safeguarding and therapeutic contexts needs to be respected in helping children tell
11. McElvaney <i>et al.</i> (2014), Ireland	<i>n</i> = 22 CSA victims	8–18 years	Recruited From: a child sexual abuse assessment and therapy service, based in a children's hospital in Ireland	Semi-structured individual interviews were conducted	Factors influencing the disclosure process included being believed, being asked, shame/self-blame, concern for self and others, and peer influence. Barriers included: Fear of not being believed, being asked questions about their wellbeing, feeling ashamed of what happened and blaming themselves for the abuse
12. Mudaly and Goddard (2006), Australia	<i>n</i> = 9 CSA victims	9–18 years	Recruited From: a child sexual abuse support service in Australia	Semi-structured interviews were conducted	Experiences of services attended including references to disclosure process
13. Münzer <i>et al.</i> (2016), Germany	<i>n</i> = 42 CSA victims	6–17 years	Recruited from: institutions of health care, mental health services and child welfare systems	Semi-structured interviews were conducted based on the Juvenile Victimization Questionnaire	The most frequent reasons to withhold the information were feelings of shame and threats by the perpetrator.
14. Schaeffer <i>et al.</i> (2011), USA	<i>n</i> = 191 CSA victims	3–18 years	Recruited From: the Child Sexual Abuse Clinic (CSAC) of Yale-New Haven Children's Hospital	Qualitative forensic interviews were conducted	Facilitators to disclosure: internal stimuli, outside influences and direct evidence of abuse. Barriers included: threats made by the perpetrator, fears that something bad would happen if (s)he told, lack of opportunity, the child's lack of understanding and relationship with the perpetrator
15. Schonbucher <i>et al.</i> (2012), Switzerland	<i>n</i> = 26 CSA victims	15–18 years	Recruited from: online and social networks, schools, services for CSA victims and newspaper advertisements	Qualitative face-to-face interviews were conducted	Peers are likely recipients of disclosure for adolescents. Barriers: guilt and shame, and perpetrators age. Facilitators: extrafamilial CSA, single CSA and having parents still living together.
16. Shalhoub-Kevorkian (2005), Israel	<i>n</i> = 28 CSA victims	14–16 years	Recruited from: local nongovernmental	Focus group discussions and questionnaires	Girls' attitudes not only conformed to general findings

(Continues)

Table 1. (Continued)

Study	Sample Size	Age Range	Recruitment	Data Collection Methods	Major Findings
			organisation, Women Against Violence		on disclosure of sexual abuse but also reflected socio-political fears and stressors, and how the political issues impact on disclosure. Highlights the need to develop policy in a culturally different society that would support children in feeling heard and facilitate disclosure.
17. Søftestad <i>et al.</i> (2013), Norway	<i>n</i> = 12 CSA victims	7–15 years	Recruited From: The Multi-professional Disclosure Team (MDT), a multidisciplinary service in a Norwegian county	Open-ended research interviews and assessment interviews from the MDT	The core concept of ‘interactive regulated participation’ was constructed on the basis of the following main categories developed from the children's narratives: conversations on suspicion, receiving information, contributing in decision-making, sharing feelings and thoughts and engaging in conversations on meaning making
18. Staller and Nelson-Gardell (2005), USA	<i>n</i> = 34 CSA victims	10–18 years	Recruited From: various agencies offering therapy and counselling to child and adolescent victims of sexual abuse	A secondary data analysis of four focus groups was conducted	Decisions to disclose are broken into three major categories: Self Phase, Confidant Selection-Reaction Phase, and Consequences Phase. The Consequences Phase is further subdivided into four aspects: (1) gossiping and news networks, (2) changing relationships, (3) institutional responses and the afterlife of telling, and (4) insider and outsider communities
19. Ungar <i>et al.</i> (2009a), Canada	<i>n</i> = 1621 abuse victims	12–19 years	Recruited From: Red Cross respected violence prevention programme from five selected regions across Canada	Evaluation forms, focus groups, interviews and observational data were used. A qualitative analysis including focus groups and 27 interviews	Youth who have been abused or witnesses to abuse employ five disclosure strategies: using self-harming behaviours to signal the abuse to others; not talking at all about the abuse to prevent intrusive interventions by others; seeking help from peers; seeking help from informal adult supports; and seeking help from mandated service providers (social workers and police)
20. Ungar <i>et al.</i> (2009b), Canada	<i>n</i> = 1099 abuse victims	12–19 years	Recruited From: Red Cross respected violence prevention programme from five selected regions across Canada	Open ended questions on evaluation forms asked about feelings about abuse. A qualitative analysis including focus groups and 27 interviews	Disclosure patterns vary with boys, youth aged 14–15, victims of physical abuse, and those abused by a family member being most likely to disclose to professionals or the police. The data show a perception among youth of negative consequences following disclosure

One study described how others' reactions helped them in realising the seriousness of what has happened to them:

‘... and she told me that I needed to go and get checked and make sure I was okay, because it is serious, more serious than I was making it.’ (Girl, 16; Fehler-Cabral and Campbell, 2013, p. 77)

‘For many young people, there was an emotional cost to withholding the secret’

‘The impetus for disclosure identified in half of the studies was the young person's wish for something to be done about the abuse’

‘... the more they told me and explained and you know told me how big a deal this was the more I kind of understood and just changed me whole view.’ (Girl, 16; McElvaney *et al.*, 2014, p. 939)

Needing to tell: unable to cope with emotional distress (n = 11)

For many young people, there was an emotional cost to withholding the secret. In 10 studies, children acknowledged that the psychological distress associated with keeping the secret became too much to cope with:

‘I just broke down and told because I was in shock.’ (Malloy *et al.*, 2013, p. 247)

Distress manifested itself in a number of ways including anger, sadness and physical violence and often led to others realising that something was wrong:

‘I felt really weird. I had to go to the bathroom, and I just couldn't sit still. I sat in my own thoughts and had tears in my eyes and stuff like that. And then Mom saw that something was wrong; she asked me if I had done something wrong or if she had done anything. She kept asking and then she got to Dad, and then I started crying and then she understood.’ (Girl, 13; Jensen *et al.*, 2005, p. 1408)

For some young people it was the build-up or cumulative impact of the psychological distress that led to the disclosure. This happened for some over a matter of hours, for others over years:

‘I suppressed it for about two hours. I went to the driving lesson. I was very angry and sad. Then my brother picked me up and then I almost collapsed. I told him everything.’ (Girl; Schonbucher *et al.*, 2012, p. 3500)

‘I lashed out on him (boyfriend), a year's worth of anger came out on him.’ (Cossar *et al.*, 2013, p. 69)

Needing to tell: wanting something to be done about it (n = 11)

The impetus for disclosure identified in half of the studies was the young person's wish for something to be done about the abuse:

‘I just started crying and I walked into my teacher... and he was just like, you know, I have to report this, it's my job. And I was like, yeah, I know, like that's why I came to you. So I can trust you.’ (Girl, 16; Fehler-Cabral and Campbell, 2013, p. 78)

‘I wanted to tell the police because they could make it stop; [I told] so he couldn't do it to me anymore.’ (Malloy *et al.*, 2013, p. 247)

Some children wanted something to be done to protect other children and felt that the consequence of not telling could be greater than the consequence of telling:

‘I wanted mum and dad to know because I didn't want it to happen to [my younger sister].’ (Malloy *et al.*, 2013, p. 247)

‘I thought like he could do that to me and I can't tell anybody then... he can do it to them and they won't tell... and if I hadn't told and a few years later (his children) turned around and well he done [sic] that to me a year after what he done that to you I woulda never forgiven meself [sic].’ (Girl, 16; McElvaney *et al.*, 2014, p. 938).

Furthermore, children were conscious that if they did not disclose, the abuse might worsen:

‘... so yes I did confess because I know it wasn't good to hold things back for a while things could get very worse.’ (Age 11; Foster and Hagedorn, 2014, p.546)

Opportunity to tell: access to someone you can trust (n = 15)

Access to someone you can trust was the most commonly identified theme in this review; 15 out of 20 studies identified the importance of this when faced with the decision to disclose CSA. The identified trusted person included family, peers, schoolteachers and sports coaches. Children explicitly stated in three-quarters of the studies that trust was the crucial factor in their decision to disclose to that person.

Advice given by girls in Staller and Nelson-Gardell's (2005) study acknowledge that the choice of whom to tell is very significant:

‘... the first person to tell, be sure it's somebody you can talk to. It doesn't have to be like a therapist or even a parent ... So if you can't tell anybody else, then maybe you can depend on them to help you.’ (p. 1422)

Within this group of studies, peers were the most commonly identified recipients. Young people described how their like-minded approaches and backgrounds make them a source of trusting support that children turn to:

‘They sort of know what is going through your head, because they are like more like you. My friend she has got similar problems to what I have got, ... we have had the same past and everything and all I say around her I know it won't affect her and everything like that and she can tell me anything.’ (Cossar *et al.*, 2013, p.74)

Another 17-year-old boy noted that:

‘... it wasn't hard telling them cos I knew they wouldn't say anything.’ (McElvaney *et al.*, 2012, p. 1165).

Opportunity to tell: expecting to be believed (n = 10)

Half of the studies (n = 10) identified children's expectation that they would be believed as a reason for telling. One conversation between a researcher and a child discussed this theme:

‘“Were you surprised that your friend and mom believed you?” “No I wasn't surprised. I was counting on that. If I had thought that they wouldn't believe me, then I wouldn't have said anything”.’ (Jensen *et al.*, 2005, p. 1406)

A five-year-old described how she wanted to tell her grandmother because:

‘I knew she would believe me because she knows I never lie.’ (Malloy *et al.*, 2013, p. 247)

All respondents in Staller and Nelson-Gardell's (2005) study identified that they expected a helpful response from their disclosure. The expectation of being believed and the anticipation of support was a notable factor in some children's decision to disclose to other survivors of abuse:

‘Access to someone you can trust was the most commonly identified theme in this review’

‘Half of the studies (n = 10) identified children's expectation that they would be believed as a reason for telling’

'Some children highlighted the importance of being asked'

'You feel more comfortable talking to them. I mean especially if it never happened to you before. You just can't make up something you know. So it's always helpful to have other examples.' (Girl; Staller and Nelson-Gardell, 2005, p. 1425)

'I had a teacher at my school... and she was like date raped and stuff. So she like definitely knows what I'm going through and we just talked about it... it's easy to talk to her now.' (Staller and Nelson-Gardell, 2005, p. 1425)

Needing to tell and opportunity to tell: being asked (n = 9)

Some children highlighted the importance of being asked – by family members or friends – as a prerequisite to disclosure:

'I was often sad and went walking by myself. I was staying with my aunt and uncle. One day I was out walking, my uncle came and asked me what was wrong. Then I just told him everything. I didn't want to bother my mother with my problems... Somebody had to ask me.' (Girl, 16; Jensen *et al.*, 2005, p. 1402)

One teenage girl described how her friend observed the way the alleged abuser looked at her:

'She kept on asking me "Are you ok? ... what is he doing to you?" ... she just kind of knew I dunno how but she knew.' (Girl, 18; McElvaney *et al.*, 2014, p. 935)

Another child described how she attended her school nurse in the hope of being asked so that she could access other services:

'The school nurse, not only to help with the injuries, but also she would be wondering how the injuries were caused and you could talk to them about it and they could also refer you to one of these other ones.' (Cossar *et al.*, 2013, p. 66)

For one child in particular it was her schoolteacher who elicited her disclosure:

'I talked to my teacher. I couldn't concentrate anymore in school, my marks got worse and worse. My teacher asked me what the matter was with me. I thought about telling a long time. But then I just told him.' (Girl; Schonbucher *et al.*, 2012, p. 3500)

Thus, two key facilitators were identified, one which can be understood as primarily (but not exclusively) an intrapersonal process (needing to tell) and the other primarily an interpersonal process (opportunity to tell).

Discussion

This qualitative meta-analysis sought to review qualitative studies conducted with children and young people aged under 18 about their experiences of disclosure in order to identify the factors that help children tell. Qualitative research with children helps us to understand the complexity of the disclosure experience and how informal conversations about sexual abuse are initiated. The taboo and stigma surrounding the topic of sexual abuse militates against such conversations happening naturally, within families, between friends, or in other social contexts. Research that elucidates the processes underpinning such conversations may help others better understand how to help children tell.

We propose that it is the combination of two dynamics (needing to tell and opportunity to tell) that help children tell. For example, a child may be aware that what happened is not right and may want someone to take action to stop the abuse, but as Malloy *et al.* (2013) suggest, this internal desire may not be enough to facilitate disclosure; external precipitants such as access to a trusted other and a conversation that is relevant to the child's experience (Jensen *et al.*, 2005) may be needed to enable the child to disclose.

Needing to Tell (Pressure Cooker Effect)

It would appear from this meta-analysis that, for the child and young person, the benefits of telling need to outweigh the costs of telling. 'Realising it's not normal' was the second most prominent subtheme in this data and highlights the importance of psychoeducational programmes, such as the Stay Safe programme (MacIntyre and Carr, 1999), for children of all ages in helping them understand good and bad touches, human rights, and healthy and unhealthy relationships. This theme emerged across the span of childhood and adolescence as a central facilitating factor influencing disclosure. Younger children may not understand behaviour as abusive (Schaeffer *et al.*, 2011) while for older children the psychological manipulation that is often a feature of sexually abusive relationships that are perceived as special (Hershkowitz *et al.*, 2007) plays a significant role in preventing young people from 'realising it's not normal', thus inhibiting their disclosure. In the studies reviewed here, peers played an important role in helping children and adolescents understand the abusive nature of their experiences and the potential risk to other children. It may be that for younger children, parents, carers and teachers are important sources of information while peers are an important source for older children.

McElvaney *et al.*'s (2012) 'pressure cooker effect' aptly demonstrates how the child's internal conflict, resulting from both internal and external pressure, can lead to disclosure. Raised awareness for carers and training for professionals in being able to notice changes in children's behaviour and understanding these changes as possibly indicating abuse could lead to earlier identification of children at risk. Children may manifest distress in different ways, depending on age. The outgoing gregarious child who has suddenly become withdrawn or the shy quiet child who has suddenly become aggressive is trying to communicate something through their behaviour. Age-inappropriate sexualised behaviour is a specific indicator. The child needs someone to recognise this and engage them in conversations, not only about their general wellbeing, but also more specifically exploring possible reasons for the observed change in the child's demeanour or behaviours, including direct enquiry about upsetting or untoward experiences. Such conversations, if handled well, can provide the opportunity for a child who might have been waiting to disclose their experiences of abuse, although younger children may not be ready to actively disclose but can thus nevertheless be enabled to begin to do so. The older child or adolescent's withdrawn or acting-out behaviour may be misinterpreted as being associated with adolescence rather than a reflection of something wrong in their lives. Noticing their behaviour, engaging them in conversations about their wellbeing, may be the catalyst that is needed to support them in disclosing abuse.

'For the child and young person, the benefits of telling need to outweigh the costs of telling'

‘Access to someone you can trust’ was the most prominent subtheme identified in this data’

‘How adults respond to a child's disclosure, while important as the disclosure process unfolds, is also important in the longer term’

Opportunity to Tell

‘Access to someone you can trust’ was the most prominent subtheme identified in this data, underscoring the importance of the availability of a trusted other for the child and supporting the idea of disclosure as a dialogical process (Jensen *et al.*, 2005). This requires that someone – a friend, a trusted adult, a parent or other family member – be seen as trustworthy; someone in whom the child can confide. Within a trusting relationship, children can have confidence that their worries and concerns will be taken seriously. Fear of not being believed, despite several decades of raised awareness of sexual abuse, continues to be an impediment to disclosure (Morrisson *et al.*, 2018). Children use adults' reactions as a reference point for what they can and cannot talk about, thus impacting on the information they choose to disclose. An interesting finding by Hershkowitz *et al.* (2007) was that young people in their study were good at predicting the response of those to whom they disclosed, particularly with regard to negative responses. If adults who are engaged with children – be they carers or professionals – can instil confidence in children that they will get a supportive response, that they will be helped to deal with their distress, be taken seriously, and that something will be done about the problem, then this may go some way to alleviating the fears of those who are weighing up the risks and benefits of disclosing.

Alaggia *et al.* (2019) highlighted the need for developing protocols for asking children directly about their experiences to help them to disclose if abuse has occurred. Training adults to be ‘trusted others’ is more challenging. However, it may be that there is too much emphasis on ‘skills’ and not enough on ‘relationship building’. Parents, carers and professionals working with children may avoid engaging in conversations with children about such sensitive subjects as sexual abuse out of fear that they will ‘get it wrong’ and that they do not have the ‘skills’ to have these conversations (McElvaney, 2016, 2019). While leading questions are a problem when speaking with children, particularly younger children, avoidance of such topics may lead children to believe that these adults are not to be trusted with such difficult and sensitive information. Training programmes may need to emphasise relationship building with children, which may be of more value than an emphasis on skills development, although both are important.

How adults respond to a child's disclosure, while important as the disclosure process unfolds, is also important in the longer term. Following disclosure, engagement with child protective services and law enforcement can be challenging for children and their families. Swingle *et al.* (2016), in their study of adult survivors, have noted concerns about the longer term consequences of disclosure when support is not available following disclosure. This highlights the need for ongoing professional support for families as they navigate their way through services and the aftermath of disclosure.

This study sought to address one of the key limitations of qualitative studies: the reliance on small selective samples. However, different investigators using, for example, different interview schedules will impact on the nature of the data collected.

Most of the studies relied on samples obtained from child protection or therapeutic support agencies, with a particular emphasis on the latter. It is challenging to reach children and young people who are not currently linked

in with services, notwithstanding the growing body of literature highlighting the benefits for young people of participating in research studies, including those investigating issues related to CSA (Jaffe *et al.*, 2015). Nevertheless, there may be key differences in disclosure pathways between clinical and non-clinical samples that need to be explored.

The studies examined in this meta-analysis were not evaluated for rigour, although all but two of the studies were published in peer-reviewed journals. A more detailed analysis of the strengths and limitations of the studies reviewed may result in different emphases on particular facilitating factors.

Conclusion

Notwithstanding the reported decline internationally in reported rates of CSA, and recent findings that children are more likely to disclose within the developmental period during which they were abused (McElvaney *et al.*, 2020), children continue to navigate their way through childhood and adolescence not having disclosed experiences of sexual abuse. Based on the findings of this study, two key facilitators for CSA disclosure are identified: children's need to tell and providing an opportunity for children to tell. These dynamics are seen as interlinked. Building trusting relationships with children, helping children realise that their experiences are abusive, expressing active interest in underlying explanations for signs of psychological distress, that may in themselves be an attempt to non-verbally 'disclose', and asking children about possible reasons for their distress can create an opportunity for children to tell. Furthermore, reassuring children that their concerns will be taken seriously and acted upon, should they disclose, can support disclosure.

While most qualitative studies draw on older child and adolescent participants, we suggest that the two key dynamics identified in this review – needing to tell (pressure cooker effect) and opportunity to tell – apply to children of all ages. All children need access to a trusted adult that they can approach when distressed or confused about the things that happen to them in their daily lives. All children need to be educated about sexual behaviours – what is okay and what is not okay. All children need to learn to manage their emotional distress and the importance of asking for help when struggling to cope. All children, regardless of age, are entitled to have adults who respond to them in noticing when they are distressed, asking them about their wellbeing, taking them seriously, and taking action to protect them from further harm.

Acknowledgements

We wish to acknowledge the contribution of Lucy McGill, Research Assistant, in relation to screening and analysis support.

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