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## Adolescents who experienced sexual abuse: fears, needs and impediments to disclosure<sup>☆</sup>

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### Abstract

**Objective:** Understanding the impediments that prevented sexually abused adolescents from disclosure to their family or to professionals, and analyzing the responses they received when they did disclose.

**Methods:** In depth anonymous interviews were conducted in Italy through a toll-free telephone line with 36 young people who experienced sexual abuse in adolescence. A qualitative analysis was carried out of the adolescents' feelings, fears and needs, and of the help received, if any.

**Results:** The main impediments to disclose to a family member were fear of not being believed, shame, and fear of causing trouble to the family. The main impediments for not seeking services were ignorance of the existence/functioning of protective agencies, wish to keep the secret, lack of awareness of being abused, mistrust of adults and professionals, and fear of the consequences of disclosure. When they did disclose to professionals, the teens received very limited support.

**Conclusion:** 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.

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*Keywords:* Sexual abuse; Adolescence; Disclosure; Qualitative research

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## Introduction

### *The context of the study*

This study is part of a research project: “Counseling and Support Services for Young People Aged 12–16 Years Who Have Experienced Sexual Abuse.” That project was financed by the European Union through Daphne funds. The larger study was carried out in the UK, the Netherlands, and Italy. First, a group of scholars and professionals were interviewed to explore the availability of services for young people in each country. Then a group of sexually abused adolescents (24 in the Netherlands, 35 in the UK, and 36 in Italy) were interviewed to explore the main barriers which prevent them from seeking out services, the types of answers they receive when they do disclose and which are their main needs. A summary of the results concerning the availability of services and their interventions with sexually abused adolescents in every country was published elsewhere (Baginsky, 2001). Here the detailed results of the qualitative study carried out in Italy on the adolescents’ experience are reported.

### *Overview*

Adolescence is a time of change, development, search for independence, but at this age adolescents are also seriously at risk of being sexually assaulted (Baker & Duncan, 1985; Finkelhor, Moore, Hamby, & Straus, 1997; Halpérin et al., 1996). Adolescents are certainly more self-sufficient than young children, and willingness to seek help from trusted adults and/or professionals would be expected. Yet, maltreated adolescents seldom seek help and/or declare themselves in need of help (Gil, 1996) and when abuse is long-lasting, disclosure may be even harder for this age group (Bacon & Richardson, 2000).

Children seldom disclose sexual abuse spontaneously (Bradley & Wood, 1996; Smith et al., 2000). As Smith et al. (2000) showed in a national survey of adult women who had been raped before the age of 18, 28% never told anyone about the abuse prior to the research interview and 47% waited for at least 5 years before finding the courage to disclose to someone. The delay in disclosing was more likely when the perpetrator was known to the victim.

Sexual abuse is rarely reported to protective agencies (Hanson, Resnick, Saunders, Kilpatrick, & Best, 1999; Leventhal, 1998). Adult survivors who are willing to disclose and obtain specific help are likely to encounter professionals who show emotional resistance, little knowledge and skills, or even blame the victim (Frenken & Van Stolk, 1990). Male victims are likely to encounter even less prepared professionals (Lab, Feigenbaum, & De Silva, 2000).

Research literature is consistent in finding that sexually abused children are at risk of developing behavioral and psychological problems: sexual and gynecological problems, PTSD symptoms, eating disorders, alcohol and drug abuse, learning difficulties, low self-esteem and problems with intimate relationships, and so forth (e.g., Fleming, Mullen, Sibthorpe, & Bammer, 1999; Pilkington & Kremer, 1995a, 1995b; Silverman, Reinherz, & Giaconia, 1996; Tschumper, Narring, Meier, & Michaud, 1998). These negative consequences may be mitigated if the child finds someone willing to help and support inside or outside the family (Bacon & Richardson, 2000; Gil, 1996; Tremblay, Hébert, & Piché, 1999). Supportive response to disclosure is crucial: insensitive professionals and poor quality services are likely to be detrimental rather than alleviate distress for the survivor (Bacon & Richardson, 2000; Campbell et al., 1999).

The afore-mentioned research is retrospective and focuses on adult’s reports. There is a lack of information about the survivors’ experience from their point of view, especially at a time when they are more in need. This knowledge could be very useful in improving the professionals’ interventions.

Another reason for directly interviewing adolescents is the immediacy of the survivors' experience and the possibility of reaching teens who may not remember the abuse as they get older. Forgetting documented incidents of sexual abuse is an increasingly recognized issue (Bolen, Russell, & Scannapieco, 2000; Pope & Brown, 1996).

Only recently researchers have begun to interview children and adolescents about sexual abuse. Concern has been raised about children's ability to understand the questions, and the ethical issues such as the duty to report cases of sexual abuse to protective agencies and offering help in a context of privacy. In the few studies that overcame these impediments (mainly by interviewing only older children, and being prepared to offer support when needed) important results were found (Leventhal, 1998). In a survey carried out by Finkelhor and Dziuba-Leatherman (1994) with a large sample of boys and girls aged 10–16, 10.5% of the children had experienced sexual abuse. In another study conducted in Geneva on a school sample of adolescents, 33.8% of girls and 10.9% of boys reported having experienced at least one sexually abusive event (Halpérin et al., 1996). In another survey on attitudes and practice of sexual behavior carried out in Sri Lanka on a sample of school children aged 13–17, the adolescents demonstrated understanding of the damage that sexual abuse can do to children. They also showed an interest in the subject and asked for more information (Miles, 2000).

### *The situation in Italy*

In Italy, a survey on the services which deal with sexually abused children revealed the services' strengths and weaknesses (Crisma, 2001). On the positive side, in the last decade, major efforts have been devoted to improving the law and the court proceedings in cases of sexual violence and to set up specialized services for abused children. Adolescents over 14 have free access to some counseling services without the need for the parents' consent; primary health care and social services are generally free and payment is required only in specific cases and for specialist care.

On the negative side, professionals working in health and social services have received little training in sexual abuse, and prejudice and victim-blaming is still widespread (Romito & Gerin, 2002). Specialized services are different among the geographical areas, with some provinces offering good and innovative services and others having only the most basic facilities. Coordination among social services and the judiciary system is often poor (Crisma, 2000). Effective preventive programs are almost nonexistent: as a rule, children and adolescents do not receive proper information about sexual abuse in formal courses and/or from trained professionals. Systematic research on the phenomenon is just beginning, although results from the few available studies are consistent with what is found internationally (Romito, Saurel-Cubizolles, & Crisma, 2001).

### **Objectives of the study**

The main goals of this study were:

1. understanding the impediments that prevent adolescents from seeking help from their social network and/or the services and analyzing the responses they receive;
2. learning about the adolescents' main needs.

## Methods

The study focused on the experiences of adolescents who had survived sexual abuse. In order to pay attention to their subjectivity, to make their voices heard, and to listen to their suggestions a qualitative approach was chosen.

### *Recruiting young people*

A toll-free telephone line was arranged from 12 August 1999 to 31 October 1999 and advertised it in a widely circulating young people's monthly magazine, *Top Girl*. The ad specified that the aim of the study was to collect the accounts of adolescents who had experienced sexual abuse to improve professionals interactions with survivors; that the toll-free line would provide useful information; and that the teens were assured absolute anonymity.

### *Ethical issues*

Every effort was made to let the teens control the interview. When they called, they were informed of the aims of the research, the anonymity of the interview, and the possibility to stop it at any time if they felt distressed. They were always asked for consent to record the interview.

The first three authors, all experienced in counseling young survivors of abuse, carried out the interviews. The interviewers offered support to every adolescent, even when an event that was not relevant to the study was discussed. Every effort was made to persuade the teens still at risk to disclose to a trusted adult and/or to go to a protective agency. They all received information about social and health services typically located in every district and about the kind of help available. In two cases the interviewer was able to persuade the adolescent to disclose and to get in contact with the local services.

At the time of the study, there was no ethics committee on research involving human subjects in Trieste. Ethical issues were discussed with the coordinators of the local health services, who agreed on the suitability of the study. The larger study had already received approval by the European Commission.

### *The sample*

Over the period the toll-free line was in use, 41 interviews were carried out. Since the focus was on the teens' points of view, all experiences described as sexual abuse by adolescents aged 12–17, or by young adults who had experienced sexual abuse as teens, were included in the sample.

While all the teens' accounts were supported, it was necessary to screen and to consider only plausible interviews. Three researchers independently judged the interviews according to five criteria: internal consistency; detailed descriptions; presence of typical elements (e.g., being threatened by the abuser, being told it was a game); absence of improbable facts (e.g., the adolescent reported being wounded in the face and nobody noticed the injuries); and consistency between the recounted facts and the feelings expressed (Herman, 1981; Pope & Brown, 1996; Steller & Koehnken, 1989). A score of 1–10 was assigned to every criterion (1 = very low; 10 = very high). The maximum total score could be 50. The individual scores were averaged. Only the interviews with a final mean score of 40 or more were included in the final analysis. Thirty-six interviews met criterion. The final sample included 35 females and 1 male (see Table 1).

Table 1  
Composition of the sample ( $N = 36$ ) and characteristics of the abuse

Age	
<18 years	31
18–22 years	4
>22 years	1
Gender	
Female	35
Male	1
Type of abuse	
Rape	23
Attempted rape	2
Fondling and touching	10
Peeping	1

### *The coding process*

The interviews were transcribed verbatim. The researchers independently read a couple of interviews and produced a list of categories to classify the content. After this first reading all the lists of categories were compared, and a scoring code was developed. The main categories were: socio-demographic characteristics of the survivor and of the abuser, and relationship between them; type and duration of the abuse and its consequences; help received from the social network, especially from the parents, and from professionals; impediments to disclosing; and the adolescent's feelings and needs. The interviews were coded independently, and the researchers met periodically to discuss the emerging results (Ely, 1991; Strauss & Corbin, 1990).

## **Results**

### *Perpetrators and type of abuse*

All abusers were male. Most of the abuse was severe. Only one case did not imply physical contact, and it concerned a girl who was constantly spied on by her stepfather when she went to the bathroom (Table 1). Most perpetrators were relatives or people known to the adolescents. All cases of familial abuse lasted more than 1 year (Table 2).

### *The experience of abuse*

Several adolescents were clearly aware they had been abused. Others were in doubt whether their experience was really violence. When the abuser was a partner or an intimate friend, some teens found it difficult to conceptualize their experience as “violence,” even when the consequences were severe. For instance, Eleonora (19 years old) had been raped by her partner, 26 years old, for 2 years and she had suffered severe sexual and psychological problems, but she wondered whether it had been “real” violence.

Table 2  
Perpetrators and length of time of the abuse

Perpetrators	Length of time		
	Single episode	<1 year	>1 year
Father, stepfather, grandfather or brother ( $N = 8$ )	–	–	8
Other relatives or close friends of the family ( $N = 7$ )	2	2	3
Partners/friends ( $N = 13$ )	5	2	6
Group of peers ( $N = 3$ )	1	1	1
Strangers ( $N = 5$ )	5	–	–
Total ( $N = 36$ )	13	5	18

Another reason for doubt was the absence of physical violence or the fact that the perpetrator employed subtle strategies. For example, Fabrizio (17 years old) who had been frequently fondled by his elder brother (age 24) when he fell asleep, was not sure he had been abused since the brother always pretended nothing happened. Elena (16 years old) who had been harassed by her brother-in-law (26 years old) had doubts because he employed a lot of tricks to perpetrate the abuse (he left the door open while having a shower, touched “inadvertently” her intimate parts under the water at the seaside, etc.)

In these cases, survivors were likely to use self-blame and they usually felt very guilty.

“Since it happened, I have always thought it was my fault. Then I wondered if my behavior had made him think. . . maybe” (Marina, age 16).

“I feel so ashamed even if I didn’t do anything, but. . . that is. . . well. . . even now I feel as if it was my fault. I don’t know why, but I wonder if I did anything, maybe he misunderstood something” (Francesca, age 14).

The adolescents had never received information about sexual abuse from trusted adults or from trained professional. For some teens who were not sure they had been abused, the ad in the magazine was enlightening. It helped them to define their experience as sexual abuse and persuaded them to seek help for the first time.

“. . . the thing that struck me most on the magazine is. . . that it can happen with. . . brothers, or parents. . . that is relatives or similar things. . . I said well, maybe it happened also to other people . . . I saw this telephone number, I said to myself. . . this is my opportunity” (Fabrizio, age 17).

*Why did you choose to call us to disclose for the first time?*

“Because I’ve read the ad and I wanted to try. . . to talk. . . maybe I’ve understood that other people have experienced this. . . and I’ve decided to talk” (Francesca, age 14).

Other respondents were abused in early childhood, usually by a close relative. Despite the fact they felt distressed by what was happening, they had reached the awareness of being abused only after the abuse had been in progress for some time, usually during adolescence. For instance, Lorena (17 years old) had been fondled and “sexually educated” by her grandfather since she was 9, but she only realized this was abuse years later when she told what was happening to her older cousin. Monica (14 years old) who had

Table 3  
Number and kind of people to whom the teens disclosed

Number of people to whom teens disclosed ( $N = 36$ )	
Nobody	7
Only 1	12
2 people	8
3 or more people	9
People chosen for the first disclosure ( $N = 29$ )	
Mother	3
Both parents	2
Other family members (es. sister, aunt, etc.)	7
Friends	15
Professionals	2
Adolescents disclosed to*	
Nobody	7
Friends	20
Parents	10
Other family members	11
Professionals	12

\* Total is >36 because several teens disclosed to many people.

been forced by an adolescent acquaintance to have oral sex when she was 7, told her mother everything 5 years later after seeing a movie on the subject.

Most adolescents reported several negative consequences after the abuse. The most frequently reported negative consequences were: difficult relations with peers/partners, shame and guilt, difficulty at school or work, pregnancy or risk of pregnancy, sexual problems, and depression. Three girls had tried to kill themselves or had suicidal ideas.

### *The disclosure*

Seven adolescents never disclosed the abuse to anybody, and seven disclosed only to a friend/peer. Of the remaining group, most of them disclosed to several people. The first disclosure was often made to a friend (Table 3).

### *Impediments to disclosing to family members*

More than two thirds of the adolescents did not seek help from their parents. A possible barrier may be the presence of disrupted, pathological or unstable family relations. Out of the 26 adolescents who never disclosed to their parents, six said they could not rely on their parent. For instance:

“My parents divorced and now I live with my father, but we don’t speak, we don’t get on because he. . . he has a lover, he was unfaithful to my mother. . . then they (the court) granted my custody to him because my mother is not able to take care of me” (Claudia, age 14).

However, the other 20 adolescents had good relations with their parents. So why didn’t they turn to them? A widespread fear of these adolescents was the risk of being blamed or not believed by the family,

even when the family, in general, was trusted. Moreover, the experience of the abuse was considered shameful by several teens, even if they were aware that the abuse was not their fault.

A quarter of the adolescents said they did not disclose because they wished to protect their parents from the possible negative consequences of such a revelation. This will to protect one's family and the feeling of responsibility emerged in several examples in which the parents were faced with personal difficulties.

“My parents are divorcing and I don't want to be another burden to them” (Elisa, age 15).

#### *Did you tell your mother what happened?*

“No. I don't want to because. . . she is already suffering a lot, he (the step-father) doesn't only have this fault (of abusing the girl), he has other faults. They are divorcing” (Viola, age 16).

Others teens feared that their parents would bring them to the social services or would report the fact to the authorities. Finally, in case of violence from peers or partners, some adolescents feared that if they told their parents what happened, they would partially lose the permission to go out when they liked.

#### *Difficulty in reaching services*

All adolescents were asked if they could reach health and social services if they wanted, and if not, why. They reported a variety of barriers. The most important impediment for 21 teens was lack of useful information. Some adolescents were unaware that social and health services existed, or they had no clear idea of what was offered. Some had the wrong information (i.e., they believed they would have to pay for primary health care). In a few cases the teens lived far from town and did not know how to reach the right service.

Another barrier was their wish to keep the secret. These adolescents were afraid that if they went to the services the professionals would tell their parents or other people. Other adolescents distrusted professionals or adults in general. Some of them thought that professionals would not be able to protect them from abuse, would not believe them or would even blame them. Finally, some adolescents feared the retaliation of the abuser or causing troubles to their family. All these impediments have important implications since half of the adolescents never reached any health and social facilities.

#### *Responses received from the family and the professionals*

Half of the adolescents talked to a total of 35 relatives (their parents, a sister, a brother, a cousin, an aunt). Most of the people helped the adolescent, and some were very helpful in stopping the abuse. When Lorena's mother was told that her own father was abusing her daughter, she immediately ceased contact with her parents and took Lorena to a psychologist. Giada, 13 years old, revealed to her parents that she had been raped by a tutor at her church. They believed her, supported her, and immediately took her to an Emergency Unit. Other relatives offered support, suggestions to avoid the abuse, or informed the adolescent's parents. However, in six cases, parents did not believe the girl, forced her to keep the secret, blamed her or even punished her.

The professionals' responses were much less supportive. Eighteen adolescents addressed some services (Family Guidance Councils, help lines, the police, hospitals, physicians, and others): 12 disclosed to a



professional, while 6 did not disclose but asked for help or information strictly related to their abuse. For example, Donatella, 13 years old, went in distress to a gynecologist and asked for a pregnancy test. Ornella was hospitalized for a severe eating disorder and psychological problems due to her abuse. No one ever asked these girls if they had other troubles beside their overt complaints.

Even when clearly disclosing their story and asking for help, few of the adolescents who reached professionals got useful help. Only six adolescents felt they were believed and offered useful support. Others reported that professionals ignored the problem or gave an inappropriate answer (e.g., minimizing the abuse, reporting the fact to the judicial authorities even though it was not compulsory and detrimental to the victim, or blaming the victim).

Eleonora, after her boyfriend brutally raped her, called a voluntary-based help line. She asked the counselor if she should see a specialist since she had sexual problems after the rape. The counselor answered that she did not need counseling because these incidents (rape) happen now and then with all couples.

Patrizia, 19 years old, had been abused by her grandfather. She told her parents everything, but they did not believe her. Some months later, her mother brought her to a neurologist since she was misbehaving all the time. The girl found the courage to tell everything to the neurologist who simply gave her a drug prescription and stated it was a personal matter she should solve herself.

#### *What ended the abuse?*

At the time of the interview, 10 teens were still experiencing abuse. For the other adolescents, the abuse was stopped in half of the cases by chance: the abuser died, fell ill, left the survivor's town, or the adolescent herself had the opportunity to leave. Other adolescents had been able to stop the abuse themselves. For example, a girl had been raped by a friend who kept on harassing her. She finally wrote a letter to him stating that she would go to the police and tell everything if he did not stop. The boy stopped assaulting her. Another girl who was drug-addicted had been raped and then sexually exploited by an adult friend. She insisted with her family doctor on being hospitalized in a therapeutic community and the abuse stopped.

In some cases a family member took appropriate measures to stop the abuse.

The abuse was never stopped by the intervention of a protective agency.

#### *The most important needs*

Two thirds of the adolescents underlined a very simple and important need: to talk to someone who is willing to listen sympathetically and to offer a friendly support without being judgemental.

"I need to speak and to explain what happened, just to have someone to talk to, because I always feel lonely. I keep this secret and I don't tell anyone" (Mirella, age 14).

"I should find someone to talk to frankly, openly, even if this person says nothing. . . but just to make him or her see how I feel, all this shame and pain" (Ornella, age 14).

The second perceived need was receiving counseling and information from experienced people. Some adolescents had psychological or sexual problems. Other needed even more specific counseling. For example, Fabia, 18 years old, who had been raped by a group of peers 2 years earlier, got pregnant, and

kept the baby. She wanted counseling to find the right way to explain to her child who her father was. Other frequently cited needs were the desire to not see the perpetrator any longer and the desire for justice or revenge. Finally, the adolescents reported needs to be believed, to be protected, to maintain control over the situation, and to find a way to speak to their mothers.

## **Discussion**

According to this Italian study, adolescents who have experienced sexual abuse are reluctant to seek help from professionals. The few who turned to professionals received strikingly poor help. Some of them disclosed to more than one professional without receiving any support; others were not believed or were referred to other services without being asked anything about the abuse. These results are consistent with those of studies in other countries, and with larger samples of survivors (Frenken & Van Stolk, 1990; Smith et al., 2000; Wyatt, Burns Loeb, Solis, & Vargas Carmona, 1999). It is possible that there was a selection bias, and only the more unsatisfied teens participated to our study. Nevertheless, the results strongly suggest that many professionals in Italy are not trained on sexual abuse and do not offer the appropriate interventions to victims.

Since the nature of this study is exploratory and the sample is small, generalizability of the results is limited. However, the adolescents have provided some useful insights on impediments to disclosure.

The first important barrier to disclosure was a lack of information, including a lack of awareness on sexual abuse and the right not to be violated. The stereotypical idea, often promoted by the media (Miedzian, 1993), of sexual violence as perpetrated by strangers and always associated with physical violence, made some teens uncertain as to consider their experience as abusive. This belief, in turn, may have been a factor in their reluctance to disclose to a trusted adult and to seek help, especially if we consider the subtle strategies employed by some perpetrators to persuade their victims that the abuse was just normal or acceptable sex.

Moreover, many adolescents ignored the existence of social and health services and the kind of help they offer, or had wrong information (e.g., about the need to pay for primary health care or to have their parents' consent).

Information about sexual abuse and the available services should be a crucial part of any preventive effort. All adolescents should receive proper information about the risk of being assaulted and about their right to be protected by trusted adults, enabling them to define an abusive situation, to know who may support them, and what happens after a disclosure of sexual abuse.

A second barrier to disclosure was related with the adolescents' emerging desire of autonomy and maturity. Some of the adolescents who were experiencing abuse by peers or partners were very reluctant to disclose it, fearing that their parents would consequently limit their freedom.

A third barrier was the wish to protect family members. While some of the adolescents in our study had insensitive or nonprotective parents (Herman, 1981; Rudd & Herzberger, 1999; Tsun, 1999), most of them, even when victims of incest, could rely on a loving and trusted parent, usually the mother. Nevertheless, for a variety of reasons (shame, fear of the consequences, desire to protect an already distressed parent, threats by the abuser), they chose to maintain the secret and felt that managing the situation was their own responsibility. This suggests that family dynamics, especially when adolescents are abused by a parental figure, may be much more complicated than the picture usually portrayed in the literature. Future research should devote greater attention both to the self-perceived role of the adolescent in the

family and her/his perceived responsibility towards other family members, and to the strategies employed by the perpetrators to persuade their victims that sexual abuse is just normal. Perpetrators usually make their victims believe that telling the truth would kill or destroy their mothers. These strategies often create or exacerbate “family dysfunction.” More attention should also be paid to contextual and social factors that put a burden on nonoffending mothers (i.e., violence by a partner, financial problems, isolation, etc.). Such factors may play a role in making them appear vulnerable in the eyes of their children and of the abuser. Perpetrators are acutely aware of the implications that these situations have for children, and are ready to take advantage of them (cf Eldridge, 2000; Hooper, 1992; Romito et al., 2001; Wyre, 2000).

We have seen that when adolescents tried to disclose to professionals, they did not receive much help. Instead, many of them were supported by their friends, who encouraged them to speak with trusted adults or suggested strategies to avoid the abuse. In the end, some of the victims proved to be incredibly smart in finding effective strategies to end the violence. They had to rely on their personal resources or on their friends, since they distrusted the adult world and a society which was so little willing to listen to them and so ill-prepared to protect them from abuse (Miller, 1988).

To sum up, many of the adolescents in our sample spoke to more than one adult: some of them reported their experience to three people or more. Except for some useful responses from their family, they were seldom listened to, believed, and helped. Apparently, the main problem is not the reluctance of abused adolescents to disclose. The most important barrier for abused adolescents to receive help is the poor willingness of professionals and adults in general to listen to them and offer support. Thus, if Italian adolescents are usually not willing to disclose to adult people and professionals they may have good reasons.

Much should be done to improve the lay people and especially the professionals’ responses to abused adolescents. The first aim should be to stop the abuse. To do so, it is important to enhance the adolescents’ willingness to disclose and to seek help. Professionals working with children should be well trained themselves. They should give appropriate information, assume a nonjudgmental stance, listen to and understand the needs expressed by young people. In such a context, it is more likely that adolescents will be willing to talk, to trust, and to share their burden. Professionals, in turn, must take the responsibility to stop the abuse, which too often prevents the teens from experiencing their adolescence as a time of positive change, development, and search for independence.

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## Résumé

**Objectif:** De mieux comprendre ce qui a empêché des adolescents victimes d'agressions sexuelles de les signaler à leur famille ou à des intervenants, et analyser la réaction qu'ils ont obtenue lorsqu'ils ont signalé.

**Méthode:** En Italie, on a mené par téléphone des entrevues anonymes approfondies avec 36 jeunes gens qui avaient été victimes d'agressions sexuelles au cours de leur adolescence. Une analyse qualitative des sentiments, des craintes et des besoins de ces adolescents et l'aide qu'ils ont reçu ou pas a suivi.

**Résultats:** Les facteurs principaux qui auraient empêché les jeunes de dévoiler les agressions à des membres de leurs familles furent la peur de ne pas être crus, la honte et la crainte de causer des problèmes à la famille. Ils n'ont pas cherché de l'aide auprès de services professionnels parce qu'ils n'en connaissaient pas l'existence ou la façon de les aborder. De plus, la peur des conséquences les a empêchés de dévoiler. Lorsqu'ils l'ont fait, ils ont reçu une aide minime.

**Conclusion:** Les adolescents ont besoin d'être bien informés sur les risques de devenir des victimes d'agressions sexuelles et sur les services qui sont à leur disposition dans leur milieu social et dans les agences de la protection. Il faut aussi que les professionnels soient formés.

## Resumen

**Objetivo:** Entender los impedimentos que evitan que los adolescentes víctimas de abuso sexual desvelen el abuso a los familiares o profesionales y analizar las respuestas que reciben cuando se produce el desvelamiento.

**Métodos:** Se llevaron a cabo entrevistas anónimas en profundidad, a través de una línea de teléfono gratuita, a 36 jóvenes que habían experimentado abuso sexual en la adolescencia. Se realizó un análisis cualitativo de los sentimientos, miedos y necesidades de los adolescentes y de la ayuda recibida, si la hubo.

**Resultados:** Los principales impedimentos para el desvelamiento a los familiares fueron el miedo de no ser creídos, la vergüenza y el miedo de causar problemas a la familia. Los principales impedimentos para no buscar la ayuda de otros recursos fueron la ignorancia de la existencia o funcionamiento de las agencias de protección, el deseo de mantener el secreto, la falta de conciencia de haber sido víctima de abuso sexual, falta de confianza en los adultos y profesionales y el miedo a las consecuencias del desvelamiento. Cuando se produjo el desvelamiento hacia profesionales, los adolescentes recibieron un apoyo muy limitado.

**Conclusión:** Los adolescentes necesitan recibir una adecuada información sobre el riesgo de ser víctimas de abuso sexual y sobre la ayuda que pueden recibir de su red de apoyo social y de las agencias de protección. Hay una necesidad crucial de una formación apropiada de los profesionales.