



## Children's disclosures of sexual abuse: Learning from direct inquiry<sup>☆</sup>

Paula Schaeffer\*, John M. Leventhal, Andrea Gottsegen Asnes

Department of Pediatrics, Yale University School of Medicine, PO Box 208064, 333 Cedar St., New Haven, CT 06520, USA

### ARTICLE INFO

#### Article history:

Received 7 August 2009

Received in revised form

10 December 2010

Accepted 11 January 2011

#### Keywords:

Child sexual abuse

Disclosure

Forensic interview

### ABSTRACT

**Objectives:** Published protocols for forensic interviewing for child sexual abuse do not include specific questions about what prompted children to tell about sexual abuse or what made them wait to tell. We, therefore, aimed to: (1) add direct inquiry about the process of a child's disclosure to a forensic interview protocol; (2) determine if children will, in fact, discuss the process that led them to tell about sexual abuse; and (3) describe the factors that children identify as either having led them to tell about sexual abuse or caused them to delay a disclosure.

**Methods:** Forensic interviewers were asked to incorporate questions about telling into an existing forensic interview protocol. Over a 1-year period, 191 consecutive forensic interviews of child sexual abuse victims aged 3–18 years old in which children spoke about the reasons they told about abuse or waited to tell about abuse were reviewed. Interview content related to the children's reasons for telling or for waiting to tell about abuse was extracted and analyzed using a qualitative methodology in order to capture themes directly from the children's words.

**Results:** Forensic interviewers asked children about how they came to tell about sexual abuse and if children waited to tell about abuse, and the children gave specific answers to these questions. The reasons children identified for why they chose to tell were classified into three domains: (1) disclosure as a result of internal stimuli (e.g., the child had nightmares), (2) disclosure facilitated by outside influences (e.g., the child was questioned), and (3) disclosure due to direct evidence of abuse (e.g., the child's abuse was witnessed). The barriers to disclosure identified by the children were categorized into five groups: (1) threats made by the perpetrator (e.g., the child was told (s)he would get in trouble if (s)he told), (2) fears (e.g., the child was afraid something bad would happen if (s)he told), (3) lack of opportunity (e.g., the child felt the opportunity to disclose never presented), (4) lack of understanding (e.g., the child failed to recognize abusive behavior as unacceptable), and (5) relationship with the perpetrator (e.g., the child thought the perpetrator was a friend).

**Conclusions:** Specific reasons that individual children identify for why they told and why they waited to tell about sexual abuse can be obtained by direct inquiry during forensic interviews for suspected child sexual abuse.

**Practice implications:** When asked, children identified the first person they told and offered varied and specific reasons for why they told and why they waited to tell about sexual abuse. Understanding why children disclose their abuse and why they wait to disclose will assist both professionals and families. Investigators and those who care for sexually abused children will gain insight into the specific barrier that the sexually abused child overcame to disclose. Prosecutors will be able to use this information to explain to juries why the child may have delayed his or her disclosure. Parents who struggle to understand why their child disclosed to someone else or waited to disclose will have a better understanding of their child's decisions.

© 2011 Elsevier Ltd. All rights reserved.

<sup>☆</sup> The Child Abuse Funds, Department of Pediatrics, Yale University School of Medicine provided funding for this project.

\* Corresponding author.

## Introduction

Child sexual abuse (CSA) has been empirically studied since the 1970s. More recently, inquiry into this topic has focused on the disclosure of CSA, which is important for understanding whether abuse has taken place. A delayed disclosure occurs when a victim of abuse does not report his or her experience immediately after the event. A delay can range from days to years after the abuse happened. Delayed disclosure is common and well described in the existing literature (Lamb & Edgar-Smith, 1994; Roesler & Wind, 1994; Sauzier, 1989).

One approach to understanding why some children disclose immediately and others delay has been to examine factors that are associated with the timing of disclosure. Characteristics of the victim, such as gender, age, and cultural background, have been found to be related to the timing of disclosure. Victims who are males or are younger demonstrate longer delays when disclosing about sexual abuse. Victims from Hispanic and Asian backgrounds have difficulty disclosing abuse as a result of their cultural norms (Fontes, 1993; Gilligan & Akhtar, 2006). Specifically, victims from Hispanic backgrounds have displayed longer delays compared to victims from African-American backgrounds (Shaw, Lewis, Loeb, Rosado, & Rodriguez, 2001). Other studies have examined the victim's relationship to the perpetrator and found that victims are more likely to delay if a perpetrator is related, a biological parent, or a parent figure (Arata, 1998; Goodman-Brown, Edelstein, Goodman, Jones, & Gordon, 2003; Kogan, 2004; Sauzier, 1989; Smith et al., 2000). The "type" of abuse also has been found to be associated with differences in timing (Arata, 1998; Goodman-Brown et al., 2003; Sauzier, 1989; Smith et al., 2000). The current literature, however, is not conclusive about which "types" of sexual abuse lead to delays in disclosure. For example, Smith et al. (2000) showed that penile-vaginal penetration led to shorter delays, while a study by Sauzier (1989) showed that penile-vaginal penetration led to longer delays.

The types of disclosures made by victims have also been explored in an effort to understand the reasons behind children's disclosures. Mian, Wehrspann, Klajner-Diamond, LeBaron, and Winder (1986) were among the first to describe the terms purposeful and accidental. According to the authors, a purposeful disclosure is "an intentional and deliberate revelation of the abuse with clear intent of revealing its existence" (p. 226). In contrast, an accidental disclosure is "a statement made without forethought or intent to reveal the abusive relationship" (p. 226). These definitions have been used in subsequent studies (Campis, Hebden-Curtis, & DeMaso, 1993; Fontanella, Harrington, & Zuravin, 2000; Nagel, Putnam, Noll, & Trickett, 1997; Sauzier, 1989; Sorensen & Snow, 1991). Although Campis et al. (1993) used these 2 definitions, they added an additional term described as "a precipitant to a disclosure." A precipitant to a disclosure was defined as "when an immediate antecedent event had an apparent cognitive association, evoked a memory, or elicited an atypical emotional response to the abuse" (p. 1221). Alaggia (2004) used all 3 terms to investigate factors that inhibit and promote disclosure; the author conducted 24 face-to-face interviews with male and female adult survivors of CSA and aimed to broaden the framework regarding the types of disclosures. The results revealed that the common definitions: purposeful, accidental, and elicited/promoted only accounted for 42% of the disclosures patterns, while 58% of participants' disclosures were not explained by these 3 categories.

Recent prospective and retrospective studies have employed qualitative methods to identify the barriers or facilitators of children's disclosure. For example, Sorsoli, Kia-Keating, and Grossman (2008) found that the barriers discussed by adult male victims of CSA could be categorized into three domains: personal barriers (e.g., struggles that the victim must overcome before disclosure), relational barriers (e.g., fears of other people's reactions to the disclosure), and socio-cultural barriers (e.g., feeling that society deems victimization of a male abnormal and that males should not discuss it). An additional study of adult victims of CSA found gender-specific barriers. Males believed that after disclosure their sexuality would be questioned or they would be viewed as a victim by others. Males also believed that they would become a perpetrator as a result of disclosing their abuse. Females, on the other hand, believed they would be blamed or not believed if they revealed their abuse (Alaggia, 2005).

A recurring barrier reported by adolescent victims, parents of child victims, and adults who were abused as children was the fear of what would happen if they told about the abuse (Alaggia, 2005; Goodman-Brown et al., 2003; Kogan, 2004). The victims also felt they could not rely on their parents, distrusted adults and professionals, and were ashamed of what happened. Some victims felt they did not want to burden their parents with their disclosure or wanted to keep it a secret, while other victims were so distressed when discussing the event that they decided to keep it to themselves. Children with less supportive parents are more likely to delay their disclosure compared to children with parents who are more supportive (Hershkowitz, Lanes, & Lamb, 2007).

Two studies (Crisma, Bascelli, Paci, & Romito, 2004; Jensen, Gulbrandsen, Mossige, Reichelt, & Tjersland, 2005) focused on what helped children to disclose. Crisma et al. (2004) analyzed data from an anonymous telephone survey that was conducted to explore the reasons adolescents do and do not seek services after they disclosed about sexual abuse. Some reasons the adolescents offered for seeking services were that they wanted to talk about the abuse or that they started to understand what happened to them as they became older. Other adolescents described seeking services after sexual abuse was brought to their attention through different situations, such as the media, a conversation with someone, a directed question about their behaviors, or an experience that provided a reminder of the abuse. Some told because they wanted to avoid a visit with the perpetrator. In the second study, Jensen et al. (2005) reviewed videotapes of both child victims' therapy sessions and their 1-year follow-up research interview detailing the children's disclosure process to understand what helped these children disclose.

The results of these 2 studies, however, are limited by the studies' populations. Each study had fewer than 40 participants. Crisma et al. (2004) only included adolescents (13–17 years old) who were willing to discuss their experience as a victim.

**Table 1**  
Demographic information.

|                  | Total interviews (327) | Eligible interviews (191) |
|------------------|------------------------|---------------------------|
| <b>Age</b>       |                        |                           |
| 3–5              | 24.8%                  | 19.4%                     |
| 6–10             | 44.3%                  | 40.8%                     |
| 11–18            | 30.9%                  | 39.8%                     |
| <b>Gender</b>    |                        |                           |
| Female           | 68.2%                  | 73.8%                     |
| <b>Race</b>      |                        |                           |
| African American | 25.1%                  | 29.6%                     |
| Caucasian        | 52.3%                  | 52.4%                     |
| Latino/a         | 15.0%                  | 12.2%                     |
| Other            | 7.6%                   | 5.8%                      |

In addition, the results were extracted from interviews designed to gain understanding about barriers to services in Italy rather than general barriers to disclosure. Jensen et al. (2005) interviewed a subset of children whose parents actively sought mental health treatment for their child and were willing to discuss the sexual abuse incident.

In summary, previous studies have determined characteristics associated with delay and disclosure. Some studies have attempted to classify types of children's disclosures of child sexual abuse and have tried to elucidate the factors that serve as facilitators or barriers to disclosure. Most of these studies have relied on adults or adolescents, which may limit the ability to explain the behavior of younger children.

That children delay disclosure of sexual abuse and that children have identified multiple barriers to disclosing abuse are facts well documented by previous studies. No previous study, however, has used the opportunity of the forensic interview to ask children specifically about their own experiences with disclosure. This information would help explain the timing of and delays in disclosure and could be helpful to understanding the experiences of a specific child. Although a general understanding of children's behavior around disclosure of sexual abuse exists, having specific information about each individual child's process of disclosure would be particularly useful. This specific information would be helpful to investigators, to clinicians working with sexually abused children, to prosecutors who must explain to juries why a particular child may have delayed a disclosure, and to parents who are often hurt and upset about the delay. Knowing why an individual child behaved as she or he did is superior to a general understanding of the range of behaviors children may display when they disclose sexual abuse. We, therefore, aimed to: (1) add direct inquiry about the process of a child's disclosure to a forensic interview protocol, (2) determine if children will, in fact, discuss the process that led them to tell about sexual abuse, and (3) describe the factors that children, themselves, identify as either having led them to tell about the sexual abuse or caused them to delay the disclosure.

## Methods

### Participants

The participants were children who were interviewed at the Child Sexual Abuse Clinic (CSAC) of Yale-New Haven Children's Hospital. Children are interviewed at the CSAC when there is a suspicion of child sexual abuse, the incident of abuse is reported to the police and child protective services (CPS), and the child's age is between 3 and 18 years. In the communities served by the CSAC, however, children at least 14 years old are most frequently interviewed by local law enforcement personnel rather than by forensic interviewers. Over a 1-year period (July 2007 to June 2008), 327 interviews were conducted. The inclusion criteria for our study were that: (1) the child made a statement about sexual abuse before coming to the CSAC; (2) the child made a statement about the abuse during the forensic interview; (3) during the forensic interview, the child discussed the reasons why he/she first told and/or waited to tell about the abuse; and (4) the child spoke English. Children were excluded if they did not make a statement about sexual abuse prior to their forensic interview ( $N=33$ ) or if they did not make a statement of about sexual abuse during their forensic interview at the clinic ( $N=103$ ). The 191 children included in the study had a mean age of 8.9 years, 74% percent were female, and 51% were Caucasian. Eligible children did not differ significantly from the full sample of 327 children interviewed during the year of the study with respect to demographic characteristics (Table 1).

The types of sexual abuse reported by the children ranged from non-contact experiences, such as being exposed to pornography, to fondling, to intercourse.

### Procedure

The interviews occurred behind a 1-way mirror, were recorded by a video camera, and were conducted by 5 trained forensic interviewers. Each interviewer was previously trained in Finding Words; a 5-day intensive course that instructs professionals involved in child abuse investigations about all aspects of these investigations. This training specifically includes a section related to child development and a section describing how to administer the RATA protocol (Vieth, 2006). This protocol was developed in 1989 by Corner House, an interagency Child Abuse Evaluation and Training Center. RATA is an

**Table 2**

Percentages of children who identified the first person they told and offered details about the disclosure.

|                                     |       | Child identified the first person they told about abuse |            |             |
|-------------------------------------|-------|---|------------|-------------|
|                                     |       | Yes   | No         | Total       |
| Child offered details about telling | Yes   | 105 (55.0%)   | 35 (18.3%) | 140 (73.3%) |
|                                     | No    | 36 (18.8%)  | 15 (7.9%)  | 51 (26.7%)  |
|                                     | Total | 141 (73.8%)   | 50 (26.2%) | 191 (100%)  |

**Table 3**To whom children disclosed (adults v. peers) ( $n = 141$ ).

| Age                | Adults     | Peers      | Total     |
|--------------------|------------|------------|-----------|
| 3–10 ( $n = 81$ )  | 74 (91.4%) | 7 (8.6%)   | 81 (100%) |
| 11–19 ( $n = 60$ ) | 31 (51.7%) | 29 (48.3%) | 60 (100%) |

acronym that represents the 5 phases of the protocol: Rapport, Anatomy identification, Touch inquiry, Abuse scenario, and Closure. This semi-structured protocol is designed to be adapted by the interviewer to the developmental stage of each child and is appropriate for use in children ranging from 3 to 18 years old. Every interview was directly observed in real time to ensure adherence to the protocol.

For this study, questions pertaining to disclosure were added to the RATAc protocol. These questions were designed to determine (1) the first person the child told, (2) why the child told, (3) why the child delayed, and (4) what made the child decide to tell after the delay. Forensic interviewers asked these one at a time and then allowed the child to answer before moving on to the next question. Examples of these questions asked were, “Who was the first person you told” and “what made you tell?” For younger children examples of these questions were more developmentally appropriate, such as “How did the grown-ups come to know about this?”, “What made you wait to tell?” and “Why didn’t you tell someone sooner?” These questions were asked during the RATAc protocol when the child introduced the topic of disclosure. If a child did not discuss disclosure by the end of the abuse scenario phase of the protocol, the interviewer became responsible for introducing the additional questions. After the questions pertaining to disclosure were discussed, the interviewer then completed the interview protocol. In some interviews in which children were clearly having a difficult time talking, the forensic interviewers opted to limit the scope and detail of follow-up questions, including questions about the children’s disclosure process.

The Yale University Institutional Review Board approved the study and the requirement to obtain consent from study participants was waived because forensic interviews are a component of standard care for the children evaluated at the CSAC.

### Analysis

Digital recordings of eligible forensic interviews were reviewed and then transcribed by a research associate. Two researchers, both CSAC professionals but each from a different discipline, independently read and coded each transcript using a systematic approach (Bradley, Curry, & Devers, 2007). Grounded theory was applied as an analytic method to create a set of codes (Strauss & Corbin, 1990). This method involves reviewing data line by line in order to identify themes, or codes, which are then highlighted and named. Once identified, codes can then be assigned to other lines or segments that illustrate the identified theme. In order to ensure that codes are correctly assigned, each researcher used the “constant comparison” method to compare transcript segments that have been assigned the same code to be sure that they reflect the same themes (Glaser & Strauss, 1967). To establish reliability, the individuals conducted their analysis separately and then met and reviewed their concepts and codes. When differences in coding occurred, they were resolved by consensus between the coders. A code sheet was developed and continuously refined while reviewing the transcripts. When a final code sheet was created, it was reapplied to the previously analyzed interviews. Both coders reviewed the final codes to create groupings. Domain names were assigned.

All the transcribed interviews were sorted and entered into Atlas-TI software for qualitative data analysis (Muhr, 1997). Using Atlas-TI software for the analysis allowed the research team to review the codes within each transcript and among the transcripts.

### Results

The CSAC forensic interviewers integrated questions about disclosure into the RATAc protocol and reported that the disclosure questions were easily incorporated into the flow of the child interviews. When asked, most children identified the first person they told and offered details about the disclosure (Table 2). Of the 191 eligible children, 105 (55.0%) identified the first person they told about sexual abuse as well as offered details about how they came to tell; 36 children (18.8%) identified the first person, but did not offer additional information about how they came to tell; 35 children (18.3%) described how they came to tell, but not the first person they told; and 15 children (7.9%) talked of neither the first person they told nor how they came to tell about the sexual abuse. As shown in Table 3, children 11–18 years old were significantly more likely to tell a peer about abuse (48.3%) than children 3–10 years old who were more likely (91.4%) to report their abuse to an

**Table 4**  
Adults to whom children disclosed ( $n = 105$ ).

|   | N                | %    |
|---|------------------|------|
| <b>Parent</b>                           |                  |      |
| Mother                                  | 59               | 54.7 |
| Father                                  | 4                | 3.7  |
| Both parents                            | 8                | 7.4  |
| Stepmother                              | 1                | 0.9  |
| Total                                   | 72               | 66.7 |
| <b>Other adult family member</b>        |                  |      |
| Grandmother                             | 10               | 9.2  |
| Aunt                                    | 2                | 1.9  |
| Total                                   | 12               | 11.1 |
| <b>Unrelated adult</b>                  |                  |      |
| Teacher/principal/other school staff    | 8                | 7.4  |
| Mental health provider                  | 4                | 3.7  |
| Parent/grandparent of another child     | 4                | 3.7  |
| Child protective services worker        | 3                | 2.8  |
| Police officer                          | 2                | 1.9  |
| Family friend                           | 1                | 0.9  |
| Babysitter                              | 1                | 0.9  |
| Adult staff member at child's workplace | 1                | 0.9  |
| Total                                   | 24               | 22.2 |
| <b>Total adults</b>                     | 108 <sup>a</sup> | 100  |

<sup>a</sup> Of the children who disclosed their abuse to an adult, three reported telling two adults (not both parents) about the abuse at the same time. Both identified adults were included in this table. This table, therefore, represents 105 disclosures made to 108 adults.

adult  $X^2(1) = 28.56, p < .01$ . Table 4 shows the categories of adults that children identified as the person they first told about sexual abuse. Most of the children told 1 or both parents (68.6%), and of these, most told their mother (81.9%).

When children were asked about how they came to tell about their abuse, they responded by explaining why they chose to tell and why they waited to tell about their abuse (Tables 5 and 6). The reasons children identified for why they chose to tell are classified into three domains: (1) disclosure as a result of internal stimuli, (2) disclosure facilitated by outside influences, and (3) disclosure due to direct evidence of abuse. The barriers to disclosure identified by the children are categorized into five domains: (1) threats made by the perpetrator, (2) fears, (3) lack of opportunity, (4) lack of understanding, and (5) relationship with the perpetrator. The following are specific examples of the responses children gave to questions about how they came to tell about sexual abuse.

#### Internal stimuli

Children who were motivated to disclose because of internal stimuli reported feelings or behaviors that led them to tell. A 7-year-old girl had the following exchange during her interview:

*Interviewer: What made you tell your mom and your dad?*

*Child: Because he was getting me aggravated.*

*Interviewer: What do you mean?*

*Child: Like mad."*

A 9-year-old girl stated during her interview:

*"I just starting having temper tantrums and stuff, and I just needed to tell her."*

And a 14-year-old boy said:

*"I started getting all these guilty feelings . . . all the guilt just built up in me and the guilt wouldn't stop . . . then I told her and the guilt just stopped."*

A 10-year-old girl referred to a need to tell someone she trusted:

*Interviewer: Why did you tell your sister?*

*Child: That was the only person I could look to.*

*Interviewer: What does that mean?*

*Child: Like trust."*

#### Facilitated disclosures

Children described outside influences that encouraged them to make a disclosure.

A 10-year-old girl said:

*"We were in group and I had to talk. They said tell me about the most depressing moment. So I told them about that [the incident of sexual abuse]."*

#### Evidence of sexual abuse

Children described situations in which evidence revealed the abuse before the child disclosed.

A 10-year-old boy described what happened as a result of the perpetrator's confession:

*"I didn't really tell anybody cause I thought it would be like nothing happened then she [the alleged perpetrator] just told everything, maybe thinking that I would get in trouble or something so I had to tell my mom what happened."*

A 13-year-old girl explained when her incident was witnessed:

*"I guess somebody saw, one of my mom's friends saw us coming out of the motel."*

**Table 5**

Reasons children told about the sexual abuse.

---

#### Internal stimulus

The child was prompted to tell by feelings/symptoms:

- Angry
- Anxious
- Bothered
- Confusions about feelings
- Creeps
- Guilty
- Headaches
- Nightmares
- Scared
- Sick and tired of it
- Stresses
- Temper tantrums
- Unable to concentrate
- Uncomfortable

The child was disturbed by "old memories."

The child wanted the abuse to stop.

The child needed to tell the secret to another person.

The child sought understanding of what was happening.

The child wanted his or her parents to hear about abuse from him or herself.

The child understood that sexual abuse was inappropriate.

The child understood that he or she was sexually abused.

The child felt that his or her caregiver would want to know.

The child wished to protect other children.

The child wanted help.

The child did not want to get into trouble.

The child "got the nerve."

The sexual abuse "wouldn't get out of [the child's] mind."

The child thought she was pregnant.

#### Facilitated disclosure

Another victim of the perpetrator disclosed sexual abuse.

Another child disclosed sexual abuse by a different perpetrator.

The child's body was "checked" by an adult.

The child heard a discussion about sexual abuse.

The child heard a discussion about sex.

The child was questioned:

- About sexual abuse
- About unusual behavior
- About living situation
- About feelings
- About sexual activity
- About a physical symptom
- During a game (e.g., "Truth or Dare")

Related to the perpetrator:

- The child was scared because of upcoming contact with the perpetrator
- The perpetrator and parent divorced
- The perpetrator confessed
- The perpetrator left home
- The perpetrator was arrested

The child was encouraged to share by another person.

The child was encouraged by a peer to tell about sexual abuse.

#### Evidence of sexual abuse

Physical evidence of sexual abuse was discovered.

Sexual abuse was witnessed by another person.

---

The following are examples of why children waited to tell about sexual abuse.

#### *Threats made by the perpetrator*

A 13-year-old girl explained that the perpetrator said:

*“He told me he would kill me if I told somebody.”*

A 5-year-old boy said that:

*“My dad said if I talk about it he’s gonna get his belt and whoop me.”*

A 10-year-old boy stated that:

*“He said it was a secret, you can’t tell anyone.”*

And a 10-year-old girl explained that she waited to tell because:

*[He said] “I would have to pay him a dollar or two dollars.”*

#### *Fears of the child*

A 12-year-old girl said:

*“I didn’t want to say anything when I was little because I know mom and she would have snapped and gone crazy.”*

Similarly, a 9-year-old girl explained that she did not tell because:

*“I didn’t want my mommy to hurt him and she’d get in trouble.”*

#### *Lack of opportunity*

Children felt they never had an opportunity to reveal their abuse to anyone.

An 8-year-old girl said:

*“I wanted to tell my mom when my sister [the alleged perpetrator] was not home, then I don’t get a chance because my mom’s always sleeping now and I’m always in school.”*

#### *Lack of understanding*

Children did not identify the incident as abuse at first, but later realized what happened was inappropriate.

A 12-year-old girl discusses how her thoughts evolved as she became older.

*“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.”*

#### *Relationship with the perpetrator*

Children described their relationship with the perpetrator as positive and did not want to disclose.

A 15-year-old girl said:

*“It was getting stressful, I mean of some of the emails he would say just tell me if you are uncomfortable at any point and tell me if you are stressed out. He would, if I am becoming a pressure too just tell me. But I mean I wasn’t going to tell him, we were friends.”*

**Table 6**

Children’s barriers to telling about sexual abuse.

#### **Threats**

That the perpetrator would be violent toward child or someone close to the child.

That the perpetrator would get into trouble.

That the child would be socially isolated.

That the child would have to pay money.

That the child would be forced to leave home.

That the child would get into trouble.

That the perpetrator would be angry.

That the child’s mother would not like what was happening.

That the child should not tell.

Table 6 (Continued)

**Fears of the child**

A parent would be angry.  
 A parent would harm the perpetrator.  
 A parent would “go crazy.”  
 A parent would be upset.  
 A parent would be overwhelmed.  
 A parent would be sad.  
 A parent might “do something bad.”  
 Friends would disappear.  
 Of the perpetrator in general.  
 Of the perpetrator getting into trouble.  
 That he or she would not be believed.  
 That he or she would be judged.  
 That child protective service would get involved.  
 Of what might happen to his or her family.  
 That he or she would be forced to leave home.  
 Of what might happen in the future.

**Lack of opportunity**

The perpetrator interfered with child’s telling by distracting him or her.  
 The child distracted him or herself from telling.  
 The child did not see an opportunity to tell.

**Lack of understanding**

Child did not know what would happen if he or she told.  
 Child did not feel comfortable telling.  
 Child did not want parents to know.  
 Child did not have the courage to tell  
 Child did not understand that abuse was happening

**Relationship with the perpetrator**

The child felt a positive relationship with the perpetrator.  
 The child and the perpetrator were friends.  
 The perpetrator was the child’s father.

**Discussion**

These results demonstrate that forensic interviews can incorporate questions about the disclosure process of children into an existing, developmentally appropriate interview protocol. Unlike previous studies, this study is the first to incorporate direct questions about children’s disclosure processes in the forensic interview. When asked, children identified the first person they told and offered varied and specific reasons for why they told and why they waited to tell about sexual abuse. As a result of the addition of these questions into forensic interviews, the information generated by the interviews was significantly expanded to include an explanation of children’s behaviors after the abuse occurred.

Consistent with previous literature (Kogan, 2004), the recipient of the first disclosure was influenced by the children’s ages. Younger children were more likely to disclose to adults and older children were more likely to disclose to peers. In addition, a taxonomy of reasons for telling and for waiting to tell emerged from the children’s responses. This taxonomy echoes and confirms much previous research into the behaviors of sexually abused children. Our study demonstrates, however, that a taxonomy is not necessary to explain the behavior of an individual child. Rather, individual explanations for children’s behavior around telling about sexual abuse can be obtained by asking simple questions about telling as part of the forensic interview.

The explanations provided by the children for why they disclosed about the abuse were categorized into three domains. These domains: internal stimuli, facilitated disclosures, and evidence of abuse paralleled those described in previous literature (Alaggia, 2004; Mian et al., 1986). Internal stimuli provided examples of children who contemplated their disclosure before making a conscious and purposeful decision to reveal their experience of abuse; this is similar to the term described by Mian et al. (1986), “purposeful disclosure.” Facilitated disclosures and the term used by Alaggia (2004), elicited/prompted disclosures, both explain that victims may not reveal their abuse until an external event, such as therapy or a supportive environment prompts them to disclose. Finally, evidence of abuse and “accidental disclosure” a term used by Mian et al. (1986) are similar since they both describe unpremeditated and unplanned disclosures.

The children in this study were also able to identify why they did not discuss the abusive event immediately. These explanations were categorized into five domains that echo previous studies of the timing of children’s disclosures of abuse. Threats, fears, lack of understanding, and the child’s relationship with the perpetrator are reasons that have been discussed in previous literature (Alaggia, 2005; Arata, 1998; Crisma et al., 2004; Goodman-Brown et al., 2003; Kogan, 2004; Sauzier, 1989; Smith et al., 2000; Sorsoli et al., 2008). Lack of opportunity highlights a less concrete obstacle that children face when trying to discuss difficult topics with adults. These children may not be able to identify an appropriate time to discuss the abuse that occurred or may simply not feel comfortable discussing the abuse.

Our study not only provides important validation of previous work about sexually abused children behave but also shows that specific narratives about disclosures of abuse are attainable in the forensic interview. The addition of these specific narratives about children's disclosure processes to forensic interviews significantly improves their quality and usefulness. By providing insight into children's inner thoughts and motivations for behavior after they were sexually abused, the answers to questions about why and how a child came to tell about sexual abuse are of particular value to those investigating possible crimes (law enforcement) or child maltreatment (child protective services). Knowing why a particular child told or waited to tell about sexual abuse will allow investigators to see not only what happened to the child but to contextualize the child's disclosure within a fuller understanding of his or her behavior. For example, rather than cast doubt on the veracity of a child's disclosure, a delay in telling about abuse, once explained, can be understood as a marker of another form of child abuse, such as when a perpetrator threatens a child with violence if he or she were to tell about the sexual abuse. In some instances, answers to questions about disclosure shed light on the fact that some children believed they had told about sexual abuse in the past but the recipient of the disclosure misunderstood the children's vague statements. Additionally, some children were able to discuss that they had actually told about sexual abuse earlier but the person they told opted not to contact the authorities. This information may lend insight into the degree (or lack) of support that a non-offending parent has offered an abused child, as well as provide a clue that a family is attempting to protect an alleged perpetrator.

Forensic interviewers also benefit from interviews that are enhanced by the addition of questions about how and why children disclosed. Because they are tasked with gathering information from children in a way that avoids having the children feel responsible for any abuse they have sustained, asking about and then having an understanding of why a child disclosed or waited to disclose will allow interviewers to be especially sensitive to a child's motivations. Similarly, medical providers structure examinations and testing based both on the type of abuse identified during the forensic interview as well as a child's particular fears, such as of pregnancy or physical scarring from the abuse. Learning about fears before the medical examination will allow medical providers to address these concerns even if they are not clearly indicated by the type of abuse revealed. Mental health providers will certainly benefit from knowing about children's pathways to telling about sexual abuse in order to help address feelings of guilt and blame that sexually abused children frequently experience.

Prosecutors are likely to find the reasons a child offers for his or her behavior around telling to be useful in enhancing that child victim's credibility at trial. Prosecutors must educate juries to understand children's points of view and to believe the statements children make when testifying. Because sexual abuse is so devastating, it can be a challenge for jurors to believe that a sexually abused child could fail to tell about the abuse immediately. A common strategy employed to discredit children who have alleged sexual abuse is to point to a delay in disclosure as a sign that the disclosure is false. Traditionally, experts have been called to trial to provide general reasons that a child might delay his or her disclosure to juries. Knowing, and having the ability to tell jurors, the specific reasons that an abused child behaved as he or she did is likely to be significantly more useful to prosecutors who have previously been obliged to use the comments of experts about the likely behaviors of sexually abused children to educate juries.

Finally, parents may benefit most of all from knowing why a child told or waited to tell about sexual abuse. Parents frequently struggle and may even become overwhelmed with questions such as: Why didn't my child tell me? And why did my child wait so long to tell anyone? Helping parents to understand a child's motivations surrounding disclosure will allow parents to move beyond crippling feelings of guilt and begin to help their children recover.

Our study has three limitations. First, the amount of time spent discussing the children's disclosure process was limited by the children's responses. Interviewers strive to ask questions in a child-centered way. Therefore, when a child is clearly struggling to talk, the interviewers will necessarily limit the scope and detail of follow-up questions asked. Depending on each child's response, interviewers decide on the amount of detail to elicit from that child. The most detailed data were obtained from the children who were comfortable and willing to discuss their disclosure process without follow-up questions. Sometimes the interviewers opted not to ask the research questions, which, while important, are not as important as the basic disclosure of abuse. Second, our study was limited to the clinical sample of children interviewed at our CSAC. Females were predominant among the children interviewed in the CSAC (64%) and females were predominant in our study sample (74%). In addition, the children interviewed and the children in the study sample were almost exclusively less than 14 years of age. These sample characteristics, however, are similar to those of other sexual abuse clinics and Children's Advocacy Centers in the United States (Cross, Jones, Walsh, Simone, & Kolko, 2007). Third, we did not attempt to collect information on the length of time between when sexual abuse first occurred and when children chose to tell about the abuse. Instead, because many young children lack the developmental ability to report accurately about time periods between events, we chose to classify disclosures as simply delayed or not delayed.

## Conclusions

Our study shows that forensic interviewers will ask and children will answer questions about their disclosure of sexual abuse during the forensic interview. Children can offer clear and specific information about whom they told, why they told, and why they delayed telling about sexual abuse. Instead of seeking to identify and apply an overarching theory of the ways in which children disclose sexual abuse, our results indicate that questions about telling should be included in all forensic interviews in which a disclosure of sexual abuse is discussed.

## Acknowledgment

The authors thank the forensic interviewers of the Child Sexual Abuse Clinic at Yale–New Haven Children's Hospital for conducting the interviews of the children in this study.

## References

- 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.
- Arata, C. M. (1998). To tell or not to tell: Current findings of child sexual abuse survivors who disclosed their victimization. *Child Maltreatment*, 3(1), 63–71.
- Bradley, E. H., Curry, L. A., & Devers, K. J. (2007). Qualitative data analysis for health services research: Developing taxonomy, themes, and theory. *Health Services Research*, 42(4), 1758–1772.
- Campis, L. B., Hebden-Curtis, J., & DeMaso, D. R. (1993). Developmental differences in detection and disclosure of sexual abuse. *Journal of the American Academy of Child & Adolescent Psychiatry*, 32(5), 920–924.
- Crisma, M., Bascelli, E., Paci, D., & Romito, P. (2004). Adolescents who experienced sexual abuse: Fears, needs and impediments to disclosure. *Child Abuse & Neglect*, 28(10), 1035–1048.
- Cross, T. P., Jones, L. M., Walsh, W. A., Simone, M., & Kolko, D. (2007). Child forensic interviewing in Children's Advocacy Centers: Empirical data on a practice model. *Child Abuse & Neglect*, 31(10), 1031–1052.
- Fontanella, C., Harrington, D., & Zuravin, S. J. (2000). Gender differences in the characteristics and outcomes of sexually abused preschoolers. *Journal of Child Sexual Abuse*, 9(2), 21–40.
- Fontes, L. A. (1993). Disclosures of sexual abuse by Puerto Rican children: Oppression and cultural barriers. *Journal of Child Sexual Abuse*, 2(1), 21–35.
- Gilligan, P., & Akhtar, S. (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.
- Glaser, B. G., & Strauss, A. L. (1967). *The discovery of Grounded Theory: Strategies for qualitative research*. New York: Aldine Publishing Company.
- Goodman-Brown, T. B., Edelstein, R. S., Goodman, G. S., Jones, D. P., & Gordon, D. S. (2003). Why children tell: A model of children's disclosure of sexual abuse. *Child Abuse & Neglect*, 27(5), 525–540.
- Hershkowitz, I., Lanes, O., & Lamb, M. E. (2007). Exploring the disclosure of child sexual abuse with alleged victims and their parents. *Child Abuse & Neglect*, 31(2), 111–123.
- Jensen, T. K., 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 & Neglect*, 29(12), 1395–1413.
- Kogan, S. M. (2004). Disclosing unwanted sexual experiences: Results from a national sample of adolescent women. *Child Abuse & Neglect*, 28(2), 147–165.
- Lamb, S., & Edgar-Smith, S. (1994). Aspects of disclosure: Mediators of outcome of childhood sexual abuse. *Journal of Interpersonal Violence*, 9(3), 307–326.
- Mian, M., Wehrspann, W., Klajner-Diamond, H., LeBaron, D., & Winder, C. (1986). Review of 125 children 6 years of age and under who were sexually abused. *Child Abuse & Neglect*, 10(2), 223–229.
- Muhr, T. (1997). *ATLAS/ti user's manual and reference (Version 4.1)*. Berlin, Germany: Scientific Software Development.
- Nagel, D. E., Putnam, F. W., Noll, J. G., & Trickett, P. K. (1997). Disclosure patterns of sexual abuse and psychological functioning at a 1-year follow-up. *Child Abuse & Neglect*, 21(2), 137–147.
- Roesler, T. A., & Wind, T. W. (1994). Telling the secret: Adult women describe their disclosures of incest. *Journal of Interpersonal Violence*, 9(3), 327–338.
- Sauzier, M. (1989). Disclosure of child sexual abuse. For better or for worse. *Psychiatric Clinics of North America*, 12(2), 455–469.
- Shaw, J. A., Lewis, J. E., Loeb, A., Rosado, J., & Rodriguez, R. A. (2001). A comparison of Hispanic and African-American sexually abused girls and their families. *Child Abuse & Neglect*, 25(10), 1363–1379.
- Smith, D. W., Letourneau, E. J., Saunders, B. E., Kilpatrick, D. G., Resnick, H. S., & Best, C. L. (2000). Delay in disclosure of childhood rape: Results from a national survey. *Child Abuse & Neglect*, 24(2), 273–287.
- Sorensen, T., & Snow, B. (1991). How children tell: The process of disclosure in child sexual abuse. *Child Welfare*, 70(1), 3–15.
- Sorsoli, L., Kia-Keating, M., & Grossman, F. K. (2008). "I keep that hush-hush": Male survivors of sexual abuse and the challenges of disclosure. *Journal of Counseling Psychology*, 55(3), 333–345.
- Strauss, A., & Corbin, J. M. (1990). *Basics of qualitative research: Grounded theory procedures and techniques*. Thousand Oaks, CA: Sage Publications, Inc.
- Vieth, V. I. (2006). Unto the third generation: A call to end child abuse in the United States within 120 years. *Journal of Aggression Maltreatment & Trauma*, 12(3–4), 5–54.