
Disclosure of Child Sexual Abuse as a Life-Long Process: Implications for Health Professionals

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One of the aims of this research project was to develop a fuller understanding of the process of disclosure of child sexual abuse. Face-to-face in-depth interviews were conducted with 22 men and women aged 25 to 70 years old, who had an early sexual experience at the age of 15 or under with someone of 18 or over. Narrative inquiry methodology was used and data was analysed using Rosenthal and Fischer-Rosenthal's (2004) process of data analysis. Disclosure can be conceptualised as a complex and life-long process, and most participants did not make a selective disclosure until adulthood. The findings extend Alaggia's (2004) model of disclosure to include the life stage and the person to whom the disclosure is being made. The main barriers to disclosure and possible gender differences are discussed. Family therapists need to manage the challenges inherent in disclosure of child sexual abuse at any age.

Keywords: child sexual abuse, disclosure, narrative, gender

In an earlier article in this journal (Hunter, 2010b), the narratives that people told about their early sexual experiences were discussed in detail in relation to the current victim and survivor discourse. These themes included narratives of silence, ongoing suffering, transformation and transcendence. In this paper the issue of disclosure is examined in detail.

The term *disclosure* has been used to describe the process of telling an adult about an incident of child sexual abuse. Disclosure rates are believed to be relatively low, with an estimated 55% to 70% of adults reporting that they did not tell anyone during childhood about being sexually abused (London, Bruck, Ceci, & Shuman, 2005; London, Bruck, Wright, & Ceci, 2008). However, it is impossible

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to produce reliable data about disclosure, since there is no way of knowing how many adults have not disclosed child maltreatment.

There are many variables that might impact the decision whether or not to disclose abuse (Kogan, 2004), with the level of childhood traumatisation believed to delay a disclosure (Somer & Szwarcberg, 2001). A recent literature review suggested that boys, younger children, certain ethnic groups, and children with a low level of family support are less likely to disclose child sexual abuse (London et al., 2008). However, this analysis found no consistent relationship between delayed disclosure and a close relationship with the perpetrator, or with the severity of the abuse. It may be harder for boys — adolescents in particular — to make disclosures as a result of gender socialisation (Alaggia & Millington, 2008; Paine & Hansen, 2002).

Little has changed in terms of making disclosures over the last generation. In her study of 40 female incest victims begun in the 1980s, Herman (1981) described their desire to keep the secret and avoid the family crisis that might ensue. Twenty years later, in his study of 30 male survivors, Dorais (2002) described: ‘... the reaction of the young person’s family to his disclosure of the abuse preoccupies him as much, if not more, than the threats that are designed to keep him quiet; will they believe me or will they believe the denials of the other? Will they really do something to help me or will they punish me for having talked about it?’ (pp.18–19). This description demonstrates two of the potent barriers to disclosure: fear of not being believed and fear of being punished.

Disclosure has been described as a traumatic process for the child. Finkelhor (1988) used the term ‘traumagenic dynamics’ to describe the family interactions before, during and after intrafamilial child sexual abuse. These dynamics relate as much to the disclosure process as to sexual abuse itself. He argued that much of the stigmatisation happens as a result of negative reactions from family members to the disclosure (Finkelhor, 1988). Spaccarelli (1994) conceptualised child sexual abuse in terms of traumatic abuse-related and disclosure-related events. Abuse-related events included coercion, violence and family dysfunction. Disclosure-related events included removal of the child from the home, separation from carers, and nonsupportive reactions from family members.

Courtois (1988) argued that victims longed for someone to notice the abuse and help them, but simultaneously feared ‘disbelief, blame, and disavowal’ (p. 326) from family members. She reinforced Summit’s (1983) Accommodation Syndrome and his developmental process of disclosure, which included five stages: secrecy, helplessness, entrapment and accommodation, delayed, unconvincing disclosure, and retraction. This syndrome has since been challenged as having no empirical basis (Bradley & Wood, 1996; London et al., 2005; London et al., 2008). In particular, the last stage of recanting the disclosure has been shown to be very unusual in cases of child sexual abuse (Bradley & Wood, 1996; London et al., 2008) with as few as 1.5% of notifications being shown to be false allegations made by children without the collusion of an adult (Oates, Jones, Denson, Sirona, Gary, & Krugman, 2000). Within the context of formal police interviewing, levels of recantation are very low (Paine & Hansen, 2002). However, children are sensitive to the responses of the adults around them and disclosure can be viewed as an interactive process between the child and the adults (Staller & Nelson-Gardell, 2005).

In many ways the child often knows that telling is risky (Skinner, 2000). In a study of 30 Israeli alleged child sexual abuse victims, the children's willingness to disclose their abuse was related to their perceptions of the negative response they would receive from their parents, which they predicted accurately (Hershkowitz, Lanes, & Lamb, 2007). Some of the barriers to disclosure are culturally driven (London et al., 2005). For example, it is difficult for Native Americans and Asian Americans to make a disclosure to someone outside their own culture (Carter & Parker, 1991; Nagayama Hall, 2003; Shaw, Lewis, Loeb, Rosado, & Rodriguez, 2001).

Children sometimes know that it is culturally taboo to talk about sexual issues (Mossige, Jensen, Gulbrandsen, Reichelt, & Tjersland, 2005). Within Indigenous Australia, disclosure is complicated by issues such as systemic racism, historical oppression, and a lack of trust in the government following the removal of Aboriginal children from their homes, known as the Stolen Generations (Bird, 1998; Human Rights and Equal Opportunities Commission, 1997). The current research project explores the issue of disclosure of child sexual abuse and the impediments to disclosure.

Research Method

One of the research questions in this study was: 'How and when do people decide to tell others about their early sexual experiences with adults?' The research was conducted using narrative inquiry, following ethics approval being granted by the University of New England. Participants were invited to tell their stories and were able to define an early sexual experience for themselves, provided that it was of a sexual nature and happened before they were 16 with someone aged 18 or over. Their experiences varied enormously and have been described in greater detail previously (Hunter, 2010a, 2010b). Most, but not all, participants defined their experiences as abusive, and had received extensive therapy. They also described the process of disclosure — telling or not telling — both in childhood and in adulthood.

A purposive sample (Barbour, 2001) of 13 women and nine men, aged between 25 and 70 and not currently under the care of a psychiatrist, were recruited via press releases and interviews on local radio. The methodology and analysis process using Rosenthal and Fischer-Rosenthal's (2004) method has been described elsewhere in this journal (Hunter, 2010b). Some of their experiences may be distressing to the reader.

Research Findings

Most participants in this research study maintained silence in childhood and long into adulthood. Only 5 out of 22 participants told anyone about their early sexual experiences as children. Fear, shame, and self-blame were the main inhibitors to disclosure. However, all participants decided to tell someone eventually. This study examines when and why participants decided to tell, the main inhibitors to telling, and the cost of telling and of not telling. All participants have been given a pseudonym to protect their identity.

Three main themes emerged in this study relating to disclosure, as shown in Table 1. One theme involved ‘not telling as a child’ as a result of various feelings of fear, shame and self-blame. The second theme was ‘telling as a child’, which led to negative consequences for all five participants who did so. The third theme was ‘telling as an adult’, which was divided into purposeful disclosure and selective disclosure.

Not Telling as a Child

Seventeen out of 22 participants did not tell anyone what happened to them as children. The main reasons for this were related to fear among girls, shame among boys, and self-blame.

Fear as a barrier to disclosure, especially for girls. Participants did not tell anyone as children because they were afraid to do so, especially if they were girls. They were frightened both for themselves and for their families. Female participants were more likely to admit feeling frightened as children, whereas male participants were more likely to admit feeling ashamed. This generalisation could be attributed to differences in gender socialisation.

Fear of being punished. The intensity of fear of being punished among participants should not be underestimated, and neither should the ability of these children to evaluate the danger that they faced. Karen admitted to being petrified when her father said ‘... you tell your mum anything and I’ll belt the hell out of you, or I’ll kill you.’ Jane’s behaviour as an adult was still being governed by fear of her father. She was continually moving because ‘the thought of him coming after me is still in my mind’.

Fear of the consequences for the family. Some participants were fearful about the consequences for others if they told anyone. Both Diana and Peter believed that

TABLE 1
Themes Relating to Disclosure of Child Sexual Abuse

Not telling as a child	Telling as a child	Telling as an adult
Fear as a barrier to disclosure, especially for girls <ul style="list-style-type: none"> • Fear of being punished • Fear of the consequences for the family • Fear of not being believed 	Acting out as adolescents Negative consequences of telling as a child <ul style="list-style-type: none"> • Nothing changing despite telling • Not being believed • Being asked to choose • Repressing memories • Anger at betrayal, possibly fuelling later disclosures 	Purposeful disclosure <ul style="list-style-type: none"> • Telling the police • Confronting the family Selective disclosure <ul style="list-style-type: none"> • Only told researcher
Shame as a barrier to disclosure, especially for boys <ul style="list-style-type: none"> • Shame about hidden homosexuality • Shame of becoming homosexual • Stigma of being labelled as homosexual • Shame and feeling responsible 		
Self-blame as a barrier to disclosure <ul style="list-style-type: none"> • Self-blame increasing over time 		

their fathers would kill the perpetrators. As Diana said: 'My father would be in jail for murder, if he found out about this. My mother, it would kill her.' Others were fearful that, if they told, another family member would be sexually abused. Indeed, 10 participants later discovered that their siblings had also been sexually abused, suggesting that their fears were justified. Heather said: 'If he's not going to get it from me, where's he going to get it, he'll start on my younger sister.'

Fear of not being believed. Many participants were fearful that they would not be believed. As Bert said: 'It was actually safer to keep the secret than it was to be open about it.' Most participants did not have parents with whom they could talk about their experiences. Bert explained: 'In my family, it wasn't really open to talk about feelings and emotions.' Peter thought that his mother would not believe that he had been sexually abused by a male cousin: 'I don't think she would have wanted to believe that could happen, from within her own family.' He thought that she would say: 'Let's forget about it and move on.'

Shame as a barrier to disclosure, especially for boys. Many of the men had homophobic responses to their early sexual experiences. Some were fearful that having sexual contact with a man might have happened because they themselves had homosexual tendencies (i.e., homosexuality was the cause). Others were fearful that they might become homosexual as a result (i.e., homosexuality was the effect). A third group of men were fearful that they would be stigmatised and labelled as homosexual if others knew about their experiences (i.e., being labelled as homosexual was the effect). For the three male participants that had sexual contact with older women, this also created confusion and conflict, since our society defines men as victimisers and women as victims (Hunter, 2009).

Shame about hidden homosexuality. Some male participants were concerned that they might have been selected by their victimisers because they were homosexual. For example, Paulians thought that '... I must have had victim written all over my face'. On the other hand Bert, who was bisexual, did not believe that his early homosexual experiences had changed his sexual orientation in any way.

Shame of becoming homosexual. Peter found his early sexual experiences with his cousin interesting and exciting'. In adolescence, he tried to have 'penetrating (sic) sex' with boys his age. He saw this as experimental behaviour and his friends had shown no interest. As an adult, Peter thought he could have become homosexual if his friends had reacted differently. Rod described the shame associated with his growing realisation that his experiences had been homosexual: 'As I grew to my mid-teens and understood what had happened at that time of him taking my manhood away from me, um, that's when I began to get the sense of embarrassment, of shame, guilt, and kept it to myself.'

Stigma of being labelled as homosexual. The shame felt by male participants in relation to homosexual experiences often became intense in adolescence and lasted well into adulthood. Peter described how he had 'never ever mentioned it to them (his close male friends), never ever, and I wouldn't'. Similarly, Rod described his fear of being labelled as gay: 'I kept it to myself because I had a great fear of being, you know, of being branded as gay myself. A fear of, of like of name calling. I shared it with no one.'

Shame and feeling responsible. Sometimes this shame gradually declined as the child matured into adulthood, increasing the likelihood of disclosure. Feelings of shame often increased in adolescence, before they decreased, because of a growing understanding of the situation and the belief inculcated within the child that she or he was responsible for failing to stop the abuse. Victoria said that she felt, at age 16, that she 'ought to be able to say 'fuck off and leave me alone' or get out of the situation'.

Self-blame as a barrier to disclosure. Blaming oneself was also a powerful reason for not telling. There were many examples of the ways in which participants blamed themselves. Tina described how 'I thought I was bad'; and Jewels believed for a long time that 'everything that happened was my fault. I was responsible for it. I was dirty. I was evil.' Karen thought: 'There's something wrong with me.' Diana believed that it was her own fault that she had been raped. She said 'it happened because I was a disobedient child'.

Self-blame increasing over time. These feelings of self-blame grew over time. Jewels described how she continued to 'take on the blame for everything' even within her adult intimate relationships. Even Bert, who believed that his sexual experiences with an older man had not negatively affected him, described feelings of self-blame: 'Because I complied, I hadn't fought tooth and nail, in my mind I was guilty of a transgression.'

Telling as a Child

Of the 17 participants who did not tell the secret, 4 described ways in which they had behaved or acted out as adolescents, in the hope that someone might recognise what was happening to them. Only five participants actually told someone they were being sexually abused. None of these five participants, four women and one man, believed that telling had been helpful to them as children. They had all experienced some form of disclosure-related trauma, either because nothing changed for the better or because they were not believed or supported.

Acting out as adolescents. Four participants described acting out as adolescents and young adults in the hope that someone would notice their distress. Jane described how she and her twin sister used to go to school late, '... with tears streaming down our faces and bruises on us, and still no one at the school ever did anything'. Diana carried a knife and 'used to stab men'. Norm felt '... anger that nobody, nobody did anything'. He and Rod had both acted violently as young men, in the unconscious hope that someone would realise their situation.

Negative consequences of telling as children. All five participants who chose to make a disclosure in childhood suffered negative consequences as a result, which may have fuelled their feelings of anger about the situation and helped them to make further disclosures as adults.

Nothing changing despite telling. At age 8, Tina felt partly responsible for being sexually abused by her aunt's boyfriend. She said: 'It had gone on for sort of a long time to me, so I thought well, now I really felt that I was ... a willing participant.' When she was nine, she and an older female cousin told another uncle. The sexual

abuse stopped for the cousin but, for Tina, it continued until she was 16. Belinda's stepmother made a report to the police when she realised that Belinda was being sexually abused by her stepfather. Her stepfather had groomed her into believing that she was a home-wrecker and she was 'scared of rocking the family boat'. She told the police as little as possible: 'Just things like "he made me touch his penis" or whatever it was that they wanted to hear.' Despite police involvement, her stepfather remained in the family home and for Belinda '... it was still pretty tortuous to live in the same household with him'.

Not being believed. Hope, Paulians, and Tina were not believed by their mothers, who dismissed their description of events. Hope repeatedly told her mother that a neighbour was sexually abusing her. When her vagina was sore and bleeding, her mother told her to 'just put powder on it' and blamed her for masturbating too much. At the time of the interview, Hope expressed some sympathy for her mother whom she believed had been 'a victim of serial child rape herself' and was 'so traumatised and hadn't dealt with it'.

Being asked to choose. Karen's father molested her from the age of 4 to 12, when she '... had enough guts to stand up to him' and told her mother: 'He, you know, touches me and he, you know, makes me do things with his penis.' Karen's mother asked her daughter if she wanted her father to leave home. This also happened to Belinda. Not surprisingly, both girls felt unable to ask their victimisers to leave, for fear of causing further distress to their mothers and breaking up the family. Karen described how '... I couldn't imagine me saying for him to go, because then Mum would have hated me'. As a result, they had to continue to live with their victimisers and with emotional and physical abuse. Karen later discovered that her father had sexually abused all five of his children, including his son.

Repressing memories. As an adult, Paulians was diagnosed with Dissociative Identity Disorder (DID) and started to recover memories from his childhood. He described how his mother had washed his genitals thoroughly until he was 14 and that 'I had been sexually abused by Mum in the bathroom'. As a boy of 12, he described telling his mother about being ritually abused by a group of boys. According to Paulians: '... all she saw was the badness in it' and, by implication, in Paulians. After this incident, he repressed all memory of these childhood events until after his mother's death.

Anger at betrayal, possibly fuelling later disclosures. In this study, none of the children who made a disclosure lived in a supportive family context. When the adults in their lives failed to respond appropriately, Hope, Paulians, Karen, Tina, and Belinda all felt very angry. Much of this anger became focused on their victimisers, but there was also a sense of betrayal by their mothers. Even though Hope could empathise with her mother, she was angry '... because if she had been the mother she thought she was, I wouldn't have been the raped child (with an edge to her voice) I ended up being. And having the problems that I have.' Tina expressed feeling of anger towards her family: 'I was very angry when I was a child, and when I was a teenager. I was furious with my mother and sister, and I think ... underneath it all it was about them not doing anything and not protecting me.'

Telling as an Adult

In this research a distinction has been made between telling the police or a family member and telling someone else like an intimate partner, friend, or therapist. The first has been called *purposeful disclosure*, whereas the latter has been called as *selective disclosure*. Ten participants, mainly women, made purposeful disclosures in adulthood. Twelve participants including most of the men made selective disclosures, by telling their intimate partners or friends, their therapists or the researcher. This could be seen as continuing to protect themselves, the victimiser, or their family members from facing the consequences of the abuse.

Purposeful disclosure. All but one of the five participants who told someone in childhood and six other participants made purposeful disclosures in adulthood. Nine of these 10 participants were women. Five made reports to the police and a further five confronted their families, at considerable cost to themselves.

Telling the police. Over the years, Tina repeatedly told family members about the abuse, but nothing changed. Eventually she decided to cut off all contact with her family and to make a report to the police. No charges were laid as her perpetrator was elderly by then. Tina felt that her family was the trap that she was caught in: 'What happens in my family is that the rights of individuals is sort of, er, removed for the good of the family ... in a way it's a bit like the family is the trap.' As adults, Karen and her four sisters reported her father for physical abuse. Their mother supported him throughout the trial and denied what had happened. Her father went to jail, where he later died. Jane told the police about her sexual abuse by her father, in the hope of protecting her stepsister. He was eventually prosecuted for other sex crimes. Hope and Colin both told the police about their sexual abuse as children, although no prosecutions eventuated.

Confronting the family. When Belinda was in her late 20s, her mother briefly separated from her stepfather and Belinda told her about the abuse. When her mother returned to her stepfather, Belinda experienced this as another betrayal: 'I just felt so betrayed because I thought: "I've only just told you some of these things that actually happened, that you never knew about before. How could you go back with him now, knowing that?"' Heather's mother accused her of fabricating the whole story of her sexual abuse by her father in order to bring shame onto the family and of 'being a deviant ... she [mother] wanted to put me in a bloody psych unit'. Victoria told her sister Tess that their stepfather had been 'sexually molesting' her, only to discover that her sister had been raped by him as well. The two sisters were confused because their mother had condoned his behaviour at the time, explaining to Tess that 'he was supposed to stop after he'd taken my [Tess's] virginity'. The only participant who received some parental support was Sylvia who, as an adult, told her mother that she had recovered memories of being raped by her father. After an initial period of disbelief, her mother supported her daughter's recovery process.

Selective disclosure. Disclosure was not easy for participants, even as adults. Of the 12 participants who made selective disclosures, 8 were men and 4 were women. Many of the inhibitors to disclosure still existed, particularly for the men. Not

talking about their childhood experiences seemed to have become a learned behaviour. As Norm said: 'I learned to just not talk about any of this stuff. I'm not really talking too much about it right now.' Anthony said: 'I didn't tell my parents. I've told nobody.' The main reasons for not telling family members were because they had died or because of a continued desire to protect them. As Peter explained: 'My parents are still alive. They're in their nineties you know. And I wouldn't want to create any hurt by raising the issue at this late stage of their lives.'

Only told researcher. Jim pointed out the irony of talking to a university researcher about his early sexual experiences with a teacher. 'Here I am [laughs] confessing it to you. I've never told bloody anyone.' When asked what had made him come forward, he admitted to wondering about his own motivation. He concluded with a laugh that '... perhaps in my subconscious I'm telling on him'.

Disclosure as a Life-Long Process

Disclosure has been conceptualised as an interactive process with a pre-and post-disclosure stage (Staller & Nelson-Gardell, 2005); or as a dialogical process (Jensen, Gulbrandsen, Mossige, Reichelt, & Tjersland, 2005), normally between a child and a caregiver. Children will rarely disclose early sexual experiences without support. The adult needs to provide scaffolding for the child to enable this to take place (Jensen et al., 2005) as it is difficult for young children to initiate conversations about 'something secret, confusing, and distressful' (p. 1395) that they may not fully understand.

Nondisclosure of early sexual experiences is more common than disclosure (London, et al., 2005) and this is intentional for many children (Alaggia, 2004). In this study, many participants were fearful of the consequences of disclosure for themselves and for their families. They also felt a lot of shame and blamed themselves for what had happened. Sadly, none of these participants experienced a supportive family environment that would have enabled them to talk about their child maltreatment safely.

Despite these obstacles, most participants did gradually move from not telling towards telling as adults. This supports the view that disclosure is a developmental process that is very difficult for young children (Kogan, 2004). Although this study has identified many of the barriers to disclosure, there is an urgent need for more research to help us to understand how people move eventually from not telling towards purposeful disclosure. In this study, some participants decided to seek justice as adults because they became less fearful and more able to recognise that they could gain protection from the law. Some decided to tell their family members, despite experiencing negative consequences. Over time, as these men and women felt less fearful or ashamed, it became easier to talk about their experiences and to make new decisions about the role they played as children. They became able to tell more positive narratives about their experiences and to construct a more positive sense of self (Hunter, 2007, 2010b).

Important gender differences emerged in this study in relation to disclosure, with women being more fearful in childhood and men expressing more feelings of shame about their early sexual experiences. This may have resulted in women being more

likely to make purposeful disclosures in adulthood, and men continuing to make only selective disclosures. Rencken (2000) argued that male survivors often have strong homophobic reactions and were frequently concerned that ‘homosexuality was either the cause or effect of the abuse’ (p. 96). In this study a third fear relating to homosexuality emerged for men — that is, the fear of being labelled as gay.

Model of Disclosure in Childhood and Adulthood

Alaggia (2004) proposed a model for disclosure, based on a qualitative study of 24 male and female survivors of child sexual abuse. The model categorised types of disclosure into:

- accidental, purposeful, and prompted/elicited disclosures
- behavioural and indirect verbal attempts
- disclosures intentionally withheld
- disclosures triggered by recovered memories.

This research expands this model by acknowledging the life-long process involved in disclosure, and the importance of the person to whom the disclosure is made. Figure 1 shows disclosure patterns in childhood and Figure 2 shows disclosure patterns in adulthood.

Disclosure patterns in childhood are different from those in adulthood in that they are more likely to include behavioural manifestations of distress, such as acting out, and to exclude disclosures triggered by recovered memories. This research suggests that it is important to include the person to whom the disclosure is made in the model, as telling the police is different from telling family members, which is different again from telling an intimate partner, friend, or therapist. The motivation behind telling is also important.

In childhood, participants had less control over the process and less understanding of the consequences of making a disclosure to a particular person, both for themselves and for their families. The five participants who made disclosures in

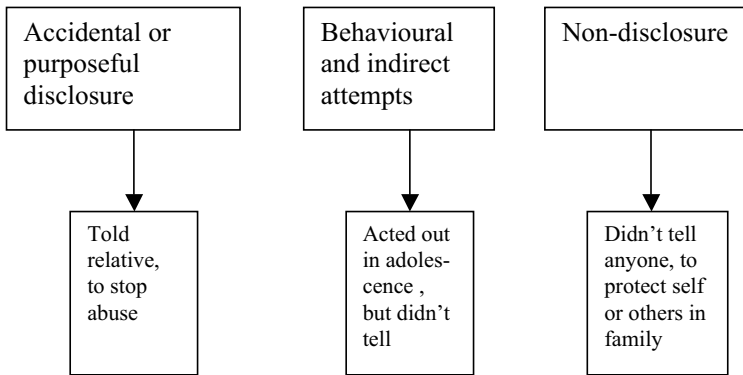
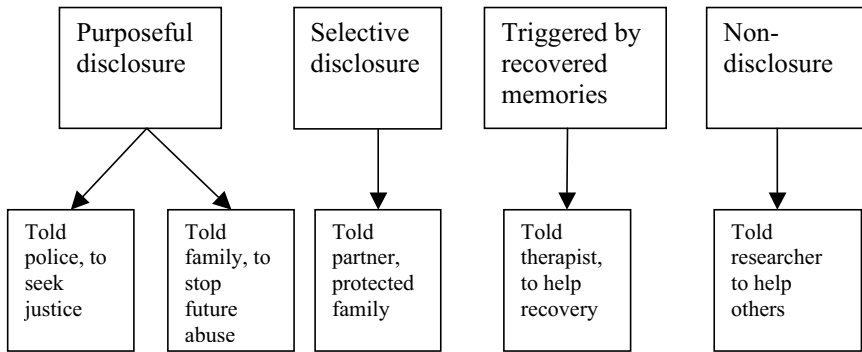


FIGURE 1
Disclosure patterns in childhood.

**FIGURE 2**

Disclosure patterns in adulthood.

childhood all told a relative, usually their mother. Four participants described disturbances in their behaviour as adolescents, and saw these as unconscious attempts to attract attention to their distress. However, 13 out of 22 children believed that they made a choice not to tell anyone, partly out of fear of the consequences and partly from a desire to protect themselves or their families.

In adulthood, participants had more control over when and to whom they told. Five participants made a purposeful disclosure by telling the police as adults, even though only three decided to try to prosecute their victimiser. In addition, five participants told their families despite the negative consequences. Nine participants told their intimate partners or friends, two told their therapists during a period of recovering memories, and one told the researcher. This meant that 12 participants made a selective disclosure. A few participants had recently come to regret their decision not to tell anyone and felt guilty about failing to prevent further abuse and the impact that this may have had on other children (Hunter, 2007). However, they still believed that not telling was a lot safer for them personally, as children.

Conclusions and Implications for Family Therapy

Disclosure in childhood remains unlikely in unsupportive family environments, given the child's feelings of fear, shame, and self-blame about being sexually abused. These feelings continue into adulthood and often lead to selective disclosure in perhaps misguided attempts to protect family members (Freeman & Morris, 2001). Disclosure is a complex and life-long process and it remains easier for a girl or woman to disclose having been sexually abused than for a boy or a man (Hunter, 2009). This research suggests that purposeful disclosure may be more common among women, and selective disclosure among men.

According to Jensen et al. (2005) children find it very hard to initiate difficult conversations and are more likely to make a disclosure to a caregiving adult if: 'there is an *opportunity* to talk, and a *purpose* for speaking, and a *connection* to what they are talking about' (p. 1395). In this study of 20 Norwegian families, children made

disclosures when they were asked direct questions about what was upsetting them, and in situations where they felt that they had enough privacy and were given a prompt, by an adult, that introduced the theme of sexual abuse. They remained fearful about whether or not they would be believed, sensitive to the needs of the caregiver, and fearful about the consequences of their disclosure for the family.

I believe that family therapists need to provide the supportive scaffolding that is essential before children are able to make such disclosures. The therapist needs to initiate these conversations for the child, using scaffolding such as age-appropriate books, videos or television programs. However, given concerns over 'false memories' the family therapist must also be alert to the danger of contaminating evidence and of leading the child (Alessi & Ballard, 2001). However, Faller (2007) argues 'protocols that are structured to guard against false positives may foster false negatives' (p. 175). In other words, by guarding against false allegations, we may not offer the child sufficient opportunity to make a genuine disclosure. This is a challenging balancing act that, according to Alessi and Ballard (2001), requires expertise and 'a non-biased, supportive atmosphere in which the child understands that there are not right and wrong answers' (p. 400).

The issues relating to disclosure in adulthood are somewhat different. Adult survivors, particularly men, may find it easier to talk about their 'early sexual experiences' rather than having their experiences labelled as 'child sexual abuse'. It may be helpful for men and women to understand:

- why they felt unable to tell anyone as a child
- the powerful family dynamics that operated
- the real possibility of negative consequences for their families if they had told anyone at the time.

It may be useful to normalise feelings of fearfulness, shame, responsibility and self-blame about their experiences. It is important to be aware of the difficulties for men in making purposeful disclosures and to acknowledge their feelings of shame, both in relation to their childhood experiences, and in relation to the possible impact on other children of not telling the secret earlier.

Limitations of This Study

The data in this qualitative research study was collected from a relatively small number of participants who were not necessarily representative of a particular population. The methodology used had several limitations. Participants were recruited through the media and were 'volunteers.' The findings do not represent the 'truth', but a reconstruction of events specific to a particular cultural, historical, and social context that varied for each participant. Inevitably the researcher's behaviour influenced the narratives that were told by participants. It should also be noted that participants for this research were not recruited on the basis of their disclosure of child sexual abuse.

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