

Is Anybody Listening? The Literature on the Dialogical Process of Child Sexual Abuse Disclosure Reviewed

A. M. Reitsema¹ and H. Grietens¹

Abstract

We conducted an exploratory review of the current literature on child sexual abuse disclosure in everyday contexts. The aim of this study was to provide an overview of relevant publications on the process of child sexual abuse disclosure, in order to generate new directions for future research and clinical practice. The findings of the exploratory review show that disclosure is a relational process, which is renegotiated by each interaction and evolves over an extended period of time. The characteristics and reactions of the interaction partner appear to be as critical to this process as the behavior and words of children themselves. Methodological limitations of the review and the publications are discussed, as well as directions for future research and implications for practice.

Keywords

sexual abuse, child abuse, family issues and mediators

Sexual abuse of children is a global public health problem that occurs throughout all socioeconomic, educational, and ethnic classes. According to a meta-analysis of 217 published studies, approximately 18% of women and 7.6% of men report being sexually abused before the age of 18 (Stoltenborgh, Van IJzendoorn, Euser, & Bakermans-Kranenburg, 2011). Given that child sexual victimization is both underreported and underrecorded, these numbers probably represent only a tip of the iceberg (London, Brück, Ceci, & Shuman, 2005; Priebe & Svedin, 2008; Smith et al., 2000). The abusive experience is traumatic for many survivors and associated with severe short- and long-term psychological and social consequences (Ullman, 2003).

Despite the high prevalence of child sexual abuse and the deleterious outcomes associated with it, many victims often delay or completely withhold disclosure. It is estimated that between 55% and 70% of victims do not tell anyone that they have been abused before adulthood (London et al., 2005; London, Brück, Wright, & Ceci, 2008). Furthermore, a significant number of children deny that they were abused or recant allegations of abuse, even when evidence is available that abuse did occur (Malloy, Lyon, & Quas, 2007). This is a troubling dynamic, because disclosure is the single most significant means by which sexual abuse is discovered (Goodman-Brown, Edelstein, Goodman, Jones, & Gordon, 2003). Due to its hidden nature and the frequent absence of physical evidence (Heger, Ticson, Velasquez, & Bernier, 2002; Sauzier, 1989), child sexual abuse often goes unnoticed (Paine & Hansen, 2002). A child's self-disclosure is therefore critical to halt the abuse and to initiate legal intervention and treatment (Alaggia,

2004; Alaggia & Kirshenbaum, 2005; Goodman-Brown et al., 2003; Paine & Hansen, 2002).

In the past decades, research on child sexual abuse has started to acknowledge the importance of understanding the dynamics of children's disclosures. Empirical studies have explored characteristics of disclosure, the extent of delays in disclosure, and the factors that motivate or inhibit disclosure. For example, age, gender, type of abuse, fear of negative consequences, and perceived responsibility are among the variables that have been found to be associated with disclosure (Finkelhor, Hotaling, Lewis, & Smith, 1990; Goodman-Brown et al., 2003; Hazzard, Celano, Gould, Lawry, & Webb, 1995; Sas, 1993; Sauzier, 1989; Smith et al., 2000). Other scholars have made attempts to distinguish between different types of disclosure, such as purposeful, accidental, or elicited disclosure (Alaggia, 2004; Mian, Wehrspan, Klajner-Diamond, LeBaron, & Winder, 1986; Sorensen & Snow, 1991).

There is now a considerable knowledge base on child sexual abuse disclosure. However, two important aspects of disclosure have received insufficient attention. First of all, disclosure is often understood as a child reporting sexual abuse, in the sense

¹ Centre for Special Needs Education & Youth Care, University of Groningen, Groningen, the Netherlands

Corresponding Author:

H. Grietens, Centre for Special Needs Education & Youth Care, University of Groningen, Grote Rozenstraat 38, 9712TJ Groningen, the Netherlands.
Email: h.grietens@rug.nl

of simply telling another person about the abuse (Jones, 2000). Studies from this point of view tend to treat disclosure in a narrow sense, as a static event. With a few exceptions (e.g., Jensen, Gulbrandsen, Mossige, Reichelt, & Tjersland, 2005; Sorensen & Snow, 1991; Staller & Nelson-Gardell, 2005), most of the literature tends to view disclosure as a single-time occurrence, with certain individual factors that influence whether and when this moment takes place. However, it appears that disclosure can better be thought of as a process that unfolds over time in different contexts and not as a singular event (Alnock & Miller, 2013; Jensen et al., 2005). This process begins the moment the abuse starts, as disclosure is ultimately linked to the context in which the abuse occurs. Throughout the disclosure process, victims may give different behavioral or verbal and direct or indirect signs of being sexually abused. Furthermore, children, adolescents, or adults may go through this disclosure process with multiple individuals disclosing their abuse experience for a second, third, or fourth time (Hershkowitz, Lanes, & Lamb, 2007). In this way, disclosure can be viewed as a lifelong process.

A second aspect that has received too little attention is the interactional nature of disclosure. When the term disclosure is understood as the act of a child telling someone, it is conceptualized as a one-way process, as individually generated transmissions of information (MacMartin, 1999; Staller & Nelson-Gardell, 2005). Such a unidirectional view does not recognize the relational and social-interactional context of disclosure. As Flâm and Haugstvedt (2013) point out, “children do not tell, delay, recant, or reaffirm accounts of their sexual victimization in a vacuum” (p. 634). Instead, disclosure develops through an interplay between children’s signs and expressions and the reactions of the adults around them. Children receive information on how adults respond to them, they process and evaluate this information, and they base their reactions on this (McElvaney, Greene, & Hogan, 2011; Staller & Nelson-Gardell, 2005). Disclosure can therefore better be seen as imbedded in dialogue, as an interpersonal and interactive process between children and adults.

These two considerations clearly show that there is a need to complement the existing knowledge on child sexual abuse disclosure with approaches that view disclosure less as a unidirectional, static event, and more as a fluid, ongoing, and interactional process. To increase our knowledge on the dialogical process of disclosure, we need to consider the many factors that may influence whether and how this process unfolds over time throughout different interactions. Such a perspective on disclosure can provide critical information to improve efforts to detect child sexual abuse and provide support, treatment, and protection to these children.

Aim and Scope of This Review

The aim of this article is to review the literature on child sexual abuse disclosure, by viewing disclosure as a long-term, interactive process between the child and her environment. This exploratory review attempts to synthesize the current

knowledge and views on how interactions about child sexual abuse unfold over time and which areas in the context of child sexual abuse relate to this dialogical process. It provides an overview of relevant publications on the process of child sexual abuse disclosure, in order to generate new directions for future research and clinical practice.

We included studies on disclosure of child sexual abuse in everyday contexts in the review. Literature on disclosure in forensic or therapeutic settings was excluded. Relevant articles were identified through an electronic search in the following databases: *Academic Search Premier*, *ERIC*, *PsychARTICLES*, *Psychology and Behavioural Sciences Collection*, *PsychINFO*, and *SocINDEX*. Search terms included, but were not limited to, combinations of: *child (sexual) abuse, disclosure, secret, telling, discovery, signs, family, reactions, consequences, help-seeking, trauma, symptoms, behavior, culture, ethnicity, and coping*. In addition, a manual search of bibliographies and reference lists was conducted for any literature that was not identified in the electronic database search.

The findings of the literature search are clustered into 5 themes: (1) culture, family characteristics, and family dynamics; (2) relationship with the perpetrator; (3) verbal and behavioral ways of disclosure; (4) characteristics of the interaction partner; and (5) response of the interaction partner.

Culture, Family Characteristics, and Family Dynamics

Cultural values and beliefs, family characteristics, and family dynamics not only play a role in the etiology and maintenance of sexual abuse but may also affect the disclosure process.

Cultural values and beliefs. Although sexual abuse occurs in all cultures and societies, certain cultural beliefs and values may contribute to family climates in which children can be abused or may promote silence and secrecy about abuse (Fontes & Plummer, 2010, 2012). Fontes and Plummer (2010) discuss several of these issues, including shame, taboos, sexual scripts, virginity, women’s status, obligatory violence, honor, respect, and patriarchy.

Feelings of shame are common to most victims of child sexual abuse and an obstacle to disclosure for many, regardless of their cultural or ethnic background (Hershkowitz et al., 2007; McElvaney, Greene, & Hogan, 2014; Schönbucher, Maier, Mohler-Kuo, Schnyder, & Landolt, 2012). Nonetheless, some cultural elements can intensify the shame which victims experience (Fontes, 2008). In many traditional cultures, it is believed that females need to control male sexual aggression through their dress or behavior. When a girl becomes a victim of sexual abuse, she is assumed to have made herself accessible and is often held responsible, which may cause her to feel great shame (Fontes, 2008). Direct family members of the child may also experience shame when the abuse is discovered. In the Puerto-Rican culture, for example, mothers are held responsible for the behavior of their children. If their child becomes the victim of sexual abuse, mothers are often perceived as being

responsible and are likely to experience shame as a result (Comas-Diaz, 1995; Kenny & McEachern, 2000a, 2000b).

The importance of virginity in a culture is another factor that may act as a facilitator or barrier in the disclosure of child sexual abuse. Virginity is a strong value within many cultures throughout the world, and girls are sometimes seen as having disgraced the family when they have lost their virginity (Fontes & Plummer, 2010; Yüksel, 2000). A real or perceived loss of virginity can mean that a young woman loses her chance for marriage. Even more worrisome, these girls sometimes become the victim of violent assault by family members, in an attempt to restore the family name and honor. Clearly, such prospects make it harder for girls in these cultures to disclose.

Family characteristics. Several sociodemographic characteristics of the family, such as family structure (e.g., single-parent families) and socioeconomic status (e.g., social deprivation), have been identified as risk factors for child sexual abuse (Euser et al., 2013; Sedlak et al., 2010) and also play an important role in disclosure. Kogan (2004) found that, in a sample of 263 adolescent females, never living with both biological parents was associated with maintaining the secret of an unwanted sexual experience. Exposure to stress and adversity is often higher in nontraditional families (Barrett & Turner, 2005), and many types of adversity arise directly from economic hardship (Turner, Finkelhor, Hamby, & Shattuck, 2013). Parents who experience these stressors are more likely to engage in harsh and inconsistent parenting (Barrett & Turner, 2005; McLoyd, 1990; Turner et al., 2013), and these circumstances may make it more difficult for children to talk about the abusive experience.

Family dynamics. Several interaction patterns have been identified to be typical for families in which sexual abuse occurs. These families tend to be more socially isolated, more controlling and less cohesive, have more problems coping with stress and adapting, exhibit poor communication and high conflict, and often display rigid traditional family values (Alexander & Lupfer, 1987; Alexander & Schaeffer, 1994; Dadds, Smith, Webber, & Robinson, 1991; Draucker, 1996; Trepper, Niedner, Mika, & Barrett, 1996). Such dynamics may also influence the disclosure process. In a study by Alaggia and Kirshenbaum (2005), survivors who never talked about their abuse until adulthood described their families to be structured along traditional gender roles. Fathers were the “head of the household,” mothers were generally disempowered, and children “were to be seen but not heard.” Male dominance was frequently reinforced through use of physical and psychological violence. Participants in this study frequently described an atmosphere of closed and indirect communication. These communication patterns were often in place before onset of the sexual abuse and further consolidated around the secret of the abuse. Social isolation also played a part in children’s feelings they had no one safe to tell, with some families being disconnected from usual forms of support. Some participants reported that their families appeared to be socially connected and supported, but they

themselves were isolated within their own family or in their schools or community. All these dynamics—rigidly fixed, patriarchy based gender roles, family violence, closed and indirect communication, and social isolation—contribute to keeping the abuse a family secret.

Relationship With the Perpetrator

Research consistently shows that sexual abuse is committed primarily by individuals known to the child and that the perpetrator is often a parent or parent figure (Berliner & Conte, 1995; Elliott, Browne, & Kilcoyne, 1995; Faller, 1988; Gomes-Schwartz, Horowitz, & Cardarelli, 1990; Ligezinska et al., 1996; Paine & Hansen, 2002; Sorensen & Snow, 1991). This makes the relationship with the offender an emotionally close and significant one in which he or she also fulfills the role of caregiver (Berliner & Conte, 1995). It is therefore not surprising that children often report ambivalent feelings toward the perpetrator (Paine & Hansen, 2002). Children often feel more loyalty toward the perpetrator and thus more ambivalence about whether they should talk about the abuse or not (Mian et al., 1986). Jensen, Gulbrandsen, Mossige, Reichelt, and Tjersland (2005) describe how possible consequences for the offender following disclosure can be of great concern to children. For example, some children in their study expressed fear that the perpetrator, most often the father, was going to be put in jail or that they would not be able to see him again.

Perpetrators also strategically employ various methods to gain and maintain their victim’s trust and compliance (Berliner & Conte, 1990). The abuse itself has been described as a gradual process (Berliner & Conte, 1990; Conte, Wolf, & Smith, 1989), in which the offender slowly lures and manipulates the child into abuse. Before the child recognizes the situation as sexual or inappropriate, the abuse is often well under way (Paine & Hansen, 2002). In many cases, offenders isolate the child and alienate them from others, creating a barrier that prevents the child from having a confidant to disclose to (Craven, Brown, & Gilchrist, 2006; Warner, 2000). Intrafamilial offenders may isolate the victim from their nonabusive parent, siblings, and the outside world by developing an exclusive relationship with the child, promoting the child in place of the mother (Leberg, 1997). In cases of extrafamilial abuse, the offender often builds a trusting relationship with the parents of the victim. Van Dam (2001) reports that offenders are frequently charming, helpful individuals who gain insider status long before they start abusing their victim (Craven et al., 2006). This contributes to the fear of children that they will not be believed if they would speak about the abuse. Other strategies that offenders may use to maintain children’s compliance include issuing bribes and threats (Craven et al., 2006). Bribes can take the form of material gifts or extra privileges (Christiansen & Blake, 1990). It is difficult for children to identify the manipulative nature of these positive, nonsexual acts, and children may therefore perceive themselves as active, willing participants in a “relationship” with the offender (Kaufman, Hilliker, & Daleiden, 1996). They may come to believe that

they are at least partly responsible for their own abuse (Goodman-Brown et al., 2003). On the other hand, perpetrators can use children's natural vulnerabilities against them, threatening children with the consequences of telling (e.g., "Nobody will believe you," "I will hurt your mother"). Children may start to fear that their parent will be punished (Sauzier, 1989) or that by disclosing abuse, they will create a disruption in the family (Lawson & Chaffin, 1992). The relationship between the child and the perpetrator is thus often a complex and emotionally meaningful one, which may greatly complicate the disclosure process for children.

Verbal and Behavioral Ways of Disclosure

Many children who become a victim of sexual abuse struggle with whether they should tell, and if they should, to whom, when, and how (Staller & Nelson-Gardell, 2005). Initiating a conversation about something so distressful, incomprehensible, and embarrassing as sexual abuse is hard for children (Jensen et al., 2005). Sexual abuse is a topic that is rarely addressed in everyday conversations and a stigmatizing theme in most families. Besides making verbal attempts to disclose, children who have been sexually abused may also show emotional or behavioral changes. Behavior is a primary form of communication, especially for young children (Goodyear-Brown, Fath, & Myers, 2012), and emotional and behavioral signs therefore constitute an important part of the disclosure process.

A purpose, an opportunity, and a connection. Jensen and colleagues (2005) have made a notable contribution to the literature by focusing on the dialogical aspects of child sexual abuse disclosure. They report how the disclosure process was eased when children perceived a purpose, an opportunity, and a connection in the situation at hand to what they want to tell. It was important for the children in their sample to feel that there was a good reason, or *purpose*, for disclosing. Such a purpose mostly concerned the possible positive or negative consequences that might follow the disclosure. Some of the children in their study conveyed that there never was an *opportunity* to disclose; they never felt it was the right time to talk about the abuse. When opportunities did occur, they were often created by external factors, such as other persons or certain events. For example, a person whom the child trusted engaged the child in a dialogue or a certain situation that prompted the child or caregiver to initiate a dialogue. Malloy, Brubacher, and Lamb (2013) also found that opportunities for children to talk about their abusive experience often involve external precipitants. Over half of the children in their sample attributed their disclosures to external factors, such as a television program or a presentation at school. Such external precipitants often create a *connection* to the abuse in the dialogue between the child and their caregiver, a joint focus on something that resembled sexual abuse (Jensen et al., 2005). Through this joint context, the child and her caregiver may establish a shared frame of reference to the sensitive topic.

Test balloons. The importance of a joint context in the disclosure of sexual abuse is also highlighted by Flåm and Haugstvedt (2013). These authors describe the small and indirect first signs that children give to test if the caregiver is willing to or capable of participating in an exploration of what had happened to the child. Such signs, which the authors have termed "test balloons," can be seen as invitations to a dialogical enterprise. For example, a child may show reservation about an activity that is connected to the abusing person (e.g., "I do not want to go to uncle"). The way in which the caregiver responds to these invitations, and how the child interprets the caregiver's response, determines what happens thereafter. While some caregivers may provide their child with door openings to continue, through open answers and questions, other adults may close the conversation without establishing an opportunity for further exploration.

Behavioral and emotional signs. Children who have been sexually abused may show emotional or behavioral changes such as anxiety, clinginess, or sleep disturbances (Goodyear-Brown et al., 2012). Some children may not be aware of these changes. However, children may also deliberately try to signal that something is wrong through their behavior when they do not have the words or ability to verbally communicate about it. These behavioral ways of telling are not limited to young children. For example, Alaggia (2004) describes how one teenage girl in his study tried to convey a message that something was wrong through angry outbursts.

In general, many behaviors that might indicate child sexual abuse, such as learning difficulties, clinginess, or sleep disturbances, are also exhibited by children who have experienced no or other forms of trauma (Kendall-Tackett, Williams, & Finkelhor, 1993; London et al., 2008). Parents may very likely attribute these behaviors to everyday stressors in their child's life. With respect to clinical psychopathology, children who have been sexually abused are at an increased risk for symptoms of posttraumatic stress disorder, dissociation, and sexualized behavior (Ackerman, Newton, McPherson, Jones, & Dykman, 1998; Collin-Vézina, Daigneault, & Hébert, 2013; Friedrich, 2007; Kendall-Tackett et al., 1993; Noll, Trickett, & Putnam, 2003; Putnam, 2003). However, neither of these behaviors is specific to child sexual abuse (Faust, Bridges, & Ahern, 2009a, 2009b; Kendall-Tackett et al., 1993; London et al., 2005; Poole & Wolfe, 2009), and a subgroup of victims may show no clinical symptoms at all (Caffaro-Rouget, Lang, & Van Santen, 1989; Conte & Schuerman, 1987a, 1987b; Kendall-Tackett et al., 1993). Instead of relying on behavioral symptoms as possible indicators or evidence of sexual abuse, emotional and behavioral signs might better be viewed as part of a developing interaction. They are often ambiguous and indirect, and interpreting these manifestations as signs of sexual abuse requires a careful consideration their context.

Characteristics of the Interaction Partner

As is becoming clear from the previous sections, disclosure develops through an interplay between a child's expressions

and signs and the responses of the interaction partner. Children are very sensitive to the responses of individuals around them and they accommodate to the reactions they expect to and actually receive (Jensen et al., 2005; Staller & Nelson-Gardell, 2005). Certain characteristics of the confidant may therefore be critical to whether and how the interaction develops.

Confidant selection. Most children make their initial disclosure to a parent or parent figure (Arata, 1998; Jensen et al., 2005; Paine & Hansen, 2002), while adolescents and adults most often make the disclosure to a friend (Kellogg & Huston, 1995; Kogan, 2004; Ruggiero et al., 2004; Smith et al., 2000; Stein & Nofziger, 2008). Some scholars propose that children go through a conscious confidant selection phase, in which they consider the expected response of peers and/or family members and whether that person can provide support (e.g., Petronio & Flores, 1997; Petronio, Reeder, Hecht, & Ros-Mendez, 1996; Staller & Nelson-Gardell, 2005). According to Petronio and Flores (1997), children choose confidants who they perceive are able to accomplish something the children believe they cannot do themselves, who are able to stop the abuse. In this sense, children are thought to transfer the responsibility to a person they perceive capable of ending the abuse.

Predicted response. Studies point to the importance of perceived support in children's willingness to talk about sexual abuse (Bussey & Grimbeek, 1995; Furniss, 1991; Gomes-Schwartz et al., 1990). Different studies have shown that expectations of negative reactions, such as being disbelieved and blamed for the abuse, are strongly associated with nondisclosure of sexual abuse (Hershkowitz et al., 2007; Lawson & Chaffin, 1992; Palmer, Brown, Rae-Grant, & Loughlin, 1999; Somer & Szwarcberg, 2001). In a sample by Anderson, Martin, Mullen, Romans, and Herbison (1993) of almost 500 women, 29% of participants reported that they did not disclose as a child because they expected to be blamed, and 23% did not disclose because they expected disbelief. Furthermore, children are often very capable of predicting their parents' likely reactions, with research showing a strong link between predicted and actual parental reactions (Hershkowitz et al., 2007). These research findings suggest that children expecting that they will not be believed or supported will be less likely to give clear signs that they are being abused. Hence an interaction about the abuse will not get a chance to develop.

Response of the Interaction Partner

The reactions of the interaction partner to disclosure are influenced by the beliefs and knowledge he or she has about sexual abuse and disclosure. How parents or other confidants react influences if, and how, the child will proceed with the account (Goodman-Brown et al., 2003; Hershkowitz et al., 2007). Furthermore, the response and support of significant others is critical in children's recovery (Elliott & Carnes, 2001).

Knowledge of the interaction partner. Given that children's signs of sexual abuse are often ambiguous, the knowledge and beliefs of adults play an important role in how they interpret these signs. It is generally found that people find it hard to interpret certain verbal accounts and behaviors correctly and to recognize them as signs of abuse and maltreatment (Arata, 1998; Flåm & Haugstvedt, 2013; Plummer, 2006). Research suggests that lay people are generally not well informed about how children respond to sexual abuse (Calvert & Munsie-Benson, 1999; Manning & Cheers, 1995; Quas, Thompson, Alison, & Stewart, 2005; Shackel, 2008). Few studies have examined what parents know about child sexual abuse. They suggest that many parents have difficulty to list potential signs of child sexual abuse, and that many have misunderstandings about the prevalence of behavioral and physical symptoms in victims (Pullins & Jones, 2008). For instance, in a study by Calvert and Munsie-Benson (1999), 72% of respondents thought that sexually abused children would always have behavioral changes and 61% of respondents thought physical signs would most often or always be present. Pullins and Jones (2008) found that the most commonly cited symptoms in their sample of 150 parents were fear, avoidance, and withdrawal from others (86%), followed by depression (47%), and oppositional behavior (35%). Findings from this and other research indicate that women and individuals with a higher socioeconomic status tend to have more accurate information about child sexual abuse (Calvert & Munsie-Benson, 1999; Fontes, Cruz, & Tabachnick, 2001).

Belief and support. Data suggest that the majority of nonoffending mothers believe their child's allegations, regardless of whether the abuse was intrafamilial or extrafamilial. Elliott and Carnes (2001) reviewed the literature regarding reactions of nonoffending parents to the sexual abuse of their child, and found that between 69% and 78% of nonoffending mothers believe their child, with some studies finding even rates higher than 80%. However, these findings also show that not all mothers believe their child's allegations.

Some research suggests that there may be differences in supportiveness according to the specific support sources told. Studies report that victims are more likely to receive negative reactions to disclosures from parents than from friends and other persons outside the family (Lamb & Edgar-Smith, 1994; Roesler & Wind, 1994). Friends appear to be the most supportive of all the possible support sources (Ullman, 2003). However, since timing of disclosure and support source told is related, these relationships are difficult to untangle. Roesler and Wind (1994) attempted to tease life stage and support source apart, but still found that reactions of parents were worse than those of other support sources, even when they controlled for age at disclosure.

Ambivalent responses. Reactions of parents or friends are often not straightforwardly positive or negative. Studies point to the inconsistency and ambivalence that some parents show in their responses to their child's allegations. Jensen and colleagues (2005) report that the initial responses of the confidants of all

the victims they interviewed were characterized by initial shock and ambivalence. Confidants often looked for other ways to explain why the child was saying particular things. The ambivalence of these parents can be seen as being part of the disclosure process, and this process takes time (Humphreys, 1992). Mothers have to piece together a puzzle of facts, hunches, and fragments of what they have seen and heard (Plummer, 2006). Parallel to this process of gaining more information is the internal process that sexual abuse might have or did happen. This process of discovering and accepting is often complicated by denial of the perpetrator and the absence of physical and medical evidence (Jenny, 1996). Furthermore, because most perpetrators are persons known to the child and the child's family (Berliner & Elliott, 1996), it may be difficult for the parent to comprehend that someone they know, and perhaps trust and love, could commit such acts (Elliott & Carnes, 2001). Some studies indeed suggest that mothers are less likely to believe or support their child when the offender is a current partner or when the relationship with the offender is more dependent or intimate (Everson, Hunter, Runyon, Edelsohn, & Coulter, 1989; Faller, 1988; Lyon & Kouloumpos-Lenares, 1987; Pintello & Zuravin, 2001). For example, Salt, Myer, Coleman, and Sauzier (1990) report that mothers were less protective of their child when the perpetrator was the natural father, stepfather, or boyfriend of the mother than when he was another relative or outsider.

Consequences of negative reactions and disbelief. The reaction of the person to whom the disclosure is made has an impact on the consequences of child sexual abuse (Lovett, 2004; Ullman, 2003). The nature of the response to disclosure has been found to be associated with the severity of psychological symptoms and psychopathology in childhood and also remains a critical event in later adjustment (Arata, 1998; Everill & Waller, 1995; Lange et al., 1999; Lovett, 2004). Some findings suggest that negative reactions may in fact be more important than other factors in understanding survivors' psychological adjustment (Elliott & Carnes, 2001; Lange et al., 1999; Ullman, 2003), although not all research supports this view (Bolen & Gergely, 2014). Nevertheless, it is clear that the response of the interaction partner is not only critical to the disclosure process itself but also has longer lasting impact on children's lives.

Discussion

What Do We Learn from this Review?

Disclosure of child sexual abuse is a multidetermined, complex process that can unfold itself in many different ways. Research has identified a myriad of factors that may influence whether and how a dialogue about the abuse will develop. Conversations about possible sexual abuse are embedded in cultural norms as well as in existing family dynamics. An important factor in the development of a dialogue is the relationship between the victim and the perpetrator. Perpetrators of sexual abuse are often close family members or individuals known

to the victim and the victim's family, and this emotional bond can make it extremely difficult for children to talk about the abuse. Children may feel loyalty toward the offender, fear possible consequences for the offender would they talk about the abuse, or be afraid that disclosure will create a disruption in the family.

While many children try to keep their experience secret and do not want people to know about it, at a certain moment some children may, either intentionally or accidentally, drop hints that something is wrong. They may give small and indirect verbal signs, to test if the caregiver is willing to listen and capable to notice the child's hidden message. Just as with behavioral signs, these utterances may lead to a multitude of interpretations. However, if caregivers do not close the conversation, but provide children with door openings to continue, children may proceed with their account. In these instances, an interaction about the abuse has a chance to develop. Furthermore, interactions about the abuse can be facilitated by contexts that bear some connection or resemblance to the abuse situation. When children and caregivers share a common focus on something that resembles abuse, it can be easier for them to say something about their experience and easier for caregivers to interpret signals correctly.

Nonverbal, behavioral hints can range from mild disturbances, such as clinginess or problems sleeping, to clinical symptomatology. However, many of these behaviors may also be exhibited by children who have experienced other forms of trauma or no trauma at all. Parents and other individuals in the environment of the child often have difficulty in recognizing certain behavioral changes as signs of abuse, and they may arrive at the most apparent or easily understood interpretations first. Interpretation of these behavioral signs might be facilitated in the context of other behavioral and verbal signs.

Children are sensitive about what adults may think or feel, and they are very capable of predicting how caregivers will respond to their disclosure. Expectations of negative reactions, such as disbelief or disgust, can make children more reluctant to talk, and children may conceal parts of information out of a concern for the confidant. The response of the confidant to children's behavioral or verbal signs is thus central to the disclosure process itself. Moreover, it also plays a significant role in the psychological impact of the abuse and children's mental health outcomes.

Strengths and Limitations

The strength of this review lies in approaching disclosure as a process, which is embedded in dialogue between children and individuals in their direct environment. Disclosure is rarely straightforward, but often an ongoing process of verbal and behavioral expressions and signs, in which children are particularly sensitive to their recipients' response. Children need the guidance of adults to be able to talk about the confusing and distressing experience of sexual abuse and their support in comprehending what has happened and coping with their emotions. Child sexual abuse disclosure is therefore as much

determined by children's expressions and initiatives as by the awareness, listening, and responses of the adults. This process is influenced by contextual factors, including existing family dynamics and cultural beliefs and values.

The nature of this review was exploratory and therefore this article suffers some limitations. Although we used several criteria to guide our literature search, this search was broad and an explicit protocol for study appraisal and selection was not followed. Therefore, not the whole range of available literature on child sexual abuse disclosure may have been considered during the writing of this article. There may thus be some bias in the selection of contributions as well as in the interpretations of the articles.

Methodological limitations of the publications involved do also need to be mentioned. First, definitions of child sexual abuse, disclosure, or other variables of interest varied considerably between the studies. This is a problem that has often been noted in the literature (Jones, 2000; London et al., 2008). Definitions of child sexual abuse ranged from broad, such as both contact and noncontact unwanted sexual experiences, to more narrow definitions, such as only incidents that involved a form of physical contact.

A second limitation of the reviewed studies concerns the data collection techniques. While in some studies data were gathered at the time of disclosure or immediately thereafter, other studies collected data from adults for retrospective experiences of disclosure. Both methods have limitations. Childhood studies often involve children who have been referred to child protection services, mental health, or other professionals. These children presented at these services for a reason, such as the suspicion of abuse by an adult, and that can make it difficult to generalize the results to cases in which there are no previous suspicions. The reliability of retrospectively collected reports concerning disclosure can also be questioned. Asking people to recount details surrounding sexual abuse that occurred in childhood can be susceptible to memory failure, distortion, or revision of events (London et al., 2008).

A third limitation is that sample sizes in many of the studies we reviewed were small. This is a general problem in the literature on child sexual abuse (Pereda, Guilera, Forns, & Gómez-Benito, 2009), which can make it difficult to interpret results. Furthermore, small sample sizes can lead to problems in generalizing results to other populations, and make it hard to draw comparative conclusions.

Directions for Future Research

In light of the high prevalence of child sexual abuse and the negative consequences for children's well-being, it is important to understand the dynamics of the disclosure process. This exploratory review is a first step toward a better understanding of these dynamics. However, more research is needed in order to obtain a more holistic picture of the long-term, interactive process of disclosure.

Much of the existing research on child sexual abuse disclosure is quantitative in nature. Although studies using such an approach provide valuable information, there is a need for more

qualitative research to examine the multifaceted and complex nature of the disclosure process (Goodman-Brown et al., 2003). Qualitative approaches enable a more direct and deeper approach to children's experiences than quantitative methods, providing more in-depth information. In addition, future research should focus on the children's points of view and their lived experiences. Researching children's views directly is a relatively new approach, not only in the field of child sexual abuse but also in the field of psychology in general (Hogan, 2005; Sloper & Beresford, 2014). Using child-centered methodologies, children's own perspectives and lived experiences on disclosure can be explored, which can make an important contribution to our understanding of the disclosure process.

Acknowledging the interpersonal context of disclosure, future research should pay attention to possible recipients of disclosure in the direct environment of the child. As the disclosure process develops in the context of communicating and relating to others, future studies should acknowledge the importance of the interaction partner throughout the entire process. For instance, by focusing on how caregivers notice, receive, and act on behavioral and verbal signs of child sexual abuse, which are often indirect and ambiguous. This may increase our understanding of what encourages children to give signs, what facilitates caregivers' interpretation of these signs, and which responses encourage further disclosure. In addition to examining involved caregivers' experiences, more research is needed on disclosure to peers. Peer relationships become more important during adolescence, and friends may play an important role in the disclosure process for adolescents (Schonbucher et al., 2012). Especially in cases of intrafamilial sexual abuse, with one parent being the perpetrator, friends might be particularly important recipients. How disclosure evolves in interactions between peers therefore is an important subject for future research.

A final area for future research relates to possible contextual influences on disclosure, more specifically, cultural and religious norms, and family characteristics and dynamics. Researchers have started to examine the issue of cultural diversity in child sexual abuse disclosure, but more research is needed on the impact of race, culture, and religion. More attention should also be paid to characteristics of and dynamics within families in which abuse occurs. These studies should focus on how communication can be improved, and disclosure encouraged (e.g., in structurally disadvantaged families or families with poor communication skills).

Implications for Practice

Understanding children's disclosure of sexual abuse is crucial for designing appropriate prevention, interviewing, and intervention strategies. When children are not supported to talk about their victimization, long-term effects of sexual abuse may increase. By not disclosing, children may be subjected to longer or repeated abuse, not receive necessary treatment, or run the risk to be revictimized (Goodman-Brown et al., 2003).

School-based prevention programs can help children disclose by instructing them about sexual victimization, how to recognize grooming and abusive behavior, how to react when approached, and what to do when they have been victimized. Critics have argued that certain concepts used in these programs are inappropriate for some children (see Finkelhor, 2007). However, given the importance of disclosure in identifying victims, it is essential that children learn to speak about these sensitive issues and feel safe to do so. School-based prevention programs can also help reduce the stigma surrounding sexual abuse and the feelings of shame and responsibility that victims often experience.

With respect to recognizing sexual abuse, the idea that there are typical responses to sexual victimization, or “behavioral markers,” should be dispelled. Such beliefs may falsely reassure caregivers when children do not present such signs (Plummer, 2006). Caregivers need to be well informed about subtle cues and patterns of behavior that are difficult to recognize and interpret. They should be informed on how they can be receptive toward such early signs and how they can respond in order to encourage children to tell. Given that sexual abuse is a topic that is rarely addressed in everyday conversations, families should be supported in how to involve children in conversation about the topic. Public education and direct interventions by professionals might be suitable means to achieve this.

Professionals need to become more knowledgeable of the current understanding of child sexual abuse disclosure, as they may also hold false beliefs about possible signs of child sexual abuse. Furthermore, an important goal for professionals should be to help caregivers support their children. Professionals can play a meaningful role by teaching caregivers the importance of responding to disclosure in a constructive and supportive manner and by helping them develop the necessary skills to do so. The importance of the caregiver–child relationship should also be acknowledged in the treatment of child victims. Treatment models should rely less on traditional individual therapy of the child and focus more on caregiver–child forms of intervention. Especially in cases of intrafamilial abuse, a broad approach to clinical intervention may be necessary, incorporating different kinds of treatment and support for all family members.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

References

- Ackerman, P. T., Newton, J. E. O., McPherson, W. B., Jones, J. G., & Dykman, R. A. (1998). Prevalence of post-traumatic stress disorder and other psychiatric diagnoses in three groups of abused children (sexual, physical, and both). *Child Abuse & Neglect, 22*, 759–774.
- Alaggia, R. (2004). Many ways of telling: Expanding conceptualizations of child sexual abuse disclosure. *Child Abuse & Neglect, 28*, 1213–1227.
- Alaggia, R., & Kirshenbaum, S. (2005). Speaking the unspeakable: Exploring the impact of family dynamics on child sexual abuse disclosures. *Families in Society, 86*, 227–234.
- Alexander, P. C., & Lupfer, S. L. (1987). Family characteristics and long-term consequences associated with sexual abuse. *Archives of Sexual Behavior, 16*, 235–245.
- Alexander, P. C., & Schaeffer, C. M. (1994). A typology of incestuous families based on cluster analysis. *Journal of Family Psychology, 8*, 458–470.
- Alnock, D., & Miller, P. (2013). *No one noticed, no one heard: A study of disclosures of childhood abuse*. London, England: NSPCC.
- Anderson, J., Martin, J., Mullen, P., Romans, S., & Herbison, P. (1993). Prevalence of child sexual abuse experiences in a community sample of women. *Journal of the American Academy of Child and Adolescent Psychiatry, 32*, 911–919.
- Arata, C. M. (1998). To tell or not to tell: Current functioning of child sexual abuse survivors who disclosed their victimization. *Child Maltreatment, 3*, 63–71.
- Barrett, A. E., & Turner, R. J. (2005). Family structure and mental health: The mediating effects of socioeconomic status, family process, and social stress. *Journal of Health and Social Behavior, 46*, 156–169.
- Berliner, L., & Conte, J. R. (1990). The process of victimization: The victims’ perspective. *Child Abuse & Neglect, 14*, 29–40.
- Berliner, L., & Conte, J. R. (1995). The effects of disclosure and intervention on sexually abused children. *Child Abuse & Neglect, 19*, 371–384.
- Berliner, L., & Elliott, D. M. (1996). Sexual abuse of children. In J. Briere, L. Berliner, J. A. Bulkley, C. Jenny, & T. Reid (Eds.), *The APSAC handbook on child maltreatment* (pp. 51–71). Thousand Oaks, CA: Sage.
- Bolen, R. M., & Gergely, K. B. (2014). A meta-analytic review of the relationship between nonoffending caregiver support and postdisclosure functioning in sexually abused children. *Trauma, Violence, & Abuse, 1*–22.
- Bussey, K., & Grimbeek, E. J. (1995). Disclosure processes: Issues for child sexual abuse victims. In K. J. Rotenberg (Ed.), *Disclosure processes in children and adolescents* (pp. 166–203). Cambridge, England: Cambridge University Press.
- Caffaro-Rouget, A., Lang, R. A., & Van Santen, V. (1989). The impact of child sexual abuse. *Annals of Sex Research, 2*, 29–47.
- Calvert, J. F., & Munsie-Benson, M. (1999). Public opinion and knowledge about childhood sexual abuse in a rural community. *Child Abuse & Neglect, 23*, 671–682.
- Christiansen, J. R., & Blake, R. H. (1990). The grooming process in father-daughter incest. In A. L. Horton (Ed.), *The incest perpetrator: A family member no one wants to treat* (pp. 88–98). Thousand Oaks, CA: Sage.
- Collin-Vézina, D., Daigneault, I., & Hébert, M. (2013). Lessons learned from child sexual abuse research: Prevalence, outcomes, and preventive strategies. *Child and Adolescent Psychiatry and Mental Health, 7*, 22.

- Comas-Diaz, L. (1995). Puerto Ricans and child sexual abuse. In L. Fontes (Ed.), *Sexual abuse in nine north American cultures* (pp. 31–66). Thousand Oaks, CA: Sage.
- Conte, J. R., & Schuerman, J. (1987a). Factors associated with an increased impact of child sexual abuse. *Child Abuse & Neglect, 11*, 201–211.
- Conte, J. R., & Schuerman, J. (1987b). The effects of sexual abuse on children: A multidimensional view. *Journal of Interpersonal Violence, 2*, 380–390.
- Conte, J. R., Wolf, S., & Smith, T. (1989). What sexual offenders tell us about prevention strategies. *Child Abuse & Neglect, 13*, 293–301.
- Craven, S., Brown, S., & Gilchrist, E. (2006). Sexual grooming of children: Review of literature and theoretical considerations. *Journal of Sexual Aggression, 12*, 287–299.
- Dadds, M., Smith, M., Webber, Y., & Robinson, A. (1991). An exploration of family and individual profiles following father-daughter incest. *Child Abuse & Neglect, 15*, 575–586.
- Draucker, C. B. (1996). Family-of-origin variables and adult female survivors of childhood sexual abuse: A review of the research. *Journal of Child Sexual Abuse, 5*, 35–63.
- Elliott, M., Browne, K., & Kilcoyne, J. (1995). Child sexual abuse prevention: What offenders tell us. *Child Abuse & Neglect, 19*, 579–594.
- Elliott, A. N., & Carnes, C. N. (2001). Reactions of non-offending parents to the sexual abuse of their child: A review of the literature. *Child Maltreatment, 6*, 314–331.
- Euser, S., Alink, L. R., Pannebaker, F., Vogels, T., Bakermans-Kranenburg, M. J., & Van IJzendoorn, M. H. (2013). The prevalence of child maltreatment in the Netherlands across a 5-year period. *Child Abuse & Neglect, 37*, 841–851.
- Everill, J., & Waller, G. (1995). Disclosure of sexual abuse and psychological adjustment in female undergraduates. *Child Abuse & Neglect, 19*, 93–100.
- Everson, M. D., Hunter, W. M., Runyon, D. K., Edelson, G. A., & Coulter, M. L. (1989). Maternal support following disclosure of incest. *American Journal of Orthopsychiatry, 59*, 197–207.
- Faller, K. C. (1988). The myth of the “collusive mother”. *Journal of Interpersonal Violence, 3*, 190–196.
- Faust, D., Bridges, A., & Ahern, D. (2009a). Methods for the identification of sexually abused children: Issues and needed features for abuse indicators. In K. Kuehnle & M. Connell (Eds.), *The evaluation of child sexual abuse allegations: A comprehensive guide to assessment and testimony* (pp. 3–19). Hoboken, NJ: John Wiley.
- Faust, D., Bridges, A., & Ahern, D. (2009b). Methods for the identification of sexually abused children: Suggestions for clinical work and research. In K. Kuehnle & M. Connell (Eds.), *The evaluation of child sexual abuse allegations: A comprehensive guide to assessment and testimony* (pp. 49–66). Hoboken, NJ: John Wiley.
- Finkelhor, D. (2007). Prevention of sexual abuse through educational programs directed toward children. *Pediatrics, 120*, 640–645.
- Finkelhor, D., Hotaling, G., Lewis, I. A., & Smith, C. (1990). Sexual abuse in a national survey of adult men and women: Prevalence, characteristics, and risk factors. *Child Abuse & Neglect, 14*, 19–28.
- Flâm, A. M., & Haugstvedt, E. (2013). Test balloons? Small signs of big events: A qualitative study on circumstances facilitating adults’ awareness of children’s first signs of sexual abuse. *Child Abuse & Neglect, 37*, 633–642.
- Fontes, L. A. (2008). *Child abuse and culture: Working with diverse families*. New York, NY: The Guildford Press.
- Fontes, L. A., Cruz, M., & Tabachnick, J. (2001). Views of child sexual abuse in two cultural communities: An exploratory study among African Americans and Latinos. *Child Maltreatment, 6*, 103–117.
- Fontes, L. A., & Plummer, C. A. (2010). Cultural issues in disclosures of child sexual abuse. *Journal of Child Sexual Abuse, 19*, 491–518.
- Fontes, L. A., & Plummer, C. A. (2012). Cultural issues in child sexual abuse intervention and prevention. In P. Goodyear-Brown (Ed.), *Handbook of child sexual abuse: Identification, assessment & treatment* (pp. 487–508). Hoboken, NJ: John Wiley.
- Friedrich, W. N. (2007). *Children with sexual behavior problems*. New York, NY: W.W. Norton.
- Furniss, T. (1991). *The multi-professional handbook of child sexual abuse: Integrated management, therapy, and legal intervention*. London, England: Routledge.
- Gomes-Schwartz, B., Horowitz, J. M., & Cardarelli, A. P. (1990). *Child sexual abuse: The initial effects*. Newbury Park, CA: Sage.
- Goodman-Brown, T. B., Edelstein, R. S., Goodman, G. S., Jones, D. P. H., & Gordon, D. S. (2003). Why children tell: A model of children’s disclosure of sexual abuse. *Child Abuse & Neglect, 27*, 525–540.
- Goodyear-Brown, P., Fath, A., & Myers, L. (2012). Child sexual abuse: The scope of the problem. In P. Goodyear-Brown (Ed.), *Handbook of child sexual abuse: Identification, assessment, and treatment* (pp. 3–28). Hoboken, NJ: John Wiley.
- Hazzard, A., Celano, M., Gould, J., Lawry, S., & Webb, C. (1995). Predicting symptomatology and self blame among child sex abuse victims. *Child Abuse & Neglect, 19*, 707–714.
- Heger, A., Ticson, L., Velasquez, O., & Bernier, R. (2002). Children referred for possible sexual abuse: Medical findings in 2384 children. *Child Abuse & Neglect, 26*, 645–659.
- 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*, 111–123.
- Hogan, D. (2005). Researching ‘the child’ in developmental psychology. In S. Greene & D. Hogan (Eds.), *Researching children’s experience* (pp. 22–41). London: Sage.
- Humphreys, C. (1992). Disclosure of child sexual assault: Implications for mothers. *Australian Social Work, 45*, 27–35.
- Jenny, C. (1996). Medical issues in sexual abuse. In J. Briere, L. Berliner, J. A. Bulkley, C. Jenny, & T. Reid (Eds.), *The APSAC handbook on child maltreatment* (pp. 195–205). Thousand Oaks, CA: Sage.
- Jensen, K. J., 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*, 1395–1413.
- Jones, D. P. H. (2000). Editorial: Disclosure of child sexual abuse. *Child Abuse & Neglect, 24*, 269–271.
- Kaufman, K. L., Hilliker, D. R., & Daleiden, E. L. (1996). Subgroup differences in the modus operandi of adolescent sexual offenders. *Child Maltreatment, 1*, 17–24.

- Kellogg, N. D., & Huston, R. L. (1995). Unwanted sexual experiences in adolescents: Patterns of disclosure. *Clinical Pediatrics, 34*, 306–312.
- Kendall-Tackett, K. A., Williams, L. M., & Finkelhor, D. (1993). Impact of sexual abuse on children: A review and synthesis of recent empirical studies. *Psychological Bulletin, 113*, 164–180.
- Kenny, M. C., & McEachern, A. G. (2000a). Prevalence and characteristics of childhood sexual abuse in multiethnic female college students. *Journal of Child Sexual Abuse, 9*, 57–70.
- Kenny, M. C., & McEachern, A. G. (2000b). Racial, ethnic, and cultural factors of childhood sexual abuse: A selected review of the literature. *Clinical Psychology Review, 20*, 905–922.
- Kogan, S. M. (2004). Disclosing unwanted sexual experiences: Results from a national sample of adolescent women. *Child Abuse & Neglect, 28*, 147–165.
- Lamb, S., & Edgar-Smith, S. (1994). Aspects of disclosure: Mediators of outcomes of childhood sexual abuse. *Journal of Interpersonal Violence, 9*, 307–326.
- Lange, A., DeBeurs, E., Dolan, C., Lachnit, T., Sjollem, S., & Hanewald, G. (1999). Long-term effects of childhood sexual abuse: Objective and subjective characteristics of the abuse and psychopathology in later life. *Journal of Nervous and Mental Disease, 187*, 150–158.
- Lawson, L., & Chaffin, M. (1992). False negatives in sexual abuse disclosure interviews. *Journal of Interpersonal Violence, 7*, 532–542.
- Leberg, E. (1997). *Understanding child molesters: Taking charge*. Thousand Oaks, CA: Sage.
- Ligezinska, M., Firestone, P., Manion, I. G., McIntyre, J., Ensom, R., & Wells, G. (1996). Children's emotional and behavioral reactions following the disclosure of extrafamilial sexual abuse: Initial effects. *Child Abuse & Neglect, 20*, 111–125.
- London, K., Brück, M., Ceci, S. J., & Shuman, D. W. (2005). Disclosure of child sexual abuse: What does the research tell us about ways that children tell? *Psychology, Public Policy and Law, 11*, 194–226.
- London, K., Bruck, M., Wright, D. B., & Ceci, S. J. (2008). Review of the contemporary literature on how children report sexual abuse to others: Findings, methodological issues, and implications for forensic interviewers. *Memory, 16*, 29–47.
- Lovett, B. B. (2004). Child sexual abuse disclosure: Maternal response and other variables impacting the victim. *Child and Adolescent Social Work Journal, 21*, 355–371.
- Lyon, E., & Kouloumpou-Lenares, K. (1987). Clinician and state children's services worker collaboration in treating sexual abuse. *Child Welfare, 6*, 517–527.
- MacMartin, C. (1999). Disclosure as discourse: Theorizing children's reports of sexual abuse. *Theory & Psychology, 9*, 503–532.
- Malloy, L. C., Brubacher, S. P., & Lamb, M. E. (2013). "Because she's one who listens": Children discuss disclosure recipients in forensic interviews. *Child Maltreatment, 18*, 245–251.
- Malloy, L. C., Lyon, T. D., & Quas, J. A. (2007). Filial dependency and recantation of child sexual abuse. *Journal of the American Academy of Child & Adolescent Psychiatry, 46*, 162–170.
- Manning, C., & Cheers, B. (1995). Child abuse notification in a country town. *Child Abuse & Neglect, 19*, 387–397.
- McElvaney, R., Greene, S., & Hogan, D. (2011). Containing the secret of child sexual abuse. *Journal of Interpersonal Violence, 27*, 1155–1175.
- McElvaney, R., Greene, S., & Hogan, D. (2014). To tell or not to tell? Factors influencing young people's informal disclosures of child sexual abuse. *Journal of Interpersonal Violence, 29*, 928–947.
- McLoyd, V. C. (1990). The impact of economic hardship on Black families and children: Psychological distress, parenting, and socio-emotional development. *Child Development, 61*, 311–347.
- Mian, M., Wehrspan, 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*, 223–229.
- Noll, J. G., Trickett, K., & Putnam, F. W. (2003). A prospective investigation of the impact of childhood sexual abuse on the development of sexuality. *Journal of Consulting and Clinical Psychology, 71*, 575–586.
- Paine, M. L., & Hansen, D. J. (2002). Factors influencing children to self-disclose sexual abuse. *Clinical Psychology Review, 22*, 271–295.
- Palmer, S. E., Brown, R. A., Rae-Grant, N. I., & Loughlin, M. J. (1999). Responding to children's disclosure of familial abuse: What survivors tell us. *Child Welfare, 78*, 259–282.
- Pereda, N., Guilera, G., Forns, M., & Gómez-Benito, J. (2009). The international epidemiology of child sexual abuse: A continuation of Finkelhor (1994). *Child Abuse & Neglect, 33*, 331–342.
- Petronio, S., & Flores, L. (1997). Locating the voice of logic: Disclosure discourse of sexual abuse. *Western Journal of Communication, 61*, 101–113.
- Petronio, S., Reeder, H. M., Hecht, M. L., & Ros-Mendez, T. (1996). Disclosure and sexual abuse by children and adolescents. *Journal of Applied Communication Research, 24*, 181–199.
- Pintello, D., & Zuravin, S. (2001). Intrafamilial child sexual abuse: Predictors of postdisclosure maternal belief and protective action. *Child Maltreatment, 6*, 344–352.
- Plummer, C. A. (2006). The discovery process: What mothers see and do in gaining awareness of the sexual abuse of their children. *Child Abuse & Neglect, 30*, 1227–1237.
- Poole, D., & Wolfe, M. (2009). Child development: Normative sexual and nonsexual behaviors that may be confused with symptoms of sexual abuse. In K. Kuehnle & M. Connell (Eds.), *The evaluation of child sexual abuse allegations: A comprehensive guide to assessment and testimony* (pp. 101–128). Hoboken, NJ: John Wiley.
- Priebe, G., & Svedin, C. G. (2008). Child sexual abuse is largely hidden from the adult society: An epidemiological study of adolescents' disclosures. *Child Abuse & Neglect, 32*, 1095–1108.
- Pullins, L. G., & Jones, J. D. (2008). Parental knowledge of child sexual abuse symptoms. *Journal of Child Sexual Abuse, 15*, 1–18.
- Putnam, F. W. (2003). Ten-year research update review: Child sexual abuse. *Journal of the American Academy of Child & Adolescent Psychiatry, 42*, 269–278.
- Quas, J. A., Thompson, W. C., Alison, K., & Stewart, C. (2005). Do jurors "know" what isn't so about child witnesses? *Law and Human Behavior, 29*, 425–456.
- Roesler, T. A., & Wind, T. W. (1994). Telling the secret: Adult women describe their disclosures of incest. *Journal of Interpersonal Violence, 9*, 327–338.

- Ruggiero, K. J., Smith, D. W., Hanson, R. F., Resnick, H. S., Saunders, B. E., Kilpatrick, D. G., & Best, C. L. (2004). Is disclosure of childhood rape associated with mental health outcome? Results from the national women's study. *Child Maltreatment, 9*, 62–77.
- Salt, P., Myer, M., Coleman, L., & Sauzier, M. (1990). The myth of the mother as “accomplice” to child sexual abuse. In B. Gomes-Schwartz, J. M. Horowitz, & A. P. Cardarelli (Eds.), *Child sexual abuse: The initial effects* (pp. 109–131). Newbury Park, CA: Sage.
- Sas, L. (1993). *Three years after the verdict*. London, Ontario: London Family Court Clinic.
- Sauzier, M. (1989). Disclosure of child sexual abuse: For better or for worse. *Psychiatric Clinics of North America, 12*, 455–469.
- Schönbucher, V., Maier, T., Mohler-Kuo, M., Schnyder, U., & Landolt, M. A. (2012). Disclosure of child sexual abuse by adolescents: A qualitative in-depth study. *Journal of Interpersonal Violence, 27*, 3486–3513.
- Sedlak, A., Mettenberg, J., Basena, M., Petta, I., McPherson, K., Green, A., & Li, S. (2010). *Fourth national incidence study of child abuse and neglect (NIS-4): Report to Congress*. Washington, DC: Department of Health and Human Services, Administration for Children and Families.
- Shackel, R. L. (2008). The beliefs commonly held by adults about children's behavioral responses to sexual victimization. *Child Abuse & Neglect, 32*, 485–495.
- Sloper, P., & Beresford, B. (2014). Children who have disabilities. In G. B. Melton, A. Ben-Arieh, J. Cashmore, G. S. Goodman, & N. K. Worley (Eds.), *The SAGE handbook of child research* (pp. 245–266). London: Sage.
- 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, 2*, 273–287.
- Somer, E., & Szwarcberg, S. (2001). Variables in delayed disclosure of childhood sexual abuse. *American Journal of Orthopsychiatry, 71*, 332–341.
- Sorensen, T., & Snow, B. (1991). How children tell: The process of disclosure in child sexual abuse. *Child Welfare, 70*, 3–15.
- Staller, K. M., & Nelson-Gardell, D. (2005). “A burden in your heart”: Lessons of disclosure from female preadolescents and adolescent survivors of sexual abuse. *Child Abuse & Neglect, 29*, 1415–1432.
- Stein, R. E., & Nofziger, S. D. (2008). Adolescent sexual victimization: Choice of confidant and the failure of authorities. *Youth Violence and Juvenile Justice, 6*, 158–177.
- Stoltenborgh, M., Van IJzendoorn, M. H., Euser, E. M., & Bakermans-Kranenburg, M. J. (2011). A global perspective on child sexual abuse: Meta-analysis of prevalence around the world. *Child Maltreatment, 16*, 79–101.
- Trepper, T. S., Niedner, D., Mika, L., & Barrett, M. J. (1996). Family characteristics of intact sexually abusing families: An exploratory study. *Journal of Child Sexual Abuse, 5*, 1–18.
- Turner, H. A., Finkelhor, D., Hamby, S. L., & Shattuck, A. (2013). Family structure, victimization, and child mental health in a nationally representative sample. *Social Sciences & Medicine, 87*, 39–51.
- Ullman, S. E. (2003). Social reactions to child sexual abuse disclosures: A critical review. *Journal of Child Sexual Abuse, 12*, 89–121.
- Van Dam, C. (2001). *Identifying child molesters: Preventing child sexual abuse by recognizing the patterns of the offenders*. Binghamton, NY: Haworth Maltreatment and Trauma Press/The Haworth Press.
- Warner, S. (2000). *Understanding child sexual abuse: Making the tactics possible*. Gloucester, MA: Handsell.
- Yüksel, S. (2000). Collusion and denial of childhood sexual trauma in traditional societies. In A. C. McFarlane, R. Yehuda, & A. Y. Shalev (Eds.), *International handbook of human response to trauma* (pp. 153–162). Dordrecht, the Netherlands: Kluwer Academic.

Author Biographies

A. M. Reitsema, BSc, is a research master student in behavioural and social sciences - education and development, at the University of Groningen, the Netherlands. Areas of research interest include childhood trauma, child psychopathology, and their implications for child development. She is committed to eliciting children's voices in research using qualitative approaches.

H. Grietens, PhD, is Full Professor at the Centre for Special Needs Education & Youth Care, University of Groningen, the Netherlands. He is conducting research on child welfare, in particular foster care and child maltreatment. He has a special interest in children's voices.