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Children’s Disclosure of Sexual Abuse: A Systematic Review of Qualitative Research Exploring Barriers and Facilitators

Sarah Elizabeth Morrison, Caroline Bruce, and Sarah Wilson

*Children and Adolescent Mental Health Services, Coatbridge, NHS Lanarkshire, Scotland; †Institute of Health and Wellbeing, College of Medical, Veterinary and Life Sciences, University of Glasgow, Glasgow, Scotland; ‡School of Medicine, College of Medical, Veterinary, and Life Sciences, University of Glasgow, Glasgow, Scotland

ABSTRACT

This study evaluates and synthesizes qualitative evidence addressing factors affecting a child’s decision to disclose an experience of sexual abuse. Childhood sexual abuse is a devastating crime, with long-term negative impacts. Understanding the factors that affect a child’s decision to disclose is vital. Disclosure enables access to support and protection, both therapeutically and legally. A systematic review was conducted focusing on factors affecting a child’s decision to disclose an experience of sexual abuse. Seven studies were identified, quality appraisal undertaken, and meta-ethnography used to synthesize the studies. Six new super-ordinate themes were developed: Fear of what will happen; Others’ reactions: fear of disbelief; Emotions and impact of the abuse; An opportunity to tell; Concern for self and others; and Feelings toward the abuser. Themes indicated the importance of support, structure, and opportunity to facilitate disclosure and should be utilized by agencies to develop practices that facilitate disclosures.

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Child; children; reporting; victim; sex; assault; meta-ethnography

Introduction

Childhood sexual abuse (CSA) is a growing concern. The National Society for the Prevention of Cruelty to Children (NSPCC) reported that nearly one quarter of young adults (24.1%) experienced sexual abuse during childhood (Redford et al., 2011), and the negative consequences of this experience are widely recognized (Ullman, 2007). The process of disclosing CSA is complex, seldom taking the form of a clear, one-time statement (Tener & Murphy, 2014), and delay in victims’ disclosures is widely recognized. Evidence from the United Kingdom indicates as many as one in three children (34%) who experienced contact sexual abuse by an adult did not disclose it (Redford et al., 2011). Disclosure is a prerequisite for accessing support and protection, both therapeutically and legally (Paine & Hanson, 2002). Early access to therapeutic support and intervention is key in
order to assist victims and can limit the negative consequences associated with sexual abuse (McElvaney, 2015). Understanding factors that relate to a child’s self-disclosure of sexual abuse is therefore vital to support victims, reduce the negative impact of CSA, and protect others from possible harm.

Evidence relating to children’s disclosure of sexual abuse is growing, and a number of variables are known to influence a child’s decision to disclose (Kogan, 2004); however, these factors affecting disclosure are inconsistently reported (Malloy, Brubacher, & Lamb, 2013). Jensen, Gulbrandsen, Mossige, Rechelt, and Tjersland (2005) note that children are highly susceptible to their confidant’s emotional well-being, specifically their ability to contain or manage the burden they are about to share. London, Bruck, Wright, and Ceci (2008) identify that boys, younger children, certain ethnic groups, and children with a low level of family support are less likely to disclose, while Somer and Szwarcberg (2001) report that the level of traumatization experienced by the child plays a pivotal role in their ability to disclose. Another facilitator reported in the literature is “the initiation of a dialogue,” with children describing that a safe space can facilitate disclosures (Jensen et al., 2005). Goodman-Brown, Edelstein, Goodman, Jones, and Gordon (2003) report that gender, type of abuse, contact with a perpetrator, fear of negative consequences, specifically perceived responsibility and fear of disbelief, affect children’s willingness to disclose their experience. Tener and Murphy (2014) stress the importance of the actual and anticipated reaction from others and its role in a victim’s decision to disclose. Disclosure is readily acknowledged to not be a one-way process for victims but an event that happens in the context of communicating and relating to others (McElvaney, Greene, & Hogan, 2011).

The retrospective nature of accounts of CSA has caused difficulties in understanding and evidencing factors that affect disclosure (Foster & Hagedorn, 2014). Studying retrospective accounts, particularly from adult perspectives, can underestimate disclosure rates due to recall bias (Schönbucher, Maier, Mohler-Kuo, Schnyder, & Landolt, 2012) and include age-related re-interpretations of decisions and events (Malloy et al., 2013). Furthermore, intervention for children based on evidence from adult recollection may be less effective as a result (Foster & Hagedorn, 2014). Evidence obtained from a child’s perspective is limited and is often attributed to fear of causing discomfort or harm, difficulties obtaining ethical approval, and expected challenges surrounding parental consent and child assent (Walker, Reid, O’Neill, & Brown, 2009). It is also likely to include some level of recall bias due to the evidenced delay in disclosure many children experience. Studies incorporating children’s narratives, however, provide a more accurate method for examining the disclosure process (London et al., 2008) as disclosure is closer in time and perspectives are expected to be less affected by recall bias, maturation, and age-related interpretations. Understanding sexual abuse disclosures from the children’s perspective and obtaining potentially more accurate and detailed descriptions will provide important insights into
how to support disclosures, design appropriate services, and enable timely access to intervention (Malloy et al., 2013; McElvaney et al., 2011).

Requests are noted for more research concerning children’s disclosure of sexual abuse (Jensen et al., 2005; Tener & Murphy, 2014), specifically from the child’s perspective, utilizing a qualitative design. Quantitative methods are commonly used and provide valuable insight into various factors (Ullman, 2007); however, it has also been noted that they can, on occasion, lose the voice of the victims and as such, specific details that this may provide (London et al., 2008; McElvaney et al., 2011). Jones (2000) highlights the need to understand the variability and multiplicity of factors that influence the decision to disclose to help children with this process. Qualitative research seeks to understand the subjective realm of human experience (Braun & Clarke, 2013). It is able to follow the individual experiences of the child, providing a rich and detailed narrative that can capture their understanding of the factors that facilitated disclosure (McElvaney, Green, & Hogan, 2013). Acknowledging service users in service design is also a crucial factor, emphasized in both the literature (Ring, Ritchie, Mandava, & Jepson, 2010) and current government initiatives (Survivor Scotland Strategic Outcomes and Priorities, 2015). Qualitative research is well placed to enable this and allows the child’s voice and perspective to be recognized and understood.

To date, there has been no attempt to synthesize qualitative research exploring children’s disclosure of childhood sexual abuse. Therefore, it would be of value to synthesize and assess the quality of qualitative data, to understand the factors that affect a child’s disclosure of sexual abuse in greater detail, and to identify areas for further exploration and factors that can inform the development of services and intervention.

**Aim**

The aim of this study is to explore factors that affect children’s decisions to disclose sexual abuse by systematically reviewing, appraising, and synthesizing published qualitative studies in this area. It will specifically address the following question: What factors affect children’s disclosure of sexual abuse?

**Method**

**Search strategy**

CINAHL, PsychINFO, Psychology and Behavioural Sciences Collection, and ERIC databases were searched via EBSCO host. EMBASE, HMIC (Health Management Information Consortium), and MIDIRS (Maternity and Infant Care) databases were searched via Ovid Medline (R) from 1946 to present and
ASSIA (Applied Social Sciences Index and Abstracts) database was searched via Proquest.

**Search terms**

The search strategy adopted a broad approach using free text due to the difficulty locating qualitative research through electronic searches (Centre for Reviews and Dissemination, 2009). Databases were searched between 02.11.2015 and 11.11.2015.

The following terms were used:

(1) (“child abuse, sexual”) OR (sex* n3 (abus* OR assault*))

AND (disclos* OR “self report*”)

(2) (qualitative OR “grounded theory” OR “interpretative phenomenological” OR narrative OR “thematic analysis” OR phenomenolog* OR experienc*)

(3) (child* OR adolescen* OR infant* OR preschool OR “school age” OR teen*)

4. 1. AND 2. AND 3.

Boolean operators (OR and AND) were used to combine search strings and the proximity codes adapted as required for individual databases.

Studies identified were reviewed in accordance with the inclusion and exclusion criteria. Hand searching was undertaken for two key journals in the field: “Journal of Childhood Sexual Abuse” and “Child Abuse and Neglect,” reviewing articles published in the last 10 years. The reference lists of final articles selected were searched to locate any relevant articles that had not been identified.

**Inclusion Criteria:**

- Studies focusing on the factors relevant to disclosing an experience of CSA.
- Studies exploring the disclosure of CSA from a victim’s perspective.
- The victim is between 0 and 18 when exploring their decision to disclose an experience of CSA.
- Studies that identify and utilize a qualitative research design.
- Studies that are peer reviewed.
- Studies published in English.

**Exclusion Criteria:**
Studies in which it is impossible to identify the age of the victim describing factors that affected their disclosure of CSA.

Studies that are unpublished, case studies, book chapters, or dissertations.

**Procedure**

A total of 1,257 studies were identified and reviewed for inclusion (see Figure 1). The review adopted a two-stage process as recommended by

![Diagram](image-url)

**Figure 1.** The process and results of the systematic search and study selection.
PRISMA guidance (Liberati et al., 2009). Stage 1 involved the primary researcher screening all relevant articles based on title and abstract. During stage 2, the primary and secondary researcher reviewed the full text articles in accordance with the inclusion/exclusion criteria. Seven papers were identified for inclusion in the final review. Their reference lists were then subjected to the same two-stage process. No further studies were identified.

Results of search strategy

Quality appraisal

The use of quality appraisal tools to rate qualitative research causes much debate (Centre for Reviews and Dissemination, 2009; Dixon-Woods, Shaw, Agarwal, & Smith, 2004). It is widely accepted that to create a complete and thorough synthesis, the studies included should be of high quality (Walsh & Downe, 2006); however, the process of appraising this remains problematic. The variation in qualitative approaches is regularly cited for causing this difficulty. Crow and Sheppard (2010) argue that the majority of critical appraisal tools designed for qualitative data lack the depth necessary to comprehensively assess the research being analyzed. Further criticisms include the lack of transparency surrounding the tool used and how the authors have reached their decision about the quality rating (Dixon-Woods et al., 2004). Walsh and Downe (2006) reported similar issues in the appraisal of qualitative research and designed a tool to provide an objective and meaningful measure of quality. The tool was developed through review and synthesis of existing tools and identified 12 essential criteria (supplemented with prompts and guidance for assessment), which all qualitative studies should adhere to, regardless of their theoretical stance.

Walsh and Downe’s (2006) tool was used to assess the seven identified papers for this review. A rating scale was also incorporated to increase the transparency of the quality ratings of each study. If a study presented evidence to meet 50% or more of the prompts, it was deemed to have met the essential criteria for that standard. A sample of the studies was then assessed by a second researcher to assess the reliability of the primary rater. Overall agreement on essential criteria scores was identical, with only small variations in the subsection scores.

Out of the seven studies identified for the review, two met all 12 essential criteria. A further four studies met 11 out of 12, and the final study achieved 10 out of the 12 (see Table 1). All studies were included in the review. It is believed the lower scores may reflect the lack of guidance previously available in identifying “good quality” in qualitative research (and reporting), specifically around reflexivity. All studies demonstrated some evidence relating to the prompts for essential criteria and those that failed an essential criterion did so due to not
reaching 50% cut off point. It is acknowledged that this may reflect the obligation to disregard information to meet requirements for journal publication.

**Method of synthesis**

Meta-ethnography (Noblitt & Hare, 1988) is a process of synthesis that allows data from qualitative research to be combined and explored (Campbell et al., 2011). Many variations exist between methods for synthesizing qualitative data; however, as meta-ethnography is perhaps the most well-developed method, it was selected for this review.

Meta-ethnography involves the translation of studies into one another to create a synthesis, which is expressed as a “new line of argument” (Britten et al., 2002). It is commended for its ability to preserve the meaning of the original data while allowing for comparison between different studies (Noblit & Hare, 1988). The findings from the original studies are used as “data” and interpreted and translated to create concepts or metaphors.

These are then combined, exploring the similarities and differences across and between them, to create the synthesis. A seven-phase process for conducting the synthesis is outlined by Noblitt and Hare (1988) and will be used as a guide for the synthesis in this review.

**Results**

The themes presented by the authors in the seven studies and details of each study are displayed in Table 2.

Six new super-ordinate themes were developed through the process of meta-ethnography and synthesis of the seven studies. A new line of argument synthesis was created (Noblit & Hare, 1988), and the themes identified are labeled: 1) Fear of what will happen; 2) Others’ reactions: fear of disbelief; 3) Emotions and impact of the abuse; 4) An opportunity to tell; 5) Concern for self and others; and 6) Feelings toward the abuser. Each theme will be
discussed in turn. Quotations used from the original study participants are presented in italics.

**Fear of what will happen**

Participants across all seven studies discussed the impact of fear on their decision to disclose: *It was one of the scariest things I’ve ever … thought of ever saying* (McElvaney et al., 2013, p. 9). This is suggested to be almost paralyzing for the child (McElvaney et al., 2013). One child described the fear to be more intolerable than the abuse they were
experiencing: “This is bad but it’s better knowing what’s happening than (not) knowing what’s going to happen” (McElvaney et al., 2013, p. 9). Children described a snowball effect of thoughts when considering disclosure and the impact it could have on others in the family:

I: “Can you remember when these things were happening, what it was that stopped you from telling anyone?”
G: “I don’t really know. I was mostly afraid for what Daddy was going to say. And if nothing happened, then we were supposed to live under the same roof. That would be really embarrassing, right. And I didn’t know if he would get put in jail, and I didn’t know this or that. I was really scared. I don’t really know . . . I was really afraid that I would cause trouble for a lot of people and things like that.” (Jensen et al., 2005, p. 1406)

This child emphasizes her fear of losing the support from her family should she disclose the abuse:

“I love my oldest sister very much . . . When I look at both my sister and my Mom, I feel so much like telling them about my cousin, but they both cherish him . . . Would I get their support . . . ? Would my sister love me as she does today knowing that he did it to me [raped me] more than once on her own bed? […] I am more than sure that I will lose her or my Mom if I tell them about my abuse.” (Shalhoub-Kevorkian, 2005, p. 1275)

**Others’ reactions: fear of “disbelief”**

Seven studies described the impact of “others’ reactions” and fear of not being believed; however, descriptions varied in terms of the expected reaction and its effect on the child. Several studies described the impact a child’s anticipation of belief or disbelief had and the role it had on their disclosure (McElvaney et al., 2013; Schönbucher et al., 2012; Jensen et al., 2005; and Petronio et al., 1996):

I: “Why do you think you didn’t you tell your mother?
P26: “Later I thought that she wouldn’t believe me anyway, and that she would think that I saw things, that I was crazy.” (Schönbucher et al., 2012, p. 17)

Another child described the positive effect their expectation of belief had in terms of facilitating their disclosure:

G: “But they believed me right away, and he admitted it, so that really helped me a lot. I can’t even imagine what it would have been like if he had lied and said he didn’t do anything.”
I: “Were you surprised that your friend and mom believed you?”
G:
“No I wasn’t surprised. I was counting on that. If I had thought that they wouldn’t believe me, then I wouldn’t have said anything.”

I: “You wouldn’t have said anything then?”

G: “No it would have made everything worse really. You experience a lot of shit, then you tell about it, and they don’t believe you, and think of you as a liar.” (Jensen et al., 2005, p. 1406)

For this child, the relationship with her mother and the confidence in her believing the disclosure is a key facilitator in the decision to disclose. The example demonstrates the two-fold effect anticipated belief has on a child’s decision to disclose in terms of facilitating or preventing disclosure.

“I didn’t want to say anything when I was little because I know mom and she would have snapped and gone crazy” (Schaeffer et al., 2011, p. 349). This statement illustrates the preconception the child holds about the expected response and its role in preventing a disclosure. Petronio et al. (1996) identify that for some children, where a belief about expected reaction is not fixed, they may disclose information gradually to test others responses before disclosing the full extent of the abuse, as described in the extract below:

“Many of the children started with previews that were indications of deeper problems. For example, Jennifer said to her mother, “Mom, I’ve got to tell you something. He’s [stepfather] been walking around the house with no clothes on. She said her mother believed her and that made her feel good because her mother’s reaction showed trust and caring. After gauging her mother’s response to this initial disclosure, she felt prepared to reveal more about her stepfather’s behavior. I only told her that he was walking around with no clothes on and then she talked and then I told her what he’d done.” (Petronio et al., 1996, p. 191)

**Emotions and the impact of the abuse**

Six studies identify the impact of the abuse on a child’s emotions and beliefs about the self (shame, embarrassment, guilt, responsibility, poor sense of self), and the subsequent impact of these on their decision to disclose (Schaeffer et al., 2011; Schönbucher et al., 2012; McElvaney et al., 2013; Jensen et al., 2005; Foster & Hagedorn, 2014; and Shalhoub-Kevorkian, 2005). Feelings of shame are regularly reported to prevent disclosure, articulated clearly by this child:

I: “Why didn’t you tell her sooner?”

P21: “I just felt so ashamed.” (Schönbucher et al., 2012, p. 17)

One child described her confusion, summarized in a belief that the abuse happened because she was inherently bad and therefore responsible: “… maybe I am bad for I brought it all onto myself” (Shalhoub-Kevorkian, 2005, p. 1276)
The effect of beliefs about responsibility on a disclosure is highlighted in the description below:

“When I was first thinking about it, “Am I gonna get in trouble?” but like . . . when I started to really think about it I just realized like it wasn’t my fault, I was scared, I didn’t do anything wrong.” (McElvaney et al., 2013, p. 9)

The emotions children experienced resulting from the abuse were also reported to facilitate disclosure (Foster & Hagedorn, 2014; Schaeffer et al., 2011; & Schönbucher et al., 2012). Children described how the build up of these emotions in their minds and the subsequent impact they had on their behavior triggered a disclosure:

“I waited two years until I told my mom and my brother. I felt guilty and like a bad person about waiting. I couldn’t take it anymore so I had to tell” (Foster & Hagedorn, 2014, p. 546).

One young girl described how a change in her behavior occurred following the abuse experience and how this prompted questions from her teacher and subsequently a disclosure:

“I talked to my teacher. I couldn’t concentrate anymore in school, my marks got worse and worse. My teacher asked me what the matter was with me... I thought about telling a long time. But then I just told him.” (Schönbucher et al., 2012, p. 15)

**An opportunity to tell**

Having an opportunity to tell or to disclose was noted as a significant factor in facilitating or preventing disclosure in five of the seven studies (Schaeffer et al., 2011; Schönbucher et al., 2012; Petronio et al., 1996; Jensen et al., 2005; and McElvaney et al., 2013). The process by which this opportunity presented itself varied in descriptions across the studies. Some children described it in the literal sense of having a time and place where they could disclose to a confidant and the effect when this was not available:

“I wanted to tell my mom when my sister [the alleged perpetrator] was not home, then I don’t get a chance because my mom’s always sleeping now and I’m always in school.” (Schaeffer et al., 2011, p. 349)

Additional factors described included the experience of a setting that is safe, private, and familiar:

“It was at my house when I told her [mom]. Nobody else was around but just me and her.” (Petroni et al., 1996, p. 190)

Or a situation where the topic of CSA is present, for example being explored in conversation or through external sources such as a television program:
G: “Yes that’s how they found out. We were watching a program. There was a girl that was talking (about sexual abuse), and I felt really weird. I had to go to the bathroom, and I just couldn’t sit still. I sat in my own thoughts and had tears in my eyes and stuff like that. And then Mom saw that something was wrong; she asked me if I had done something wrong or if she had done anything. She kept asking and then she got to Dad, and then I started crying and then she understood. There has to be a connection.” (Jensen et al., 2005, p. 1408)

Children also described that opportunities to disclose their experience arose when someone they trusted showed concern for them:

“It was just kind of like the smile on her face like she’s trying to help me or something, it just made me decide I wanted to talk to her about it.” (Petronio et al., 1996, p. 188)

This interaction appears to provide evidence for the child that someone cares about them and is willing to listen to their experience.

**Concern for self and others**

Children in five of the studies (Schönbucher et al., 2012; Schaeffer et al., 2011; McElvaney et al., 2013; Jensen et al., 2005; and Shalhoub-Kevorkian, 2005) reported concerns about their own and others’ safety to affect their decision to disclose.

The extract below details one young person’s reasons for not disclosing in order to protect their mother:

“Although I searched for ways to stop the abuse, I feared of causing harm to members of my family, specially my sister. My mom has suffered enough in her life. I will never give her an additional burden... No, I will never tell her what her son is doing to me.” (Shalhoub-Kevorkian, 2005, p. 1276)

Another young person describes how his or her realization that the abuser could cause harm to others prompted his or her decision to disclose:

“I thought like he could do that to me and I can’t tell anybody then... he can do it to them and they won’t tell... and if I hadn’t told and a few years later (his children) turned around and well he done [sic] that to me a year after what he done that to you I woulda never forgiven meself [sic].” (McElvaney et al., 2013, p. 11).

Concerns described a fear that their confidante would cause harm to the abuser and subsequently be punished, as illustrated by this young girl:

“I didn’t want my mommy to hurt him and she’d get in trouble.” (Schaeffer et al., 2011, p. 349)

This belief likely links to both the idea of feeling responsible for causing harm to others and the fear of losing the family member due to their reaction. The description of what happened when this young girl disclosed demonstrates this further and validates the children’s fears:
“Me Dad was crying and I was crying like me Mam [sic] she went mad she did … and I was roaring crying like ’cos I could hear her screaming … “I’ll kill him I’ll kill him” like an’ trying to get out the door.” (McElvaney et al., 2013, p. 10)

Children across the studies noted the influence of threats from the abuser about violence toward the child and to other family members if they disclosed. Examples are presented below:

I: “Do you know why you didn’t tell anybody?”
P26: “I was scared of him. He said that he would kill me if I told anyone.” (Schönbucher et al., 2012, p. 17).

**Feelings toward the abuser**

Children also reported conflicted feelings toward their abuser that subsequently affected their decision to disclose in five of the seven studies (Schaeffer et al., 2011; McElvaney et al., 2013; Jensen et al., 2005; Foster & Hagedorn, 2014; and Shalhoub-Kevorkian, 2005), as evidenced in the statement below:

“Why do you call it abuse? This is my father, not a criminal, and he loves me. I knew he was doing wrong things to me, but he is my father…” (Shalhoub-Kevorkian, 2005, p. 1274)

One young girl describes how her father prompted these feelings and the effect it had on her ability to disclose:

“And then there was one time he had a talk with me. He said: ‘You must never tell anyone, it’s our secret, and if anyone finds out, I have to go to jail, and that’s the worst thing that could happen to anyone and then I’ll get beaten up in jail.’ He said all this stuff. And then it wasn’t very tempting to tell. After that it took even longer before I could tell.” (Jensen et al., 2005, pp. 1405–1406)

Relationship with the abuser was also reported to facilitate disclosures for some children. It was noted that when children experienced feelings of fear or terror toward their abuser, they subsequently objected to having contact with the abuser, and this caused others to ask questions and provided an opportunity for the child to disclose what was happening (Jensen et al., 2005; Schaeffer et al., 2011).

**Discussion**

**Findings and implications**

Children’s fears about what will happen following their disclosure played a vital role in their decision to disclose. Fear was described to be present throughout and specifically related to the unknown or imagined consequences of their disclosure. This is a similar finding to that reported by
Goodman-Brown et al. (2003) and is understandable given the shocking experience that is the abuse and the turmoil it undoubtedly causes for the child. Evolutionary evidence indicates that “fear” can be a paralyzing force (Misslin, 2003), regardless of the reason for it, and this is reiterated in these findings. Further specific fears related to the effect of the disclosure on the child and their family, detailing the expected loss of social and family support that may follow. Research from adult studies (Tener & Murphy, 2014) support these fears, describing that many children who disclosed their experience of CSA to their families were rejected or blamed as a result.

Beliefs about Others’ reactions: Fear of disbelief was another theme identified in this study. The child’s anticipation of belief or disbelief was a key factor in their propensity to disclose, as reported in previous studies (Goodman-Brown et al., 2003; Kogan, 2004; Tener & Murphy, 2014). Reports suggest children are highly sensitive to others’ initial reactions to their disclosure. The perception of belief and expected response of others is an understandable and evidenced factor (Fisher, 1986) that affects any disclosure or sharing of personal information. In the context of an abusive experience that is highly intimate and confusing for a child and interpreted as shameful, it is, consequently, not surprising that it plays a significant role in the disclosure process. It is also worth noting the importance of this finding in terms of supporting children to disclose. This study accentuates a child’s sensitivity and perception of others’ reactions and its role in the disclosure process. As such, adults supporting children should be educated and aware of the significant impact their reaction may have and how this can be interpreted by a child and influence further disclosures.

The emotions and impact of abuse, particularly feelings of shame and guilt, were also identified as factors affecting disclosure. They were frequently reported as preventing disclosures from occurring and further contributed to the fears surrounding others’ reactions. The emotions that children experience as a result of the abuse, specifically shame and guilt, are evidenced throughout the adult and child literature on CSA (Goodman-Brown et al., 2003; McElvaney et al., 2013; Shalhoub-Kevorkian, 2005) and noted to have significant long-term consequences for the victims (Ullman, 2007). It is therefore vital that they are acknowledged, understood, and challenged in services and interventions for victims of CSA.

Children in three studies (Foster & Hagedorn, 2014; Schaeffer et al., 2011; Schönbucher et al., 2012) described how the build up of emotions associated with the abuse facilitated a disclosure due to the significant impact they had. Children undergo significant emotional and behavioral changes following an experience of abuse (Maniglio, 2009). Developing an awareness of these, through further research, would allow sensitive enquiries into a child’s
wellbeing to provide an opportunity for them to tell and us to support earlier disclosure.

The influence of an opportunity to tell is a further key finding within this study and is supported by previous evidence (Jensen et al., 2005; London et al., 2008). Children frequently described the impact of having a safe, private, and containing space in allowing them to disclose. Reports identified the value of an adult showing concern to a child while both the child and adult were sharing an experience in a safe setting. A consequence of CSA noted in the literature is the inability to form trusting relationships (Somer & Szwarcberg, 2001; Tener & Murphy, 2014), and it may be that the lack of trust between the child and his or her parent or carer growing up further compounds this consequence or may be the initial cause. The sample in this study has the potential to include a level of bias in that the children have disclosed their experience and therefore are likely to have had access to a safe supportive space and an adult whom they can trust.

The synthesis revealed that children’s concern for their and others’ played a vital but complex role in their propensity to disclose. Children describe the influence of threats from the perpetrator as a significant barrier to disclosure, further emphasizing the significant and likely paralyzing fear they experience following the abusive experience. Accounts also suggest some children are conflicted regarding how best to protect others: through disclosure (Shalhoub-Kevorkian, 2005) or non disclosure (McElvaney et al., 2013). This conflict is particularly significant within the findings and is documented less in current literature. It further emphasizes the awareness children have about the impact of their disclosure on others and provides insight into the complex and often conflicting beliefs that arise during the disclosure process.

Feelings toward the abuser were an additional factor identified. As with other factors, the impact of this was multidimensional. Children describe recognizing the abuse was wrong but also harbor feelings of love toward their abuser. This experience led to significant confusion for some children in identifying the abuse as a crime, as evidenced in the literature (Hunter, 2010). It also contributed to the difficulty disclosing due to a desire to protect the abuser. The attachment that may form between a victim and their abuser is well documented across a range of crimes (Jülich, 2005). It is likely to be further compounded in cases of CSA due to the power imbalance between an adult and child, and even more so when the abuse is intrafamilial. In contrast to this, some children reported that the feelings of terror and fear that they felt toward their abuser (Jensen et al., 2005; Schaeffer et al., 2011) prompted a reluctance to have contact with the abuser. This behavior then triggered an adult to ask questions, which in turn facilitated a disclosure. The conflicting results identified in this study about the impact of a child’s feelings toward their abuser and the effect on disclosing is likely explained by the type of abuse experienced by the child. For example, it may be that children who experience intrafamilial abuse and have a developed relationship with the abuser
experience conflicting emotions and a desire to protect, whereas if the abuse is a single incident, the child may experience fear at proposed contact. This would be an interesting area for future research.

**Conclusions**

This study identifies the complex and interpersonal nature of the disclosure process as highlighted by Tener and Murphy (2014) and McElvaney et al. (2011). It also provides a key insight into the intricate thought processes children experience when considering disclosure. This study emphasizes the influence a child’s family dynamic and support system has on their decision to disclose. It is possible that children who feel loved, supported, and cared for are able to hold a belief that adults and the world around them are safe and trusting and are therefore able to disclose an experience of abuse. The study also highlights that children consider in detail the effect of their disclosure on others when thinking about reporting the experience of abuse or not.

**Clinical implications**

The findings from this synthesis identify several issues necessary for service improvement and intervention design. Historic research indicates and society appears to believe that talking about abuse experiences has the potential to cause children harm (Walker et al., 2009). Therefore, it is considered a taboo subject, and people often avoid discussing it. Reports in this study highlight the importance of children feeling safe when considering a disclosure. Education programs and services should incorporate this knowledge into their systems, teaching parents and caregivers of children the value of sensitive questions, showing concern, and utilizing a contained and safe space to support children to disclose. Furthermore, this synthesis demonstrates the insight and maturity children have with regard to their world and others in it. Interventions and services should consider this in their design, providing opportunities for children to seek clarity on the effect and outcome of their disclosure on others and their world at each stage within the process.

**Limitations**

As with the majority of research on CSA, a significant limitation of the current review is that the children’s narratives are voices of children who have disclosed their abuse and therefore the views and thoughts of individuals who have not disclosed continue to be unknown. The sample within the seven studies reviewed are also likely, as a result of their disclosures, to have sought help following the abuse, which may have affected their understanding, memories, and perception of
the disclosure experience (Foster & Hagedorn, 2014; McElvaney et al., 2013). Additionally, children who disclose experiences of CSA may have been able to do so as a result of existing positive relationships within the family. As such, they may be less able to provide detailed information about the barriers to disclosure that less healthy family environments experience. A further concern regarding the review relates to the abuse experiences studied and the impact this may have on factors effecting disclosures. Studies included provided evidence about factors affecting disclosures from children who experienced a single abuse experience and children who experienced multiple, long-term, intrafamial sexual abuse, and these experiences may impact the decisions about disclosure (Schönbucher et al., 2012). Further insights may be provided by future research investigating each type of abuse experience separately.

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Declaration of interest

Authors S. E. Morrison, C. Bruce, and S. Wilson declare that they have no conflicts of interest to report.

Ethical standards and informed consent

This study involved the review of previous research, and no human subjects were involved.

Notes on contributors

S. E. Morrison, DClinPsy, MBPsS, is a Clinical Psychologist currently working in Children and Adolescent Mental Health Services within NHS Scotland. Her current research interests focus on the disclosure of childhood sexual abuse for both children and adults disclosing historic sexual abuse. She received her DClinPsy from the University of Glasgow and is a member of the British Psychology Society.

C. Bruce, PhD, DClinPsy, LLB, is currently a Lecturer, DClinPsy Program, Institute of Health and Wellbeing, College of Medical, Veterinary, and Life Sciences, University of Glasgow. Her current research interests focus on understanding the ways in which the impact of traumatic experiences can create barriers to accessing legal redress for survivors of childhood sexual abuse.

S. Wilson, PhD, is currently a senior lecturer in Health Psychology, School of Medicine, College of Medical, Veterinary, and Life Sciences, University of Glasgow. Her current research interests focus on health-related topics and qualitative research.
References


