



Contents lists available at ScienceDirect

Child Abuse & Neglect

journal homepage: www.elsevier.com/locate/chiabuneg

Research article

Child sexual abuse disclosures: Does age make a difference?

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ARTICLE INFO

Keywords:

Child sexual abuse
 CSA disclosures
 Age of disclosure
 Factors influencing disclosure

ABSTRACT

Background: The literature is inconsistent as to the relationship between age at time of abuse and time to disclosure of child sexual abuse (CSA) and the factors that influence early disclosure.

Objective: This study sought to investigate the relationship between age of child at time of disclosure, taking account of age at time of abuse, delay in disclosure, and the relationship, if any, between factors influencing disclosure (feeling distressed, being believed, fear, contact with alleged perpetrator, difficulty saying it, and being asked) and age at time of disclosure.

Participants and Setting: The files of children (n = 273) seen for evaluation in a child sexual abuse (CSA) centre were reviewed.

Method: Demographic information and data relating to the child's experience of informal disclosure were extracted from children's evaluation reports, based on interviews with children and their parents, where professionals deemed that a credible account of CSA has been given.

Results: A significant relationship was found between age at time of abuse and age at time of disclosure ($\chi^2(16) = 261.434, p < 0.05$), whereby children were more likely to tell within the developmental period during which they were abused than within any other period; this pattern increased across each age category. Overall, no specific psychological factors were found to be predictive of early disclosure.

Conclusions: The findings suggest that children of all ages need to be targeted for prevention efforts and a larger study is needed to investigate whether some psychological factors are more predictive of disclosure than others.

1. Introduction

The last two decades has seen an upsurge in research studies focusing on informal disclosure of sexual abuse, the circumstances in which disclosure takes place (e.g. to whom the child told), how the disclosure process unfolds and the factors that influence disclosure (whether the disclosure was spontaneous or prompted; what inhibited or prompted the disclosure and how the child came to tell

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<https://doi.org/10.1016/j.chiabu.2019.104121>

Received 14 October 2018; Received in revised form 23 July 2019; Accepted 25 July 2019
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about the abuse). Almost all of these studies have reported on the relationship between age and other variables relevant to disclosure. Studies have been consistent in reporting the relationship between age of child and choice of confidante: older children are more likely to tell peers and younger children are more likely to tell parents (Kogan, 2004; London, Bruck, Ceci, & Shuman, 2007). Studies have also consistently found that younger children (under 5/6) are more likely to disclose in a spontaneous manner while older children tend to disclose more purposefully (Campis, Hebden-Curtis, & DeMaso, 1993; Nagel, Putnam, Noll, & Trickett, 1997). Suggested explanations attribute this to cognitive capacities, an understanding of the potential consequences of disclosure and motivation to disclose (Collings, Griffiths, & Kumalo, 2005; Paine and Hanson, 2002).

Less consistency, however, is evident when examining the relationship between age or developmental stage of the child and time to disclosure. Studies of adults have consistently found that most participants did not disclose childhood sexual abuse until adulthood, regardless of the age at the time of the abuse (Hébert, Tourigny, Cyr, & McDuff, 2009; London, Bruck, Ceci, & Shuman, 2005; McGee, Garavan, deBarra, Byrne, & Conroy, 2002; Reitsema and Grietens, 2016; Smith et al., 2000; Swingle et al., 2016). Such studies suggest that disclosure rates in childhood vary between 31% and 41% while rates in adulthood (of childhood sexual abuse) vary between 58% and 72% (Priebe & Svedin, 2008). However, findings have varied when comparing age at time of abuse with time to disclosure during childhood. Smith et al.'s (2000) study of adults reporting their experiences of disclosure in childhood found that younger children were more likely to delay disclosure than older children, while Swingle et al. (2016) found no significant pattern between age and disclosure.

One obvious limitation of relying on adult studies is the potential difficulties with recall. However, we now have a body of research conducted with children and adolescents that addresses recall bias to some extent. Alaggia, Collin-Vezina, and Lateef's (2017) review of child and adult studies, in contrast to Smith et al.'s study, found that older children are more likely to delay disclosing. Lemaigre, Taylor, and Gittoes' (2017) review of child and adolescent studies confirmed Alaggia et al.'s findings. However, other studies have found no significant relationship between age and delay in disclosure (Priebe & Svedin, 2008; Tashjian, Goldfarb, Goodman, Quas, & Edelstein, 2016).

The only study to examine predictors of delayed disclosure in a child and adolescent sample is that of Goodman-Brown, Edelstein, Goodman, Jones, and Gordon (2003). Their study highlighted the interactional nature of the relationship between age, perceived responsibility for the abuse and perceived negative consequences of disclosure, as all three of these variables significantly predicted delays in disclosure. Children who were older, perceived themselves as responsible for the abuse and anticipated negative consequences of disclosing were more likely to delay disclosing. However, there are a number of features of Goodman et al.'s sample that may militate against its application to a wider population of children who have experienced sexual abuse. Their sample consisted of families who had made a formal report of the abuse to the police and were engaged in the prosecution process. The authors noted that families where children were abused by someone within the family were less likely to participate in their study. Also, 42% of the children had disclosed within 48 h of the last assault. It may be that a legal sample is less likely to represent children who were abused within the family or who delay disclosure, as these cases may be more difficult to prosecute. Finally, Goodman-Brown et al. (2003) defined time of abuse as "time lapse between the last assault and the victim's disclosure to anyone" (p.533). However, many children are abused over a period of time and McElvaney (2015) argues that this variable should be measured, as far as is possible, as time lapse between the first assault and the disclosure to anyone.

London et al.'s (2005) review highlighted these discrepant findings whereby some studies support the conclusion that older children delay longer while other studies conclude that younger children take longer to disclose. They suggested that there might be a U-shaped association between age and disclosure with younger children and adolescents less likely to disclose due to lack of awareness of the seriousness of the behaviour in younger children, and increased awareness of the consequences of disclosure in older children. Leach, Powell, Sharman and Anglim (2017) provided support for London et al.'s (2005) suggestion in their study of disclosures in forensic interviews in Australia but cautioned researchers to consider the interactions between variables when investigating the relationship between disclosure and other related variables (e.g. whether abuse was intrafamilial or extrafamilial). Unfortunately, many of the studies referred to in these reviews did not capture detailed information as to when the abuse occurred. It is unclear whether there are risk periods for children being abused and if so, what these risk periods are. Identifying a pattern, if such a pattern exists, could have implications for targeting particular age cohorts of children and adolescents for prevention programmes. However, in considering patterns in the disclosure process, it is also important to take account of the age period during which the child was abused. According to Finkelhor (1994), children are most vulnerable to being sexually abused between the age of 7 and 12. Adult studies (e.g. McGee et al., 2002) have found that the majority of children are abused by twelve years of age, while studies of adolescents have reported a mean age at first time of abuse ranging from 6.7 years (Kogan, 2004) to 14.4 years (Priebe & Svedin, 2008). In Goodman-Brown et al.'s study of children under 18, the mean age at the onset of abuse was 8.56 years (SD = 3.32). It would have been helpful to know the modal values in these studies but this information is not available from the published articles.

Attempts to interpret study findings in relation to the age of the young person at the time of abuse and at time of disclosure are further hampered by the use of various definitions of 'older' and 'younger' children; in some cases referring to the older children in a sample (e.g. 9–13) and in other cases, referring to older adolescents. Hershkowitz, Lanes, and Lamb (2007; n = 30 children between the age of 7 and 12 years) found that older children (aged 10 to 12) delayed disclosing more than younger children (aged 7–9). This was similar to the findings from Goodman-Brown et al.'s (2003) study that consisted of children and young people under 16. Priebe and Svedin's (2008) study, which did not find a significant relationship between age and delayed disclosure, compared those who were abused under 15 years and over 15 years. In the absence of a closer examination of the experiences of different age cohorts of children across childhood and adolescence, we are not in a position to target a particular age cohort of children for prevention/intervention in relation to disclosure education. The time lag between experiences of abuse, experiences of disclosure, collection of data and publication of findings also leaves it difficult to capture children's experiences at the current time and in particular, whether

there have been any changes in these patterns over time given the societal changes that have been credited with a reduction in the prevalence rates of CSA in several countries around the world (Finkelhor, Saito, & Jones, 2017).

The issue of why children may tell at a particular age has received limited attention with attempts to explain differences in patterns among younger and older children being confined to hypotheses in relation to varying linguistic, cognitive and social capacities. Sorenson and Snow (1991) identified anger as the main motivating factor for adolescents and involvement in educational programmes was the primary impetus for younger school-age children. For those children who purposefully disclosed, ongoing or renewed contact with the perpetrator was a significant motivator. Lamb and Edgar-Smith (1994) found that children in their study disclosed in order to stop the abuse (47%), to get support (21%) or because they were asked to or encouraged to do so (10%). Some studies have found no developmental differences related to the emotional inhibitors to disclosure (Crisma, Bascelli, Paci, & Romito, 2004; Hershkowitz et al., 2007)

The first question addressed in this paper is concerned with investigating whether there is a relationship in an Irish sample between time to disclosure and age. The sample is distinct from Goodman-Brown et al.'s (2003) sample in that it is drawn from a child sexual abuse assessment unit and therefore more representative of a 'child protection' population than Goodman-Brown's sample, which was obtained from a district attorney's office. Goodman-Brown et al. noted that their sample was predominantly extrafamilial. In Ireland, referrals to services such as those involved in this study, are co-ordinated with child protection services. While parents may still be less inclined to report intrafamilial abuse to child protection, they are also primarily motivated by wanting to access help for their children. Therefore, it is suggested that it is more likely that there will be a better representation of both intrafamilial and extrafamilial abuse in such a sample. The other distinction between this study and Goodman et al.'s study is that following assessments in Ireland, a comprehensive report is prepared based on the information made available from child protection services, the interview with the parent(s)/carer(s) and the interview(s) with the child. Thus, we had access to the child's assessment report that provides considerable detail in relation to the disclosure and incorporates three perspectives: the parent/carers, the child and the team of two professionals who conducted the assessment.

In investigating whether there is a relationship between age and time to disclosure, we were particularly interested in the factors that influence disclosure. Therefore, our second question was: is there a relationship between age and factors influencing disclosure? The 'factors' are drawn from previous qualitative research (Foster and Hagedorn, 2014; Jensen, Gulbrandsen, Mossige, Reichelt & Tjersland, 2005; Malloy, Brubacher & Lamb, 2013; McElvaney, Greene, & Hogan, 2012; McElvaney, Greene, & Hogan, 2014; Schönbacher, Maier, Mohler-Kuo, Schnyder & Landolt, 2012; Staller & Nelson-Gardell, 2005) and included factors such as 'feeling distressed', 'being believed', 'fear', 'contact with alleged perpetrator', 'difficulty saying it', 'being asked' (see Table 5 for full details). Schaeffer, Leventhal, and Asnes (2011) point out that questions about the disclosure experience are not typically included in child abuse evaluation protocols in the U.S. In Ireland, such questions have been included in child sexual abuse evaluations for many years, given their relevance to the purpose of the assessment, that is, to offer an opinion as to the credibility of the child's account. While Schaeffer et al. represents one of the few larger sample studies (n = 191) of children in relation to the factors influencing disclosure, they did not report on the proportion of children associated with each factor, but rather identified the factors through a grounded theory analysis. This study sought to investigate whether there was a relationship between age, time to disclosure, and the factors that are identified as influencing disclosure.

2. Method

2.1. Design

This study represents a retrospective report audit and analysis of factors relating to age and disclosure of abuse. Data were drawn from case file reports held by three organizations involved in evaluating children up to 18 years where there were concerns that the child had been sexually abused. The assessment process typically involves an interview with the parent, followed by one to three interviews with the child. A report is prepared based on these interviews. A pilot study was initially conducted with reports for 39 children to ascertain if sufficient information was available to enable a feasible investigation of factors influencing informal disclosure to be conducted (McElvaney & Culhane, 2017). In the pilot study, it was possible to compare file information with information obtained during research interviews with the same children about their experiences of disclosure. While more detailed information was available from interview data and different themes were identified in interviews than were available in file reports, information was also available in file reports that were not noted in the interview. We concluded that a retrospective file review was a feasible method of investigating factors influencing informal disclosure. Ethical approval for the study was granted by the three service sites where data were collected.

2.2. Participants

The current study examined 273 reports of children (70 males and 203 females) seen for assessment in child sexual abuse units in Ireland during the period 2006-2015. These cases constituted the total number of children seen during a specific time period³ in these units who met the inclusion criteria: (1) the child's account of their experience of sexual abuse had been deemed credible by the

³ This time period varied according to Unit due to the introduction of a consent form into two units in the latter period of data collection and time constraints. This period was 2006-2012 in one unit; in a second, it was 2011-2013, and in a third, it was 2013-2015.

Table 1
Age of children at the time of abuse onset, disclosure and assessment n(%).

Age categories	Abuse onset	Disclosure	Age categories	Assessment
0-4	45 (16.5%)	21 (7.7%)	0-4	21 (7.7%)
5-8	98 (35.9%)	68 (24.9%)	5-8	67 (24.5%)
9-12	62 (22.7%)	75 (27.5%)	9-12	70 (25.6%)
13-14	47 (17.2%)	41 (15%)	13-14	45 (16.5%)
15-17	15 (5.5%)	40 (14.7%)	15-17	70 (25.6%)
Total	267(97.8%)	245 (89.7%)		
Missing	6 (2.2%)	28 (10.3%)		
Total	273 (100%)	273 (100%)	Total	273 (100%)

assessment team; and (2) consent to use file information for research purposes had been granted by parents. Therefore, this represented an exhaustive sample. While precise figures are not available to the research team, approximately 90% of parents gave consent for their child's data to be used for research purposes in these units during the period of this study (personal communication). In 2011 in one of the units, 29% of children seen for evaluation were deemed to have given a credible account of sexual abuse (McElvaney, 2013). This statistic is consistent with other years and other units across this time period (personal communication). The age range of participants at abuse onset and disclosure is displayed in Table 1. Although actual age of abuse onset and disclosure was noted for each child, this variable was categorized into five categories (0–4, 5–8, 9–12, 13–14, and 15–17) in line with the categories used in McGee et al. (2002) for the variables, age at onset of abuse and age at disclosure. McGee et al. did not provide a rationale for these age categories but refer to the first three categories as representing pre-school, mid-childhood and late childhood. McGee et al.'s final category, 15–16 was extended to incorporate children under 18 years in the current study. Kogan (2004) used two categories (12 or younger and 13–17) to refer to age at abuse and four categories to refer to age at time of assessment (0–6, 7–10, 11–13, and 14–17); Schaeffer et al. (2011) used three categories (3–5, 6–10 and 11–18); and Hébert et al. (2009) used three categories (0–5, 6–11 and 12–18). The research team for the current study considered the latter two age categories of 12–18 or 11–18 to be too broad, given the developmental differences between early adolescence and late adolescence.

The age profile for children in this study can be compared with McGee et al.'s (2002) study, the only large scale data set available in Ireland. In their sample of 737 adults, age at time of onset of abuse was noted as 0.03% for children aged 0–4 years, 22% for children aged 5–8 years, 40% for children aged 9–12 years, 17% for children aged 13–14 years, and 18% for children aged 15–16 years. It may be that the lower proportions of adults reporting abuse in early childhood in McGee et al.'s study was due to recall bias. No studies to date have suggested that there is a higher proportion of children being abused at an earlier age in recent years when compared to the past.

2.3. Procedure

File assessment reports, based on investigative interviews with children, were accessed to obtain information on the details of the abuse (type, duration and frequency of abuse), gender and relationship to the perpetrator, who the child first told, when they told, age at the time of abuse onset, family composition, parent's relationship at time of abuse and parental history of child sex abuse and domestic abuse. This data relies not only on what children said during their interview but also what parents/carers said about their children. The data were extracted using a template to ensure that consistent information was gathered. Research assistants (MC, PB, AL, AC, EB, SLT, KC) accessed soft copies of reports on site in the children's hospital while the first author accessed both hard copy files and soft copies in a children's community child centre. All data pertaining to the child's experience of disclosing were noted on the template form, which constituted the raw data for the study.

Using a coding schedule developed from previous studies, a content analysis was conducted whereby this dataset was examined for the presence of themes relating to the disclosure process, for example, being believed, being asked, fear, concern for others, peer influence, and an Excel spreadsheet was used to record a binary code (0/1) to indicate the presence or absence of relevant themes. Where new themes were identified, an additional column was added to the spreadsheet and previous reports were reviewed with this theme in mind. Two independent coders coded this data and random samples of coding were reviewed by the first author. Where discrepancies were evident, these were discussed and consensus reached. The Excel spreadsheet was imported into SPSS 23.

Descriptive statistical analyses were conducted to capture demographic details such as gender and age at time of first abuse, age at time of first disclosure; and abuse details such as type and duration of abuse. Inferential analysis included chi squared analysis to investigate relationships between variables, followed by standardized residual analysis to investigate the nature of relationships where such relationships were found to be statistically significant.

3. Results

3.1. Profile of participants

The majority of children (60.5%) experienced intra-familial abuse (defined as abuse by a parent, step-parent, mother's boyfriend or other relative); data was missing for nine participants (3.3%). Over ninety percent (92.3%) of the alleged perpetrators were male

Table 2
Duration and number of abuse incidents.

Time frame	Number of children (%)	Time frame	Number of children (%)
1 week or less	113 (41.4%)	Single experience	100 (36.6%)
2-3 weeks	4 (1.5%)	2-3 times	55 (20.1%)
1 month	2 (.7%)		
2-3 months	18 (6.6%)	4-10 times	37 (13.6%)
4-6 months	15 (5.5%)	10+ times	71 (23.8%)
7-12 months	19 (7%)	Missing	14 (5.9%)
1-2 years	43 (15.8%)		
3-5 years	26 (9.5%)		
6-10 years	11 (4%)		
Missing	22 (8%)		
Total	273 (100%)		

and 6.2% were female. Two children were abused by a male and a female. Male alleged perpetrators consisted of fathers (n = 34, 12.5%), cousins (n = 33, 12.1%), neighbours (n = 28, 10.3%), uncles (n = 22, 8.1%) step-fathers (n = 20, 7.3%), brothers (n = 16, 5.9%), grandfathers (n = 13, 4.8%), other male relative (n = 11, 4%), friend (n = 19, 7%) and Other (including brother in law, friend of family, acquaintance, strangers) (n = 46, 20.2%). Female alleged perpetrators consisted of mother, cousin and other female relative.

Data were available for the duration and frequency of abuse (Table 2) for the majority of participants (n = 251). Details of the nature of the abuse were available for 227 participants. Eight (3.5%) children experienced non-contact abuse, 75 (32.8%) experienced contact abuse, 11 (4.8%) experienced attempted penetration and 133 (58.1%) experienced abuse involving vaginal/oral penetration. Approximately 40% of children in this study experienced a once off incident of abuse, while almost 30% of children were abused for a period of over a year. Over 26% experienced ten or more incidents of abuse.

3.2. Age and timing of disclosure

The first question explored in this study was whether there was an identifiable pattern in terms of age of disclosure, taking account of age at time of abuse. Age at time of abuse was defined as age at time of the first incident of abuse and time of disclosure was defined as the first time the child or young person told another person about the abuse. In terms of considering the timeframe to disclose in general, the majority of participants, (n = 136, 49.8%) did not disclose until at least 1 month after the abuse onset, while 86 (31.5%) disclosed within one month. Table 3 displays the frequency tabulations for age at abuse by age at disclosure.

A significant relationship was found between the variables ($\chi^2(16) = 261.434, p < 0.001$), with standardized residuals suggesting that across all age groups children were more likely to disclose within the age category within which the abuse occurred. This would suggest that overall, children may be more likely to report within the immediate developmental phase but if they do not disclose within this phase, they are less likely to disclose before adulthood, if at all. Thus, of those children abused under the age of four, the largest proportion (50%) told someone while under the age of four. A steady increase in the proportion of children who told someone of their abuse within each age category up to 17 years is evident. This is supported by the pattern of standardized residuals, whereby the values on the diagonal (i.e., the cells representing the children who reported in the developmental period in which the abuse occurred) are all above the cut off of two and typically the highest values for that overall age category.

The proportions of children who experienced intrafamilial Vs extrafamilial abuse appear comparable to the proportions of children who disclosed promptly Vs delayed their disclosure and the proportions of children who disclosed multiple Vs single experiences. Chi-squared analysis was conducted to examine the relationships between intrafamilial/extrafamilial abuse and whether children disclosed within the period of abuse or outside that period. A significant relationship was found ($\chi^2 = 7.478, p = .006$). However, the standardized residuals (SRs) do not identify any cell contributing to the relationship to the extent that could be considered significant. The cell for those experiencing extra-familial abuse who reported outside the period of abuse had the highest SR (1.7), and the data suggests that fewer individuals than expected (if there was no relationship) reported after the period of abuse in

Table 3
Age at disclosure given age at abuse onset^a.

Age at disclosure	Age at abuse				
	0-4	5-8	9-12	13-14	15-17
0-4	19 (50.0%)	-	-	-	-
5-8	11 (28.9%)	48 (53.9%)	-	-	-
9-12	6 (15.8%)	26 (29.2%)	36 (67.9%)	-	-
13-14	0 (0.0%)	8 (9.0%)	8 (15.1%)	24 (68.6%)	-
15-17	2 (5.3%)	7 (7.9%)	9 (17.0%)	11 (31.4%)	11 (100%)
Total	38 (100%)	89 (100%)	53 (100%)	35 (100%)	11 (100%)

^a Where data are available for both variables.

Table 4
Choice of confidante by age at disclosure.

	0-4 Years	5-8 Years	9-12 Years	13-14 Years	15-17 Years
Mother	12 (60%)	33 (50%)	43 (57.3%)	9 (21.9%)	9 (23.1%)
Peer (friend, cousin, b/g)	0	3 (4.5%)	13 (17.3%)	19 (46.4%)	21 (53.8%)
Father	4 (20%)	6 (9.1%)	4 (5.3%)	0	3 (7.7%)
Aunt, sister, family friend, grandparent, father's partner	3 (15%)	13 (19.6%)	4 (5.3%)	7 (17.1%)	5 (12.8%)
School, police, professional	1 (5%)	3 (4.5%)	3 (4.0%)	5 (12.2%)	0
Sibling	0	4 (6.1%)	1 (1.3%)	0	1 (2.6%)
Foster parents/foster siblings	0	4 (6.1%)	7 (9.3%)	1 (2.4%)	0
Total	20	66	75	41	39

the extrafamilial group. This relationship was compared separately for those children who experienced multiple versus single incident abuse experiences using a corrected Alpha to account for the multiple analyses. No significant relationship was found between the two variables (with alpha set at 0.025 to account for the two sets of analyses).

3.3. Age and choice of confidante

Data from 241 participants shows that 106 children (43.9%) first disclosed to their mother, while 56 (23.2%) first told a peer, 32 (13.3%) first disclosed to extended family and friends, 17 (7.1%) disclosed to their father, 12 (4.9%) to foster families, 12 (4.9%) to a school or professional body and 6 (2.5%) to a sibling.

We investigated whether there was a relationship between age at disclosure and choice of confidante using the five age categories noted above (see Table 4). However, to explore this while limiting the change of error due to multiple cells, Chi-square tests were also conducted using a binary variable for age at disclosure, '12 and under' and 'over 12 years'.

The findings of the Chi-square test identified a significant relationship between confidante and age at disclosure ($\chi^2(6) = 36.731$, $p < 0.001$), and two findings are of note. Firstly, in each category up to 12 years, children were less likely to confide in a peer in the first instance, while the converse was true for children in each age category over 12 years (13-14 & 15-17), with significant standardized residuals over ± 2 highlighting this pattern. A less definitive pattern (the standardized residuals from the Chi-square were high but just below the cut off of ± 2) indicated that children aged 12 and under were more likely than those over 12 years to disclose to their mother.

3.4. Factors influencing disclosure

Table 5 presents the content analysis of those factors influencing disclosure that were found to be present in at least 20% of the reports. The reason for using such a low cut off point is that many of the factors at the lower end of the table have been cited in the literature drawing on qualitative studies, for example, 'concern for other children' or 'thought they would be in trouble'. The most frequent reference in the data was to 'Feeling distressed', where just over 80% of the children's reports made reference to this factor. This was followed by 'being believed' (58.4%), 'fear' (54.4%), 'difficulty saying it' (46.9%), 'contact with alleged perpetrator' (45.6%) and 'being asked' (45.9%). 'Not considered serious' (24.3%), 'concern for other children' (51/226, 22.5%) and 'other victim of AP disclosed' (18.5%) were the least common themes present among participants' disclosure experiences.

McElvaney et al. (2014) suggested that it is not helpful to view factors influencing disclosure as either exclusively facilitating or inhibiting disclosure as a facilitator for one child may be an inhibitor for another (e.g. concern for others). In this dataset, the theme

Table 5
Factors influencing disclosure.

Themes	Overall	Reported in Period	Reported Later
Feeling distressed	183 (80.9%)	107	76
Being believed (was not believed, n = 54) ^a	128 (58.4%)	71	54
Fear	123 (54.4%)	69	54
Contact with AP	103 (45.6%)	58	45
Difficulty saying it	106 (46.9%)	60	46
Being asked (denied when asked, n = 41)	102 (45.1%)	64	38
Shame/embarrassment/self-blame	95 (42.3%)	55	40
Being told not to tell	93 (41.1%)	56	37
Concern for others	85 (37.6%)	45	40
Peer influence	78 (35.4%)	41	37
Thought they would be in trouble	57 (25.2%)	31	26
Not considered serious	55 (24.3%)	29	26
Concern for other children*	51 (22.5%)	25	26
Other victim of AP disclosed	42 (18.5%)	21	21

^a Showed a significant relationship with variable 'reported in period of disclosure'.

'feeling distressed' refers to any reference within the professional report to the child's distress, before, during or following the disclosure. Some children showed no signs of distress until after they disclosed. The disclosure itself acted as the catalyst for significant emotional distress for some children, manifested in attempts at self harm or suicide and hospitalisation. For other children, it was the signs of psychological distress that led to their parents' concern about them, leading to questions being asked about their wellbeing, which appeared to contribute to the child's decision to tell. The theme, 'feeling distressed', therefore refers to any reference to the child experiencing emotional upset, before, during or after disclosure. It is important to note that these themes were not necessarily referred to in the professionals' reports as influencing disclosure. Rather, it is suggested here that they are relevant to understanding children's experiences of disclosure.

Similarly, a factor such as 'being believed' is complex and represented concerns about being believed before disclosing ("(child) was scared he would not be believed" (CP08)), and following disclosure ("she does not think that people believe her now" (L01)); confidence that one would be believed ("They (parents) stated that (child) knows that they believe him" (WP18)) as well as consequences of disclosure in both being believed ("Mother is believing of what (child) says as she did not know where else (child) would have got this sexual information from" (W12)) and being disbelieved ("when she initially told, she was beaten and told she was lying" (CP02)); and doubts experienced by parents or carers ("Mum said that she did not know if it was true" (CP14); "Mother asked him was he sure about what he was saying happened with his uncle" (L02)). The dynamic of being believed continues to be important for children long after their disclosure, "(child) tries not to worry about other people believing her Dad over her" (LP08). The complexity of this theme is also represented in how the process of coming to believe the child can be a gradual one for parents influenced by factors such as the child's psychological distress, "Mother began by saying that she did have concerns about the veracity of the concerns when first informed. However, she said that she now accepts that (child) has been telling the truth as she presents as very distressed when the subject is raised" (L15). Thus, being believed refers to beliefs, experiences or processes prior to disclosure, during disclosure, and following disclosure and can be best understood as representing a continuum where individuals waver between belief and disbelief.

Chi-squared tests of independence were carried out to analyse potential relationships between these factors and both age at time of abuse and age at time of disclosure. To do this a binary variable was created that reflected whether children had reported in the developmental period within which abuse occurred (i.e. those children abused aged 0–4 who reported aged 0–4) or after that period. Only those factors where corresponding data were available on age at time of abuse and age at time of disclosure were included in this analysis. While significant differences were found in relation to the factors 'being believed' ($\chi^2(1) = 4.968, p < 0.026$) and 'concern for other children' ($\chi^2(1) = 4.017, p = 0.045$), the standardized residuals for these analyses did not reach the appropriate cut off point. Thus, we cannot reliably conclude what the nature of this relationship was. Where there were differences, these appeared to be a feature of children who reported after the period of abuse. For the most part, however, whether the child told within the developmental period within which they were abused, or told at a later time, this was not significantly impacted by the factors influencing disclosure.

4. Discussion

Previous research has suggested that there is an identifiable pattern in relation to age at time of disclosure, independent of the age at which the child was abused (Goodman-Brown et al., 2003). Reviews of these studies have suggested that older children delay longer in disclosing (Alaggia et al., 2017; Lemaigre et al., 2017) or that there may be a u-curve relationship between age and time of disclosure, with both younger children and older children delaying longer than children from the middle childhood years (London et al., 2005). This study sought to investigate this question in an Irish sample of children seen for sexual abuse evaluation. In addition to exploring whether there is an age pattern in timing of disclosure, the study also sought to investigate whether there is a relationship between particular psychosocial factors that are recognized as influencing disclosure and age at time of disclosure. In order to investigate this, the variable age was considered as a categorical variable, broken down into five age cohorts (0–4, 5–8, 9–12, 13–14 & 15–17) to investigate disclosure within the developmental period when the abuse occurred, as most children do not disclose CSA immediately after the event.

The findings suggest that children are more likely to disclose within the developmental period during which they experienced the abuse, independent of the age at the time of abuse. Half of abused children under four and between the ages of five and eight disclosed during the age period during which they were abused. Two thirds of children in the nine to 12 and 13–14 age group abused during these age periods disclosed during the same period and all of the adolescents abused while aged 15–17 disclosed during this period. These findings do not concur with recent reviews suggesting that older children delay longer and this pattern of children disclosing within a developmental period has not been identified in previous studies. This may in part be due to the omission of data relating to younger children from those studies or the absence of a breakdown in relation to age at time of abuse and age at time of disclosure for younger children. For example, in the Priebe and Svedin (2008) study, although the sample in this study was adolescents aged 18 years, participants were only asked if they disclosed under the age of 13 years or after 13 years. Thus the breakdown of pattern according to age across childhood was not available. While Kogan (2004) created four age categories for age at time of assessment, only two categories were used (12 or younger and 13 to 17) for age at abuse. Ungar, Barter, McConnell, Tutty, and Fairholm's (2009) study included only children over 12 years and did not record the age of abuse or age of disclosure.

Another factor may be the recency of sexual abuse for participants in this study. Many of the children in this study were born since the millennium, and have had the benefit of what could be regarded as an explosion of awareness of sexual abuse in Ireland through the expansion of child abuse prevention programmes in primary schools, relationships and sexuality programmes in secondary schools, and increased coverage of sexual abuse in the media. While data are not available for the proportion of children in this study

who participated in child abuse prevention programmes, it is likely that the majority of children did, as such a programme was introduced into primary schools in Ireland in the 1990s (www.staysafe.ie). Most parents consent for their child to participate in such a programme. In addition, there has been significant media coverage of sexual abuse in Ireland in the past few decades with several statutory enquiries being conducted into adults' childhood experiences of abuse in institutions in Ireland. It is likely that there is increased awareness and that this increase in awareness increases with age. One anecdotal account from an eminent barrister, now a High Court Judge in Ireland depicts this in the story of how she prosecuted a case involving a 12-year old girl who had disclosed sexual abuse to her friend. The friend immediately brought her to the police station. The barrister noted: "we must be doing something right" (personal communication).

Child abuse prevention programmes are primarily designed to prevent abuse occurring in the first place (Walsh, Zwi, Woolfenden, & Shlonsky, 2015). Walsh et al.'s review found that these were targeted at children between the mean ages of 5 years to 13 years; none of the studies had been carried out in secondary/high schools. Lynas and Hawkins' (2017) systematic review had just two studies of children over 14. While such efforts need to continue to be targeted at younger children to prevent abuse, given the delays evident in disclosure across different age cohorts in this study it is clear that awareness programmes need to be targeted at children of all ages through both primary and secondary schools to prevent abuse continuing, to prevent other children from being abused and to facilitate access to support where needed. A recent population based study of children in Finland noted that the most common reasons for not disclosing a sexual experience with a person at least five years older than them at the time of the incident was that they didn't consider the experience serious enough; half of the sample did not label the experience as sexual abuse (Lahtinen, Laitila, Korkman, & Ellonen, 2017). Education programmes that focus on defining sexual abuse and consent to sexual activity are clearly needed for children of all age groups.

The findings of this study suggest that the problem of late disclosure is less severe than that found in adult studies. However, it raises the question: if a child does not tell about their experiences within the age category described in this paper, is there a danger that they will not disclose until adulthood? A follow up study into adulthood could address this question. Nevertheless, given our findings and those of studies using adult samples, it is reasonable to suggest that this may be the case. This underscores the need to ensure that prevention and intervention programmes target all age cohorts of children and adolescents for programmes that aim to raise awareness and encourage disclosure.

This study also sought to investigate the factors that influenced disclosure and whether some factors were more predictive of prompt disclosure than others. The most commonly noted theme identified in the data was that of 'feeling distressed', with 85% of references to the child experiencing distress either before, during or following disclosure. McElvaney et al. (2012) describe the disclosure process as one of actively withholding the secret, followed by a 'pressure cooker effect' reflecting a build up of either external or internal psychological pressure experienced by the child or young person, followed by them confiding the secret. It is not possible to compare children's psychological distress among samples of sexually abused children who either have or have not disclosed, as it is impossible to access the latter. However, there is an increasing body of evidence noting the extent to which children who disclose have experienced significant psychological distress which at times they have described as a contributory factor to their disclosure. Making their distress visible has been identified by young people as a strategy for attempting to communicate their experiences of abuse (Cossar et al., 2013; Ungar, Tutty, McConnell, Barter, & Fairholm, 2009). Concurrently, several studies have identified opportunity to tell (Morrison, Bruce, & Wilson, 2018) as a factor that helps children tell and the lack of such opportunity as a barrier to telling (Schaeffer et al., 2011). One way of creating this opportunity is through noticing changes in children's emotional presentation and either commenting on this or using this as the basis for asking the child questions about their emotional wellbeing (McElvaney, 2017). Qualitative studies in particular have found that the catalyst for their disclosure was adults asking them about their wellbeing on foot of noticing some signs of psychological distress (Morrison et al., 2018).

The theme of being believed continues to be an important factor for children in the decision to disclose sexual abuse. For some children, they fear not being believed; for others, the knowledge that they will be believed is cited as a factor that helped them tell. Parents and carers do struggle with believing that such a thing could happen their child, particularly if the alleged perpetrator is a family member or a partner (McElvaney et al., 2014). In this study, reports referred to parents not being sure if they believed their child, even at the point at which they were bringing them for formal evaluation; parents also spoke of wavering between belief and disbelief. Other studies that included a parent's perspective have also found the experiencing of believing to be complex and not fitting the binary division of 'believed' or 'did not believe' (Wamser-Nanney & Sager, 2018).

The data for this study refers to children seen for assessment between the years 2006 and 2015 in Ireland. Much of the published literature focuses on either adult studies (Hébert et al., 2009; McGee et al., 2002; Smith et al., 2000) or adolescent studies (Cossar et al., 2013; Kogan, 2004; Priebe & Svedin, 2008; Ungar, Barter et al., 2009, 2009b). The current study had the benefit of including children of all ages across childhood. The approach used in this study, that of reviewing files, proved to be a reliable method of gathering such information (McElvaney & Culhane, 2015), and, it is suggested, facilitated access to younger children that are not typically included in research studies. In addition, the inclusion of the parents' perspective, as the data included material from the parent interview that precedes the child interview, constituted an additional source of information from which to draw on.

While the chi-squared analysis did reveal significant differences in relation to time to disclosure for some factors affecting disclosure, the standardized residual analysis does not highlight the source of these effects. Qualitative studies have consistently identified these factors as influencing children's disclosures. Morrison et al.'s (2018) review identified fear of what will happen, fear of disbelief, emotions and impact of the abuse; an opportunity to tell; concern for self and others; and feelings toward the abuser as the key factors emerging from their review. No study to our knowledge has attempted to investigate the relationship between these factors and time to disclosure. It may be that no such predictive relationships exist or it may be that as the sample sizes and categories were so diverse, a much larger sample size is needed to investigate this question. It also may be that the experience of disclosure is, as

many authors have suggested (Jones, 2000; McElvaney, 2015), too individual and too complex to lend itself to the identification of predictable patterns for children at a group level. Nevertheless, the findings do highlight the importance of raising awareness of the multitude of factors that influence disclosure for children and the possibility that any of these factors may apply to children of any age.

5. Limitations

One limitation of the study is the source of data relied on for this study: interviews focused on the child's experience of CSA rather than the child's experience of disclosure. An interview exclusively focused on the child's experience of disclosure and in particular, focusing on the child's developmental stage may yield richer data. Secondly, the data was drawn from practitioner files, much of which was retrospectively categorised. This reliance on categorical data that was not collected in the first instance for research purposes, limited the options for data analysis in the context of the present study. This limitation highlights the need when designing data collection templates for practice purposes to consider how such design could in the future facilitate research into these very important issues. Thirdly, the sample size, though larger than previously published studies examining the influences on disclosure, was still too small to confidently investigate the relationship between factors influencing disclosure and time to disclosure as many cell sizes were quite small given the diversity of children's experiences. Fourthly, we did not examine the relationship between age at which the abuse stopped and time to disclosure. Although we collected data on duration of abuse, this was categorized as weeks, months and years but not as age at time abuse ended. Thus, we could not reliably investigate this question. It may be that such a variable would mediate the relationship between age at onset and age at disclosure. Finally, relying on professionals' reports of what parents and children said during interview is arguably not the best method of accessing information about children's experiences. Nevertheless, as McElvaney and Culhane (2017) point out, there is an onus on professionals involved in gathering data from children and families as part of their daily practice to use this data to inform policy and service developments. Schaeffer et al. (2011) reviewed the actual videotapes of the interviews, while the present study relied on the professionals' reports. The former method was given consideration as the videotapes are available in the various centres, but the current method was considered to be more expedient and time efficient; this was an unfunded study for the most part and relied on psychology graduates volunteering their time to collect the data. Finally, the children's experiences represented in this study, as with many studies in the field, while deemed to have been credible by the involved professionals, rely on self reports.

6. Conclusion and implications for practice

The findings of this study lend support to the idea that recent developments in child abuse awareness, prevention and intervention, is paying dividends in the form of children being more likely to disclose their experiences of CSA within the developmental period during which they experienced the abuse. This is the first study to identify this pattern in a sample of children across the age span of three years to 18 years. If indeed these findings reflect a real change in patterns of disclosing across childhood and adolescence, rather than a result of methodological differences across studies, the findings underscore the need to continue prevention efforts but to ensure that children of all ages are targeted for such efforts. While no significant pattern was found in identifying whether particular factors help particular age groups of children, the findings support previous studies in highlighting the importance of paying attention to children's signs of psychological distress. In this way, adults can play their role in facilitating children's disclosures of CSA. In addition, the study finds that believing children is crucial to facilitating disclosure. Children continue to experience doubts that they will be believed; adults continue to doubt children. Some concern has been raised as to the relative benefits for children of disclosing in the absence of necessary follow up supports (Swingle et al., 2016). Such research underscores the need to support parents in providing emotional support for their children, not just immediately following disclosure, but over time as children struggle with both the longer term impact of CSA and the impact of disclosure.

While no particular pattern was identified in terms of what helps children tell at particular age periods, the array of themes identified as to the factors that influence disclosure, in line with previous studies, highlights the diverse nature of the experience of disclosure for children of all ages. Many authors have highlighted the complexity of the disclosure process and the multilevel factors that influence the disclosure process (Alaggia et al., 2017; Jones, 2000; Collin-Vezina, De La Sablonniere-Griffin, Palmer, & Milne, 2015; Morrison et al., 2018; McElvaney, 2015; Tener & Murphy, 2014). Professionals working with children and families need to take account of this complexity and the diverse factors that influence children's disclosure experiences. Awareness of the range of such factors will hopefully enhance professionals' responses to such children and their families where CSA is a concern.

Acknowledgements

This project was primarily self funded. However, a portion of the data was collected with assistance of a grant from BASPCAN Research Awards 2014 (No.18), the Children's University Hospital, Temple St., Dublin and a Faculty of Science and Health summer internship grant from the first author's university. It could not have been completed without the assistance of Research Assistants Pilar Bujiacouso, Annette Lloyd, Aisling Costello, Sarah Louise Tarpey, Emma Brennan, Katie Creighton, Kathryn Ledden, and Amy Byrne. In addition to co-authors, support for access to data was facilitated by Dr. Imelda Ryan and Siobhan McCarthy.

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