

## Protecting God's Children for Adults

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# Barriers Minors Face to Disclosing Child Sexual Abuse

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As caring and safe adults learn more about how to effectively protect children from child sexual abuse, they often wonder how the abuse can go unnoticed or unrecognized. Child disclosures are a critical element of learning about abuse that has occurred when physical or medical evidence can be lacking, or when children do not show behavioral indicators of abuse. Lengthy delays in disclosure are common for child victims, and many suffer in silence even through adulthood. Conversely, children who self-disclose abuse have much more positive outcomes, giving safe adults opportunities to halt the abuse, provide avenues to address the immediate effects of abuse through medical and therapeutic interventions and prevent future abuse.<sup>1</sup> Moreover, helping children to disclose abuse can be a critical component in their journey toward healing. This article identifies a few of the barriers children face to disclosing abuse, to equip caring and safe adults with additional information and tools needed to overcome these barriers to ultimately assist children with the healing journey.



### **Background:**

For the context of this article, a "disclosure" refers to victim survivors communicating about the experience of sexual abuse, whether it's to a peer friend, to an adult (including family) or to civil authorities.

**It is extremely challenging for survivors (both adults and children) to disclose about the child abuse that happened to them.** A minor's ability or willingness to disclose child sexual abuse is influenced by a complex series of psychological factors influenced by the manipulation and grooming from the abuser. The trauma children experience can have lasting and severe adverse effects on the individual's functioning and mental, physical, social, emotional or spiritual wellbeing.<sup>2</sup> This trauma can lead to harmful factors that delay disclosure, including depression, shame, anxiety, PTSD, behavioral problems, substance abuse and health concerns.

**Many children never disclose abuse—even after becoming adults.** This is highlighted by peer-reviewed research, medical evidence where abuse is irrefutable yet still denied by the child,<sup>3</sup> eyewitness reports, confessions by the abuser,<sup>4</sup> and delayed disclosure by adults (from retrospective studies communicating with the survivors that ask if they have never disclosed to friends/family or authorities).

**Delayed disclosure is common, where survivors might wait years or even decades before disclosing.** Most children don't disclose right away. The timeframe as to when children disclose varies, but most research says that the majority take more than five years.<sup>5,6</sup> Conversely, adults who

are coming forward with disclosures are addressing abuse that happened more than 10-20 years ago.<sup>7</sup> The *average* age survivors report the sexual abuse from their childhood is when they are 52 years old.<sup>8</sup> When children *do* disclose, it usually is not to their parents or to the authorities. Instead, it's to a peer friend,<sup>9</sup> who usually doesn't know to disclose the abuse to a safe adult to help their friend.

### **Several barriers to communicating:**<sup>10</sup>

Fear and anxiety. Though there are many situations where younger children may lack the understanding that they have been abused or lack the vocabulary or language skills to disclose, the majority of children withhold disclosures due to fear.<sup>11</sup> They are afraid it will be ignored, that they will get into trouble for being involved in abusive situations (or activities preceding the abuse), and that they will be judged, shamed or criticized in the aftermath. They are also fearful that the family or community will prioritize the relationship with the abuser over believing or supporting the victim. They also fear that they will not be believed.<sup>12</sup> However, it is important to note that children rarely lie during the initial disclosures of child abuse. Please note that children may recant or deny the abuse in *later* communication due to fear and anxiety, but there's a 95% chance that a child's first disclosure is the truth, and a very low chance that they intentionally lie.<sup>13,14</sup>

**Culture.** A child's membership within a particular culture may decrease their ability and/or opportunities<sup>15</sup> to communicate, may increase a disclosure delay<sup>16</sup> if the child can overcome that inability to communicate, and ultimately increases their vulnerability at that time and in the future (because if a child is abused once, it further increases the risk of abuse in their future). The primary reason is because different cultural aspects may place the needs of family and community above the needs or welfare of the individual child.

**Level of betrayal.** Research repeatedly shows us that children are more likely to be abused by someone they know, and in the majority of cases, that abuse is done by a trusted person known to the child (and in most cases, known to the family, too). The relationship between the child and the person who abused them can affect whether the child will disclose.<sup>17,18</sup>

**Lack of support.** A lack of parental support has been shown to have a negative effect on the probability that children will report child sexual abuse, in addition to whether they will delay disclosure, and how consistently they will maintain the veracity of the disclosure over time.<sup>19</sup> In fact, when parents or caretakers exhibit the attitude that the possibility of abuse happening to the child is low or nonexistent, children are more at risk and less likely to disclose.<sup>20</sup>

### **Factors that encourage children to disclose abuse:**

We can't always rely on specific behavioral cues to help us recognize when children have been abused. However, there are some actions we can take to make it more likely that children will communicate about abuse, which ultimately gives us an opportunity to get them the help they need. For example, we can inform ourselves and youth about personal boundary safety rules. First, that youth have a right to be safe, and that they are allowed to say "no" when they feel uncomfortable (even regarding their boundaries with adults), to try to get away when they feel unsafe or uncomfortable, and to tell a safe adult right away.

Since children do disclose to their peers (especially adolescents), it's important to consistently educate children about key principles. Tell them these three statements:

- It's not their job to be responsible for the safety of themselves or others (otherwise, it can increase their guilt and shame when abuse happens)—instead, that they can *help* keep their friends safe.
- How important it is to not keep unsafe secrets.
- The best way to help their friends when someone is unsafe is to speak to a safe adult.<sup>21</sup>

Optimal conditions for child disclosures include being asked direct questions about whether or not they have been sexually abused,<sup>22</sup> in addition to asking about their general welfare by people in the child's educational and social environment.<sup>23</sup> There is also evidence that children will attempt to disclose through "test balloon" statements to "test" how adults might respond to a disclosure.<sup>24</sup> This could include a simple statement such as, "I don't like Coach Smith anymore." A simple follow-up question of "tell me more about that" could open the door to a child potentially disclosing abuse, or sharing more information. Additional questions or statements to help provide opportunities for children to disclose could include:

- "When it comes to your safety, we will believe you, and you will not get into trouble."
- "Has anything happened that makes you feel unsafe or uncomfortable? What about when you are with (name)?"
- "It seems like you don't like to do (fill in the blank) anymore. Can you help me understand why?"
- "Has anyone ever touched your private parts in a way that makes you feel uncomfortable or unsafe? Or, in a way that you know isn't right?"

The concept of support from family, friends and safe adults in the child's social environment is a vital element that influences whether a child will disclose about abuse. Safe adults must internally acknowledge that abuse may have already happened, or could happen, regardless of the trust or confidence we have built with other adults in our lives.

Our reactions matter! If you are the person to whom a child discloses, first listen calmly with compassion and kindness, and let them know you believe them. Any disclosure from a child should be communicated to the child protective services in the state or to local law enforcement. You matter, too! Your willingness to journey with the child can make a significant difference in the trajectory of the healing journey.

#### References

- 1 Paine M. L., Hansen D. J. (2002). Factors influencing children to self-disclose sexual abuse. *Clinical Psychology Review*, 22(2), 271-295.
- 2 Substance Abuse and Mental Health Services Administration/SAMHSA.
- 3 Lyon, T. (2007). False denials: Overcoming methodological biases in abuse disclosure research. In Pipe, M. E. Lamb, Y. Orbach, Cederborg, A.C. (Eds.), *Child sexual abuse: Disclosure, delay, and denial* (pp. 41-62). Mahwah, NJ: Lawrence Erlbaum Associates.
- 4 Sjöberg, R.L., Lindblad, F. (2002). Limited disclosure of sexual abuse in children whose experiences were documented by videotape. *The American Journal of Psychiatry* 159: 312-314.
- 5 Schönbucher, V., Maier, T., Mohler-Kuo, M., Schnyder, U., Landolt, M. A. (2012). Disclosure of child sexual abuse by adolescents: A Qualitative In-depth study. *Journal of Interpersonal Violence*, 27(17), 3486-3513.
- 6 Hébert, M., Tourigny, M., Cyr, M., McDuff, P., & Joly, J. (2009). Prevalence of childhood sexual abuse and timing of disclosure in a representative sample of adults from Quebec. *The Canadian Journal of Psychiatry*, 54(9), 631-636.
- 7 Smith, D.W., Letourneau, E.J., Saunders, B.E. Kilpatrick, D.E., Resnick, H.S., Best, C.L. (2000). Delay in disclosure of childhood rape: results from a national survey. *Child Abuse & Neglect*, 24(2), 273-287.
- 8 Spröber, N., Schneider, T., Rassenhofer, M., Seitz, A., Liebhardt, H., & König, L. (2014). Child sexual abuse in religiously affiliated and secular institutions: a retrospective descriptive analysis of data provided by victims in a government-sponsored reappraisal program in Germany. *JM - BMC Public Health* - March 27, 2014; 14 ; 282.
- 9 Broman-Fulks, J. J., Ruggiero, K. J., Hanson, R. F., Smith, D. W., Resnick, H. S., Kilpatrick, D. G., & Saunders, B. E. (2007). Brief report: Sexual

assault disclosure in relation to adolescent mental health: Results from the National Survey of Adolescents. *Journal of Clinical Child & Adolescent Psychology*, 36(2), 260-266.

10 Note from the author: This is not an exhaustive list of the barriers to child self-disclosures of child sexual abuse.

11 Vrolijk-Bosschaart TF, Brilleslijper-Kater SN, Benninga MA, Lindauer RJL, Teeuw AH. (2018). Clinical practice: recognizing child sexual abuse-what makes it so difficult? *Eur J Pediatr. Sep;177(9):1343-1350*. doi: 10.1007/s00431-018-3193-z. Epub 2018 Jun 25. PMID: 29938356; PMCID: PMC6096762.

12 Crisma, M., Bascelli, E., Paci, D., & Romito, P. (2004). Adolescents who experienced sexual abuse: Fears, needs and impediments to disclosure. *Child Abuse & Neglect*, 28(10), 1035- 1048.

13 Everson, M., & Boat, B. (1989). False allegations of sexual abuse by children and adolescents. *Journal of the American Academy of Child and Adolescent Psychiatry*. 28, 2:230-35.

14 Jones, D. & McGraw, J. (1987). *Reliable and Fictitious Accounts of Sexual Abuse to Children*, 2 *Journal of Interpersonal Violence* 27, 30.

15 Jensen, T. (2005). The interpretations of signs of child sexual abuse. *Culture & Psychology*, 11, pp. 469-498.

16 Fontes, L.A. & Plummer, C. (2010). Cultural issues in disclosures of child sexual abuse. *Journal of Child Sexual Abuse: Research, Treatment, & Program Innovations for Victims, Survivors, & Offenders*, 19(5), 491-518.

17 L. Berliner, & J.R. Conte. (1995). The effects of disclosure and intervention on sexual abused children. *Child Abuse & Neglect*, 19, pp. 371-384.

18 London, K., Bruck, M., Wright, D.B., & Ceci, S.J. Review of the contemporary literature on how children report sexual abuse to others: Findings, methodological issues, and implications for forensic interviewers. *Memory*. 2008;16:29-47.

19 Malloy, L.C., Lyon, T.D., & Quas, J.A. (2007). *Filial dependency and recantation of child sexual abuse allegations*. *Journal of the American Academy of Child and Adolescent Psychiatry*. 46:162-170.

20 LAWSON, L., & CHAFFIN, M. (1992). *False Negatives in Sexual Abuse Disclosure Interviews: Incidence and Influence of Caretaker's Belief in Abuse in Cases of Accidental Abuse Discovery by Diagnosis of STD*. *Journal of Interpersonal Violence*, 7(4), 532-542.

21 Ungar, M., Tutty, L. M., McConnell, S., Barter, K., & Fairholm, J. (2009b). What Canadian youth tell us about disclosing abuse. *Child Abuse & Neglect*, 33(10), 699-708.

22 Malloy, L., Brubacher, S.P., Lamb, M.E. (2013). "Because she's the one who listens": Children discuss disclosure recipients in forensic interviews. *Child Maltreatment* 18(4): 245-251.

23 McElvaney, R., Greene S, Hogan D. (2012). Containing the secret of child sexual abuse. *Journal of Interpersonal Violence* 27(6):1155-1175.

24 Flâm, A.M., & Haugstvedt, E., (2013). Test balloons? Small signs of big events: A qualitative study on circumstances facilitating adults' awareness of children's first signs of sexual abuse, *Child Abuse & Neglect*, Volume 37, Issue 9, Pages 633-642, ISSN 0145-2134.

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