

# Children's disclosures of sexual abuse

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## Learning points

- Understanding the barriers to disclosing sexual abuse and how practitioners can create the conditions to reduce these.
- The stages a child may go through before they can make a disclosure and what they may need from social workers at each stage.
- How to safely handle a disclosure from a child and respond so they know they are supported and believed, including tips on what to say and what not to say.

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## Verbal and non-verbal disclosure

Many children do not tell anyone that they are being sexually abused at the time that the abuse is happening (Allnock, 2010; McElvaney, 2016; Warrington, 2017) – one study found that, while most victims tried to tell someone before the age of 18, there was a median gap of seven years between the onset of child sexual abuse (CSA) and its disclosure; and the younger the child was when the abuse started, the longer the gap (Allnock and Miller, 2013).

The criminal justice system relies primarily on a child's *verbal* disclosure, which is known as the 'evidence in chief' – the key piece of evidence in criminal court proceedings. However, many children do not verbally disclose their abuse explicitly; rather, their behaviour and demeanour indicates (consciously or unconsciously) that something is wrong (Allnock, 2010; Cossar et al, 2013 and NICE, 2017).

When children do not feel able to tell in a way that is likely to demonstrate sufficient evidence for a criminal conviction, we often make the mistake of closing cases rather than building a relationship with the child and trying to make the situation safer.

In this sense, we give primacy to the criminal justice system in investigations (Children's Commissioner, 2015) and forget that our legal threshold for intervening is 'on the balance of probabilities'. It is important that action is taken to protect children, even where it is not possible for cases to proceed through the criminal justice system.

The sooner we can intervene in cases where children and young people are thought to be experiencing CSA, the better: timely access to support services can mitigate harm to their mental and physical health and wellbeing. Professionals and other responsible adults therefore need to be able to spot the signs of possible abuse and take appropriate action (McNeish and Scott, 2018).

As social workers, we are in a prime position to do this. However, while children and young people think that social workers can play an important role in facilitating physical safety and signposting to other services, they also report that professionals often miss non-verbal attempts at disclosure of sexual abuse, placing an unfair responsibility on the victim to actively seek help when they experience it. (Warrington, 2017)

The guidance on vulnerability factors, signs and indicators describes the non-verbal signs which may indicate intrafamilial CSA – not just those demonstrated by children and young people, but also those indicating abusive behaviour in the

adults or young people around them, within the context of their family. Assessing families in this way will give a more thorough picture of both the concerns and strengths within the whole family, so that you can act to protect children.

Studies with children and young people, and retrospective studies with adult survivors, have identified a number of factors which affect a child's willingness and capacity to disclose CSA (McElvaney, 2016; Allnock and Miller, 2013; Warrington, 2017; Allnock, 2010; McNeish and Scott, 2018). These include:

- **The child's relationship with the abuser** (e.g. if the child's abuser is their parent, this is likely to make it harder to disclose)
- **How old they were when the abuse first happened** (e.g. the younger the child when the abuse started, the longer it takes to disclose)
- **The type and severity of the abuse** (e.g. penetrative and chronic abuse may take longer to disclose)
- **Demographic variables such as ethnicity and gender** (e.g. males and children from black, Asian and minority ethnic backgrounds experience additional barriers to disclosure)

Given that intrafamilial CSA involves people who feel like family to the victim, and typically starts at a younger age than extrafamilial abuse, a child's capacity to verbally disclose is likely to be particularly affected in these cases.

There are many additional reasons why children may keep their abuse secret, including as a way of coping with the experience (McElvaney, 2016). Each child's reasons may be unique, so the following list is by no means exhaustive, but they may include:

- not having the language or the capacity to communicate verbally, or not knowing how to tell;
- not recognising the experience as abusive;
- feeling shame or embarrassment;
- being threatened or manipulated by the abuser;
- feeling that the implications of telling are worse than the implications of keeping it secret;
- fearing the consequences of speaking out, such as:
  - the impact on their non-abusing parent or wider family;
  - being removed from the family, having to move home or school;
  - the abuser getting into trouble, harming themselves or leaving the family;

- feeling responsible for the abuse.

Even if a victim of CSA wants to disclose the abuse, they need to choose who they will disclose it to. Their likelihood of telling someone will depend on:

- actions and messages from that person (how they behave towards the child generally);
- having the opportunity to tell, or being asked;
- whether they feel they will be believed;
- contextual factors such as the presence or absence of support;
- what they think will happen after first disclosure.

Children who are living with additional adversities, such as family difficulties (such as domestic abuse, substance misuse, poor mental health) or other forms of maltreatment, are both more vulnerable to being sexually abused ([see the guidance on risk factors, signs and indicators](#)) and less likely to disclose. For example, if a child's father displays suicidal tendencies it may be harder for them to tell him their mother is abusing them for fear of him ending his life. Additionally, some groups of children such as disabled children and black, Asian and minority ethnic (BAME) children face greater barriers to disclosure (McNeish and Scott, 2018).

While many children and young people recognise the importance of telling, they also believe that most others in their position would not feel able to disclose (Warrington et al, 2017).

## **What stops professionals noticing and responding**

While some of the barriers to uncovering abuse stem from children's own fears and worries (including those arising from the abuser's threats and manipulation), there are also barriers to us as professionals identifying the signs of abuse and abusive behaviour.

Sometimes these result from our lack of knowledge or understanding of the impact of abuse, the complexities of disclosure and the ways in which abusers 'groom' children within the family. In this way, we can miss indicators of concern, or fail to pick up on signals the child is giving us. Even if we have the knowledge, we may also have busy caseloads, limited time or a lack of support in the workplace – meaning we are just too busy to see or reflect on what is going on.

It is hard not to be affected by media stereotypes of abuse, such as what abusers look like (in terms of gender, ethnicity and age), their socioeconomic status and how they behave. By the same token, we may have formed an idea of

who the victims are and how they may behave. It is important to challenge our own preconceptions and remember that anyone can be an abuser, or indeed a victim, of CSA.

### **Reflection point**

Think for a minute or two about the image that comes into your head when asked to think about a person who sexually abuses children – who do you see? What do they look like? This may be based on your own experiences, or it may be based on a stereotype of what abusers look like. Now think about a victim – who do you see? How might this affect your practice?

We all bring our own history of experiences and values to our work, and this can affect how we identify or respond to sexual abuse. We may hold personal values around, for example, what constitutes normal or abnormal sexual behaviour and what are appropriate or inappropriate boundaries within the home. If we have had our own painful experiences, this may make it easier for us to recognise abuse – but may also make it harder, particularly if our experiences are unresolved.

Sexual abuse is hard to think about: in the same way that children have fears around telling, we can also have fears around asking if they are okay. This video by the NSPCC illustrates the point well:

Often our concerns about saying the wrong thing can paralyse us into saying nothing at all – and this, of course, doesn't protect children. Research strongly indicates that children and young people need help to tell (Allnock and Miller, 2013; McElvaney, 2016). So what do we need to consider to help us help them, and how should we best respond?

## **Understanding the process of disclosure**

### **Disclosure as an ongoing process**

Disclosure is rarely a one-off event; rather, it is a process that occurs over time. It may move from indirect methods of disclosure, such as behavioural manifestations, through to more direct means of disclosure, such as purposefully telling someone what is happening.

Disclosure may also come about accidentally: for example, young children who don't recognise what is happening as wrong may tell someone casually about an incident in an unconcerned manner.

### **Disclosure as a two-way process**

There were so many times when I thought about telling someone but it was just like, how do you bring it up? How do you just walk into a room and go to someone, 'oh by the way this happened'?

*Female aged 18, quoted in Warrington et al, 2017*

We often think about disclosure as being one-way: the child tells the adult what is going on. However, it can be more useful to think of it as a two-way process, in which we are as important as the child who is telling us (Reitsema and Grietens, 2015). The way in which we respond to children generally and throughout this process, from the very first signals they may give out (such as changes in mood or behaviour) through to their active attempts to verbalise their concerns, will determine whether they feel we care about them, will listen to them and can be trusted.

### **'Containing the secret'**

Rosaleen McElvaney (2016) has developed a useful conceptual framework which considers disclosure as a process of 'containing the secret'. The process involves three key dynamics, whereby children and young people:

1. Actively withhold the secret (for fear of the consequences of telling).
2. Are torn between needing to tell (to make the abuse stop and to get support) and wanting to keep the secret (for fear of the consequences of telling) – the 'pressure cooker effect'.
3. Confide in the context of a trusting relationship.

It is important to understand the emotional struggle of the second stage, in order to be able to support children and young people empathically, respectfully and patiently through their disclosure journey.

## What can we do to support disclosures?

The complexities of why children and young people struggle to disclose mean that “efforts to counter these silencing mechanisms need to be ... diverse, tenacious and far reaching” (Warrington, 2017).

By ensuring that children have access to education about safe touch and boundaries, consent and healthy relationships, and their right to privacy, protection and safety, we can equip them with the knowledge to know when something isn't right and who they can tell about it.

Research indicates that children need the opportunity to tell. Noticing a child's emotional state and reflecting this to them – for example, by saying, ‘I notice that you have been tearful this week’, ‘You don't seem yourself at the moment’ or ‘You seem very quiet today’ – not only helps them recognise their emotions but also demonstrates that we care about them and are willing to listen and help (Allnock and Miller, 2013; McElvaney, 2016).

If you notice a change in a child's behaviour and you are worried about them, asking them about this can also help them to tell, even though this may not happen immediately. We can ask:

***Is there anything you want to talk about?***

***Is there something going on that feels too hard to talk about?***

***Is there something I can do to help you tell me what is going on?***

***You don't seem okay, would you like to tell me what is going on?***

***Is there someone who you do feel able to tell?***

***What is it that is upsetting you at the moment?***

And if a child has partially told us something that we are concerned about, we can remain open by asking, ‘Can you tell me more about that?’.

Using our listening skills, and offering children the opportunity to ask questions and explore the consequences of disclosure, are important facilitators that enable children to tell (Jackson et al, 2015). Sometimes we can get closer to the problem by asking children what their worries are about telling someone. For example:

***Some children worry that if they tell someone what is going on they may get into trouble, or may get someone else into trouble. What is it that you are worried may happen if you tell someone what is going on?***

This can give the opportunity for children to tell us what they are worried about and for you to try to allay their fears about telling and dispel any inaccurate

beliefs they may hold, such as being at fault for the abuse or being unlikely to be believed. If you feel a child has something to say but won't open up to you, you could also consider offering them a helpline number, such as [ChildLine](#) (0800 1111) and explain about their [confidentiality promise](#).

There are other things we can do to demonstrate to the child that we will support them. We may spend more time with them, help them manage the symptoms of their distress or, where appropriate, let their parents know our concerns. Creating a safe space for children to talk is crucial in breaking down barriers to disclosure: one study found that many children were not given the opportunity to speak on their own to social workers, and in some situations were asked about the possibility of abuse in front of those who were abusing them. (Department of Health, 2010)

If children do feel safe enough to tell us, responding calmly and sensitively is important. See [below](#) for guidance on what you can say and do when receiving a disclosure.

## **Being believed**

[The] trauma of disclosure should never be underestimated and the damage to children when they are not believed is immeasurable.

(Clements et al, 2014)

Young people have identified that their experience of disclosure was positive when:

- they were believed
- some action was taken to protect them
- emotional support was provided. (Department of Health, 2010)

However, many studies (see, for example, McElvaney, 2016) have identified that victims of intrafamilial CSA worry that they will not be believed, maybe as a result of one or more of the following:

- Their abuser has told them they won't be believed.



- They have not been believed previously when trying to tell about abuse.
- They have not been believed previously when talking about other things that have happened to them.
- They are struggling to believe themselves what is happening to them, as it feels so 'unreal' and 'unbelievable'.
- They observe their abuser 'carrying on as normal'.
- Their abuser has told them that the abuse did not happen and they must have imagined it or dreamt it.
- They didn't tell someone immediately and feel it is now too late to be believed.

These feelings are likely to impact on how they then tell us what is happening to them – for example, they may be vague and appear unsure of what they are telling us.

Unfortunately, there are times when children are not believed when they try to tell someone what is going on (McElvaney, 2016). There are also a great many reasons why a non-abusing parent may struggle to believe what their child is telling them, including the shock and distress that they are likely to feel. Furthermore, when children are abused by females, they can face higher levels of disbelief from professionals – who may also minimise the seriousness of such abuse (DfE, 2015).

Children rarely give fictitious accounts about having been abused, and false allegations have been found to be rare (DH, 2010). It can be difficult, however, for social workers to manage the tensions between believing children's disclosures and holding in mind the legal distinction between 'disclosures' and 'allegations' when writing reports for court. But we can separate out how we respond to children who have told us something, and the language and principles we need to use in court work. If there are legal proceedings – as part of other work to prepare a child for how the legal process works and that they are believed regardless of the outcome – it may be important to explain why statements need to use the language of 'allegations'. (See [below](#) for advice on what you can say when a child has made a disclosure, and things you cannot say or ask due to the potential impact on a criminal investigation).

Children are much more likely to fail to report abuse that is happening than to fabricate abuse that is not. We are not the police and showing a child that we believe and are here to support them is how we should respond to any disclosure, while remaining open to the possibility that abuse may not have not taken place.

Accusing a person of abuse is, of course, a serious matter. This is why it is important to listen closely to what children are telling us and examine other signs and indicators of abuse and abusive behaviour within the family context.

We must be open to the possibility that a child has been abused at the same time as we remain open to the possibility that there is another explanation for what a child is telling us or signalling to us through their behaviour.

(McElvaney, 2016)

## **Receiving and responding to a disclosure**

There can sometimes be uncertainty around what to say when a child discloses abuse because often training on this topic tells us not to question children if they make a disclosure as it can cause problems with the evidence. You will need to follow your local safeguarding policy and procedures in how you record, report and respond to what has happened. Usually, we are told to write a factual account of what was said and to leave the questioning to the police in interview. The police indeed have the statutory responsibility for gathering evidence when an offence has occurred. However, all adults and professionals have a duty to cause 'no harm' to children and respond to disclosures or allegations that they are being harmed:

*"If a child reports, following a conversation you have initiated or otherwise, that they are being abused and neglected, you should listen to them, take their allegation seriously, and reassure them that you will take action to keep them safe."*

(Department of Education, 2015)

Therefore it is worth considering how you can respond when a child discloses. Important things to keep in mind are:

- Don't panic – remain **calm** and **reassuring** in your manner.
- Give the child your full attention to demonstrate you are **listening carefully** and taking the information **seriously**.
- Let the child take their time, go at their **own pace** and use their **own words**.
- Don't make promises you can't keep.

### Here are some things you can say and do

- Reassure them they were right to tell someone.
- You are glad they told you.
- They have been brave to tell someone.
- You believe them.
- Assure them that it is not their fault and you will do your best to help.
- You are sorry that they have been through this.
- You can tell say it must have been awful and help them to name their feelings – for example, if they are scared, angry, sad, worried.
- That you will help them and that to ensure they will be safe, you will need to tell someone.
- You are going to write it down so you have their information clear.
- What you are going do with what they've told you, what will happen next and how you will keep them informed.

### What *can't* you say?

**You can't ask: did it hurt, who did what, where, when and why?**  
**You can't ask them for details or specifics.**

### Other responses that should be avoided:

"Why didn't you tell anyone before?"

"I can't believe that!"

"Are you sure that's true?"

"Oh, that explains a lot."

"I won't tell anyone else."

Because disclosing abuse is so difficult for children, it is extremely important that professionals actively listen and respond sensitively. The video below by [Plymouth Young Safeguarders](#), a group of young people with experience of children's services intervention, shares their perspective on responses to disclosures:

## What to read next

[Survivor's perspectives on their disclosures](#)

[The process after abuse has been disclosed – multi-agency working](#)

[Talking to and supporting a child following disclosure](#)

[Child sexual abuse knowledge and practice hub](#)

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