A REVIEW OF THE LITERATURE[1]

What does the literature say about how children tell about abuse?

Within the academic literature, the term 'disclosure' is used to describe the ways that children might tell about abuse. It is open to different interpretations but mostly refers to one person conveying their experience to another, either at the time of occurrence as a child or retrospectively, including as an adult. Sometimes it can more formally mean the giving of a statement with sufficient substance to enable police or social care services to determine whether a child has been harmed, an offence committed and whether a formal investigation is warranted (Jones, 2000).

Three frequently used categories of telling are discussed by Alaggia (2004); namely accidental, purposeful, and prompted/elicited (the latter being through investigative interviewing). This definition was expanded to include behavioural (running away, anger, withdrawal etc.), indirect verbal attempts and disclosures triggered by recovered memories. A categorisation of strategies of disclosure was suggested by Ungar et al (2009):

- not talking at all to prevent intrusive interventions by others
- using self-harming behaviours to signal the abuse to others
- seeking help from peers
- seeking informal adult support
- seeking help from mandated service providers.

Children's different ways of telling means that adults need to be alert to the ways that a child may choose to tell, or not, and the iCAN framework can support you with understanding disclosure from the child's perspective.

Factors affecting telling

The literature suggests that there are different reasons why children might choose to tell or not to tell.

Type of harm

Hershkowitz et al (2005), reporting on a database of over 26,000 abuse allegations from 1998-2002 in Israel, found that disclosure was more likely for sexual abuse than physical harm. Other research found that telling was least likely where the form of maltreatment was neglect (Vincent, 2004).

Duration of harm

Duration of abuse has been found to be a factor relating to telling. For example, one study found that young people who had experienced sexual abuse once were more likely to have reported it promptly within the first month compared to children who had suffered ongoing sexual abuse (Smith et al, 2000).

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[1] Adapted from Cossar, J., Brandon, M., Bailey, S., Belderson, P., Biggart, L. & Sharpe, D. (2013) 'It takes a lot to build trust'. *Recognition and Telling: Developing Earlier Routes to Help for Children and Young People*. Office for Children's Commissioner, London.

Age

Most research which examined the link between the age of the victim at the time of abuse and willingness to disclose found that disclosure rates increased the older the child (Hershkowitz et al, 2005; Palmer et al, 1999; Lippert et al, 2009; Kogan, 2004; Smith et al, 2000). Goodman-Brown and colleagues (2003) were unusual in finding that disclosure was delayed the older the child was, while London and colleagues (2005), in an extensive overview of the literature, reported no consistent association between disclosure and age.

Gender

Research looking at whether the gender of the victim was linked to willingness to disclose has found that girls were more likely than boys to report sexual and other types of abuse (Hanson et al, 2003; Priebe et al, 2008; Lippert et al, 2009). Two studies of helplines in the U.K. found that they were used predominantly by girls (Vincent et al, 2004; Franks et al, 2005). By contrast, Paine (2000) and Goodman-Brown et al (2003) found no gender difference in the ultimate rate of disclosure. In fact, Paine reported that the delay in telling was twice as long for girls as it was for boys (this being a reflection of the fact that girls suffered more abuse within the family than did boys, which was an inhibiting factor in disclosure). Suggested barriers to disclosure for males also include gender norms around masculinity and fears of being viewed as homosexual (Easton et al, 2014; Gagnier and Collin-Vezina, 2016; Alaggia, 2005).

Perpetrator

One key association that all the studies agreed upon was that telling was less likely, or delayed, when it was the parent who was the suspected perpetrator (Paine, 2000; Smith et al, 2000; Goodman-Brown et al, 2003; Kogan, 2004; Hershkowitz et al, 2005; London et al, 2005; Priebe et al, 2008). This may be explained by the child anticipating an angry response or a concern that the perpetrator will face prosecution (Malloy et al, 2011; Jensen et al, 2005).

What stops children telling?

Likelihood of telling may differ with the age, gender and cultural background of the child, and barriers to telling family members may be different from those which deter young people from speaking to professionals. A qualitative research study by Collin-Vezina et al (2013) grouped the findings about barriers to telling according to an ecological model starting with the child at the centre:

> a. **Barriers within the child**: including emotional barriers, repression and psychological coping strategies, lack of recognition and immaturity.

> b. **Barriers in relation to others**: including dysfunctional family context, threats from perpetrator, fear of consequences of telling.

> c. **Barriers in relation to the social world**: including labelling and stigma, taboos around sexuality, lack of service, cultural norms.

Recognition

The failure to recognise abusive behaviour as unacceptable was one factor that impeded telling (Alaggia, 2010). Studies of dating relationships amongst adolescents found that young people were ambivalent regarding what constituted interpersonal violence (Crisma et al, 2004; McCarry, 2009). In relation to domestic violence in households, McGee (1997) found that some children did not disclose this violence in the belief that it happened to everyone. Some children may lack adequate concepts to understand and describe the sexual abuse they have suffered (Sjoberg, 2002). One study, which explored children's perspectives on child abuse, prompted discussion with the use of five short

stories, covering physical abuse, neglect, emotional abuse and sexual abuse. It found that not all children agreed as to what constituted abuse, and while some views were similar to how adults would have regarded the incidents, in other cases they differed from adult perspectives (Chan et al, 2011). Children were least likely to recognise the neglect situation as abusive, and the story of emotional abuse produced a range of different responses. Disabled children have been found to be a greater risk of maltreatment. Jones and colleagues' (2012) meta-analysis found that abuse and neglect was 3-4 times more common among disabled children. Some disabled children may internalise negative messages about their impairment or feel socially isolated which makes them less likely to recognise abuse (Hernon et al, 2015).

Fear of telling

Telling is less likely to happen if the child expects a parent to react angrily or to lay the blame for the incident on the child (Goodman-Brown et al, 2003; Hershkowitz et al, 2007). In relation to disclosing domestic violence in the home, it has been argued that children can perceive secrecy as a safe strategy (McGee, 1997). In addition to a fear of exacerbating the abuse, children may be reticent to tell because they fear the consequences for the perpetrator (Goodman-Brown et al, 2003; Malloy et al, 2011).

Lack of opportunity

Lack of opportunity to tell was discussed in research involving interviews with 22 children suspected of having suffered child sexual abuse. Children found that it was difficult '*to find situations containing enough privacy and prompts that they could share their experiences'* (Jensen et al, 2005:1395).

Cultural norms

'Family shame' and 'courtesy and face' were important concepts in a study of Hong Kong Chinese children suffering from abuse and neglect (Chan, 2011). US studies have argued that disclosing sexual abuse in some minority cultures may stigmatize not only the victim but also the community (Brazelton, 2015). African American young people and Hispanic girls have been found to be less likely to disclose sexual abuse than their white American peers (Hanson et al, 2003; London et al, 2005). The under reporting of child sexual abuse in Britain's Asian communities was compounded by notions of honour/respect (izzat), modesty (haya), and shame or embarrassment (sharam) (Gilligan et al, 2006). The authors concluded, however, that practice based on generalised assumptions about ethnicities, cultures or religions should be avoided.

Disability

Similar issues to the ones discussed above regarding recognition, contribute to disabled children telling about abuse. For example, if a child is socially isolated they may not have a trusted person to confide in (Hernon et al, 2015). In addition, they may depend on their abuser (NSPCC, 2003). Communication difficulties and intellectual impairments can make it difficult for children to communicate their experiences and like younger children, they may not have access to the vocabulary required (Murray and Osborne, 2009).The onus is on practitioners to develop skills required to understand and listen to all children, including disabled children, rather than relying on their capacity to tell about abuse and neglect (Brandon et al, 2011).

Who do young people tell?

Younger children were more likely to tell a parent, while adolescents were more likely to tell friends or other family members, and those who delayed disclosing childhood abuse until they were an

adult, were likely to reveal this information to a therapist (Roesler, 1994). By the time the victims of abuse were at high school, disclosures were being made primarily to friends, who also provided support (Smith et al, 2000; Jackson, 2002; Kogan, 2004; Priebe et al, 2008). Telling can also occur due to desperation when the child cannot take anymore, a phenomenon which has been referred to as the 'pressure cooker effect' by McElvaney et al (2012). Rapport and engaged listening have been found to be key to encouraging a child to tell (Finn, 2011). However, premature questioning about the abuse itself can discourage children from disclosing and the response they get will influence future willingness to disclose (Lewy et al, 2015; McElvaney, 2014; Alnock and Miller, 2013; Easton et al, 2014).

Not being believed or no action being taken when disclosures were made can also deter future disclosure (Hunter, 2011). One UK based study specifically addressed why young people felt that they were not believed when they reported abuse and/or neglect to a professional (Tucker, 2011). Five factors emerged:

- Negative attitudes by professionals towards them such as feeling they were treated as a 'problem' or 'troublesome'
- Feeling that their families were similarly judged
- Feeling that some professionals weighed up the probability or likelihood of their story being true, and had the power to close down any further discussion or disclosure
- Feeling judged by professionals as to how they acted or what they wore, for example if it were 'revealing'
- A reluctance by professionals to believe them if the alleged abuser were well known, respected, or in a lead position within an organisation, such as a school, church or club.

Young people's views of help

The personal qualities of professional helpers have been found to be the main criteria by which young people judge a service, and they tend to confer trust on individuals, rather than on agencies (Hill, 1999). Effectiveness is also important (Farnfield and Kaszap, 1998). What matters is that the professional has the confidence and ability to make things happen, and this quality is more important than the actual profession of the person.

Desired personal qualities of professionals:

- Professionals listen
- Professionals are warm, easy to talk to, welcoming and friendly
- Professionals are kind, caring, sympathetic, understanding
- Professionals are not dismissive or patronising, and do not trivialise the child's concerns
- Professionals are non-judgemental and respect the young person's views
- Professionals are trusted and have time to build a trusting relationship
- Professionals are competent, experienced and qualified
- Professionals treat the young person as an individual.

Flåm and Haugstvedt (2013) suggest that support needs to be given to caregivers so that they may be better able to support children to tell about abuse.

Availability and accessibility

Accessible buildings and accessible locations are important (Wright et al, 2006, Ingram and Salmon, 2007, 2010, Houghton, 2008, Hutchinson and St John 2012), together with the safety of the venue and surrounding area (Frost et al, 2010). One study found a stigma attached to accessing school counselling services, resulting in a fear of being teased by other pupils, which again had implications for ensuring privacy for the young people when they accessed help (Fox and Butler, 2007). Harm from maltreatment is often hidden and it is often not possible for children in need to access services (Harker et al, 2013; Brandon et al, 2012).

In summary, many factors interact to influence the likelihood of children recognising abuse, telling someone and receiving appropriate help and support. The interplay of the factors described above can be considered using an ecological model to help our understanding (Collin-Vezina et al, 2013).

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