

1 What do we mean by disclosure?

Disclosure of child sexual abuse (CSA) is a 'process' which is influenced by the characteristics and qualities of relationships children may have in their lives at any given time. This may be spontaneous and unplanned or may evolve over an extended period of time (Jensen et al, 2005; Reitsema and Grietens, 2016).

Children convey these experiences in many different ways (Alaggia, 2004) They may be explicit in their communication style or much less obvious.

When responding to disclosures, it is critical to understand the different ways in which children disclose according to their chosen form of communication and the intent of the disclosure.

2 Identifying a disclosure - mode of communication

Some children communicate their abuse directly through verbal means, while others do so indirectly (e.g. "I don't want to go to grandpa's house any more") (Alaggia, 2004), or they may use terminology that the perpetrator has used (e.g. talking about 'secrets' or 'games') or adult language that is not appropriate for their stage of development (Allnock and Miller, 2013).

Non-verbal means of expression include letter-writing, drawing pictures or playing with dolls (Alaggia, 2004; Jensen et al, 2005). Younger children may appear clingy or display temper tantrums, while older children and adolescents may withdraw, self-harm, exhibit anger, avoidance and run away. Even positive behaviours such as 'being good' can be a sign that children want to be noticed (Brattfjell and Flâm, 2019; Cossar et al, 2013).

Disabled children may be more likely than others to exhibit behaviours as signs, particularly where they are unable to communicate verbally with adults. It is important that these behaviours are understood, and not simply attributed to the child's impairment (Taylor et al, 2015).

7 Key messages

- Assumptions – don't assume that this disclosure is already known by other professionals. Treat it as a first disclosure and always refer to CSC.
- Always consider the potential risk to other children.
- Be professionally curious especially where children are displaying any behaviours that are indicative of child sexual abuse. [Sexual abuse | NSPCC](#)
- It is safe to ask open questions such as: Who? What? When? Where? But remember to do this sensitively with a trauma-informed approach and understanding that the child may not fully disclose all the details to you.
- Never ask why the abuse happened and avoid victim blaming language.
- Ascertain if the child has disclosed this to anyone previously.
- [Child sexual abuse and exploitation | Barnardo's \(barnardos.org.uk\)](#)

[Identifying and responding to disclosures of child sexual abuse | CSA Centre](#)



3 Intent of disclosure

Some children disclose abuse purposefully – to stop abuse from occurring, to seek emotional support, or to protect siblings or other children who they worry may be at risk (Alaggia, 2004; Allnock and Miller, 2013). Others may 'want to tell' but equally 'do not want to tell' (McElvaney et al, 2012), one consequence of which may be an unwilling disclosure.

Disclosures can be unintentional, where children feel forced, coerced or pushed into a disclosure following third-party witness to the abuse, discovery of evidence or prompts from others to understand what might be behind the child's behaviour (Alaggia, 2004; Mathews et al, 2016).

Where disclosure is non-verbal, the child's behaviour may be intentional, to convey a message that something is wrong (Alaggia, 2004; Brattfjell and Flâm, 2019). Even if behavioural signs are unintentional, they may signal that something is wrong, and professionals should recognise and respond to this (Children's Commissioner for England, 2015).

6 Responding to a disclosure

- Show you care, help them open up
- Take your time, slow down
- Show you understand, reflect back

[Dealing with a direct disclosure | Safeguarding information for tutors \(youtube.com\)](#)

Reassure the child that they have done the right thing in disclosing the abuse.

Document what the child said, write down their exact words, and any information the child has given you about the alleged abuser.

Absolute confidentiality can never be guaranteed when a child discloses sexual abuse. Always consider the risk to the child and others.

If you think a child is in immediate danger, contact the police on **999**. If a child discloses child sexual abuse this must be referred to Children's Social Care (CSC) for further assessment and inform your safeguarding lead.

5 Impacts of disclosure

Disclosure can be traumatic and have short- and long-term effects on children's emotional wellbeing (Arata, 1998; Feiring et al, 2002). The act of disclosing sexual abuse can heighten shame and guilt (Feiring et al, 2002). Others' negative reactions to disclosures may compound these impacts and deter them from making further disclosures (Ullman, 2002; Crisma et al, 2004). This should not stop professionals from providing opportunities to children to disclose, but it is essential that children and their families receive appropriate support following disclosure.

Withdrawals of disclosure may occur even where there is corroborative evidence. Withdrawal of disclosures is more common in younger children, where non-abusing parents/carers are unsupportive or where the perpetrator is a close family member (Elliott and Briere, 1994; Malloy et al, 2007).

4 Who discloses child sexual abuse?

Research demonstrates considerable variation in rates of disclosure of CSA, dependant on the sample and the way that disclosure is measured.

Girls who experience CSA are more likely than boys to disclose their abuse to someone during childhood (Priebe and Svedin, 2008; Radford et al, 2011).

The evidence is more mixed when considering ethnicity. While unique barriers to CSA disclosure by children from some black and minority ethnic backgrounds exist, it is unknown whether this translates into lower disclosure rates (Bailey et al, 2017; Bottoms et al, 2016; Springman et al, 2006).

Disabled children are less likely than other children to disclose their abuse; this has been found to be the case across a range of disabilities (Hershkowitz et al, 2007a; Sullivan and Knutson, 2000).