



Commentary

The child sexual abuse disclosure controversy: New perspectives on an abiding problem



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1. Introduction

Unlike other forms of child maltreatment, determination of child sexual abuse relies principally upon the child's disclosure. That is to say physical child abuse is typically diagnosed by a health care professional who determines the child's injuries have been inflicted (Dias, 2015). Child physical neglect derives from the child's physical condition and/or living conditions (Giardino et al., 2019). For example, the child is filthy, hungry, and living in squalid conditions. This diagnosis may be made by a health care professional, a child protection worker, and/or the police.

Child sexual abuse typically leaves no physical evidence, or the evidence is fleeting (Adams, Harper, Knudson, & Revilla, 2003; Christian et al., 2000), and usually the only persons with firsthand knowledge of this violation are the victim and the perpetrator. The perpetrator is loath to disclose the assault because sexual abuse is not only a criminal act, but also has other terrible consequences, for example, loss of custody of a child when sexual abuse is intrafamilial, the demise of significant relationships, loss of employment, and social ostracism. Determining the likelihood of sexual abuse comes down to the words of a child, which may be delayed, halting, and lacking in detail, versus the more articulate words of the accused adult. Furthermore, in most cases, there is a power differential between the alleged victim and alleged perpetrator, victim being the powerless and perpetrator being powerful. Indeed, virtually every disclosure of child sexual abuse generates a counter-claim, that the child is fantasizing, mentally ill, misinterpreting innocent events, or lying (Faller, 2007).

It is in this context that children may delay disclosing sexual abuse, deny sexual abuse when invited to disclose, or recant a prior disclosure (Pipe et al., 2007). Research on adult survivors indicates that the majority of children do not disclose their sexual abuse during childhood (e.g., London, Bruck, Ceci, & Shuman, 2005; London, Bruck, Wright, & Ceci, 2008). Moreover, in these two studies, only a small fraction of children disclosed their sexual abuse to mandated investigators (London et al., 2008). This research, however, derives from adults who do disclose when interviewed, for research or clinical purposes, during adulthood. It does not describe those victims who never tell, neither as children nor as adults. They remain secretive, keeping their sexual abuse to themselves, often leading to more severe mental health and other detrimental consequences than if they had disclosed.

It could also be argued that the disclosures of those who do tell may be partial, perhaps the tip of the iceberg or perhaps only the crimes about which victims don't regard themselves as complicit. The primary focus of the articles in this special issue is on victims who have disclosed their abuse, either as children or adults.

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2. Conceptualizing child sexual abuse disclosure

How should professionals conceptualize a child's disclosure of sexual abuse? Is it an event or a process (Faller, 2007)? That is, is disclosure of sexual abuse more like a straightforward crime report, or more like a delayed, protracted, and painful confession (Everson, 1998)?

2.1. Disclosure is an event

If disclosure is an event, parents and professionals should anticipate an outcry shortly after the abuse. The child should have the expectation that non-offending adults, parents and professionals, will believe, will protect, and will blame the abuser. In terms of mandated response, a single forensic interview should be all that is required. Professionals should ask the victim open-ended questions, which elicit a narrative account from the child, followed by a few follow-up questions. There should be sufficient details in the child's account for the mandated professionals to move toward criminal prosecution and/or child protection. More than a single interview runs the risk of inadvertently eliciting a false positive or contaminating the child's account by repeated questioning. (Everson, 1998)

2.2. Disclosure is a process

In sharp contrast, if for the child disclosure of sexual abuse is a process and likened to a confession, professionals must anticipate considerable delays before the child has sufficient strength to disclose. Factors that inhibit disclosure are many.

First, there is fear the non-offending caregiver will not believe or will blame the child (Schaeffer, Leventhal, & Asnes, 2011). Alternatively, the child may not want to cause trauma and trouble for the non-offending caregiver (Faller, 2016).

Second may be trepidation that the child will be blamed by others for the sexual victimization. Offenders often manipulate victims, for example, by the grooming process, into believing they are participants, not victims. Moreover, the child may think that delaying disclosure of sexual abuse will result in being blamed, thus further delaying disclosure.

Third, in addition to grooming, the offender may inhibit disclosure in many other ways. The proximity of the relationship between the victim and the offender often plays a role in the type of manipulations employed by the offender (Faller, 2016). If the relationship is close, the offender may use admonitions such as loss of the offender's love or loss of family to prevent or delay disclosure. If the relationship is more distant, for example when the perpetrator is a neighbor, the adult may threaten death or bodily harm to the victim, loved ones, or pets. Age may play a role in how the offender manipulates the child. Younger children are more likely vulnerable to the offender's assertions that he (or she) is clairvoyant—that he (or she) knows what the child is doing and saying, even though not present (Faller, 2003). With older children, who are knowledgeable about the child welfare and criminal justice systems, the offender may prevent disclosure by reference to intrusions of professionals into victims' lives and living situations (Faller, 2016). Offenders may also use positive strategies to ensure silence, such as gifts, money, and undivided attention.

Indeed, without offender manipulation, victims may be inhibited from disclosure by these very same concerns: fear of retaliation for reporting, fear of professional intervention, such as placement in foster care or requirement of court testimony, or fear of the unknown. Living in a situation of sexual abuse may be horrible, but predictable. The imagined outcomes of disclosure may be perceived by the victim as worse than the sexual abuse situation. (Faller, 2007)

These dynamics, as just described, argue for a different approach to the child who may be a victim of sexual abuse. Parents and professionals should anticipate delay in disclosure and not entertain the query "why now?"—thereby blaming the child for not coming forward at the time of the abuse. These adults need to understand minimal, partial, and hesitant disclosures. They may need to anticipate recantations (Lyon, 2002; Summit, 1983), as children experience misgivings or confront the consequences of their disclosures.

There are also factors that motivate disclosure. Factors found in research and practice that motivate disclosure are the desire to stop the abuse, the hope of avoiding pregnancy, the need to protect other children from the offender, and the compelling motivation to get out of the abusive situation, be it family, school, foster care, or institution. (Faller, 2007)

Fear of the consequences of disclosure is one source of delays, denials, and recantations of sexual abuse reports. But there are also children who don't know they should tell. These victims are usually young children who lack sexual knowledge and/or knowledge about sexual abuse. Sexually naïve children may experience sexual abuse as a strange encounter, but do not understand its meaning or that such acts between a child and an adult are taboo and criminal. Some of these children have been informed about "how babies are made," but do not relate this knowledge to the abuse because oral sex, anal sex, and fondling of the private parts don't make babies. Ironically, as these victims become more knowledgeable, they often fail to report because the strange encounter, that they subsequently discover was a terrible thing, may imply that they are terrible as well (Faller, 2016).

Although some countries have routinely given children more than one chance to tell, in the United States, a single forensic interview by a skilled practitioner is regarded as best practice (e.g., Lamb, Orbach, Hershkowitz, Esplin, & Horowitz, 2007). That said, there is increasing appreciation that some children need more interviews to disclose. Programs that provide extended assessments for suspected victims are illustrative, allowing as many as six sessions (e.g., Faller & Nelson-Gardell, 2010; Faller, Cordisco-Steele, & Nelson-Gardell, 2010). Some programs, however, only give a child a second chance (CornerHouse MultiSession Interview, 2017). Given what research and practice has taught professionals from adult survivors, a mere second chance will not be enough for many children. Indeed, patient probing over time may be what is required, which is embodied in child sexual abuse-focused treatment (Faller, 2016).

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