



## Invited Review

Barriers and facilitators to disclosing sexual abuse in childhood and adolescence: A systematic review<sup>☆</sup>Charlotte Lemaigre<sup>a</sup>, Emily P. Taylor<sup>b,\*</sup>, Claire Gittoes<sup>c</sup><sup>a</sup> School of Health and Social Science, University of Edinburgh, Teviot Place, Edinburgh, EH8 9AG, United Kingdom<sup>b</sup> Centre for Applied Developmental Psychology, School of Health in Social Science, University of Edinburgh, Teviot Place, Edinburgh, EH8 9AG, United Kingdom<sup>c</sup> Children's Wellbeing Duty Social Work Team, Randall House, Macmerry Business Park, EH33 1RW, United Kingdom

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## ABSTRACT

Children and young people often choose not to disclose sexual abuse, thus preventing access to help and allowing perpetrators to continue undetected. A nuanced understanding of the barriers (and facilitators) to disclosure is therefore of great relevance to practitioners and researchers. The literature was systematically searched for studies related to child and adolescent disclosures of sexual abuse. Thirteen studies were reviewed and assessed for methodological quality. Results of the review illustrate the heterogeneous nature of these empirical studies. Findings demonstrate that young people face a number of different barriers such as limited support, perceived negative consequences and feelings of self-blame, shame and guilt, when choosing to disclose. Being asked or prompted, through provision of developmentally appropriate information, about sexual abuse facilitates disclosure. The review highlights the need for robust, longitudinal studies with more sophisticated methodology to replicate findings. The review identifies the need for developmentally appropriate school-based intervention programmes that facilitate children's disclosure by reducing feelings of responsibility, self-blame, guilt and shame. In addition, prevention programmes should encourage family members, friends and frontline professionals to identify clues of sexual abuse, to explicitly ask children about the possibility of sexual abuse and also to respond supportively should disclosures occur. Facilitating disclosure in this way is key to safeguarding victims and promoting better outcomes for child and adolescent survivors of sexual abuse.

## 1. Introduction

The World Health Organisation (WHO) defines childhood sexual abuse (CSA) as the 'involvement of a child in sexual activity that he or she does not fully comprehend and is unable to give informed consent to' (WHO, 1999, p. 15). The various types of experiences, which constitute CSA, are wide-ranging. In a recent meta-analysis of global CSA rates, Stoltenborgh, van IJzendoorn, Euser, and Bakermans-Kranenburg (2011) identified a combined prevalence of 11.8% amongst 9,911,748 participants, with higher rates for females (18%) than males (7.6%). It is not clear whether this gender imbalance reflects gender differences in childhood sexual abuse prevalence or disclosure rates but does reflect the over-representation of females in the wider CSA literature. Varying prevalence rates by country were also noted, possibly reflecting true cross-cultural differences in CSA rates, and/or children's ability to disclose.

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Variations may also reflect disagreements about the definition of CSA as well as differences in its measurement and reporting.

Prevalence studies rely on sampled populations reporting their experiences of CSA, however, child sexual victimization is both under reported and under-recorded (Reitsema & Grietens, 2016). The act of disclosing CSA is key to halting abuse and instigating legal and therapeutic intervention (Paine & Hansen, 2002) yet not all children who are sexually abused disclose and as many as 60–70% delay disclosure into adulthood (London, Bruck, Wright, & Ceci, 2008). Research studies on disclosure rates are predominantly retrospective, sampling adult populations. Critically, these studies are inherently at risk of confounding and selection/recall bias. More recently, there has been an increased focus on researching disclosure in child and adolescent populations. Some research has shown that only a third of victims disclose during childhood (Jonzon & Lindblad, 2004; London et al., 2008). Priebe and Svedin (2008) surveyed 4339 high school children and found that 45% reported experiences of unwanted sexual abuse. Of these, only 65% of females and 23% of males had previously disclosed, indicating that although some survivors of CSA disclose their experiences, many do not. What is striking is that studies such as these suggest that research can uncover first-time disclosures. Young people are therefore not spontaneously disclosing nor are they being explicitly asked about their experiences of sexual abuse. The possible adverse results of this secrecy are that many children are at risk of ongoing sexual abuse and that many perpetrators remain unidentified and therefore free to commit acts against other children. There is a growing body of research in the literature pertaining to predictors and processes involved in patterns of (non)-disclosure of CSA.

Demographic variables such as age and gender have been implicated in decisions to disclose. Some studies have identified age effects suggesting that younger children are more likely to delay disclosure than older children (e.g. Smith et al., 2000), although other studies have failed to replicate this pattern (e.g. Kellogg & Huston, 1995). Younger children are more likely to disclose to adults (Lamb & Edgar-Smith, 1994; Roesler & Wind, 1994; Arata, 1998; Palmer, Brown, Rae-Grant, & Loughlin, 1999) whilst older children and adolescents are more likely to disclose to peers (Edgardh & Ormstad, 2000; Tang, 2002). Studies generally report higher disclosure rates for sexually abused females in comparison to sexually abused males. This may be an artefact of the under-representation of males in the CSA literature. These findings may also reflect gender variances in CSA prevalence data (Stoltenborgh et al., 2011) and/or gender differences more generally in help-seeking behaviour (Galdas, Cheater & Marshall, 2005). These factors may all derive from an (unconscious) binary view of women as victims and men as perpetrators, as espoused in feminist literature (e.g. Knight & Hatty, 1987). Other demographic variables such as disability have received some attention in the literature. Research suggests that children with disabilities are not only at greater risk of abuse than their typically developing counterparts (Jones et al., 2012) but they are also more likely to delay or fail to disclose. Hershkowitz, Lamb, Horowitz (2007) and Hershkowitz, Lanes, Lamb (2007) examined forensic statements of 40,430 alleged abuse victims and found that regardless of age or gender, children with disabilities failed to disclose significantly more often than typically developing children. Moreover, delaying disclosure was found to be more likely when sexual abuse was suspected. In a qualitative study sampling 10 deaf and disabled people, Jones et al. (2016) explored enablers of help-seeking following abuse. They found that disclosures were facilitated by supportive relationships and by other people's abilities to detect and respond to abuse. Despite what is known about disabled children being at increased risk of victimization, the population is under-researched and this remains a significant gap in the literature.

Research has also investigated the role of abuse characteristics on victims' decisions to disclose. For the most part, disclosure has been found to be more likely when the abuse is extra-familial (abuse that occurs out with the family) (Arata, 1998; London et al., 2008). However, not all studies agree; Lamb and Edgar-Smith (1994) found no association between abuse type and the likelihood to disclose in a sample of 60 adults who had been sexually abused as children. Other factors such as anticipated social reactions and fear of negative consequences such as disbelief, along with psychological constructs such as shame and self-blame have also been researched (Kellogg & Hoffman, 1997; Ullman, 2002). Despite the fact that these many factors have been to some degree implicated in a child's decisions to tell, there is limited consensus within the literature about an optimal set of conditions and factors that facilitate CSA disclosures. Indeed, a recently conducted literature review of adult disclosures of CSA concluded that the barriers and facilitators to disclosing sexual abuse involve a complex interplay between several intrapersonal, interpersonal and social factors, which are still only partially understood (Tener & Murphy, 2015).

Disclosing CSA in childhood may involve barriers and facilitators that are qualitatively different to those experienced by adults. Paine and Hansen (2002) concluded in their literature review that alongside a complex interplay between multifaceted internal and external factors, cognitive and developmental barriers are important drivers in children and adolescents' decisions to withhold disclosure. Since Paine and Hansen's (2002) review, additional research investigating child and adolescent disclosures of CSA has been conducted, yet there remain opposing and contrasting findings. As such, no conclusive trends can be drawn from each of the individual studies published. This highlights the need to better understand the common findings across these studies with each study's methodological quality in mind.

McElvaney (2015) reviewed literature on delays, non-disclosures and partial disclosures of child sexual abuse in adult and child populations. As with Paine and Hansen's (2002) review, the author identified the intricacy and complexity involved in individuals' disclosure journeys. Given that disclosure is pivotal for a child to access help, it is important to understand the factors that facilitate a child's decision to tell. To the authors' knowledge, no published systematic reviews to date have examined studies investigating the barriers and facilitators to disclosing sexual abuse in childhood and adolescence. In synthesizing findings from these studies, the current review aims to address the following questions: 1) What barriers do children and adolescents face when disclosing sexual abuse? 2) What factors are associated with facilitating children and adolescents to disclose their experiences of sexual abuse?

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