



ECAV PRACTICE PAPER: RESPONDING TO SUSPECTED CHILD SEXUAL ABUSE

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In her current role as Service Manager at Rosie's Place, Cathy manages the service but also continues to work as a sexual assault counsellor with families living in the outer western suburbs of Sydney. Since that time Rosie's Place has extended its work to also provide counselling and support to families subjected to domestic violence. Cathy Want has been providing training for ECAV over the last fifteen years.

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1. Introduction

The discovery of sexual abuse has many different paths, be it intentional where the child purposely tells, accidentally whereby someone discovers it has been occurring, or triggered whereby something happens to cause a recollection which may then lead a victim to disclose.

However research informs us that children are more likely to not disclose sexual abuse than to disclose and many children don't disclose until adulthood (Alaggia, 2004; London & Bruck, 2005; Hunter, 2011). Even when children do disclose in their childhood then most commonly the disclosure is delayed with an average delay being cited as 7-8 years (London & Bruck, 2005)

More recent reports have strongly argued that children and young people need more direct assistance from safe and supportive adults to encourage them to tell someone of their abuse (Allnock & Miller, 2013; Esposito, 2015).

This practice paper is a snapshot of relevant information regarding professional responses to concerns regarding the sexual abuse of children and young people.

It details an understanding of the processes of disclosure for children and young people, but more significantly, the ways adults can provide a safe and supportive environment when relating to children and young people that may encourage or prompt them to disclose their experiences of sexual harm.

2. Disclosing child sexual abuse

Disclosure refers to the ways children and young people are able to let other people know, be they peers, parents, teachers or other adults, that they are currently being or have been sexually abused.

Disclosures can arise by informally telling a friend, peer, parent, partner or teacher or making a more formal statement to child protection authorities or the police.

Research regarding disclosure comes from two main sources: adults who report histories of sexual abuse and children who have been or are being sexually abused. Research clearly shows that an estimated 55-70 % adults report that they did not tell anyone about being sexually abused during their childhood (Hunter, 2011).

A review of studies regarding disclosures by Anne Cossins (2002) consistently found that children do not report the abuse at the time it occurs with the majority only disclosing some years after or never disclosing at all (London & Bruck, 2005; Cossins, 2002)

As stated by Cossins, "Like the crime of adult sexual assault, under reporting of child sexual assault is a typical, rather than an aberrant, feature of this crime". (p.169).

1.1. Types of disclosure

The two most common descriptions of disclosure are

- Purposeful (direct and deliberate with intention by the child or young person to reveal what has happened) OR
- Accidental (witnessing the abuse, other victims disclosing, physical symptoms or evidence, behaviours, and emotional signs being noticed may prompt a child to talk about what they have experienced).

A study of adult survivors by Lievore (2003) noted that "Disclosure was not always a conscious decision or planned action and not all survivors had a clear objective in disclosing. Those who did were primarily motivated by the need for safety, protection and support, not wanting to be alone, or were seeking information to help them clarify their understandings about the nature of the assault" (p.v)

1.2. Models of disclosure

Models regarding disclosure can be divided into those that conceptualise disclosure as a one off **event** where a child actively tells in detail their experience of abuse or else more as a **process** over time.

The **event model** of disclosure proposes that children and young people are in an active state to tell about their experience of abuse, providing clear and detailed information about what has occurred. Such disclosures do of course occur although research holds that such coherent and direct disclosures are the exception rather than the norm. Furthermore, such patterns of disclosure were more commonly associated with higher rates of severe abuse (Priebe & Svedin, 2008).

The **process model** of disclosure suggests the child is holding the story of the abuse with ongoing events and interactions determining if, when and to whom they will eventually disclose.

Initially this process was seen as **linear** with successive phases taking the child from keeping the secret of abuse to disclosing. This linear understanding was initially presented by Roland Summit (1983) with five successive phases leading to disclosure known as the Child Sexual Abuse Accommodation Syndrome.

Those phases included:

- Secrecy - fear driving the silence of the abuse
- Helplessness - not able to stop the abuse or tell someone
- Entrapment - being trapped by the abuse and having no choice but to “accommodate” (live with) it.
- Disclosure – delayed, conflicted, unconvincing
- Retraction – lying, forgetting or making a mistake about what has been disclosed.

Research by Sorenson and Snow (1991) also identified progressive phases of the disclosure process including:

- Denial (75%) (nothing happened, everything is fine)
- Tentative disclosure (75%) (vague as to details/confused) to active (more forthcoming/clear/complete statement)
- Recantation (25% denied initial stories)
- Reaffirmation (93%) confirmed abuse had occurred.

Their findings also featured secrecy as a strong controller of the disclosure process with other factors also serving as inhibitors, including the relationship between the child and the offender, the degree of force or threats used, the length of time the abuse occurred and the intensity of physical intrusiveness.

Although ongoing research has found little evidence to support the process model as a relatively straightforward linear sequence the phases noted by Summit and by Sorenson & Snow do highlight the significance of the dynamics and effects created by the abuse in establishing secrecy, isolation, helplessness and entrapment for the child being abused.

A further model of the disclosure process, based on social cognitive theory, has been proposed by Bussey and Grimbeek (1995). In that model a distinction is made between children's ability to remember what they experienced and then to be able to actively report what happened.

Factors that are seen as influencing disclosure include:

- Attention processes (attention to what happens)
- Retention processes (remembering detail)
- Production processes (communicating the experience)
- Motivation processes (actively reporting the experience)

This model draws attention to the developmental age of the child, such as the changes in terms of how children retain information from visual encoding when younger to verbal and conceptual encoding as they develop. The focus on production processes highlights that critical to children being able to disclose is not only what they remember but how that memory is accessed, such as being asked to talk about what happened and describe what happened by being asked specific questions.

As with previous models the focus on motivation processes also considers the barriers confronting children when considering disclosure including:

- Outcome expectations (anticipating punishment or rewards for disclosing (outcome expectations);
- Internal reactions (holding feelings of shame, embarrassment, guilt or pride for disclosing); and
- Self-efficacy expectations (feeling unable to disclose due to concerns about not being believed or being unable to answer difficult questions).

This model suggests that there is a developmental progression in the extent to which these motivational factors influence children, and as children get older all three motivational factors would be expected to influence children's reporting of abuse that happened.

It is now strongly supported by research that disclosure as a process is not a linear path, but is a more complex entity, with multiple tangents and therefore multiple outcomes, influenced by how children process and receive information, and the child's or young person's ongoing interactions with others, including the perpetrator of the abuse and other significant relationships who may provide someone who the child can eventually tell.

Such a process may occur months, if not years after the abuse ceased, due not only to the trauma sustained but also the developmental stages of the child and young person, the potency of grooming and resultant denial, secrecy, confusion, fear, shame, self-blame and powerlessness and the availability of people in their lives who they can access for protection and support (Cossins, 2002, Allnock & Miller, 2013).

1.3. Barriers to disclosure

Children subjected to sexual abuse carry a weight of uncertainties and fears regarding the sexual abuse and also the consequences if it is discovered.

As stated by Dorais (2002), "The response of the young person's family to his disclosure of the abuse preoccupies him as much, if not more, than the threats that are designed to keep him quiet" (p. 89)

The barriers for children and young people to disclose are varied but most commonly include:

- Being threatened or intimidated by the perpetrator to keep silent
- Being isolated and having no one they felt they could tell
- Being developmentally unable to understand that the abuse was wrong
- Not having the language to describe what was happening
- Feeling embarrassed, shamed and guilty for what happened.

There are also questions regarding the actual disclosure process which the child needs to consider.

- Who can they trust to tell?
- How can they say what has happened?
- What will happen once it is discovered?
- How will people react to them and to each other?
- Will they be believed or be accused of lying?
- Will they be blamed and held responsible for what has happened?
- Will they be supported or punished?
- Will they have to leave their family?

A study titled 'Tipping the Balance to Tell the Secret' (1995) recorded an 88% accuracy that a child would not tell after the first sexual contact if:

- they were emotionally close to the offender,
- there was significant pre abuse grooming,
- they were abused by a family member,
- if they had been subjected to aggression to enforce abuse.

A review of disclosure studies since 2004 by Esposito (2015) noted the following factors impacting on disclosure:

- Age: the younger the child the more likely that disclosure will not occur and if so, will be delayed
- Gender: girls disclose sexual abuse more than boys
- Relationship to perpetrator: closer and more longer term relationships restricting disclosure
- Family dynamics: closed communication, isolation and other pressures facing families such as family violence reducing supports available to the child and impacting on disclosure
- Culture: cultural issues of shame, women's status, respect and patriarchy may impact on disclosure

1.4. When disclosures occur

Children and young people most commonly state that they disclosed the sexual abuse because they wanted it to stop. Disclosure is also about seeking support and assistance. What has also been a significant understanding about disclosures by children and young people is the perceived lack of someone being there for them to disclose to and to provide the support they were seeking (Allnock & Miller, 2013).

Studies regarding what cause children and young people to disclose have identified several key factors:

- Developmental changes and increased understanding about the nature of the abuse
- External stimuli such as television programs, internet and school programs which enables them to recognise the abuse and provide the words to describe what happened
- Reaching a point where they can no longer cope and are seeking emotional support and safety
- Escalation of the level of violence and coercion including increasing acts of penetration
- Concern about the safety of others and therefore needing to protect them
- Physical evidence or a witness to the abuse
- Remembering forgotten abuse
- External intervention from others who hold concerns for the child and young person and prompt a disclosure by asking

(Kogan, 2004, Schaeffer et al 2011, Malloy et al 2013, McElvaney, 2013, Allnock & Miller, 2013.)

Disclosure has shown to bring relief for the child but this is also a fragile respite from fear, worry and hurt if the disclosure brings negative implications such as the child not being believed not supported by family and significant others and therefore not protected.

Studies indicate that younger children tend to disclose to their parents while young people have a greater tendency to tell their peers (Esposito, 2015)

A US study by Kogan (2004) of young people who disclosed sexual abuse found that most disclosed to close friends (36%), mothers (35%), and other relatives (8%) with only 6% being made to authority figures including police, teachers and clergy (6%).

In qualifying his finding Kogan stated that young people were more likely to share with their friends an experience of abuse by a peer rather than an adult, let alone someone with a significant relationship such as a parent, step-parent or sibling.

The study by Priebe & Svedin (2008) found that only 9% of girls and 3% of boys had talked to a professional about their abuse and 7% of girls and 4% of boys had talked to the police or other authorities. Such hesitancy has been suggested as related to fears regarding mandatory notification, lack of awareness of the services and supports available and a mistrust of child protection services.

Without direct verbal statements, children and young people who are being sexually abused may display their distress in other ways.

- Making unclear statements to indicate something is wrong such as “unusual” questions asked or comments made by a child that suddenly interrupt “normal” conversation.
- Non-verbal disclosures such as writing letters, poems or drawing pictures
- Behavioural signs including developmentally inappropriate sexualised behaviour or sexual language, anger or aggression, attention seeking behaviours, avoidance of family gatherings or particular people, self-harming behaviours, eating disorders, enuresis and encopresis, nightmares and sleep disturbances, concentration and learning problems at school.
- Emotional signs including fear, anxiety, sadness, withdrawn and depressed, mood swings, acting out without known causes, mood swings.
- Physical signs including stomach aches, encopresis, enuresis, tiredness, soreness in the genitals, unexplained bruises and scrapes, tiredness.

Although recognised as indicators of possible sexual abuse it is also important to bear in mind that the above list is indicative of other concerns that may be occurring for a child or young person. The key point to hold is that thinking needs to shift from “something being wrong” with that child or young person to “something wrong is happening” to that child or young person. There is a need to “notice the signs” (Allnock and Miller, 2013) and be interested in what those signs may be about and just ask.

It is also important to recognise that children and young people subjected to sexual abuse may also experience other forms of abuse such as physical abuse, emotional abuse, neglect, bullying and

exposure to domestic and family violence. In the 2013 study by Allnock & Miller, 82% of young people reported 15 or more different experiences of victimisation.

When speaking with a child or young person about their safety they may disclose experiences of harm other than sexual abuse. This provides not only a way of demonstrating to them that what they are talking about is important but also sheds light on what factors are existing in the child's life that places them in a most vulnerable place. It starts a process of unravelling for them some of the fears they hold as well as the self-doubt that they are not to blame for what is happening and they are never deserving of such abuse.

3. Responding to children and young people subjected to child sexual abuse.

3.1. Responding to disclosures

Studies regarding responses to disclosure of child sexual assault are situated along a continuum from:

- Negative responses of disbelief, shock, denial, blaming the victim, closing down discussions and punitive action against the child or young person, to
- Positive reactions of belief and validation, immediate safety, being available to emotionally support the child and taking action to protect (Schaeffer et al 2011).

In studying the impact of having told someone about being abused as a child, O'Leary et al (2010) found that disclosure impacted negatively on adult mental health issues if that disclosure was not met with belief or support.

In summarising this study questions were raised regarding the responsibility placed on a child to disclose sexual assault if the adults surrounding that child, both within and outside the child's immediate family, do not respond positively or protectively when that disclosure is made. "The central point here is not to discourage children from telling, but, rather, to avoid promoting the potentially false hope that telling alone will stop the abuse or result in healing". (p. 286).

A UK study of 60 young people's experiences following disclosure of sexual abuse identified both positive and negative reactions by others. Negative reactions included stigmatisation and increased isolation, not being heard and therefore not responded to, being poorly handled by professionals and the young person being accused of lying or attention seeking. The positive reactions were stated as three simple things: believing the young person, taking some form of protective action and providing emotional support (London & Bruck, 2005).

3.2. Being seen and heard

As stated previously disclosure can occur in different ways and over different periods of time but often remains invisible, not only because children can't tell, but because adults don't notice signs that may then precipitate an interest to ask a child or young person if they are safe and, more explicitly, if they are being harmed.

A study of 3000 adults in Ireland found that 47% who disclosed sexual abuse stated that this was the first time during the survey and that they had not disclosed previously because they had never been asked (McGee et al 2002).

As stated in the Allnock and Miller study (2013) children and young people who felt unable to disclose their abuse simply stated they would have liked someone to notice or ask them about what was happening to them. They felt professionals should have asked more questions to uncover the nature of their problems, be it their depression, anxiety or self-harming behaviours. They felt that perhaps their experiences of abuse would have been discovered earlier if professionals had broadened their lens to more than the “presenting problem” they were referred for.

The study also revealed that for young people who did disclose their abuse they were often not listened to and certainly what they were trying to say was not heard. They felt that what they disclosed was denied, ignored or minimised and therefore insufficient proactive and protective action occurred.

3.3. Barriers for professionals to asking children and young people about abuse.

It is important to recognise that, just as in individual, family and community circles, there may be different values and beliefs regarding child sexual abuse within professional circles. Such differing positions are not just of opinions and information regarding child sexual abuse but also positions regarding professional responsibility to notice it, if necessary to directly ask about it and to proactively do something about it.

In 1992 Judith Herman in her groundbreaking book, *Trauma and Recovery*, wrote of the professional strategies operating in responding to child sexual abuse which included denying it, minimising its existence and holding no responsibility for incorporating consideration of its prevalence into practice.

Ongoing barriers for professionals in responding to child sexual abuse include:

- beliefs about child sexual abuse,
- ability and confidence to identify child abuse
- ways of responding should a child disclose
- concerns about the child protection system’s capacity to respond
- concerns of damaging the clinical/therapeutic relationship especially in regard to mandatory notification.
- anxiety about “contaminating” possible forensic evidence if they speak to a child
- fears may be forced into the legal system as a witness.

Such barriers have also been identified and explored succinctly by Peg Flanddreaux-West (1989) in her development of the Discount Hierarchy, a model often referred to when asking professions to consider their stance in regard to child sexual abuse. The four components of that hierarchy include:

- Existence: There is no acknowledgement of its occurrence, or it happens in other communities or there has never been any evidence of it in my work
- Significance: It may exist but is not a significant issue as children often exaggerate or tell lies or misunderstood the actions of another as sexual abuse.
- Solvability: Nothing can be done to help this child or support this family.
- Self: There is nothing I can do about this in my professional capacity and will leave it to those with more expertise in the field.

Historical and current rates of child sexual abuse continue to inform us that it does exist, it is significant, and interventions do make a difference, especially in regard to protecting children and keeping them safe.

The final part of the hierarchy in regard to self is one which requires the professional to be clear about their own values and beliefs about child sexual abuse and how this may impact on their practice. For example, if seeing a child or young person presenting with problematic behaviours, does the focus stay only on the behaviour or locating the sources of stress and possible harm driving that problem? Does a professional struggle in believing that a parent can abuse a child cause an assessment to be devoid of consideration of possible risk and harm?

To be responsive to the rights and needs of children and young people to safety and wellbeing, professionals need to realign themselves from discounting the existence, significance, solvability and responsibility of self in regard to child sexual abuse and their responses.

Professionals need to be educated about the indicators and dynamics of abuse, feel more confident and comfortable about discussing sexual abuse with children and young people in a developmentally appropriate manner, and taking a proactive position in ensuring that their needs are responded to by the wider child protection and legal systems.

3.4. Providing openings for children and young people to disclose.

Research informs us that asking children directly about abuse can give them the opportunity, motivation and important leverage of support for them to disclose. As stated by Espiroto (2015), "The evidence notes that building trust and rapport with children, taking an interest in them, making them feel safe, letting them know they will be believed and creating a safe and confidential space for children will help children disclose" (p.48).

The issue regarding contaminating of evidence has loomed heavily over the field and inadvertently created an anxiety that causes professionals to avoid any discussion with a child or young person about possible harm. Such fears, including of misleading a child to make false allegations, have created further barriers within the helping professions for engaging with children despite the research consistently and strongly pointing to the importance of

disclosures being prompted by questions from significant people including caregivers, friends, teachers, doctors and other professionals.

A study by Jensen (2005) showed that when children were brought into therapy for a non-recognised issue of concern but were asked by the therapist directly what was bothering them it gave them the opportunity to share what they had experienced. Most significantly, it was the connection to the person speaking to them who showed genuine interest and concern, that provided the impetus to disclose.

This study further argued that children carrying the burden of keeping the abuse a secret are noticing and surmising if the person speaking to them would understand or believe their experience. When that person raises the issue of being unsafe or being harmed it provided a space for children to then disclose.

In regard to the accusations of contaminating evidence there are clear strategies when speaking with children and young people that can disqualify such claims. Asking open ended rather than closed questions, allowing the child to use their own words and seeking clarification only of what they mean rather than re-stating their words with your own terms, ensures an accuracy of what they have disclosed and an insignificant sense of professional influence, other than maintaining a safe and supportive environment in which the child can speak.

In her review of the legal responses to child sexual abuse disclosures, Shackel (2009) argues that understanding the nature of disclosure processes for children and young people is sufficient evidence to argue against the contamination theory. She states that suggesting a disclosure to a professional or someone not close to the child as being suspicious goes against the knowledge base we have regarding disclosure processes.

Research shows that majority of children and young people disclose to either their mothers or friends, chances of direct disclosure to a professional are low. However if there are concerns, consultation with another professional, using the processes available under Chapter 16A of the Children and Young Persons (Care and Protection) Act 1998, may be helpful. Those who may have regular contact with the child, young person and their family, may be in a better position over time for the child/young person to feel safe enough to disclose.

Remembering that disclosure by children is a complex process, often with significant delays, provides a reference point for acknowledging that they may not disclose the existence of sexual abuse at all or provide vague descriptions that only hint at them being unsafe, without any further clarification.

3.5. Strategies for engaging with children and young people when sexual abuse is suspected

There is a consensus in the literature regarding ways of engaging with children and young people when there are concerns held about their wellbeing and the possibility of their exposure to not only sexual abuse but other forms of abuse and neglect. They include:

- Provide a safe place for children and young people to talk, away from parents, possibly with another adult that child knows and trusts

- Be fully present and actively showing an interest in them by asking questions about who they live with, what school they go to, friends, social activities, interests etc.
- Use age and developmentally appropriate words and communication styles and regularly “check out” with the child or young person not only if they understand what you are saying but also if you properly understand what they are saying to you.
- Provide a space to talk that is private with limited opportunity for sudden intrusions such as other people walking in, phone calls or pagers.
- Understand that children’s behaviour, even problematic behaviours, make sense of terms of signalling that something is troubling them.
- Directly ask them about any worries they may have or problems they are trying to deal with at the moment (eg: Is there anything that you would like to ask me about or talk to me about?).
- Ask about other signs of distress they may be showing or have a concern about (eg: Do you have any worries about your body? Do you have any pain or other symptoms that you find it hard to talk about?).
- Notice and bring attention to some of the non-verbal cues of distress and anxiety the child or young person may be displaying (eg: when I asked you about any worries you might have you seemed to get anxious and showed this in the way you were breathing/ holding your head down/ holding your stomach. Can you tell me about anything that may be causing you have such distress?).
- Bring attention to any physical signs visible to you (eg: I noticed a mark/bruise/scar/ scratches on your arm. Can you tell me how those marks got there? Did you do it to yourself or did someone give you those marks?).
- Bring attention to some of the worries other people may have about them and ask them what they think those worries are about (eg: I have heard that there are some people who are a bit worried about you. What do you think about that? Do you know what they are worried about?).
- Use open ended questions such as “Can you tell me more about this” rather than a more closed question which usually requires a yes or no response.
- When talking with them about any behaviours of concern ask them more about the behaviours from their point of view (eg: Is there anything behind this? Is the behavior you are showing trying to say something or tell us something?).
- Provide information about appropriate boundaries and safe and unsafe behaviours from others and ask if they could tell you about any times they may have ever experienced feeling unsafe.
- Provide information to children and young people about their rights to protection and how and where they can get help and support.

- Ask them who they consider to be safe people in their life and if they were to tell someone about being unsafe or worried who those people might be.
- Resources such as books, pamphlets and DVDs can provide a scaffold (Hunter 2011) for children and young people caught in the fear and doubts of disclosing. Use resources supported by schools and protective behavior programs which have been validated as being appropriate and not misleading.
- Ask them if there is anything they would like to ask you about or talk to you about?
- Let them know that if they would like to see you again or feel at any time they would like to talk to you or someone else about any worries draw up a clear plan about how this could happen.
- Giving the child or young person a card with your name, phone number as well as other numbers they might contact (Kids Helpline, school counsellor, family worker etc.). This enables them to have a connection to possible support should they seek it out in the future.

3.6. Responding to disclosures

If a child does disclose sexual abuse it is important to be clear about the process of reporting and ensuring that the child, and significant adults in the child's life, get support.

It is also important to consider that speaking about what the child has told you at this time to parents may not be the appropriate action and consideration of the child's safety, especially if the abuse is current, must be made by consultation with child protection authorities and the police.

Strategies (Hunter 2011, Quadara, 2008) for ensuring appropriate responses at the time a child or young person discloses include:

- Listen and stay calm as they try to explain what has happened.
- Record the actual words the child or young person uses to describe the abuse
- Let them know if you don't quite understand what they are saying and ask if they can help you understand as what they are saying is important.
- Make notes recording what the child or young person has said in regard to the possible date, time and place where the abuse last occurred.
- Let them know you need to do this because it is important that you don't get anything wrong in what they are saying.
- If the child or young person can't speak with words and is disclosing using non-verbal means such as drawing or gestures then record how they have communicated the abuse.
- Reassure them at all times that they are doing the right thing in telling someone but avoid phrases such as "being brave" or "strong" as this may be far away from the child is actually

experiencing and can seem to dismiss the enormous fears and anxiety they may hold by disclosing.

- Stay attentive to what may be happening for the child through their body language such as putting their head down, shaking or lowering their voice. This may be caused by the shame and guilt for telling or the fears they hold.
- Notice what they seem to be experiencing and ask them if they need time to have a break, take some deep breaths or have a glass of water.
- When the child or young person seems to have said all they could at this time let them know that they are believed.
- Never push for further details or for the child to say more than what they have been ready to disclose at this stage.
- Ask them if there is anything else they would like to say or ask, even if not about the abuse, such as worries they hold or questions they have about what will now happen.
- Never make promises that you have no control over and if you don't know an answer to a question let them know that you don't know but can try to find out for them.
- Tell them what you plan to do next and make sure if you have to leave the room that if someone can stay with them.
- Reiterate that you believe what they have told you.

In discussing the role of schools in responding to disclosures of sexual abuse, Quadara (2008) makes the following comment which succinctly summarises a key message of this paper.

“The role of appropriate and sensitive responses to incidents of sexual assault is as important as prevention efforts. How we name, classify and validate an individual's experience of sexual violence sends a message to students, teachers, parents and the community about the significance of sexual assault and what we are prepared to do about it. Encouraging disclosure is the only way to intervene in ongoing abuse and an important way that victim/survivors can be referred to support services”. (p.11)

4. Conclusion

“In order to escape accountability for his crimes, the perpetrator does everything in his power to promote forgetting. Secrecy and silence are the perpetrator's first line of defense. If secrecy fails, the perpetrator attacks the credibility of his victim. If he cannot silence her absolutely, he tries to make sure that no one listens”. (Herman, 1992.p 8)

Understanding the disclosure process is extremely valuable in drawing attention to the difficulties that children experience in being able to separate themselves from the power exerted over them by

the perpetrator, constructing an identity for the child and a false reality that maintains a stranglehold of secrecy, isolation, guilt and shame, mistrust, and powerlessness (Cora and Linnell,1993).

To be able to make a clear and active disclosure children need to have some degree of separation from the power of the offender and the burdens he has created for them. But to gain separation from those restraints they need to disclose. And to disclose they need to have some separation from those restraints.

Providing an opportunity for children and young people to gain new knowledge and understandings about child sexual assault and be connected to people who show a genuine interest in their worth and right to protection and safety can start to dismantle, even in small ways, the power held over them by the abuse and their sense of entrapment. Rather than waiting for children and young people to come forth on their own the responsibility for those steps toward safety must be held by adults who enter the child's life, recognise their distress, be interested in their wellbeing and simply ask, "What is troubling you?"

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