In an analysis of the disclosure by a large number of children from three to 17 years of age of having been sexually abused, and who were eventually confirmed as credible victims, the large majority at first denied the abuse. The authors describe disclosure as a process with definable phases and characteristics—seldom the single entity that typical investigations consider disclosure to be, thereby setting the stage for ensuring injustices and harm to the children.

Reported cases of child sexual abuse have reached epidemic proportions with a 322% increase nationwide since 1980 (National Centre on Child Abuse and Neglect 1988). The increase has raised both national consciousness and controversy. A backlash movement has brought into question the credibility of these reports, with complaints of false allegations and brainwashing (Crewdson 1988; Hechler 1988).

Agencies nationwide have attempted to meet the demands for accountability by developing methods and protocols that adhere to the rigours of the legal truth-finding process. A critical part of the development of such guidelines should be an understanding of how and under what circumstance children disclose sexual abuse. Pioneering clinicians have frequently asserted that understanding the process of disclosure is an important element in assessment of the problem (Dugan and MacFarlane 1988; Sgroi et al. 1982; Summit 1983).

Certain characteristics have been considered part of the disclosure phenomenon. Denial has been identified as a frequent response when the child is feeling too threatened, frightened, or insecure to acknowledge the abuse (Courtois 1988; Dziech and Schudson 1989; Lister 1982; MacFarlane and Krebs 1986). On the other end of the spectrum, one finds frequent references to recanting occurring for children who are pressured by family, offender, or court proceedings (Faller 1988; Lloyd 1982; Sahd 1980). Yet, objective research findings to confirm these clinical observations are few.

Two types of disclosure are discussed in the literature (Sgroi 1982): accidental disclosure—revealed by chance rather than a deliberate effort on the victim's part; and purposeful disclosure—when a child consciously decides to tell an outsider. Sgroi has suggested that accidental disclosures comprise the majority of disclosures. Yet Sauzier (1989), in a sample of 156 sexually abused children, found a majority (55%) of the reports were purposeful.

The breakdown of defensive barriers in the process of disclosure has been described as the “no-maybe-sometimes-yes” syndrome (MacFarlane and Krebs 1986). Almost no data are available, however, in the literature confirming this disclosure pattern or any other. Since the ability to develop effective guidelines and protocols must rest to some degree on understanding this phenomenon, it is critical that more descriptive data be made available.

This study examines the disclosure process in a sample of sexually abused children. It was hypothesised that these children would exhibit a disclosure progression from denial to tentative to active disclosure. It was also hypothesised that some of these children would recant, but most would later reaffirm. The authors were also interested in pinpointing the type of disclosure as either purposeful or accidental, and the motivational factors that prompted the revelation.

**Methodology**

**Procedure**

Six hundred and thirty cases of alleged child sexual abuse in which the authors had been involved as therapists and/or evaluators from 1985 through mid 1989 were retrospectively analysed. Eighty percent were seen at a large non-profit sexual abuse treatment facility, with the majority referred by police and protective services. Twenty percent were seen subsequently in the authors' private practice; this population was by private referral. The children lived in four adjacent counties in central and northern Utah.
Qualitative analysis of clinical notes, conversations, audio- and videotapes, and reports revealed common elements in the disclosures of the 630 cases. From these data, the proposed disclosure process was identified and variables analysed retrospectively in a subset of 116 confirmed cases of child sexual abuse. The disclosure process was identified as containing four progressive variables. Denial is defined as the child’s initial statement to any individual that he or she had not been sexually abused. Disclosure is identified as containing two phases, tentative and active: tentative disclosure refers to the child’s partial, vague, or vacillating acknowledgement of sexually abusive activity; active disclosure indicates a personal admission by the child of having experienced a specific sexually abusive activity. Recant refers to the child’s retraction of a previous allegation of abuse that was formally made and maintained over a period of time. Reaffirm is defined as the child’s reassertion of the validity of a previous statement of sexual abuse that had been recanted.

Subjects
The majority of these 116 children were seen by the authors in a large outpatient sexual abuse treatment clinic; the remainder were seen in a private practice setting. They were referred by child protective service, law enforcement, other mental health personnel and agencies, and private referral. All 116 cases were confirmed in one or more of the following ways:

1. A confession or legal plea in criminal or juvenile court by the offender—80% of the cases;
2. A conviction in criminal court for one or more of the alleged offences—14% of the cases;
3. Medical evidence highly consistent with sexual abuse—6% of the cases.

Of the sample of 116 children, one child was abused by two different offenders in two unrelated incidences, making the total number of disclosures 117.

Sample Distribution
Subjects ranged in age from three to 17 years. Twenty percent fell in the three to five year range; 40% in the six to nine year range, 13% in the ten to 12 year range, and 27% in the 13 to 17 year range. Sixty-two percent were female and 38% were male. Ninety-five percent were Caucasian, with 5% all minorities combined, which is reflective of the geographical area’s minority population. Seven percent were from upper and upper-middle socioeconomic backgrounds, 73% from the middle, and 20% from the lower socioeconomic group.

The majority of the offenders were male (96%). 29 children were victims of adolescent males; four were victims of seemingly high-functioning adolescent females who abused while caregiving; 77 were victims of adult males; and one was abused by an adult female in concert with her husband. Five children were molested by men over 60; no children were abused by older women.

As to the relationships of offenders to victims, 58% of the victims were abused by members of their immediate family. The percentage rose to 74% when members of the extended family were included. It is significant to note that 97% of the sample were abused by a family member or person in a position of trust and supervision of the child. None of the children were abused strangers.

The sexual activities ranged from forms of penetration and fellatio to fondling. For 10% of the children, the sexual activity was a single occurrence; 88% were engaged in multiple incidents ranging from several months to seven years; two percent were unknown.

Results

Types of Disclosure
Accidental (74%) was clearly the most common type.

Disclosure by age grouping revealed that school-age children showed no real propensity to disclose either in a purposeful or accidental manner. But comparing preschool age three to five and adolescent 13 to 17, using the Fisher Exact Test, revealed a significant statistical correlation (p = .009). Preschool children were more likely to disclose accidentally, and adolescents were more likely to disclose purposefully.

The history of the child and family was examined to pinpoint as accurately as possible the primary motivational factor that caused the disclosure process to begin. Table 2 lists all relevant motivational factors in the children who disclosed
accidentally. Though the breakdown of data by age shows some interesting trends, the subcategory sizes are too small to draw any statistical correlations.

**TABLE 1** Types of Disclosure

<table>
<thead>
<tr>
<th>Age</th>
<th>3-5 years</th>
<th>6-9 years</th>
<th>10-12 years</th>
<th>13-17 years</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accidental</td>
<td>21 (17.2E)</td>
<td>37 (37.4E)</td>
<td>12 (11.2E)</td>
<td>16 (20.2E)</td>
<td>86</td>
<td>74</td>
</tr>
<tr>
<td>Purposeful</td>
<td>2 (5.8E)</td>
<td>12 (12.6E)</td>
<td>3 (3.8E)</td>
<td>12 (6.8E)</td>
<td>29</td>
<td>25</td>
</tr>
<tr>
<td>No Disclosure</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

*E = expected.*

**TABLE 2** Impetus for Accidental Disclosure

<table>
<thead>
<tr>
<th>Age</th>
<th>3-5</th>
<th>6-9</th>
<th>10-12</th>
<th>13-17</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exposure to Perpetrator</td>
<td>3</td>
<td>6</td>
<td>6</td>
<td>9</td>
<td>24</td>
<td>28</td>
</tr>
<tr>
<td>Sexual Behaviour</td>
<td>3</td>
<td>7</td>
<td>1</td>
<td>--</td>
<td>11</td>
<td>14</td>
</tr>
<tr>
<td>Inappropriate Statement</td>
<td>9</td>
<td>7</td>
<td>--</td>
<td>--</td>
<td>16</td>
<td>19</td>
</tr>
<tr>
<td>Behavioural Sign</td>
<td>3</td>
<td>5</td>
<td>--</td>
<td>--</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>Shared Confidence</td>
<td>--</td>
<td>4</td>
<td>1</td>
<td>3</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>ID as a Victim</td>
<td>3</td>
<td>4</td>
<td>1</td>
<td>--</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>Confession</td>
<td>--</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>Physical Sign</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Observation</td>
<td>--</td>
<td>--</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>21</td>
<td>37</td>
<td>12</td>
<td>16</td>
<td>86</td>
<td>100</td>
</tr>
</tbody>
</table>

*Exposure to perpetrator,* meaning the child was known to have spent time with an alleged or convicted offender, was seen as the most frequent impetus to disclosure in all age groups—28% of the population. *Sexualised behaviour* that was age-inappropriate and/or excessive was commonly seen in the preschool and young school years and was the impetus in 14% of the sample. *Inappropriate statement,* such as “Suck on my pee pee, Mummy,” again was high in the younger age groups, which constituted 19% of the total sample. A *confidence* was often shared by girls with a girlfriend who did not keep the secret; this was seen with children school-age and above in 9% of the sample.

The impetus to disclose purposefully, as seen in table 3, included educational awareness in 24% of the total sample and involved school programmes from touch prevention to divorce and social skills groups, with early school age children being the group most influenced. One child’s disclosure was prompted by a self-assertion discussion with her mother. *Influence of peers,* 10% of the sample, and predominately among teens, ranged from following the example of another who disclosed, as well as encouraging and supporting a victim to disclose through the reporting process. *Proximity to perpetrator,* 10% included the departure of the offender, which seemed to enable the child to feel safe enough to disclose, or plans for an impending visit from the offender, which increase the child’s anxiety to the disclosure point. *Timely disclosure,* 22% appeared to be situations where everything just seemed to fall into place. For example, a boy’s being bathed reminded him of the sexual touching that had occurred earlier; his mother handled the discussion calmly and supportively, and the child told her about the sexual molestation. *Anger* was a significant impetus for purposeful disclosure, exclusively in the adolescent age group (24%).
Almost three-fourths of all the children examined denied having been sexually abused. Denial statements were most commonly made (a) when children were initially questioned by a concerned parent or adult authority figure; and (b) when identified as potential victims and initially questioned in a formalised investigative process. Only 7% of the children who denied then moved directly to active disclosure. Tentative disclosure thus became the common middle step for the majority (78%) of these children.

Table 4 lists the prominent features identified in the tentative disclosure phase, which presented particular concern for the authors because the children frequently appeared confused, inaccurate, and uncertain, often vacillating from acknowledgement to denial. Only one out of every ten children (11%) sampled were able to provide a disclosure of sexual abuse without denying or demonstrating tentative features.

Active disclosure was eventually made by 96% of the children, with two-thirds of the subjects being currently abused. A strong majority (70%) gave further information over time about the sexually abusive activities. “Active” disclosure meant that they were able to give a detailed, coherent, first-person account of the abuse.

In approximately 22% of the cases, children recanted their allegations. In several instances, they denied responsibility for their earlier disclosures, saying that someone else (parents, therapist) had made them say those things. Reasons for recanting are shown in Figure 1. Of those who recanted, 92% reaffirmed their abuse allegations over time.

The time frame involved in the progression to active disclosure varied and was unique to each case. Some children moved from denial to tentative to active in a single session; others took several months to reach the active phase.

FIGURE 1
Reasons to recant

1. Pressure from perpetrator
2. Pressure from family
3. Negative personal consequences
4. Videotaping
5. Retelling parents
6. Judicial proceedings
7. Investigatory police or CPS

Discussion
Disclosure of child sexual abuse is best described by this research as a process, not an event. The common presumption that most abused children are capable of immediate active disclosure by providing a coherent, detailed account in an initial investigative interview is not supported by these findings, which suggest that only 11% of the subjects were in active disclosure at the time of the initial interview.
This raises concern because virtually all investigative protocols are designed to respond to only those children in active disclosure. Issues of child suggestibility, contamination, and false allegations have increasingly restricted the amount of support that clinical, protective, and investigatory systems have made available to assist children through the disclosure process. A child’s initial denial, failure to provide immediate detail, or recantation may result in the dismissal of a valid complaint.

The use of terminology that acknowledges disclosure as a dynamic process through which a child progressively moves, rather than a single outcome event, could more accurately reflect the child’s circumstance and improve system response. For example, a child may describe the abuse but add an illogical ending such as, “Then I punched him in the nose and ran away,” or discount a previous statement with, “I didn’t mean what I said.” The child could be labelled as not being credible and the complain dismissed as unsubstantiated or, alternatively, the child could be identified as in a tentative disclosure phase that may warrant a continuing investigation.

Seventy-nine percent of the children in this study initially denied their abuse or were tentative in disclosing it. Policies and procedures geared only to those children in active disclosure not only fail to recognise the needs of the majority but may actually place children at increased risk.

An illustration of this concern is the videotaping of child disclosures during initial clinical or investigatory interviews. Disclosure as a process suggest that denial and tentative features may be prominent on early interview tapes, which may then serve to impeach a child who is later capable of providing credible court testimony. An acquittal of the defendant may place the child again at risk but with fewer resources. If an informed decision directs video taping procedures, prosecutors and expert witnesses would seek to educate judges and juries about the nature of the disclosure process.

Techniques that assess the credibility of a child’s complaint by analysing components of the statement should consider whether the child was in active disclosure at the time of evaluation, and could be considered valid only if the content of the child’s statement accurately reflected what the child experienced.

Analysis of the types of disclosure, accidental versus purposeful, and the various motivations for disclosure revealed that these elements appear to be age- and development-related. The strong majority of children in this study (74%) disclosed accidentally. This most often occurred for all age groups after concern was raised about the child’s exposure to an identified perpetrator. Perpetrators have been found to commit between two and five times as many crimes as they were apprehended for (Groth et al. 1982), highlighting the importance of identifying any child who has had significant exposure to a recognised perpetrator and notifying parents of the potential risk. A child’s initial denial to parents or others should not be the sole basis of reassurance that abuse did not occur.

Sexualised behaviour and inappropriate statements constituted the next largest categories under impetus for accidental disclosure. Together they account for a full third of all such disclosures. These behaviours were noted only in preschool and young school-age children, implying that younger children, who have less cognitive awareness and impulse control, may reveal in an unplanned overt manner. This finding stresses the need for increased awareness by adults of the behaviours exhibited by younger children. Sexual acting-out behaviours by children are seen as a direct indication that the child is or has been a victim of sexual abuse (Sgroi et al. 1988). The importance of not discounting these behaviours prematurely as “child’s play” but rather seeking clarifying information is made evident by the data, especially with preschool children. They may not understand enough of what has occurred to make a conscious decision to tell but will characteristically act out the trauma.

Purposeful disclosures took place in 25% of the cases, with adolescents being significantly more likely than their younger counterparts to consciously decide to tell, motivated mainly by anger at the perpetrator. Common thought has held that the teenager who is restricted or punished may become angry and falsely accuse a parent of abuse (Summit 1983), but the data, in contrast, suggest that the anger at parental restrictions serves to override inhibitions and fears and becomes the fuel that drives the adolescent to disclose.

The influence of peers was also noted as a motivational factor prompting disclosure by adolescents. Strategies that promote peer support for identification and prevention of drug abuse might be modelled for similar efforts with sexual abuse.

Among primary school age children who purposefully told, the influence of educational awareness programmes was dramatic. The programmes were not exclusively on sexual abuse prevention but all identified inappropriate behaviours and stressed assertiveness and personal rights.
Children who disclosed sexual abuse in this study, whether purposefully or accidentally, most often did so only after initially denying any such contact (72%). This coincides with findings that most sexually abused children never reveal abuse during their childhood (Finkelhor 1979, 1984; Russell 1983; Silbert 1984). Denial by the children in this study was not expressed merely as a passive refuting of involvement but at times involved impassioned statements where the child adamantly denied any contact. Indeed, the only person for whom denial is as great as that of the perpetrator may be the victim.

When the abuse was revealed, it most often came tentatively (78%), cloaked by the child’s defences. This phase is therefore, a precarious time to try to distinguish a tentative disclosure from a false allegation. Time may prove a great decision-making ally, since the subjects in these valid cases progressed almost unanimously (96%) to active disclosure. The time frame to reach the disclosure varied greatly. Once children progressed to that point, however, they were able to provide a consistent first-person account with unique detail that substantiated the abuse.

Twenty-two percent of the children recanted their statements. Recanting has become a recognised phenomenon in children sexual abuse cases, particularly cases of incest, with research findings ranging from 12% to 33% (Crewdson 1988; Faller 1988). Of the children who recanted their allegations, 93% later reaffirmed the original complaint of abuse. These findings may reinforce the importance of viewing disclosure as a process with phases that, like developmental tasks, can be resolved. Similarly, if the phase is viewed as an isolated event that ends or limits the extent of the child’s support and contact with the system, then the child may become fixed at one phase and be unable to resolve it or progress. Although not all victims experience all the phases of disclosure, recognition of the continuum encourages more effective case management and intervention.

References
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