

**“They were the ones that saw me and listened.” From child sexual abuse to disclosure:
Adults’ recalls of the process towards final disclosure**

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Abstract

Background:

When CSA (Child Sexual Abuse) is not disclosed, children run the risk of being subjected to longer or repeated abuse, not receiving necessary treatment, and being re-victimized.

Objective:

This study examines what adults exposed to child sexual abuse (CSA) in hindsight evaluate as important for disclosure. The aim was to explore exposed own experiences of steps towards final disclosure.

Participants and setting:

Data were obtained from adult users of Norwegian Sexual Abuse Support Centers. Included were users exposed to CSA before the age of 18 (N=23).

Methods:

Data were collected through anonymous questionnaires at each support center. The material was transcribed and analyzed in the tradition of Interpretative Phenomenological Analysis.

Results:

The study illustrates a process towards disclosure as a dialogically anchored process evolving over time and along life-course inside encounters with important others towards whom the exposed pays attention, attunement, and adjustment whether to tell, delay, re-try, turn towards others, or actually disclose. Their experiences elucidate processes towards exploring and telling through direct and indirect hints and signs, decisions to tell, re-decisions and delaying, or withholding until adulthood, and the dependency on trusted confidants who ask and listen for final disclosure to occur.

Conclusion:

Thus, the present study sends an important message to exposed, confidants, and professionals when questions of CSA appear. That is to know of, facilitate, trust, and tolerate the dialogical dependency on being asked and heard by trusted persons and the many steps a process towards disclosure of CSA may entail in order to succeed.

Key words: Child Sexual Abuse; Disclosure Process; Dialogical Processes; Facilitators; Barriers; Retrospective View

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“They were the ones that saw me and listened.” From child sexual abuse to disclosure: Adults’ recalls of the process towards final disclosure

Extensive research documents Child Sexual Abuse (CSA) as a serious problem across countries, cultures, societies, and social classes, with prevalence of 7-36 % among women and 3-29 % among men (Finkelhor, 1994; Stoltenborgh, van Ijzendoorn, Euser & Bakermans-Kranenburg, 2011). Although variations in prevalence reflect differences in definitions, measurement, and reporting, it is estimated across studies that about 25 % of women and 9 % of men worldwide experience some form of CSA before the age of 18 (Bechtel & Bennet, 2016). Substantial research shows that aversive childhood experiences such as CSA can have severe long-term consequences (Chen et al., 2010; Dube et al., 2005; Easton & Kong, 2017; Easton, Kong, Shen & Shafer, 2018; van der Kolk, 2017).

A majority of children significantly delays telling about CSA and many do not disclose during childhood (London, Bruck, Ceci & Shuman, 2005; McElvaney, 2015; Thoresen & Hjemdal, 2014). By not disclosing, the exposed may be subjected to longer or repeated abuse, not receiving necessary treatment, and running the risk of being re-victimized (Goodman-Brown, Edelstein, Goodman, Jones & Gordon, 2003). However, the potential for a supportive response is pivotal for the effect of disclosing (O’Leary, Coohy & Easton, 2010). As outlined by Swingle et al. (2016), disclosure of CSA may be detrimental unless adequate steps are taken to ensure abuse cessation and appropriate help and treatment.

Barriers against disclosing CSA

In general, delays are explained by great barriers against disclosing (Goodman-Brown et al., 2003; Lev-Wiesel & First, 2018; Paine & Hansen, 2002; Wager, 2015), which work on personal, interpersonal, and socio-cultural levels (Alaggia, 2004; Alaggia & Kirshenbaum, 2005). Substantial research documents differences related to characteristics of the exposed. In particular, age and gender are influential. A review of recent studies shows that rates of

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disclosure increase with age; for younger children accidental detection occurs more often than purposeful disclosures and most frequently in contexts of prompts or questions (Alaggia, Collin-Vézina & Lateef, 2017). From adolescence, friends and peers are the most common recipients (Lahtinen, Laitila, Korkman & Ellonen, 2018; McElvaney, 2015; Roesler & Wind, 1994; Ungar, Barter, McConell, Tutty & Fairholm 2009a; Ungar, Tutty, McConell, Barter & Fairholm, 2009b). Although the empirical research on disclosure during adulthood is less developed than during childhood (Easton et al., 2014), differences across age and gender show that disclosure happens less frequently and with greater delay for boys and men than for girls and women (Easton, 2014; Easton et al., 2014; Lev-Wiesel & First, 2018). Men more intentionally conceal experiences of CSA (Hunter, 2015; O’Leary & Barber, 2008). Although all survivors of CSA face obstacles related to age against disclosing, difficulties related to gender seem to particularly influence men’s disclosure (Easton, Saltzman & Willis, 2014, Easton & Kong, 2017; Gruenfeld, Willis & Easton, 2017; O’Leary & Barber, 2008; Sorsoli, Kia-Keating & Grossman, 2008).

Disclosure as a process

The term ‘disclosure’ has been used to describe children or adults’ acts of revealing aversive childhood experiences by telling (Smith et al., 2000). As argued by Easton et al. (2014), disclosure has largely been conceived as a discrete event in childhood rather than as a process that unfolds over time. However, current research suggests seeing disclosure as a relational process containing negotiation, exploration, and meaning making which may evolve over an extended period of time rather than as a single, one-time event (Easton, 2014; McElvaney, Greene & Hogan, 2012, 2014; O’Leary et al., 2010). A growing body of research exemplifies how the exposed seeks possibilities over time for telling across severe barriers (e.g., Easton et al., 2014; Flåm & Haugstvedt, 2013; Jensen, Gulbrandsen, Mossige, Reichelt & Tjersland, 2005; Ullman, Foyne & Shin Tang, 2010). As illustrated by a comprehensive

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study of 537 participants recruited from Norwegian support centers (the Longitudinal Investigation of Sexual Abuse Study), the process until final disclosure may entail a mean time of 17 years (Steine et al., 2016).

Contributing to turning the attention towards disclosure as a process, Sorsoli and colleagues (2008), based on interviews of adult male survivors, suggested seeing disclosure as an interactive process where the exposed incorporates responses and relational information into decisions whether to tell, recant, or withhold. Correspondingly, Staller and Nelson-Gardell (2005) underscored that children do not tell, recant, or reaffirm accounts of sexual victimization in a vacuum. They accommodate to the adult world. Similarly, from a review of current studies of children’s perspectives on barriers and facilitators towards telling, Lemaigre, Taylor and Gittoes (2017) summarized that children experienced barriers of limited support, self-blame, shame, guilt, and negative consequences, while main facilitators were being asked or prompted. Along similar lines, Ungar et al. (2009b) documented how youngsters across gender adjust to relational circumstances when deciding whether to withhold or tell about experiences of CSA. They accommodate to accessing someone who asks, listens, responds appropriately, lets them keep control when disclosing, as well as provides knowledge of needed recourses.

Seen together, divergent from seeing disclosure as a discrete event (e.g., telling, reporting) during childhood, such research suggests a process-oriented understanding, a process that unfolds between persons over time across age and gender. Thus, lack of opportunities to tell may be a concrete obstacle to face (Schaeffer, Leventhal & Asnes, 2011), as well as poor sensitivity towards signs and challenges in understanding such signs (Easton et al, 2014; Flåm, 2018; Gruenfeld et al., 2017).

However, in spite of a suggested turn of attention, Tener and Murphy (2015) based on a review of studies on adult disclosures of CSA, summarized that although there is much

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knowledge about barriers and facilitators towards disclosure, much less is known to date about the process of telling. Correspondingly, a recent update of research on facilitators and barriers summarized a lack in existing studies of a cohesive life-course perspective (Alaggia et al., 2017).

Since delay or not telling has major implications for child protection, mental health, and social justice, a better understanding of processes that emerge and develop over time and across life-course towards final disclosure is needed to stop current abuse, protect other children, provide help for exposed children, and make abusers accountable for their actions. It may help first-line persons as well as professionals adjust to the complexity of the situations at hand (Hunter, 2011; McElvaney, 2015; McElvaney & Culhane, 2017; McElvaney et al., 2012, 2014; Ungar et al., 2009a, 2009b). As emphasized by pioneers in the field (Paine & Hansen, 2002), disclosure of CSA is pivotal for needed safety measures and it enters as critical to get a better understanding of survivors’ own experiences of processes towards final disclosure.

The current study seeks to examine processes over time towards a final disclosure of CSA. It examines how adults with experiences of CSA that were later disclosed, came to succeed disclosing. Based on their own experiences as remembered in hindsight, what do they as adults remember as important steps and elicitors of the process towards final disclosure?

Method

Participants

Data were experiences as reported from users of Support Centers against Incest and Sexual Abuse in Norway (SMISO). SMISO provides self-help services for persons older than 16 years who have been subjected to sexual abuse, and to their relatives. Examples of such

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services are self-help groups, educative courses, and individual counselling. No referral is needed, and all services are free of charge. There are 21 support centers for people exposed to sexual abuse in Norway. Four of the largest centers were asked to partake in the study, of which three had available resources and wanted to participate. These centers are geographically spread across the country and had 557 unique visitors in 2015 (The Norwegian Directorate for Children, Youth and Family Affairs, 2016). All users who had experienced sexual abuse before the age of 18 years and had the needed Norwegian language skills to answer the questionnaire, were eligible for participation in the study. As users of the support centers, all participants had disclosed the abuse. A total of 27 persons filled out the questionnaire. Four replies were rejected due to not fulfilling the criteria of CSA. The final sample included 23 participants (n=23), 22 females, one male, with the age distribution 29 years of age or younger (n=5), between 30-39 years (n=7), between 40-49 years (n=8), and 50 years or older (n=3). Table 1 shows characteristics of the cases.

Insert Table 1 here

Because 13 of the respondents reported having experienced CSA from more than one abuser, the total sum of reported abusers is higher than the number of informants. The relationship between exposed and abuser was reported as parent or stepparent (n=5), sibling (n=5), other family members (n=14), stranger (n=3), boyfriend/girlfriend (n=2), friends (n=2), trainer/activity leader (n=1), and other acquaintance (n=7). Based on the aim of this study, a fixed definition of CSA was not set. The questionnaire operated with an open criteria for the form and duration of CSA and the age of the abuser, with a definition of CSA as formulated by Kempe (1978): CSA is involving children in sexual activities that they cannot fully understand, do not have the capacity to give confirmed consent to, are not developmentally mature for, and oppose legal rights and social taboos.

Materials

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Data were gathered through an anonymized questionnaire developed for the purpose of the study. The questionnaire contained open-ended and close-ended questions to include as wide exploration as possible of the topics of interest. It was composed of 21 questions about the circumstances around the CSA, the period between onset of CSA and disclosure, and circumstances connected to the disclosure of CSA. One of the closed-ended questions was “How long did the abuse last?” with the following options; “once”, “within a year”, between 1-5 years”, “longer”, “still ongoing”, I do not want to answer”. Another question was “Have you been subjected to sexual abuse before turning 18 years of age?” with alternatives “yes”, “no”, “I don’t know”, and “I don’t want to answer”. The last question functioned as a filter for ensuring participants fulfilling the criteria of CSA.

Open-ended questions were arranged with double spaced lines for answers, covering about half an A4 page for each question. Each question contained a response alternative “do not remember/do not know” and “do not want to answer this question”. Examples of open-ended questions were “How was the abuse uncovered?” and “If you yourself disclosed the abuse, what was the driving force or motivation behind telling when you did?”

Procedure

The questionnaire was developed based on the study of relevant literature, consultations with professionals with extended knowledge in the field and employees at the SMISO. The study was reviewed and cleared by the Norwegian Center for Research Data and the Regional Committees for Medical and Health Research Ethics, who concluded that applications to the respective committees were not obliged due to the aim of the study and the procedure of the data collection.

Questionnaires were sent to the employees at the SMISO for distribution among their users combined with consent forms and information letters (i.e. information on the study’s purpose, its anonymity, the questionnaire, the procedure for completing the questionnaire,

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and available contact persons). Users who wanted to participate, had to sign the consent form informing about the possibility to withdraw their consent at any time without any negative consequences. The questionnaires were to be filled out at the center with one staff member at disposal in case of questions when answering, or afterwards in case of wanted conversations. For anonymity reasons, the consent forms were collected and stored at each center. The filled-out questionnaires were sent to UiT – The Arctic University of Norway. The project had no funding and no economical compensation to the participants.

Analysis

Areas for exploration and systematization across all participants included three topics:

1. What do they as adult survivors of CSA, in hindsight remember as hindrances, facilitators, and attempts towards disclosing CSA, including what they said or did to whom and what were the reactions?
2. How do they in hindsight remember the context that generated the final disclosure, including what they said or did to whom and what were the reactions?
3. Based on own experiences, what do they recommend as best means for an early disclosure and prevention of CSA?

The analysis of data was conducted according to the principles of “Interpretative phenomenological analysis” with the goal of identifying the participants’ own experiences and understanding (Smith, 2004; Smith & Osborne, 2007). Data were organized using NVivo 11.4.0 (QRS International, 2017). The analysis was carried out along five steps: 1) cautiously reading through all answers while making preliminary descriptive comments, 2) abstracting emerging themes from the comments, 3) organizing abstracted themes together with subordinated themes under each theme, 4) organizing illustrative quotes under each theme and subtheme, 5) making a table of all themes and subthemes. Steps 1 to 4 were done for all answers, where the themes that emerged and the similarities and differences within and

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across cases were subjected to repeated analyses within and across all cases to see if and how the conclusions were consistent between cases, or if any case diverged from or negated the conclusions.

Ethical considerations

Due to the sensitive and highly personal character of CSA, serious ethical questions are raised concerning research. This underscored the importance of thoughtfully informing the participants about the aim of the study as well as to carefully consider the choice of method and data collection in order to secure anonymity. For the same reason, contribution from the support centers’ to the development of the questionnaire was emphasized. Moreover, due to a possibility that questions about potentially traumatic childhood memories could be upsetting, access was made available for conversations with the centers’ employees afterwards.

Results

Based on analyses of the completed narratives of the 23 cases, the material was synthesized and divided into five areas with subordinated themes. Out of 23 participants, 13 disclosed during childhood, seven as adults, whereas three did not remember the exact age at disclosure. In the following, the paper first describes the participants’ recalls of delaying versus promoting circumstances for telling, then their unsuccessful attempts and assessment of continuous possibilities to tell, thereafter their recalls of circumstances that generated the final disclosure. Lastly, their recommendations to facilitate an early disclosure and prevention of CSA are outlined (Table 2).

Insert Table 2 here

Delaying and hindering experiences

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The participants were asked if anything had hindered them in disclosing the abuse, and if yes, if they could elaborate on this. Besides the question of how the CSA was finally disclosed, this theme provided the richest answers. They recalled hindrances making them hesitate and doubt the possibilities and even their rights to tell and ask for help. It weakened and delayed their access to arenas for final exploration and telling. These experiences were of general strength, recalled by 18 participants. Five reported repressed memories, not remembering CSA until adulthood. As adults, they conceived this phenomenon as the background for not remembering obstacles.

The following six hindrances were explicated: First, 10 recalled a lack of needed knowledge about body, boundaries, sexuality, and CSA. This was reported across age. Second, eight recalled the first rewards and later the serious threats from the abuser. Third, nine mentioned the strong feelings of guilt, shame, self-blame, fear, and experiences of being blamed. Fourth, seven recalled the need to protect family members against the cost of knowing. Fifth, six underlined having no one to tell and fear of not being believed. Finally, five told of repressed memories until adulthood as barriers for disclosure.

Promoting and facilitating experiences

When describing circumstances that facilitated telling, five themes emerged. Such experiences were of general strength, recalled by all 23 participants. Facilitating experiences did not elicit immediate disclosures, but prepared the ground for a final disclosure.

When having someone to tell. Eleven participants described accessing a trustworthy person as critical. Fears of negative responses or lack of reactions if telling made them scrutinize and carefully sense the potential of an addressee and not tell until they felt safe to trust a person. They recalled a growing feeling of safety and trust towards that person and an experience of being heard and seen. As illustrated by participant 1, who was abused by a sibling and another family member from primary school and disclosed 13 years later: «*There*

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was a person nearby after an assault that I felt I could trust. One I could be close to”. Some also talked about the security of having someone with similar experiences, who they felt might understand. Participant 5, who was abused by a family member from primary school and disclosed after four years to a sibling, explained: *“She made me feel safe, because she had experienced abuse by the same person as me.”*

When being asked questions. Four participants mentioned the importance of questions. It meant being asked if anything was wrong or had happened to them. Such questions generated trust and courage to approach the person who demonstrated interest over time. Participant 5 elucidated: *«My sister would not stop asking questions.»*

When experiencing an urgency to stop the abuse. Six participants mentioned an urgent need to stop the abuse, which occurred when fearing escalation either towards themselves or towards other children. Participant 12, who was abused by a family member from preschool and disclosed 7 years later, explained: *“I feared intercourse would be the next”.* Likewise, participant 17, who was abused by a neighbor from preschool age and did not disclose until 10 years later, described the following: *“I wanted to protect the neighbors’ children, three young girls that I was related to”.* Although these participants had considered prior occasions to tell across serious hindrances, a new emergency appeared.

At major life changes in adult life. Another promotor was connected to major life changes in adult life, like becoming a grown-up and thus feeling stronger and tougher by giving birth or when knowing about the death of the abuser. Among the seven telling as adults, for the two without repressed memories, life changes made them finally feel safe and strong enough to open for telling. As well, three of the five with repressed memories recalled how such changes promoted taking steps towards disclosure. As illustrated by participant 4, who was abused from preschool age by an older brother: *“I had become a mother. The thought of my son’s future and me made it easier to press charges and tell. I was meet with*

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being believed and support from the care system.” Participant 3, abused by the father from preschool and lasted 10 years, described: *“Yes, my abuser died, and I was an adult and dared put into words what had happened during my childhood (...) now I could press charges, be heard, and was safe”*.

When experiencing a necessity to move on. All five with repressed memories, recalled being facilitated by an urge to explore the past in order to move on with their lives, since major life-problems effected them as adults. Exploring the past was considered crucial in order to heal and gain a better life quality. Participant 18, abused by a family member from preschool and longer than possible to remember, disclosing after 39 years, exemplified: *“The shock and disbelief. The pieces fell into place and I understood my thinking and behavioral patterns.”* Participant 18 explicated: *“I did not want to live with this the rest of my life, because I understood that it still affects me in the form of long term effects (...) I could not live with all the difficult feelings untreated.”* Seeking persons with whom to explore such problems and seeing the problems in the light of repressed memories, facilitated remembering and disclosing.

Assessment of unsuccessful attempts and continuous possibilities to tell

When describing unsuccessful attempts and assessments of continuous possibilities to tell, three themes emerged. These experiences were of general strength, recalled by 18 participants. The five that did not remember until adulthood, did not recall prior attempts.

Unsuccessful hints and signs. Ten participants recalled giving clear-cut hints throughout childhood and adolescence in the hope that someone would understand. Only one recalled *not* giving hints, while 12 did not remember. Those giving hints did so towards trusted others and it occurred in various ways. All recalled hinting by means they imagined should be obvious for the addressee to understand. As exemplified by participant 17, abused by an older sibling as a teenager and trying to disclose on several occasions, the first time

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within a day after the first abuse: *“I told my father about certain details from the abuse - touching under clothes/crying - when he asked me after the sibling told we had been fighting.”* This person made several attempts inside the family but did not get needed responses until telling persons from outside. For all, a strong feeling emerged of neither being believed nor being taken seriously when not heard.

Others recalled hinting in the form of strong emotional reactions when situated in contexts with connection to the abuser in otherwise relaxed situations. This type of hints was somewhat more subtle, but deviated from usual behavior. Participant 9, who experienced abuse from her father and uncle lasting several years from primary school, exemplified: *“I remember I wanted to go with my mother, but she told me to stay with my uncle and that he would look after me. I cried and cried when she walked away because I knew what would happen.”* Participant 6, abused by a stepparent during primary school and disclosed 4 years later, illustrated: *“I ran down to my mother’s store, he came after me.... She should have seen the fear in my eyes when I looked at her as we left the store and I had to go home with him again.”* Each recalled imagining that the deviant behavior should have been noticed to cause questions and protection. As explicated by participant 6: *“She should also have noticed it in the way I acted; I suppose others should have done that as well.”*

A third type of hints was told to be more subtle, such as a more general exaggerated behavior, for example fear of doing things alone, like sleeping, going to the toilet, taking a bath alone. Exaggerated positive behavior was exposed in an explicit hope of being seen and asked. Participant 5 illustrated: *“To be good and conscientious in the hope of being seen, like a “good girl syndrome. It was a cry for help by acting that way, so that someone would see me.”* These were all hints, although wage, recalled as signs given towards trusted adults as an indication that they were struggling with something. It was given in the hope of eliciting questions, wondering, and opening for being asked and for telling.

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Direct verbal telling. Two recalled trying to tell directly and verbally, but without being heard by their addressees when trying. They recalled a dead end disclosure. This meant that they remembered having told verbally about the abuse. However, after telling, nothing changed. Participant 4 illustrated: *“I straight out said what he did and I was accused of being a liar. The clothes were clearly visible on the table, and I was naked under the blanket. My father answered that I was lying.”* This was also described by participant 21 who experienced sexual abuse at two different occasions, one by a family member and another by an acquaintance of the family: *“I told my sister about both instances of abuse when I was 9 and 13 years old. She told my mother (when I was 9). My mother did not talk to me about this afterwards”*. These experiences made them doubt options for future telling.

Decisions to disclose and then backing out. Ten participants recalled at some point having made deliberate plans to disclose and later explicitly changing that decision. Two participants, disclosing as adults, reported that re-decisions never happened. The rest, 11 in total, did not remember making any re-decision against telling.

For those purposefully planning to tell and then re-deciding, their reasons connect to the experiences of general hindrances, as outlined above. However, when actively re-deciding and withhold telling, four deliberate circumstances appeared. First, a main reason was realizing the missing capacity of the wanted recipient to listen. Although all addressees were primary caregivers in a position of being trusted persons, the participants recalled not being heard or understood. They remembered the many hints given and the direct verbal telling, which they felt should have been understood. Participant 1 illustrated how such a child tried coming to terms with the confidants’ lack of capacity: *“I felt like they didn’t have the time or were interested enough to listen to me; they were not strong enough to hear my story and care. There is no point in telling someone that doesn’t care.”* Then, an understanding

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emerged that the chosen recipient neither took them seriously, nor believed, nor had any interest in what they had to say. From here, they realized a lacking capacity of that person.

Second, some recalled after unsuccessful attempts, how an intensified feeling arose of self-blame, guilt, shame, and fear of being blamed, which made them re-decide, Third, some participants re-decided due to a fear of provoking escalating danger for oneself, the family members, or the abuser. Participant 22, who was abused by an activity leader as a teenager and disclosed one year later to a trusted adult outside of the family, described the following: *“My mother incidentally used me and him as an example while discussing issues of abuse. I asked what she would have done if it was true. She said she would have shot him and I believed her.”* Four, some participants, after failing attempts, felt a compulsion to try leaving the past behind which tempted to re-decide. Participant 17 exemplified: *“I decided to try to forget, put it behind me, to get on with my life.”*

Final disclosure

All participants recalled the circumstances that elicited the final disclosure. It occurred when they themselves told, directly by word or indirectly by signs, to a trusted other, who asked and listened. The analysis brought forward three main elicitors for a final disclosure: 1) Disclosure by signs prompted, picked up, and questioned in ordinary situations. 2) Disclosure by signs prompted, picked up, and questioned in emotionally exaggerated situations. 3) Disclosure by direct verbal accounts picked up and questioned. These experiences were of general strength, recalled by all 23 participants.

Characteristics of first disclosures. The length of time between first incidence of CSA to final disclosure had a mean time of 14,6 years. The one with the shortest time told right after first assault. The one with the longest time waited 50 years. Seven of the informants told within the first 5 years, six between 6 and 15 years after the first incidence of abuse, and seven waited 16 years or longer. The relationship to whom the final disclosure

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occurred, varied (Figure 1). Across variation, all happened inside trusted relations. Parents were the largest group, twice the size of the two next who were siblings, or boyfriends/girlfriends and friends. 82.6 % were adults, while 17.4 % were other children.

Insert Figure 1 here

Disclosure by signs prompted, picked up, and questioned in ordinary situations.

Two participants reported that the actual disclosure occurred by signs being picked up. They perceived the occasion as random in the sense that they did not recall an intention to disclose as a driving force in the actual moment. Informant 15, who had experienced abuse by a father for several years, which was disclosed during early years of primary school, exemplified:

“Something was discovered by my mother. I remember coming home after visiting my dad, telling my mother that there was something white in my underwear.” Participant 10, who had been abused for several years from preschool age by three perpetrators including an uncle and a neighbor, illustrated: *“My mother found my diary, and then asked me directly.”* These participants stressed that they would not have told without these persons picking up signs of something said or done during the actual moment, and then asked.

Disclosure by signs prompted, picked up, and questioned in emotionally exaggerated situations. Seven participants recalled their own amplified emotional stress in the moment of disclosure, which was picked up, questioned, and then elicited direct disclosure. These disclosures were not deliberately planned at that moment, but were not at random since it was strongly connected to what they recalled as their ongoing attempts to give signs and hints. Participant 19, who was abused by a family member during primary school and disclosed two years later, exemplified: *“I had broken a pair of glasses and was afraid I had swallowed glass. I thought I could die. My reaction was so strong. My mother asked if something else had happened. She understood there was something else.”* Or, as participant 5 remembered: *“My sister got suspicious because of my behavior: sad and*

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enclosed, wanting to hide my body, unsure and scared (...) She kept pushing me and finally it just came out, because the pain was too much to carry.” Participant 22 gave the following illustration: *“I gave hints to my godmother. Said that he was gross. Said something about his language and touching. My godmother took me to a local child and youth coordinator where it all was disclosed.”* Participant 19 stated: *“If my mother had not asked if something else bothered me when she saw my exaggerated behavior, I would not have told it by myself.”*

In common for these participants, telling occurred while still a child. Their accounts were prompted by attentive, trusted others, who felt or understood something was wrong, then asked, and acted on the child’s signs and hints. All these disclosures happened by the child showing exaggerated behavior in contexts of additional stress and burdens for the child.

They all stressed that the final disclosure occurred thanks to the direct questioning from trusted adults. Similar to the ones telling in ordinary situations, these participants underscored that without such questions a final disclosure would not have occurred at that moment.

Disclosure by direct verbal accounts picked up and questioned. 14 participants reported that the final disclosure happened through direct verbal accounts. Such accounts occurred both during childhood and during adulthood. They were characterized by direct verbal telling and were embedded in contexts of trust. As participant 16 told, when a new club leader entered: *“The youth leader saw me and gave me responsibilities at the club. This way I got to meet an adult towards whom I felt safe enough to tell about the abuse, who asked and heard.”* And participant 5 exemplified: *“...«The fact that my sister had experienced the same thing made it possible to tell her. If she had not been asking, I would never have told.”*

All seven disclosing as adults, explicated that final disclosure did not emerge until meeting someone who carefully listened and directly asked at their verbal accounts. At that point the final disclosure appeared. As participant 11, who was abused by a family member at

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preschool age, stated: *“The abuse I experienced was heavily suppressed (...) It was never an option for me to keep it a secret once I became aware of it.”* All direct verbal accounts occurred in the presence of a person who the exposed had learnt to know as trustworthy, who then heard and asked.

Recommendations for an early disclosure and prevention of CSA

In additional comments, all participants advocated a strengthening of an early disclosure and prevention of CSA and presented concrete means. Their recommendations were divided into three main precautions:

Providing general information and attention. First, they emphasized providing age-appropriate preventive knowledge to all children about natural body knowledge and CSA-related issues. That meant age-appropriate knowledge targeted directly towards children, since friends and peers often are the first recipients when exposed children tell. Parallel, they underscored strengthening first-line persons, caregivers, and professionals with means to talk with children about CSA-related issues, knowing from own experiences the significance of direct and attuned questions to help children tell. As participant 19 argued: *“I wish there would be a larger focus on preventive work aimed at children in kindergartens and schools, so that children could learn much about what is ok and not, and that uncomfortable secrets should be told.”* Participant 6 told: *“Children should get to know that nothing is going to happen if they tell bad secrets.”*

Providing safe contexts to tell. Next, they advocated giving children access to safe contexts for disclosure. This involved adults in contact with children, such as teachers, public health nurses, dentists, and forefront professionals to provide safe opportunities for telling outside of close network. In the words of participant 6: *“Children should be talked with without parents or other adults that could influence the child, because children will often be too afraid to say what they think or have experienced. No one should have secrets like that.”*

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Providing knowledge of judicial rights in the aftermath. Third, based on knowledge that survivors of CSA and their relevant network often do not know of their legal rights concerning health care and judicial assistance and are often afraid of asking, they underscored the need for supplying precise information in the aftermath of a disclosure about legal rights, available agencies, and professionals. As participant 22 stated: *“I did not even know that I had the right to have an attorney during the interrogation.”*

Discussion

This study, exploring adults exposed to CSA who later asked for assistance at Norwegian Support Centers against Incest and Sexual Abuse, elucidates how the exposed as adults recall the process towards a final disclosure. The majority outlines attempts over time and across hindrances. The rest describes how they withheld or repressed memories until available opportunities arose for eliciting memories and disclosing as adults. They all explicate how various circumstances facilitated telling, but outline how the final disclosure depended upon being listened to and directly asked by the trusted person to whom they turned. Thus, their recalls elucidate a *relationally informed process over time and along life-course* towards a final disclosure.

For the majority, this process emerged as a *back-and-forth movement*. They recalled the many back-and-forth steps the process entailed until final disclosure. For the others, the study elucidates the long delay or withholding that this process required until final disclosure. However, for all, the final disclosure was elicited inside a dialogically attuned presence of *a listening, questioning, and trusted other*. Only in the presence of or with sustained interest from a trusted person did signs or direct verbal telling elicit a final disclosure. Thus, their recalls illustrate a process evolving over time and along life-course inside encounters with important others, towards whom they paid attention, attunement, and adjustment whether to

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delay, re-try, turn towards others, withhold, or actually disclose. Figure 2 presents a model illustrating the process until final disclosure.

Insert figure 2 here

A relationally informed process over time towards final disclosure

When yet-not-defined. However, when not understanding events as abuse, or not remembering abuse, a different kind of barrier enters than other hindrances as described by the participants. As the study shows, across age, participants told about a lack of words and knowledge, while some recalled repressed memories as barriers for disclosing. Following, a process towards disclosure was initiated by a period where the exposed did not know of options or reasons for telling. This can be called a period of a yet-not-defined CSA. As shown, and in line with existing research (e.g., Allagia et al., 2017; Easton et al., 2014; Flåm & Haugstvedt, 2013; Jensen et al., 2005), during periods of a yet-not-defined CSA, abuse can only be disclosed if undefined signs are picked up by observant others, who question and explore. Here, the exposed needs confidants that are able to hear and see a yet-not-defined sign and to enter into exploration by providing scaffolding through prompting contexts for exposing, telling, or direct questioning.

However, during a period of a not-yet-defined CSA, accumulated and undefined distress and fear may emerge as more visible signs, although still not understood as signs of CSA by the exposed or by any trusted person. McElvaney et al. (2012) suggested understanding such signs as “pressure-cooker” signs, by children “cooking over” of stress, distress, and confusion, and then showing exaggerated emotions in seemingly innocent contexts. However, as elucidated by the present study, such signs appear across age. It applies for both adult survivors experiencing undefined troubles across life-course as well as for children and youths living under a not-yet-defined abuse having neither the knowledge nor

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the words to define. When no one picks up such signs, a yet-not-defined experience of CSA continues.

When defined, but yet-not-heard. However, as the study elucidates, experiences may move into decisions to try exploring and telling, which may occur when needed trust is established towards an addressee. Nonetheless, as the study shows, such decisions may be rebuffed by fear of escalating danger or by attempts being down-talked and not sufficiently heard. As illustrated, disclosing may also be purposely withheld until major life changes make time ready. These are all contexts where the exposed has the knowledge to define the experiences as either clearly troublesome or as abuse, but still does not find a way to enter an arena of joint definition or prevention together with trusted others. As illustrated by the participants, these are periods with extensive stress when trying to explore and tell does not succeed. The study illustrates how the exposed then may move back from decisions to tell. They re-move, re-decide, withhold, and assess anew.

Thus, in line with previous research showing how a person exposed to CSA evaluates opportunities to tell (e.g., Goodman-Brown et al., 2003; Hershkowitz, Lanes & Lamb, 2007; Jensen et al., 2005; Langballe, Gamst & Jacobsen, 2010; Staller & Johnsen-Gardell, 2005), the participants of the present study illustrate their continuing evaluations of possibilities for telling. More closely, they elucidate the tools used in this evaluation. The majority outlines attempts over time. By the use of hints and tentative disclosures, assessments occur of potential recipients in terms of their trustworthiness. In sum, if comparing the hints recalled by these participants with prior studies (Child Witness Project, 1995), where only 13 % of the exposed reported giving hints prior to actual disclosure, the occurrence of hints in the present study is high. Divergent from the Child Witness Project, which included the same information but did not characterize it as hints, in the present study the participants themselves defined “general behavior” as hints. However, this difference might be due to

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dissimilarities between asking children versus adults, since children might think of hints more literally, while adults in hindsight see their behavior as hints although it might not have been explicated as hints at the time. Yet, even when excluding general behavior as a category of hints, the use of hints reported in the present study are much more frequent. The hints and signs were recalled as attempts over time to tell, in one way or the other, with the hope of eliciting questions and openings for joint exploration, telling, and finding ways out.

As shown, during such attempts, an understanding or a definition is activated by the exposed of either troublesome experiences or of abuse. Nevertheless, it is still yet-not-heard by needed others. As the study elucidates, the exposed is still dependent on being asked and heard by confidants to move on towards a final disclosure.

When jointly explored and finally defined. However, according to the participants’ recalls, each final disclosures occurred when signs or telling were jointly explored. At that moment, all exposed partook in contexts where 1) trusted others, 2) provided time and attention, and 3) asked direct and opening questions related to either direct verbal telling or hints and signs, which elicited final disclosure.

Thus, the present study corresponds with previous research documenting that self-disclosure by the exposed is the most common way towards disclosing CSA (Kellogg & Huston, 1995; Paine & Hansen, 2002). However, an additional ingredient appears. Across hindrances, decisions to tell, re-decisions, hints, or attempts of direct verbal accounts, and although being facilitated by promoting circumstances, each final disclosure found its place *solely* inside trusted relationships where listening, questioning, and joint exploration took place. Thus, their experiences highlight the main significance of *questions from trusted persons when trying to tell*. That means providing contexts where trusted others ask attuned and direct questions, and by so doing create a *bridge for a joint exploration and possible disclosure*.

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Across occasions. Following, the present study elucidates the dialogically anchored and relationally informed processes that are at stake over time to make movements towards a final disclosure possible. Consistent with recent research (Easton, 2014; Easton et al., 2011; Gruenfeld et al., 2017; Jensen et al., 2005; Langballe et al., 2010; Ungar et al., 2009b, 2009b), the study calls attention to disclosure as relationally dependent. It elucidates how relational requisites are needed across occasions and across life-course for final disclosure.

Therefore, if conceptualizing disclosure of CSA as a discrete, one-time event in childhood, or understanding delays of telling as examples of internalized shortcomings, such as learned helplessness as suggested by Somer and Szwarcberg (2001), none of these understandings takes sufficiently into account the evaluations going on by the exposed over time inside shifting contexts. Divergently, as elucidated by the participants of the present study, their experiences explicate how they across age and over time and life-course evaluate and need options of being asked and heard for a final disclosure of CSA to occur.

Recommendations for an early disclosure and prevention of CSA

Correspondingly, the participants’ recommendations connect to current research (McElvaney, 2015; McElvaney & Culhane, 2017; McElvaney et al., 2012, 2014), highlighting the significance of questions from trusted persons and the need to strengthen first-line persons, caregivers, confidants, and professionals with means to talk about CSA-related issues. Based on own experiences, they also know the necessity of supplying children in addition to adults with knowledge in order to break the constraints that threaten to silence experiences of CSA. Following, they send a salient advice corresponding with recent research, to include peers and children into age-appropriate education of CSA in order to ensure early access to needed help (Munzer et al., 2016), and to safeguard children’s legal rights (Wekerle, 2013).

Limitations

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First, it can be argued that retrospective data based on self-reporting might be misleading, as there is a general validity problem related to retrospective data solely based on self-reporting (Hardt & Rutter, 2004). Research in cognitive psychology has shown an array of memory biases related to retrospective memories (London et al., 2005). However, it can also be argued that these biases are not sufficient to weaken retrospective studies, and that false positive reports in research of CSA are rare (Hardt & Rutter, 2004). Retrospective studies of adults with experience of CSA could give a unique insight into the time between onset of abuse and disclosure in cases of delayed disclosure. Second, recruitment of participants from settings such as support centers could cause a bias with a selected group characterized by relatively late disclosures, excluding persons who never disclosed. The CSA in the present study seems to be graver than the mean, it usually started at a young age, lasted for a long time, and often involved more than one abuser. However, studies have not found a clear link between severity of abuse and disclosure (London et al., 2005). Furthermore, there was only one male informant in this sample. A more even gender distribution would be preferable, and future studies should aim to recruit a higher percentage of male participants. Finally, the use of questionnaires for the collection of qualitative material could be viewed as a limitation because of the lack in opportunity to ask informants clarifying and elaborating questions that could bring forward nuances. Certainly, in-depth interviews with exposed would add important knowledge to the field.

Conclusion

The recalls of these 23 adult survivors of CSA leave behind a dichotomy of disclosure and non-disclosure. Their experiences invite a dialogical understanding, showing the fine-tuned, *dialogically anchored processes in operation over time* to elicit a final disclosure of CSA. It demonstrates disclosure as a process where the exposed seeks possibilities over time and along life-course to tell. Although facilitated by promoting circumstances for a final

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disclosure to succeed, all exposed were dependent upon accessing trusted persons who dared asking about and listening to their signs, hints, and direct verbal accounts during attempts to tell.

Following, their recalls expand an understanding of a final disclosure of CSA as a series of stages of storytelling nourished by the receptions that signs and accounts get over time, as suggested by Draucker and Martsolf (2008) or Tener and Murphy (2015), or seeing disclosure as a one-time event. Divergently, their experiences elucidate processes over time and along life-course towards exploring and telling, as well as their reasons for withholding and not telling until adulthood. However, for all, independent of time of disclosure, the study explicates the dependency on finding trusted confidants who dare to ask and listen to their actual signs and verbal accounts for this process to turn into a final disclosure.

Hence, the present study sends an important message to both exposed, confidants, and professionals when questions or suspicions of CSA appear. That is to know of, facilitate, trust, and to tolerate the dialogical dependency and vulnerability for the exposed of being asked and heard by trusted persons, as well as to know of the many steps a process may entail in order to succeed towards a final disclosure.

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Table 1. Characteristics of the assaults (n = 23).

Number of times abuse happened		Number of abusers		Time from first to last time abuse happened			Age when (first) abuse occurred (years)		
Once	More	One	More than one	Within a year	1-5 years	More than 5 years	0-6	7-12	13-18
2	19	9	13	5	6	10	12	9	2

Note. Two of the participants reported not remembering or not knowing if exposed to one or more assaults and the duration of the abuse. One did not know whether one or more abusers.

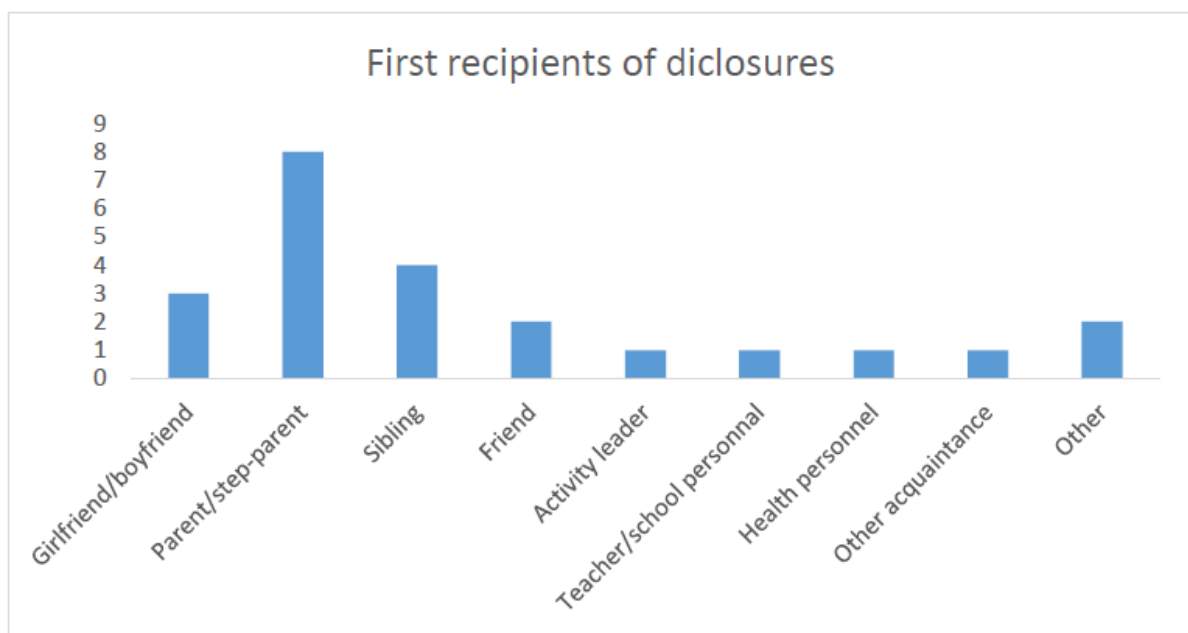


Figure 1. Overview of the relationship between the participants and first recipients of final disclosures (n = 23).

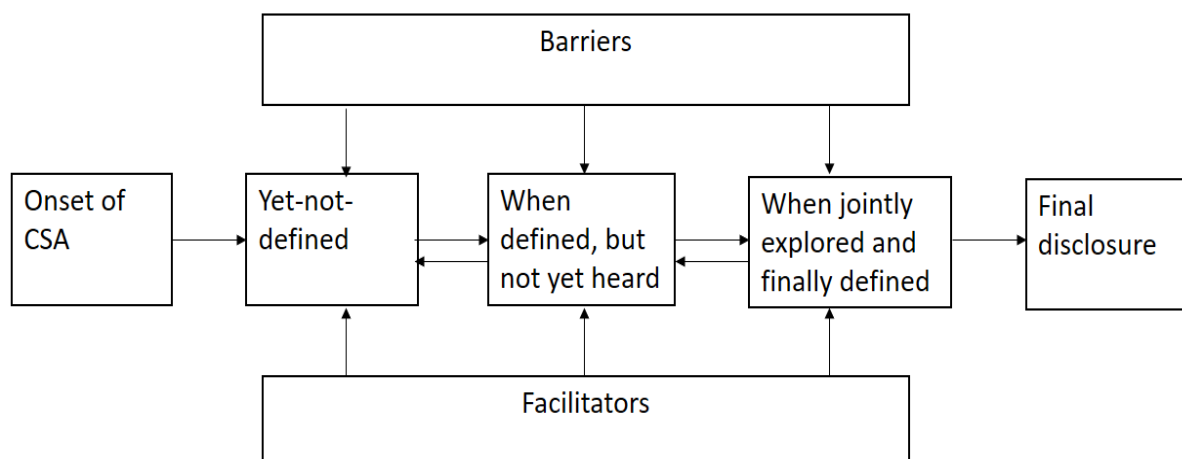


Figure 2. Model illustrating the process of disclosure outlined by the participants. Barriers and facilitators influenced the process at all phases.

Table 2. Overview over main results ($n = 23$).

Main themes	Sub-themes
Delaying and hindering experiences	Lack of needed knowledge
	Rewards and threats from the abuser
	Own feelings of guilt, shame, fear, and experiences of being blamed
	A felt need to protect family members against the cost of knowing
	Seeing no one to tell and fear of not being believed
Promoting and facilitating experiences	Repressed memories
	When having someone to tell
	When being asked questions
	When experiencing an urgency to stop the abuse
	At major life changes in adult life
Assessment of unsuccessful attempts and continuous possibilities to tell	When experiencing a necessity to move on
	Hints and signs
	Direct verbal telling
Final disclosure	Deciding to disclose and then backing out
	Characteristics of first disclosures
	Disclosure by signs prompted, picked up, and questioned in ordinary situations
	Disclosure by signs prompted, picked up, and questioned in emotionally exaggerated situations
	Disclosure by direct verbal accounts picked up and questioned
Recommendations for an early disclosure and prevention of CSA	Provide general information and attention of CSA
	Provide safe contexts to tell
	Provide knowledge of judicial rights in the aftermath