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# Legal Disclosure of Childhood Sexual Abuse: What Can Professionals Tell Us?

## And Clinical Research Portfolio

**Sarah Elizabeth Morrison**

MA (Honours) Psychology

Submitted in partial fulfilment of the requirements for the degree of Doctorate in Clinical Psychology

Institute of Health and Wellbeing

College of Medical, Veterinary and Life Sciences

University of Glasgow

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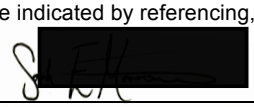
Signature  Date: 24.07.16

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CHAPTER 1: SYSTEMATIC REVIEW

# Children's Disclosure of Sexual Abuse: A Systematic Review of Barriers and Facilitators

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Prepared in accordance with guidelines for submission to the *Journal of Child Sexual Abuse* (*See Appendix 1.1*)

**ABSTRACT:**

**Purpose:** The purpose of this study was to evaluate and synthesise peer reviewed evidence that addressed factors affecting a child's decision to disclose an experience of sexual abuse.

**Background:** Childhood sexual abuse is a serious and devastating crime, with recognised long-term negative impacts for the victim (Ullman, 2007). Understanding the factors that affect a child's decision to disclose, from their perspective, is vital. Disclosure is the first step in accessing support and protection, both therapeutically and legally. It plays a vital role in moderating the negative consequences of the crime, supporting victims and ensuring the perpetrator is identified and that any risk to others is addressed.

**Method:** A systematic review of the literature was conducted and results screened against *a priori* inclusion/exclusion criteria. The review focused on factors affecting a child's decision to disclose an experience of sexual abuse, from the child's perspective. Seven studies were identified as suitable for inclusion in the review, quality appraisal undertaken, and meta-ethnography used to synthesise the studies.

**Conclusions:** Six new super-ordinate themes were developed: 1) Fear of what will happen; 2) Others' reactions: fear of disbelief; 3) Emotions and impact of the abuse; 4) An opportunity to tell; 5) Concern for self and others and 6) Feelings towards the abuser. Themes identified indicated the importance of support, structure and opportunity to facilitate a child's disclosure of sexual abuse and should be utilized by agencies working with children to develop public understanding and opportunities and practices that enable disclosures to take place.

**Key Words:** Child Sexual Abuse, Children, Disclosure, Systematic Review, Meta-ethnography

**INTRODUCTION:**

Childhood sexual abuse (CSA) is a growing concern. The NSPCC report that nearly one quarter of young adults (24.1%) experienced sexual abuse during childhood (Redford et al, 2011) and the negative consequences of this experience is widely recognised (Ullman, 2007). Evidence indicates that the process of disclosing CSA is complex and rarely takes the form of a clear, one time statement (Tener & Murphy, 2014). Delay in victims' disclosures is widely recognised. UK based research identifies one in three children (34%) who experienced contact sexual abuse by an adult did not disclose it (Redford et al, 2011). Disclosure is a prerequisite for accessing support and protection, both therapeutically and legally (Paine & Hanson, 2002). Early access to therapeutic support and intervention is key to assist victims and can limit the negative consequences associated with sexual abuse (McElvaney, 2015). Understanding factors that relate to a child's self-disclosure of sexual abuse is therefore vital to support victims, reduce the negative impact of CSA and protect others from possible harm.

Evidence relating to children's disclosure of sexual abuse is growing and a number of variables are known to influence a child's decision to disclose (Kogan, 2004); however, these factors affecting disclosure are inconsistently reported (Malloy, Brubacher & Lamb, 2013). Jensen, Gulbrandsen, Mossige, Rechelt and Tjersland (2005) note that children are highly susceptible to their confidant's emotional well being, specifically their ability to contain or manage the burden the child is about to share. London, Bruck, Wright and Ceci (2008) identify that boys, children of a younger age, certain ethnic groups and children with a low level of family support are less likely to disclose, while Somer and Szwarcberg (2001) report the level of traumatisation experienced by the child plays a pivotal role in their ability to disclose. A further facilitator reported is 'the initiation of a dialogue', with children describing that a safe space can facilitate a disclosure (Jensen et al, 2005). Goodman-Brown, Edelstein, Goodman, Jones and Gordon (2003) report that: gender, type of abuse, contact with a perpetrator, fear of negative consequences, specifically perceived responsibility and fear of disbelief, affect children's willingness to disclose. Tener and Murphy (2014) stress the

importance of the reaction from others and its role in a victim's decision to disclose. Disclosure is not a one-way process for victims but an event that happens in the context of communicating and relating to others (McElvaney, Greene & Hogan, 2011).

The retrospective nature of accounts of CSA, particularly those from an adult perspective, has resulted in limited evidence for the factors that affect disclosure (Foster & Hagedorn, 2014). Studying retrospective accounts can underestimate disclosure rates due to recall bias (Schönbucher, Maier, Mohler-Kuo, Schnyder & Landolt, 2012) and include age-related re-interpretations of decisions and events (Malloy et al, 2013). Furthermore, intervention for children based on adult recollection may be ineffective as a result (Foster & Hagedorn, 2014). The lack of evidence from a child's perspective is attributed to fear of causing discomfort or harm, difficulties obtaining ethical approval and expected challenges surrounding parental consent and child assent (Walker, Reid, O'Nell & Brown, 2009). Studies incorporating children's narratives however, are the most accurate method for examining the disclosure process (London et al, 2008; Priebe & Sveden, 2008) as disclosure is closer in time and perspectives are expected to be less affected by maturation and age-related interpretations. Understanding sexual abuse disclosures from the children's perspective and obtaining valid, accurate and detailed descriptions are therefore vital in order to support disclosures, design appropriate services and enable timely access to intervention (Malloy et al, 2013; McElvaney et al, 2011).

Requests are noted for more research concerning children's disclosure of sexual abuse (Jensen et al, 2005; Tener & Murphy, 2014), specifically from the child's perspective, utilizing a qualitative design. Quantitative methods are commonly used and often criticized (McElvaney et al, 2011; London et al, 2008) for their apparent 'search' for the unique pattern that would explain the disclosure process. This quest suggests that a single pattern, gathered from quantitative data, can explain the multitude of factors, narratives and experiences a victim holds about their disclosure experience. Jones (2000) highlights the need to understand the variability and multiplicity of these

influences in order to help children disclose and identified the value qualitative studies hold in this respect. Qualitative research seeks to understand the subjective realm of human experience (Braun & Clarke, 2013). It is able to follow the individual experiences of the child, providing a rich and detailed narrative that can capture their understanding of the factors that facilitated disclosure (McElvaney, Green & Hogan, 2013). Acknowledging service users in service design is also a crucial factor, emphasised in both the literature (Ring, Ritchie, Mandava & Jepson, 2010) and current government initiatives (Survivor Scotland Strategic Outcomes and Priorities, 2015). Qualitative research is well placed to enable this and allows the voice and perspective of the child to be recognised and understood.

To date, there has been no attempt to synthesise qualitative research exploring children's disclosure of childhood sexual abuse. Therefore, it would be of value to synthesise and assess the quality of qualitative data, in order to understand the factors that affect a child's disclosure of sexual abuse in greater detail, identify areas for further exploration and factors that can inform the development of services and intervention.

**AIM:**

The aim of this study is to explore factors that affect children's decisions to disclose sexual abuse by systematically reviewing, appraising and synthesising published qualitative studies in this area**.**

It will specifically address the following question:

- What factors affect children's disclosure of sexual abuse?

## METHOD:

### Search Strategy:

CINAHL, PsychINFO, Psychology and Behavioural Sciences Collection and ERIC databases were searched via EBSCO host. EMBASE, HMIC (Health Management Information Consortium) and MIDIRS (Maternity and Infant Care) databases were searched via Ovid Medline (R) from 1946 to present and ASSIA (Applied Social Sciences Index and Abstracts) database was searched via Proquest.

### Search Terms:

The search strategy was designed in consultation with an expert librarian. It adopted a broad approach using free text due to the difficulty locating qualitative research through electronic searches (Centre for Reviews and Dissemination, 2009; Britten et al, 2002). Databases were searched between 02.11.2015 and 11.11.15.

The following terms were used:

1. (“child abuse, sexual”) OR (sex* n3 (abus* OR assault*))
   AND (disclos* OR “self report*”)

2. (qualitative OR "grounded theory" OR "interpretative phenomenological" OR narrative OR "thematic analysis" OR phenomenolog* OR experienc*)

3. (child* OR adolescen* OR infant* OR preschool OR “school age” OR teen*)

4. 1. AND 2. AND 3.

Boolean operators (OR and AND) were used to combine search strings and the proximity codes adapted as required for individual databases (*See Appendix 1.2*).

Studies identified were reviewed in accordance with the inclusion and exclusion criteria. Hand searching was undertaken for two key journals in the field: "Journal of Childhood Sexual Abuse" and "Child Abuse and Neglect", reviewing articles published in the last 10 years. The reference lists of final articles selected were searched to locate any relevant articles that had not been identified via the electronic search, due to noted difficulties that can occur using electronic searches to identify qualitative studies (Britten et al, 2002).

**Inclusion Criteria:**

- Studies focusing on the factors relevant to disclosing an experience of CSA.
- Studies exploring the disclosure of CSA from a victim's perspective.
- The victim is between 0 and 18 when exploring their decision to disclose an experience of CSA.
- Studies that identify and utilise a qualitative research design.
- Studies that are peer reviewed.
- Studies published in English.

**Exclusion Criteria:**

- Studies in which it is impossible to identify the age of the victim providing their perspective on mediators to disclosure of CSA.
- Studies that are unpublished, case studies, book chapters or dissertations.

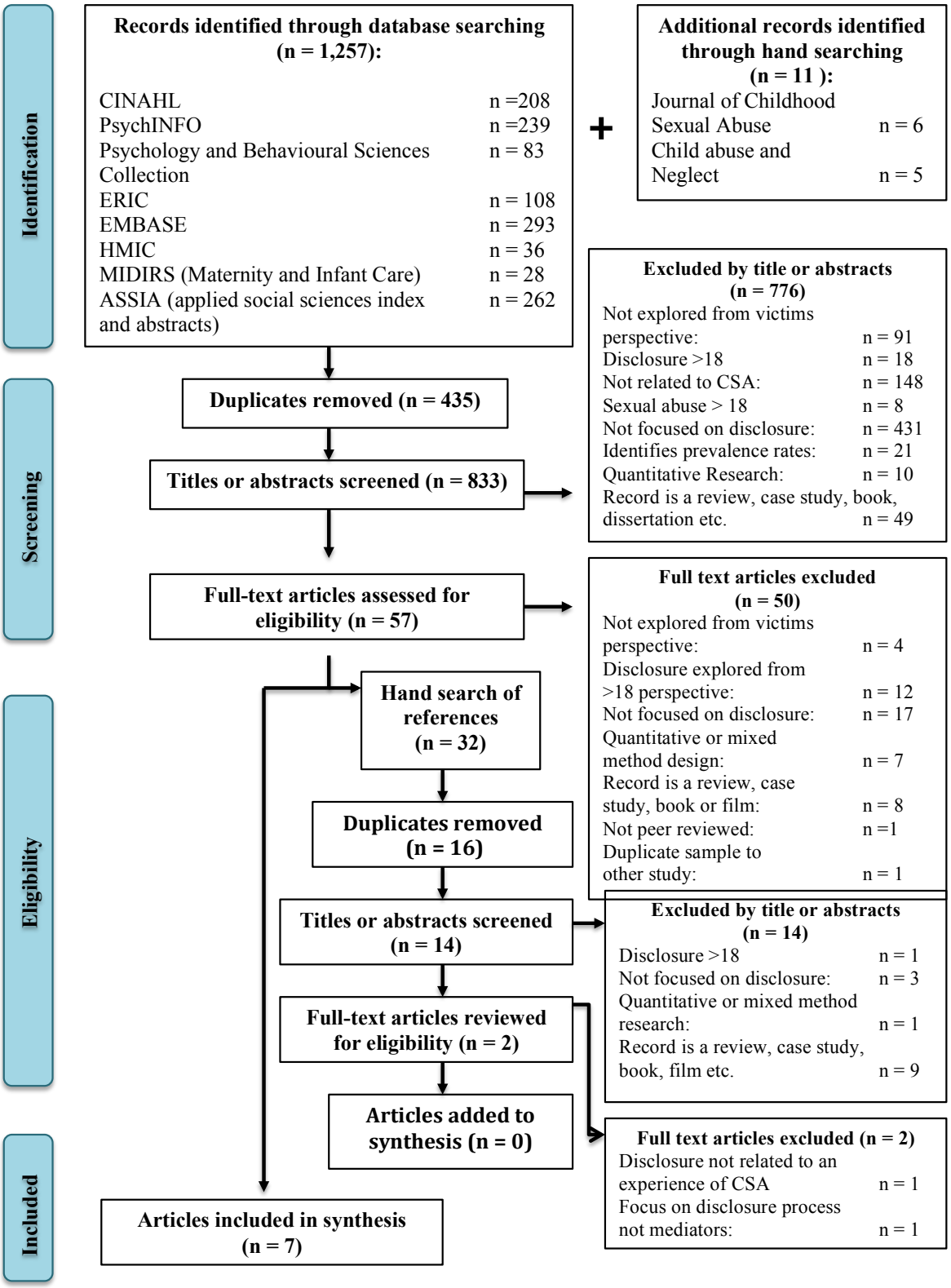
**Procedure:**

A total of 1,257 studies were identified and reviewed for inclusion (*See Figure 1*). The review process adopted a 2-stage process as recommended by PRISMA guidance (Liberati et al, 2009). Stage 1 involved the primary researcher screening all relevant articles based on title and abstract. During

stage 2, the primary and secondary researcher reviewed the full text articles in accordance with the inclusion/exclusion criteria (*Appendix Item 1.3*). In depth discussion occurred regarding discrepancies surrounding the inclusion/exclusion of individual studies and further advice was sought from the author in relation to two papers (McElvaney et al, 2011; McElvaney et al, 2013) that presented results from one population sample. Seven papers were identified for inclusion in the final review. Their reference lists were then subjected to the same 2-stage process. No further studies were identified.

**Results of Search Strategy:**

**Figure 1. The process and results of the systematic search and study selection.**



**Quality Appraisal:**

The use of quality appraisal tools to rate qualitative research causes much debate (Dixon-Woods, Shaw, Agarwal & Smith, 2004; Centre for Reviews and Dissemination, 2009). It is widely accepted that to create a complete and thorough synthesis, the studies included should be of high quality (Walsh & Downe, 2006), however the process of appraising this remains problematic. The variation in qualitative approaches is regularly cited for causing this difficulty. Crow and Sheppard (2010) argue that the majority of critical appraisal tools designed for qualitative data lack the depth necessary to comprehensively assess the research being analysed. Further criticisms include the lack of transparency surrounding the tool used and how the author has reached their decision about the quality rating (Dixon-Woods et al, 2004). Walsh and Downe (2006) reported similar issues in the appraisal of qualitative research and designed a tool to provide an objective and meaningful measure of quality. The tool was developed through review and synthesis of existing tools and identified 12 essential criteria (supplemented with prompts and guidance for assessment), which all qualitative studies should adhere to, regardless of their theoretical stance.

Walsh and Downe's (2006) tool was used to assess the seven identified papers for this review. Quality assessment is a challenging task because, although guidelines and prompts are provided, the extent to which each of these must be met is a subjective judgment. The appraiser was required to become competent in Walsh and Downe's (2006) tool before beginning the evaluation. A rating scale was also incorporated to increase the transparency of the quality ratings of each study. If a study presented evidence to meet 50% or more of the prompts, it was deemed to have met the essential criteria for that standard. A sample of the studies was then assessed by a second researcher (a Trainee Clinical Psychologist) to assess the reliability of the primary rater. Overall agreement on essential criteria scores was identical, with only small variations in the subsection scores (See Appendix Item 1.4).

Out of the seven studies identified for the review, two met all 12 essential criteria. A further four studies met 11 out of 12 and the final study achieved

10 out of the 12 (*See Table 1*). All studies were included in the review. It is likely the lower scores reflect the lack of guidance previously available in identifying 'good quality' in qualitative research (and reporting), specifically around reflexivity. All studies demonstrated some evidence relating to the prompts for essential criteria and those that failed an essential criterion did so due to not reaching 50% cut off point (See Appendix Item 1.4). It is acknowledged this may reflect the obligation to disregard information to meet requirements for journal publication.

**Table 1. Quality Appraisal of Papers**

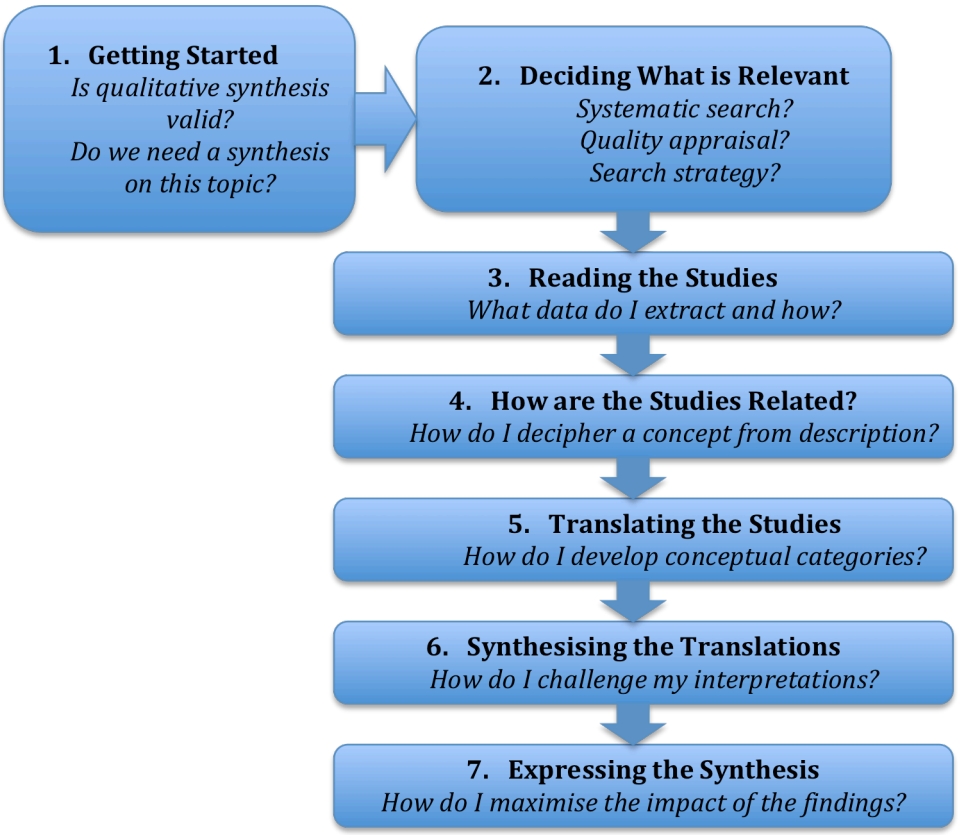
| Authors (Year) | Quality Rating | Criteria not met | Included in Synthesis? |
|---|---|---|---|
| Jensen, Gulbrandsen, Mossige, Reichelt & Tjersland (2005) | 10/12 | Limited evidence of ethical dimensions and researcher reflexivity | Yes |
| Shalhoub-Kevorkian, 2005 | 12/12 | None | Yes |
| Petronio, Reeder, Hecht & Ros-Medoza (2009) | 11/12 | Limited evidence of researcher reflexivity | Yes |
| Schaeffer, Leventhal & Asnes (2011) | 11/12 | Limited evidence of researcher reflexivity | Yes |
| Schönbucher, Maier, Mohler-Kuo, Schynder & Landolt (2012) | 11/12 | Limited evidence of researcher reflexivity | Yes |
| McElvaney, Greene & Hogan (2013) | 11/12 | Limited evidence of researcher reflexivity | Yes |
| Foster & Hagedorn, 2014 | 12/12 | None | Yes |

**Method of Synthesis:**

Meta-ethnography (Noblitt & Hare, 1988) was selected to synthesise the research studies. Meta-ethnography has been identified as an effective, well-developed tool for synthesizing qualitative data that allows re-interpretation of meaning across qualitative studies (Atkins et al, 2008). Noblitt and Hare

(1988) identify the value of meta-ethnography to be its ability to take a set of single accounts of data and synthesise them, to reveal a new underlying interpretation whilst maintaining honesty and integrity to the original data.

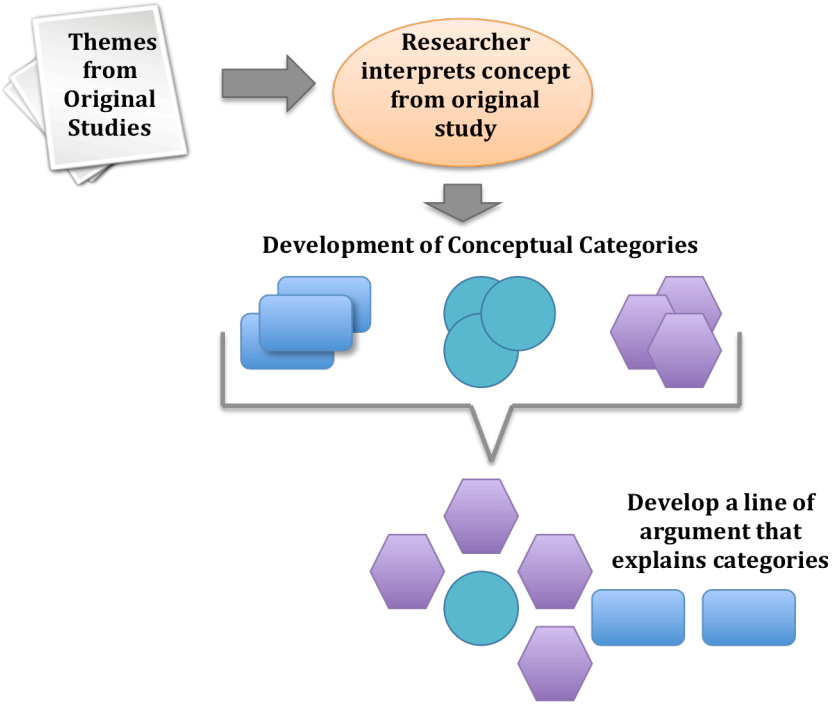
**Figure 2. Seven stages of meta-ethnography proposed by Noblitt & Hare (1988), challenges and factors influencing decision making**




(Figure adapted from Toye et al, 2014, p. 8)

Meta-ethnography provides a seven-phase process for conducting the synthesis (*See Figure 2*), which allows transparency with regards to the analytical process and findings obtained. The review will follow this process, allowing the re-analysis and combining of several studies to move beyond single findings and develop a cohesive theoretical framework (*See Figure 3.*) (Pope, Mays & Popay, 2007).

**Figure 3. Process of analysis: development from single concepts to theoretical framework in accordance with meta-ethnography.**




(Adapted from Toye et al, 2014, pg. 8)

**RESULTS:**

The themes presented by the authors in the seven studies and details of each study are displayed in *Table 3*.

Six new super-ordinate themes were developed through the process of meta-ethnography and synthesis of the seven studies. A new line of argument synthesis was created (Noblitt & Hare, 1988) and the themes identified are labeled: 1) Fear of what will happen; 2) Others' reactions: fear of disbelief; 3) Emotions and impact of the abuse; 4) An opportunity to tell; 5) Concern for self and others and 6) Feelings towards the abuser. Each of these themes will be discussed in turn. Quotations used from the original study participants are presented in italics.

## Table 3. Details of included studies and themes ordered by year of publication

| Study | Sample | Focus | Data Collection, Analytical Approach | Themes |
|---|---|---|---|---|
| Jensen, Gulbrandsen, Mossige, Reichelt & Tjersland (2005)<br><br>Reporting possible sexual abuse: A qualitative study on children's perspectives and the context of disclosure" | 20 families containing 22 children (15 girls, 7 boys). Age range 3-16<br><br>Recruited via adverts within mental health services. | How caregiver and child perceive the process of disclosure. | Therapeutic sessions and follow up interviews.<br><br>Grounded Theory and IPA | Initiating a dialogue<br>Contact with the sexual offender as a trigger for disclosure<br>Interpreting symptoms<br>Perceived consequences for mother<br>Consequences for the children<br>Perceived consequences for the suspected offender and the family<br>Perceived support<br>A joint focus of attention |
| Shalhoub-Kevorkian (2005)<br><br>Disclosure of Child Abuse in Conflict Areas | 28 girls, in 9th or 10th grade.<br><br>Recruited from school classes. | The effect of sociopolitical factors on the sexually abused Palestinian Israeli girl and on the application of the child protection laws in Israel. It specifically explores the social taboo connected with disclosure of sexual abuse. | Individual interviews either face to face or via telephone.<br><br>Grounded Theory | Preservation of honor and reputation<br>Fear of public disclosure<br>Fear of loosing family support<br>Fear of causing pain to family<br>Victims' perceptions of their body and sexuality<br>Fear of femicide<br>Reactions of victims to political conditions |
| Petronio, Reeder, Hecht & Ros-Medoza (2009)<br><br>Disclosure of sexual abuse by children and adolescents | 38 children (6 males and 32 girls)<br>Ages from 7 to 18<br><br>Recruited via social services following previous disclosure of sexual abuse. | What are the rules those sexually abused report using to disclose about this crime?<br>What are the rules those sexually abused report using to protect their privacy boundaries? | Open-ended interviews.<br><br>Thematic Analysis | Boundary access:<br>1. Access rules<br>2.Tacit permission<br>3. Selecting the circumstances<br>4. Incremental disclosure<br>Boundary Protection:<br>1. Protection rules<br>2. Target characteristics<br>3. Anticipated reactions |
| Schaeffer, Leventhal & Asnes (2011)<br><br>Children's Disclosures of Sexual Abuse: Learning from Direct Inquiry | 191 child interviews from children attending child sexual abuse clinic due to suspicion of child sexual abuse.<br><br>Age range 3-18 | To add direct inquiry about the process of a child's disclosure to a forensic interview protocol<br>Describe the factors that children identify as either having led them to tell about sexual abuse or caused them to delay a disclosure. | Review and transcription of digital recordings from forensic interviews asking children about disclosing sexual abuse.<br><br>Grounded Theory | Facilitators:<br>• Disclosure as a result of internal stimuli<br>• Disclosure facilitated by outside influences<br>• Disclosure due to direct evidence of abuse<br>Barriers:<br>1. Threats made by perpetrator<br>2. Fears<br>3. Lack of opportunity<br>4. Lack of understanding<br>5. Relationship with perpetrator |

## Table 3. Continued: Details of included studies and themes ordered by year of publication

| Study | Sample | Focus | Data Collection, Analytical Approach | Themes |
|---|---|---|---|---|
| Schönbucher, Maier, Mohler-Kuo, Schynder & Landolt (2012).<br><br>Disclosure of Child Sexual Abuse by Adolescents: A Qualitative In-Depth Study | 26 adolescents (23 girls, 3 boys)<br>Age 15-18<br><br>Recruited via adverts and flyers on websites, in schools and services providing support and information about sexual abuse | To study the process of disclosure by examining adolescents from the general population who had experienced child sexual abuse (CSA). | 1:1 interviews with participants.<br><br>Qualitative half standardized interview guide, transcribed and analysed.<br><br>Qualitative content analysis | Denial of the abuse<br>Victims do not want to burden others (parents) with disclosure/Others viewed as emotionally unstable<br>Lack of trust<br>Shame/stigmatization<br>No comprehension of what had happened<br>Fear of disbelief<br>Fear of perpetrator<br>Fear of parental sanctions<br>So as not to destroy one's family<br>Intimacy |
| McElvaney, Greene & Hogan (2013)<br><br>To Tell or Not to Tell? Factors Influencing Young People's Informal Disclosures of Child Sexual Abuse | 22 young people and 14 parents.<br>16 girls and 6 boys<br>Age range 7-18<br><br>Recruited following formal assessment for CSA with some accessing therapy | To understand the factors influencing informal disclosure of child sexual abuse experiences, taking account of dynamics operating prior to, during, and following disclosure. | Individual semi structured interviews.<br><br>Grounded Theory | Being believed<br>Being asked<br>Shame/self-blame<br>Fears and concerns for self and others<br>Peer influence |
| Foster & Hagedorn (2014)<br><br>Through the Eyes of the Wounded: A Narrative Analysis of Children's Sexual Abuse Experiences and Recovery Process | 21 written trauma narratives of children's experiences of CSA<br>18 girls and 3 boys<br>Age range: 6 - 17<br><br>Narratives accessed via support services for children who experienced CSA | This study aimed to address the gap in the literature about children disclosing sexual abuse and the impact of this | Analysis of trauma narratives written by children as part of a counseling intervention.<br><br>Narrative Analysis | Fear and Safety<br>1. Memories of the abuse<br>2. The disclosure and subsequent events<br>3. The Healing Journey |

**Fear of what will happen:**

Participants across all seven studies discussed the impact of fear on their decision to disclose:

"*It was one of the scariest things I've ever . . . thought of ever saying*"

(McElvaney et al, 2013, pg. 9)

This is suggested to be almost paralyzing for the child (McElvaney et al, 2013). One child described the fear to be more intolerable than the abuse they were experiencing:

*"This is bad but it's better knowing what's happening than (not) knowing what's going to happen."*

(McElvaney et al, 2013, pg. 9)

Children described a snowball effect of thoughts when considering disclosure and the impact it could have on others in the family:

*I*: "*Can you remember when these things were happening, what it was that stopped you from telling anyone?"*
G: "*I don't really know. I was mostly afraid for what Daddy was going to say. And if nothing happened, then we were supposed to live under the same roof. That would be really embarrassing, right. And I didn't know if he would get put in jail, and I didn't know this or that. I was really scared. I don't really know . . . I was really afraid that I would cause trouble for a lot of people and things like that."*

(Jensen et al, 2005, pg. 1406)

This child emphasises her fear of losing the support from her family should she disclose the abuse:

*"I love my oldest sister very much… When I look at both my sister and my Mom, I feel so much like telling them about my cousin, but they both cherish him… Would I get their support…? Would my sister love me as she does*

*today knowing that he did it to me [raped me] more than once on her own bed? […] I am more than sure that I will lose her or my Mom if I tell them about my abuse."*

*(*Shalhoub-Kevorkian, 2005, pg. 1275)

**Others reactions: fear of 'disbelief':**

Seven studies described the impact of 'others reactions' and fear of not being believed, however descriptions varied in terms of the expected reaction and its effect on the child. McElvaney et al (2013); Schönbucher et al (2012); Jensen et al (2005) and Petronio et al (1996) described the impact the child's anticipation of belief or disbelief had and the role it had on their decision to disclose:

*I: "Why do you think you didn't you tell your mother?*
*P26: "Later I thought that she wouldn't believe me anyway, and that she would think that I saw things, that I was crazy."*

*(*Schönbucher et al, 2012, pg. 17)

Another child described the positive effect their expectation of belief had in terms of facilitating the disclosure:

*G: "But they believed me right away, and he admitted it, so that really helped me a lot. I can't even imagine what it would have been like if he had lied and said he didn't do anything."*
*I: "Were you surprised that your friend and mom believed you?"*
*G: "No I wasn't surprised. I was counting on that. If I had thought that they wouldn't believe me, then I wouldn't have said anything."*
*I: "You wouldn't have said anything then?"*
*G: "No it would have made everything worse really. You experience a lot of shit, then you tell about it, and they don't believe you, and think of you as a liar."*

(Jensen et al, 2005, pg. 1406)

For this child the relationship with her mother, and the confidence in her believing the disclosure is a key facilitator in the decision to disclose. The example demonstrates the two-fold effect anticipated belief has on a child's decision to disclose in terms of facilitating or preventing disclosure.

*"I didn't want to say anything when I was little because I know mom and she would have snapped and gone crazy."*

(Schaeffer et al, 2011, pg. 349)

This statement illustrates the preconception the child holds about the expected response and its role in preventing a disclosure. Petronio et al (1996) identify that for some children, where a belief about expected reaction is not fixed, they may disclose information gradually to test others responses before disclosing the full extent of the abuse, as described in the extract below:

*"Many of the children started with previews that were indications of deeper problems. For example, Jennifer said to her mother, "Mom, I've got to tell you something. He's [stepfather] been walking around the house with no clothes on. She said her mother believed her and that made her feel good because her mother's reaction showed trust and caring. After gauging her mother's response to this initial disclosure, she felt prepared to reveal more about her stepfather's behavior. I only told her that he was walking around with no clothes on and then she talked and then I told her what he'd done."*

(Petronio et al, 1996, pg. 191)

**Emotions and the impact of the abuse:**

Six studies identify the impact of the abuse on emotions and beliefs about the self (shame, embarrassment, guilt, responsibility, poor sense of self), and the subsequent impact of these feelings and beliefs upon the decision to disclose (Schaeffer et al, 2011; Schönbucher et al, 2012; McElvaney et al, 2013; Jensen et al, 2005; Foster & Hagedorn, 2014 and Shalhoub-Kevorkian, 2005). Feelings of shame are regularly reported to prevent disclosure, articulated clearly by this child:

*I: "Why didn't you tell her sooner?"*
*P21: "I just felt so ashamed."*

(Schönbucher et al, 2012, pg. 17)

One child described her confusion, summarized in a belief that the abuse happened because she was inherently bad and therefore responsible:

*"...maybe I am bad for I brought it all onto myself"*

(Shalhoub-Kevorkian, 2005, pg. 1276)

Feelings of self-blame are reported to affect the child throughout their life:

*"I think that as I got older I started to think... I couldn't think of any reason why would he do that to me like I musta done something or I must just be a certain type of person."*

(McElvaney et al, 2013, pg. 9)

The effect of beliefs about responsibility on a disclosure is highlighted in the description below:

*"When I was first thinking about it, "Am I gonna get in trouble?" but like . . . when I started to really think about it I just realized like it wasn't my fault, I was scared, I didn't do anything wrong"*

(McElvaney et al, 2013, pg. 9)

The emotions children experienced resulting from the abuse were also reported to facilitate disclosure (Foster & Hagedorn, 2014; Schaeffer et al, 2011 & Schönbucher et al, 2012). Children described how the build up of these emotions in their minds and the subsequent impact they had on their behaviour triggered a disclosure:

*"I waited two years until I told my mom and my brother. I felt guilty and like a bad person about waiting. I couldn't take it anymore so I had to tell"*

(Foster & Hagedorn, 2014, pg. 546)

One young girl described how a change in her behaviour occurred, following the abuse experience and how this prompted questions from her teacher and subsequently a disclosure:

*"I talked to my teacher. I couldn't concentrate anymore in school, my marks got worse and worse. My teacher asked me what the matter was with me… I thought about telling a long time. But then I just told him."*

(Schönbucher et al, 2012, pg. 15)

**An opportunity to tell:**

Having an opportunity to tell or to disclose was noted as a significant factor in facilitating or preventing disclosure in five of the seven studies (Shaeffer et al, 2011; Schönbucher et al, 2012; Petronio et al, 1996; Jensen et al, 2005 and McElvaney et al, 2013). The process by which this opportunity presented itself varied in descriptions across the studies. Some children described it in the literal sense of having a time and place where they could disclose to a confidant and how when this did not arise disclosures were prevented:

*"I wanted to tell my mom when my sister [the alleged perpetrator] was not home, then I don't get a chance because my mom's always sleeping now and I'm always in school."*

(Shaeffer et al, 2011, pg. 349)

Further factors described included the experience of a setting that is safe, private and familiar:

*"It was at my house when I told her [mom]. Nobody else was around but just me and her."*

(Petroni et al, 1996, pg. 190)

Or a situation where the topic of CSA is present, for example being explored in conversation or through external sources such as a television program:

*G: "Yes that's how they found out. We were watching a program. There was a girl that was talking (about sexual abuse), and I felt really weird. I had to go to the bathroom, and I just couldn't sit still. I sat in my own thoughts and had tears in my eyes and stuff like that. And then Mom saw that something was wrong; she asked me if I had done something wrong or if she had done anything. She kept asking and then she got to Dad, and then I started crying and then she understood. There has to be a connection."*
*I: "A connection?"*
*G: "It's much easier then. Of course it is."*

(Jensen et al, 2005, pg. 1408)

Children also described opportunities to be facilitated when someone they trusted showed concern for them:

*"It was just kind of like the smile on her face like she's trying to help me or something, it just made me decide I wanted to talk to her about it. "*

(Petroni et al, 1996, pg. 188)

This interaction appears to provide evidence for the child that someone cares about them and is willing to listen to what is happening.

**Concern for self and others:**

Children in five of the studies (Schönbucher et al, 2012; Shaeffer et al, 2011; McElvaney et al, 2013; Jensen et al, 2005 and Shalhoub-Kevorkian, 2005) reported concerns about their own and others' safety to affect their decision to disclose.

The extract below details one young person's reasons for not disclosing in order to protect their mother:

*"Although I searched for ways to stop the abuse, I feared of causing harm to members of my family, specially my sister. My mom has suffered enough in*

*her life. I will never give her an additional burden… No, I will never tell her what her son is doing to me."*

(Shalhoub-Kevorkian, 2005, pg. 1276)

Another young person describes how their realisation that the abuser could cause harm to others prompted their decision to disclose:

*"I thought like he could do that to me and I can't tell anybody then . . . he can do it to them and they won't tell . . . and if I hadn't told and a few years later (his children) turned around and well he done [sic] that to me a year after what he done that to you I woulda never forgiven meself [sic]."*

(McElvaney et al, 2013, pg. 11)

Concerns described a fear that their confidante would cause harm to the abuser and subsequently be punished, as illustrated by this young girl:

"*I didn't want my mommy to hurt him and she'd get in trouble*."

(Shaeffer et al, 2011, pg. 349)

This belief likely links to both the idea of feeling responsible for causing harm to others and the fear of losing the family member due to their reaction. The description of what happened when this young girl disclosed demonstrates this further and validates the children's fears:

*"Me Dad was crying and I was crying like me Mam [sic] she went mad she did . . . and I was roaring crying like 'cos I could hear her screaming . . . "I'll kill him I'll kill him" like an' trying to get out the door."*

(McElvaney et al, 2013, pg. 10)

Children across the studies noted the influence of threats from the abuser about violence towards the child and to other family members if they disclosed. Examples are presented below:

"*My dad said if I talk about it he's gonna get his belt and whoop me*."

(Shaeffer et al, 2011, pg. 349)

I: "*Do you know why you didn't tell anybody?"*
P26: "*I was scared of him. He said that he would kill me if I told anyone."*

(Schönbucher et al, 2012, pg. 17)

**Feelings towards the abuser:**

Children also reported conflicted feelings towards their abuser that subsequently affected their decision to disclose in five of the seven studies (Schaeffer et al, 2011; McElvaney et al, 2013; Jensen et al, 2005; Foster & Hagedorn, 2014 and Shalhoub-Kevorkian, 2005), as evidenced in the statement below:

*"Why do you call it abuse? This is my father, not a criminal, and he loves me. I knew he was doing wrong things to me, but he is my father…"*

(Shalhoub-Kevorkian, 2005, pg. 1274)

One young girl describes how her father prompted these feelings and the effect it had on her ability to disclose:

*"And then there was one time he had a talk with me. He said: 'You must never tell anyone, it's our secret, and if anyone finds out, I have to go to jail, and that's the worst thing that could happen to anyone and then I'll get beaten up in jail.' He said all this stuff. And then it wasn't very tempting to tell. After that it took even longer before I could tell."*

(Jensen et al, 2005, pg. 1405-1406)

Relationship with the abuser was also reported to facilitate disclosures for some children. It was noted that when children experienced feelings of fear or terror towards their abuser they subsequently objected to having contact with the abuser and this caused others to ask questions and provided an opportunity for the child to disclose what was happening. (Jensen et al, 2005; Schaeffer et al, 2011).

## DISCUSSION:

### Findings and Implications:

Children's fears about what will happen following their disclosure played a vital role in their decision to disclose. Fear was described to be present throughout their deliberation of the disclosure and specifically related to the unknown or imagined consequences of the process. This is a similar finding to that reported by Goodman-Brown et al (2003) and is understandable given the shocking experience that is the abuse and the turmoil it undoubtedly causes for the child. Evolutionary evidence indicates that 'fear' can be a paralysing force (Misslin, 2003), regardless of the reason for it, and this is reiterated in these findings. Further specific fears related to the effect of the disclosure for the child and their family, detailing the expected loss of support and family network that would follow. These specific fears are justified for many children according to the evidence from adult studies (Tener & Murphy, 2014) that indicate for many victims, who disclosed as children, family responses were rejection or the child was then blamed for splitting up the family.

Beliefs about Other's reactions: Fear of disbelief, was a further theme identified in the studies. The child's anticipation of belief or disbelief was a key factor in their ability to disclose, as reported in previous studies (Tener & Murphy, 2014, Goodman-Brown et al, 2003; Kogan, 2004). Reports suggest children are highly sensitive to others' initial reactions to their disclosure. The perception of belief and expected response of others is an understandable, and an evidenced factor (Fisher, 1986) that affects any disclosure or sharing of personal information. In the context of an abusive experience that is highly intimate and confusing for a child and interpreted as shameful, it is consequently, not surprising that it plays a significant role in the disclosure process. It is also worth noting the importance of this finding in terms of supporting children to disclose. This study accentuates a child's sensitivity and perception of others' reactions and its role in the disclosure process. As

such, adults supporting children should be educated and aware of the significant impact their reaction may have and how this can be interpreted and influence further disclosures.

The emotions and impact of abuse were a further factor identified, specifically feelings of shame and responsibility. These were frequently reported to prevent disclosures from occurring and further contributed to the fears surrounding others' reactions. These reactions are evidenced throughout the adult and child literature on CSA (Goodman-Brown et al, 2003; McElvaney et al, 2013; Shalhoub-Kevorkian, 2005) and noted to have significant long term consequences for the victims (Ullman, 2007). It is therefore vital that they are acknowledged, understood and challenged in services and interventions designed to support children with disclosure and the consequences of the abuse.

Children in three studies (Foster & Hagedorn, 2014; Schaeffer et al, 2011; Schönbucher et al, 2012) described how the build up of emotions associated with the abuse had facilitated a disclosure due to the significant impact they had on the child. It seems therefore that significant emotional and behavioral changes occur for children following an experience of abuse (Maniglio, 2009). Developing our awareness of these, through further research, would allow sensitive enquiries into a child's wellbeing to provide an opportunity to tell and support earlier disclosure.

The influence of an opportunity to tell is a further key finding within this study and is supported by previous evidence (Jensen et al, 2005; London et al, 2008). Children frequently described the impact of a safe, private and containing space in allowing them to disclose. Reports identified the value of a shared focus or setting and the importance of an adult showing concern. A consequence of CSA, noted in the literature is the inability to form trusting relationships (Tener & Murphy, 2014; Somer & Szwarcberg, 2001) and it may be that the lack of trust growing up further compounds this consequence or may be the initial cause. The sample in this study has the potential to include a level of bias in that the children have disclosed their experience, and

therefore are likely to have had access to a safe supportive space and an adult whom they can trust.

The synthesis revealed that children's concern for themselves and others played a vital but complex role in their ability to disclose. Children describe the influence of threats from the perpetrator as a significant barrier to disclosure, further emphasizing the significant and likely paralyzing fear they experience following the abusive experience. Accounts also display a conflict in how best to protect others, either through disclosure (Shalhoub-Kevorkian, 2005) or non disclosure (McElvaney et al, 2013). This conflict is particularly significant within the findings and is documented less in current literature. It further emphasizes the awareness children have about the impact of their disclosure on others and provides insight into the complex and often conflicting beliefs that arise during the disclosure process.

Feelings towards the abuser were an additional factor identified that contributed to a child's ability to disclose. As with other factors the impact of this was multidimensional, children describe recognizing the abuse was wrong but also a feeling of love towards their abuser. This experience led to significant confusion for some children in identifying the abuse as a crime, as evidenced in the literature (Hunter, 2010). It also contributed to the difficulty disclosing due to a desire to protect the abuser. The attachment that forms between a victim and their abuser is well documented across a range of crimes (Jülich, 2005). It is likely to be further compounded where CSA occurs due to the power imbalance between an adult and child, and even more so when the abuse is intrafamial. In contrast to this, some children reported that the feelings of terror and fear that they felt towards their abuser (Jensen et al, 2005; Schaeffer et al, 2011) prompted a reluctance to have contact with the abuser. This behavior then triggered an adult to ask questions, which in turn facilitated a disclosure. In consideration of the conflicting reports regarding feelings towards the abuser and differing outcomes it is possible that these differences relate to the specific abuse experienced. It may be that children who experience intrafamial abuse and have a developed relationship with the abuser experience conflicting emotions and a desire to protect whereas if the

abuse is a single incident the child may experience more fear at proposed contact. This would be an interesting area for future research.

**Conclusions:**

The synthesis further identifies the complex and interpersonal nature of the disclosure process as highlighted by Tener and Murphy (2014) and McElvaney et al (2011). It also provides a key insight into the intricate thought processes children experience when considering disclosure. The study emphasises the influence a child's family dynamic and support system has on their decision to disclose. It is possible that children who feel loved, supported and cared for are able to hold a belief that adults and the world around them are safe and trusting, and are therefore able to disclose an experience of abuse. Further to this the level of consideration and awareness children demonstrate in regards to the effect of a disclosure on them and others is striking. This study emphasises the level of awareness children have with respect to their world and as such deserve an equal level of honesty, openness and maturity from the adults in their lives.

**Clinical Implications:**

The findings from this synthesis identify several pointers for service improvement and intervention design. Historic research indicates and society appears to believe that talking about abuse experiences has the potential to cause harm to children (Walker et al, 2009) and will often avoid it. Reports in this study highlight the importance of children feeling they have an opportunity to disclose. Education programs and services should incorporate this knowledge into their systems, teaching parents and carers of children the value of sensitive questions, showing concern and utilizing a contained and safe space to support children to disclose. Furthermore this synthesis demonstrates the insight and maturity children have with regards to their world and others in it, and again this should be reflected within the design of interventions and services aiming to support them.

**Limitations:**

As with the majority of research into CSA a significant limitation of the current review is that the children's narratives provided are voices of children who have disclosed their abuse and therefore the silence of those that have not remains. The sample within the seven studies reviewed are also likely, as a result of their disclosures, to have sought help following the abuse which may have affected their understanding, memories and perception of the disclosure experience (Foster & Hagedorn, 2014; McElvaney et al, 2013). Additionally, children who disclose experiences of CSA may have been able to do so as a result of the existing positive relationships within the family. As such they may be less able to provide detailed information about the barriers to disclosure that less healthy family environments experience. A further concern regarding the review relates to the abuse experiences studied. Studies reported factors affecting disclosures from both single abuse experience and long term, intrafamial sexual abuse (Schönbucher et al, 2012). Future research may provide further insights through investigating each specific abuse experience separately.

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CHAPTER 2: MAJOR RESEARCH PROJECT

# Legal Disclosure of Childhood Sexual Abuse: What Can Professionals Tell Us?

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## PLAIN ENGLISH SUMMARY

**Background:** Childhood Sexual Abuse (CSA) is a growing concern for society and is recognised to seriously affect the victims and their mental health (Filipas & Ullman, 2006). It is a crime that is kept secret and people often do not talk about their experience until they reach adulthood (Somer & Swarcberd, 2001). It is also rarely reported to the legal system (London, Bruck, Ceci & Shuman, 2005). Research tells us about some of the things that might help or prevent victims from telling someone about their experience. Little is known, however, about what helps someone report their experience to the legal system. Understanding more about the factors that help or prevent victims from reporting their experiences to the legal system is important and would help to design treatment to support individuals who are affected by this crime and increase the number of prosecutions for sexual offences against children. Experienced mental health clinicians who work regularly with victims of CSA have a good understanding of the factors their clients have described as helping or preventing them from reporting their experiences to the legal system.

**Aims:** This study aims to understand more about the factors that help or prevent victims of CSA reporting their experiences to the legal setting. It will explore the beliefs held by experienced clinicians about the process of legally disclosing experiences of childhood sexual abuse.

**Methods:** Experienced mental health clinicians working with victims of childhood sexual abuse in the Edinburgh and Glasgow trauma teams were asked to take part in the study. Clinicians were told about the study by the main researcher and asked if they would like to participate. 15 clinicians volunteered and five from each team were invited to participate. The researcher carried out in-depth interviews with the 10 clinicians, lasting between 40 and 90 minutes each. A qualitative research design was used to gain an in-depth understanding of the clinicians' beliefs. Interviews were digitally recorded, typed up and then analysed by the researcher. The beliefs

described by each clinician were explored and presented in the form of a written report. All information from the interviews was kept anonymous.

**Main Findings and Conclusions:** The research identified several themes about factors affecting victims' decisions to disclose to the legal system. Findings suggested that only a few victims reported the abuse to the legal system and that a number of barriers prevented this. Exploration of clinicians' beliefs suggested a key barrier to reporting the abuse was the difficulty victims experienced in being able to recognise what happened was a crime. Clinicians also believe that victims find the legal system scary and unfamiliar and that the disclosure experience can be harmful. Clinicians own beliefs about the legal system were also identified to impact a victim's decision to disclose. Findings suggested that when a victim recognised that others (such as family members) may be at risk they were more likely to report the abuse. Clinicians beliefs also identified that for a small number of victims the process of legal disclosure was beneficial, however, for the majority this was not the case.

The findings from this study will be used to inform services about how best they can support victims of CSA to disclose their experiences of CSA.

**ABSTRACT:**

**Purpose:** This study explores how the decision to disclose Childhood Sexual Abuse (CSA) to the legal setting for adult victims is perceived by key informants, specifically factors that are believed to facilitate or prevent legal disclosure from occurring.

**Background:** Prevalence rates of CSA are high (Pereda, Guilera, Forns & Gomez-Benito, 2009) and the negative consequences caused by the abuse acknowledged (Filipas & Ullman, 2006). Disclosure of this crime is understood to be complex and delayed disclosure recognised (Arata, 1998) but little is known about disclosure to the legal system. Rates of legal disclosure of CSA remain low and the attrition rates high (London, Bruck, Ceci & Shuman, 2005), but investigation and understanding of the contributory factors is rare. Disclosure of CSA to the legal system enables prosecution of the abuser and protection of the victim and others.

**Method:** 10 "key informants" consisting of specialised clinicians working with adult victims of CSA were interviewed. Each informant completed an indepth interview exploring their beliefs about factors that facilitated or prevented adult victims of CSA from disclosing their experience to the legal system. Interviews were transcribed and the qualitative data subjected to Thematic Analysis.

**Conclusions:** Two super-ordinate themes (Legal Disclosures Are Rare: "Why would they do that?" and The Anomalies: Acknowledging that this is a crime) and four sub-ordinate themes emerged from the analysis and an analytical narrative constructed. Themes emphasised the rarity of legal disclosure and the significant number of barriers adult victims of CSA perceive. Implications for clinical practice and future research are outlined.

**Keywords:** Child Sexual Abuse, Adults, Disclosure, Reporting, Barriers, Facilitators, Legal System, Thematic Analysis, Qualitative

**INTRODUCTION:**

Childhood Sexual Abuse (CSA) is a serious and underreported crime (Tener & Murphy, 2014). CSA is more prevalent than once thought, with a recent meta-analysis indicating a prevalence as high as 20% for girls and 8% for boys (Pereda et al, 2009). Delayed or non-disclosure is rocognised as an aspect of the negative consequences of CSA and the complex, multi-layered disclosure process (Arata, 1998; Somer & Szwarcberd, 2001). Adult victims are reported to experience higher levels of mental health problems (depression, anxiety, low self-esteem) and difficulties with interpersonal and sexual relationships (Filipas & Ullman, 2006). Tener and Murphy (2014) identified that barriers to disclosure for adult victims include difficulties forming trusting relationships, low self esteem and fear of not being believed, while protection of others (family members or potential victims), social support and recognition that the experience was abusive facilitate disclosures. Negative responses from others to a disclosure are reported to reinforce the harmful consequences of CSA, while compounding the victims' mistrust of others and their withdrawal from social relationships (Tener & Murphy, 2014).

*Legal Disclosure of CSA*

Disclosure of CSA to the police or criminal justice system (referred to as the legal system) is an important process that enables prosecution of the abuser and protection of the victim and others. Evidence from the national crime statistics in Scotland indicates that sexual assault is the most under-reported offence. London et al (2005) report that evidence from perspective studies identified that only a small minority of participants (10-18%) recalled that their cases were reported to the authorities.

Not only is it the case that a small number of victims, who disclose abuse, report it to the legal system; Eastwood, Kift and Grace (2006) describe that when proceedings are commenced, sexual assault defendants are less likely than other defendants to plead guilty, are less likely to proceed to trial and are more likely to be acquitted. It is reported that only one fifth of the cases (20%) that are reported to the legal system and proceed to trial, reach a

conviction. This is supported by evidence from Smith and Heke (2010) who stress that the high attrition rates for crimes of sexual abuse should not be underestimated. Delayed disclosure and a victim's inability to provide a clear narrative of the abuse are described as a 'burden' to the management of these cases within the criminal justice system (Criminal Justice Bill, 2012). In addition, the legal procedures themselves (specifically the aggressive cross-examination process) are rocognised to cause further trauma for victims (Eastwood et al, 2006). The design of the justice system and legal principle of the 'presumption of innocence' of the offender may further inhibit legal disclosures as it can reinforce a victim's fear that they will not be believed (Tener & Murphy, 2014).

*The Scottish Legal System:*

The Scottish Legal System has historically been recognised and praised for its design (Starmer, 2014). It is a system based on principles of fairness, a respect for human rights and independent decision-making. It is adversarial in nature, meaning two sides involved in a criminal case oppose each other in court and the system must follow due process to ensure protection of the individuals accused by the State, and the presumption of innocence until proven guilty (Audit Scotland, 2011). However, more recently it has being criticised (Starmer, 2014). The adversarial nature is reported to cause a winner and loser scenario, leaving no space for inquiry and focused on intervention for offenders; with little space or design to attend to the victims' needs or experiences (Bell, Perez, Goodman & Dutton, 2011). Bell et al (2011) report that female victims of physical abuse find the system insensitive and dismissive. The experience is reported to be anxiety provoking with studies (Hotaling & Buzawa, 2003) indicating that this treatment frequently makes victims less likely to report offenses or approach the legal system for help in the future.

As noted, the barriers that adult victims of CSA face when making a general disclosure are well documented and the understanding of these and their impact is growing (Tener & Murphy, 2014). Little is known, however, about factors that affect an adult victim's decision to disclose to the legal system.

Disclosure to a legal setting is an important aspect of managing this crime. It allows services to respond, victims and others to access support and be protected, and the offender to be punished. Understanding the decision making process surrounding legal disclosure for adult victims is therefore key in order to support it. Developing a narrative from the perspective of adult victims would also provide further insight into the reasons for low reporting rates (London et al, 2005) and high attrition levels (Smith & Heke, 2010), while addressing the gap in the current evidence base. Evidence indicates that victims of other forms of abuse can experience significant challenges with this process and it is possible that similar experiences occur for adult victims of CSA and affect reporting rates.

*The Role of Expert Clinicians: 'Key Informants'*

Specialised mental health clinicians play an important role in supporting victims of CSA. Evidence indicates that victims commonly disclose to these specialised clinicians as a result of the safe and stable therapeutic relationship that develops between adult victims and clinicians (Easton, 2013; Deering & Mellor, 2011). They hold a privileged and detailed understanding of the crime and its impact, developed from their role as a listener and supporter to the significant number of adult victims they work with. Specialised mental health clinicians working with victims of CSA have been identified as "key informants" within the current research on CSA because they offer expert perspectives on the subject, and provide in-depth experience and knowledge based perspectives on this under researched topic. Exploration of their beliefs about the process of legal disclosure of CSA could identify significant contributing factors and further enlighten research relating to the barriers and facilitators to reporting CSA to the legal system. No studies have used these specialised mental health clinicians, as key informants, to provide this information and as such this study can begin to fill an important gap in the evidence base surrounding this phenomenon.

The study focuses on "key informants" perceptions of the factors that facilitate or prevent adult victims from disclosing CSA to the legal system. Given the limited evidence on this subject, key informants provide valuable

insight into the experiences of adult victims of CSA, whilst protecting them from the burdensome and potentially emotionally difficult experience of the interview process during this early stage research. Disclosure of CSA to the legal system is recognised as a unique and individual experience. While this research will employ "key informant" accounts, it is not designed to substitute or silence adult victims' individual voices but to provide an introduction to the phenomenon and open a space for further research and discussion.

## AIMS AND OBJECTIVES:

This study focuses on how the decision to disclose CSA to the legal setting, for adult victims, is perceived by key informants. It will specifically explore what factors key informants believe facilitate or prevent legal disclosure from occurring for adult victims of CSA.

## METHOD:

### Ethical Considerations:

Ethical approval was obtained from the University of Glasgow *(Appendix 2.1)* and practice guided by The British Psychological Society (BPS) Code of Human Research Ethics (2014).

### Design:

The study used a qualitative design, using thematic analysis, with in depth one-to-one interviews with key informants. Thematic analysis is a systematic approach that involves identifying themes or patterns in language. It allows the exploration of an individual's beliefs and perspectives about an experience, and provides a rich and detailed account of the phenomenon. It is particularly relevant for under-studied research areas, as is the case in the current study (Braun & Clarke, 2006, p. 83). Thematic analysis enables the use of 'key informants' to explore difficult-to-study phenomena (Ventres, Nichter, Reed & Frankel, 1992; Braun et al, 2009), without jeopardising

reliability or validity, further supporting its use over other qualitative methods that do not enable this.

**Sample:**

A sample size of between 6 and 10 participants was identified for the current study in accordance with Fugard and Potts (2015, p.671) quantitative tool and recommendations made by Braun and Clarke (2013, p.48) for a small study using Thematic Analysis.

Guest, Bunce and Johnson (2006) report that this sample size will provide sufficient data for a detailed interpretative account of the phenomenon and allow rich and detailed themes to emerge, whilst allowing for the consideration of thematic saturation.

**Key Informants:**

Participants consisted of 10 key informants. Key informants were 'experienced clinicians' selected from the specialized trauma teams in Glasgow and Edinburgh, Scotland. Experienced clinicians were selected due to their in-depth knowledge and experience working with adult victims of CSA. Five key informants were selected from each site to increase the external validity of the findings.

In-depth discussion between the researcher, an expert advisor working in the field and staff from within the teams identified necessary criteria to ensure key informants selected reflected an 'expert' position.

The inclusion criteria were:

- A minimum of 3 months experience working in a 'Complex Trauma Team'.
- A minimum of 10 cases working with individuals who have experienced childhood sexual abuse, within Scotland and the Scottish Legal system.

The principal researcher presented information about the study to the teams, answering any questions and distributing information packs and consent forms to the clinicians (*See Appendix Item 2.2*).

15 clinicians noted interest in participating in the study and purposeful sampling was conducted. The level of 'experience' held by a clinician was determined by: years working in a specialist service and the cases held where clients had specifically experienced CSA (*See table 1 for key informant details*).

**Table 1. Key Informant Details**

| Key Informant (Pseudonym) | Gender | Estimated No. of Cases |
|---|---|---|
| Mary | F | 100+ |
| Lindsay | F | 100+ |
| Sofia | F | 100+ |
| Jessica | F | 100+ |
| Helen | F | 100+ |
| Lizzie | F | 100+ |
| Jane | F | 30+ |
| Anna | F | 100+ |
| Ben | M | 20+ |
| Jennifer | F | 10+ |

**Interview Procedures:**

Written information about the study was provided to participants prior to the interview to acquaint them with the topic and support orientation to the research. Prior discussions with the participating teams and an experienced clinician identified the value of including this. The interviewer adopted an exploratory stance, using a semi-structured approach with open-ended questions to allow discussion and reveal rich, detailed narratives.

The topic guide (*See Appendix 2.3)* was established through discussions with the teams to ensure information gathered was clinically relevant and valid. It was then piloted with two experienced clinicians (out-with the sample participants). Following feedback from the pilot interviews, further prompts were included to increase clarity and understanding of the questions. A

further pilot interview was completed (using a key informant) and analysed. No further revisions were required and this interview was included in the study sample.

Interviews were conducted by the principal researcher and took place at the key informants' work places, a setting that the respondent felt comfortable in and where the interview would not be disrupted. Interviews lasted between 40 and 90 minutes. They were audio recorded and transcribed verbatim by the principal researcher, allowing the process of familiarization to begin prior to the analysis process (Braun & Clarke, 2013).

Pseudonyms were assigned to preserve anonymity and any identifying information removed. Audio recordings were destroyed following completion and checking of analysis.

**Data Analysis:**

Thematic analysis (TA) was used to analyse the data. This process has detailed procedures for identifying themes within the dataset and ensuring transparency of theoretical position and analytical approach (Braun & Clarke, 2013). An inductive, semantic and realist approach was adopted (in accordance with Braun and Clarke, (2013, pp. 81-93). This approach ensured that themes identified remained strongly linked to the data (Patton & Patton, 1990) and recognised the meaning created from the 'key informants' personal experiences (Willig, 1999).

**Table 2. Braun and Clarke (2013, pp. 201-202) Stages of coding and analysis for TA**

| | |
|---|---|
| Stage 1. | Transcription, familiarization and noting of any initial ideas |
| Stage 2. | Initial generation of codes and identifying features of the data, in a systematic fashion, across the entire data set. |
| Stage 3. | Collation of codes to identify potential themes. |
| Stage 4. | Generation of thematic map: reviewing of potential themes in consideration of ideas and initial codes identified in stage 1 and 2. |
| Stage 5. | Definition and naming of themes, refining of each theme and generating clear definitions. |

To ensure in-depth familiarisation with the data, the analysis was completed following the five phases of TA identified by Braun and Clarke (2013) (*See Table 2.)*. Stage 1 (transcription) was initially completed by the primary researcher and accuracy checked against the audio recordings. Stage 2 involved the initial generation of codes and complete coding across the individual transcriptions. Coding was completed by highlighting/selecting data extracts, assigning appropriate codes and transferring these into a table format (See appendix 2.4). The 2nd and 3rd researchers completed coding for a subset of transcriptions ($n$=3) and discussed potential bias and the validity of the codes. No significant changes were made to the coding as a result of this process. Coding was then completed across the entire data set and collated to form a single document. A 'constant comparison' method was used to ensure consistency of coding by comparing the coded transcript segments with each other (Glaser & Strauss, 1967). The codes and original data (transcripts) were further reviewed by the primary researcher to ensure accurate descriptions and that the shared codes were acceptable across the transcripts prior to the generation of a thematic map.

The thematic map and consideration of initial themes was completed through clustering and collating the overlapping and connected codes before reviewing and constructing their underlying meaning and patterns. This process was completed in discussion with an expert in the field and the 2$^{nd}$ and 3$^{rd}$ researchers. Thematic maps and themes were drafted and redrafted following these discussions, before final refinement in consideration with the transcripts and research questions. Respondent validation was also completed with a subset of the key informants ($n$ = 7) to review the accuracy and validity of the themes identified (Torrance, 2012).

**Reflexivity:**

The practice of reflexivity was central to the study design. The use of an inductive, semantic realist approach to TA ensured that results accurately reflected the key informant's own beliefs and were deduced at a surface level, therefore limiting potential bias in interpretation. Furthermore, within a semantic approach, participant cognitions are central to the analytical concept.

As the researcher's clinical training has focused on cognitive approaches to the assessment, formulation and treatment, understanding and interpreting the explicit, surface level meanings of key informant data was well within her clinical competence.

The process of interpreting the participants cognitions is complicated by the researcher's own conceptions (Yardley, 2000). In order to address this, a statement of interest and reflection was written prior to starting the study and a reflective log utilized throughout the process. Reflexivity, bias and validity were addressed during meetings amongst the researchers and formally assessed through the second and third researcher analysing a sample of transcripts ($n$=3) blind to the original analysis.

**RESULTS:**

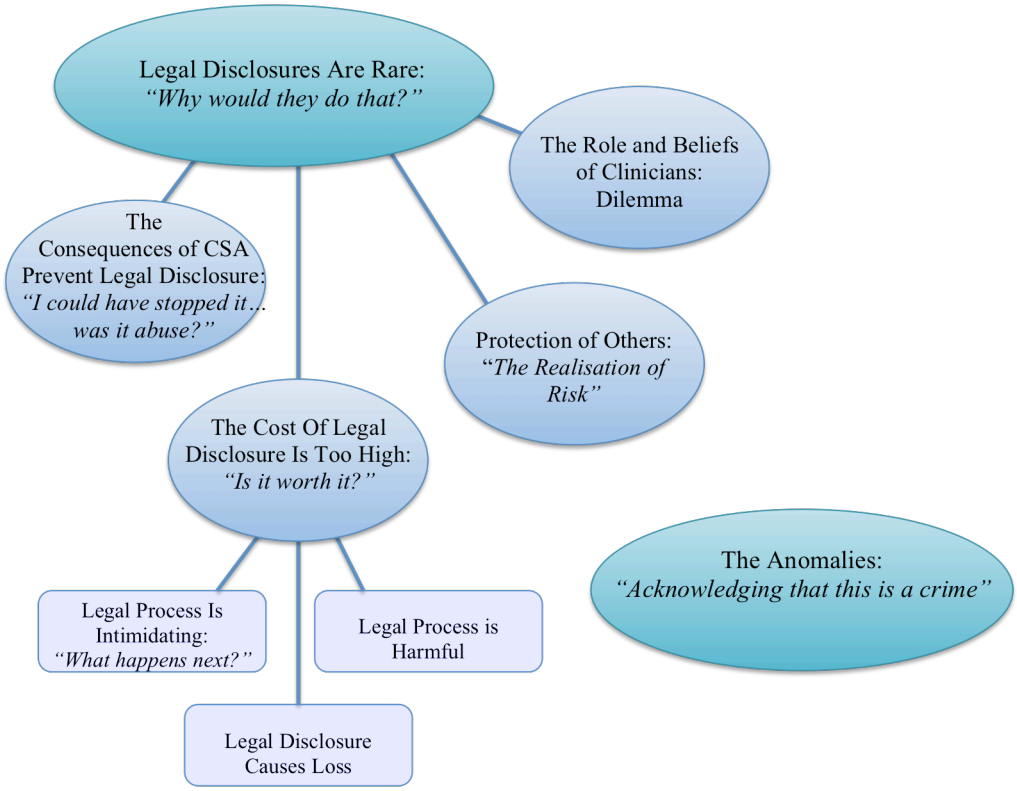
Key informants provided explanations about the decision process for adult victims of CSA when considering a legal disclosure. Narratives focused specifically on the factors that are believed to facilitate or prevent an adult victim of CSA reporting the crime to the legal system. The results described focus on factors contributing to this decision, when the decision to disclose was discretionary (made by the victim alone) and not prompted by a professional's obligation to disclose to protective services or an external influence as a result of an identified risk of harm to others.

The findings are discussed within an analytical narrative and presented under the two main themes: 'Legal disclosures are rare: *"The majority of my clients haven't disclosed"* ' and 'The Anomalies: *"Acknowledging that this is a crime"* '. An analytic narrative was constructed and extracts from the transcripts are presented to illustrate the themes. In presented extracts, […] indicates that some text has been removed.

The term 'victim' has been used throughout this study when discussing adult clients who have experienced sexual abuse. This was selected in order to

reflect the voices of the key informants, however the author is aware of the need for sensitivity when selecting a term to discuss a group of individuals.

**Figure 1. Super-ordinate and Sub-ordinate themes identified:**




**Legal Disclosures Are Rare: *"Why would they do that?"***

An initial and dominant theme within the narratives of key informants suggests that experiences of legal disclosure were rare rather than common. This was further evidenced with comments about the multiple barriers victims face when considering legal disclosure and was evident across the narratives:

> *"I would say there is far more people who don't do anything [disclose legally] than do."*
>
> *Lindsay*

> *"The majority of my clients haven't [legally disclosed]… the vast majority."*
>
> *Helen*

*I: "What factors do you think discourage or prevent a client from making a legal disclosure?"*
*K: "Well, you name it. Everything. And that's the problem"*

*Lizzie*

Descriptions reflected a feeling of acceptance and understanding surrounding the lack of legal disclosures being made:

*"Just the idea of, having to go through that system of giving evidence, putting their story on paper in black and white talking to a police man or woman, or police officer about it, its just... Why would they do that?"*

*Lizzie*

**The Consequences of CSA Prevent Legal Disclosure: *"I could have stopped it… was it abuse?"***

Informants described the impact of CSA for their clients, and how the negative consequences associated with it further prevented victims from making a legal disclosure. The challenges associated with identifying the abuse experience as abusive were particularly evident and the impact of this on a victim's awareness that a crime has been committed:

*I: "What do you think are the factors that discourage or prevent people from making that legal disclosure?"*
*KI: "Feelings of shame, guilt, that it was my fault. […] I'm to blame, I could have stopped it, I could have prevented it, was it, was it abuse?"*

*Helen*

*"I think, often children at the time and then subsequently as adults blame themselves […] and that can strongly be linked to shame, even*

*as an adult […] so there's shame, there is the fear of not being believed, huge shame about other people knowing because they do think that in some way it was their fault."*

*Anna*

Narratives also identified that the attachment and love felt by victims towards their abuser can impact on their ability to recognise the experience as abusive. This subsequently can affect their decision to disclose to the legal setting:

*Sometimes there's a loyalty to the perpetrator so, being able to disconnect that relationship from this was the person that abused me but this was […] the only person that showed me any kind of attention or love when I was growing up."*

*Helen*

This comment highlights the dilemma informants believe victims face when considering legal disclosure. It emphasises the confusion surrounding what happened to them and their attachment and feelings towards the abuser.

**The Cost Of Legal Disclosure: *"Is it worth it?"***

Narratives identify a theme of 'cost' and the question of 'is it worth it?' in regards to the actual and perceived consequences of making a legal disclosure. Informants describe how the expected negative impact of a disclosure outweighs any positive outcome:

*"… It isn't there [the positive effect]. I think what they would see is all the trauma of making statements, giving evidence and then the investigation, with the potential fallouts and hostility and loss of family connection and all of that that might happen, for what? For the chance that some jury might convict somebody and give them a couple of years. Why would you do that?"*

*Lizzie*

*"Yeah, it's [the legal system] too difficult for people to go through that. And I think, now what I slightly know about how hard it is in terms of the court system I almost wonder if its worth it, is it worth it for them to go through that? You […] know you'd be sort of thinking what are the sort of contra-indicators here of actually going through a grilling from a lawyer, who's going to defend their client, to the hilt... and name call you probably and drag you, and put you through, and that person you know their vulnerabilities so immense, to hear all those things maybe coming, you could, I could now envisage, is it worth it?"*

*Jessica*

Exploration of this sub theme has been separated into three categories to provide an in-depth review of factors associated with it. To the author's knowledge, these factors have not been reported in current literature.

**Legal Process Can Be Intimidating: *"What happens next?"***

Informants discussed the impact of disclosing to a legal setting for their clients. Narratives focussed specifically on the unknown nature of this process, feelings of uncertainty and the possible effect a disclosure may have:

*"I guess a lot of the people that I work with, they're strangers to the whole police, judicial system, its not been part of their lives and […] its, its just...[terrifying] Why would they do that?"*

*Lizzie*

The beliefs about inaccessibility, design and process of the legal system was further noted to impact on the fears victims hold:

*"I don't think people know the right procedures, what happens, do you just go and drop in to a police station? Will social work be at that person's door straight away? Are families going to be split up? […]*

*I think they [victims] find it [the legal system] very intimidating. They are afraid that they won't understand it… That they won't be supported, that they're not given any information, that police will come and interview them and then they don't hear from them, they don't know what's going to happen to that information… That they then can't take it back, they don't have any power, and they don't have any control. They feel that they don't have any power or control over that [the disclosure] and also that their safety can be compromised."*

*Helen*

The negative impact of the perceived 'loss of control' was further emphasised through narratives. Informants described the belief that victims' fears and expectations about what might happen following a disclosure further impact on their ability to disclose:

*"There's a feeling of "its now been taken out of my hands", I don't know where its going to go, […] fear about the... reaction, I think often the reaction of the close family members more than, even the abuser, although there may be fear of, I suppose fear of the abuser is a big one"*

*Anna*

*"Absolutely, fears about "I can't stop it [the disclosure]", "the genie is now out of the bottle", "that's it, its got its own, its not my stuff now", […] Oh god its really frightening, for people. Yeah it's really frightening."*

*Jane*

Informants' narratives identified a belief that facing the perpetrator in court was negative for victims and that this further contributed to the fear they experience:

*"They'll fast forward to the courtroom, and potentially having to face the perpetrator. You know, these are people that have very often lived*

*in terror of their abuser for decades and the idea of facing them in a court room would just be beyond their imaginings. They just wouldn't contemplate it…"*

*Lizzie*

The impact of the 'publicity' of a legal disclosure was also noted to cause difficulties for victims:

*"I think it's [fears] about… the publicity, of [the abuse] becoming public. So if you think, in sort of core terms, an individual you're working with, their core themes around shame and guilt… If it goes further, then their shame and guilt becomes public…"*

*Ben*

It is evident in the narratives that a level of 'fear' is associated with the process of legal disclosure and the effects of this are extensive and enduring, covering a wide array of factors and playing a key role in a victim's decision to disclose.

**The Legal Process Can Be Harmful**

Informants' accounts also identified a perceived 'harm' caused by the legal process. Victims were described as 'vulnerable' and the adversarial nature of the legal system was noted to compound these vulnerabilities:

*"So it [the legal disclosure] led to more anxiety […] any time there's any contact from the police an increase in anxiety, and that can be sort of generalized to any time they get a letter or any time the phone goes, they were worrying that it might be something to do with it [the disclosure] and […] that can be going on over quite a long time."*

*Anna*

*"You would expect to see their mood dropping, their self harm picking up, their, for men in particular […] though I am trying not to stereotype here, […] it [the legal process] will fuel anger. […] They do tend to externalise that frustration and that anger and resentment and hostility and you'll see people getting into trouble"*

*Lizzie*

Within the accounts it is evident that the effect is not limited to a particular event or situation but becomes generalised across the victims' lives, causing all aspects to be affected in a negative manner:

*"The effect that it [the legal process] had on him was just huge, huge, huge levels of anxiety. His flash backs got much, much worse and he started to see his perpetrator in the corner of his eye and things like that, so his flash backs became very, very visual. […] He described it as being on a roller coaster. So, the anxiety peaking and then it coming down and then peaking and coming down […] And I suppose that can mirror abuse dynamics, you know that kind of being on the edge, not knowing [..]. And that kind of, loss of control again mirroring."*

*Mary*

Informants also identified the harm caused for victims when they experience disbelief in response to their disclosure:

*"I think maybe for people, particularly if it doesn't feel like there's evidence or it doesn't get to a certain stage then it might be quite difficult for people because it might feed into that sense of not being believed"*

*Jennifer*

Narratives also highlighted the lasting effect of 'harm' caused by the legal system:

*"I think for my person where the, where she had a bad experience it definitely affects her sense of safety. A kind of almost like, "I have to take my safety, I can't, I can't trust authority" […] Yeah just a feeling of, being able to trust authorities and more of a kind of "I have to do it myself" kind of thing […] but she wouldn't go to the authorities or a legal kind of setting again."*

*Anna*

**Legal Disclosure Can Cause Loss**

Expected loss was identified as a barrier to legal disclosure in the narratives of key informants. Informants described the perceived and real loss that disclosure causes for victims across their lives:

*"I think they anticipate losing their nearest and dearest. […] The consequences [of disclosure] you know, what that's going to mean, for their families usually, their close families. And […] I saw a lady who disclosed that her father had abused her when she was a child, and she now doesn't see her family. They have cut off from her. They don't believe her."*

*Lizzie*

Key informants also described how legal disclosure is expected to cause the loss of a 'normative status' due to the publicity of the legal proceedings:

*"I think there's something, the external influence of […] survivors saying to me, you know "I've worked really hard to get a good job", to get a... you know a group of friends to have in their head, inverted commas: the normal life… and there's, I don't want to give that up, and the minute I go to the police I am suddenly back to being a, a childhood sexual abuse survivor. And... I don't want to lose my new identity, or all the things I've changed. My own family, you know, a lot of males and females don't want to tell partners, husbands you know."*

*Sophia*

Other narratives emphasise the loss of privacy and control for victims:

> *KI: "Oh, so another big thing is the community knowing..."*
> *I: "And what is it about the community knowing do you think that prevents legal disclosure?"*
> *KI: "I think its fear of being seen differently, I think people say that a lot. Being seen as not being able to protect yourself. Of […] being vulnerable? Yeah."*
>
> *Mary*

**Protection of Others: "*The Realisation of Risk*"**

Informant's narratives identified the important but conflicting role that the protection of others played within victims decision to disclose.

Protection of others was a dominant factor for facilitating a legal disclosure throughout the narratives, specifically the desire to protect others from abuse:

> *I: "What do you think enables a client to make a legal disclosure of sexual abuse?"*
> *KI: "The thought that this might be happening to somebody else and that its within their power to stop that and a feeling that they couldn't live with themselves if this happened to somebody else and if they'd said at something, if they'd spoken up then that could of been avoided…"*
>
> *Lizzie*

> *"If the client did have a sense that it wasn't their fault, and concern about, […] other people being affected [abused] it would be something that would motivate them."*
>
> *Anna*

A variety of triggers were described by informants that are believed to facilitate the recognition of risk and desire to protect:

> *"I would say probably the main thing [that motivates disclosure] is the realisation of risk and you know, particularly if they've got their own children and things like that… There might be somebody within the family or even if it's not within the family may think this could happen to somebody else."*
>
> *Lindsay*

> *"But yeah, it was about trying to protect their own child in some way. So I have had mothers in this instance, who have also given statements to the police about a grandfather who'd, you know, or a dad, who abused them, who'd also abused their kid"*
>
> *Jane*

Narratives also noted how the desire to protect could hinder legal disclosure for victims:

> *"Sometimes people say that they would wait [to disclose] until for example a parent died, so that, to prevent upset within the family. […] So, I'll wait till both my parents are dead and then I'll do something about this."*
>
> *Mary*

> *"The not wanting to disclose is often that other members in their family couldn't cope with it […] and, that can be linked to worry about the adults around them feeling to blame"*
>
> *Anna*

**The Role and Beliefs of Clinicians: Dilemma**

The uncertainty experienced by clinicians about their role was evident across the narratives:

*"So we are giving that message to clients that its unacceptable that its wrong what happened, that it was a crime and it was a terrible, dangerous frightening experience but then the next step, who's got the role to say, by the way you should go and report it to the police?"*

*Jessica*

Talk from some informants indicated a belief that their role as a clinician was to support victims rather than direct them:

*"I would see the therapist's role isn't ever to tell people what to do, but it's really to consider the possible options and to think through what the clients' expectations are of different options and the pros and cons of the different options."*

*Anna*

Other informants described the importance of a therapist modeling the correct response to the disclosure:

*"I think there's something very important as a therapist about modelling the right response to a disclosure like this. And, to just, hear these details and do nothing, you risk re-enacting what's happened to that person in their earlier life."*

*Lizzie*

Within the narratives, underlying suggestions of the impact of beliefs were also clear, highlighting the impact that the informants' own beliefs could have on their approach to legal disclosure:

*" It depends on, probably, their mental health at the time, how they were coping […], so I think if they don't really have the emotional resources to even cope with their life in general at the moment, you know dealing with that is... most of us would probably struggle with it*

*so... I would kind of, try and weigh it up depending on kind of the risk of the situation so..."*

*Lindsay*

Other informants commented directly on how their own beliefs affect their decisions:

*"For example the woman I saw yesterday […] if she was saying to me I want to disclose, and she's just lost her father, her close friend and two aunts. If she was saying that, I would say well, maybe we should look at time and your ability to cope with that process, because right now wouldn't be the right time."*

*Ben*

*"And when, you know, sometimes when we meet someone it might be very clear it might not be the right time for them [to make a legal disclosure], they might not be able to cope with that, but that's a very difficult balance…"*

*Mary*

The negative beliefs key informants hold about the harm caused by the legal process appears to further complicate the dilemma about their role:

*"I suppose, you're always worried about... getting the balance right. […] I think its very difficult because, trying to hold these two positions that this is a crime, its very wrong […] you know, have no doubt about it that this is [a crime], this should be pursued but on the other hand the realities of the current legal system make it hard to know the balance of that […] the system doesn't give people a good service in my view, so that's the reality…"*

*Anna*

Further uncertainties were evident in key informant narratives and attributed to their own lack of knowledge about the legal system:

*"The responses are very different and very varied and therefore I am unable to tell someone what to expect. […] I don't know the framework and what the procedure is for going and reporting it to, to the police. As a service we are getting better at communicating with the Family Protection […] but I do think we could be better as well. You do not know what social work are going to do with that information, you have to just be transparent because you don't have all the background knowledge. I'm not a police officer so... and the worst thing, I feel I could say is: well you'll tell and this is what will happen, because I don't know."*

*Helen*

Descriptions highlighted a desire to feel, as a clinician, more confident and informed with regards to their role and the processes of the legal system:

*"So I don't feel like I'm in a position where I feel I know enough about the legal process to kind of say to someone, "oh, you know, I think…"*

*Mary*

Within the point about wishing to know more, narratives stressed the impact of fear and lack of faith clinicians experience about the legal system:

*"I think its something that clinicians, therapists often shy away from. I think there are lots of myths around […] we as a profession, as therapists we would do well to familiarise ourselves with the system and how it works. […] I think there's a lot of ignorance among therapists, let alone clients and patients. So I think, for all our benefit we would do well to gen up on what the system is and how it all works and to get to know, some, friendly police officers who work in this field so that you know exactly who to call and you can say to your patient, with confidence, that the information they give will be received sympathetically. You know, you have to be able to, you have*

*to know that before you can advice or enable your client to go down that route I think."*

*Lizzie*

The doubt in the legal systems ability to protect victims was further described:

*"I think the legal, profession have got a long way to go in terms of sometimes understanding how trauma may present in people, people who have been victims of complex trauma. So for example in people, and people have probably already said this to you, how credible a witness is on the stand is very much related to how coherent their statement is, how consistent they are, how much information they have, how much detail they have and what we know is that, people who have experienced complex trauma, the actual nature of that, there memories are more likely to be fragmented, incoherent, it may change, they may not be consistent but that is, that is what happens to you when you experience complex trauma in terms of how memories are processed and I think that unfortunately the legal system doesn't support that."*

*Helen*

Contradictory narratives were also evident from some informants who noted beliefs that the police and legal system are changing:

*"I think, I think the climate has changed and that includes the police and they do have very specific training in these matters now and they… they know how to interview people and how to take statements and take evidence so, I think that will have changed"*

*Lizzie*

This theme highlights the important role a clinician can play within the process of making a legal disclosure. Informant talk emphasises the complex decision making process therapists experience when considering legal disclosure. Narratives also allude to how the clinicians' own beliefs shape

and inform their practice. A particularly salient finding is the desire from key informants that they should have further knowledge about the legal process.

**The Anomalies: *"Acknowledging that this is a crime"***

In contradiction to the barriers noted above, key informants' narratives described some hope for victims disclosing to the legal setting. Narratives identified that victims who had legally disclosed were able to challenge the negative feelings associated with the abuse:

> *"So for me, I would see people being able to kind of take that step as part of that broader: […] this [the abuse] is not about them and their shame, and their guilt and their worthlessness."*
>
> *Jane*

Narratives described how subsequent positive experiences during the legal disclosure process further supported and enabled a victim's recovery process:

> *"Well I think there could be a sort of sense of sort of relief or catharsis almost [following the legal process] […] feeling like you were telling the authorities […], that this thing had happened and I suppose it gives quite a powerful message to clients themselves that they're really acknowledging that this is a crime, you know, that, I suppose that's quite a big step to accept that it was a crime that happened to them, it wasn't something that was their fault..."*
>
> *Jennifer*

Talk also described positive outcomes from the legal process. A particularly important factor that was believed to facilitate this recognition was the public nature of the court proceedings and the effect of this for victims:

> *"It [the disclosure outcome] was reported in the paper and they [the victim] were really pleased about that. That it was in black and white, this person has been convicted and found guilty of this. And that the*

*guilt and possibly the shame is being placed on the perpetrator. And that's a public thing that, I think, feels very validating for the person."*

*Mary*

Within informants' talk about the positive effects of the legal process when it goes well, an underlying theme of disappointment remained present:

*"So, I don't think people that I work with, the people that I'm thinking of would say justice has been served. I would say that, something has been done… in the spirit of justice, but the sentence or the punishment would never be enough, […] it doesn't match the crime. […] I think there are people who maybe where their perpetrators have had a longer sentence […] but from my experience the people that I've spoken to generally feel that the sentence was too short […]. It kind of reinforces that feeling of "what happened to me doesn't matter" "*

*Mary*

*I think when there is a conviction that would be the most obvious [positive outcome], […] I think the power imbalance can still be very strong so, even when there is [a conviction], it takes a lot of evidence to get a conviction, often the abuser will still be saying they didn't do anything, so that's still a real challenge if the abuser hasn't admitted it [the abuse].*

*Anna*

Informants also commented that positive effects of legal disclosure were less likely to be experienced by victims accessing their services:

*I: "How helpful do you believe the process of legal disclosure is for victims?"*
*KI: "Em, I think, I think it its probably the more robust people that, are able to tolerate it… and we don't see them"*

*Anna*

Response validation was completed with a subgroup of participants who confirmed the accuracy of the narrative created in the themes. Informants reported that the anomalies theme was particularly salient. They described a belief that often the positive or successful cases, although rare are easily forgotten, much like an anomaly.

## DISCUSSION:

### Findings and Implications:

The aim of this study was to explore key informants' beliefs about factors that facilitate and prevent legal disclosure for adult victims of childhood sexual abuse. Two main themes emerged: 'Legal disclosures are rare: *"Why would they do that?"* ' and 'The Anomalies: *"Acknowledging that this is a crime"*. The main themes support the current evidence that legal disclosures are infrequent (London et al, 2005) and provide valuable insight into factors attributing to this.

Key informant narratives articulately describe the belief that the negative impacts of CSA prevent disclosure to the legal setting. Feelings of shame, blame, responsibility and fear of disbelief are reported to prevent adult victims from disclosing the abuse to the legal setting. The evidence base (Tener & Murphy, 2014) identifies the role of these factors with regards to general disclosure (Arata, 1998; Somer & Szwarcberd, 2001) and the current results extend this finding, emphasising the significant long-term effect of these beliefs. Narratives highlighted beliefs that the adversarial nature of the court system further contributes and reinforces adult victims' fears of not being believed. They also described how the inconsistency and the lack of communication adult victims report experiencing during the process can mirror the abuse they have experienced. This finding echoes findings from Campbell, Wasco, Ahrens, Sefl and Barnes (2001) who report that rape survivors experience secondary traumatization as a result of the system designed to support them.

Previous research has focused on the factors (such as beliefs about likelihood of conviction and sufficiency of evidence) (Eastwood et al, 2006) that influence the decision of a victim to report a crime to the legal system. These studies, however, are premised on the assumption that the victim is aware that they have been offended against. In contrast, informants reported their view that adult victims of CSA feel responsible for the abuse that happened, that they are to blame, rather than that the abuser is wrong. This leaves them with little sense that the perpetrator has committed an offence, but rather it is they that are inherently bad. In fact, they may not be aware that there is an offence to be disclosed. Evidence indicates that shame is closely linked to feelings of self-blame (Pulcu, Zahn & Elliott, 2013) and narratives further echo this belief for adult victims of CSA. Shame is a significant obstacle that can undermine an individual's capacity to take actions that can lead to support and self-sufficiency (Natland & Celik, 2015). It is likely that adult victims of CSA face these obstacles and further withdraw from society or help seeking behaviors such as legal disclosure. Trauma interventions currently address feelings of shame and blame and this finding further emphasises the importance of this approach with regards to facilitating legal disclosures. This notion is further supported in the second super-ordinate theme: "The Anomalies: "Acknowledging that this is a crime". This theme details the positive outcomes informants have observed for a small number of adult victims who have experienced the legal process. It details an increase in self-esteem and feelings of empowerment for adult victims.

"Protection of others: The Realisation of Risk" is a further interesting theme. Informants noted that this could act as a significant motivator for adult victims making a legal disclosure. Current research details protection as a key factor in motivating general disclosures (Tener & Murphy, 2014) and these results further emphasise its influence. Informants described that the birth of a child or an adult victim recognising that they were a child at the time of the abuse, prompted the recognition of risk of the perpetrator reoffending. It is possible that these triggers supported a change in the adult victim's beliefs surrounding the abuse. The adult victim is then able to recognise that the abuser was an adult and they a vulnerable child at the time

of the abuse, and as such the adult victim can challenge the feelings of shame, blame and responsibility. It is possible that this further links recognition that what happened was wrong and seeing the abuser as a criminal or someone who can cause harm to others and himself or herself as free of blame or shame.

Key informants further reflected the 'cost' associated with making a disclosure to the legal setting and adult victims' beliefs about the process. The legal system was described to be unfamiliar to adult victims, who find it inaccessible and intimidating. Factors associated with the legal process (the language used and formal proceedings) and personal factors (seeing the abuser, being a witness, the abuse becoming public knowledge) both contributed to fears adult victims experienced. The design and adversarial nature of the legal system was also noted to cause harm to the adult victims of CSA by increasing victims' feelings of shame, blame and responsibility, while reinforcing the powerful fear that they will not be believed. It was also noted to aggravate mental health problems and trauma symptoms, as shown by earlier research by Eastwood et al (2006) and similar to findings by Campbell et al (2001) surrounding re-traumatisation. Research identifies high attrition rates for crimes of a sexual nature (Eastwood et al, 2006; Smith & Heke, 2010) and it is possible that the harm caused during this process can account for these. Adult victims of CSA who do disclose legally may at the time of a disclosure be stable, but due to the 'harm' caused become unwell and unable to proceed. Further to this it appears that informants' beliefs and their descriptions of adult victims experiences indicate that the legal system and its approach, is contradictory to the trauma informed care and service guidelines identified by Kezelman and Stavropoulos (2012). Within these guidelines the need for sensitivity, safety and understanding is clearly identified in order to prevent harm.

'The Role and Beliefs of Clinicians: Dilemma' was a further significant sub-ordinate theme identified. Key informants were uncertain of what their role should be when supporting their clients to disclose legally, when the decision was discretionary and there was no outstanding risk of harm to others, and the

impact of their own beliefs. They identified a conflict between taking a supportive but non-direct approach, modeling the right response (that the abuse was a crime and needs to be reported), and protecting their clients from harm. Informants described concerns about a client's ability to cope with the legal system and the harm that the legal process may cause, as well as fear of the legal process and a lack of knowledge about it. These factors contributed to a feeling of being unable to support their clients and uncertainty of how to facilitate the reporting. This theme identifies the significant impact that a clinician's own beliefs have on facilitating or preventing a legal disclosure.

Informants in this study hold a unique position in their work and were selected for the study due to their experienced position. Evidence indicates that adult victims often make a first disclosure to clinicians (Deering & Mellor, 2011) and that they can play a vital role in supporting legal disclosures. The impact of their own beliefs on their approach to legal disclosure is particularly important. Some informants, in contrast to what might have been expected, described in their narratives the legal system as unknown and scary, and asked for further training and support. This narrative provides a clear insight into the difficulties the public or individuals who are unfamiliar with the legal system are likely to face when trying to access it.

**Clinical Implications and Future Research:**

The findings from this study identify several pointers for service improvement and design. The first relates to the poignant finding that for adult victims to disclose to the legal setting they must first recognise that the abuse is a crime. Services should adopt this principle into their practice and identify appropriate strategies to support adult victims with this recognition. Routine questioning by clinicians has been introduced for domestic violence and it may be that routine questioning surrounding legal disclosure could facilitate and support this. Routine questioning could also support clinicians in their dilemma about their role, when there is no outstanding risk, and an appropriate course of action. It is also necessary for services to provide more adequate training, develop links between health and legal professionals or

have access to a reach out service provided by legal professionals. This could support clinicians' understanding of the process and increase their knowledge of and trust in the service their clients might receive. A further area of service development could involve developing education programs, or available resources that are accessible to adult victims about the legal system and process of disclosure. Developing an understanding and familiarity with the system could challenge their fears about the process and support them to overcome some of the initial barriers.

Future research should explore factors affecting a victim's decision to disclose to the legal system from the victim's perspective, both with adult and child populations. Investigations into the effect of implementing a standardized question into a service design, if this recommendation is undertaken, in terms of the number of victims disclosing to the legal setting would also provide valuable information. Research exploring the beliefs held by police officers and legal professionals working with victims of CSA about factors affecting legal disclosure of CSA could also provide further insights into this phenomenon and support interagency understanding and working practices.

**Limitations:**

There were a number of limitations of this study. Key informants do not reflect an insider position to CSA disclosure. It is not known whether any have experience of being a victim of CSA themselves. The demographics of the sample may further limit the findings. As is common within the therapeutic profession, the sample consisted mainly of females, who have all completed a significant level of training and education. Furthermore, due to the purposeful sampling, it is worth noting that key informants interviewed reflect the most experienced clinicians within the teams. As such, these clinicians may have more historic experience of direct client work but may be less reflective of the more recent adult victims' narratives. A further limitation is that due to the range of cases the key informants work with, it is possible that some of their experiences and beliefs did not relate solely to adult victims of CSA. Evidence indicates the difficulties in retrospective

recall (Schönbucher, Maier, Mohler-Kuo, Schnyder & Landolt, 2012) and the interviewer was aware on one occasion that a narrative reflected the legal disclosure of a crime unrelated to CSA. Finally, difficulties emerged due to the relationship between the interviewer and informants. The interviews were between a trainee clinical psychologist and a professional working in the field of mental health and it was noted on occasion that a shared language was assumed. This was monitored and managed where possible but some information may have been lost as a result of this expectation of shared understanding.

**Conclusions:**

This study provides new insights into the barriers and facilitators associated with legal disclosures of CSA. Informant narratives emphasise how rare legal disclosure is and identify the impact of the negative outcomes and costs associated with the legal process. Recognising CSA as a crime plays a pivotal role in enabling adult victims to consider making a legal disclosure and may be a primary step in facilitating reporting. The inaccessibility and impact of fear that surrounds the legal system, both from the adult victim and informant perspective is also a significant barrier. Both victims and informants noted beliefs about the cost and harm associated with this process. Furthermore, a significant finding that may support adult victims to disclose to a legal setting was the impact informants' own beliefs have on their approach. Supporting informants to understand and develop links with the legal profession, as is voiced as a request in the narratives, could develop confidence in the system, subsequently affecting their approach and work with adult victims of CSA. An alternative option to this however, could be for legal services to provide out-reach workers to facilitate this understanding and work jointly with clinicians to support adult victims participating in the process.

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# APPENDIX 1: SYSTEMATIC REVIEW

## Appendix 1.1 Instructions for Authors: Preparation for Submission to the Journal of Child Sexual Abuse

**Aims and Scope**: The *Journal of Child Sexual Abuse* is interdisciplinary and provides an essential interface for researchers, academicians, attorneys, clinicians, and practitioners. The journal advocates for increased networking in the sexual abuse field, greater dissemination of information and research, a higher priority for this international epidemic, and development of effective assessment, intervention, and prevention programs. Divided into sections to provide clear information, the journal covers research issues, clinical issues, legal issues, prevention programs, case studies, and brief reports, focusing on three subject groups - child and adolescent victims of sexual abuse or incest, adult survivors of childhood sexual abuse or incest, and sexual abuse or incest offenders. The articles emphasize applying research, treatment, and interventions to practical situations so the importance of the results will be clear.

The ***Journal of Child Sexual Abuse*** receives all manuscript submissions electronically via their ScholarOne Manuscripts website located at: http://mc.manuscriptcentral.com/WCSA. ScholarOne Manuscripts allows for rapid submission of original and revised manuscripts, as well as facilitating the review process and internal communication between authors, editors, and reviewers via a web-based platform. For ScholarOne Manuscripts technical support, you may contact them by e-mail or phone support via http://scholarone.com/services/support/. If you have any other requests please contact the journal at journals@alliant.edu

The ***Journal of Aggression, Maltreatment, and Trauma*****,** the ***Journal of Child Sexual Abuse*****,** and the ***Journal of Child Custody*** are all edited by Dr. Robert Geffner. If you are interested in submitting an article but are uncertain about which journal your article may be best suited for, please contact the editor at journals@alliant.edu.

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**Manuscript Format:** All manuscripts submitted to the ***Journal of Child Sexual Abuse*** must be written in English, APA format, and should not exceed 30 double-spaced pages, including abstract, references, tables, and figures. All parts of the manuscript should be typewritten in Times New Roman font, size 12pt, double-spaced, with margins of at least one inch on all sides. Number manuscript pages consecutively throughout the paper. Authors should also supply a shortened version of the title suitable for the running head, not exceeding 50 character spaces. Headings must follow APA format with bold, italics, and indentation as appropriate. Each article should be summarized in an abstract of 150 words (recommended) to 250 words (maximum) and should include eight keywords or phrases for abstracting. Avoid abbreviations, diagrams, and reference to the text in the abstract. Please consult our guidelines on keywords here. The title page for each manuscript should be uploaded in ScholarOne as a separate document. The title page should include the full title of the manuscript along with an author note identifying each author's name, affiliations, address, and other contact information for correspondence. Please consult our guidelines on author notes here.

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**References.** References, citations, and general style of manuscripts should be prepared in accordance with the most recent APA Publication Manual. Cite in the text by author and date (Smith, 1983) and include an alphabetical list at the end of the article.

*Examples:*

Journal: Anderson, A.K. (2005). Affective influences on the attentional dynamics supporting awareness. *Journal of Experimental Psychology General*, *154*, 258-281. doi: 10.1037/0096-3445.134.2.258

Book: Weschsler, D. (1997). *Technical manual for the Wechsler Adult Intelligence and Memory Scale - III*. New York, NY: Psychological Corporation.

Chapter in a Book: Chow, T.W., & Cummings, J.L. (2000). The amygdale and Alzheimer's disease. In J.P. Aggleton (Ed.), *The amygdale: A functional analysis* (pp. 656-680). Oxford, England: Oxford University Press.

**Illustrations.** Illustrations submitted (line drawings, halftones, photos, photomicrographs, etc.) should be clean originals or digital files. Digital files are recommended for highest quality reproduction and should follow these guidelines:

- 300 dpi or higher
- Sized to fit on journal page
- EPS, TIFF, or PSD format only
- Submitted as separate files, not embedded in text files

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**Tables and Figures.** Tables and figures (illustrations) should not be embedded in the text, but should be included as separate sheets or files. A short descriptive title should appear above each table with a clear legend and any footnotes suitably identified below. All units must be included. Figures should be completely labeled, taking into account necessary size reduction. Captions should be typed, double-spaced, on a separate sheet.

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**Appendix Item 1.2 Search Appendix by database.**

**CINAHL (via EBSCO)**

("child abuse, sexual") OR (sex* n3 (abus* OR assault*))
AND
(disclos* OR "self report*")
AND
(qualitative OR "grounded theory" OR "interpretative phenomenological" OR narrative OR "thematic analysis" OR phenomenolog* OR experienc*)
AND
(child* OR adolescen* OR infant* OR preschool OR "school age" OR teen*)

Limits: English Language

**Total: 208**

**PsychINFO (via EBSCO)**

("child abuse, sexual") OR (sex* n3 (abus* OR assault*))
AND
(disclos* OR "self report*")
AND
(qualitative OR "grounded theory" OR "interpretative phenomenological" OR narrative OR "thematic analysis" OR phenomenolog* OR experienc*)
AND
(child* OR adolescen* OR infant* OR preschool OR "school age" OR teen*)

Limits: English Language

**Total: 239**

**Psychology and Behavioural Sciences Collection (via EBSCO)**

("child abuse, sexual") OR (sex* n3 (abus* OR assault*))
AND
(disclos* OR "self report*")
AND
(qualitative OR "grounded theory" OR "interpretative phenomenological" OR narrative OR "thematic analysis" OR phenomenolog* OR experienc*)
AND
(child* OR adolescen* OR infant* OR preschool OR "school age" OR teen*)

Limits: English Language

**Total: 83**

**ERIC (via Ebsco)**

("child abuse, sexual") OR (sex* n3 (abus* OR assault*))
AND
(disclos* OR "self report*")
AND
(qualitative OR "grounded theory" OR "interpretative phenomenological" OR narrative OR "thematic analysis" OR phenomenolog* OR experienc*)
AND
(child* OR adolescen* OR infant* OR preschool OR "school age" OR teen*)

Limits: English Language

**Total: 108**

**EMBASE (via Ovid)**

("child abuse, sexual") OR (sex* ADJ3 (abus* OR assault*))
AND
(disclos* OR "self report*")
AND
(qualitative OR "grounded theory" OR "interpretative phenomenological" OR narrative OR "thematic analysis" OR phenomenolog* OR experienc*)
AND
(child* OR adolescen* OR infant* OR preschool OR "school age" OR teen*)

Limits: English Language

**Total: 293**

**HMIC (via Ovid)**

(child abuse, sexual) OR (sex* ADJ3 (abus* OR assault*))
AND
(disclos* OR "self report*")
AND
(qualitative OR "grounded theory" OR "interpretative phenomenological" OR narrative OR "thematic analysis" OR phenomenolog* OR experienc*)

AND

(child* OR adolescen* OR infant* OR preschool OR teen*)

No Limits.

**Total: 36**

**MIDIRS (Maternity and Infant Care) (Via Ovid)**

(child abuse, sexual) AND (sex* ADJ3 (abus* OR assault*))
AND
(disclos* OR "self report*")
AND
(qualitative OR "grounded theory" OR "interpretative phenomenological" OR narrative OR "thematic analysis" OR phenomenolog* OR experienc*)
AND
(child* OR adolescen* OR infant* OR preschool OR teen*)

No Limits.

**Total: 28**

**ASSIA (applied social sciences index and abstracts) (Via Proquest)**

(child abuse, sexual) OR (sex* n/3 (abus* OR assault*))
AND
(disclos* OR "self report*")
AND
(qualitative OR "grounded theory" OR "interpretative phenomenological" OR narrative OR "thematic analysis" OR phenomenolog* OR experienc*)
AND
(child* OR adolescen* OR infant* OR preschool OR "school age" OR teen*)

No Limits

**Total: 262**

**Total Articles Identified: 1,257**

## Appendix Item 1.3 Full Texts Reviewed: Included/Excluded

| | Authors: | Title: | Include/Exclude | Reason: |
|---|---|---|---|---|
| 1. | Davies et al, 2008 | Children's and primary caregivers perceptions of the sexual abuse investigation process | Excluded | Parent perspective, doesn't cover mediators to disclosure, focuses on what was good and bad. |
| 2. | Barry, 2013 | Client disclosure and therapist response in psychotherapy with women with history of CSA | Exclude | Adult perspective, costs benefits rather than barriers facilitators, quantitative survey method: victim >18 perspective |
| 3. | Sternberg et al, 1997 | Effects of introductory style on children's ability to describe experiences of sexual abuse | Excluded | Looks at impact of specific interview techniques in getting children to disclose more information: not focussed on disclosure |
| 4. | Lab & Moore, 2005 | Prevalence and denial of sexual abuse in a male psychiatric inpatient population | Excluded | Uses questionnaire, examines perceptions of abuse not focussed on disclosure |
| 5. | Flam & Hogestvedt, 2013 | Test Balloons: Small signs of big events. | Excluded | Not from victims perspective (caregiver) |
| 6. | Berliner & Conte, 1995 | The effects of disclosure and intervention on sexually abused children | Excluded | Explores impact of disclosure: not focussed on disclosure |
| 7. | Romero et al, 1999 | Prevalence and circumstances of CSA among Latino women | Excluded | Adult account, some discussion of reasons for non disclosure as child but memories not victim >18 perspective |
| 8. | Schaeffer et al, 2011 | Children's disclosure of sexual abuse: learning from direct inquiry | Included | Meets inclusion criteria |
| 9. | Katz, 2013 | Stand by me - The Effect of Emotional Support on Children's testimonies | Excluded | Case studies, doesn't cover barriers / facilitators to disclosure: case study |
| 10. | Frosh, 2015 | Facing Disclosure: Common Anxieties When Interviewing Sexually Abused Children | Excluded | Not from victim perspective - worker perspective |
| 11. | Bonanno et al, 2003 | Predicting The Willingness To Disclose CSA From Measures Of Repressive Coping And Dissociative Tendencies | Excluded | Not focused on factors relating to disclosure |
| 12 | Reinhardt, | Sexually abused boys | Excluded | No examination of views |

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| . | 1987 | | | of boys re disclosure: not focused on disclosure. |
| 13. | Dent & Newton, 1994 | The conflict between clinical and evidential interviewing in CSA | Excluded | Review paper |
| 14. | Brown et al, 1999 | The process of disclosure in abused eating disorder patients | Excluded | Doesn't focus on factors relating to disclosure |
| 15. | Sorsoli et al, 2008 | I keep that hush hush male survivors of SA and the challenges of disclosure | Excluded | Adults talking about barriers to disclosure as adults and as children, victim >18 when exploring disclosure |
| 16. | Jensen et a 2005 | Reporting possible sexual abuse: A qualitative study on children's perspectives and the context for disclosure | Included | Meets inclusion criteria |
| 17. | Kogan, 2003 | Disclosure of unwanted sexual experiences: sample of adolescent women | Excluded | Quantitative research design |
| 18. | Shalhoub-Kevorkian, 2005 | Disclosure of child abuse in conflict areas | Included | Meets inclusion criteria |
| 19. | Balmforth and Elliott, 2012 | I never talk about ever, a comprehensive process analysis of a significant client disclosure event in therapy | Excluded | Case Study |
| 20. | Sorsoli, 2010 | I remember I thought I know I didn't say Silence and memory in trauma narratives | Excluded | Not focused on disclosure, adult's memories of CSA, victim >18 when exploring disclosure |
| 21. | Collin-Vezina et al, 2015 | A preliminary mapping of individual relational and social factors that impede disclosure of CSA | Excluded | Adult's discussing adult disclosure: victim >18 when exploring disclosure |
| 22. | Crisma et al, 2004 | Adolescents who experienced sexual abuse: fears and impediments to disclosure | Excluded | Adults describing memories. Victims >18 when exploring disclosure |
| 23. | Foster & Hagedorn, 2014 | Through the eyes of the wounded: A narrative analysis of children's sexual abuse experiences and Recovery process | Included | Meets inclusion criteria |
| 24. | Petroni et al, 2009 | Disclosure of sexual abuse by children and | Included | Meets Inclusion criteria |

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| | | adolescents | | |
| 25. | Alaggia, 2009 | An ecological analysis of CSA disclosure: Considerations for child and adolescent mental health | Excluded | Adult accounts of barriers / facilitators to disclosure, discussing child reasons: Victims >18 when exploring disclosure |
| 26. | Sperry & Gilbert, 2005 | Child peer sexual abuse preliminary data on outcomes and disclosure experiences | Excluded | Focuses on comparisons between peer versus adult abuse: not focussed on disclosure |
| 27. | So-kum Tang, 2002 | Childhood experiences of sexual abuse amongst HK Chinese students | Excluded | Not focussed on disclosure, not qualitative, adult perspective: victim >18 perspective |
| 28. | McElvaney et al, 2013 | To tell or not to tell? Factors influencing Young Peoples Informal Disclosures of CSA | Included | Meets Inclusion Criteria |
| 29. | McElvaney et al, 2011 | Containing the secret of CSA | Excluded | Duplicate sample to subsequent paper. |
| 30. | Keary & Fitzpatrick, 1994 | Children's disclosure of sexual abuse during formal investigation | Excluded | Quantitative, looking at predictors of disclosure: not factors affecting disclosure |
| 31. | Beaudoine et al, 2013 | Contribution of attachment security to the prediction of internalizing and externalizing behaviour problems in preschool victims of CSA | Excluded | Quantitative design not focused factors affecting disclosure. |
| 32. | Hanson et al, 2003 | Correlates of Adolescent Reports of Sexual Assault | Excluded | Quantitative design |
| 33. | Sjoberg Lindbladt, 2002 | Delayed disclosure and disrupted communication during fornesic investigation of CSA | Excluded | Quantitative design |
| 34. | Milne & Collin, Vezina 2014 | Disclosure of Sexual Abuse among Youth in Residenential treatment care, multi informant comparison | Excluded | Quantitative design, not focused on disclosure |
| 35. | Nagel et al, 1997 | Disclosure Patterns Of Sexual Abuse And Psychological Functioning At 1 Year Follow-Up | Excluded | Quantitative, focuses on disclosure patterns: not focused on factors affecting disclosure |
| 36. | Fontes, 1993 | Disclosures of Sexual Abuse by Puerto Rican Children | Excluded | Not from victim perspectives |

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| 37. | Schonbucher et al, 2012 | Disclosure of child sexual abuse by adolescents: an in-depth study | Included | Meets inclusion criteria |
| 38. | Kindy Yuk Ip Lam, 2014 | Factors Associated with Adolescents' Disclosure SA experiences in Hong Kong | Excluded | Quantitative design |
| 39. | Gries et al, 1996 | Factors Associated with Disclosure During Child Sexual Abuse Assessment | Excluded | Quantitative looks at predictors not factors affecting disclosure |
| 40. | O'Leary & Barber, 2007 | Gender Differences in Silencing Following Childhood Sexual Abuse | Excluded | Quantitative, does not focus on factors affecting disclosure |
| 41. | Ullman & Fillipas, 2005 | Gender differences in social reactions to abuse disclosures, post abuse coping & PTSD of CSA survivors | Excluded | Quantitative, not focused on factors affecting disclosure |
| 42. | Paine & Hansen, 2002 | Factors influencing children to self-disclose sexual abuse | Excluded | Review Paper |
| 43. | Azzopardi et al, 2014 | Sexual Abuse Forensic Evaluation With Young Child: Programme outcomes and predictors of Disclosure | Excluded | Quantitative looking at predictors, does not focus on factors affecting disclosure |
| 44. | Wager, 2013 | Sexual Revictimization-Double Betrayal and the Risk associated with Dissociative Amnesia | Excluded | Quantitative, Not focussed on Barriers facilitators to disclosure, Adult accounts: victim >18 when disclosure |
| 45. | Mason | Sharing the secret | Excluded | Film Review |
| 46. | Alaggia and Kirschenbaum, 2005 | Speaking the Unspeakable- Exploring the Impact of family dynamics on CSA Disclosures | Excluded | Victim >18 when exploring disclosure |
| 47. | Staller, 2007 | To get her heart in hand: Passing words between an abused child and a social worker | Excluded | Case study |
| 48. | Fox, 2000 | To tell or not to tell: Social factors that shape the telling experiences of survivors ofchild sexual abuse | Excluded | PhD thesis: not peer reviewed |
| 49. | Somer and Szwarkberg, (2001) | Variables in delayed disclosure of CSA | Excluded | Quantitative design |

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|---|---|---|---|---|
| 50. | Goodman, (2005) | Wailing babies in her wake | Excluded | Review paper |
| 51. | Goodman Brown et al (2003) | Why children tell: A model of children's disclosure of CSA | Excluded | Quantitative design |
| 52. | Faulgoner et al, (1999) | Women's disclosure of sexual abuse | Excluded | Victim >18 when exploring disclosure |
| 53. | Hunter, (2011) | Disclosure of Child Sexual Abuse as a Life-Long Process: Implications for Health Professionals | Excluded | Victim >18 when exploring disclosure |
| 54. | Foster and Hagedorn, 2014 | Through the Eyes of the Wounded: A Narrative Analysis of Children's Sexual Abuse | Excluded | Not focused on factors relating to disclosure |
| 55. | Ullman, 1996 | Correlates and Consequences of Adult Sexual Assault Disclosure | Excluded | Not focused on factors relating to disclosure |
| 56. | Hlavka, 2008 | The trouble with telling: Children's construction of sexual abuse | Excluded | Book |
| 57. | Jackson et al, 2013 | Children's Narratives of Sexual Abuse | Excluded | Mixed method design |

## Appendix Item 1.4 Quality Appraisal Checklist and Inter-rater Outcomes (based on Walsh & Down, 2006)

| Stages | Essential Criteria | Specific Prompts | Shalhoub-Kevorkian, 2005 | Schaeffer et al, 2011 | | Schonbucher et al, 2012 | | Petroni et al, 2009 | | Jensen et al, 2005 | Foster & Hagedorn, 2014 | McElvaney et al, 2013 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | R1 | R2 | R1 | R2 | R1 | R2 | | | |
| **Scope & Purpose** | **1. Clear statement of and rationale for research question/aims/ purposes** | *Clarity of focus demonstrated* | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | | *Explicit purpose give such as descriptive/explanatory, intent, theory building, hypothesis testing* | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | | *Link between research and existing knowledge demonstrated* | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | **Percentage present:** | | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| | **2. Study thoroughly contextualized by existing literature** | *Evidence of systematic approach to literature review, location of literature contextualize the findings, or both* | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | **Percentage present:** | | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| **Design** | **3. Method /design apparent, and consistent with research intent** | *Rationale given for use of qualitative design* | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | | *Discussion of epistemological/ ontological grounding* | ✓ | – | – | – | – | – | – | – | – | – |
| | | *Rationale explored for specific qualitative method (e.g. ethnography, grounded theory, phenomenology)* | ✓ | ✓ | ✓ | – | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

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| | | *Discussion of why particular method chosen is most appropriate/ sensitive/ relevant for research question/aims* | ✓ | – | – | ✓ | – | – | ✓ | – | – | ✓ |
| | | *Setting appropriate* | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | **Percentage present:** | | 100% | 60 % | 60 % | 60 % | 60 % | 60 % | 80 % | 60% | 60% | 80% |
| | **4. Data collection strategy apparent and appropriate** | *Were data collection methods appropriate for type of data required and for specific qualitative method?* | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | | *Were they likely to capture the complexity/diversity of experience and illuminate context in sufficient detail?* | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | | *Was triangulation of data sources used if appropriate?* | ✓ | na | na | na | na | na | na | na | na | na |
| | **Percentage present:** | | 100% | 100 % | 100 % | 100 % | 100 % | 100 % | 100 % | 100% | 100% | 100% |
| **Sampling Strategy** | **5. Sample and sampling method appropriate** | *Selection criteria detailed, and description of how sampling was undertaken* | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | | *Justification for sampling strategy given* | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | | *Thickness of description likely to be achieved from sampling* | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | | *Any disparity between planned and actual* | No | No | No | No | No | No | No | No | No | No |

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| | | *sample explained* | | | | | | | | | | |
| | **Percentage present:** | | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| **Analysis** | **6. Analytic approach appropriate** | *Approach made explicit (e.g. Thematic distillation, constant comparative method, grounded theory)* | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | | *Was it appropriate for the qualitative method chosen?* | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | | *Was data managed by software package or by hand and why?* | – | ✓ | ✓ | ✓ | ✓ | – | – | ✓ | – | – |
| | | *Discussion of how coding systems/conceptual frameworks evolved* | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | | *How was context of data retained during analysis* | ✓ | ✓ | ✓ | – | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | | *Evidence that the subjective meanings of participants were portrayed* | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | | *Evidence of more than one researcher involved in stages if appropriate to epistemological/ theoretical stance* | – | ✓ | ✓ | ✓ | ✓ | – | – | – | ✓ | ✓ |
| | | *Did research participants have any involvement in analysis (e.g. member checking)* | – | – | – | – | – | – | – | – | – | ✓ |
| | | *Evidence provided that* | – | – | – | – | – | – | – | – | ✓ | – |

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| | | *data reached saturation or discussion/rationale if it did not* | | | | | | | | | | |
| | | *Evidence that deviant data was sought, or discussion/rationale if it was not* | – | – | – | – | – | – | – | – | ✓ | – |
| | **Percentage present:** | | 50% | 70% | 70% | 60% | 70% | 50% | 50% | 60% | 70% | 70% |
| **Interpretation** | **7. Context described and taken account of in interpretation** | *Description of social/physical and interpersonal contexts of data collection* | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | | *Evidence that researcher spent time 'dwelling with the data', interrogating it for competing/alternative explanations of phenomena* | – | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | **Percentage present:** | | 50% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| | **8. Clear audit trail given** | *Sufficient discussion of research processes such that others can follow 'decision trail'* | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | **Percentage present:** | | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| | **9. Data used to support interpretation** | *Extensive use of field notes entries/verbatim interview quotes in discussion of findings* | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | | *Clear exposition of how interpretation led to conclusions* | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | **Percentage present:** | | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% | 100% |
| **Reflexivit** | **10. Researc** | *Discussion of relationship* | ✓ | ✓ | – | – | – | – | ✓ | – | – | – |

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| **y** | **her reflexivity demonstrated** | *between researcher and participants during fieldwork* | | | | | | | | | | |
| | | *Demonstration of researcher's influence on stages of research process* | – | ✓ | ✓ | – | – | – | – | – | ✓ | ✓ |
| | | *Evidence of self-awareness/insight* | ✓ | – | – | – | – | – | – | – | ✓ | ✓ |
| | | *Documentation of effects of the research on researcher* | ✓ | – | – | ✓ | – | – | – | – | – | – |
| | | *Evidence of how problems/complications met were dealt with* | – | – | – | – | – | – | – | – | ✓ | – |
| | **Percentage present:** | | 60% | 40 % | 40 % | 10 % | 0 % | 0 % | 20 % | 0% | 60% | 40% |
| **Ethical Dimensions** | **11. Demonstration of sensitivity to ethical concerns** | *Ethical committee approval granted* | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | | *Clear commitment to integrity, honesty, transparency, equality and mutual respect in relationships with participants* | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | | *Evidence of fair dealing with all research participants* | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | – | ✓ | ✓ |
| | | *Recording of dilemmas met and how resolved in relation to ethical issues* | ✓ | – | – | – | – | – | – | – | – | – |
| | | *Documentation of how autonomy, consent, confidentiality, anonymity were* | – | ✓ | ✓ | – | ✓ | ✓ | ✓ | – | ✓ | ✓ |

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| | | *managed* | | | | | | | | | | |
| | **Percentage present:** | | 80% | 80 % | 80 % | 60 % | 80 % | 80 % | 80 % | 40% | 80% | 80% |
| **Relevance and transferability** | **12. Relevance and transferability evident** | *Sufficient evidence for typicality specificity to be assessed* | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | | *Analysis interwoven with existing theories and other relevant explanatory literature drawn from similar settings and studies* | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | | *Discussion of how explanatory propositions/emergent theory may fit other contexts* | – | ✓ | ✓ | ✓ | ✓ | – | ✓ | ✓ | ✓ | ✓ |
| | | *Limitations/weaknesses of study clearly outlined* | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | – | ✓ | ✓ | ✓ |
| | | *Clearly resonates with other knowledge and experience* | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | | *Results/conclusions obviously supported by evidence* | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | | *Interpretation plausible and 'makes sense'* | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | | *Provides new insights and increases understanding* | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| | | *Significance for current policy and practice outlined* | ✓ | ✓ | ✓ | ✓ | ✓ | – | – | ✓ | ✓ | ✓ |
| | | *Assessment of value/empowerment for participants* | ✓ | – | – | – | – | – | – | ✓ | – | – |
| | | *Outlines further directions for investigation* | ✓ | – | – | ✓ | ✓ | – | – | ✓ | ✓ | ✓ |
| | | *Comment on* | ✓ | ✓ | ✓ | ✓ | ✓ | – | ✓ | ✓ | ✓ | ✓ |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | *whether aims/purposes of research were achieved* | | | | | | | | | | |
| | **Percentage present:** | | 92% | 83 % | 83 % | 92 % | 92 % | 58 % | 67 % | 100% | 92% | 92% |
| **Grand Total:** | | | **12/12** | **11 / 12** | **11 / 12** | **11 / 12** | **11 / 12** | **11 / 12** | **11 / 12** | **10/12** | **12/12** | **11/12** |

APPENDIX 2: MAJOR RESEARCH PROJECT

## Appendix Item 2.1 Ethics Letter Approval

University of Glasgow | College of Medical, Veterinary & Life Sciences

5th November 2015

Dear Dr Caroline Bruce, Dr Anne McKechnie, Ms Sarah Morrison, Dr Sarah Willson

**MVLS College Ethics Committee**

***Project Title:*** Legal Disclosure of Childhood Sexual Abuse: What can professionals tell us?
***Project No:*** 200150021

The College Ethics Committee has reviewed your application and has agreed that there is no objection on ethical grounds to the proposed study. It is happy therefore to approve the project, subject to the following conditions:

- Project end date: August 2016
- The data should be held securely for a period of ten years after the completion of the research project, or for longer if specified by the research funder or sponsor, in accordance with the University's Code of Good Practice in Research: (http://www.gla.ac.uk/media/media_227599_en.pdf)
- The research should be carried out only on the sites, and/or with the groups defined in the application.
- Any proposed changes in the protocol should be submitted for reassessment, except when it is necessary to change the protocol to eliminate hazard to the subjects or where the change involves only the administrative aspects of the project. The Ethics Committee should be informed of any such changes.
- You should submit a short end of study report to the Ethics Committee within 3 months of completion.

Yours sincerely

Prof. Andrew C. Rankin
Deputy Chair, College Ethics Committee

Andrew C. Rankin
Professor of Medical Cardiology
BHF Glasgow Cardiovascular Research Centre
College of Medical, Veterinary & Life Sciences
University of Glasgow, G12 8TA
Tel: 0141 211 4833
Email: andrew.rankin@glasgow.ac.uk

**Appendix Item 2.2 Participant Information Pack Including Consent Form**

University of Glasgow | College of Medical, Veterinary & Life Sciences

Sarah Morrison, Doctorate in Clinical Psychology Research Student
Dr Caroline Bruce, Clinical Psychologist and University Teacher
Dr Anne McKechnie, Consultant Forensic Clinical Psychologist

Department of Mental Health and Wellbeing
Academic Centre, Gartnavel Royal Hospital, Glasgow G12 0XH
Telephone: 0141 211 0690
E-mail: s.morrison.3@research.gla.ac.uk

# Legal Disclosure of Childhood Sexual Abuse: What can professionals tell us?

We would like to invite you to take part in the above research study. The information provided in this leaflet is to give you information about why the research is being done and what it would involve in order to help you decide whether you would like to take part or not. It is up to you to decide and there will be no consequences should you decide you do not wish to take part.

The research is being carried out by Sarah Morrison, Trainee Clinical Psychologist, Dr Caroline Bruce, Clinical Psychologist and University Teacher and Dr Anne McKechnie, Consultant Forensic Clinical Psychologist.

## 1. About the study

Childhood Sexual Abuse (CSA) is a serious crime that is often kept secret. Survivors often do not talk about their experience until they reach adulthood (Somer and Swarcberd, 2001), and at that stage it is often to health professionals that they turn, as a result of the severe and enduring consequences for mental and physical health that can follow such experiences (Filipas and Ullman, 2006). Although the offences committed against survivors of CSA are serious, they are rarely reported to the legal system and, when they are reported, cases seldom make it through the court procedure to conviction (Smith & Heke, 2010).

Although there is some understanding from current research about the factors that prevent and facilitate the disclosure of CSA generally, little is known about the factors that help or prevent individuals to report these offences to the legal system, and about factors that contribute to the high levels of disengagement from legal proceedings. Experienced mental health clinicians who work regularly with victims of CSA are in a unique position to help identify these factors, as a result of their considerable experience in hearing about and understanding the thoughts, beliefs and experiences of these individuals.

In summary this study will examine the experiences and beliefs of experienced clinicians. It will explore the understandings held by experienced clinicians about the process of legally disclosing experiences of childhood sexual abuse for adult survivors, including the factors that prevent and facilitate successful disclosure.

## 2. Why have I been invited?

You have been asked to take part in the study because your service lead has identified you as an experienced mental health clinician, with a minimum of 3 months and 10+ cases experience working in a team that routinely works with adult survivors of childhood sexual abuse within the Scottish Legal System.

## 3. Do I have to take part?

It is up to you to decide whether or not to take part. If you decide to take part, you will be given this information sheet to keep, with contact details should you think of any other questions. You will also be asked to sign a consent form and complete a Participant Information Questionnaire. Whether you take part or not will not be disclosed to your colleagues or any other member of the team.

If you decide you no longer want to take part in the study, you can withdraw from the study and end the interview. This can be done at any time without giving a reason.

## 4. What will I have to do?

Your team lead will have identified you as eligible to take part in the study. You will then meet Sarah Morrison who will attend a team meeting and provide information about the study, answer any questions and distribute information sheets, consent forms and participant information questionnaires. The consent form details whether you would like to take part in the study or not and you will be asked to complete this. If you decided to take part in the study you will also be asked to complete the Participant Information Questionnaire.

A stamped addressed envelope will be provided and you are requested to return the completed forms within a 2 week period. If Sarah Morrison does not receive your completed forms she will contact you via telephone or email to confirm whether you would like to take part in the study or not.

Based on level of relevant experience, five clinicians will then be selected to take part in the study and contacted via telephone or email to arrange a suitable time and date to conduct the interview. Clinicians who are not selected to take part will receive an email informing them of this. One clinician will also be selected to take part in an initial pilot interview, which is an interview that will be completed and feedback sought regarding the experience of the interview but not included in the final research.

During the interview you will be asked about your beliefs about, and understanding of, the process of legal disclosure in relation to childhood sexual abuse, based upon your clients' experiences. It is likely the interview appointment will last between 60 and 90 minutes and there will be time for you to ask any other questions about the study at the beginning and end of the appointment. The interview will be digitally recorded and later transcribed. All recordings will be destroyed after transcription and transcriptions will not include any identifying information about you or your clients.

A second appointment will be arranged with a subgroup of participants. This appointment will consist of a group setting, lasting approximately 45-60 minutes. During this appointment Sarah Morrison will review the themes that have emerged within the interviews she conducted and ask those selected to give feedback on the extent to which they feel these accurately reflect their beliefs.

## 5. What are the possible benefits?

We hope that the interviews with expert clinicians will help us to understand more about the process of disclosing (as an adult) experiences of CSA to the legal system, and the factors that lead people to engage or disengage with this process. This should help identify areas where further support in legally disclosing might be provided to survivors, and areas in which barriers to this can be addressed.

## 6. What are the possible risks?

The interview will relate to your working experiences, and as such we think it is unlikely that participation will cause you to experience any adverse effects. It is possible that talking about the difficult experiences of your clients becomes upsetting. If you do feel upset,

the interview can be paused or terminated, and the researcher will take the time after the interview to discuss these issues and identify how further support can be accessed or provided.

## 7. Will taking part in the study be kept confidential?

Yes, the research team will treat any information you provide confidentially and securely. Only the primary researcher will have access to identifiable information and this will be removed from the interview transcripts as they are typed and the original recordings will be destroyed.

No personally identifiable information about you, your clients, or your experiences will be included in any reports or presentations. Anonymous quotations may be used in the reports and publication of this research.

## 8. What will happen after the study has finished?

The study is being completed as part of Sarah Morrison's Doctorate in Clinical Psychology studies and therefore the results of the study will be published in her thesis. Additionally, we hope that the study will be published in a research journal and results will be disseminated to your team. If you would like to know more about the results of the study we would be happy to provide you with this information.

## 9. Who has reviewed the study?

The study has been reviewed by the College of Medical, Veterinary & Life Sciences Ethics Committee to ensure that it meets important standards of scientific and ethical conduct. NHS Lanarkshire sponsor the project.

## 10. What if there is a problem?

The researcher responsible for the study will provide you with her contact details. They are also detailed at the top of this Information Sheet. Please feel free to phone if you have any questions.

If you are unhappy about any aspect of the study and wish to make a complaint, please contact the researcher in the first instance but the normal University of Glasgow complaint procedure is also available to you.
Please see the following web link for further information:
http://www.gla.ac.uk/media/media_286035_en.pdf#page=40&view=fitH,575

## 11. Further Information

If you have any further questions or are interested in taking part in the study, please contact Sarah Morrison, Doctorate in Clinical Psychology Research Student, at the following address:

Mental Health and Wellbeing 1st Floor, Admin Building, Gartnavel Royal Hospital, 1055 Great Western Road, Glasgow G12 0XH
Telephone: 0141 211 0690
Email: s.morrison.3@research.gla.ac.uk

Alternatively you can return the consent form in the freepost envelope, with your contact details enclosed, and Sarah will contact you in due course.

**THANK YOU FOR YOUR INTEREST IN THIS STUDY.**

University of Glasgow | College of Medical, Veterinary & Life Sciences

# CONSENT FORM

**Title of Project: Legal Disclosure of Childhood Sexual Abuse: What can professionals tell us?**

**Name of Researcher(s): Sarah Morrison, Trainee Clinical Psychologist**

| | **Please initial box** |
|---|---|
| I confirm that I have read and understand the information sheet dated 21.09.2015 (version D3) for the above study and have had the opportunity to ask questions. | ☐ |
| I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my legal rights being affected. | ☐ |
| I agree to take part in the above study. | ☐ |
| I do not agree to take part in the above study. | ☐ |

If you agree to take part in the above study please complete the attached Participant Information Questionnaire.

| | | |
|---|---|---|
| Name of participant | Date | Signature |
| Name of Person taking consent (if different from researcher) | Date | Signature |
| Researcher (1 copy for subject; 1 copy for researcher) | Date | Signature |

University of Glasgow | College of Medical, Veterinary & Life Sciences

## CONSENT FORM: Digitally Recorded Interviews

**Title of Project: Legal Disclosure of Childhood Sexual Abuse: What can professionals tell us?**

**Name of Researcher(s): Sarah Morrison, Trainee Clinical Psychologist**

I would like to record this meeting with you on a digital voice recorder. Anything that you say will be kept private and I will be the only one who will listen to the recording. The recording will then be transcribed and this transcription will be stored securely. The digital recording will then be destroyed.

**Please initial box**

1. I am happy for the interview to be recorded using a digital voice recorder. ☐

2. I am happy for anything I say to be used and/ or quoted in the final report about this research providing it is kept anonymous. ☐

| | | |
|---|---|---|
| Name of participant | Date | Signature |
| Name of Person taking consent (if different from researcher) | Date | Signature |
| Researcher | Date | Signature |

(1 copy for participant; 1 copy for researcher)

**Participant Details**

Name: _____ DOB: _____

Gender: Male ☐ Female ☐

Team Name:

_____

Job Title:

_____

Years in current job: _____

For how many years have you worked in a "specialist service" that primarily involves working with adults who have experienced childhood sexual abuse? _____

How many clients have you worked with who have experienced childhood sexual abuse (please estimate if you are unsure)?_____

With how many of those clients has their experiences of or thoughts about legal disclosure been discussed in your sessions? _____

**Appendix Item 2.3 Interview Topic Guide**

BACKGROUND PROMPTS AND INTRODUCTION TO THE STUDY:

Thank you for agreeing to talk to me today.

Ensure all paper work has been completed (consent forms) and go over confidentiality (specifically regarding client confidentiality) and the right to withdraw from the study, with the participant.

Introduction to Study:

Childhood Sexual Abuse (CSA) is a serious crime that is often kept secret. Survivors often do not talk about their experience until they reach adulthood and at that stage it is often to health professionals that they turn, as a result of the severe and enduring consequences for mental and physical health that can follow such experiences. Although the offences committed against survivors of CSA are serious, they are rarely reported to the legal system and, when they are reported, cases seldom make it through the court procedure to conviction.

Although there is some understanding from current research about the factors that prevent and facilitate the disclosure of CSA generally, little is known about the factors that help or prevent individuals to report these offences to the legal system, and about factors that contribute to the high levels of disengagement from legal proceedings. Experienced mental health clinicians who work regularly with victims of CSA are in a unique position to help identify these factors, as a result of their considerable experience in hearing about and understanding the thoughts, beliefs and experiences of these individuals.

As such, the current study aims to explore experienced mental health clinicians **beliefs** (formed and based on unique experiences) about the barriers to legal disclosure for adult victims of CSA.

I would really like you to consider your own experience working with victims of CSA and what this experience has led you to believe and understand about the process when answering my questions today. I would also like to remind you that there are no right or wrong answers, this area is understudied, and we are looking to use your expertise to help further understand this process.

Definitions:
I would like to clarify a few thing incase there is any confusion in our discussions, but please stop me if there is anything I have missed that you are unsure about.

During this interview when I talk about 'legal disclosure' I am talking about the experience of disclosing an experience of CSA to a **police**

**officer and then any further experiences within the court**. I am not talking about disclosure to a responsible adult who then makes a further disclosure.

I am also only focusing on disclosure to a legal setting made by **adult victims**. So disclosures made during childhood will not be explored during todays interview.

Recap:
So today I am really interested in finding out about beliefs you hold, that have developed from your experience within this role and any others that have involved working with victims of childhood sexual abuse. I would like you to think about specific experiences you have had with your clients when answering questions when it is possible.

You might wonder why I am asking certain questions but I am trying to get as much information as possible about your beliefs and I may prompt you or ask you to tell me a bit more about something during the interview. I hope this is ok?

As I mentioned before, you are the expert here so I would like you to tell me as much information as you can without worrying about there being a right or wrong answer. There are no right or wrong answers and we are relying on your expertise to provide the information.

In order for me to remember everything you say, I am going to record the interview.

Do you have any questions?

INTERVIEW QUESTIONS

**Introduction:**

It would be really helpful to begin with exploring some general points about disclosing childhood sexual abuse to the legal system.

As mentioned before when I talk about legal disclosure I am only focusing on disclosure to a legal setting made by **adult victims**. So disclosures made during childhood will not be explored during todays interview. I am interested in the process of disclosing an experience of CSA to a **police officer and then any further experiences within the court**. I am not talking about disclosure to a responsible adult who then makes a further disclosure.

Do you have any questions about what I mean by this?

**Introductory Question:**

OK, can you tell me about your understanding and thoughts about the process of disclosing a history of sexual abuse to the legal system? What has influenced these thoughts?

**The Decision to disclose to a legal setting:**

It has been really useful to hear your understanding of the process of legal disclosure for your clients, thank you for sharing that with me. Now I would really like to hear what you believe affects a client's decision to disclose to a legal setting.

1. What do you think motivates or enables a client to make a legal disclosure of sexual abuse?

   *Prompts:*

   a. *What is it about that that you think motivates a client to disclose?*

   b. *Are there any internal factors (factors that relate to the person themselves) that may motivate a client to make a disclosure of CSA?*

   c. *Are there any external factors (factors that are out with the client's control) that may motivate a client to make a disclosure of CSA?*

   d. *Are any other factors that motivate a client to disclose?*

2. What do you think are factors that discourages or prevents a client from making a legal disclosure of sexual abuse?

   *Prompt:*
   a. *What is it about that that you think discourages a client from disclosing?*

   b. *Are there any internal factors that may prevent a client from making a legal disclosure of CSA?*

   c. *Are there any external factors that may prevent a client from making a disclosure of CSA?*

   d. *Are there any other factors that you think play a role?*

**The Process of Legal Disclosure:**

1. Can you tell me about your clients' experiences when they disclose to a legal setting?

   *Prompts:*
   a. *Does this process meet expectations/beliefs/perceptions held by clients? If so how? If not, why not?*

   b. *Does the experience of the process play a role either in therapy or within the lifetime experience of the client?*

   c. *How does the process affect the client?*

   d. *Does anything else happen?*

2. What do you think your role is when a client does consider legally disclosing their experiences?

   *Prompts:*
   a. *Are there any implications of this?*

   b. *Do you have any concerns about your role or limitations you have experienced within it?)*

3. What factors do you think influence your clients' experiences (whether positive or negative) of the process of disclosure to a legal setting?

   *Prompts:*
   a. *How does that influence the client?*

b. *Are there any negative factors that influence your client?*

c. *Are there any positive factors that influence your client?*

d. *Do you think there are any other factors that affect your clients' experiences?*

Impact of Disclosing to a Legal Setting:

1. How does disclosing to a legal setting affect your clients?

   *Prompt:*
   a. *Are there any other effects?*

   b. *Are there any positive effects for your clients from making or during a disclosure to a legal setting?*

   c. *Are there any negative effects for your clients that occur from or during disclosure to a legal setting?*

2. How helpful do you believe, on the whole, the process of legal disclosure is for victims?

*Prompt:*
   a. *What is it about it that makes it helpful/unhelpful?*

   b. *Can you tell me anymore about it?*

Other Areas:
Thank you for all your answers so far. I would like to make sure I have a really good understanding of your beliefs about the process of disclosing to a legal setting for your clients. Is there anything important that you want to talk about that we have not already covered?

**Appendix Item 2.4 Example of Interview Transcripts**

Int = Interviewer
Lizzie = Participant

| | **Interview:** | **Code:** |
|---|---|---|
| …… | | |
| Int: | *What do you think motivates or enables a client to disclose, to make a legal disclosure of sexual abuse?* | |
| Lizzie: | The thought that this might be happening to somebody else and that its within their power to stop that. And there's always this justice, that, you know the idea that seeking justice and, and that can be driven by anger, guilt, shame you know, all sorts of emotions | 1. Protection of others<br>2. Desire for justice<br>3. Motivated by anger and emotions (guilt, shame, etc.) |
| Lizzie: | Mmm. I think its mainly about a feeling that they couldn't live with themselves if this happened to somebody else and if they'd said at something, if they'd spoken up then that could of been avoided. | 4. Responsibility<br><br>1. Protection of others |
| Lizzie: | If you've got a reason to believe there is a child at risk then obviously there's a responsibility and we will over rule somebody if they say no, but we have reason to believe that there's somebody at risk so. And even if there isn't, I, I suspect we err on the side of caution here in this service, I think there's something very important as a therapist about modeling the right response to a disclosure like this. And, to just, hear these details and do nothing, you risk re-enacting what's happened to that person in their earlier life. So, I think, and I, I think most of the team here would, would echo this, that you model the right response by taking the disclosure very seriously, saying that the police need to be informed of this and emmmm, that you will support the person, help the person, as much as you can, to make that disclosure in the legal setting | 5. Therapist decision-CP Risk<br>6. Therapist decision-model appropriate response to disclosure<br>7. Prevention of re-enacting earlier experience |
| Int: | *Ok, that's perfect. Emmmm, I suppose the next bit is about factors that discourage or prevent a client from making that legal disclosure?* | |
| | You name it. Everything. And that's the problem. Emmm. The consequences. You know, what that's going to mean, for their families usually, their close families. And I'd, just before I saw you, I saw a lady who disclosed that her father had abused her when she was a child, and she now doesn't see her family. They have cut off from her. They don't believe her, and I think emmm, you know everybody, particularly when the abuse is intra-family, intra-family I suppose, then that's going to be a, probably the main concern for people, is that they're, they'll be rejected by their family and they wont be believed. | 8. Everything discourages disclosure<br>9. Fear of consequences<br>10. Effect on family<br>11. Not being believed<br>12. Fear of rejection from family |

| | **Interview:** | **Codes:** |
|---|---|---|
| Lizzie: | Some people would say that there's no point, it happened too long ago, that emmmm, perhaps the perpetrator has died or, they don't think that they could be traced, maybe they've moved away or, their memory is insufficiently accurate to be able to, you know, specifically identify the person sometimes. Sometimes, you know, they don't, they don't remember names, if it happened early in childhood, they don't remember their name, they don't, they wouldn't be able to give enough evidence, I mean there's that that's around. | 13. There is no point<br>14. Too much time has passed<br>15. Memories are unclear |
| Lizzie: | There's a feeling, I've come across a feeling in, in patients that the legal system they don't want to go through that. I think relatively few are aware of the statistics, so I wouldn't say that people are saying, well the probability that they're going to get convicted is so low that I'm not going to do it. That's not how they frame it, I think it's more about, just the, the idea of going through that legal process is unbearable. | 16. The legal system is unbearable |
| Lizzie: | I think the idea of, having to tell your story in public. Having, potentially, I mean they'll fast forward to the courtroom, and potentially having to face the perpetrator. You know, these are people that have, very often lived in terror of their abuser for decades and the idea of facing them in a court room would just be beyond their imaginings. They just wouldn't contemplate it | 17. Telling their story publicly is unbearable<br>18. Intense fear of facing perpetrator in court<br>19. Fear/Terror of abuser |
| | I think its that, not being believed thing again. Pause. yeah, I, I guess allot of the people that I work with, emmm, they're strangers to the whole police, judicial system, you know, its not been part of their lives and just the idea of, having to go through that system of giving evidence, putting their story on paper in black and white talking to a police man or woman, or police officer about it, its just... Why would they do that? you know, why would they do that? It's, it, I think its very difficult for people to... pause... to see a good outcome | 11. Not being believed<br><br>16. Legal system is unbearable<br><br>20. Legal system is unknown<br><br>21. Fear of giving evidence<br><br>17. Telling their story publicly is too hard<br><br>13. What's the point |

**Appendix Item 2.5 Major Research Proposal**

# Legal Disclosure of Childhood Sexual Abuse: What can professionals tell us?

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**ABSTRACT:**

Childhood Sexual Abuse (CSA) is often described as a secret crime. Disclosure of this crime is a complex process, with evidence indicating victims commonly do not disclose until adulthood, if at all. Research is growing surrounding factors contributing to disclosure but little attention has been given to the process of disclosure to a legal setting. Understanding the process of disclosure to a legal setting plays a vital role in understanding this crime, protecting victims, and prosecuting perpetrators. The study aims to explore experienced clinicians' beliefs about the process of legal disclosure and influencing factors for adult victims of CSA. It will focus specifically on: the effects of legal disclosure on the victims' mental health, factors that may play a part in enabling or discouraging victims from disclosing to a legal setting and factors contributing to attrition rates if disclosure has occurred.

**Participants**:
Eight to ten clinicians with significant experience (3 months; 10+ cases) of working with individuals who have experienced childhood sexual abuse within Scotland and the Scottish legal system will be interviewed. Participants will be recruited from the Edinburgh and Glasgow Specialised Trauma Services, Scotland.

**Method**:
Participants' beliefs about the process of legal disclosure will be explored using an in-depth interview informed by a topic guide.

**Analysis**:
Thematic Analysis will be used to gather qualitative data from the participant interviews.

**Practical Applications:**
Further understanding and information on the beliefs held by clinicians about the process of legal disclosure, specifically factors that inhibit or encourage it, and factors contributing to attrition rates will be identified within this exploratory study. This information will bridge the gap between current research on understanding barriers to disclosure and the process of legal disclosure. Furthermore, it may identify ways in which greater support can be provided to victims during this process and rates of legal disclosure may be increased.

**INTRODUCTION:**

Childhood Sexual Abuse (CSA) is a serious crime that frequently goes unreported. Exact definitions of CSA vary, however the NSPCC (2015) identify CSA to occur when a child is forced or persuaded to take part in sexual activities (either physical or online), noting that the child often does not understand what is happening and may not recognise it is wrong. Current evidence unequivocally indicates the serious negative consequences for the victims (Filipas & Ullman, 2006) and despite growing research numerous questions continue to go unanswered. Exact prevalence rates of CSA hold much debate due to the difficulties in disclosing the abuse but are currently reported by Redford et al (2011) to be as high as 1 in 20 within the UK. Victims frequently do not disclose their experiences of CSA until adulthood, if at all (Somer & Szwarcberd, 2001; Arata, 1998), and the process of disclosure continues to be explored (Tener & Murphy, 2014). Little evidence is available within the United Kingdom about the disclosure of this crime to a legal setting but available research suggests reporting rates are worryingly low (London, Bruck, Ceci & Shuman, 2005) and the attrition rates for these proceedings remain high (Eastwood, Kift & Grace, 2006, Smith & Heke, 2010). Understanding the process of legal disclosure and increasing our knowledge of this phenomenon plays a vital role in increasing the support provided to the victims, increasing the prosecution rates and tackling this serious crime within society (Cross, Finkelhor & Ormrod, 2005).

*Impact of CSA and disclosure: A cycle of difficulties*

Previous evidence indicates disclosure of CSA is a complex process (Tener & Murphy, 2014) and often hindered by the negative consequences of the experience (Ullman, 2007). Victims are reported to experience higher levels of mental health problems including depression, anxiety, low self-esteem, and problems with interpersonal and sexual relationships (Finkelhor et al, 1990). Qualitative research has explored the mediators to adult disclosure and identified facilitators include protection of others, social support, recognition their experience was abusive and the development of a trusting relationship (Crowley & Seery, 2001; Tener & Murphy, 2014; Del Castello & Wright, 2009). Barriers are reported to include: difficulties in forming trusting relationships, low self-esteem, and fear (Tener & Murphy, 2014; Somer & Szwarcberg, 2001). It is evident that the negative impact of CSA plays a clear role in a victim's subsequent ability to disclose the abuse. In turn a vicious cycle of difficulties is created and at times prevents the process of disclosure from occurring (Ullman, 2007). Further challenges arise due to the nature of 'disclosure'; a fragile, multi-layer and diverse experience that seldom takes the form of a clear one-time statement (Tener & Murphy, 2014; Palmer et al, 1999). Dorahy & Clearwater (2012) describe the effects of disclosure, reporting that traumatic, negative, and reinforcing consequences can occur unexpectedly. The response and outcome from a first disclosure is noted to play a vital role in whether the survivor will disclose again, with negative responses often reinforcing the feelings of

isolation and distress while compounding the mistrust of others and withdrawal from social relationships (Tener & Murphy, 2014), further contributing to the negative cycle.

*Successful Disclosure:*
Victims who are able to disclose are reported to disclose to a variety of people including relatives, friends, partners, and professionals (Palmer et al, 1999) but they must feel comfortable and safe before they share their story (Del Castillo and Wright, 2009). Research indicates professionals, including counselors, doctors and psychiatrists are frequently noted for their ability to provide the secure relationship and safe space that is needed (Deering & Mellor, 2011).
Easton (2013) identified disclosures to be most commonly made to a spouse (27%) or a mental health professional (20%).

*The Difficulties of Legal Disclosure:*
Empirical evidence indicates disclosures of CSA to the legal system are the most difficult to make and the easiest to contest (Eastwood et al, 2006). Limited evidence was found with regards to exact disclosure rates but available studies suggest they are strikingly low ranging from between 10 (Arata, 1998) and 18 percent (Ussher & Dewberry, 1995). In addition, evidence indicates sexual offences against children are repeatedly noted to be the most problematic to secure convictions for in the criminal justice system (Eastwood et al, 2006). Cross et al. (2003) conducted a meta-analysis of prosecution rates and reported prosecution rates varied from 28 to 94 percent across studies. Sexual assault is the most under-reported offence and when court proceedings occur, defendants are less likely than other defendants to plead guilty, less likely to proceed to trial and more likely to be acquitted (Eastwood et al, 2006). Evidence is growing surrounding the difficulties of prosecuting sexual assault crimes and the influence of previously held myths or prejudicial views. These are being challenged with the introduction of 'expert evidence' (Criminal Justice Bill, 2012) however, the problem of attrition in child sexual assault prosecutions remains understudied. The role and effect of the negative consequences CSA victims suffer and associated behaviours is regularly cited as a further 'burden' to the management of these cases within the criminal just system (Criminal Justice Bill, 2012). Due to these negative consequences, victims of CSA are unable to disclose in a manner expected by the legal system. Victims of CSA are unable to disclose immediately and cannot provide a clear and concise narrative due to the trauma associated with this crime. Eastwood et al (2006) highlight the influence of legal professionals and the legal system on the level of attrition for this crime. They describe how discriminatory beliefs, cultural mythologies and ill-informed stereotypes create negative consequences at every stage of the investigation. They also describe the influence of legal practices and procedures, specifically the aggressive cross-examination process which systematically aims to undermine a victim's credibility and attribute blame (Eastwood et al, 2006), causing

further trauma, doubt and potentially aggravating previous mental health problems for the victims.

*The Role of Expert Clinicians:*
Specialised mental health clinicians play a significant role in supporting victims of CSA within the disclosure process. They are frequently reported as safe and stable individuals to disclose the abuse to (Easton, 2013; Deering & Mellor, 2011). The role as a listener and supporter, within the safe therapeutic relationship, further enables a clear and privileged account of the victim's views, traumatic experience, and its impact. The frequency of stories heard and number of victims they meet further develops their awareness and understanding of this serious crime. Specialised mental health clinicians are in a unique position with regards to their understanding of CSA, the process of reporting to the police and factors that inhibit this or contribute to the high attrition rates within legal proceedings. Qualitative research can utilize 'key informants' beliefs and understanding of this phenomenon to further comprehend it (Marshall, 2006; Braun, Terry, Gavey & Fenaughty, 2009). 'Key informants' offer expert perspectives on the subject, providing in-depth experience and knowledge-based perspectives on under-researched topics. Accounts provided relate 'others' experiences of a significant issue while reflecting insider positions. Specialised mental health clinicians working with victims of CSA have been identified as 'key informants' within the current research and exploration of their beliefs and understanding of this process can identify significant contributing factors and further enlighten current research relating to this phenomenon. The decision to use 'key informants' within the current research was further supported due to the vulnerable, minority population being studied. As discussed, victims of CSA often experience significant mental health difficulties and involving them in this early research may compromise their well-being and impact on therapeutic work being undertaken.

*Analytical Approach:*
Qualitative analysis has commonly been used within research exploring disclosure of CSA (Tener & Murphy, 2014). The current research will utilize a qualitative approach using thematic analysis. Thematic analysis is a systemic approach that involves identifying themes or patterns of cultural meaning. It allows perspectives and beliefs that individuals develop about their experiences to be explored in a rich descriptive manner providing a detailed descriptive account of phenomenon to be identified. It is therefore particularly relevant for new and understudied research areas, as is this case in current study. Thematic analysis enables the use of 'key informants' to explore difficult to study phenomenon (Ventres, Nichter, Reed & Frankel, 1992; Braun et al, 2009), without jeopardising reliability or validity, further supporting its use in the present research and preventing the use of other qualitative approaches such as Interpretative Phenomenological Analysis or Grounded Theory.

**AIMS / OBJECTIVES:**

The study aims to explore experienced clinicians' beliefs about the barriers to legal disclosure for adult victims of CSA.

It will specifically explore:

- How clinicians understand the process of legal disclosure,
- What clinicians believe are the effects of disclosing to a legal setting for a victim of CSA and
- Factors clinicians believe contribute to the decision to make a legal disclosure.

**METHOD:**

**Design:**

A qualitative design, utilizing thematic analysis, with in depth one-to-one interviews will be used.

A qualitative approach was deemed appropriate for the current study due to the early stage of research into this phenomenon and to preserve the rich, detailed narrative that is vital to fully understand the complex features and processes of legal disclosure (Braun & Clarke, 2013).

**Participants:**

Clinicians with a minimum of 3 months experience working in a 'Complex Trauma Team' and a minimum of 10+ cases working with individuals who have experienced childhood sexual abuse, within Scotland and the Scottish Legal system will be recruited. Participants will be recruited from the specialized trauma teams in Glasgow and Edinburgh, Scotland.

The criteria were identified through liaison with members of the two teams and discussion of experiences that would provide a clinician with the status of 'expert clinician' in regards to the role of 'Key Informant'.

A sample size of between 6 and 10 participants has been selected for this study. As this is a qualitative study a power calculation was not appropriate, the sample size follows recommendations for a study using Thematic Analysis (Braun & Clarke, 2013) who identify an appropriate sample to be between 6 and 10 participants for a study with the associated time and size restrictions. These sample sizes allow for a detailed interpretative account of each participant's experience (Smith & Osborne, 2008).

**Recruitment**:

Following multi-site ethical approval, team leads will identify participants' who meet the inclusion criteria. If too many participants are identified a random selection will be chosen by an independent volunteer, maintaining an equal distribution across the two sites.

Participants will be provided an information pack containing details of the study and how they can participate. They will then be contacted by the principle researcher to identify any questions and if they are interested in taking part. Participants will subsequently be recruited and requested to provide informed consent.

**Measures:**
Demographics: The clinician's age, gender, years of experience working with CSA within the Scottish legal system and qualifications will be gathered. Details will also be collected about: the approximate number of patients they have worked with who have experienced CSA, the approximate number of patients who have disclosed CSA to a legal setting, the estimated age of patients when they have disclosed to a legal setting and the outcome of these procedures, prior to the qualitative interview.

**Interviews:**
Participants will be provided with written information about the areas of focus within the interview, prior to the interview appointment. It is hoped this will encourage focus and reflection with regards to the study prior to the interview and prevent cognitive bias surrounding the best and worst case experiences. This process was discussed and recommended by a highly experienced clinician and reviewed with the trauma teams involved who confirmed its value in identifying experiences to focus on.

An interview guide will inform the in-depth semi-structured interview. The framework will be established through discussion with staff members from the trauma teams, the principle researcher, and supervisors. Engagement with the trauma teams in designing the interview guide will ensure focus points and data gathered is clinically relevant and valid, optimising the research findings and their ability to influence policy and drivers within the services.

The interview guide will be piloted with subset of the sample out with the participant pool (n=2), this will identify the suitability of topics. Interview topics will be amended as necessary according to the pilot interviews.

The principal researcher will conduct the interviews in a private room within the participants work base. Interviews will last approximately 60 to 90 minutes and be audio recorded and transcribed verbatim by the principal researcher. Transcripts will not include any identifiable information to ensure anonymity and protection of confidentiality, participants will be informed of this. The audio recordings will be stored securely in line with the BPS Code of Human Research Ethics (2014) and NHS policy for confidential information. After transcription is completed and checked the audio recordings will be destroyed. Transcripts will then be analysed using thematic analysis by the primary researcher.

**Settings and Equipment:**
All interviews will take place within the participants work base, an NHS facility. It is likely the study will involve approximately 15 visits to the various sites to engage with the teams, provide initial information packs and conduct the individual interviews.

**Data Analysis:**
Thematic Analysis will be completed. Thematic Analysis is a flexible method of data analysis that focuses on exploring beliefs and perceptions based on experience, a key focus within the current study. It allows analysis and reporting of patterns (themes) within qualitative data in an accessible form (Braun & Clark, 2013) and is appropriate for research utilizing 'key informants' (Ventres et al, 1992; Braun et al, 2009). The transcripts will be read and analysed by the principle researcher and a subset, randomly selected, will be analysed by a second researcher to ensure reliability of the analysis and themes identified.

For each interview analysis will be completed following the five phases identified by Braun and Clark (2013): Phase 1 involves the transcription of the data and allows the primary researcher to familiarize themself with the data and note any initial ideas. Phase 2. begins the initial generation of codes and identifying features of the data, in a systemic fashion, across the entire data set. During phase 3, codes will be collated from the entire data set to identify potential themes. These themes will then be reviewed in consideration of ideas and initial codes, identified during phase 1 and 2, generating a thematic 'map' of the analysis as part of phase 4. Phase 5 will then allow definition and naming of themes, refining the specifics of each theme and generating clear definitions.

Respondent validation will also be completed with a subset of participants to review the accuracy of the data and the researchers interpretation of the data to provide further reliability and validity to findings obtained.

Thematic Analysis was chosen due to its flexibility as an approach and its ability to be used across a range of research questions. It provides clear and detailed procedures with regards to identifying themes within the data set and enables transparency with regards to the theoretical position of the study and its approach to analysis (Braun & Clark, 2013).

The present study uses an inductive, semantic and realist approach to thematic analysis. An inductive and data-driven approach means themes identified are strongly linked to the data themselves (Patton, 1990). The researchers theoretical interests in the area or topic will not drive themes and as such a more detailed, rich, and extensive understanding of the topic and emergent themes across transcripts will emerge (Braun & Clark, 2013).

Furthermore adopting a semantic approach ensures the themes are identified within the explicit or surface meanings of the data and the analyst is not looking for anything beyond what the participant has said or what has been written (Patton, 1990; Braun & Clark, 2013). Ideally, the process of analysis will involve the development from description to interpretation, allowing the significance of evidenced patterns to be recognized and then understood in terms of their broader meaning and interpretations.

Finally incorporating a realist approach allows understanding and acknowledgement of the ways in which individuals' create meaning from their experience in a straightforward manner (Willig, 1999). A simple unidirectional relationship is assumed between meaning and experience and language, where language reflects and enables us to articulate meaning and experience (Braun & Clark, 2013). As such, using this approach allows the gathering of rich data, relevant to the individuals' personal experience and ways they make meaning from this, whilst allowing for and considering the implication of the role of the researcher and their own perspective.

## HEALTH AND SAFETY ISSUES:

Interviews are taking place with experienced clinicians and therefore safety issues are expected to be minimum.

### Researcher Safety Issues:

Interviews will be held within normal working hours and comply with health and safety standard policy and procedures.

### Participant Safety Issues:

Confidentiality will be explained and discussed prior to the interview and participants will be given the opportunity to ask questions. Participants will be reminded to maintain client confidentiality during the interview process. If a disclosure is made during the interview indicating somebody is at risk, it will be managed professionally and appropriately, respecting limits to confidentiality.

## ETHICAL CONSIDERATIONS:

The ethical principles of NHS Scotland and the British Psychological Society's (2014) 'ethical principles for conducting research with human participants' will be followed in relation to all aspects of this project. Participants will be informed about the research aims and objectives and informed consent will be sought prior to participation. They will be made aware of their right to withdrawal from the study at any point, the researchers responsibility to maintain their confidentiality within the project, and their responsibility to maintain client confidentiality within interview.

Only the main researcher will have access to raw data and no identifying information will be included in the transcriptions. The data will be stored securely and treated confidentially. Participants will be provided contact details for the main researcher and both clinical supervisors should they have further questions regarding the study following the end of the interview.

**ETHICAL APPROVAL:**

Ethical approval will be requested from the University of Glasgow ethics committee.

**FINANCIAL ISSUES**

Interviews will take place in the Trauma Service Team base and there will be no cost to using this setting. There will be no cost for voice recording and foot pedal equipment, which will be borrowed from the Department of Psychological Medicine, University of Glasgow. Costs are expected for stationary equipment (see Appendix 1.2).

**TIMESCALE:**

| | |
|---|---|
| March 2015 | Submit proposal to University |
| July/August 2015 | Apply for ethical approval |
| September/October 2015 | Begin recruitment and complete pilot interviews |
| November 2015-February 2016 | Complete Interviews |
| March-April 2016 | Analysis |
| April –June 2016 | Write up Research |
| July 2016 | Submission to university |
| September 2016 | Viva |

**PRACTICAL APPLICATIONS**

This study will bridge the gap in current research between disclosing an experience of childhood sexual abuse and disclosure to the legal system. It will enable a greater in-depth understanding of the role and influence experienced clinicians play within the process of legal disclosure and enable further support requirements to be identified for victims. It may also guide interventions or resources to help support victims to disclose to the legal system and in turn increase legal disclosure rates.

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