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# "To say it out loud is to kill your own childhood." – An exploration of the first person perspective of barriers to disclosing child sexual abuse

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ABSTRACT

Background: Child sexual abuse (CSA) is a serious threat to a child's existence and development. Yet, on average it takes 17 years before victims disclose their abuse. Objective: The purpose of this study was to explore barriers to disclose sexual abuse from the perspective of adult survivors of CSA. Participants and Setting: 12 survivors of CSA (nine women and three men), aged 18–57 years old. The study was conducted in the second largest city in X (removed for peer review) where there has been a particular focus on disclosure of sexual abuse. Methods: We conducted semi-structured interviews, and interview transcripts were analyzed using a hermeneutic-phenomenological approach to thematic analysis. Results: Our analysis resulted in three themes: *Fear of reprisals*; *CSA stains – Negative implications for self-representation*; and *The complicating effect of ambiguity*. Conclusions: Our main finding was that CSA affects self-representation in ways that become significant barriers to disclosure. An important and unexpected implication of our findings is that society's focus on informing people about CSA to facilitate disclosure, might instead, work as a barrier. Thus, it is crucial to explore this potential effect further when developing future interventions to facilitate early disclosure of CSA.

## 1. Introduction

Child sexual abuse (CSA) (i.e. involvement of a child in sexual activity it cannot fully comprehend or consent to (WHO, 2003)) represents a risk to a child's existence and development, and research points to it as a major problem which can cause considerable health challenges (Trickett, Noll, & Putnam, 2011; Felitti et al., 1998; Krug, Mercy, Dahlberg, & Zwi, 2002). Extensive research has demonstrated the pervasive, negative effects of CSA on individual development and life functioning, from both short- and long-term perspectives (Coles, Lee, Taft, Mazza, & Loxton, 2015; Hillberg, Hamilton-Giachritsis, & Dixon, 2011). The consequences are known to be even more damaging when the perpetrator is a primary caregiver, as this has the potential for extensively disrupting the child's course of development, since the child's most important support for coping with stress is the source of distress and such violates the quality of the crucial child-parent attachment (Janoff-Bulman, 1992; Van der Kolk, 2005; Nordanger & Braarud, 2017).

Negative experiences in childhood are strongly associated with poorer social functioning later in life and an increased risk for disease, disability, conduct problems, and early mortality. A cumulative effect has been reported in which the negative effects increase with the number of abusive experiences (Felitti et al., 1998; Larkin, Felitti, & Anda, 2014; Van Niel, Pachter, Wade, Felitti, & Stein, 2014). Investigations of psychological effects show that sexual abuse is associated with a wider range of symptoms than other types of abuse (e.g. physical abuse) (Briere & Elliott, 2003; Jonas et al., 2011; Trickett et al., 2011). Survivors of CSA have a five times higher risk of developing symptoms of posttraumatic stress disorder (PTSD) in adulthood (Dovran et al., 2015), and have an increased risk for personality related problems, depression, anxiety, dissociative symptoms, and PTSD (Briere & Elliott, 2003; Jonas et al., 2011; Maniglio, 2009). Females also have an increased risk of re-victimization (Trickett et al., 2011). However, such categorizations and comparisons are modified by the knowledge that CSA and other types of abuse always happen in a context, and where a complicated interplay between both intra- and interpersonal

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factors have importance for the effect on the individual (Easton, 2013; Trickett et al., 2011; Kolko, Brown, & Berliner, 2002).

CSA happens all around the world, being enlarged and amplified by internet-based networks. Although estimation is difficult, prevalence of CSA is estimated to be 9.2% in Europe, 10.1% in America, and 23.9% in Asia (Singh, Parsekar, & Nair, 2014). Worldwide it is estimated that nine out of 100 girls and three out of 100 boys have experienced CSA (Barth, Bermetz, Heim, Trelle, & Tonia, 2013). Thus, knowledge about the serious consequences of CSA, and realizing how many individuals are affected, has made disclosing CSA (e.g., the victim tells someone or other people discover it) an extremely relevant subject, both for governments and researchers.

Disclosing CSA is, however, a complex and difficult process, and one finds discrepancies between detected and experienced incidents (Hillis, Mercy, Amobi, & Kress, 2016; Mills, Kisely, Alati, Strathearn, & Najman, 2016; Stoltenborgh, Bakermans-Kranenburg, Alink, & van IJzendoorn, 2015). It takes between 17.2 and 21.4 years, on average, before survivors of CSA tell someone about their experiences, and the longer the delay before disclosure, the more serious the symptoms are (Steine et al., 2016; Easton, 2013). Around 60–70% of CSA-survivors do not disclose until they are adults (Lemaigre, Taylor, & Gittoes, 2017), and 27.8% of CSA-survivors have not told anyone (Ruggiero et al., 2004; Smith et al., 2000; Priebe & Svedin, 2008).

Quantitative research points to several factors that influence disclosure at a group level. For many victims, disclosure is associated with personal conflicts and interpersonal issues, which are important to consider when developing interventions to help children to disclose (Lemaigre et al., 2017; Alaggia, Collin-Vézina, & Lateef, 2017; Reitsema & Grietens, 2015). One known barrier to disclosure is the fact that many survivors do not necessarily categorize their experiences as abuse. This might be because children often do not have the preconditions to know that they are being exposed to something that is wrong, as they do not know what the norm is, and many children also lack the ability to understand and verbalize their experiences (Kolko et al., 2002; Van der Kolk, 2005; Schönbucher, Maier, Mohler-Kuo, Schnyder, & Landolt, 2012; Teicher, Samson, Anderson, & Ohashi, 2016; Nordanger & Braarud, 2017). The duration of abuse has been found of significance for disclosing but with mixed findings (McElvaney, 2015), whereas experiencing repeated abuse is associated with delayed disclosure (Magnusson, Ernberg, & Landström, 2017).

Another barrier is having an ambivalent relationship with the abuser. This is particularly threatening when the abuser is a primary caregiver or a family member, as the abuse shatters the child's fundamental assumptions, while disclosure additionally puts the attachment and care from its caregivers at risk (Kolko et al., 2002; Seto, Babchishin, Pullman, & McPhail, 2015; Easton, 2013; Easton, Saltzman, & Willis, 2014). Moreover, intra-familial abuse is associated with an eight-fold risk of waiting more than a year before disclosing CSA, compared to extra-familial abuse (Magnusson et al., 2017). Being dependent on their primary caregiver, many children blame themselves instead of the abuser (Herman, 1992; Fisher, 2017); thus, self-blame is a well-known cause for delayed disclosure (Paine & Hansen, 2002; Ullman, 2002; Lemaigre et al., 2017).

Research has also found that shame and fear of reprisals keep children from telling someone (Crisma, Bascelli, Paci, & Romito, 2004; Paine & Hansen, 2002), with cultural factors reinforcing such feelings (Reitsema & Grietens, 2015), and that many children comply with the abuser's demand for silence because of secrecy pacts, violence, and threats (Schaeffer, Leventhal, & Asnes, 2011; Krähenbühl, 2011). Several abusers use grooming as a strategy to exploit, where relationship-building, inducements and coercive behavior promote children's compliance and make disclosure difficult (Wolf & Pruitt, 2019; Plummer, 2018). Age and sex also are important factors. The older the child, the more likely it is that s/he will tell someone (Steine et al., 2016; Lippert, Cross, Jones, & Walsh, 2009), which is related to younger children's developmental limitations with respect to understanding, memory, and language, and their reluctance to talk about sensitive details (Schaeffer et al., 2011; Leander, 2010). It also takes a longer time for boys to tell about CSA compared to girls (Lippert et al., 2009; Easton, 2013; Easton et al., 2014), and being older is a barrier to disclosure among boys (Easton et al., 2014).

Even though research has revealed the characteristics of abuse and the context associated with early or delayed disclosure on a group level, less is known about how survivors of CSA experience the process of disclosure. However, some research has explored the barriers that individuals experience to talking about sexual abuse. Fear of not being believed, feelings of shame and guilt, fear of stigmatization, and worries about oneself and others have been documented as barriers to disclosure across different samples of survivors of CSA (Hershkowitz, Lanes, & Lamb, 2007; Jensen, Gulbrandsen, Mossige, Reichelt, & Tjersland, 2005; McElvaney, Greene, & Hogan, 2014; Crisma et al., 2004; Schönbucher et al., 2012; Reitsema & Grietens, 2015). Fear and feelings of not being safe make some victims wait to tell, especially fear of the abuser, fear of others' reactions, and fear of what might happen to the abuser (Foster & Hagedorn, 2014; Foster, 2017a; Foster, 2017b; Morrison, Bruce, & Wilson, 2018). Moreover, while the importance of being asked has been highlighted, characteristics of the dialogue, such as adults' closed answers to children's questions and not following-up statements by the child have been reported to be barriers to disclosure (McElvaney & Culhane, 2015; Magnusson et al., 2017; Flåm & Haugstvedt, 2013).

Thus, the existing research, both quantitative and qualitative, shows that there are several factors contributing to and hindering disclosure of CSA. However, the complex interaction of intra- and interpersonal factors, as well as the contextual factors involved in disclosure of CSA are not fully understood, and there is limited consensus today about the optimal conditions for disclosure (Lemaigre et al., 2017; Alaggia et al., 2017). Hence, exploring individual differences among CSA victims is important (Trickett et al., 2011) for expanding our knowledge of the first-person perspective about disclosing CSA. In this study, we contribute to this knowledge base by exploring the stories of adult survivors of CSA and their experience of the process of disclosure, including concrete barriers to disclosure, looking at it in retrospect, from an adult perspective.

### 1.1. Aim

The aim of this study was to explore barriers to disclosing sexual abuse from the perspective of adult survivors of CSA.

## 2. Methods

### 2.1. Study setting

This study was conducted in the second largest city in X (removed for peer review), known as a small and wealthy country with extended welfare services available for all its residents, where particularly mental health care services have been developed and extended during the past three decades – although there is considerable pressure on resources and clear guidelines for prioritization. There has been a particular focus on disclosure of sexual abuse (e.g., "Me-too", police-operated campaigns to facilitate reporting abuse when it is suspected, and long-term, thorough police-work that has uncovered a large cyber-abuse network ("Dark room")). However, this is a remarkable change compared to less than thirty years ago, when sexual abuse was more or less a taboo and something one seldom heard about in this society. As we interviewed adults looking back at their experiences of sexual abuse when they were children, that is the context in which that our findings must be interpreted. This means that the welfare and healthcare services were not as developed and available when the oldest participants grew up as they are today – but even for the younger participants healthcare services were less developed and available compared to today's situation.

### 2.2. Research design

The current study reports results from a larger dataset collected by a project exploring the process and consequences of disclosure of CSA, using a qualitative design with semi-structured interviews. An article focusing on the process of understanding that one has been sexually abused has previously been published on the data material (Reference removed for peer review), and another article has been submitted, focusing on survivors of CSA's reflections on what will facilitate and contribute to earlier disclosure of CSA.

### 2.3. Recruitment procedure and participants

To join the study, potential participants had to be adults (.18 years old) due to ethical and practical considerations, and have a history of sexual abuse when they were young (0–18 years old). Posters with information about the project were placed in different locations, including mental health, out-patient clinics for adults and a support center for survivors of sexual abuse. Potential participants contacted the last author by mail or phone. The last author did an initial evaluation of whether the basic criteria established by the ethics committee were fulfilled (i.e., competency to provide consent, no suicidal risk, or ongoing psychotic episode). Everyone who volunteered to participate (nine women and three men) was included in the study, and they all gave written informed consent. When interviewed, participants were between 18 and 57 years old. For five of the participants the abuser was a primary caregiver, for two participants, the abuser was an extended family member, and five experienced sexual abuse from somebody outside their family. Nine participants had experienced sexual abuse from more than one perpetrator. We did not assess health condition or occupational status systematically, partly because of the focus on the first-person perspective, partly due to conditions laid down by the committee of ethics when approving the study, including no explicit, in-depth exploration of trauma events. However, during the interviews, all participants talked about comprehensive health difficulties, both mental and physical, due to the abuse, and it became clear that several participants received disability pension, while some participants were students or employees.

### 2.4. Data collection

The first and second author conducted the interviews under the supervision of the last author, who was available and ready to assist if needed. We used a semi-structured interview-guide (see Appendix 1) to conduct the interviews. This allowed the participants to tell their stories and enabled a mutual understanding between interviewee and interviewer (Kvale & Brinkmann, 2015), while keeping the focus within the broad understanding of barriers to disclosing CSA. The interviews lasted between 60 and 105 min, and were transcribed verbatim by the interviewer.

### 2.5. Data analysis

We wanted to explore the participants' own stories about what they experienced as barriers to disclosing their abuse, while endorsing the unavoidable consequence of interpretation in every human perception, understanding, and meeting. We therefore chose a hermeneutic-phenomenological approach (Alvesson & Sköldberg, 2000; Binder, Holgersen, & Moltu, 2012; Laverty, 2003) to thematic analysis (Braun & Clarke, 2006) for both the exploration and interpretation. NVivo12 (QSR International Ltd., 2018) served as a technical tool assisting our analysis. Braun and Clarke (2006) model for analysis was followed: (1) All the authors read the transcripts thoroughly to familiarize themselves with the data material; (2) The three of us agreed to proceed with the analytical focus: *Experienced barriers to disclosing CSA*, which stood out as an important focus area and a potential theme, and which had not been tapped in the first article on the data material, which reported on the process of understanding that one had been sexually abused (reference removed for peer review); (3) Using data-driven, semantic coding, the first author coded each transcript in detail, marking and naming all segments of text relevant to experienced barriers to disclosure of CSA; (4) All authors sorted the coded material by meaning-units; (5) All authors met to go through the codes carefully and reached a preliminary thematic structure; (6) The first author refined the thematic structure; (7) The first author went through the transcripts again to make sure that all relevant data were included; (8) All authors agreed on thematic structure. Thus, the process was constantly alternating between parts of the data material (selections of individual interviews) and the whole (patterns of meaning across interviews).

### 2.6. Ethics

Opening up for talking and thinking about past traumas might trigger reactivations and dysregulation, and we know from research that survivors of CSA have an increased risk of health problems. Hence, we were interviewing a vulnerable group; so, the last author initially did assessments based on the criteria for participation to make sure that we did not expose anyone to unreasonable discomfort. The interviewers had considerable knowledge about trauma psychology, some clinical experience, and were trained in regulation strategies. The regional committee for ethics in medical research (REK Vest – approval number 2017/1623/REK Vest) approved our study under these conditions. There were no incidents requiring assistance; however, several participants mentioned that their attendance contributed to a feeling of taking control over their trauma.

### 2.7. Reflexivity

We have been thoroughly aware how our own experience, perceptions, and interpretations can influence our research in different stages and in different ways (Morrow, 2005; Stige, Malterud, & Midtgarden, 2009; Binder et al., 2016). All three authors share a common interest in how trauma can impact the lives of survivors, how the survivor's own processing is important for disclosing and healing, and in which ways and when the mental-health care can help. This was the starting point of our commitment and perspective of the phenomenon under study. This probably also contributed to preconceptions about the participants' experiences and stories. We have somewhat different backgrounds; while the first author is a social worker who recently completed training as a clinical psychologist, the second author also recently completed training as a clinical psychologist, and the last author is an associate professor and clinical psychologist. During all stages of the research process, we have been aware of and debated how this has influenced the research process and us.

## 3. Findings

Our analysis resulted in three main themes: *Fear of reprisals*; *CSA stains – Negative implications for self-representation*; and *The complicating effect of ambiguity*, which, according to our analytical focus, were highlighted as distinct barriers to disclosing CSA. *Fear of reprisals* points to the participants' feared consequences for themselves and others if disclosing. *CSA stains – Negative implications for self-representation* reflect participants' experiences of CSA marking how they thought about, identified and understood themselves, and also how they thought others perceived them, making it extremely complicated to relate to and disclose the abuse. *The complicating effect of ambiguity* represents the survivors' often mixed and confusing feelings about the abuser, which interfered with disclosure.

In general, the participants' experiences suggested that the particular time-period when they grew up played a significant role on their perception of how safe and accepted it was to talk about their

experiences. Many of the participants reported lacking openness towards talking about sexual abuse, and the oldest participants, especially, conveyed that it was not anything they had ever heard of or talked about. One participant related it to the religious environment she grew up in: "It was that kind of environment where you did not talk about things like that." (Female, in 50's) Some described the subject as taboo: "I understood that things like that you just do not talk about." (Female, in 30's) We also found a dialectic relationship between understanding and telling, and remembering and telling. If you do not understand or remember your experiences you cannot share them. At the same time, some participants experienced that talking about their experiences helped them to both understand and remember them better. While the process leading to understanding that one has been sexually abused, and the role memories, bodily symptoms and encounters with others played in this process, has been explored in a previous article (Reference removed for peer review), this article explores experienced barriers to disclosure, once one has understood that one has been sexually abused.

### 3.1. Fear of reprisals

Fear of reprisals was experienced as a distinct barrier to disclosing CSA for these participants. This included potential consequences disclosing would have for oneself and others. In particular, this theme was related to the abuser's threats, which made participants fear for both themselves and others. A few of the participants said that they grew up with a primary caregiver who exposed them to violence as well as sexual abuse. Some of the participants feared for their life:

> *I: Was there anything that could have made it easier for you to tell?* [thinking] It is hard to know. Because I do not know if I had dared to tell anything anyway. *Ehm. I: No.* True. … I was actually afraid that he would kill me. (Female, in late adolescence)

A few also described how the fear that the abuser would take his own life kept them from telling. This was particularly evident when the abuser was a close relative. One participant conveyed how this fear even still prevented her from confronting her father with the abuse:

> Daddy was always a bit unstable, and so my mum was always afraid that he would kill himself I: *Mhm* and that is how I still think, that if I talk with him now, that is something that might happen. (Female, in 30′s)

For some, disclosure would affect their families and people around them because they belonged to a religious community of which the abuser was also a part. This convinced them that they could not tell because it could hurt their family:

> I guess I had it with me all the time, that if anything happened I could not tell anything. *I: No.* I had to keep it to myself. *I: OK. Why was it that you thought like that? That you had to keep it to yourself?* Or else my family will be hurt. (Female, in 20's)

Thus, for many of our participants, disclosing meant serious and far-reaching consequences with a pervasive impact on their lives.

### 3.2. CSA stains – Negative implications for self-representation

Many of the participants expressed that their experiences with CSA influenced them and the ways they thought about, identified, and understood themselves, and also how they thought others would think of them. They described how, this in different ways, made it terrifying, difficult, and undesirable either to think or talk about the abuse.

As part of this, the concept of self-identification came out as a barrier to tell about the abuse. Many of our participants pointed out that wanting to be like everybody else and keep things normal, kept them from telling: "I just wanted to be like every other fifteen year old starting high school" (Male, in 20′s). They described how they thought disclosing would upset and change both their own and others' perceptions:

> If I am the only one who knows that things are not normal and fine, then I can just pretend, and then everything is fine. *I: Yes.* But if people suddenly know, then it is not normal and fine [laughing]. *I: True, so you keep it, like, it becomes less dangerous and less real if you just keep it to yourself like that?* Yes, I just wanted the days to continue, and that things should be normal, and I was afraid that it would be a subject that never came to an end. (Female, in 20's)

We also found that self-understanding played a part in not telling about the abuse. One participant felt that nobody would tolerate and handle him and his tears – and he, therefore, did not tell anybody about the abuse. For others, lack of self-respect, fear of not being believed, and a perception that others' needs were more important than their own kept them from telling. One participant put it this way: "One feels less worthy, too, so one believes that one does not deserve to tell it either." (Female, in 20's).

Several participants mentioned feelings of shame and guilt as barriers to telling because they directed the abuse against themselves, as something they had initiated and wanted:

> If he [father] was angry and about to stand up to get me for something, he could say that I had begged to come into his bed when I was little. "Earlier you used to beg to come into my bed," he said. [….] I felt it was my fault. *I: Can you say a bit more about that?* Yes, no, it is a bit difficult. No, eh, it was not anything one talked about, there was a bit of shame in it, you know. (Female, in 50's)

Many participants shared how difficult it was to put those words into their mouths and say it out loud. One participant explained how saying the words was like defining her past in a devastating and unchangeable way:

> It is almost like coming to your mother and saying "I ran over the cat" or stuff like that; it feels like you are about to kill something *I: Mhm* because in a way you kill your own childhood. (Female, in 20's)

### 3.3. The complicating effect of ambiguity

A few of the participants expressed exclusively negative perceptions and feelings about the abuser, but most described how they also cared about him and/or experienced something positive in the relationship. This was particularly applicable when the abuser was a primary caregiver, or where a close relationship existed in other ways. These mixed and often confusing feelings showed that sexual abuse was not black or white in the experience of the participants, and this complicated the process of disclosing sexual abuse.

> Ehm, so, what made it so much more difficult to tell, is that I have a good relationship with my dad *I: Mhm* and I understand that for somebody that does not belong to my family, it can be extremely difficult to deal with after having got to know it. So, before telling about it, it was the fear of it exploding, and that he [boyfriend] would call my dad or, and *I: Yes.* it was because they had a good relationship and *I: Mhm* he liked my dad and such. (Female, in 30's)

Several participants described the positive sides of the relationship as closeness to the abuser, the particular attention they got, and the feeling that the two of them had something special. This prevented them from telling:

> *I: What do you think contributed to not telling anybody when it went on?* This becomes a bit like guessing, really. That is, I think, ehm, I can just, if I should try to feel a bit in my body what I sense in there, so, because it was mine and my dad's, it was something we had, yes. (Female, in 30's)

Some of the participants described how their struggles in relationships with others made them vulnerable for tolerating matters that would have been unacceptable to others. For instance, several had histories of parental neglect and/or bullying from peers, and longed for affiliation with others. This contributed to a sort of blinders that kept them from telling:

> The only thing I tried to achieve was to feel closeness to somebody and feel that I was worth something and that somebody wanted me there in a way. *I: Yes.* and then we do anything. *I: Yes.* No matter what it is. [….] So, in a way you do not have anything else. (Female, in late adolescence)

For several participants, disclosing CSA would mean dramatic changes in social networks to which the abuser also belonged, and this affected the relations among family and friends:

> Before that he was my big brother's best friend, and my big brother was my idol; I was just, yeah *I: Yeah, it was still a family member, so it became difficult.* Mhm, and his little sister was the same age as me, and we were best friends, *I: Yes.* and it was like, how can I say something like that about her brother? *I: Yes.* So it, it was very difficult. [….] and I did not want to hurt anybody else, I did not want to hurt others. *I: No.* I did not want to hurt my cousin either. I knew that it would make him suffer if I told it, and that was scary. (Female, in 20's*)*

## 4. Discussion

In line with earlier research, fear of reprisals (Crisma et al., 2004; Foster & Hagedorn, 2014; Foster, 2017a; Foster, 2017b; Morrison et al., 2018) and an ambivalent relationship to the perpetrator were experienced as distinct barriers to disclosure (Kolko et al., 2002; Seto et al., 2015; Easton, 2013; Easton et al., 2014). Also in line with earlier research, CSA's negative impact on self-representation, including feelings of shame, self-blame, fear of not being believed, and fear of stigmatization acted as distinct barriers to disclosure (McElvaney et al., 2014; McElvaney, 2015; Reitsema & Grietens, 2015; Schönbucher et al., 2012; Magnusson et al., 2017; Paine & Hansen, 2002; Easton, 2012; Coffey, Leitenberg, Henning, Turner, & Bennett, 1996; Priebe & Svedin, 2008; Crisma et al., 2004; Hershkowitz et al., 2007; Herman, 1992; Janoff-Bulman, 1992). However, the findings expand our knowledge on CSA's negative effect on self-representation, and how this might act as barriers to disclosure, by shedding light on the way CSA is experienced as staining. As a result, self-perception and self-preserving considerations acted as significant barriers for disclosure for the participants. This included the ways lack of self-respect and devaluation of one's own needs kept participants from talking about their experiences; the way the urge to keep things normal and be like everybody else made disclosure very threatening, as it would upset and change their own and others' perceptions of themselves; and the fear that disclosing CSA would rob them of their identity as they and others knew it and mark them as different forever. These phenomena might act separately, as well as together, as barriers for the individual's disclosure.

Added to the above-mentioned threat to self-representation by the experienced staining effect of abuse, disclosing CSA adds a threat to self-representation because the child runs the risk of being accused of lying, and because disclosure often involves breaking a promise of silence, thus a betrayal of the abuser. This usually goes against children's morality and ethics, making disclosure terrifying and associated with serious consequences for most children (Bussey & Grimbeek, 1995, in Paine & Hansen, 2002; Crisma et al., 2004). These tendencies are amplified by children not wanting to put themselves or others in trouble, risking their life-dependent relationship to important others, and children's tendency to blame themselves for experiences they do not understand (Herman, 1992; Fisher, 2017; Janoff-Bulman, 1992; Van der Kolk, 2005; Allen, 2001). As this study shows, disclosure also involves the risk of having to give up on their identity as they know it, being marked as different forever. Under such conditions it is understandable that victims choose to keep quiet (Janoff-Bulman, 1992; Herman, 1992), resulting in more than 17 years delay of disclosure (Steine et al., 2016), whereas almost 30% never tell (Ruggiero et al., 2004; Smith et al., 2000; Priebe & Svedin, 2008). Thus, it takes a tremendous strength, courage and mobilization to let the world know. To add to the complexity, not understanding and not remembering the abuse are also indirect barriers to disclosure, as addressed in a previous article (Reference removed for peer review), where the forceful and insistent character of traumatic memories, bodily sensations and meetings with others might serve as cues to understand for some survivors.

How, then, can we understand how the survivors' perceived negative implications for self-representation can serve as a barrier for disclosure? Using Finkelhor and Browne (1988) traumagenic model as a theoretical lens can help giving meaning to these findings. The model suggests that the experience of sexual abuse changes the child's cognitive and emotional orientation to the world, as the child's self-concept, view of the world, and emotional capacities are affected. A complex interplay of processes both in and around the child leads to stigmatization and lowered self-esteem (Finkelhor & Browne, 1988). According to this model, most stigmatization comes from the negative messages from the society's moral judgments and statements about how bad CSA is (Finkelhor & Browne, 1988), which might be about the victims being marked forever, that recovery is not possible, that it affects all areas of life, being "spoiled goods", being gay, etc. (Easton, 2012; Evensen, Fluge, Kjoberg, & Bye, 2019; Sivagurunathan, Orchard, MacDermid, & Evans, 2019), as well as the punishment the perpetrator deserves.

Our findings support the model by shedding light on how CSA influenced how the participants thought about and understood themselves, and also how they thought others would think about and perceive them. This made it terrifying and difficult to talk about the abuse, and such became a concrete barrier to disclosure.

In light of the model, our findings offer a broader understanding of the clinical process of disclosing and barriers to disclosure, which has been less explored empirically. As existing campaigns to facilitate disclosure of CSA are based on research and knowledge about the known barriers for disclosing CSA, they convey information about the serious consequences of CSA, the importance of talking openly about the topic and ask directly about abuse, and a push for severe punishment for perpetrators. The campaigns are designed to make people notice and react. At the same time the campaigns give messages about how serious, damaging and long lasting it is to be a victim of CSA. Paradoxically, then, as illustrated by our findings, although campaigns are designed to facilitate disclosure of CSA and have the purpose of reducing feelings of shame, guilt and stigmatization, they might instead result in some victims refusing even more to take the step towards being different and forever marked by the abuse.

Stigma has a pervasive impact on one's life, and, in a way, you become your stigma as all you say and do is marked by it. It also has a tendency to spread, as the failure becomes generalized into an entirety of disability (Goffman, 1963). This aligns with our findings, as the urge to keep things normal and be like everybody else, as well as the fear that disclosure would rob CSA victims of their identity, emerged as significant barriers for telling. Saying the words out loud meant tremendous changes in one's identity, which would stick to you forever. If one kept silent and was the only one to know, everything would be fine and life would continue as usual.

From this perspective, taking a step towards disclosing means taking a step towards a frightening unknown where you let go of the self and existence as you know it, and expose the perpetrator to a terrible punishment. It can be understood as giving up yourself to the identity of a victim defined by experts, and to a life, which forever will be affected by the abuse (Janoff-Bulman, 1992; Herman, 1992; Goffman, 1963). Research has even shown that the victims' most feared consequences of

disclosing come true, such as not being believed or supported, the abuse not stopping, and increasing psychological problems (Schönbucher et al., 2012; Easton, 2012). Campaigns to facilitate disclosure of CSA give information to reduce stigma and such make it easier to disclose. When acting to normalize disclosure, the campaigns might work as a pressure from society to break the self-chosen silence, and such deprive victims of taking control over their trauma and choose a normal life. The campaigns also lead to awareness of how serious CSA is, and the ways it can affect victims for a long time and maybe forever. Hence, the campaigns might work as a barrier for disclosure for some by increasing the threat disclosure poses to self-representation. This raises a dilemma between the need for information to reduce stigma, and the ways the same information might act as a barrier for disclosure.

The traumagenic dynamic model can also help us understand how lack of self-respect and devaluing one's own needs compared to others' needs become barriers to telling. Discovering that the perpetrator's interest was manipulation for his/her own good rather than caring for the child, and the failure of important individuals and loved ones who the child trusted to provide protection, link stigmatization, low self-esteem, and betrayal together (Finkelhor & Browne, 1988). Lack of self-respect and devaluation can also be seen as a result of negative messages from the perpetrator about the self as evil, unworthy, and guilty, as well as the pressure for secrecy (Finkelhor & Browne, 1988). Such negative messages were apparent in our findings, and we also found that the perpetrator often was a close relative and that caregivers did not provide protection. It is well known that the attachment quality of the child-caregiver relationship is central for the child's development, and lack of sensitive care and being maltreated can lead to perceptions of the self as bad and unworthy (Bowlby, 1982; Fonagy, 2002; Siegel, 2012; Kim & Cicchetti, 2006) being linked to both mastery (low locus of control) and low self-esteem (Turner, Finkelhor, & Ormrod, 2010).

Sexual victimization has been found to have an especially negative effect on self-esteem compared to other types of maltreatment and stress, as the strong feeling of shame is associated with sexual victimization and this is particularly devastating for self-esteem (Turner et al., 2010). This is consistent with research showing that victims of CSA have lower self-esteem compared to controls (Stern, Lynch, Oates, O'Toole, & Cooney, 1995; Turner et al., 2010). Feelings of shame and self-blame affect core beliefs of self-worth resulting in the long-term negative impact of CSA (Coffey et al., 1996), and shame is connected to stigmatization processes in CSA (Feiring, Taska, & Lewis, 2002; Whiffen & Macintosh, 2005; Turner et al., 2010). Thus, clenched in shame, self-blame, and lack of protection, how can you tell?

### 4.1. Implications

Self-representation is a powerful phenomenon as it points to who you are both for yourself and others, and most of us are occupied with how we appear in social contexts. From our findings, we can understand that keeping quiet about CSA might be a way of keeping in control, preserving self and identity like everybody else, and choosing a normal life. An unexpected and somewhat peculiar implication of this is the paradoxical effect that information campaigns targeting disclosure of CSA might have. On one hand, these campaigns explain why CSA is so damaging and important to fight, they take survivors seriously, and can serve as an important source of support for daring to tell. On the other hand, though, information and knowledge about the serious and long-lasting consequences of CSA, the focus on strong penalties for the perpetrators, and the stigma of both victim and perpetrator, can serve as barriers to telling. Who would choose the life of stigmatization and bring disgrace to important others if it is possible to avoid?

Another important implication is that when lack of self-respect and devaluing one's own needs are barriers to telling, it is crucial to listen to children and respond to, and validate their comments, statements, reflections, questions, and behavior with openness. Furthermore, it is important to follow up by exploring and reflecting together to understand what is on the child's mind, and promise and ensure protection of the child (Schönbucher et al., 2012; Jensen et al., 2005; Crisma et al., 2004). Making the subject a theme also has been shown to be important to create reference points (Jensen et al., 2005).

### 4.2. Methodical reflections and limitations

Our qualitative research design included in-depth interviews with 12 adult participants who experienced sexual abuse as children. The sample size is small and it is hard to say whether the results would have been different if the study was conducted elsewhere, making it difficult to guarantee for the results' transferability, which must be up to the reader to decide (Gasson, 2004; Morrow, 2005). Even though we continuously have been aware and worked on our preconceptions about the topic in study, it is likely that this has influenced the unique interviewer/interviewee-meeting, also contributing to width in the data material as we notice and explore differently. Relevance and social validity is given when the descriptions are recognizable to the reader and transferable to the reader's context (Stige et al., 2009; Morrow, 2005). Both men and women were represented in our study, but we did not explicitly explore possible gender differences in barriers for telling. This is a limitation, as we know that disclosure of sexual abuse from the male perspective is associated with more difficulties compared to women, as being in conflict with social stereotypes and expectations about men elicit even more shame, self-blame, and identity issues (Easton, 2012; Evensen et al., 2019; Sivagurunathan et al., 2019). Future research should, therefore, have a more specific focus on self-representation as a barrier for disclosing CSA among males. Another limitation is that we interviewed adult survivors of CSA, and thus, our results are generated from an adult perspective of the past. Our study points towards the need for more research on children's perspectives of barriers for telling, given the present emphasis on encouraging the disclosure of CSA, and with a particular focus on self-representation. Several of our participants mentioned that their self-initiated attendance to tell their own story contributed to a feeling of taking control over their trauma, and that it made sense to them to share their experiences to increase knowledge, which is encouraging for future research and the role of research in our society.

## 5. Conclusion

The current qualitative study explored barriers for telling about CSA by in-depth interviews with 12 adult survivors of CSA. The findings are consistent with earlier research, both qualitative and quantitative, as they have illustrated how fear of reprisals for both oneself and others, the ambivalent relationship to the perpetrator, shame, self-blame, fear of not being believed, and fear of stigmatization make disclosure extremely complicated. However, our main finding expands knowledge of the first person perspective for disclosing CSA by clarifying how CSA affects self-representation in ways that become significant barriers to disclosure. An important and unexpected implication of this is that society's focus on providing information about CSA to facilitate disclosure, might instead, work as a barrier. Thus, it is crucial to explore this potential effect further when developing future interventions to facilitate disclosure.

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## CRediT authorship contribution statement

**Jorunn E. Halvorsen:** Conceptualization, Methodology, Data curation, Validation, Formal analysis, Investigation, Writing - original draft. **Ellen Tvedt Solberg:** Conceptualization, Methodology, Data

curation, Validation, Formal analysis, Investigation, Writing - review & editing. **Signe Hjelen Stige:** Conceptualization, Methodology, Validation, Formal analysis, Writing - review & editing, Supervision, Project administration.

## Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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## Appendix A. Interview guide

***Introduction:*** First of all I want to thank you for participating. As you know, everyone we interview have been exposed to child sexual abuse, and our focus is this interview is on the process leading to the discovery / disclosure of the abuse. We want to know more about your experiences and understanding of this process. The interview will be recorded on this digital voice recorder, and will then be transcribed. When transcribed the information will be anonymized, and the recording will then be deleted. We know that the focus in the interview can be very demanding and difficult to talk about. It is therefore important that you know that it is completely up to you what you choose to share, when you need breaks, or want to end the interview. In your experience, will it be ok to let me know when you need a break, or are there other ways I can understand that you need a break? Do you have any questions before we start?

**Ok. First of all, can you tell me, in your own words, how the sexual abuse was discovered/ disclosed?**

*Possible follow-up questions:*
What is important to know in order for me or others to understand your experiences?
How did you understand what happened to you at the time? Do you understand it differently now?
Do you think someone else understood that there were things going on that should not happen?
What do think contributed to you telling / not telling? In what way?
If disclosed because the participant told about the abuse: Do you have any thoughts on why you told about the abuse at that particular point in time?
Looking back, could anyone have done anything to make it easier for you to tell about the abuse?
**What happened after the abuse was discovered / disclosed?**
*Possible follow-up questions:*
How was it for you after the abuse was discovered/disclosed?
What was helpful to you?
Did something make it more difficult?
If in touch with health care system: Did you feel that the helpers you met understood you?
**Based on your experiences, what do you think is important in order to facilitate disclosure of child sexual abuse as early as possible?**
**Is there anything else I have not asked you, but you feel is important in order to understand the process you have been through in relation to the abuse being discovered / disclosed?**

Thank you so much for sharing your experiences, allowing us to learn more about this important topic!

## Appendix B. Supplementary material

Supplementary data to this article can be found online at https://doi.org/10.1016/j.childyouth.2020.104999.

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