



ELSEVIER

Contents lists available at [ScienceDirect](https://www.sciencedirect.com)

Child Abuse & Neglect

journal homepage: www.elsevier.com/locate/chiabuneg

Practices and responses that help or hinder disclosures of child sexual abuse: Perspectives from victim survivors and practitioners

Antonia Canosa^{a,*}, Lynne McPherson^b, Kathomi Gatwiri^c, Darlene Rotumah^d, Corina Modderman^e, Jaime Chubb^f

^a Centre for Children and Young People, Faculty of Health, Southern Cross University, Australia

^b Centre for Excellence in Therapeutic Care, Australian Childhood Foundation and Centre for Children and Young People, Faculty of Health, Southern Cross University, Australia

^c Gribi College of Indigenous Australian Peoples, Southern Cross University, Australia

^d Violet Vines Marshman Centre for Rural Health Research, Rural Health School, La Trobe University, Australia

^e Centre Against Violence, Australia

^f College of Education, Psychology and Social Work, Flinders University, Australia

ARTICLE INFO

Keywords:

Child sexual abuse
Child protection
Victim survivors' experiences
Disclosure
Safety

ABSTRACT

Background: Child sexual abuse (CSA) is a concerning social and public health problem, however there is limited knowledge around the practices and responses that best support safe disclosures of CSA from the perspective of victim survivors and practitioners.

Objective: The study explored practices and responses that enable or hinder disclosures of CSA, in order to enhance service system responses.

Participants: Fifty-one adult victims of CSA and twenty-three practitioners supporting victim survivors in Australia.

Methods: Online in-depth interviews with survivors and Yarning sessions with practitioners were conducted between March and July 2024. The data analysis was informed by the Theory of Practice Architectures to explore the practices and responses that enable or hinder disclosures of CSA.

Results: Only a small number of victim survivors ($n = 8$) had safe adults to whom they could disclose the abuse they experienced during childhood. Even in these cases responses to their disclosures were reported to be inadequate. Most participants had to disclose multiple times, in different forms, over their life course to be heard and for their disclosures to be acted upon. Findings highlight promising practices that help disclosures and what needs to change to support children's safety.

Conclusions: Current Australian child protection practices may assume that children have a safe non-offending parent to disclose to. Our research shows that a deeper understanding of CSA is required, which privileges the voices and lived experiences of victim survivors to inform contemporary practice frameworks underpinning practitioner responses.

* Corresponding author at: Centre for Children and Young People, Faculty of Health, Southern Cross University, Locked Mail Bag 4, Coolangatta, QLD 4225, Australia.

E-mail addresses: antonia.canosa@scu.edu.au (A. Canosa), lynne.mcpherson@scu.edu.au (L. McPherson), kathomi.gatwiri@flinders.edu.au (K. Gatwiri), Darlene.Rotumah@scu.edu.au (D. Rotumah), c.modderman@latrobe.edu.au (C. Modderman), JChubb@cav.org.au (J. Chubb).

<https://doi.org/10.1016/j.chiabu.2025.107633>

Received 19 March 2025; Received in revised form 30 July 2025; Accepted 5 August 2025

Available online 15 August 2025

0145-2134/© 2025 The Authors. Published by Elsevier Ltd. This is an open access article under the CC BY license (<http://creativecommons.org/licenses/by/4.0/>).

1. Introduction

The Australian National Strategy to Prevent and Respond to CSA 2021–2030 (Commonwealth of Australia National Office of Child Safety, 2021) defines child sexual abuse (hereafter referred to as CSA) as any act that exposes a person under 18 to, or involves them in, sexual activities that: they do not understand; they do not or cannot consent to; are not accepted by the community; are unlawful. The National Strategy's definition encompasses CSA in all contexts, including within families, by known or unknown individuals, in organisations, and online.

CSA is a global public health problem, with research suggesting that its true incidence could be up to 30 times higher than the rates reflected in official reports from statutory and legal bodies (Alaggia et al., 2019; Mathews et al., 2025; Stoltenborgh et al., 2015). Global estimates of CSA prevalence are concerning, with more than 650 million girls, or 1 in 5, and an estimated 410 to 530 million boys, or 1 in 8, having experienced both in-person and online sexual abuse in childhood (Falk, 2024). The recent Australian Child Maltreatment Study found that 37.3 % of girls and 18.8 % of boys had experienced CSA (Mathews et al., 2023). In addition, the Australian Bureau of Statistics (ABS) recently reported that 1.5 million adults over the age of 18 had experienced CSA before the age of 15 (ABS, 2023).

These are alarming numbers considering official reports often underestimate these figures, and conviction rates for offenders remain low (McPherson et al., 2024; Cashmore et al., 2020). Research shows that CSA cases are less likely to result in charges compared to other serious crimes (Cashmore et al., 2020). A comprehensive analysis of police and court administrative data in New South Wales, Australia, over a 14-year period (2003–2016) found that only 21.6 % of reported cases progressed beyond the investigation stage (Cashmore et al., 2020). Of those that reached court, just over half (55.5 %) resulted in a conviction, with an overall conviction rate of only 12 % for all reported offenses – figures that remained relatively stable over time. Factors associated with a higher likelihood of prosecution included the victim being aged 7–12 at the time of the incident, the suspect being an adult at least 10 years older than the victim, and cases reported when the victim was an adult (Cashmore et al., 2020).

This gap between self-reported experiences of CSA and reported and/or prosecuted cases, indicates that when children try to share their experiences of CSA, they might encounter obstacles that hinder their voices from being heard. Recent research challenges prevailing assumptions that disclosures of CSA are delayed until adulthood (Easton et al., 2014; Hunter, 2011; Tener & Murphy, 2015), noting that children are trying to 'tell' but they are not heard and/or their experiences are minimised and not acted upon (Alaggia et al., 2019; McPherson et al., 2025). This situation raises critical questions about how children, young people, and adult survivors are listened to, heard, and responded to. Delayed disclosure of CSA is associated with increased incidence and prevalence of serious mental health issues, including, for example, lifetime major depressive disorder, alcohol use disorder, and post-traumatic stress disorder (Alaggia et al., 2019; Boumpa et al., 2024). Given this evidence, it is crucial to explore the practices that help or hinder children and young people from disclosing this form of abuse in timely ways.

This article is based on the first phase of a mixed-method Australian study which explored the lived experiences of victims and survivors of CSA. The manuscript reports on the qualitative findings from fifty-one adult victims and survivors reflecting retrospectively on their experiences of sexual abuse in childhood and twenty-three practitioners working in a variety of roles providing support services to victims and survivors of CSA. The study explored the practices and responses that either enable or hinder disclosures of CSA. In scholarly literature, disclosure is widely understood as a complex, multifaceted and often non-linear process through which a child or adult communicates, either directly or indirectly, their experience of sexual abuse during childhood (Alaggia et al., 2019; Russell & Higgins, 2023). As such, we have included in our definition experiences of both formal (i.e. legal, child protection) and informal (i.e. to family, teachers, or peers) disclosures. This research addresses the following research question: *What helps and what hinders children and young people to disclose their experience of CSA?*

2. Literature review

2.1. What are the enablers that facilitate disclosures of child sexual abuse?

Scholarship has identified enablers, both at the interpersonal and the wider systemic level, that facilitate disclosures of CSA (Allnock, 2017). Recent studies indicate that practitioners and other adults can help children disclose CSA by noticing signs of distress and building trusting relationships, which create opportunities for disclosure (Brennan & McElvaney, 2020). In a meta-analysis of 20 studies between 1998 and 2018, Brennan and McElvaney (2020, p. 107) explored what facilitates children disclosing experiences of CSA. They found that the most commonly identified theme was having access to someone they trusted who gave them "opportunities to tell." This included noticing forms of distress such as anger, sadness, withdrawal, and signs of physical abuse.

Children and young people are, in fact, more likely to disclose abuse when they have a trusting relationship with a safe adult countering the offender's attempts to silence them (Alaggia et al., 2019; author/s et al., 2025). Research also suggests that when children and young people do not have a safe adult to turn to, they are more likely to tell a friend or peer (Manay & Collin-Vézina, 2021; Russell & Higgins, 2023).

Non-verbal cues from children may be important indicators, especially when verbal disclosure is not possible as in very young children (van Ham et al., 2020). In a systematic review of studies, van Ham et al., (2020, p. 14) argue that intentional verbal and non-verbal emotional signs of sexual abuse such as angry outbursts can be a subtle cue and "indirect call for help" that is often hard to identify and may be dismissed by parents and other untrained adults.

While disclosures often occur accidentally following discussions, conversations, or watching television programmes where sexual abuse appeared as a theme (Allnock, 2017), Russell and Higgins (2023) emphasise that proactively providing developmentally

appropriate information and directly asking or prompting children to disclose can significantly facilitate the disclosure process. In their large-scale Australian study with over 3400 young people aged 10 to 18 years, [Russell and Higgins \(2023\)](#) also suggest safeguarding strategies must go beyond training staff to empowering parents, caregivers and peers to respond appropriately. This includes providing practical guidance on how to listen, validate, and take appropriate action when a child discloses abuse. By equipping trusted adults and peers with the confidence and knowledge to respond appropriately, children may feel safer and more supported in coming forward, potentially leading to earlier intervention and support.

[Collings et al.](#), (cited in [Alaggia et al., 2019](#)), found that disclosure rates increased with age, and were often delayed until adulthood. [Tener and Murphy \(2015, p. 392\)](#) argue it is common for victims and survivors to wait until adulthood to disclose instances of CSA, often because they are more likely to be taken seriously as adults. In addition, memorable life events such as having a baby, can be seen as ‘turning points’ where survivors feel motivated to disclose their experiences ([Allnock, 2017](#)). Disclosures of abuse may also occur at pivotal moments separate from initial incidents, such as when a trusting relationship is established with peers, which can foster a sense of safety and validation necessary for disclosure ([Russell & Higgins, 2023](#)). Additionally, victims and survivors of CSA may become more likely to disclose when the perpetrator’s behaviour escalates, leading to increased recognition of the abusive nature of the conduct ([Grace, 2022](#)).

Rather than being seen as a one-off event, literature suggests that disclosure of CSA is a dynamic process that may take place over time, in different forms, with different people and may include incidents of retraction where survivors recant their story ([Alaggia et al., 2019](#); [Russell & Higgins, 2023](#)). First theorised by [Summit \(1983\)](#), this phenomenon was revisited some decades later with respect to children experiencing physical abuse in the context of elite sport, where child victims were found to ‘accommodate’ abuse to the extent that disclosure was often delayed, conflicted, and ultimately retracted ([Malloy et al., 2016](#); [McPherson et al., 2017](#)).

While research is limited in factors enabling disclosure, evidence suggests that practitioners and other adults who recognise signs of distress in children and foster trusting relationships play a crucial role in facilitating disclosures. These supportive relationships create a safe environment in which adults can ask sensitive questions, enabling children to reveal experiences of abuse ([Brennan & McElvaney, 2020](#); [Russell & Higgins, 2023](#)).

2.2. What are the barriers that hinder disclosures of child sexual abuse?

The barriers encountered when trying to disclose instances of CSA are reported more often in research than the factors that facilitate it ([Alaggia et al., 2019](#); [Collin-Vézina et al., 2015](#)). These barriers are complex and multi-dimensional, involving individual, familial, contextual, and cultural factors, with age and gender influencing delayed disclosure, particularly in younger children and adolescent boys ([McPherson et al., 2025](#); [Sivagurunathan et al., 2019](#)). Studies categorise these barriers into three main types: a) internal barriers; b) interpersonal barriers, and c) wider social barriers ([Collin-Vézina et al., 2015](#); [Easton et al., 2014](#)).

Internal barriers to disclosing CSA include experiences of shame, self-blame, and fear which prevent victims from disclosing this form of abuse ([Collin-Vézina et al., 2015](#)). Perpetrators of CSA use strategies to prevent children from disclosing abuse, for example, through grooming, threats of violence or physical abuse ([Naidoo & Van Hout, 2021](#)). Some perpetrators demonstrate a high level of knowledge and decision-making in planning and executing sophisticated manipulation tactics to facilitate their abusive behaviours ([Fortune et al., 2015](#)). This becomes more complex when the perpetrator is part of the family, a close friend or someone who has built trust with the victim and family/community, and has intimate knowledge of the family’s routines and dynamics ([Ramírez et al., 2011](#)).

Other barriers involve the interpersonal challenges of victims and survivors who are fearful of the consequences of disclosing abuse, including in families where there is domestic violence ([Alaggia & Kirshenbaum, 2005](#); [Bidarra et al., 2016](#)). In a qualitative study with 20 male and female adult survivors of CSA in Canada, [Alaggia & Kirshenbaum \(2005\)](#) found that patriarchal family structures, poor communication and violence within the family were both risk factors for CSA and barriers to disclosure. Families often had dominant male figures and subservient mothers, and children were expected to be silent and obedient. These dynamics created an environment where victims felt powerless to speak up. Most victims also experienced isolation and a lack of social support (see also [Easton, 2013](#)). Additionally, where cultural norms encourage patriarchal values and self-scrutiny, children may feel accountable for their actions and blame themselves for the abuse or the consequences of disclosing ([Roberts et al., 2016](#)).

Other barriers to disclosure of CSA are directly related to the socio-cultural issues including the impacts of colonisation. Mandatory reporting laws, while designed to protect children, can paradoxically act as a barrier to disclosure. Victims may be reluctant to disclose abuse to professionals – such as teachers, social workers, or healthcare providers – if they know that doing so will automatically initiate a formal report to child protection services ([Allnock, 2017](#); [Brennan & McElvaney, 2020](#)). This fear is particularly acute in cases where children or their caregivers distrust authorities or have had negative prior experiences with the system ([Anderson et al., 2017](#); [Tolliday, 2016](#)). For Indigenous and minoritised children and caregivers, the fear of authorities (i.e. police and child protection) can be a significant personal and structural barrier to disclosure. This fear may be internalised by the child or communicated through family and community narratives, thereby shaping the child’s perception of safety and trust in disclosing abuse ([Anderson et al., 2017](#); [Braithwaite, 2018](#)). Professionals themselves may also struggle with the implications of mandatory reporting. Some may feel conflicted about breaching a child’s trust or worry that reporting will cause more harm than good, particularly in communities where services are under-resourced or culturally inappropriate ([Funston, 2013](#)).

In an Australian study, [Mathews et al. \(2025\)](#) found that 45.2 % of CSA victims and survivors had never disclosed their abuse, with non-disclosure particularly high among men (57.8 %) and those aged 45 and over (53.8 %). While disclosure rates were higher among younger participants (70.5 % for ages 16–24), the study highlights that this increase is more likely driven by positive societal shifts due to media, education, and public inquiries (e.g., Royal Commission; MeToo campaigns) rather than by mandatory reporting laws alone, which do not guarantee disclosure. The study ([Mathews et al., 2025](#)) also found that disclosure was least likely when the perpetrator

was a sibling (33.8 %) or a known adolescent (42.1 %), contexts in which children may fear family disruption or social consequences.

These findings underscore that while mandatory reporting laws have increased the visibility of CSA and led to more substantiated cases (Mathews et al., 2016), they also introduce systemic and psychological barriers that can inhibit disclosure. These include fear of losing control over the process, concerns about family disruption, and mistrust in institutional responses. These studies suggest that disclosure is more likely when children feel safe, supported, and in control – conditions that could be affected by the way mandatory reporting policies are implemented (Landberg et al., 2022).

Given the complex web of barriers that prevent victims and survivors from disclosing CSA, it is essential that research delves deeper into the practices that help or hinder the act of ‘telling’ in order to facilitate prompt interventions. Research shows that early therapeutic supports are likely to reduce the long-life impacts of this kind of trauma on victims and survivors (Valadez, 2023). This study aims to fill this gap by exploring the practices and responses that enable or hinder victims and survivors from disclosing CSA, both within the family and to services.

3. Methodology

This manuscript reports on findings from the qualitative phase of a larger mixed-method study exploring helpful and unhelpful practices and responses to disclosures of CSA in order to improve service systems to facilitate safe and timely interventions (McPherson et al., 2025). In this paper, the perspectives of fifty-one adult victims and survivors are discussed alongside the views of twenty-three practitioners working in a variety of roles in organisations providing support services and counselling in Australia.

Table 1
Demographic characteristics of victims and survivors of CSA.

Characteristic	Victims & survivors of CSA		Characteristic	Victims & survivors of CSA	
	n	%		n	%
Gender			Age of first abuse		
Female	49	94	0–5 years	18	35
Male	2	6	6–10 years	15	29
Age			11–15 years	6	12
18–30 years	11	22	16–18 years	9	18
31–44 years	17	33	Unclear	3	6
Above 45 years	19	37	Frequency of abuse		
Prefer not to say	4	8	Single incident	4	8
Ethnicity			Multiple incidents ³	44	86
Australian Non-Indigenous	28	55	Not sure	3	6
Australian Indigenous	1	2	N. of perpetrators		
Other ¹	19	37	One	28	55
Prefer not to say	3	6	Multiple ⁴	18	35
Language			Prefer not to say	5	10
English	47	92	Disclosure timing		
Other ²	4	8	Childhood	23	45
Occupation			Adolescence	16	31
Employed	30	59	Adulthood	9	18
Studying	1	2	Prefer not to say	3	6
Studying & working	11	22	Relationship to victim ⁵		
Parenting	2	4	Family	31	67
Prefer not to say	7	13	Family friend	16	31
Location			Peer	3	6
QLD	17	33	Online	2	4
NSW	14	27	Paedophile ring	3	6
VIC	12	24	Recipients of disclosures ⁵		
SA	2	4	Guardian	45	88
ACT	2	4	Family	28	55
WA	2	4	Therapist/Counsellor	23	45
TAS	1	2	Friend or peer	19	37
Prefer not to say	1	2	Police	19	37
			Teacher/school	11	21
			Other ⁶	19	37
TOTAL	51	100	TOTAL	51	100

¹ Including Vietnamese, Filipino, Indonesian, Lebanese, Māori, Jewish, Black African, Afro-Caribbean, Latin American, East Asian, English, Irish, Swedish, Maltese, German, Macedonian, Italian, Dutch, and Swiss ethnicities.

² Italian, Portuguese, Kikuyu, Arabic, and Swiss German.

³ For many the CSA was ongoing for a number of years.

⁴ Four victims disclosed having multiple incidents over their life course, including in adulthood.

⁵ Given the victims disclosed multiple CSA incidents, the ‘relationship to victims’ and ‘recipients of CSA disclosures’ are reported multiple times.

⁶ Other included medical staff, child protection, Royal Commission, priest/church, workplace/colleague.

3.1. Sampling and recruitment

Recruitment was facilitated through organisations providing counselling and support to survivors of any age who experienced CSA. Recruitment information was sent to the key contacts in each organisation and shared through newsletters, email lists, and social media posts, encouraging eligible individuals to contact the research team directly. Importantly, the organisations did not recruit on behalf of the research team or had access to participant data; rather, they served as trusted intermediaries to raise awareness of the study among potential participants. Once individuals expressed interest, they were contacted directly by the research team to confirm eligibility and proceed with the consent process. Victims and survivors needed to be 18 years or above, have had lived experience of CSA, currently living in Australia and be willing to participate in an interview. The practitioners working in these services were similarly recruited and attended one of six online Yarning groups facilitated by a First Nations scholar who was a member of the research team.

3.2. Data collection methods

Data was collected via in-depth individual interviews with adult victims and survivors reflecting retrospectively on their experiences of sexual abuse as children. Interviews were semi-structured and conducted online via video chat (i.e., Microsoft Teams). Participants were asked a series of open-ended questions designed to explore their experiences of disclosure, including when and to whom they disclosed, and what occurred as a result. After collecting demographic information, the team posed questions such as: “Were the responses helpful or unhelpful?”, “Did you feel believed?”, and “What got in the way of you disclosing?” Participants also reflected on what responses might have been more helpful and how disclosure processes could be improved.

The same thematic areas were explored in our Yarns with practitioners. Yarning, is an Indigenous qualitative research method, which was used to create a culturally safe and relational space for dialogue (Barlo et al., 2021). While the Yarns were guided by the same core topics on helpful and unhelpful disclosure practices, enablers and barriers to disclosure, and suggestions for change, they were conducted consistent with the principles of Yarning methodology. Yarning as an Indigenous research methodology is guided by eight foundational principles that ensure relational accountability and cultural safety. The four main principles – respect, reciprocity, relationship, and responsibility – emphasise honouring participants, knowledge, and context through genuine, ongoing engagement (Barlo et al., 2021). This approach also allowed for flexibility in the structure and order of questions, ensuring that participants could share their experiences in a way that felt natural and respectful.

The interviews and Yarns were facilitated by two members of the research and were conducted between March and July 2024. They lasted between 45 and 90 min and were audio-recorded with participants’ consent.

3.3. Participants

As shown in Table 1, the majority of the fifty-one victim survivors were women ($n = 49$), above the age of 30 years ($n = 36$), and residing in Queensland ($n = 17$) and New South Wales ($n = 14$). Despite targeted recruitment efforts, the majority of victims and survivors were Non-Indigenous Australians ($n = 28$). However, 19 participants identified with other ethnic backgrounds (see Table 1). An alarming number of children were first sexually abuse when below the age of five ($n = 18$) and ten ($n = 15$). The nature of the abuse was often ongoing over a number of years and for 44 victims and survivors it involved multiple incidents. While most reported CSA by one perpetrator ($n = 28$), 18 participants reported multiple perpetrators. Perpetrators were often individuals within their familial or extended social networks, ($n = 47$). Initial disclosures of abuse most frequently occurred during childhood ($n = 23$), followed by adolescence ($n = 16$), and adulthood ($n = 9$). Regarding the recipients of these disclosures – whether first, second, or third – the most common were parents or guardians ($n = 45$), followed by other family members ($n = 28$) (see Table 1). A proportion of victim survivors ($n = 26$) disclosed their experiences to multiple individuals across different stages of their lives.

Due to the nature of their involvement in the Yarns (i.e. group discussions), detailed demographic data were not collected from the practitioners. However, the twenty-three practitioners who took part represented a range of professional roles, including sexual assault counsellors or social workers ($n = 17$) and managers or directors ($n = 4$), working either exclusively with children and young people below the age of 18 years or with adults. Our sample also included two victim survivors who were working in advocacy roles independently and joined the same Yarn. Most practitioners were female ($n = 20$), with two male and one identifying as non-binary. The services they worked for were located in Queensland, New South Wales and Victoria in Australia.

3.4. Ethics and consent

The ethical aspects of this research were approved by the research team’s University Human Research Ethics Committee (approval number: 2023/172). Written consent was obtained whenever possible by asking participants to sign the information and consent form. In the event that this was not possible, consent was collected verbally at the beginning of the interview or Yarn. Participants were asked at the beginning of the interview or Yarn to re-confirm their consent and were reminded about the voluntary nature of their involvement and their right to withdraw consent at any time (Graham et al., 2013).

3.5. Relational and reflexive approach

Following a relational and reflexive approach to research (Canosa et al., 2018), close attention was paid to the demeanour of

participants, particularly during the individual interviews to ensure participants were comfortable to continue with the interview when sensitive information was disclosed and emotional responses observed. The research team followed up with participants the day after the interview to provide any support in the event of responses indicating emotional distress. Participants were asked to assign themselves a pseudonym for the purpose of reporting the findings. The research team also met to debrief after each interview and discuss their own positionality on the study's outcome.

3.6. Data analysis

The transcripts from all recorded interviews and Yarns were coded using thematic analysis. While the data was coded using inductive thematic analysis (Braun & Clarke, 2006), particular attention was given to identifying the helpful and unhelpful practices or responses to CSA discussed by participants. The data analysis was approached in various phases. Initially, the coding process began with immersion in the data through repeated readings of the transcripts. Three researchers independently coded initial transcripts, identifying meaningful data segments. Codes were developed inductively, grounded in participants' language and experiences, rather than being derived from a priori categories.

These codes were then discussed collaboratively to refine definitions and ensure consistency. To ensure transparency and reduce individual bias, the team met regularly over a 10-week period. Meetings provided an opportunity to discuss newly identified codes and themes, and to resolve discrepancies through consensus. Inter-rater reliability percentages were not calculated, with the approach aligning with reflexive thematic analysis, which emphasises depth of interpretation and reflexivity over quantification (Braun & Clarke, 2021).

In the subsequence phase, codes were grouped into themes based on conceptual similarity and to highlight the 'experience of practice' according to the Theory of Practice Architectures (TPA). This theoretical lens enabled the team to move beyond surface-level categorisation by examining how participants' experiences of disclosure were shaped by broader social, institutional, and relational conditions (Mahon et al., 2017). For example, codes related to family dynamics and interpersonal trust were grouped into themes that reflected the enabling or constraining arrangements that shaped disclosure practices. This approach allowed the team to identify not only what participants experienced, but how those experiences were made possible – or constrained – by the broader architectures of practice in which they were embedded (Mahon et al., 2017). TPA informed our working definition of practice as an act undertaken by any family member or individual in the victim's informal networks, as well as, by practitioners during the disclosure process.

In the final phase, themes were reviewed and refined. A theme was considered noteworthy if it captured a pattern of meaning across the dataset and was supported by rich, illustrative data (Braun & Clarke, 2021). The salience of the theme was also considered in relation to the lived experiences of participants. Decisions about what to include or exclude in the final thematic structure were guided by the relevance of the data to the research question and the coherence of the theme. Themes that offered insight into the barriers and enablers of disclosure, as experienced by participants, were prioritised.

The themes discussed below report on the helpful and unhelpful disclosure practices identified by both victims/survivors and practitioners. Narratives are placed side by side to provide a more nuanced understanding of the enablers and barriers to disclosures of CSA.

4. Findings

4.1. What practices and responses help disclosures of child sexual abuse?

While many of the victims and survivors who were interviewed in this research talked more about the unhelpful responses to their disclosures of CSA, they also shared what would have been a helpful response if circumstances were different. Only eight of the fifty-one survivors talked about having had a supportive and safe adult to disclose to and even then, their responses were often inadequate or dismissive. The following sections explore the 'helpful' practices identified by practitioners when supporting children and young people during a disclosure. These are discussed alongside the relatively few accounts from the victims and survivors in our sample who described experiencing helpful responses. These practices were self-reported as 'helpful' by both participant groups in our research.

4.1.1. Relational practices that make survivors feel safe, heard and believed

These were practices and responses that were mentioned most often by participants. Practitioners stressed the importance of building rapport, trust and safety over time within the therapeutic space to support victims and survivors to disclose:

"I really can't emphasise enough the importance of building rapport with children and young people. You know just supporting that understanding and belief that they have worth and that they are liked and likable and that you care about their safety."
(Faith, professional in Yarn 4)

When working with young children, practitioners talked about play-based therapies and games (e.g. puppets, sensory tools, dolls) which are child-led and not forced upon them so they have a sense of agency in choosing the most appropriate medium of communication:

"They're not forced to make eye contact, which for a lot of kids is quite confronting and difficult, and also the visual stimulus of my face can also be distracting. So the fact that they don't have to look at me, but they're playing with like shaving foam and

sometimes they add colour... But I also give them a choice, you know what they prefer? I'm talking a lot about sensory stuff but literally it's what I do because their body feels calm, their mouth will start to talk basically."

(Mary, professional in Yarn 6)

Among the helpful responses that victims and survivors talked about, we share Ruby's story who said that her dad "*did a very good job of validating and listening*" to her. Ruby disclosed her abuse to her father at age 18, she shared "*dad was very supportive of me and the experience and so it validated my experience, even though there was a sense of shock and disbelief*". Ruby shared, what was important was him "*believing me*". She recalls how "*as soon as I said it, he believed what I said*".

Lily, another survivor, endured years of abuse perpetrated by her father and had tried to disclose the abuse to various people multiple times. She expressed her relief at finally meeting someone she could trust and rely on, saying "*I had someone that believed me and that was so much more important than I think she could ever really understand*." Being believed affirms the survivor's reality and helps to counter the self-doubt and self-blame often instilled by abusers. It was expressed time and time again, that "*being believed is the most important*" response (Laura, survivor).

Being believed without question is understood as hearing, listening, and validating disclosures, which signals to children that this is a 'safe' person who they can trust. Regardless of whether the child disclosed to a family member or trained professional, the most frequently mentioned practice was being heard and believed by the adult they disclosed to.

4.1.2. Acting to create safety and ongoing support via child-centred practices

While most victims and survivors rarely experienced practices and responses that were helpful following a disclosure, they identified three key factors that would have been helpful. Firstly, they emphasised the importance of believing the child without question: "*The most important thing was that he validated and believed me as soon as I told him... That was a special gift that he gave me*" (Ruby, survivor). Secondly, they felt it was important to be supported to seek professional counselling in a timely way: "*being believed is the most important. Second to that, for whoever we disclosed to, reaching out for professional help so they aren't doing the support alone*" (Laura, survivor). Thirdly, acting to create immediate safety, protection, ongoing recovery and healing were also essential. Unfortunately, none of these responses happened concurrently and equally for the victims and survivors we interviewed.

The practitioners interviewed during the Yarning sessions believed that timely support and intervention was essential for keeping children and young people safe and helping them to heal from the trauma. They stressed the importance of training practitioners responsible for hearing disclosures to be able to establish safe relational spaces and child-centred practices to uphold the rights and dignity of children and young people such as, for example, child-centred family court processes and forensic interviews:

"I think there's a lot of issues with the court system but I think some of the things that they do is, you know, providing evidence via remote witness or having services that work specifically with children who are going through court processes, so like the child witness assistance service. I think having supports like that are really, really important to make sure that the child specifically feels as supported as possible through that process and has a really good understanding of what's happening and why and can also act as an advocate in that space too."

(Elaine, professional in Yarn 1)

Practitioners called for more flexible, trauma-informed approaches that genuinely centre the child's experience. As Lisa, a professional in Yarn 3, argued current systems need to "*work for the victim of sexual violence and not the people taking the disclosure*." She highlighted the unrealistic expectation that children will disclose experiences of CSA to unfamiliar figures such as police or child protection workers, and the need for timely intervention that is not merely a procedural necessity but foundational to healing and safety. A particularly salient theme from the practitioners' reflections is the need for specialised training for those who receive disclosures of abuse or trauma (see Section 4.3.2).

4.1.3. Upholding the dignity of survivors through rights, choice and control

Providing children with choices and respecting those choices were helpful responses to disclosures of sexual abuse. However, mandatory reporting requirements restricted confidentiality, thereby reducing control and agency of the survivor. Empowering children to participate in the choices that affect them helped to restore a sense of agency and control, which is critical to the healing process. For the victims and survivors in this research, respecting choices meant respecting privacy, particularly when they were combatting internalised feelings of shame, confusion and blame: "*just be a safe space. You know, don't gossip about it. Show empathy and compassion*" (Rosie, survivor). All of these things provided a safe environment for children to choose who to talk to, and when, and if they wanted to take any further action. In some cases, such as for Ruby, it was about being given the choice to seek out services for intensive support and therapy related to the trauma, which for her, she described as:

"Like a fire relief... because then I was like, okay, now we get to work with someone who knows what to do, who can support me through all of this, and I'm not just relying on my dad, who's also traumatised himself."

(Ruby, survivor)

For others, one part of the healing journey involved reporting abuse to authorities to ensure their safety and to seek justice. This was expressed by Laura who said, for her, what would have been helpful is "*being offered the options of what I could do about it – then and at later stages of my life*". Laura shared how she had to undertake this healing justice journey alone, as despite having access to lawyers, school principals, and police in her family, none of them supported her to report the abuse to the authorities. She recalled, "*you would think ONE of them should have been my ally and enabled me to consider reporting the crimes or even stating that it had been a crime*" (Laura,

survivor).

Likewise, practitioners talked about the importance of advocating for children's rights and dignity and being attuned to knowing when they were ready to disclose. Practitioners often argued children are "*experts in their own life*" (Mary, professional in Yarn 6) and are often "*active in keeping themselves safe*" (Olivia, professional in Yarn 4) as such should be empowered and supported to make choices that make them feel safe: "*I think as an adult, we give adults choices, so I think giving children and believing in their ability to have agency is really important to me*" (Olivia, professional in Yarn 4). In the case of children and young people, practitioners talked about their advocacy role in safeguarding their rights and dignity during the disclosure process which may be in conflict with reporting obligations:

"I think it's also important like part of our role is also advocating for the child. So especially when other services are involved, and they're wanting a statement and we're feeling like they're not ready and we're getting the impression from the child that they're not ready to do that statement just yet. We do a little bit of work around that."

(Sarah, professional in Yarn 1)

Practitioners described their role as advocates for children and young people during disclosures, often navigating tensions between supporting children's needs and fulfilling mandatory reporting obligations.

4.2. What practices and responses get in the way of disclosing child sexual abuse?

Findings suggest victims and survivors of CSA rarely had safe and emotionally available adults in their life who they could disclose to or who responded in helpful ways. Only eight of the fifty-one survivors talked about having supportive and safe adults to whom to disclose their experience of sexual abuse. The majority of participants ($n = 26$) had to disclose multiple times throughout their life to be truly 'heard.' Most survivors ($n = 47$) reported instances of CSA perpetrated by family members and family friends, complicating the disclosure process. Most victims and survivors ($n = 43$) felt unable to disclose to family members due to fear of the impacts on family dynamics. Findings suggest similar practices and responses were discussed by survivors and practitioners which hindered the disclosure of CSA, including: being silenced or dismissed; losing choice and control throughout the disclosure process; and being re-traumatised through institutional and system processes.

4.2.1. Perpetrator tactics to ensure silence

The number one barrier discussed by practitioners and survivors was being silenced. Perpetrator strategies to ensure silence may include manipulation and threat, and can also include acts of violence and abuse. When the abuse was perpetrated by a family member or a family friend this often involved tactics and silencing strategies which made victims fearful of the consequences of their disclosure and the repercussions on family dynamics. As Stephanie, a therapeutic specialist and sexual assault counsellor, reflects the closer the relationship to the perpetrator the harder it is for victims to disclose:

"The relationship to the offender, just being such a big barrier for children, the closer that relationship, the harder it is for them to disclose out of fear of ruining that relationship, the further ripple effect of that through families. A lot of clients disclose their childhood experiences when the perpetrator has died or when their own parents have passed away. So not safe to speak about what the uncle did."

(Stephanie, professional in Yarn 3)

Victims and survivors often spoke of the confusion stemming from the silencing strategies (e.g. manipulation, threats, violence) employed by offenders to make them feel powerless to end the abuse:

"The biggest issue is understanding that grooming, and particularly when it's somebody who's known and trusted, the confusion that sits in between that and being able to actually say this is what's happened to me."

(Sophie, advocate and survivor in Yarn 5)

Participants often described the devastating effects of these tactics with consequences for the wellbeing and safety of victims:

"The way that we approach a potential victim or survivor is the most important way because grooming is such a horrific thing and children take on those messages and it can keep them quiet, guilty, feeling as if it's their fault that they've done something."

(Maddy, professional in Yarn 2)

So, while victims and survivors were made to feel fearful of speaking up because of the possible effects on their family, when they did tell a non-offending parent, the abuse was often minimised as the following section explains.

4.2.2. Being dismissed and ignored

When victims and survivors were able to disclose to a non-offending family member they were often met with unhelpful practices and responses which prevented any supportive follow up action. Being dismissed was described as feeling like no one could hear them:

"There was no curiosity from my mother, and with my brother and sister they actually laughed and told me I was just making up stupid stories."

(Laura, survivor)

Most of the responses by parents appeared to be ones of disbelief and dismissal. As one participant describes:

“Having experiences of poor practice, you know where you have attempted to disclose either to a professional or to family members, for example, or friend or adults, and you’ve had negative experiences where you’ve been judged, for example, or it’s been shut down or you’ve sensed that fear or anxiety around the disclosure.”

(Melany, professional in Yarn 3)

Not being heard, being dismissed or not having disclosures taken seriously, were the top cited ‘unhelpful’ practices and responses by survivors and practitioners.

4.2.3. *Losing choice and control throughout the disclosure process*

Another barrier mentioned by practitioners and victims was the fear of losing choice and control throughout the disclosure process. This was often due to safety requirements, including mandatory reporting processes and organisational policies, that are in place to keep children safe but may prevent them from speaking out in a timely way. Several practitioners voiced their concerns about trying to juggle mandatory reporting duties and providing their clients with choice and control, and a sense of safety during the disclosure process:

“I think if we’ve got mandatory reporting, if we’ve got legislations in place that is discouraging people from speaking out about harm, I think that’s a major issue”

(Maddy, professional in Yarn 2)

“We really struggled when the legislation came in and how that kind of mandatory reporting around young people’s disclosures impacted the way we worked with young people who were coming to us to disclose or had disclosed. That’s why they were coming and how do we maintain their choice and control in that process?”

(Stephanie, practitioner in Yarn 3)

Kia, a social worker explained how often young people do not disclose for “*fear of having a loss of control.*” She explains how the processes post disclosure (e.g., police follow up) are overwhelming and scary for young people who “*don’t feel ready.*”

Even when disclosing to a family member, young people may experience a loss of control. One of the survivors explained how after having disclosed to her father he undermined her sense of control about who should be told of the abuse by insisting she disclose the abuse to the entire family in writing. Sarah recalled this as one of the most distressing aspects of the post-disclosure period for her:

“He gave me some paper and pen and said you need to write a letter to all of your cousins of which there’s loads because he was one of 7 children and tell them what happened. So I had to write like I don’t know 12-13 letters and keep repeating what had happened and then he posted them. It’s just my control has been taken away again like it was at the beginning.”

(Sarah, survivor)

Being met with such unhelpful responses causes victims to feel powerless, as if they have lost control over their stories. Many victims talked about wishing that the people they disclosed to had given them choices and respected those choices to help rebuild their sense of personal safety.

4.2.4. *Being re-traumatised through institutional and system processes*

Practitioners and survivors spoke of the inadequacy of institutional and system processes which often re-traumatise children, young people and the adults supporting them. These processes were described as not being ‘trauma-informed’ and so convoluted that they often did not result in any action being taken:

“It’s harmful and damaging and it’s very difficult and look unfortunately I think that a lot of our systems and processes that we do have are not trauma informed and they’re not trauma sensitive.”

(Luke, professional in Yarn 2)

Here we share the story of Cath, an advocate, survivor herself and concerned mother who first suspected her daughter had been sexually abused by her ex-partner when she was five years old. Cath described the process of her daughter’s disclosure as being “*really difficult*” and although she took all the necessary steps in a timely way to disclose the abuse to the appropriate services and authorities there was no action taken given the disclosure could not be substantiated. She called the helpline and they put her through to a local detective and child protection was notified with the immediate response of a pick-up service organised to transport Cath and her daughter to the nearest city to take part in a forensic examination. Cath mentioned that this timely response was helpful however her daughter “*resisted some tests*” and the follow up forensic interview was not organised until a month after her daughter disclosed to her. Given the lag in time, her daughter “*did not make any disclosure at her forensic interview and the matter was closed.*” Cath described her ex-partner going “*straight into legal matters and they had unsupervised contact before my children could have proper therapy to see if they would make any disclosures.*” This was followed by the father threatening her children by saying “*dad said the kids would go to jail... and that’s a very awful thing to say.*” Cath and her children were “*traumatised*” by an apparent inability of authorities to protect her five-year-old who had clearly disclosed abuse to her but not to others. This left Cath reluctant to take action in the future should there be any further concerns:

"I'm a parent in a position where if another thing occurs, I'm hesitant to do anything about it... I know what I should do and I'm in a position where I would burn this world to the ground, but I've been threatened with being arrested because I've gone on the run to try and protect my children. I'm at risk of actually losing my children from my care should I continue to try and protect them."

(Cath, advocate, survivor and mother of a survivor)

Unfortunately, these were common reflections across both professional Yarning sessions and the in-depth interviews with victims and survivors. A key tension was evident when children disclosed abuse to trusted adults who were mandated reporters. While children often wanted the abuse to stop, they also wished to keep it private. Practitioners faced the challenge of responding in a legally compliant way without making promises they could not keep. Responding appropriately and in a manner that was consistent with legal requirements was seen by some practitioners as complex and challenging work. Lilly a therapeutic specialist explains this tension:

"Teachers, social workers even like child care workers, or all of those ground level people, you can't always just go to child protection and inform them. How do you then make the child feel safe before you go a step forward? I think that's sort of the one thing that I've seen that's missing because if a child goes and tells the teacher, I'm thinking that the teacher is a safe person, I think the response doesn't get translated as the way it should be."

4.3. What needs to change to improve disclosures of child sexual abuse?

4.3.1. The role of education in improving disclosures

Acknowledging that it is not the responsibility of the child to be educated or ensure their own safety, participants nonetheless identified increased education as the top priority for change. This was suggested at various levels from parental education around "protective behaviours" for children and "safe body language... what body parts are called" (Olivia, professional in Yarn 4), to education through schools around consent and healthy relationships and open conversations at a societal level to challenge the "misogynistic views that are out there, dehumanising victims" (Melany, professional in Yarn 3) and "normalising abuse" (Sophie, advocate and survivor in Yarn 5). The following quotes from Sophie and Georgia illustrate this theme:

"There needs to be massive amount of education ... We've got a culture around us that's almost normalising abuse ... organisational abuse still occurs ... online offending it's exponential at this point in time it's going up like 50% a year ... So how can our children and families understand what is normal when our society almost dismisses abuse as being OK?"

(Sophie, advocate and survivor in Yarn 5)

"Educate our community about trauma responses so they understand when people are making disclosures ... that people very rarely lie about it."

(Georgia, professional in Yarn 3)

Victims and survivors in our study also talked about a kind of personal realisation that came from various forms of education that prompted them to disclose. As such education at all levels is essential, as in Meron's case:

"I educated myself enough to realise that I was a kid, I was not responsible, I did not participate willingly and all that burden came off me to realise this is not my secret, this is my story."

(Meron, survivor)

4.3.2. Training practitioners responsible for hearing disclosures

Connected to the theme of education, participants also stressed the importance of training practitioners responsible for hearing disclosures: "training for staff that aren't specialist around how to manage a disclosure from a child" (Chloe, professional in Yarn 6). This would provide support for victims and survivors via empathetic, validating and rights-respecting practices rather than questioning the disclosure, re-traumatising victims or reacting to mandatory reporting obligations and tick-a-box safety measures:

"Our doctors and staff who are getting these disclosures are not trained and these kids are actually being put back into systems of harm because it's not a doctor's responsibility to learn to take disclosures, it's not their job and the fact that a legal system is utilising that is actually I think gas lighting."

(Sophie, advocate and survivor in Yarn 5)

As in Cath's story recounted earlier, most victims and survivors in our sample were in one way or another re-traumatised throughout the disclosure process and at different points in time.

4.3.3. Relational and trauma-informed processes that support victims and survivors to disclose

The majority of survivors and practitioners referred to positive and trusting relationships with a safe person (i.e., family member, friend or practitioner) as an enabling factor in facilitating disclosures of CSA. That this was rarely experienced by the survivors in our sample is a concerning finding and points to the complexity associated with 'telling' when the abuse occurs within the family unit or by family friends. Hence, participants in our research suggested the second most important change should take place at an institutional level where children and young people can be supported to disclose to significant adults in their lives such as teachers and practitioners

and be met with trauma-informed, right-respecting and relational responses that help them feel safe rather than re-traumatise them.

Stephanie, a therapeutic specialist and sexual assault counsellor, spoke of an initiative, in the service where she works, that facilitates a female detective to be available to speak to clients one day a week where clients were seeking information about the legal processes involved in prosecuting a perpetrator of abuse, including supports that would be available for victim survivors. Stephanie believed that it is essential to work in relational as well as “*trauma informed ways*.” She added,

“... to address as many of those barriers in terms of disclosure and the criminal justice process through thinking a bit more creatively around how we do that to address those barriers around justice so that women can talk about unsafe things and work with the police in a safe space where they’re already supported by their counsellor.”

(Stephanie, professional in Yarn 3)

4.3.4. Consistent but intersectional approach to disclosures

Participants talked about the need for a consistent approach to responses to disclosures across states and at a federal level but with flexibility to tailor responses to the intersectional needs of survivors and their families:

“So there needs to be a cultural lens in the flexibility, but a standard approach so that everybody going through this system and the reporting processes and systems are reflected across the board... but with that trauma informed lens, because it’s not consistent.”

(Sophie, advocate and survivor in Yarn 5)

An example of an intersectional approach was articulated by one participant as follows: “*they[staff] need to be flexible enough, like if clinic is not the correct space, then don’t do a clinic session, do a home session work with the family, work around those barriers... so the therapist needs to push because the system is not going to push for him*” (Mary, professional in Yarn 6).

Our participants argued this is particularly important for First Nations victims who experience additional barriers to disclosure due to fear and mistrust of institutional processes. The historical role of institutions in the dispossession, displacement, violence, and forced removal of children from their families, Country, and communities is a central determinant in the current relationship between First Nations Peoples and institutions such as the police or child protection services. The interplay between historical trauma and racism has led to a deep fear and reluctance to seek support from these Government services, effectively isolating First Nations Peoples from the support they need (Prentice et al., 2017).

4.3.5. Action and justice outcomes for victims

More action and justice outcomes for victims was another important change put forward by participants. Survivors often talked about the failure of institutions, including schools, religious organisations, and child-serving agencies, to take action when disclosures were made and provide adequate support to victims (see also, [Royal Commission into Institutional Responses to Child Sexual Abuse, 2017](#)). Several survivors in our sample disclosed stories of religious organisations often prioritised the institution’s reputation over the survivor’s wellbeing. Ally for example, shared that when she disclosed her abuse in the church she got “*no sympathy... they basically were more concerned about the religion*.” Likewise, Kylie talked about the lack of action and the unhelpful response received when she decided to disclose: “*I went to our church and got told that a good Christian forgives and looks at how they can restore the relationship with the perpetrator, particularly because the perpetrators were family... I remember it as a day where the church and my parents abused me again*.”

Practitioners interviewed during our Yarning sessions also reflected that “*one of our biggest issues that we talk about a lot is the lack of actual justice when charges are laid*” (Melany, professional in Yarn 3). This was a reoccurring theme in participants’ data which often led to the protective parent almost giving up pursuing a legal outcome as was the case for Cath, described earlier. Bec, a child sexual assault counsellor, explained how the way the legal system works and the need to have a verbal disclosure for Police proceedings is often a constraining factor particularly for very young children:

“I’ve had a lot of children I’ve worked with where unfortunately nothing could come of it because the child was young, that whole process of that being documented... A 3-year-old often doesn’t have a coherent narrative... but there can be healing even if there isn’t justice, you know, and I like to be able to share that with the families and children that I work with.”

(Bec, professional in Yarn 6)

Many of the participants talked about ‘telling’ as being just the first step in the process of seeking help. Another important change put forward was the need for timely interventions and therapy to support children and their families after the disclosure happens. This may be hindered by long waiting lists to see counsellors.

5. Discussion

This manuscript reports on findings from fifty-one in-depth interviews with victims and survivors of CSA and twenty-three practitioners working in services that support children, young people and adult victims. The study focused specifically on the helpful and unhelpful practices and responses that either facilitate or hinder the disclosure of CSA both within the family and to services. According to the TPA, our aim was to explore ‘the experience of practice’ in all its diverse aspects and from the perspectives of all participants. This approach sought to uncover how these disclosure practices are enabled or constrained by the conditions or practice ‘architectures’ in which they are embedded, including, for example, the presence of supportive adults (Mahon et al., 2017).

Our findings show that only a very small number of victims and survivors had supportive and safe adults to disclose to and even in these cases their responses were often inadequate or dismissive. Not surprisingly the majority of participants had to disclose multiple times over their life course to be heard and their disclosures acted upon. This reflects findings from previous research in this space (Allnock, 2017; Allnock et al., 2019; Gagnier & Collin-Vézina, 2016; McElvaney et al., 2014; McKibbin et al., 2025; van Ham et al., 2020).

Participants consistently identified relational practices that foster trust, safety, and validation as essential to enabling disclosure. However, few victims and survivors reported experiencing such practices during or after their disclosure. Practitioners emphasised the importance of building rapport over time, particularly in therapeutic settings, but acknowledged that systemic constraints often prevent timely, child-centred engagement, especially in cases of familial abuse. Victim survivors and practitioners also highlighted the value of child-centred, trauma-informed approaches that prioritise the child's dignity and agency throughout the disclosure process. This includes ensuring that all adults involved – such as teachers, police, doctors, and legal professionals – are trained to respond with empathy and respect.

Conversely, participants described numerous barriers to disclosure, including silencing tactics by perpetrators, particularly when abuse occurred within the family. Disclosures to non-offending family members were often met with minimisation or denial, aimed at preserving family or institutional reputations. For many, the fear of losing control over their story, or being thrust into legal or child protection systems prematurely, served as a deterrent to disclosure (see also Landberg et al., 2022). Practitioners echoed these concerns, noting that while they are legally obligated to report, doing so can sometimes breach the trust they have worked hard to build with a child or young person. This is particularly problematic in therapeutic or relational contexts where disclosure is a gradual process, and where safety and trust are prerequisites for healing (Brennan & McElvaney, 2020).

At the same time, the protective rationale behind mandatory reporting cannot be dismissed. It plays a critical role in surfacing abuse that might otherwise remain hidden, especially in cases where children are at immediate risk (Australian Institute of Family Studies, 2023). However, our findings suggest that the current binary framing, where a disclosure automatically triggers a formal report, may not always serve the best interests of the child, particularly when the child is not yet ready for intervention or when the systems they are referred into are themselves not trauma-informed.

This tension calls for a more nuanced, trauma-informed approach to mandatory reporting – one that considers the child's developmental stage, relational context, and expressed wishes. For example, a more flexible approach may allow children to disclose CSA at their own pace and participate meaningfully in decisions about how and when their disclosures are acted upon, especially when immediate danger is not present (Allnock et al., 2019; Burbridge-James, 2018). While such child-centred and trauma-informed approaches are still emerging, they offer promising alternatives that could better balance protection with participation rights, as enshrined in the United Nations Convention on the Rights of the Child.

In light of these findings, we recommend a review of mandatory reporting legislation and practice guidelines to explore how they might be adapted to better support child agency without compromising safety. This includes investing in practitioner training that equips all mandated reporters to navigate these ethical complexities, and developing protocols that allow for collaborative safety planning where appropriate (Robinson et al., 2022). While mandatory reporting laws are a critical component of child protection policy, they must be implemented alongside trauma-informed, child-centred practices that prioritise the safety, autonomy, and wellbeing of the child. Without such supports, the legal obligation to report may feel coercive rather than protective, particularly for children navigating complex family dynamics or fearing retribution.

Although training and education were the most commonly referred to changes identified, participants in our study were adamant that adults are generally unequipped to respond in safe and compassionate ways to disclosures of CSA (see also Humphries et al., 2024). As such, a more holistic approach is needed to empower all those responsible for hearing disclosures – such as parents, caregivers, and peers – with knowledge and skills necessary to recognise and respond effectively to potential risks or signs of harm (see also Rudolph et al., 2018; Russell & Higgins, 2023). Schools are key sites of early intervention. It is, therefore, essential to expand CSA prevention education in schools to include not only age-appropriate content for students but also training and resources for parents, caregivers, and school staff – such as webinars, workshops, and take-home materials. The Royal Commission into Institutional Responses to Child Sexual Abuse in Australia and the MeToo movement globally have, to a certain extent, increased public discourse around CSA, and sexual abuse more broadly, raising awareness and introducing language that may support more informed and empathetic engagement by parents, siblings, peers, and others receiving disclosures of CSA. Participants believed relational and trauma-informed processes are the most successful in enabling victims and survivors to speak up and receive the support they need (see McPherson et al., 2025).

While our findings support scholarship that conceptualises disclosures as a 'process' rather than a 'one off' event (Allnock, 2017; Tener & Murphy, 2015), the victims and survivors in our research clearly articulated that the persistent failure of family, friends and child-serving institutions to listen and believe their disclosures was the cause of them needing to disclose multiple times during their lifespan (McPherson et al., 2025). The highest number of first-time disclosures in our sample was, in fact, when victims were children. Similarly to recent studies (McKibbin et al., 2025), although disclosures occur during childhood, they are often met with disbelief and inaction.

5.1. Limitations

While this study provides valuable insights into the enablers and barriers to CSA disclosure, several limitations are noted. It relies on retrospective accounts from adults, which may be affected by recall bias due to time, subsequent abuse, or past interventions (Tener & Murphy, 2015). Participants self-identified as CSA survivors without external verification, aligning with qualitative research ethics

but allowing for subjective interpretation or memory distortion (Collin-Vézina et al., 2015). It is also unclear whether participants had received or were receiving counselling.

The sample was predominantly female and non-Indigenous, limiting generalisability to male and Indigenous survivors, who may disclose differently. Intersectional factors influencing disclosure may not be fully captured in this phase; a more detailed analysis will follow in the quantitative phase of this mixed-methods project via a national survey.

Additionally, the practitioner sample included only those from clinical, counselling, or social work backgrounds. Broader inclusion of professionals such as educators, law enforcement, legal experts, policymakers, and parents in future research could enhance understanding of systemic CSA responses.

In terms of methodological limitations, inter-rater reliability percentages were not calculated. However, as previously discussed, this approach aligns with reflexive thematic analysis, which emphasises depth of interpretation and reflexivity over quantification (Braun & Clarke, 2021).

6. Conclusion

While this study is situated within the Australian context, its findings have significant implications for other child protection systems. The challenges identified – such as the inadequacy of relational responses, the re-traumatisation caused by institutional processes, and the complexities of mandatory reporting – are not unique to Australia. Similar concerns have been documented across various jurisdictions where child protection frameworks often assume the presence of a safe, non-offending caregiver and rely heavily on mandatory reporting mechanisms (Mathews & Kenny, 2008). The emphasis in our findings on trauma-informed, child-centred, and relational approaches to disclosure aligns with international best practices and growing global consensus on the need for systemic reform. As such, the recommendations offered – particularly around professional training, survivor-led framework design, and whole-of-community education – are broadly transferable and may inform policy and practice improvements in other jurisdictions seeking to enhance their responses to CSA. Additional research is needed to understand the complexities surrounding disclosures of CSA including hearing from non-abusing parents to fully grasp and bring to light the impacts of trauma and victimisation in the cycle of CSA and domestic violence. A far deeper understanding of CSA is required to inform contemporary practice frameworks informing practitioner responses.

CRedit authorship contribution statement

Antonia Canosa: Writing – original draft, Project administration, Methodology, Investigation, Formal analysis, Data curation. **Lynne McPherson:** Writing – review & editing, Supervision, Methodology, Investigation, Funding acquisition, Data curation, Conceptualization. **Kathomi Gatwiri:** Writing – review & editing, Supervision, Methodology, Investigation, Funding acquisition, Data curation, Conceptualization. **Darlene Rotumah:** Writing – review & editing, Methodology, Investigation. **Corina Modderman:** Writing – review & editing, Methodology, Investigation. **Jaime Chubb:** Writing – review & editing, Methodology, Conceptualization.

Funding

This research was funded by the National Centre for Action on Child Sexual Abuse (Australia).

Declaration of competing interest

The authors declared no potential conflicts of interest with respect to the research, authorship and/or publication of this article.

Acknowledgements

We would like to thank the participants in this research for taking the time to talk to us about such a sensitive topic.

Data availability

The data that has been used is confidential.

References

- Alaggia, R., Collin-Vézina, D., & Lateef, R. (2019). Facilitators and barriers to CSA disclosures: A research update (2000–2016). *Trauma, Violence, & Abuse, 20*(2), 260–283.
- Alaggia, R., & Kirshenbaum, S. (2005). Speaking the unspeakable: Exploring the impact of family dynamics on CSA disclosures. *Families in Society, 86*(2), 227–234.
- Allnock, D. S. (2017). Memorable life events and disclosure of child sexual abuse: Possibilities and challenges across diverse contexts. *Families, Relationships and Societies, 6*(2), 185–200.
- Allnock, D. S., Miller, P., & Baker, H. (2019). *Key messages from research on identifying and responding to disclosures of child sexual abuse. Barkingside: Centre of expertise on child sexual abuse.* <https://doi.org/10.47117/ZKRC5022>
- Anderson, P., Bamblett, M., Bessarab, D., Bromfield, L., Chan, S., Maddock, G., Menzies, K., O'Connell, M., Pearson, G., & Walker, R. (2017). Aboriginal and Torres Strait islander children and child sexual abuse in institutional contexts. <https://apo.org.au/node/98086>.

- Australian Bureau of Statistics. (2023). Personal safety national survey 2021-22. <https://www.abs.gov.au/statistics/people/crime-and-justice/personal-safety-australia/latest-release>.
- Australian Institute of Health and Welfare. (2023). Mandatory reporting of child abuse and neglect. <https://aifs.gov.au/resources/resource-sheets/mandatory-reporting-child-abuse-and-neglect>.
- Barlo, S., Boyd, W. E., Hughes, M., Wilson, S., & Pelizzon, A. (2021). Yarning as protected space: relational accountability in research, AlterNative. *An International Journal of Indigenous Peoples*, 17(1), 40–48.
- Bidarra, Z. S., Lessard, G., & Dumont, A. (2016). Co-occurrence of intimate partner violence and child sexual abuse: Prevalence, risk factors and related issues. *Child Abuse & Neglect*, 55, 10–21.
- Boumpa, V., Papatoukaki, A., Kourti, A., Mintzia, S., Panagouli, E., Bacopoulou, F., ... Sergentanis, T. N. (2024). Sexual abuse and post-traumatic stress disorder in childhood, adolescence and young adulthood: A systematic review and meta-analysis. *European Child & Adolescent Psychiatry*, 33(6), 1653–1673.
- Braithwaite, J. (2018). Colonized silence: Confronting the colonial link in rural Alaska native survivors' non-disclosure of child sexual abuse. *Journal of Child Sexual Abuse*, 27(6), 589–611.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101.
- Braun, V., & Clarke, V. (2021). One size fits all? What counts as quality practice in (reflexive) thematic analysis? *Qualitative Research in Psychology*, 18(3), 328–352.
- Brennan, E., & McElvaney, R. (2020). What helps children tell? A qualitative meta-analysis of CSA disclosure. *Child Abuse Review*, 29(2), 97–113. <https://doi.org/10.1002/car.2617>
- Burbridge-James, W. (2018). Childhood sexual abuse: Disclosure and mandatory reporting – Ethical and clinical implications. *BJPsych Advances*, 24(2), 141–144. <https://doi.org/10.1192/bja.2017.33>
- Canosa, A., Graham, A., & Wilson, E. (2018). Reflexivity and ethical mindfulness in participatory research with children: What does it really look like? *Childhood*, 25(3), 400–415.
- Cashmore, J., Taylor, A., & Parkinson, P. (2020). Fourteen-year trends in the criminal justice response to CSA reports in New South Wales. *Child Maltreatment*, 25(1), 85–95.
- Collin-Vézina, D., De La Sablonnière-Griffin, M., Palmer, A. M., & Milne, L. (2015). A preliminary mapping of individual, relational, and social factors that impede disclosure of childhood sexual abuse. *Child Abuse & Neglect*, 43, 123–134.
- Commonwealth of Australia National Office for Child Safety. (2021). National strategy to prevent and respond to CSA 2021–2030. <https://www.childsafety.gov.au/resources/national-strategy-prevent-and-respond-child-sexual-abuse-2021-2030>.
- Easton, S. D. (2013). Disclosure of CSA among adult male survivors. *Clinical Social Work Journal*, 41(4), 344–355.
- Easton, S. D., Saltzman, L. Y., & Willis, D. G. (2014). “Would you tell under circumstances like that?”: Barriers to disclosure of CSA for men. *Psychology of Men & Masculinity*, 15(4), 460–469.
- Falk, P. S. (2024). UNICEF: Sexual violence against girls and boys ‘alarming’. <https://www.usnews.com/news/world-report/articles/2024-10-10/unicef-sexual-violence-against-girls-and-boys-alarming>.
- Fortune, C.-A., Bourke, P., & Ward, T. (2015). Expertise and child sex offenders. *Aggression and Violent Behavior*, 20, 33–41.
- Funston, L. (2013). Aboriginal and Torres Strait Islander worldviews and cultural safety transforming sexual assault service provision for children and young people. *International Journal of Environmental Research and Public Health*, 10(9), 3818–3833.
- Gagnier, C., & Collin-Vézina, D. (2016). The disclosure experiences of male CSA survivors. *Journal of Child Sexual Abuse*, 25(2), 221–241.
- Grace, J. (2022). The effectiveness of domestic abuse disclosure schemes. In J. Grace, & J. Grace (Eds.), *Domestic abuse disclosure schemes: Problems with policy, regulation and legality* (pp. 123–156). Springer International Publishing. https://doi.org/10.1007/978-3-030-89039-1_5.
- Graham, A., Powell, M. A., Taylor, N., Anderson, D. L., & Fitzgerald, R. (2013). *Ethical research involving children (ERIC): Compendium*. UNICEF Office of Research - Innocenti. <http://childethics.com/>.
- Humphries, K.-A. M., McGillivray, C., & Christophersen, L. (2024). Proposing trauma-informed practice and response in policing: A social innovation narrative for reforming responses to CSA and exploitation. *Journal of Community Safety & Well-Being*, 9(3), 164–173.
- Hunter, S. V. (2011). Disclosure of CSA as a life-long process: Implications for health professionals. *Australian and New Zealand Journal of Family Therapy*, 32(2), 159–172.
- Landberg, Å., Svedin, C. G., & Jonsson, L. S. (2022). Patterns of disclosure and perceived societal responses after child sexual abuse. *Child Abuse & Neglect*, 134, Article 105914.
- Mahon, K., Kemmis, S., Francisco, S., & Lloyd, A. (2017). Introduction: Practice theory and the theory of practice architectures. In K. Mahon, S. Francisco, & S. Kemmis (Eds.), *Exploring education and professional practice through the lens of practice architectures* (pp. 1–30). Springer.
- Malloy, L. C., Mugno, A. P., Rivard, J. R., Lyon, T. D., & Quas, J. A. (2016). Familial influences on recantation in substantiated CSA cases. *Child Maltreatment*, 21(3), 256–261.
- Manay, N., & Collin-Vézina, D. (2021). Recipients of children's and adolescents' disclosures of childhood sexual abuse: A systematic review. *Child Abuse & Neglect*, 116 (Pt 1), 104192.
- Mathews, B., Pacella, R., Scott, J. G., Finkelhor, D., Meinck, F., Higgins, D. J., Erskine, H. E., Thomas, H. J., Lawrence, D. M., Haslam, D. M., Malacova, E., & Dunne, M. P. (2023). The prevalence of child maltreatment in Australia: findings from a national survey. *Med. J. Aust.*, 218(S6), S13–S18.
- Mathews, B., Finkelhor, D., Collin-Vézina, D., Malacova, E., Thomas, H. J., Scott, J. G., ... Erskine, H. E. (2025). Disclosure and non-disclosure of childhood sexual abuse in Australia: Results from a national survey. *Child Abuse & Neglect*, 160, Article 107183.
- Mathews, B., & Kenny, M. C. (2008). Mandatory reporting legislation in the United States, Canada, and Australia: A cross-jurisdictional review of key features, differences, and issues. *Child Maltreatment*, 13(1), 50–63.
- Mathews, B., Lee, X. J., & Norman, R. E. (2016). Impact of a new mandatory reporting law on reporting and identification of child sexual abuse: A seven year time trend analysis. *Child Abuse & Neglect*, 56, 62–79.
- McElvaney, R., Greene, S., & Hogan, D. (2014). To tell or not to tell? Factors influencing young people's informal disclosures of child sexual abuse. *Journal of Interpersonal Violence*, 29(5), 928–947.
- McKibbin, G., Kuruppu, J., Hackett, S., Lynch, O., Hamilton, B., & Dixon, S. (2025). The child behind the victim: Survivor experiences of children's harmful sexual behavior. *Child Abuse & Neglect*, 163, Article 107277. <https://doi.org/10.1016/j.chiabu.2025.107277>
- McPherson, L., Gatwiri, K., Canosa, A., Rotumah, D., Modderman, C., Chubb, J., & Graham, A. (2025). How Children and Young People Disclose That They Have Been Sexually Abused: Perspectives From Victims and Survivors of Child Sexual Abuse. *Health & Social Care in the Community*, 2025(1), 8831616.
- McPherson, L., Gatwiri, K., Graham, A., Rotumah, D., Hand, K., Modderman, C., ... James, S. (2024). What Helps Children and Young People to Disclose their Experience of Sexual Abuse and What Gets in the Way? *A Systematic Scoping Review*, *Child & youth care forum*, 1–30.
- McPherson, L., Long, M., Nicholson, M., Cameron, N., Atkins, P., & Morris, M. E. (2017). Secrecy surrounding the physical abuse of child athletes in Australia. *Australian social work*, 70(1), 42–53.
- Naidoo, L., & Van Hout, M. C. (2021). Child sex offender mind-set and grooming strategies: A discourse analysis of sex offender narratives from South Africa. *Journal of Child Sexual Abuse*, 30(5), 616–635.
- Prentice, K., Blair, B., & O'mullan, C. (2017). Sexual and Family Violence: Overcoming Barriers to Service Access for Aboriginal and Torres Strait Islander Clients. *Australian Social Work*, 70(2), 241–252.
- Ramírez, C., Pinzón-Rondón, A. M., & Botero, J. C. (2011). Contextual predictive factors of child sexual abuse: The role of parent-child interaction. *Child Abuse & Neglect*, 35(12), 1022–1031.
- Roberts, K. P., Qi, H., & Zhang, H. H. (2016). Challenges facing East Asian immigrant children in sexual abuse cases. *Canadian Psychology / Psychologie Canadienne*, 57(4), 300–307.
- Robinson, S., Graham, A., Canosa, A., Moore, T., Taylor, N., & Boyle, T. (2022). Ethical practice in disability services: Views of young people and staff. *Ethics and Social Welfare*, 16(4), 412–431.

- Royal Commission into Institutional Responses to Child Sexual Abuse. (2017). Final report: Preface and Executive Summary. https://www.childabuseroyalcommission.gov.au/sites/default/files/final_report_-_preface_and_executive_summary.pdf.
- Rudolph, J., Zimmer-Gembeck, M. J., Shanley, D. C., & Hawkins, R. (2018). CSA prevention opportunities: Parenting, programs, and the reduction of risk. *Child Maltreatment*, 23(1), 96–106.
- Russell, D. H., & Higgins, D. J. (2023). Friends and safeguarding: Young people's views about safety and to whom they would share safety concerns. *Child Abuse Review*, 32(3), Article e2825.
- Sivagurunathan, M., Orchard, T., Macdermid, J. C., & Evans, M. (2019). Barriers and facilitators affecting self-disclosure among male survivors of child sexual abuse: The service providers' perspective. *Child abuse & neglect*, 88, 455–465.
- Stoltenborgh, M., Bakermans-Kranenburg, M. J., Alink, L. R. A., & van Ijzendoorn, M. H. (2015). The prevalence of child maltreatment across the globe: Review of a series of meta-analyses. *Child Abuse Review*, 24(1), 37–50.
- Summit, R. C. (1983). The CSA accommodation syndrome. *Child Abuse & Neglect*, 7(2), 177–193.
- Tener, D., & Murphy, S. B. (2015). Adult disclosure of child sexual abuse: A literature review. *Trauma, Violence, & Abuse*, 16(4), 391–400.
- Tolliday, D. (2016). "Until we talk about everything, everything we talk about is just whistling into the wind": An interview with pam Greer and Sigrid ('sig') herring. *Sexual Abuse in Australia and New Zealand*, 7(1), 70–80.
- Valadez, V. (2023). *Exploratory study on the best therapeutic practices for treating children who are victims of sexual abuse the Chicago School of Professional Psychology*.
- van Ham, K., Hoytema van Konijnenburg, E. M. M., Brilleslijper-Kater, S. N., Schepers, A., Daams, J. G., Teeuw, A. H., ... Lee, J. H. (2020). A systematic review of instruments used to assess nonverbal emotional signs in children during an investigative interview for suspected sexual abuse. *Child Abuse Review*, 29(1), 12–26.