A Retrospective Analysis of Children's Assessment Reports: What Helps Children Tell?

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This paper explores a retrospective analysis of children's file data as a research method of gathering information on children's experiences of informal disclosure of child sexual abuse. This study extracted data from files where children were seen for a child sexual abuse evaluation in Ireland and the children were deemed to have given a credible account of abuse by the professionals concerned. A content analysis was conducted using themes identified in previously published research, based on direct interviews with children about their experiences of informal disclosure. The paper discusses the relative merits and limitations of this method, through reporting on the findings of the file analysis and comparing these findings with findings obtained from a smaller sub-sample of this sample of children, who were interviewed about their experiences of disclosure. It is suggested that this method is worth exploring with a larger sample size which would enable statistical analysis and thus explore the predictive factors influencing early informal disclosure. Frontline services can contribute to the knowledge base on what helps children tell through service-based research that uses data already collected from evaluation interviews with children, thus eliminating the need to interview children for research purposes. Copyright © 2015 John Wiley & Sons, Ltd.

KEY PRACTITIONER MESSAGES:

- Frontline professionals gather useful data on a daily basis on informal disclosures of child sexual abuse.
- Practitioners can contribute to the knowledge base on informal disclosure by systematically gathering information from service users.
- We need more information on what helps children tell. We therefore need to explore innovative methods of gathering such information directly from children in ways that do not rely on interviewing children repeatedly yet include the child's voice.

KEY WORDS: child sexual abuse; informal disclosure; file analysis; practitioner research

'A content analysis was conducted using themes identified in previously published research'

'We need more information on what helps children tell'

Delays in disclosing child sexual abuse are well documented (Kogan, 2004; Priebe and Svedin, 2008). Such delays have major implications for child protection, mental health and social justice. Early disclosure is needed to put an end to current abuse, to protect other children, to provide psychological intervention to those children in need and to hold the abuser accountable for their criminal behaviour. Up until ten years ago, most studies on children's

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disclosures focused on 'formal disclosures', that is, those made in the context of forensic interviews (for reviews see Lamb *et al.*, 2011; London *et al.*, 2007; Pipe *et al.*, 2007). Yet, as London *et al.* (2007) noted, 'the most significant predictor of disclosure in the formal interview is whether the child had disclosed before.' (p. 25). However, even when examining informal disclosure, that is, family, friends or others in the child's social network, it is clear that significant percentages of children either delay disclosing or have not disclosed to anyone prior to the research study (Kogan, 2004; Priebe and Svedin, 2008).

It is critical to understand the child's experience prior to disclosure, what hinders them from telling immediately after the abuse occurs and what helps them tell when they do. It is also important to access this information as soon as possible. The primary purpose of this study was to investigate the use of children's child sexual abuse assessment reports as a source of data on informal disclosure. The study sought to examine whether such reports contained sufficient information to collate meaningful data about children's experiences of informal disclosure and the factors that influenced these experiences. Schaeffer *et al.* (2011) discuss the benefits of being able to contextualise children's formal disclosures by incorporating questions about informal disclosure into forensic interviews. From a research perspective, collating information from these reports could minimise the need to engage children in research interviews about their experience of disclosure, particularly, as is often the case, if they have already engaged in investigative interviews about their experience of abuse. It could also provide access to information gained early in the investigative process, thus minimising recall error. A secondary aim was to build on previous studies of the informal disclosure process and assist in identifying the factors that facilitate informal disclosure.

Investigating Informal Disclosure of Child Sexual Abuse

Various methodologies and data sources have been used to explore children's experiences of disclosure. While there is a growing body of research on adults' retrospective recall of disclosure during childhood (Arata, 1998; Alaggia, 2004; Allnock and Miller, 2013) and disclosure during adulthood (see Tener and Murphy, 2014, for review), this paper is concerned with research that has directly involved young people. Some authors have examined children's therapy records (Gonzalez *et al.*, 1993, n = 63; Sorenson and Snow, 1991, n = 116). Jensen *et al.* (2005, n = 22) combined an analysis of data from therapy sessions with follow-up interviews with caretakers a year after therapy had ended. Goodman-Brown *et al.* (2003) examined data from a sample of 218 children who were referred to district attorney offices in the US, using legal files and interviews with parents. Sjöberg and Lindblad (2002) examined data from court cases in Sweden involving 47 children. Kogan's (2004) data on disclosure of an unwanted sexual experience in childhood and adolescence came from a sub-sample (n = 263) of adolescent women who participated in the National Survey of Adolescents study in the US (Kilpatrick and Saunders, 1995).

A small number of studies have either examined transcripts from investigative interviews or adapted protocols such as the National Institute for Child Health and Development (NICHD) protocol (Orbach *et al.*, 2000) to incorporate questions pertaining to disclosure experiences (Hershkowitz

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et al., 2007, n = 30; Malloy *et al*., 2013, n = 204; Schaeffer *et al*., 2011, n = 191). The questions explored in such studies include the delay in disclosing, to whom the child disclosed, whether the disclosure was prompted or spontaneous, the child's feelings about the disclosure, parents' and others' reactions to the disclosure, the reasons for delaying disclosure and the factors that facilitated disclosure.

This past decade has seen an increase in the number of qualitative studies where children have been asked directly about their experiences of disclosure (Cossar *et al*., 2013; Crisma *et al*., 2004; Hershkowitz *et al*., 2007; Jensen *et al*., 2005; Mudaly and Goddard, 2006; McElvaney *et al*., 2012, 2014; Schönbucher *et al*., 2012; Staller and Nelson-Gardell, 2005; Ungar *et al*., 2009). This development recognises children's rights to be consulted about their experiences and the importance of involving children in research that is about their lives (Hogan, 2005). Nevertheless, concerns remain about engaging children in interviews that may cause further upset. It is therefore incumbent on the research community to consider methodologies that can access information about children's experiences that has been provided by children themselves, at the same time as minimising the need for repeated interviews.

In Ireland, it is common practice to elicit information about the child's experience of disclosure when children participate in formal child sexual abuse assessments. The format for such interviews is informed by international guidelines such as *Achieving Best Evidence in Criminal Proceedings* in the UK (Home Office, 2002) and the NICHD protocol in the US (Sternberg *et al*., 1997). Parents are interviewed as part of the assessment, followed by an interview with the child. The aim of such assessments is to enable the professional team to offer an opinion as to the credibility of the allegation, to enable child protective services to make decisions regarding the ongoing protection of children and to facilitate therapeutic intervention, where appropriate. The interview, therefore, explores the context of disclosure and the therapeutic needs of the child. Comprehensive reports are compiled following these interviews. The present study sought to conduct a documentary analysis of children's assessment reports to investigate whether they provide substantive data on children's experiences of informal disclosure of sexual abuse. In this way, data already collected directly from children about their experiences of disclosure could be analysed, without the need to engage children in further interviews for research purposes. Such data could, it is argued, contribute to the knowledge base on how children disclose their experiences of child sexual abuse and what factors influence such disclosures.

Method

Sample

This study examined 39 reports of children (7 males and 32 females) seen for assessment in a child sexual abuse unit in a children's hospital in Ireland during the period 2005–07. Children up to 18 years are referred to the unit where there are concerns that the child has been sexually abused. The process of the assessment typically involves an interview with the parent followed by two to three interviews with the child. The inclusion criteria for our study were

> 'An increase in the number of qualitative studies where children have been asked directly about their experiences of disclosure'

> 'The interview… explores the context of disclosure and the therapeutic needs of the child'

that: (1) the child's account of their experience of sexual abuse had been deemed credible by the assessment team; and (2) consent to use file information for research purposes had been granted by parents. This study was a follow-up to an interview study conducted by the first author. The sampling strategy for the interview study consisted of three main approaches: asking assessment teams to give an information leaflet to parents at the conclusion of the assessment, placing a poster in the waiting room of the service and asking therapists in the unit to speak directly to children and young people about the study. Over the two-year period, the first author attended team meetings intermittently to review the sampling strategy, to provide the service team with updates and to encourage staff to inform families about the study. The first author made regular phone calls and drop-in visits to the service to remind professionals to approach families and young people who met the criteria for inclusion. Of the children and young people attending the service during this time period, 81 met the inclusion criteria for the study. Table 1 provides details on families approached and those who participated. Of those parents who declined to discuss the study with their children (n = 16), 14 parents gave consent for their children's file information (17 children) to be used in this study. In addition to the parents of the 22 children who participated in the interview study, this resulted in a sample of 39 children's reports. The current study was designed as a pilot study to test out this method of data collection before embarking on a larger study.

In the sample of 39, children ranged in age from two to 15 at the beginning of the abuse, and from three to 17 at the time of assessment (see Table 2). Age-related data were available in the majority of cases, with some missing data for age at the time of abuse. Age breakdown is detailed in Table 2. The majority of children were aged six to 11 at the time of abuse, and 12–15 at the time of the assessment. The sample of 39 young people therefore consisted predominantly of adolescents.

Procedure

Reports were accessed on-site in the children's hospital, with assistance from administration staff who identified the relevant files. All information relating to the informal disclosure made by the child was extracted from reports, using a data record sheet developed for this purpose. These data included demographic data such as age, gender, type of abuse, relationship to perpetrator and to whom disclosure was made, as well as qualitative data such

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Table 1. Sampling

Sampling sub-categories	No.
Children who met sampling criteria	81
Deemed not appropriate by professionals	10
Families stopped attending	5
Families not approached (no reason given)	13
Young people/parents approached	50
Parents who declined	16
Young people who declined	13
Young people interviewed	22
Parents gave consent for children's reports to be used	14
Total number of reports	39

Table 2. Age of children at the time of abuse and time of report

Age categories	No. of children at time of abuse	No. of children at time of assessment
0–5 yrs	4	3
6–11 yrs	19	9
12–15 yrs	12	17
16–18 yrs	0	10
Missing data	4	0
Total	39	39

as the story of how the disclosure was first made, what prompted the disclosure, what had inhibited the child from telling before this time, reactions to the disclosure, information about subsequent disclosures and any information that appeared to pertain to the informal disclosure experience. No identifying information was entered onto the data record sheet. The data collection process was conducted on-site in the hospital. A content analysis was conducted using a coding schedule based on previous studies, in particular that of McElvaney *et al*. (2014). Codes were entered as labels in an Excel spreadsheet and the two authors independently coded the data record sheets, entering the raw data into the various cells under each label. Additional themes were added where appropriate. Coding was compared and consensus reached where differences occurred. Frequency statistics were then computed on each code revealing those themes most prominent in the data.

A framework for recording frequency of occurrence of categories was informed by Hill *et al*. (1997); 'general' where a category related to all cases, 'typical' where more than half of cases are represented and 'variant' where a category applies to two to three cases. Categories were not coded as 'inhibiting' or 'facilitating' factors to allow for the possibility that these dynamics can act as both inhibiting and facilitating factors for disclosure.

Finally, interview data were available for 22 of these children (first *McElvaney et al.*, 2014) where these children were directly interviewed about their experiences of disclosure. The interviews took place over the same time period, that is, 2005 to 2007, following assessment. The age range of children in the interview study was seven years to 19 years. In some cases, there was a time difference of several months between assessment and the research interview while in others, the delay was up to two years. This therefore presented a unique opportunity to compare data from interviews specifically focused on the disclosure experience with report data from assessment interviews.

Ethical approval for this study was granted by the university and the children's hospital concerned.

Results

The aim of the present study was to investigate the feasibility of using children's assessment reports as data sources for exploring children's experiences of informal sexual abuse disclosure. The data analysis process consisted of two phases: firstly, an analysis of data obtained from reports; and secondly, a comparison of these findings with findings from qualitative interviews with 22 of the young people whose reports were accessed in the present study.

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Phase 1: Analysis of Reports

Information on the relationship with the alleged perpetrator data was available in all 39 reports. Twenty-three young people (59%) experienced intrafamilial abuse (defined as abuse by a parent, step-parent, mother's boyfriend or other relative), 15 (38%) experienced extrafamilial abuse and one young person (3%) experienced both. Data were available for the duration of the abuse in 24 of the reports. Seven of the children suffered one incident of abuse. Of the children who experienced ongoing abuse, nine experienced abuse over a period of less than one year, six experienced abuse over a period of up to three years and two experienced abuse for more than three years. Details of the nature of the abuse were available for all children. Abuse experiences included penetrative sex, digital penetration, kissing, oral sex and masturbation. Thirteen children (33%) experienced abuse involving penile penetration, with 26 (67%) experiencing other forms of abuse. Data were available in all cases on who the child first told, with 17 (43%) children first telling their mother, 13 (33%) first telling a friend, three (7.6%) first telling their father, three (7.6%) telling a sister, aunt or family friend and three (7.6%) first telling the school or police (Table 3).

Three 'typical' themes were identified as influencing the disclosure process – feeling distressed, opportunity to tell and fears for self. Four 'variant' themes were identified – concerns for others, being believed, shame/guilt and peer influence. While all reports noted more than one theme, the themes represent distinct concepts for the most part. For example, feeling distressed refers to a mention of the child showing some form of distress, as observed by family or others in their social network, and is distinct from fears for self or concerns for others. There was however, some overlap in the themes 'peer influence' and 'concerns for others' in that in some cases peers encouraged the young person to disclose given the possible risks to other children. Table 4 summarises the content analysis of the various themes with an accompanying definition of each theme.

Phase 2: Comparison of Report Data and Interview Data

Table 5 represents a summary of the interview study and the report study for comparative purposes.

In the interview study, psychological distress was highlighted as a dynamic representing the 'pressure cooker effect' described by young people. It was not conceptualised at that time as an influencing factor, but rather as part of the process of disclosure. Therefore, a frequency count for psychological distress was not available from the interview study. While all the themes are more common in the interview data than the report data, many of the reports contain

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Table 3. First confidante

Confidante	n (%)
Mother	17 (43%)
Peer (friend/cousin)	13 (33%)
Father	3 (8%)
Aunt/sister/family friend	3 (8%)
School/police	3 (8%)

Table 4. Content analysis of reports (n = 39)

Themes	n	%
Feeling distressed	26/39	66%
Psychological distress, noted by the child or observed by parent/teacher		
Opportunity to tell	23/39	59%
Direct or indirect questioning of the child, or trigger that prompted the child to tell		
Fears for self	21/39	54%
Fears of something bad happening to child as result of disclosure, of people finding out or generic feeling afraid		
Peer influence	14/39	36%
Incidents of disclosure to peer, or encouragement from peer to tell a trusted adult		
Concerns for others	12/39	31%
Fears of negative consequences for family as result of disclosure, or concerns that other children may be abused by the alleged perpetrator		
Being believed	11/39	28%
Fear of not being believed, or experience of not being believed		
Shame/guilt	11/39	28%
Guilt, shame or self-blame about the experience of abuse or the delay in disclosure or general expression of shame or discomfort about the abuse experience		

Table 5. Comparison of report data and interview data

Domain	Interviews (first author and colleagues (n = 22))	Domain	Reports Sub-sample of present study (n = 22)	Match (n)
Being believed	64% (14)	Being believed	31% (7)	5
Being asked	50% (11)	Being asked (in opportunity to tell)	41% (9)	6
Shame/self-blame	73% (16)	Shame/guilt	23% (5)	2
Fears and concerns for self and others	86% (19)	Fears for self and others	45% (10)	2
		Concern for other children	10% (2)	
Peer influence	68% (15)	Peer influence	27% (6)	3
		Feeling distressed	82% (18)	

information that was not revealed in the interviews and vice versa. Being believed, shame/self-blame and peer influence were represented more than twice as much in the interview data than in the report data. Sixteen children referred to shame/self-blame in their interviews while five children's reports noted this. However, for three of these children, the theme was noted in the report but not in the child's interview. Possible explanations for this are discussed below.

Discussion

All reports analysed in this study (n = 39) contained some information pertaining to the informal disclosure experience. This is not surprising given that information about the initial disclosure is relevant to the assessment of credibility. How the concern arose in the first place can either lend to credibility or detract from it.

All 39 children identified the first person who they disclosed to, compared to 71 (37.6%) from Schaeffer *et al.*'s (2011) study. All children made some reference to their experience of telling, while 15 (7.9%) of the children in Schaeffer *et al.*'s study gave no information about their disclosure. These

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discrepancies may be explained by the differing contexts and variance in interview methods used in the two countries (i.e. US and Ireland). In the US, investigative interviews follow protocols such as the NICHD protocol (Sternberg *et al.*, 1997) and interviews are conducted for forensic purposes. In Ireland, assessment interviews are more flexible and while informed by protocols such as the NICHD in terms of how questions are structured, the purpose of the interview is twofold: to assist with child protection decision-making and to assess the child's therapeutic needs (McElvaney, 2013). Information such as who the child first disclosed to and how they told is relevant to the issue of credibility but is also a relevant indicator of family functioning and network of supports. The fact that it was necessary to insert questions relating to disclosure into the interview protocol used in Schaeffer *et al.*'s study is an indication that until now this was not of central interest to interviewers.

Thirteen young people in this study (33%), a predominantly adolescent sample, first told a peer about their experience of abuse while in Schaeffer *et al.*'s study, 48.3 per cent of those aged 11–18 years first told a peer. Both surveys and qualitative studies have highlighted the role of peers as confidantes for adolescents (Crisma *et al.*, 2004; Kogan, 2004; Priebe and Svedin, 2008; Ungar *et al.*, 2009; Schaeffer *et al.*, 2011; Schönbucher *et al.*, 2012; Cossar *et al.*, 2013; Malloy *et al.*, 2013; McElvaney *et al.*, 2014). Given Kogan's (2004) finding that 25 per cent of the sample had only told peers prior to the survey, it is of critical importance to understand the dynamics of these disclosures, to identify the triggers and to develop intervention strategies that assist in the process of peer disclosures.

The key factors influencing the disclosure process, as identified in this study were: feeling distressed, opportunity to tell, fears for self, peer influence, concern for others, being believed and shame/guilt. As discussed, comparative (quantitative) data were not available in relation to psychological distress, although this was identified in the qualitative study as a key dynamic in the disclosure process. The importance of noticing children's distress as a precursor to facilitating disclosure in children has been identified in qualitative interview studies (Ungar *et al.*, 2009; Cossar *et al.*, 2013; McElvaney *et al.*, 2014). Rogers (2006) and Bentovim (1995) have highlighted the difficulties in communicating the experience of trauma through language. Schaeffer *et al.* (2011) identified feelings of anger, guilt and anxiety as prompts to disclosure. While expressions of psychological distress are often a precursor to someone asking a child about their psychological wellbeing, the distress itself has not been conceptualised in previous literature as a facilitating factor for disclosure.

Giving children an opportunity to tell about their experiences has also been highlighted in several studies (Kogan, 2004; Collings *et al.*, 2005; Jensen *et al.*, 2005; Hershkowitz *et al.*, 2007; Ungar *et al.*, 2009; Schaeffer *et al.*, 2011; McElvaney *et al.*, 2014). Jensen and colleagues (2005) describe the disclosure experience as a dialogical process whereby three key elements facilitate disclosure – opportunity to tell, purpose in telling and a connection that has been established between the child and the confidante as to what they are talking about. Cossar *et al.* (2013) noted that in their study many children did try to tell but were not heard or no action was taken. Schönbucher *et al.* (2012) also raised a concern about parental reactions to disclosure. In the present study, parents or carers for the most part reacted supportively. The

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dominance of the theme 'opportunity to tell' is indicative of how parents and others in the child's social network did try to find out what was wrong. It may be that this sample disproportionately represents families who are supportive in the aftermath of disclosure and that this is reflected in their willingness to participate in the research study. A larger study of children's files may shed further light on this question.

Goodman-Brown and colleagues (2003) found that fear of consequences predicted delays in disclosure. Out of 132 children, 11 per cent described fearing consequences for others, 37 per cent described fearing negative consequences for themselves and eight per cent described fearing negative consequences for the alleged abuser. However, conceptually these appear to represent distinct domains that may influence children in different ways. Fears for self, fear of upsetting others and fear of causing trouble in the family appear to inhibit disclosure (Crisma *et al.*, 2004; Lovett, 2004; Jensen *et al.*, 2005; Schönbucher *et al.*, 2012), while concern for other children appears to be a facilitating factor in disclosure for young people (McElvaney, 2014; McElvaney *et al.*, 2014). McElvaney (2014) compared data from interviews with adults and teenagers and found that a proportion of teenagers referred to concern for other children as an influencing factor in their disclosure process while none of the adults referred to this concern. The author suggests that increased awareness of the ongoing risk that perpetrators represent may be a factor in helping young people understand the importance of disclosure.

> **'Fears for self, fear of upsetting others and fear of causing trouble in the family appear to inhibit disclosure'**

Those themes that were more represented in the interview data than in the report data include: being believed (64% vs 31%); being asked (50% vs 41%); shame/self-blame, (73% vs 23%); fears and concerns for self and others (86% vs 55%); and peer influence (68% vs 27%). We might surmise that complex dynamics such as shame/self-blame are more easily elicited in an in-depth interview that focuses exclusively on the experience of disclosure, yet three of the children discussed this in the assessment interview and did not discuss it in the research interview. Assessments tend to consist of two to three interviews with the child, while the research interview was a once-off interview. It may be unrealistic to expect that information drawn from two sources would be consistent. The assessment reports had the benefit of incorporating data from the parents' perspectives. It may be that some of the data in the assessment reports emanated from parents rather than directly from children. Finally, there was a significant time delay in many instances between the assessment being completed and the research interview, with most children engaging in therapy before the research interview. It may be that reflecting on their experiences in therapy led to changes in young people's understanding of their experiences.

> **'The assessment reports had the benefit of incorporating data from the parents' perspectives'**

It is of note that while older children are often able to articulate their distress as associated with a need to disclose 'cos it kept coming up to the surface every now and again and I'd get angry and cry and I'd run up to my room [16-year-old boy]', (McElvaney *et al.*, 2012, p. 1164), many children who are in distress are not able to make this connection but it may be described by parents or professionals as influencing disclosure.

Reflections on Method

Research on children's experiences recognises the importance of listening to children directly and having their voice represented in research about their

'Including children's perspectives without engaging children in further conversations for research purposes'

'It may be that the dynamics of disclosure are different for children who do not require therapeutic support following abuse'

lives. However, developments over the past two decades in forensic and investigative interviewing practices have sought to minimise the number of interviews that children engage in for the purpose of hearing their story. This methodology offers the opportunity of including children's perspectives without engaging children in further conversations for research purposes.

While gatekeepers are important to ensure that children are protected and supported throughout research studies, such gatekeepers are likely to restrict access to more vulnerable children, thus introducing a bias into sampling (Hutchfield and Coren, 2011). In this study, there was ongoing engagement between the first author and the service team. The service team was highly committed to the research project and there was a high level of mutual trust and respect between the researcher and the service team members. Nevertheless, professionals were, understandably, highly protective of their clients and cautious about any potential harm or disruption to the children's therapeutic work. They sometimes forgot to introduce the study to families or decided not to approach individual children who they felt were not ready to be approached about research. Parents too were anxious not to subject their children to any further questioning. Nevertheless, it may be that some young people may have wanted to participate but were not given the opportunity to do so. Thus, a study that does not require interviews with children but relies on file information only that has been obtained directly from children is likely to represent a broader group of children than those who consent to participate in interviews.

Most of the young people who participated in the interview study were still attending the service for therapeutic intervention. It may be that the dynamics of disclosure are different for children who do not require therapeutic support following abuse. Although it can be argued that the file analysis study only captures the experiences of children who come to the attention of authorities, it did capture a broader range of children's experiences than the interview method.

One significant limitation of the present study is that children were not asked directly for their consent or assent to the researcher accessing their files. Hutchfield and Coren (2011) discuss the importance of giving detailed explanations to children about the nature of research projects. It is the authors' contention that while it is optimal to obtain children's consent or assent when their information is being used for research, there is also a duty on services to use the information that they gather for the betterment of children's lives in general. Particular attention is needed to ethical considerations in such circumstances. In this study, data were cleaned of all identifying information before information was removed from the service site. No records such as names or consent forms were held outside the service site.

Another limitation of this method is the variability inherent in the primary data collection process. Different professionals vary in their focus on informal disclosure when interviewing children. Schaeffer *et al*. (2011) noted that professionals used their own discretion when deciding whether to ask questions about disclosure in their investigative interviews. Professionals in the present study reported that their practice had changed as a result of the interview study, whereby they were more inclined to elicit more detail on the child's disclosure and to write about this in their reports. It may be that earlier reports in this study have less information than later reports. Different report

writing styles also result in variability, which in turn impacts on the quality of the data available for analysis.

The sample in this study, as in the interview study, was predominantly female (ratio of 3:1, female to male), in line with global prevalence estimates (Lalor and McElvaney, 2010) and predominantly adolescent. Parents of older children in the interview study were more likely to consent to their child participating. Most qualitative studies have represented adolescents' experiences more than younger children's experiences, with the exception of Cossar *et al*. (2013). It is therefore particularly important to access information about younger children's experiences of disclosure, given their lack of representation in the research literature. Relying on a clinical sample also has its limitations. Access to children in the community is challenging, particularly in the field of sexual abuse where reporting obligations may act as a deterrent to children and families who have not previously engaged with services.

There is little diversity in this study sample, with just one non-national child represented and one child from the travelling community. Clinical experience suggests that both national and non-national ethnic groups are less likely to engage with services. A larger sample is needed to explore this.

It is important to acknowledge the differing contexts in assessment and research interviews. The variation in temporal delay between disclosure and assessments or research interviews may have impacted on differences in the data from these two sources. Assessment interviews while occurring sooner after the disclosure than research interviews can be a formidable experience. Children are typically anxious, and particularly for older children, there is an awareness that the process is part of an investigation that may have serious consequences. The research interview has much more flexibility, the child is free to discontinue if he or she wishes. Children are often aware that their participation will be of help to other children. Their participation, one could argue, is much more voluntary than in the assessment interview, where the child protection system requires that the child is interviewed to assess risk.

Finally, on a practical note, information on outcomes of assessment was held centrally at the time of this study but evidence of written consent was kept on individual files. This information is now held centrally, as are electronic copies of reports, which would significantly reduce time costs in a larger study.

Conclusion and Implications for Practice

It is suggested from this study that children's assessment reports may be a valid source of data for studies on children's informal disclosures. Given the extent of data available in child protection agencies on children's experiences, there is a need to use these data to inform our understanding of children's experiences of disclosure. These findings will contribute to the design of a large-scale multi-site study of disclosure based on an extensive review of children's files.

It is not suggested here that the file analysis method will elicit as much detail about children's experiences as the interview method, rather that in the light of limited resources for conducting interviews and the availability of data in professionals' reports, this may be a useful means of collating information

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'Children are often aware that their participation will be of help to other children'

'Qualitative research studies… provide a more in-depth account of children's experiences'

'A larger body of data such as that available in professionals' reports would enable the exploration of statistical inferences'

based on what children have told professionals. The value of qualitative research studies is that they provide a more in-depth account of children's experiences, thus enriching our understanding of the disclosure process and how influencing factors impact on the child. Thus, interventions can take account of the child's perspective. However, a rationale for intervention also needs to take account of the typicality of certain factors that influence children's disclosures. Goodman-Brown and colleagues (2003) identified predictive factors of non-disclosure. Studies are now needed that focus on what predicts early disclosure. A larger body of data such as that available in professionals' reports would enable the exploration of statistical inferences. While qualitative studies have enriched our understanding of the process of disclosure, we cannot identify from these studies which factors are predictive of early disclosure. A larger body of data would help address this question. Exploring data that are already being gathered in clinical and child protection contexts could provide invaluable access to knowledge about what helps children tell.

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