ISSUES SURROUNDING DISCLOSURE OF CHILD SEXUAL ABUSE: IMPLICATIONS FOR HEALTH PROFESSIONALS

Wananani Tshiamo-
University of Botswana
School of Nursing
Private Bag 00712
Gaborone, Botswana
tshiamowb@mopipi.ub.bw

Mabedi Kgositau
University of Botswana
School of Nursing
Private Bag 00712
Gaborone, Botswana
kgositaum@mopipi.ub.bw

Abstract

Disclosure of child sexual abuse can be an explosive and traumatic event for the child and the people who are intended to absorb the information. Described as a process of telling an adult about an incident of child sexual abuse, disclosure can be difficult to initiate as it involves a topic that is difficult and rarely openly discussed. A worldwide social problem, child sexual abuse is any sexual activity perpetrated against a minor by threat, force, intimidation or manipulation. The paper examined the range of factors associated with disclosures of child sexual abuse and strategies that can be employed by health care providers when dealing with issues related to disclosure of abuse.

Original research, systematic reviews and reports on disclosure of childhood sexual abuse were used to examine the problem. Factors that impact disclosure of child sexual abuse were examined looking at individual and developmental factors, family dynamics, community and the cultural-societal level factors. Sexual abuse undermines the psychological wellbeing of individuals and has long-term deleterious mental health effects. Healthcare professional are among the first responders to child sexual abuse. Issues around disclosure were interrogated and information yielded suggested strategies to facilitate disclosure. Specific practice guidelines for dealing with children and families that have experienced CSA are recommended. Future studies should focus on cultural difference that impact on the phenomena of disclosure

Keywords: Disclosure, child sexual abuse, health professiona

Background

Disclosure of child sexual abuse can be an explosive and traumatic event for the child or survivor as well as to the people who are intended to absorb the information. Described as a process of telling an adult about an incident of child sexual abuse (Hunter, 2011), disclosure can be difficult to initiate as it involves a topic that is difficult and rarely openly discussed (Easton, Saltzman & Willi 2014; Veenema, Thornton & Corley, 2015; Reistsema & Grietens, 2016). Disclosure is not a once-off event but can take a long period of time to be initiated, perceived or noticed (Hershkowitz, Lanes & Lamb 2007). It has been described as a process that is relational, iterative and occurs over a long period of time (Alaggia, Collin-Verina & Lateef, 2017). Disclosure of child sexual abuse (CSA) has been found to take days to years after the abuse has happened. It is particularly important to note that disclosure of child sexual abuse may involve minor children who are not able to tell their story because they lack awareness of what sexual abuse is. Similarly, older children have been found to delay disclosure because of the circumstances in which child sexual abuse occurs (McElvaney, 2015). Literature has helped to explain why the processes of disclosure often delay. The major reasons are age and gender of child, cultural background, fear and embarrassment; shame and self -blame (Collin-Vezina, Daigneault & Hebert 2013; Hunter, 2011; Schaeffer, Leventhal & Asnes 2011; Priebe & Svedin, 2008).

Child sexual abuse has been defined as any sexual activity perpetrated against a minor by threat, force, intimidation or manipulation (Collin-Vezina, Daigneault & Hebert 2013). While the World Health Organization defines child sexual abuse as "*The involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to or for which the child is not developmentally prepared and cannot give consent or that violate the laws or social taboos of society. Child sexual abuse is evidenced by this activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person. This may include but is not limited to: the inducement or coercion of a child to engage in any unlawful sexual activity, the exploitative use of a child in prostitution or other unlawful sexual practices; the exploitative use of children in pornographic performances and materials* p.62 (WHO, 1999). By nature, child sexual abuse is a complex phenomenon associated with a myriad of factors pertaining to the victim, family, community and society at large. Child sexual abuse is a global public health problem that remains a challenge with long-term effects that range from physical, psychological, social and behavioral consequences (Easton, 2014, Shannon, et.al. 2012) that need interrogation. Using the bio-ecological system's model by Bronfenbrenner and Ceci, (1994), this paper seeks to examine the range of factors associated with disclosures of child sexual abuse and strategies that can be employed by health care providers when dealing with issues related to disclosure of child sexual abuse. Where appropriate, a contextual view of Botswana will be used to draw examples.

Several studies have reported high prevalence rates of child sexual abuse ranging from 19.6% to 22% for females and 9.7% to 21.1% for males respectively (Anderson, et al 2012 and Hebert,

et.al 2009). About 57.7% of child sexual abuse survivors reported delaying disclosure for up to five years after the first episode of abuse (Hebert, et.al 2009) had occurred. But non-disclosure rates for child sexual abuse have been reported to be as high as 80% (Alaggia, 2010), suggesting that many survivors of child sexual abuse acts may endure continued victimization or lack of assistance as no one may be aware of what is going on. By its nature, child sexual abuse undermines the psychological wellbeing of the individual and has immediate physical and emotional effects as well as long-term deleterious mental health consequences. Healthcare professional are among the first responders to child sexual abuse (Hunter 2011). Although professional are expected to be recipient of disclosure, literature shows that children and adolescents disclosing their experiences of sexual abuse often talk to friends, parents and less than 8.3% of disclosures are received by professionals (Priebe & Svedin, 2008). In addition, disclosure is process that can require a special relationship between the victim and person receiving the information being disclosed. Professionals working to prevent or intervene in child abuse need to understand factors that affect disclosure including conditions that can facilitate or inhibit disclosure (Townsend, (2016). Townsend further argues that low disclosure rates make it impossible for practitioners to determine whether child sexual abuse is increasing or decreasing, thus depriving practitioner of the necessary data that is needed for informed decision making.

There has been disproportionate research studies conducted on child sexual abuse and disclosure in the upper, middle and lower income countries and across the globe (Veenema et al. 2015), with the least number of research work having been carried out in the developing countries. Investigations on the matters of CSA and disclosure are difficult to investigate and local media houses in Botswana have bemoaned the low rates of reporting of gender-based violence including rape and child sexual abuse (The Patriot, 2017). Although, child sexual abuse is believed to be a rampant problem in many parts of the African continent, a study in South Africa revealed that 85.6% of victims of child sexual abuse do not disclose their experiences, hence may not be afforded help through relevant services (Meinck, et al. 2017). Some reasons that were advanced for delayed or non-disclosure were fear that the victim would not be believed or that they would be blamed for what has happened. The age of the survivor and the time when first episode of abuse occurred was another factor that contributed to the delay or failure to disclose incidents of CSA. The younger the person was at the time of the incidence of abuse the longer time it took to disclose (McElvaney, 2015). Thus further, delaying and depriving the victims of abuse emotional and psychological support that they so much need.

A cross sectional study that examined sexual violence among school children in 10 southern African countries, Botswana included, highlighted coerced sexual encounters as a major cause for the HIV epidemic (Anderson, Paredes-Solis, Milne, et al, 2012). The same study revealed that both female and male students experienced sexual abuse. The rate of the self-reported child sexual abuse across the 10 countries revealed that one in every five children of both sexes had been affected (Anderson, et al.). This study highlights an important point that needs consideration of the issue of the boy child as a victim of child sexual abuse. This is against the popular belief or assumption that the girl child is the only victim of CSA. It therefore calls for

renewed awareness that both the body and girl children are equally at risk for abuse. It is essential that survivors of abuse disclose experiences so that they could be assisted with the relevant services that can address both the short and long term effects of CSA.

An earlier retrospective study that was done by Alao and Molojwane (2008) revealed that rape was the commonest form of abuse among children especially affecting the girl child. The same study also noted that defilement and incest were also common in Botswana. The magnitude of the problem was difficult to quantify as reporting was poor with only a few statistics provided by law enforcement agencies such as the Botswana Police and resource centres like SOS Children's Village and Childline (Alao & Molojwane). There is no specific data on disclosure of CSA in Botswana.

Methods

The purpose of this paper is to examine a variety of factors associated with disclosure of child sexual abuse using the ecological framework and to provide suggestions on how health care providers can improve care for victims and survivors of CSA. Although not conducting a systematic review per se, peer reviewed and non-peer reviewed articles and other sources were identified from health and medical data bases such as CINHAL, EBSCO-host, Medline, PsycInfo and Google Scholar. Gray literature sources were also consulted especially for context based information to assist the authors to have a grip of the local context. The literature search was performed using keywords such as disclosure, child sexual abuse and conceptual framework.

Applying the Ecological Model to Disclosure Child Sexual Abuse

Many studies that have examined disclosure of CSA did not recommended a specific theoretical approach that could be used to understand underlying factors and variables associated with the subject matter. However, a few studies have used the ecological system's model to examine the interplay of various factors that are involved in child sexual abuse and disclosure (Alaggia, 2010 and Collin-Vezina, et.al, 2015). In order to provide a logical approach for the discussion of this paper, findings from the reviewed literature have been organized and analysed using the bio-ecological theoretical framework originally by Bronfenbrenner and Ceci, (1994). The main building blocks for this framework are ontogenic , micro-system, exo-system and macro-system level factors that may exert influence to bring about child maltreatment such as child sexual abuse (Belsky 1980). Similarly, disclosure can be examined from the same ecological perspective.

To understand various factors that may contribute to child sexual abuse and disclosure thereof, the ecological theoretical approach posits that individual's behaviour can only be understood when one takes into consideration influences that occur at the individual level, family environment, community level and the cultural and societal levels (Alaggia, 2010). Factors that impact disclosure of child sexual abuse will be examined by addressing the individual and

developmental factors, family dynamics, community environment and the cultural-societal level factors as articulated in the Alaggia's study.

Individual and Developmental Level Factors

Studies have identified factors that can facilitate or impede disclosure of child sexual abuse as originating from the individual and their developmental phase. Age and gender differences are discussed as the two main level factor of concern.

Age

Age has been found to be a factor that impedes or facilitates disclosure. Several studies revealed that disclosure rates of younger children were lower than those of older children (Lyon et al, 2010; Lahtinen, Laitila, Korkman &Ellonoen, 2018, Schaeffer, et al 2011) while some revealed that older children were more reluctant to disclose (Hershkowitz 2007). The same study by Lahtinen et.al, showed that the perpetrator's age was a significant variable associated with disclosure of abuse. For instance, abused children disclosed more often to an adult if the perpetrator was at least 30 years old at the time of the incident. It is unclear why children wouldn't disclose abuse caused by their peers. But one can assume that if the perpetrator is much older that the victim, it is culturally and morally unacceptable for older people to violate and abuse younger children; hence children may feel wronged and find course for justice to prevail. In qualitative inquiry, young age was related to delayed disclosure because young children may not have the cognitive capacity to remember the incident nor sufficient vocabulary to relate and describe the episode of abuse (Alaggia, 2010; Lippert, Cross, Jones & Walsh, 2009; Reitsema & Grietens, 2016). Thus this leads to delayed disclosure as children may have a recollection of the abuse many years later in adult life, only to disclose when they encounter some triggers or when they experience posttraumatic stress disorders (Herbert at al., 2009). Disclosure of CSA experiences in adulthood has been found to be more spontaneous than in early childhood or adolescence.

Gender Differences and Disclosure

With regards to gender, a study by Priebe and Svedin (2008) found disclosure rates for girls at 81% while those of boys were 69%, and in another study, Hebert et al (2009) indicated that the prevalence rates of child sexual abuse were 22.1% and 9.7% for females and males respectively. In this case the child sexual abuse rates represent the reported incidents but not necessarily disclosure by victims themselves. In general, patterns of disclosure among males and females tend to differ. Lahtinen, et.al (2018) also reported reluctance to disclose among males. Male children tend to be less open in their communication. In addition, male victims of CSA fear that it may be assumed that there are gay/homosexuals if they disclosed their experiences of abuse (Dorahy& Clearwater, 2012). Men abused by male perpetrators tend to question their own sexual orientation and male victims of abuse have a tendency to blame themselves leading to inability to disclose (Easton, et.al, 2014). This could be a result of societal expectation where patriarchy is associated with being brave and strong. However, victims of child sexual abuse who do not

disclose are likely to present with clinical post-traumatic stress related symptoms in later life (Hebert et al, 2009). Unfortunately post-traumatic stress related mental health problems disproportionately affect men than women (Read & Bentall, 2012). Besides, sexual trauma affecting children has been linked to hallucinations often associated with long-term effects of CSA (Read & Bentall, 2012).

Contrary to the findings from many studies conducted globally, a cross sectional study that investigated prevalence of coerced sex among school going youth in 10 southern African countries revealed that 11.7% of male students experienced forced sex while only 4.7% females students reported similar abuse (Anderson, et.al. 2012). The same study by Anderson and colleagues also revealed that in Botswana 11.9% male youths had experienced sexual abuse compared to 15.0% of females. The rates of abuse were lower than in Malawi where 37.8% male youths had experienced abuse and 43.2% of female youths in Tanzania had had a similar problem. These statistics are based on the self-reported experiences of students and there could be under-reporting hence the magnitude of the problem could be even higher as some students declined to answer the research questions.

Children do not disclose their experiences of sexual abuse because of fear of the perpetrators. In most cases, child sexual abuse is perpetrated by people who are well known, respected and trusted by their victims (Meinck, et.al 2017 and Schaeffer, et al. 2011). In such cases, disclosure is delayed and re-victimization is common as the perpetrator may continue to use his/her tactics to blackmail, threaten or use positive inducement to maintain secrecy with the victim. In some instances, children do not disclose because they have fear about the consequences of disclosure (McElvaney, 2015). Some children who have experienced rejection following unsuccessful disclosure effort will subsequently be reluctant to disclose (Havig, 2008) because of fear of the risk of even being more traumatized. Fear, self-blame and shame are deterrents of disclosure. Other reasons that have been attributed to delayed or non-disclosure are that young people may be reluctant to disclose abuse as they do not want to upset their parents, and fear rejection or abandonment (Easton, et al., 2014). Often times children think they may not be believed if they disclose allegation of abuse while some think they will be blamed for the abuse. Depending on the nature of questions asked, CSA survivors may be open in their communication or closed in which case very little information may be shared. Using prompting questions has been found to facilitate disclosure. A study by McElvaney (2015), reported that the delay in the legal system for reported cases may take between twenty to fifty years. Delays in the legal system such as this deprive justice for the CSA victim.

Family Dynamics

This paper adopted the ecological system's framework to contextualize disclosure of child sexual abuse focusing on the complex interaction of factors at the individual, family, community and cultural-societal levels. This section discusses factors at the family level that have influence on disclosure of sexual abuse experiences. Certain family dynamics may either facilitate or impede disclosure of CSA. The family climate has a strong influence on the nature of interaction that

result among children and their parents. For instance, a study by Priebe and Svedin (2008) demonstrated that parental bonding was the only variable that predicted disclosure for both boys and girls. Young victims of abuse who perceived their parents as caring and not overprotective were most likely to disclose their experiences of abuse (Priebe& Svedin). Families with rigid traditional gender roles have been found to be less accommodative of divergent views in so much that a victim of child sexual abuse who is male can find it difficult to disclose abusive acts. This may be linked to the traditional masculinity morns that encourage males to be in control and show their sexual prowess (Cashmore & Shackel, 2014).

Families that exhibit poor communication among members may tend to encourage feelings of helpless and powerlessness that impairs feelings of being in control (Easton, 2014). Much of the child sexual abuse that occurs in the family remain undisclosed, clouded with secrecy for a long time (Hunter 2015) as it may be covered by the family dynamics like as poor communication that limits interaction leading to social isolation. Social isolation limits chances of developing trust with significant others. Families that are socially isolated may be secretive and aloof thereby denying members of social support from extended family or other social groups within the community. Therefore, in the event that children become victims of any form of abuse perpetrated by someone within the family circle, it will be difficult for anyone to notice or report.

Child sexual abuse tends to be common in dysfunctional families where substance abuse is common. Children whose parents abuse drugs and alcohol are neglected and do not build emotional attachment with their parents, hence may find it difficult to disclose abuse to parents who are perceived to be not caring (Reitsema & Grietens, 2016). Some family characteristics such as rigidly gender roles with dominating fathers, some forms of domestic violence, aggression and closed communication patterns were cited as features that shut down possibilities of disclosure (Alaggia, 2010).

Families need to know that victims of child sexual abuse may use direct or indirect means of sharing their experiences of abuse and therefore should listen and be in a position to pick indirect communication that signals disclosure of child sexual abuse. It must be noted that victims could demonstrate non-verbal and behavioural problems that may not easily be linked to child sexual abuse (Reitsema & Grietens, 2016). Therefore, it calls for parents who are observant and responsive to their children's behaviour to be able to notice any change and pick clues suggestive of distress.

Community Environmental Level Factors

Most times a problem such as child sexual abuse affects an individual, his/her primary family as well as the community that they reside in. Child sexual abuse appears hidden, but it has an impact on the community and the entire society. In some instances, if child sexual abuse is known to occur, the community may respond to the abuse victims in a manner that shuns or ostracizes them (Alaggia, 2010). This may make the victim to feel stigmatized and may end-up blaming themselves and even keeping the abuse experience to themselves in which case they may not get the necessary assistance that they need.

In some communities, disclosure is hindered by stigma and an attitude of passiveness by community and family members. People may fear to be involved so they may not even report any child sexual abuse that they have reason to suspect or are aware about. Victims who fear stigmatization will suffer in silence. This could happen for fear of facing the perpetrator retaliations (Kisanga, Nystrom, Hogan & Emmelin. 2011). Kisanga et al, further revealed that in Tanzania, communities hold beliefs that encourage child sexual abuse as some witch –doctors advice businessmen to rape children for cleansing and clearing their misfortunes so that they can become rich. In addition, the community also holds myths that having sex with young children prevents infection with HIV. The same study revealed that there was also a culture of parents who informally settled the sexual offenses with perpetrators thus preventing reporting of such incidents. The Tanzanian study demonstrated that communities that encourage child sexual abuse would not provide victims of abuse any chance to disclose their experiences; instead victims may suffer quietly and remain silent forever. It appears such communities condone CSA and violate the children's basic human right to be treated with respect.

Cultural Societal Level Factors

It is clear that the interplay of masculine and patriarchal norms and values may also influence perceptions of child sexual abuse and how victims disclose. Males who strongly believe on masculine norms such as winning, emotional control and self-reliance may discourage divulging of any information that may portray them as weak. Easton (2014) reported an association between strict conformity to traditional masculine norms and higher rates of mental health symptoms. These traditional norms encourage male to strong despite challenges they may be facing as they are expected to be immune to victimization (Alaggia, 2010).

In one qualitative study, a participant raised concerns regarding conflicting messages from media and social circles where sometimes television run shows of young girls acting in a seductive manner (Alaggia 2010). This may seem to imply that the child sexual abuse is acceptable. Some cultural-societal attitudes that children are "seen but not heard" seem to encourage children to remain silent and be voiceless at the hands of abusive adults. In such cultures, in Botswana for instance, girls who have experienced sexual abuse may be subjected to ridicule, when they may are accused for having invited trouble from men if they were wearing mini-skirts or tight fitting pants and or were walking alone unaccompanied at night. The authors are aware of a story where a young woman was ridiculed and stripped off her clothes by a mob of men, mostly taxi –drivers at the Gaborone bus rank for wearing mini-skirt. This was very traumatic for the victim. Sometimes victims suffer further emotional abuse when they are asked to describe how the act of abuse occurred. This kind of societal response does not encourage victims to disclose their experiences of abuse.

Social agencies that have a stake in preventing or monitoring child sexual abuse are many and the formal reporting system may be tedious for the victim who is already bruised psychologically and emotionally to withstand the processes of reporting and getting the perpetrator to face

justice. Officials in social and law enforcement agencies have been accused of responding to CSA in a judgmental and ineffective manner (Alaggia, 2010). This on its own may impede disclosure as the victim may be reluctant to share their lived experiences. Trying to understand disclosure of child sexual abuse from a social-ecological perspective seems to offer a holistic context that can facilitate disclosure by victims and survivor of child sexual abuse (Alaggia, Collin-Vezina & Lateef, 2017).

Summary

The reviewed literature revealed important aspects about disclosure and CSA. Disclosure is a sensitive process that could occur when there is a trusting relationship between the person who has experienced a personal traumatic event and another person perceived to be willing and ready to listen and bear the news without being judgmental. It should be understood that the process of disclosure can be prolonged (Hershkowitz, Lanes & Lamb, 2007). All efforts should be made to detect salient aspect of the process of opening up to disclosure personal experiences that may include abuse. Disclosure is also associated with negative consequences such as disproval, disbelief and open criticism. When children predict that their parents/caregiver may respond negatively towards their disclosure, children engage in negative behaviour (Hershkowitz, Lanes & Lamb).

Viewed with the social-ecological lens, latency in disclosure of CSA can vary according to age, gender and family environments or social-cultural contexts. The ecological systems' framework is broad and provides an encompassing approach to the understanding of disclosure of CSA. Some studies have reported that younger children tend to delay disclosure of CSA because of lack of proper understanding of abuse and inability to give descriptions of the abusive act (Alaggia, 2010). Even when they are old enough, children find it embarrassing and afraid of the outcome of disclosure. One study also noted that sometimes survivors think they should be asked if they have ever experienced abuse so that they can tell their story, (MCGregor , Julich, Glover & Gautam, 2010).Unfortunately most health providers think that such inquiry may be intrusive and unnecessary as it involves sensitive and private life. Yet providers are oblivious of clues from children who may need to be listened to. Children nay use both non-specific behavioral cues that are often missed by those who could be responsive and responsible for assisting CSA survivors.

In southern Africa, where coerced sex among school going children was reportedly as high as 42. 2% (Anderson, et.al., 2012) signify that CSA is a major public health problem. The comparatively high rates of CSA and delayed or non-disclosure of abuse require heightened response by those who interact with children so that abuse can be prevented or stopped. Reasons for delayed and non-disclosure of CSA have been widely published (Cashmore & Shackel, 2014; Easton, et.al., 2014; McElvaney, 2015 and Priebe & Svedin, 2008). Individuals who have survived CSA are known to develop long-term poor mental health outcomes such as anxiety and powerlessness (MCGregor , Julich, Glover & Gautam, 2010). This information on disclosure and

CSA can assist in the development of strategies that be used to alleviate the distressing effects of CSA. Educational programmes targeting the vulnerable group, parents and community members would help with sensitization on disclosure and CSA.

Open communication among family members and between parents and their children is important in cultivating a trusting relationship. Studies have also shown that most disclosures are done questions when are asked by trusted friends and caregivers (McElaney2015. But it is evident that few survivors disclose their CSA experiences to professional (Priebe & Svedin 2008). Healthcare professionals are among the key interest groups positioned to address disclosure issues of CSA. A systematic review that examined experiences of adult survivors of CSA in health care settings recommended that health care providers should pay more attention to the psychosocial needs survivors and be able to make timely referral (Havig, 2008). This is important because some adult survivor of CSA could be manifesting alteration in mental health status.

Limitations

Although the literature review was extensive using both quantitative and qualitative studies on disclosure of child sexual abuse, this review was not conducted using any of the established systematic review frameworks. However, because the authors chose to follow the ecological systems framework, the review covered comprehensive literature that broadly examines disclosure of child sexual abuse from a social-ecological perspective.

Implications for Healthcare Providers

Findings from this literature review have implications for practice by healthcare professionals. Inevitably these findings can triggers for more research and policy development.

- Practitioners need to be aware of the strong evidence on the disclosure of CSA literature so that they can identify appropriate best practices that they can use in helping CSA survivors and or victims
- All children irrespective of gender can be victims of CSA and so they need compassionate understanding whenever a history of abuse is suspected. Therefore, practitioner need to be sensitive to their clients experiences
- Since disclosure is influenced by a perception of trust between the victim/survivor and the health care provider, practitioners must make a deliberate effort to create rapport and cultivate a relationship that is conducive for the process of disclosure to flow.
- Healthcare providers should be aware that disclosure can be a life-long process, hence in their day to day interaction with both the young and old clients, they must be able to pick cues that may be suggestive of divulgence of sensitive personal information such as CSA
- Given that healthcare providers such as nurses constitute the largest group in health systems, the need training regarding their interaction with CSA survivors, for instance training could focus on how to incorporate asking about CSA history and how to respond to clients who are ready to disclose experiences of CSA (MCGregor , Julich. Glover & Gautam, 2010).

- Healthcare providers need to develop public health awareness programmes that focus on prevention of CSA and promotion of timely disclosure of abuse. In addition, greater participation of parents, caregivers and community members can be fostered to tackle the issues of disclosure and CSA.
- Healthcare providers should teach caregivers or parents to respond to disclosure in a more constructive and supportive manner so that the survivor can be open
- Families must be empowered so that they share clear point of the criminal nature of CSA and be able to stand by their decisions so that they do not withdraw cases of CSA when adult believe they have reconciled with the perpetrator.
- Healthcare providers should be aware of the mandatory requirements related to CSA abuse that are applicable to the jurisdiction. Providers should also be aware that CSA victims should not be interviewed in the presence of the caregiver or parents as this can limit open interaction.
- Lastly, there is need for professionals to address stigmatization of male sexual abuse victims and facilitate levels of disclosure among males.

Conclusion

Disclosure of CSA impacts many people in both direct and indirect ways. It is influenced by a variety of interrelated factors that are within the individual, family, community and socio-cultural domains. Healthcare providers are expected to ensure that the rights of children are protected and their wellbeing promoted (McElvaney, 2015). Addressing disclosure and CSA issues requires healthcare practitioners who are sensitive and compassionate with CSA survivors and their families. Male survivors of CSA should be afforded special support so that they are encouraged to access health services timeously. Opportunities for disclosure should be created so that male children can equally feel that they are supported. CSA Specific practice guidelines for dealing with children and families that have experienced CSA are recommended. Future studies should focus on cultural difference that impact on the phenomena of disclosure. Media houses should be cautious to prevent sensationalisation of information when reporting on CSA cases.

References

Alaggia, R. (2010) An ecological analysis of child sexual abuse disclosure: Considerations for Child Adolescent Mental Health *J Can Acad Adole sc Psychiatry 19* 1

Anderson, N., Paredes-Solis, S., Milne D et al. (2012) Prevalence and risk factors for forced or coerced sex among school-going youth: national cross-sectional studies in 10 southern African countries in 2003 and 2007. *BMJ Open* 2012 ;2:e000754.doi:10.1135/bmjopen-2011-000754.

Belsky, J. (1980) Child Maltreatment: An Ecological Integration *American Psychologist* 35(4) 320-335

Cashmore, J., & Shackel, R. (2014) Gender differences in the context and consequences of child sexual abuse. *Current Issues in Criminal Justice* 26(1) 75-104.

Collin-Vezina, D., Daigneault, I., & Hebert, M. (2013). Lessons learned from child sexual abuse research: prevelance , outcomes, and preventive strategies. *Child 7 Adolescent Psychiatry & Mental Health* 7(22) http://www.capmh.com/content/7/1/22.

Dorahy, M. J., & Clearwater, K. (2012). Shame and guilt in men exposed to child sexual abuse: A qualitative investigation. *Journal of Child Sexual Abuse* ,21, 155-175. Doi:10.1080/10538712.2012.659803.

Easton, S. D. (2014) Masculine norms, disclosure, and child hood adversities predict long-term mental distress among men with histories of child sexual abuse. *Child Abuse & Neglect* 38 243-251.

Eaton, S. D., Saltzman, L. Y., & Willis, D. G. (2014). " Would you tell under circumstances like that?: Barrirers to disclosure of child sexual abuse for men. *Psychology of Men and Masculinity* 15(4) 460-469.

Havig, K., (2008). The health care experiences of adult survivors of child sexual abuse: A systematic review of evidence on sensitive practice. *Trauma, Violence & Abuse* 9(1) 19-33

Hebert, M, Tourigny, M., Cyr, M., McDuff, P & Joly, J/ (2009) Prevalence of Childhood sexual abuse and timing of disclosure in a representative sample of adults from Quebec. *The Canadian Journal of Psychiatry*, 54(9) 631-636

Hershkowitz, I., Lanes, O., & Lamb, M.E (2007). Exploring the disclosure of child sexual abuse with alleged victims and their parents. *Child Abuse & Neglect* 31.111-123.

Hunter, S.V. (2011). Disclosure of Child sexual abuse as a life-long process: Implications for health professionals. *The Australian and New Zealand Journal of Family Therapy*. 32(2) 159-172.

Kisanga, F., Nystrom, L., Hogan, N & Emmelin, M. (2011). Child Sexual Abuse: Community concerns in urban Tanzania. *Journal of Child Sexual Abuse* 20.196-217.

Lahtinen, H-M., Laitila, A, Korkman, J & Ellonen, N. (2018). Children's disclosures of sexual abuse in a population-based sample. *Child Abuse & Neglect* 76 74-94.

Lippert, T., Cross, T. P., Jones, L & Walsh, W. (2009). Telling interviewers about sexual abuse: Predictors of child disclosure at forensic interviews *Child Maltreatment* 14(1) 100-113.

Lyon, T. D., Ahern, E. C., Malloy, L. C & Quas, J. A. (2010). Children's reasoning about disclosing adult transgression: Effects of maltreatment, child age and adult identity. *Child Development* , 81(6) 1714-1728.

McElvaney, R. (2015). Disclosure of Child sexual abuse: Delays, non-disclosure and partial disclosure. What the research tell us and the implications for practice. *Child Abuse Review* 24: 159-169.

MCGregor , K., Julich, S., Glover, M & Gautam, J. (2010). The impact of child sexual abuseon victims/survivors. Health professional's responses to disclosure of child sexual abuse history: Female child sexual abuse survivors' experiences. *Journal of Child Sexual Abuse* 19: 239-254.

Meinck, F., Cluver, L., Loening-Voysey, H., Bray, R., Doubt, J., Casale, M. & Sherr, L. (2017) Disclosure of physical, emotional and sexual child abuse, help-seeking and access to abuse response services in two South African Provinces. *Psychology, Health & Medicine* 22(S1), 94-106.

Priebe, G & Svedin, C. G. (2008). Child sexual abuse is largely hidden from the adult society: An epidemiological study of adolescent's disclosure. *Child Abuse & Neglect* 32 1085-1108.

Read, J. & Bentall, R. P. (2012). Negative childhood experiences and mental health: theoretical , clinical and primary prevention implications. *The British Journal of Psychiatry*. 200, 89-91.doi: 10.1192/bjp.bp.111.096727.

Reitsema, A. M & Grietens, H (2016) Is anybody listening? The literature on the dialogical process of child sexual abuse disclosure reviewed. *Trauma, Violence & Abuse* 17(3) 330-340.

Schaeffer, P. Leventhal, J. M. & Asnes, A. G. (2011) Children's disclosure of sexual abuse: Learning from direct inquiry *Child Abuse & Neglect* 35 343-352.

Shannon, K., Leiter, K., Phaladze, N., Hlanze, Z., Tsai, A. C., Heisler. M., Lacopino,… (2012) Gender inequity norms are associated with increased male-perpetrated rape and sexual risks for HIV infection in Botswana and Swaziland. PLoS ONE 7(1):e28739.https://doi.org/10.1371/journal.pone.0028739

http://www.thepatriot.co.bw/analysis-opinions/item/2658-low-reporting-of-sexual-abuse-alarming.html

Townsend, C (2016). Child sexual abuse disclosure: What practitioners need to know. Charleston, S.C. Darkness to Light: Retrieved from www.D2L.org.

Veenema, T. G., Thornton, C.P., & Corley, P. (2015). The public health crisis of child sexual abuse in low and middle income countries: An integrative review of literature. *International Journal of Nursing Studies*. 52: 864-881.

World Health Organization (1999). Report of the Consultation on Child Abuse Prevention . Geneva, 28-31 March. Document WHO/HSC/PVI/99.1