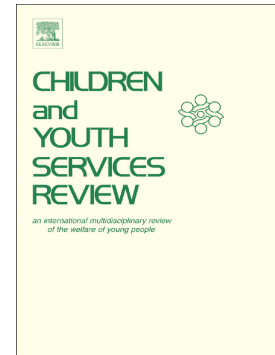


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Recognition, telling and getting help with abuse and neglect:
Young people's perspectives

Jeanette Cossar, Pippa Belderson, Marian Brandon



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Recognition, telling and getting help with abuse and neglect: young people's perspectives

Corresponding author

Dr Jeanette Cossar Jeanette.cossar@uea.ac.uk

School of Social Work

University of East Anglia

Norwich

United Kingdom

NR4 7TJ

Other authors

Dr Pippa Belderson p.belderson@uea.ac.uk

Professor Marian Brandon m.brandon@uea.ac.uk

Recognition, telling and getting help with abuse and neglect: young people's perspectives**Abstract**

An understanding of children's perspectives on telling about abuse and neglect has potential to boost children's access to services. The literature on disclosure has mostly focused on child sexual abuse with many studies based on adult survivors' accounts of their childhoods. However, disclosure is one part of a wider process which also includes how children recognise abuse and experience services. This paper presents findings from a thematic analysis of 30 interviews with children and young people who had experienced multiple types of abuse and neglect. A conceptual framework for understanding how children and young people recognise and tell about abuse and neglect and what they think of the help they receive is presented. The framework is used to present case studies tracing the processes of recognition, telling and help over time, in relation to multiple problems of abuse. Implications for professional practice are discussed.

Keywords

abuse; neglect; disclosure; maltreatment; children's experiences

1. INTRODUCTION

Child Maltreatment is common; an international review of population based surveys found an incidence of abuse and neglect in 4-16 per cent of children in high income countries (Gilbert et al 2009). However, harm from maltreatment is often hidden and most children in need cannot easily access services (Harker et al 2013, author's 2012). The impact of maltreatment is cumulative and children who experience polyvictimisation (they have experienced multiple forms of abuse such as

physical abuse, sexual abuse, bullying, dating violence) are more likely to experience trauma symptoms than those who experience a single type of abuse (Finkelhor et al 2007).

Much research has focused on factors associated with the likelihood of disclosure. There has been some discussion of whether disclosure means a broad concept of telling someone, or a narrower definition of giving a formal statement to someone in authority (Jones 2000, Alaggia 2004). Children are reticent to disclose abuse to others in childhood (Sperry and Gilbert 2005, London et al 2005, Alaggia 2010, Smith et al 2000, Kogan 2004), with many studies reporting delays in disclosure (Smith et al 2000, Allnock and Miller 2013, Milne and Collin-Vézina 2014, McElvaney 2015). The literature is dominated by discussion of disclosures of child sexual abuse. However, many studies have found that sexual abuse often occurs alongside other forms of abuse (McElvaney 2015, Dong et al 2003, Radford et al 2011, Palesh et al 2007, Milne and Collin-Vézina 2014). Although mechanisms for disclosure may be similar across different types of abuse (Ungar et al 2009) it is important to consider differences and more research is needed in this area. For example Herskowitz et al (2006) found that disclosure was more likely for sexual abuse than physical harm. Other research has found that disclosure was least likely in cases of neglect (Vincent and Daniel 2004).

1.1 Barriers to disclosure

Building on the work of Bronfenbrenner (1979), ecological models have been suggested to explain children's reticence to disclose childhood sexual abuse (Alaggia 2010, Collin-Vézina et al, 2015). Ecological systems theory suggests that the individual should be understood in context, and posits a number of systems with which the individual interacts. These include the microsystem, those relationships that most immediately impact on the child such as family and school; the exosystem, composed of factors which indirectly impact on the child such as the parent's work environment and social network; and the macrosystem which includes social and cultural values. These change over time, the chronosystem. An ecological framework has been applied to child sexual abuse disclosure advocating consideration of the interplay between the child (including factors such as

age and gender), family dynamics, community, and cultural and societal norms (Alaggia 2010, Collin- Vézina et al, 2015).

Developmental factors such as cognitive, linguistic and social development affect disclosure and most research which examined the link between age and disclosure of sexual abuse has found that disclosure rates increased the older the child. Younger children may be less likely to recognise and understand abuse, and find it harder to recall and recount what has happened. (Herskowitz et al 2005, Lippert et al 2009, Kogan, 2004, Smith et al 2000). However some research has found that disclosure was delayed the older the child (Goodman Brown et al 2003). It may be that older children are more competent to recognise abuse and seek out help, however they are also likely to weigh up the consequences of telling (negative as well as positive) which may inhibit disclosure.

Lack of recognition has been cited as a barrier to disclosure of sexual abuse (Alaggia 2010), and neglect (Chan et al 2011, Burgess et al 2014). Emotional barriers can impede disclosure, such as if the child feels he or she is to blame or responsible for the abuse, or feels ashamed or embarrassed (Jackson, 2002, Herskowitz et al 2007, Ungar et al 2009, Allnock and Miller, 2013).

Family dynamics have been found to be important with disclosure of sexual abuse less likely, or delayed when the parent is the suspected perpetrator (Paine, 2000, Smith et al, 2000, Goodman-Brown et al 2003, Kogan, 2004, Herskowitz et al 2005, London et al 2005, Priebe et al, 2008). The child may anticipate an angry response, (Goodman-Brown et al 2003, Herskowitz et al, 2007, Collin- Vézina et al 2015) or be concerned that the perpetrator may face legal proceedings (Malloy et al 2011, Jensen et al 2005). In a rare study to specifically mention other forms of abuse Foyne et al (2009) also found a link between non-disclosure and intra-familial abuse. Violence in the household can deter children from disclosing abuse (Paine 2000, Buckley et al 2007). Not telling may be a rational choice, perceived by the child as allowing them to retain control over their circumstances and avoid anticipated adverse consequences of telling.

Cultural norms can also be a barrier to disclosure (Crisma et al 2004, Chan et al, 2011, Gilligan and Akhtar 2006). In the US studies have found that minority ethnic groups may be less likely to disclose than their white American peers (Hanson et al 2003, London et al, 2005). Disclosing sexual abuse in some minority cultures may stigmatize not only the victim but also the community

(Brazelton 2015, Sawrikar and Katz 2017). However, it has been argued that cultural norms should be considered as a factor in all disclosures, not solely where a child is from a minority group. Relevant norms to be considered include how issues such as shame, respect, taboos around talking about sex, and gender relations operate in particular cultural contexts (Fontes and Plummer 2010).

Some research considers children as strategic, consciously weighing up the likely costs and benefits of disclosing, and emphasizes their agency in deciding whether to tell. Petronio et al (1997) argued that children selected confidants in accordance with criteria including anticipated support, ability to advocate for the child to stop the abuse and ability to handle the information. However, telling about abuse is an emotional as well as a rational process. Whilst Petronio et al (1997) acknowledge young people's agency in rationally making decisions about who and when to tell, they also suggest that telling may be a result of overwhelming emotional tension which eventually outweighs barriers to telling. A build-up of emotional tension may trigger purposeful telling (Petronio et al 1996). It can occur out of desperation, because the young person cannot take it anymore, a phenomenon that has also been referred to as the 'pressure cooker effect' by McElvaney et al (2012). The discussion is of sexual abuse but may be applicable across other types of abuse.

1.2 Dialogical models of disclosure

An understanding of the multiple barriers that children face in disclosing abuse and the balance of rational and emotional factors that influence telling provides a context for consideration of the ways in which children verbally tell or signal their distress. Dialogical models take into account the fact that disclosure is part of an interaction and consider not only factors which impede disclosure but also the qualities of the interaction which enable young people to tell (Jensen et al 2005, London et al 2005). The focus is not only the child but also the recipient of the disclosure, not only on the child's reluctance to tell but also on the adult's ability to listen (Crisma et al 2004, Flåm and Haugstvedt (2013). In a study of forensic nurses Finn (2011) found that building rapport and engaged listening were key to encouraging the child to tell. They suggested that if children felt the adult could not handle the information they would abbreviate or withhold it. Premature questions about the abuse itself have been found to result in reluctance to disclose (Lewy et al 2015,

McElvaney 2014). Flåm and Haugstvedt (2013) argue that children's hints, such as reticence to be around a certain person, can be picked up on by an attuned caregiver who can provide the child with the scaffolding to tell. Conversely, children react to adult's responses and can be closed down by insensitive responses to their first hints of distress making disclosure less likely. Disclosure has been suggested to be an ongoing process unfolding over time where positive and negative feedback loops are possible depending upon the response received (Draucker and Martsof 2008). Individuals make repeated and complex decisions about what to share and with whom. The importance of the response can be seen in relation to how a specific interaction unfolds, but also in relation to the longer term help the child receives post-disclosure. Consequences can be both positive and negative, and will impact on the young person's on-going strategies for further disclosure, and their ability to gain a sense of control over what happens to them as a result of the abuse (Staller and Nelson-Gardell, 2005, Allnock and Miller 2013).

A number of studies have found that the reactions of professionals were perceived to have been unhelpful, including children not being believed, or no action being taken (Vincent and Daniel, 2004, Ungar et al 2009, Hunter 2011). Young people may fear loss of anonymity and confidentiality once disclosure leads to a formal investigation, and be concerned at repeating their story to several professionals (Ungar et al 2009). Vincent and Daniel (2004) point out a paradox that children who had not had contact with the child protection system feared the authorities would overreact, whereas children who had contact with authorities were concerned about lack of action. If the disclosure does not result in cessation of the abuse then the child's feelings of helplessness and powerlessness may be compounded (Ungar et al 2009). A previous negative experience of disclosure can act as a deterrent to future telling (Easton et al 2014).

1.3 Ecological models; macro level factors affecting disclosure

Ecological models have been discussed as a helpful way of understanding barriers to disclosure and could also be extended to include the dynamics of the child's interactions with professionals and organisational factors. Micro level processes such as the interaction between the professional and the child, may be impacted by macro level factors. Ungar et al (2009) argue that to optimise the

likelihood of telling the young person must have the language and definition of abuse to express what is happening to them, and that they need to retain a sense of control over what happens to that information and reassurance about who the information will be shared with (confidentiality). They also need to be confident of an effective response.

The first condition, the ability to articulate what is happening, will be influenced by macro level factors such as the education system and cultural norms; and the extent to which these promote children's understanding of what is acceptable and what counts as abuse.

The second condition, a sense of control over what happens, will be related in part to the design of the child protection system and the legal and statutory requirements governing professionals' response to disclosure. Different child protection systems may differ in how they manage the young person's need for control and confidentiality. Vincent and Daniel (2004) argue that in the UK there has been little attention to factors that would increase the likelihood of young people referring themselves for help and that consideration should be given to a 'space for negotiation about the timing and nature of response and the possibility for transparent, conditional confidentiality' (Vincent and Daniel 2004:169).

The third condition, confidence that the child will receive an effective response, will partly depend on available resources. Decisions about public spending on welfare and child protection services will affect public services' ability to respond effectively and are a macro level factor that may ultimately impact on children's willingness to disclose.

The existing literature on disclosure predominantly focuses on adult survivors accounts of disclosure of sexual abuse. A recent review of the literature on disclosure (Alaggia et al 2017) points to an increasing awareness of disclosure as a process that requires a life course perspective, with a growing interest in dialogical and relational models. There is less literature that focuses on other types of abuse and on disclosure in cases of polyvictimisation. It is not clear whether barriers to disclosure are the same across different types of abuse or how children's experience of the help they are offered from services influences the degree to which they recognise abuse and their willingness to disclose in future. The current study aimed to engage youth research participants to

explore their perspectives on recognising abuse, and seeking help with multiple types of abuse over the course of childhood and adolescence.

2. METHOD

The current paper presents the findings of an interview study with adolescents, part of a larger study (author's own 2013). A qualitative methodology was deemed appropriate to enable the researchers to gain an understanding of the perspectives of the young people with a focus on the extent to which the young people recognised abuse, whether and how they talked about it, and what they thought of the help they received. Researchers were interested in a broad notion of telling, not only including formal disclosure of abuse to someone for the first time. The study incorporated participative research methods and involved young researchers as well as academic researchers. All the young researchers were aged 16-24 years old with experience or knowledge of the topic. The young researchers helped to refine the design of the research tools and materials, and were involved in data collection, analysis and dissemination of findings. They contributed ethical oversight at all stages and their insights made a significant contribution to the analysis and development of the framework presented here.

2.1 Sample

The interview sample comprised 30 young people, 13 boys and 17 girls, aged between eleven and twenty, who were identified as vulnerable by a professional working with them. Eighteen participants were White British, nine were Black African/Caribbean/black British and three were of mixed/multiple ethnicity.

The participants were drawn from children known to a local authority in a county of the UK, and a voluntary organisation working in a city with vulnerable youth. Professionals were asked to identify young people who might be deemed to be at risk of abuse, but who were not currently involved with child protection services. The local authority sample was recruited from a multi-agency team working with young people whose needs did not currently meet the threshold for a specialised child protection assessment. Inclusion criteria were having been involved with child protection

services in the past, or having a sibling who was involved with child protection services. The parent was sent an initial letter and information, together with a letter and information sheet for the young person. Opt in consent was gained from both a parent and the young person before the interview took place. The urban voluntary organisation specialised in working with gang involved young people. Young people were recruited from an educational and life skills centre run by the organisation. In the voluntary organisation young people were aged 16 or over. Young people were provided with an information sheet which was verbally discussed with them by a researcher. They gave opt in consent if they wished to participate and parental consent was not sought.

Prior to interview participants filled in a computer based questionnaire asking them to self-report abuse and neglect, based on a questionnaire used in a national prevalence study of child abuse in the UK derived from the juvenile victimization questionnaire (Radford et al, 2011, Hamby et al 2011). All the young people had experienced at least one type of victimisation including bullying, domestic violence, sexual abuse by adults or peers, emotional and physical abuse by parents, and neglect. The interview data suggested that most participants had experienced multiple forms of victimization.

2.2 Interviews

Activity-based interviews were carried out by adult researchers, both of whom were registered social workers with experience of working in child protection. The interviews were designed to allow exploration of the complexities and interactions between recognition, telling and help over the course of each participant's childhood and adolescence. The schedule included a set of case vignettes, describing a child with a problem, which were used as trigger materials for a discussion of risk and of sources of support. These were followed up with a set of 'helping people' cards, labelled picture cards including a social worker, teacher, doctor, school nurse, police, Child and Adolescent Mental Health Service worker, friends, family members and partner. These were used in conjunction with the problem cards, and then to talk about the young person's own experiences. Each young person chose the cards relevant to them and then picked cards in the order they

wanted to talk about them. This allowed the young people to direct the interview to some extent and also provided a visual prompt as to how long was left.

All the young people filled out a consent form before the interview started and were interviewed on their own. Consent from young people was viewed as an on-going issue and interviewers were sensitive to any indication that a young person was bored, distressed or had had enough. In addition they were provided with a 'stop/go' card which they could use to show that they did not want to answer a particular question or wanted to stop completely. The researchers explained the limits of confidentiality, and the duty to share information if the young person was deemed to be at current risk of harm, which had not been discussed with relevant professionals. The young people were provided with details of support organisations and the end of the interview included a discussion about the process of the interview and an offer to help the young person access support if needed. Twenty-nine interviews were transcribed verbatim for analysis. One participant requested that the interview was not recorded, and instead notes were taken immediately following the interview.

2.3 Analysis

Data analysis progressed in a number of phases. A thematic analysis was undertaken to identify patterns within the data (Braun and Clarke, 2006). Interviews were transcribed and then imported into NVivo. (QSR International Pty Ltd. Version 9, 2010). Line-by-line coding was carried out to develop an initial coding framework. Two researchers were involved in the coding process, meeting regularly to review codes and develop consensus over emerging themes. The overarching themes identified from this analysis related to aspects of recognition, strategies around telling, motivators and barriers to telling, and the qualities of helping relationships.

Once core themes had been developed, data were re-examined in order to introduce a chronological dimension to the analysis. Case summaries and chronologies were constructed to take a holistic view of each individual, examine how different conceptual themes were interrelated

and to explore individual pathways. Every summary followed a standard format, recording the background and contextual factors relevant to each young person, accompanied by an analysis of their 'pathway to help'.

Trustworthiness is an important consideration in evaluating qualitative research (Lincoln and Guba 1985). Trustworthiness of the findings was promoted by the prolonged engagement with a team of young researchers over the course of the study. These were young people with experience of abuse and neglect who met regularly with the research team. To aid the analysis of the interview data meetings were held with the young researchers. Key quotations illustrating conceptual themes were the basis for initial discussion. To help understand individual narratives edited transcripts were then recorded by actors and used in groupwork with the young researchers. This method meant that literacy and concentration did not impede the young researchers' access to the interview material, whilst the confidentiality of participants could be protected (See authors own 2015 for further discussion of service user involvement in research). Young researcher insights contributed to the development of the framework presented in this paper. The framework was informed by each prior stage of analysis and tested using the chronologies to map pathways described by the interview participants.

2.4 Ethical approval

National Health Service ethical approval for the study was granted and the study was also approved by the university ethical procedures and by research governance procedures in the participating local authority.

3.0 RESULTS

Analysis of interview data resulted in a conceptual framework for understanding recognition, telling and help from the point of view of the child. The framework is presented in Figure 1.

Insert

FIGURE

1

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3.1 Recognition

At the first level of the framework is recognition. This relates to whether or not a young person realises that the situation is abusive or neglectful.

3.1.1 No recognition - Several young people described in hindsight situations earlier in childhood which at the time of interview they thought were abusive but which they were not able to recognise or articulate as such at the time.

You know when you get older and you think a bit more, but at that age I wouldn't have really been as easy obviously you learn more words over the years and you get better with your English and things like that.

In some cases lack of recognition was actively dismissive – the young person did not agree with what others defined as abuse, for instance what constituted sexual abuse in relationships between peers.

3.1.2 Partial recognition: Young people spoke about an emotional awareness that things were not right, before they were able to articulate it to themselves or to others. Often recognition developed as a gradual understanding rather than a sudden realisation. Sometimes they alluded to having experienced uncomfortable feelings about a person or situation they were in, while at the same time not being fully able to identify this as abuse. There was a sense of uncertainty about whether this was a real problem or enough of a problem to tell someone else about. As one boy commented, reflecting on a past experience *'I think I was too young to realise, it was just I didn't like being there'*.

3.1.3 Clear Recognition: There were occasional examples in the data whereby the young person had recognised at the time that what was happening was wrong. These were more likely to be incidents that happened in adolescence than in earlier childhood. However, although the recognition might be immediate it did not necessarily result in an immediate attempt to get help, for example, a young man who had been sexually assaulted by a counsellor did not tell anyone for two years.

3.2 Telling

Telling was categorised into four different possibilities, 1) remaining hidden, 2) exhibiting signs and symptoms, 3) prompted telling and 4) purposeful telling. The first two of these possibilities did not involve the young person speaking out verbally about abuse.

3.2.1 Hidden:

Many young people remained hidden because they *actively avoided telling* (hiding a situation from others or denying there was anything wrong) or *passively not telling* (because the young person did not recognize there was a problem, or because no one asked). The reasons for resisting telling often related to emotional ties (for example to family members or a partner who was perpetrating the abuse) and fear of consequences. For some of the young people, the fear of being removed from home or of exacerbating the abuse prevented disclosure.

I really, really wanted to open my mouth and just tell them everything and just get out of there, but I knew that I would have to go back to my mum on that night and then she would have definitely heard about that and I would have had a bad experience and I had a massive fear of that, so I dared not mention anything.

Other barriers to telling included fearing the negative reaction and ridicule of peers, fearing not being believed or an unsympathetic reaction, or that telling would cause distress to their family or friends. As one young woman commented, *'I don't want to bother them...they have got enough to deal with'*.

3.2.2 Signs and symptoms:

The most common way that young people came to the attention of others was not by verbally telling but through worrying behaviour. Such behaviour was constructed by participants not as an intentional attempt to signal distress, but rather as the impact of maltreatment. Generally, this presented as risky behaviour or the expression of emotional symptoms including anger, self-harm, depressive symptoms and substance misuse. This was illustrated in one case where the young person had assaulted her violent boyfriend: *'I lashed out on him, a year's worth of anger came out on him and he ended up in hospital and I ended up getting in trouble'*.

3.2.3 Prompted telling:

The third possibility involved the young person telling in response to a professional approach. This could be due to a sensitive initial response by a professional to a young person's worrying behaviour, or it could be as a result of the young person having built sufficient trust in a professional over time to begin to talk. Sometimes young people hinted at their situation to test out a professional's response and only gradually let them know more about their situation. For example, one young person who had been raped avoided telling about the incident for a year. A critical point came at a meeting where the young person became extremely upset and a teacher, who saw her regularly and knew her well, responded sensitively to her distress and gave her the confidence to tell:

I was upset that past week and she asked me how I had been since the one before and I said I had been fine and Miss said, 'Well that is not completely true because the last week has been not so good as it could have been,' and then I just started crying and she asked what was wrong and I said that I couldn't tell her. Then everyone else went and she stayed and she said, 'You can always tell me anything, because you normally do, so whenever you are ready just go for it'.

3.2.4 **Purposeful telling** involved the young person directly approaching a professional for help and was described less frequently in the interviews than prompted telling. Within this category, young people had differing strategies about choosing who and how to tell. Some approached a service with a remit for stopping abuse directly, such as the police. Others approached a professional knowing that they would pass on the information to other services. Even with a confidante in mind, purposeful telling could be extremely difficult emotionally, and some young people rehearsed strategies with helplines or handed over a letter instead of approaching the person face-to-face.

There were some instances where having recognised the problem, the young person immediately sought help in a planned way. More often though, they described a long period where they were not able to tell. Eventually, after a build-up of emotional tension, a critical point was reached which precipitated telling. One boy described being sexually

abused by a member of school staff when he was 12. Eventually he did tell a member of his family, recounting how he had got to a point where *'I just couldn't take it anymore'*.

3.3 Help

During the interviews, the young people also spoke about their own experiences of services. In some instances help only related to the presenting behaviour, for example a young person who came to the attention of services because of criminal damage received help with anger management. In other examples, there was a more holistic response which picked up on issues relating to the underlying abusive situation. There were positive experiences of help where young people experienced emotional support, information and advice, help to stop the abuse and/or strategies to minimize harm. There were also responses from services that were experienced as less helpful, where telling resulted in additional distress for the young person. Some young people felt overwhelmed and out of control with too many professionals getting involved, or they were referred to a time-limited service or put on a waiting list. For some of the young people age limits for services were an issue. They described losing support because they aged out of a service rather than the service coming to an end because the young person no longer needed it.

Negative experience of support, including the young person's perception of professional intervention earlier in childhood, had an effect on subsequent recognition and telling – a vicious circle which could encourage extreme self-reliance and compound the effects of abuse:

It was just like 'I don't need this, I don't need nobody, I will be alright'.

By contrast a positive experience of services encouraged a virtuous circle leading to the young person becoming more likely to tell in the future and also being more likely to recognize abuse. Trust emerged as central to the helping relationship. The development of trust was a precondition for many young people to continue to talk about their problems and was viewed as essential, although this could take time to build and be hard to achieve:

If you have someone you can trust, you can talk to them, because the last thing you want to do is kind of bottle it up.

Young people highlighted a number of aspects of professional relationships which were felt to promote trust. The length of the relationship with the helping person was a critical factor for many, and teachers and youth workers were the professionals most often cited in this context – people with whom they had been able to gradually build up a good relationship, through the longer term nature of their involvement:

It does take a long time to get to know someone and you know you can trust them, I mean I was there for four, four or five years, so I had known her [teacher] really well so that's why I went to her, I should have done it in the beginning it might have all stopped.

3.4 Pathways through the framework

A strength of the analytical strategy and the construction of the chronologies was that the unfolding of recognition, telling and help over time could be traced, in relation to multiple problems of abuse that the young people encountered in their lives. Individual young people experiencing problems of abuse and neglect followed different pathways through the framework from recognition to telling and receiving help.

Two illustrative cases, demonstrating several journeys through the framework, accompanied by visual representations of these pathways, are presented below. Details have been altered to preserve anonymity.

Example 1: Sara

Sara's pathway over the course of her adolescence was comprised of a series of 'dead ends' in dealing with the root cause of her problems which involved neglect and sexual abuse, although she did receive some short-term support with anger management.

Pathway 1

At age 13, Sara was effectively being left to fend for herself for prolonged periods at home, suffering neglect. Although she did have some recognition that it was not right to be by herself (partial recognition), she did not really tell anyone (hidden) and instead became self-reliant. Help was not offered or sought (no help).

Insert figure 2**Pathway 2**

Aged 14, Sara was violent at school and this triggered some support - the school referred her to a counsellor. However although this intervention did help her manage her anger, the cause still went unrecognised. She said no-one asked her what life was like at home and felt that the school was not interested, *'they focused more on your school uniform than who you are'*.

Insert figure 3**Pathway 3**

Aged 16, Sara was sexually assaulted. She was able to tell a friend (clear recognition) and together they went to the police (purposeful telling). However the attempt to seek help was unsuccessful (*'they basically dismissed it'*) and put Sara off talking, *'it didn't work out the way I wanted it to so I don't think I will go back to the police'*.

Insert figure 4

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Example 2: Megan

In contrast to the previous example, Megan's pathway illustrates a virtuous circle whereby having told and received help regarding about domestic violence at home, she later felt able to reveal she had been sexually abused, and continued to receive further support around other difficulties. This positive experience of support also helped Megan's mother to seek support for the family, and for Megan to engage with help when she later encountered problems with her own boyfriend, which she did not initially recognise as problematic.

Pathway 1

Megan grew up with domestic abuse from her early childhood. She avoided telling because she was worried about the consequences (hidden). Eventually she called the police in desperation, *'I was like, I have got to speak to somebody because it was just killing me'*. (purposeful telling). The police removed the partner from the house (help relating to cause). Megan then felt able to tell her mother about the sexual abuse that had gone on (purposeful telling). Megan was able to access other support workers whom she was able to trust (help related to cause). Her initial disclosure led to a positive response which allowed her to confide more about other aspects of the abuse. This in turn led to more help – a virtuous circle.

insert figure 5

Pathway 2:

Megan moved in with a violent boyfriend and became estranged from her family. She did not recognize that her situation was abusive (no recognition). Megan's mother became increasingly worried at her behaviour (signs and symptoms) and contacted social work services which became involved (help related to cause). Megan moved back home and was supported by her mother and extended family. Recognition came as a result of intervention, not as a precursor to it (clear recognition), *'I shouldn't have left my family because he was no better than what I went through in my younger life'*.

Insert figure 6

These case examples illustrate some key points about young people's pathways. Crucially, clear recognition was not necessary for young people to tell and get help. In fact most of the young people interviewed followed a pathway beginning either with *not recognizing* or *partially recognizing* their situation and first came to the attention of services through the '*signs and symptoms*' route for telling.

Pathways were complex, and positive and negative feedback loops were possible. Some young people experienced repeated dead ends over a period of years and became less likely to tell and less likely to recognize that they were in need. Other young people received a sensitive initial response to the *sign or symptom* and progressed to *prompted telling* and then to receiving *help* about the underlying abuse. Sometimes *recognition* came last, a significant time after receiving help, and as a result of dialogue with others. Given the complexity of the young people's histories a young person might experience several journeys through the framework over the course of time. Even where help was received and effective that young person might come to need help again at a different time. The response of services could act to compound the young person's vulnerability or to bolster the young person's resilience.

4. DISCUSSION

This study supports a number of findings previously described in the literature, and also offers a new way of thinking about different types of abuse within a framework which situates disclosure in context, keeping a holistic focus on the child's perspective and linking telling to recognition and to the experience of support services over time. A strength of the research was that it engaged with adolescent participants using activity based interview techniques leading to rich interview data.

A potential contribution of the theoretical framework presented here is the focus on recognition. Most studies focus on disclosure with less attention given to recognition, other than as a barrier to telling. Although lack of recognition may be barrier for telling,

recognition that a situation is abusive or neglectful is neither necessary nor sufficient for a child to tell. Some children may talk about a situation without recognising it is abusive. Others may clearly recognise abuse, but be fearful of the consequences of talking about it. For yet other young people recognition may come as a result of receiving help, rather than being a precursor to telling (see also Draucker and Martsolf, 2008). The framework allows researchers and professionals to think about the complexity of how recognition is linked to telling and receiving help.

The findings echo previous research suggesting the need for greater awareness about signs of abuse (Allnock and Miller, 2013). Research has highlighted the prevalence of internalising and externalising symptoms in children who have been maltreated (Li and Godinet, 2014). In the present study young people most often came to the attention of services through their behaviour and demeanour rather than through explicitly disclosing abuse. Whilst such signs and symptoms are not necessarily indicative of a history of maltreatment, adults should consider the possibility and explore the reasons for children's behaviour. Sensitive professionals will understand why a young person might not tell, might actively deny there is a problem, or might delay telling. Their responses are crucial in allowing a child to being to talk about what is happening to them.

One difference between the present study and other research emphasizing children's behaviours is that previous studies have described the 'intentional' use of non-verbal behaviour to convey distress (Alaggia 2004, Allnock and Miller, 2013) whereas the 'signs and symptoms' category here includes behaviours which are not intended as a conscious communication about abuse, although they may be a manifestation of distress caused by it. This may be partly due to a difference in the sample. Most equivalent research has relied on interviews with adult survivors of childhood abuse whereas the current study interviewed children and young people. Adult participants may in hindsight overemphasize the *intentional* nature of such behaviour, the young people in the study did not frame their behaviour as an attempt to tell, but rather saw their behaviours as an impact of the abuse.

Several models in the sexual abuse literature emphasize the importance of prompted and purposeful telling (Sorenson and Snow 1991, Jones 2000, Alaggia 2004). The present study echoes previous research on sexual abuse that found that a build up of emotional tension

can trigger purposeful telling (Petronio et al 1997, McElvaney et al 2012, Foster and Hagedorn 2014) and suggests that this process can happen not only in relation to sexual abuse, but also for children experiencing other types of abuse. Emotional tension may build up over the course of months or years, so the fact that a child may disclose an incident or event that happened some time ago should not lessen the credibility of the child or the immediacy of their distress.

The importance of the professional response to the child is underlined by the account of prompted telling, in accord with dialogical models of disclosure. Prompted telling is promoted where an adult is persistent, but kind and caring in asking about the child's welfare, noticing when something is amiss (Collings et al, 2005; Jensen et al, 2005), and should not be confused with asking closed or leading questions. This often relies on the existence of trusting relationships with professionals (author's own 2014, Bell, 2002, Sanders and Mace, 2006, Wright et al, 2006, Rees et al, 2010, author's own, 2011, Harris and Allen, 2011, Jobe and Gorin, 2012, Gallagher et al, 2012, Burgess et al 2014). A focus on the interactional elements of disclosure draws attention to the need to find the right questions at the right time (McElvaney 2012). Understanding how the child may be rationally weighing up the consequences of telling and being strategic in what they say, whilst also being aware of the emotional aspect of telling, can help professionals to remain attuned to the child in these sensitive conversations (Malloy et al 2013, Flam and Haugstvedt 2013), and could lead to a response which bolsters children's agency without burdening them with too much responsibility for keeping safe. The professional's reaction may encourage a child to open up or lead to a child recanting or denying abuse (Staller and Nelson Gardell 2005, Draucker and Martsolf 2008, Allnock and Millar 2013).

There are limitations to the study. The age range of the participants, 11-20 provided insight into how young people conceptualise abuse and neglect during their adolescence, whereas many studies rely on retrospective accounts of adults talking in hindsight (Alaggia et al 2018). Some young people might have been in the midst of difficulties that were difficult to reflect upon at the time of the interview. Adult survivors may construct narratives differently. Both perspectives are arguably important. Although the participants were initially identified as potentially at risk by professionals working with them the sample relied on self-report of

maltreatment, and corroboration of the young people's accounts of abuse through other sources was not undertaken. Parental consent was required for younger participants and therefore the sample is unlikely to be representative. Interviewing vulnerable young people is ethically sensitive and, in the present study it was felt that this required professional as well as research training. Both interviewers were registered social workers with child protection experience.

The findings suggest implications for professional practice. Young people can be empowered by increasing their recognition of abusive situations (Topping and Barron, 2009). Education offers an opportunity not only to impart information about what constitutes abuse from an adult perspective but also to engage young people in debates about issues such as sexual consent and physical discipline. Recognition of abuse could be promoted by incorporating teaching on sex and relationship education in the curriculum including discussion of issues of consent and types of abuse.

The accounts of prompted telling suggest that a young person might move a child from avoiding telling to speaking up because they have built sufficient trust in a professional over time. Investment in youth work and pastoral care work within schools may provide young people with such trusting relationships. Training about sensitively managing disclosures and supervision for workers young people are likely to turn to would be beneficial. This would be relevant to a range of professionals particularly those working within school or youth services but also health professionals and social workers. By contrast cuts in services, constrained budgets and turnover of staff may impact on the availability and confidence of such trusted professionals.

Young people's experiences of support services are of key importance since without an effective service response strategies to improve recognition and telling will be of limited value. The findings suggest the importance of a holistic assessment of the child's past, not only in terms of what is known about their past experiences within the family and community, but also their prior involvement with services. Past professional intervention will impact on young people's present ability and willingness to engage with services. This is particularly important for young people experiencing polyvictimisation, for whom

experience of help in relation to one issue may impact on their propensity to open up about other aspects of their lives both concurrently and over time.

The framework provides a tool for practitioners to use to think about complex chronologies from the young person's perspective. Consideration of the child's pathway could draw attention to the needs of young people who may be well known to services or be in public care, but who may still need help to recognise and talk about what has happened to them.

5. Conclusion

Disclosure is an important part of helping a child in an abusive situation. However, disclosure itself is only part of the picture, and the current research links a consideration of how children tell about abuse with processes of recognition and getting help. The framework presented in this paper was developed inductively from the data, considering not only sexual abuse, but also emotional and physical abuse and neglect as well as other problems the young people encountered such as peer victimization. The framework allows a professional to consider the child's experience of recognition, telling and help over the course of childhood and adolescence in relation to multiple problems. This framework could be helpful for a range of professionals and underlines the importance of placing children's experiences at the heart of professional practice.

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- A child's recognition of abuse may occur after they have sought help.
- Young people often came to the attention of services through their behaviour.
- Trusting relationships with professionals can result in prompted telling.
- Without effective service responses strategies to promote disclosure are of limited value.

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Declaration of Interest Statement

Recognition, telling and getting help with abuse and neglect: young people's perspectives

The study was funded by the Office of the Children's Commissioner for England.

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RECOGNITION

Is this abuse?

**No
recognition**

**Partial
Recognition**

**Clear
Recognition**

Telling

Can I talk?

Hidden

**Signs and
symptoms**

**Prompted
Telling**

**Purposeful
Telling**

HELP

What help am I
getting?

No help

**Help related to
symptoms**

**Help related
to cause**

Figure 1

RECOGNITION

No recognition

Partial recognition
That it wasn't right to
be at home by herself
age 13.

Recognition

TELLING

Hidden

Passive: Says she
would have told if
she had been
asked.

**Signs and
symptoms**

Prompted

Purposeful

HELP

No help

Intervention
Related to symptoms

Intervention
Related to cause

Figure 2

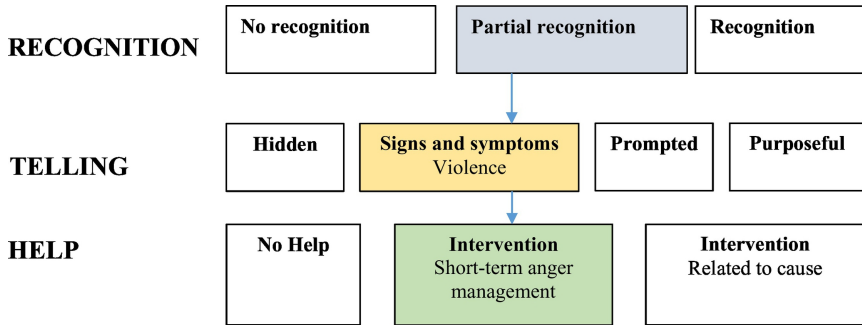


Figure 3

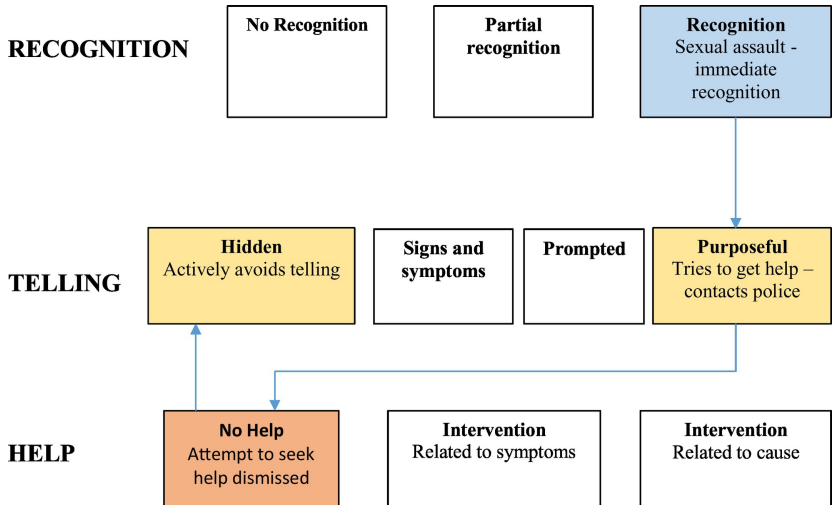


Figure 4

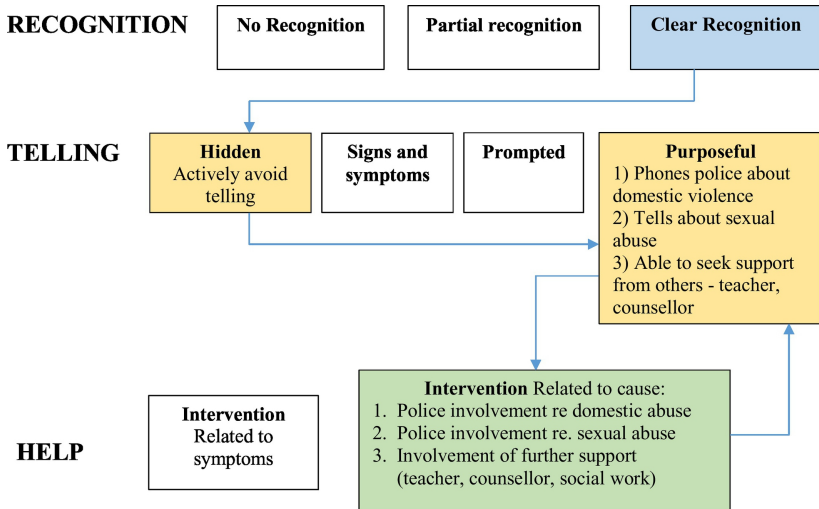


Figure 5

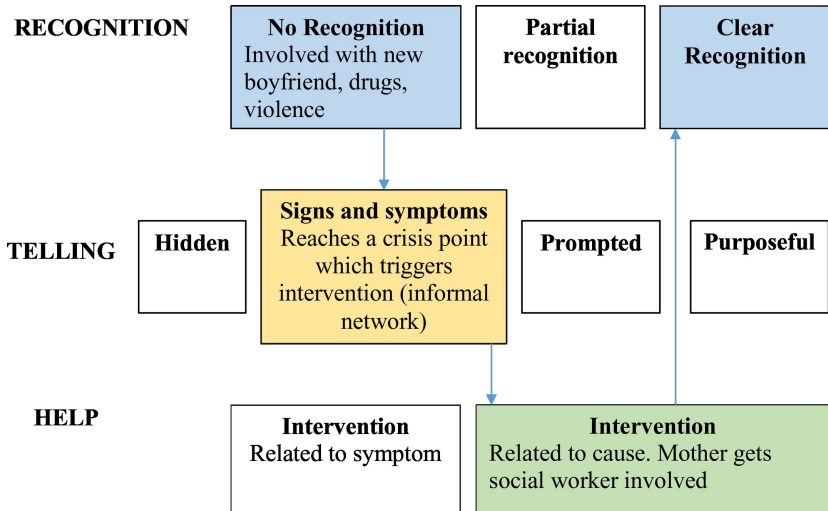


Figure 6