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# Facilitating Children's Informal Disclosures of Sexual Abuse: The Role of Online Counsellors at a National Children's Helpline

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**ABSTRACT**

The literature on disclosures of child sexual abuse makes clear that in the absence of physical indicators of abuse, children need to articulate their abuse in order to prevent further harm. However, many struggle to verbalize their abuse. Previous research has recognized the interactional nature of disclosures but has focussed only on what the children say, rather than considering the role of the other interlocutor. To provide a novel perspective on disclosures, this research addresses the question 'To what extent do counselors facilitate children's disclosures of sexual abuse?' Online text-based conversations in which sexual abuse was disclosed (n = 40) between children (aged 10–18 years old) and Childline counselors were analyzed. Whilst some children do use explicit terms to describe sexual abuse, these are predominantly used to seek definitions and clarification. Furthermore, counselors play an instrumental role in recognizing that a disclosure is being made, and then eliciting and reframing the disclosure as sexual abuse. The findings offer an explanation for why some victims of sexual abuse report having attempted to disclose but feeling like their voices were not heard.

## Introduction

This research arises from the culmination of two contradictory observations, widely documented in the literature on children's disclosures of sexual abuse:

(1) In the absence of any physical signs of sexual abuse, the ability of the child or young person to make a disclosure is crucial in protecting them from further harm (Alaggia, 2004; Reitsema & Grietens, 2016); and

(2) Children may only partially disclose, they may minimize the extent of the abuse, and they may lack the vocabulary to convey the full extent of their abuse (Allnock & Miller, 2013; Jackson et al., 2015; Jensen et al., 2005).

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Notwithstanding the numerous other barriers to disclosure that children face (for a review, see, Morrison et al., 2018), whether a child makes a purposeful decision to disclose or whether their disclosure emerges more organically, how they articulate that abuse will be crucial in protecting them.

Historically, research into children's disclosures of sexual abuse predominantly relied on adults' retrospective accounts (e.g., Jackson et al., 2015) or reviews of case histories (e.g., McElvaney et al., 2012). As such, research to date has largely been carried out on data where only one side of the disclosure (i.e., the child's) is documented, typically through social workers' case notes. This means relatively little is known about what a disclosure – particularly an informal disclosure – actually looks like, since only those words and phrases deemed to be significant are usually documented, rather than the entire verbatim disclosure. Furthermore, very little is known about the linguistic role of the adult interlocutors in facilitating disclosures since their specific contributions to the interaction are not typically captured (formal disclosures in the forensic context offer a notable exception [e.g., Lamb et al., 2002], and are therefore outside the parameters of this paper). The fragmented and incomplete nature of disclosures is understandable from a practical perspective but given that language is often the only vehicle through which sexual abuse can be detected (Alaggia, 2004), this potentially leads to an impoverished understanding of disclosures.

In order to address this significant gap in the literature, the aim of this research is to explore children's disclosures of sexual abuse to adults using attested language in an authentic and genuine disclosure context: that of children making initial informal[1] disclosures of sexual abuse to volunteer counselors at Childline (a free national children's helpline in the UK) at a point when the abuse is either on-going or very recent.

## Children's disclosures of sexual abuse

A good deal of literature exists which explores best practice for interviewing child victims of sexual abuse in the forensic context (e.g., Aldridge & Wood, 1998; Burrows & Powell, 2014) and the consensus is that even young children can be interviewed in such a way that elicits useful testimony, noting the caveat that "the younger the child, the more challenging it is to conduct a successful interview" (Korkman et al., 2008, p. 42). In this context the disclosure is facilitated and structured by a specially trained adult with a specific goal of collecting testimony which meets evidential standards. Studies which analyze the language children use to disclose outside formal forensic contexts are

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[1]Disclosures are typically characterized as being 'formal' if made to professional authorities (e.g., police, school teacher) or 'informal' if made to friends of family members (Allnock & Miller, 2013; McElvaney, 2015; Moors & Webber, 2012). Disclosures to Childline are best characterized as informal disclosures since a disclosure will not, in most cases, lead to a criminal investigation.

relatively few, owing in large part to both the practical and ethical issues surrounding data collection. McElvaney (2015) reports that few studies have explored the disclosure process in informal settings, but those that have (e.g., McElvaney, 2008) highlight that children sometimes hint at abuse rather than directly disclosing it (p. 162). For example, Wubs et al. (2018) explored verbal expressions that foster children (8–15 years old) were documented as having used (in social work case files) and which possibly indicated sexual abuse. They found that "some children disclosed in a childlike manner" through the use of vocabulary to refer to sexual acts, nudity, and genitals (e.g., *a boy touched her peepee*; p. 79). Wubs et al. (2018) also note instances of semantic overextension (the use of *pee* when referring to ejaculate e.g., *pee came out of a penis into her*; p. 79). They conclude that "children used sexually graphic language to communicate abuse experiences and had sufficient understanding of what had happened to them, yet, as appeared from their innocent vocabulary, they lacked in more general sexual knowledge" (p. 82).

Jackson et al. (2015) analyzed children's accounts of sexual abuse, as reported to counselors working for Childline Scotland over the telephone. Following an interaction, counselors produce a written summary of the call in the form of case notes "which often includes the child's own words" (p. 324) but which vary in length from being just one paragraph to several pages, thereby reflecting differing levels of detail being captured by the counselors. They found that many children accurately labeled the abuse and body parts (e.g., *sexual abuse, rape, penis, vagina*), although they noted that euphemistic language was more common and used for body parts and sexual acts. Furthermore, some uses of terminology were in accordance with the mainstream definitions, whereas, as with Wubs et al.'s (2018) findings, others were overextended, such as the use of *rape* to refer to acts where the child had been touched inappropriately, or minimized as in the example of *sexual harassment* to refer to sexually abusive, penetrative acts (p. 326).

In contrast to previous studies, Jackson et al.'s research stands out as foregrounding the voice of the children themselves, notwithstanding the potential subjectivity in how those words were recorded by the counselors. Indeed, Jackson et al. (2015) acknowledge that the data were standardized through the formal recording process and were subject to the counselors' interpretation of the call, which is adult-centric by nature. However, as with Wubs et al. (2018) the approach treats the disclosure by the child as unidirectional – that is, the analysis relies only on what the counselors and social workers reported the child as having said. What is missing is any understanding of what the adults said and how that may have affected the children's utterances and ultimate disclosure.

When children express their abuse through verbal and non-verbal means, they monitor adults' responses and tailor their disclosure strategy in light of how adults react. Reitsema and Gretens (2016) therefore argue that disclosures

should be reconceptualized "as imbedded in dialogue, as an interpersonal and interactive process between children and adults" (p. 331). However, although they highlight various linguistic issues (such as the extent to which the interlocutor facilitates or impedes disclosure), their focus remains very much on the contextual factors of disclosure: understanding the cultural, societal and behavioral factors that shape each interaction throughout the dialogic disclosure (e.g., the role of cultural beliefs, who the perpetrator is, what behavioral signs are communicated by the child and (mis)understood by the adult), rather than focussing specifically on what children and adults say to one another and – perhaps most significantly – how they arrive at a shared understanding of disclosure. This is not an insignificant challenge. Allnock and Miller (2013) report in their study of 60 young adults (aged 18–24) who had experienced sexual, physical and/or emotional abuse that "a majority of young people *did* attempt to disclose their abuse to at least one person" (p. 10, *original emphasis*) but for the majority, the abuse did not stop. One reason is because the adult recipient "did not hear or recognise what the young person was trying to tell them" (p. 17).

From the studies reported here, it is clear that research to date has been unable to reconcile the fact that disclosures are an interactive process with appropriate data that supports analysis from this perspective. Viewing disclosures as interactional carries little value if only one half of the disclosure is recorded and analyzed. Clearly, for a fuller study of how children disclose sexual abuse, an understanding of how that disclosure is made to an interlocutor necessitates that the interlocutor's language must also be analyzed. A range of studies have captured the language used by both interlocutors during calls to dedicated helplines, notably the Australian *Kid's Helpline* (Butler et al., 2010; Danby & Emmison, 2014; Emmison & Danby, 2007) and *Childline* (Potter & Hepburn, 2014). These analyses focus on specific interactional aspects of the counseling sessions such as advice-implicative interrogatives, opening sequences, and the construction of morality. However, the data analyzed do not relate specifically to disclosures of sexual abuse. As such, the present research will provide one of the first systematic studies of the interactional nature of disclosures by providing an answer to the following research question: To what extent do counselors facilitate children's disclosures of sexual abuse? The aim is to better understand the role of the counselor in facilitating a dialogic disclosure.

## Data

The ideal data to be analyzed is that which occurs naturally and which constitutes complete and primary data – that is, a first-hand record of what both participants to the disclosure actually said. However, gaining access to disclosures is extremely problematic, given that children making disclosures of

sexual abuse are considered vulnerable participants. It is also crucial that any research in this extremely sensitive area does not interfere with the disclosure process – this requirement dictates that any researcher needs to observe the disclosure in a way that neither participant is aware that they are being observed. Furthermore, since a record of both participants' use of language is required, a disclosure context in which language is routinely recorded is also a significant criterion. The ideal disclosure context, then, is the informal setting of Childline – a free, confidential counseling and advice service for children in the UK aged up to 19 years old.[2]

There are numerous reasons why children might choose to contact Childline, whether to disclose a specific problem (e.g., bullying, sexual abuse), get advice and support (e.g., on family, school and relationship matters) or simply to talk to someone about their day (which can be both negative and positive). Children are welcome to discuss whatever is on their mind. Childline offers support and guidance and helps children to make decisions that are right for them. Children have three ways to contact Childline: to ring a hotline and speak to a trained volunteer, to use an online tool and 'chat' to a trained volunteer through synchronous, text-based exchanges, or to post a message to a secure forum and wait for a response from either a trained volunteer or other registered members of this online community (mainly other children in similar situations). Access to voice data from the hotline is not possible because calls are not routinely recorded, and although volunteers are trained to record as much of the caller's speech verbatim, this is insufficient for a thorough linguistic analysis since it is not possible to collect all linguistic data within the space of the call, particulary whilst the counselor is focussed on providing support to the children. The counselor's own words are not recorded at all. The forum postings are also unsuitable since they are asynchronus (and therefore do not reveal the way that children interact turn by turn with the Childline volunteers in real time). The computer-mediated chat, however, offers an excellent source of data: all language use by both participants is automatically recorded and archived, and communication is synchronous.

Every time a child contacts Childline, trained counselors code the interaction according to the main purpose of the interaction from the child's perspective. A representative (although by no means extensive) range of topics covered includes bullying; gender, sexuality and identity concerns; depression and suicidal thoughts; and sexual abuse. Counselors apply multiple codes to each conversation to reflect the multifacted reasons why a child may get in touch as well as the fact that a disclosure of one topic may lead to further disclosures on other topics. For example, a conversation in which a child

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[2]Throughout, for brevity, the term *children* will be used to encompass children and young people up to the age of 19 years.

discloses suicidal ideation who then goes on to disclose sexual abuse will be coded for both. This coding system makes it relatively straight forward to identify a subset of data for analysis. For the purposes of this research, data that was coded as relating exclusively to sexual abuse was requested, with the additional requirement that each transcript should be the initial contact by the child to ensure that the communicative event occuring in each transcript is comparable. To this end, transcripts relating to 24 children (female = 21, male = 3) were provided for analysis. The ages of these children ranged from 10–18 years (mean = 13.5), whilst the ages of two individuals were unknown. This information is based on self-reports which may have been fabricated by the children in order to protect their indentities.

In addition to the intial contacts, some transcripts were provided where children made subsequent contacts. This might be because the children required further support, or because their initial contact was prematurely ended (either because of technology failures, or because they were inter-rupted). In total, 16 transcripts were provided as follow-up contacts, leading to a total sample size of 40 online chat transcripts for analysis (the majority of children intitated only a second chat, although one did contact Childline six times). Chats varied in length. The shortest chat lasted for 5 minutes and 46 seconds, whilst the longest lasted for 1 hour 53 minutes and 8 seconds. The average length of chat was 43 minutes and 41 seconds.

The largest category of sexual abuse disclosed related to contact sexual abuse (including penetrative and non-penetrative acts) by 21 of the children, whilst non-contact sexual abuse (including verbal sexual abuse, being forced to witness sexual activitiy, and engaging in online sexual activity) was disclosed by three children.

Full ethical approval was granted by the National Society for the Prevention of Cruelty to Children (NSPCC) Research Ethics Committee and the Manchester Metropolitan University Faculty of Arts and Humanities Research Ethics Committee. All transcripts were anonymized with any names or other identifying information being removed by Childline before providing secure access to the researcher.

## Method

The online chat data represents dialogue that is not overtly marked as being composed of discrete sections. Following the procedure outlined by Biber et al. (2007), the transcripts were analyzed to determine which features were generic and what communicative purposes were achieved, which were then grouped into functional themes. The analysis was piloted and revised on a subset of ten transcripts (initial contacts only) before being applied to the entire corpus. Whilst inter-rater reliability checks would ordinarily be carried out to ensure the accuracy of coding, this was

**Table 1.** Five moves that characterize online chat conversations between Childline counselors and children.

| Move | Description |
| --- | --- |
| Onset | Rapport-building phase in which counselor engages child in conversation. Preliminaries and preamble dealt with, often including matters of confidentiality |
| Disclosure | A disclosure is made, either explicitly by the child, or elicited by the counselor |
| Development | Further details about the disclosure are provided in response to questions posed by the counselor (e.g., age and location of child, frequency of abuse, identity of perpetrator(s)) |
| Therapeutic discourse | Counselor shifts the interaction to focus on therapeutic aims (e.g., how best to cope with the abuse, discussing options and strategies for preventing further abuse) |
| Coda | A final move which indicates that the conversation is ending |

not possible due to the data sharing and ethics agreements in place between the researcher and Childline, stipulating that data were not to be accessed by anyone other than the researcher. Additionally, it was not possible to gain access to the counselor training materials because these are periodically updated, and it was not possible to determine which version of training counselors would have undertaken in each transcript. Notwithstanding these limitations, all analyses have been presented to senior managers at Childline for discussion and feedback.

Through identifying generic features and areas of (dis)similarity among the 40 transcripts, it was possible to determine five clearly discernible sections or 'moves' (Swales, 1990) based on communicative purpose and linguistic form, summarized as Table 1 below.

The data were analyzed through discourse analysis: the linguistic analysis of naturally occurring connected discourse (Stubbs, 1983). The analysis starts with a focus on lexis, exploring the specific words used by counselors and children to describe sexual abuse before exploring how the specific function of disclosing sexual abuse is achieved and managed between the two interlocutors. The extracts that have been selected for analysis are derived from the disclosure move since the point of interest is in how the children and counselors reach a point of shared understanding that a disclosure is being made.

## Labeling sexual abuse

In order to understand how sexual abuse is disclosed, the first area for analysis is in the words that are actually used. Throughout the 40 transcripts, a total of 33,776 words were used. The word *sexual* occurred 39 times and *abuse* occurred 30 times. Despite the transcripts being identified and codified as relating to sexual abuse by the counselors, the key words *sexual* and *abuse* are largely absent when children make disclosures of sexual abuse. By contrast, the vaguer, nonspecific terms *things* and *something* occur much more frequently: 85 and 71 instances respectively. This would appear to suggest that disclosing

**Table 2.** Examples of explicit and ambiguous terms found in disclosures of sexual abuse.

| Explicit Terms | Ambiguous Terms |
|---|---|
| Molestation | Do things, something |
| Peadophile [sic.] | Didn't want it to happen |
| Rape, raped, rapes, raping | Not full on sexual contact |
| Sex, sexual abuse, sexually abused | Privates, private parts |
| | Sex things, sexual things |
| | Something hairy |

sexual abuse is achieved through ambiguity more than explicitness. To establish whether this is actually the case, all explicit and ambiguous terms across the corpus were identified. A range of examples are provided in Table 2:

Across all 40 transcripts, counselors produced a total of 22,032 words and children produced 11,744 words. Whilst it may, initially, be disconcerting to see that counselors talk almost twice as frequently as the children, the central premise of this paper is that the counselors do a lot of linguistic work to elicit and scaffold the disclosures. The onus is on them to keep the conversation flowing when a child is reticent. Counselors therefore explain the role of confidentiality and other procedural matters to facilitate and encourage open communication, as well as ending the conversation with a summary of what was discussed. Against these considerations, then, it is perhaps less surprising that counselors produce so much more talk. On average, counselors produce 230 words more than children, with a range of 10–890 words, likely reflecting the different levels of confidence and skill that children have in disclosing specifically or communicating more generally. There are just two transcripts where the child speaks more than the counselor: 153 words more in one and just four words in another.

Raw scores were standardized per 1,000 words to enable direct comparison. As can be seen from Table 3, children produced 32 explicit terms, which is equivalent to 2.7 explicit terms per 1,000 words, compared to 3.7 ambiguous terms per 1,000 words. The counselors produced 108 explicit terms, which is equivalent to 4.9 explicit terms per 1,000 words, and just 11 ambiguous terms overall, equating to 0.5 ambiguous terms per 1,000 words. It appears, then, that children are seven times more ambiguous than the counselors, and counselors are almost twice as explicit as the children.

Whilst these findings are in line with previous research (Jackson et al., 2015; Wubs et al., 2018), the wider context must also be taken into account in a way that has been neglected by previous researchers. Specifically, the fact that

**Table 3.** Proportion of explicit and ambiguous terms used by children compared to Childline counselors.

| | Explicit Terms | Per 1,000 words | Ambiguous Terms | Per 1,000 words |
|---|---|---|---|---|
| Children | 32 | 2.7 | 43 | 3.7 |
| Counselors | 108 | 4.9 | 11 | 0.5 |

a child uses the term "sex" is not sufficient for arguing that a child uses explicit terms to disclose. In considering the wider linguistic context in which these terms occur, it becomes clear that often, explicit terms are used not as a statement of what happened to them, but as part of a strategy for trying to make sense of what happened to them; often, the children ask if a particular explicit term is the correct word to use. For instance, in the following examples, the underlined words are explicit terms for sexual abuse, but in context, it becomes apparent that these children are not explicitly labeling their experiences; instead, they are seeking clarification over what has happened to them:

- *does this abuse make my cousin and[3] peadophile?*
- *I don't know what counts as rape and what doesn't and I'm just very confused*
- *What happend next is when the sexual abuse? (Im not sure) i wanted to know wether or not its sexual abuse/rape since i didnt say stop*
- *Can I ask, if somebody is touching somebody in places they don't necessarily want to touch (but not full on sexual contact just kinda stroking I guess) is that molestation?*

The above examples illustrate the limitation of a purely lexical approach – whilst the children do have these explicit labels in their lexicon (i.e., they have production ability), their understanding of these terms may be limited (i.e., they do not have full comprehension) and when they do use explicit terms, they are not clearly labeling (i.e., disclosing) what has happened to them but are instead seeking a definition. By contrast, the counselors are unequivocal in explicitly labeling sexual abuse:

- *Being forced to have sex without consent is rape.*
- *He raped you*
- *how do you feel when I say this is rape, the minute you say no that thaty's hom forcing himself on you.*
- *It doesn't sound like you wanted it at all which again i say that this was rape – which is a non consensual sexual act, do you understand what I mean*

It is evident that an important role of the counselors is in providing children with specific labels to describe their experiences. Through providing specific terminology relating to sexual abuse, Childline counselors adopt the role of discourse community experts, potentially enabling the children to make clearer disclosures to other people in other contexts through the use of explicit labels. This raises two important questions. Firstly, is there any evidence that

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[3]Data has been faithfully reproduced: nonstandard spelling and grammar are as in the original.

the children actually accept the labels offered by the counselors? Unequivocal statements by the counselor may be meaningless if the children do not accept them. Secondly, since not every child is able to state that they have been sexually abused, and since words like *sexual* and *abuse* do not rank very highly in terms of word frequency, how do the counselors understand that the child is talking about sexual abuse in the first place? The following sections deal with these questions.

## The role of the counselor: Re-lexicalization

By exploring some extracts from the data, it is possible to see how the child and the Childline counselor label sexual abuse[4]

|   |   | Extract 1 |
|---|---|---|
| 1 | Counselor | Do you want to tell me what happened a couple of weeks ago? |
| 2 | Child | Someone, well a man, **'forced' himself on me** |
| 3 | Child | I didn't want him to but he wouldn't stop |
| 4 | Child | I promise I tried to get him off |
| 5 | Counselor | You mentioned a man **forced himself on you**. What exactly do you mean? |
| 6 | Child | He made me **sleep** with him |
| 7 | Counselor | What he did was absolutely wrong. No one should make you do anything you dont want to. |
| 8–13 | | *[Redacted] Counselor asks for ages of child and perpetrator and how the child feels. The child reports feeling 'disgusting and like its my fault'* |
| 14 | Counselor | its definitely not your fault. He **raped** you, which is wrong. |

In Extract 1, the child discloses that a man *forced* himself on her in line 2. Here, the child uses scare quotes as a way to signal that they are extending the meaning of *forced*, creating an implicature that what is being disclosed was more than just being overpowered. The child creates further implicature that this was not just physical force through saying *I didn't want him to* (line 3), which serves as an explicit indicator that there was no consent for whatever happened, and *I promise I tried to get him off* (line 4). Issues of consent generally connote sexual activity so the comment in line 3 provides insight that the force likely involved sexual activity. Through such implicature, potential is created for the counselor to recognize this interaction as a disclosure of sexual abuse. But this is the significant point: the disclosure can only be inferred at this stage. The child has not explicitly disclosed. The next move by the counselor in line 5 recognizes this potential for misunderstanding by seeking clarification: *What exactly do you mean?* In line 6, the child reframes the abuse. The use of *sleep* is more informal and ambiguous than *force* (and arguably connotes more consensual sexual relations). Importantly, in line 14, after reassuring the child that it was not their fault, it is the counselor who further explicitly frames this abuse: *He raped you*. We see, then, a process in

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[4]In order to preserve anonymity of the children and young people who made these disclosures, extracts have been redacted as much as possible.

which the child offers a term which, presumably, they think may be correct. When asked to elaborate, they arguably downgrade their original label. Having been given opportunity to explore the term on their own, the counselor then corrects the child by using a term that is more explicit than the child's original formulation and attempt at reformulation.

A similar process occurs in Extract 2:

|  |  | Extract 2 |
|---|---|---|
| 1 | Counselor | Take your time and only say what you are comfortable saying, I am here to support you. |
| 2 | Child | when i was younger i was |
| 3 | Child | done **things** i didnt want to do by my cousin |
| 4 | Counselor | Ok, thank you for sharing that with me, it was a very brave thing to do. I wonder what your cousin made you do? |
| 5 | Child | like when i was round he used to touch me in places not appropriate and tried to make me do it to him |
| 6–34 |  | [Redacted] Child explains they don't want to 'go to anyone legal about this.' Counselor asks for child's age and gender and asks about their feelings. Counselor also establishes whether child is currently at risk of being abused. Child provides account of when abuse started and what happened |
| 35 | Counselor | Ok, that is not ok what he has done and although you are not ready to take legal action which is ok, it is definitely not ok what he has done. I wonder how long the **abuse** went on for? |
| 36–37 |  | [Redacted] Child answers question |
| 38 | Counselor | ok, so only a year go, did the **abuse** remain the same? |
| 39 | Child | more or less, yeah |
| 40–47 |  | [Redacted] Counselor asks how child feels 'about saying all of this now' and child answers |
| 48 | Child | can i just ask a quick question? |
| 49 | Counselor | We have come to the end of our chat now, thank you for coming through. You have shared today that you have been **abused** by your cousin |
| 50 |  | [Redacted] Counselor summarizes content of conversation |
| 51 | Counselor | yes you may |
| 52 | Child | Thank you, and does this **abuse** make my cousin and peadophile? |
| 53 | Counselor | Yes, it does |

In this extract, the child uses the ambiguous term *things* (line 3), and again, offers an implied disclosure of abuse, qualifying this with *I didn't want to*, signaling that the issue of consent is significant. The counselor seeks clarification in line 4, and in line 5 a specific example of the abuse is provided. The use of *like* implies that this is only one instance and that perhaps other types of abuse also occurred. Up to this point, the child has not articulated this as abuse. It is the counselor, in line 35, who labels it as such, and then reaffirms this label in line 38. In lines 48 and 49, we see an instance of overlap between the two speakers. Whilst the counselor is summing up the chat (a move to end the conversation), the child seeks permission to ask one further question – an indicator of the hierarchical power relationship. In the summary, the counselor repeats their use of the label *abuse*, and most significantly, for the first time in this transcript, the child demonstrates their acceptance of this label by using it themselves in line 52: *does this abuse make my cousin and peadophile?* It is

significant that what the child initially articulates as *things I didn't want to* is now explicitly labeled and accepted by the child as *abuse*, and indeed, the abuser has been labeled as a *peadophile*.

There are numerous examples within the data of the child articulating their experiences in their own (vague) words which the counselor then reframes explicitly as abuse, and the child then adopts those terms. The data contains a single instance where the child did not adopt the counselor's terminology. They disclosed that an adult had been *wanking* in front of them. On two occasions, the counselor used the term *masturbating*. However, the child continued to use *wanking*, but qualified it with an apology and an explicit recognition that this was – from their perspective – not the appropriate term to use: *sorry i should use the right words when im talking to you but i sometimes forget.*

These two representative extracts highlight that through the (re)negotiation of terminology from more ambiguous terms toward more explicit terms, the disclosure can be conceptualized as jointly produced, or at the very least, the disclosures contain traces of the counselors' words. It is possible to conceive of the counselors as experts of the genre who have 'accumulated competence of situationally appropriate responses to recurrent situations' (Garzone, 2015, p. 3) and who induct the novice users – the children – into the discourse community of victims of sexual abuse. Through exposure to this genre, children acquire not only the language to describe their experiences, but also 'the organization of points of view, and the approach to reality typical of the professional community for which they are being trained' (Garzone, 2015, p. 4). If children internalize the belief that an adult will take them seriously and that they did not deserve or encourage the abuse, they are potentially better positioned to disclose to someone else. In other words, the expert users are directly training the novice users to produce their own texts: disclosures in other contexts. This is significant since children's initial disclosures are often not heard (Allnock & Miller, 2013), meaning that opportunities for intervention are missed. However, the co-construction does not end at the lexical level. In many cases, the counselor is directly responsible for eliciting the disclosure and therefore plays an active role in facilitating the disclosure.

## The role of the Counsellor: Eliciting disclosures

For some of the children, making an explicit disclosure is not problematic. Extracts 3–5 demonstrate the child's ability to state the issue that has prompted them to contact Childline and they have done so in response only to a general question prompt, which is characteristic of the opening turns generally generated by the counselors in this text-based chat data.

| | | Extract 3 |
|---|---|---|
| 1 | Counselor | Thats no problem as all, so what would you like to chat about this afternoon? |
| 2 | Child | i came here about 2 weeks ago to talk because i was raped and its happened 2 times since then. it happened a few days ago and yesterday and i just came back to talk cos i dont have anyone else to talk to just now |

| | | Extract 4 |
|---|---|---|
| 1 | Counselor | You don't have to deal with this on your own. You have done really well coming to get support. Can you tell me what happened today? |
| 2 | Child | he was wanking himself infront of me . . . . . . . . |

| | | Extract 5 |
|---|---|---|
| 1 | Counselor | You've done really well contacting Childline today, I'm wondering what you would like to talk about? |
| 2 | Child | i dont really know how to say this. i was raped. sorry if im not allowed to say that |

However, not all children were able to disclose so explicitly, and in these cases, the counselor takes on the important role of eliciting the disclosure through questioning, as can be seen in Extract 6:

| | | Extract 6 |
|---|---|---|
| 1 | Counselor | Would you like to share your first name and age with me? |
| 2 | Child | thank you, umm. . . i would like to talk about my dad |
| 3 | Counselor | I am here to listen if you want to talk about your dad |
| 4 | Child | umm.. well he's been making me do things i dont want to do [. . .] |
| 5 | Counselor | It is really brave of you to share this with us and it is the right thing to do. Would you feel comfortable telling me a little bit more? |
| 6 | Child | ok he's been making me do sexual things :embarassed: |
| 7 | Counselor | Have you ever heard anyone use the expression sexual abuse? |

Line 1 represents the first question posed by the counselor in this transcript (immediately following the standard institutional greeting: *Hi you are through to someone you can talk to*). However, the question posed in line 1 goes unanswered by the child. Instead, the child offers a topic initiating sequence in line 2: *I would like to talk about my dad*, marked by a hesitation marker (*umm...*), which is unnecessary given the medium of interaction (i.e., text-based) and so must serve some other pragmatic meaning: namely, to signal to the counselor that the topic that follows is difficult for the child to discuss. This provides opportunity for the counselor, in line 3, to prompt further discussion about this topic, reflecting the child's original words back to them. In line 4, the child again produces a hesitation marker (*umm..*) and a reluctance to explicitly state the sexual abuse is further evidenced through the discourse marker *well*, which serves to preface what follows. At this point, the child explains that *he's been making me do things I dont want to do*, which sets up

a frame of non-consensual activity, although it is not clear at this stage what that activity might be. In line 5, the counselor affirms the child's decision to contact Childline and provides the prompt *Would you feel comfortable telling me a little bit more?* Here, the use of *little* and *bit* serves to minimize the imposition on the child: they are effectively being encouraged to produce fragments of information rather than a full and complete disclosure. This strategy is successful. In line 6, the child responds with turn initial *ok*, which here can be understood to either be an affirmation in response to the counselor's question in line 5 (i.e., yes, I feel comfortable to tell you more), or as a discourse marker, operating in a similar way as *well* in line 4 – that is, a preface through which the child can signal that what follows is difficult to articulate. The latter is the likely interpretation, given the use of the emoji signifying embarrassment.[5] Line 6 marks the point at which a disclosure of sexual abuse becomes clear, although significantly, the child only refers to *sexual things. Things* is of course vague and ambiguous, but the adjective that modifies (*sexual*) is sufficient for the counselor to recognize this as sexual abuse and indeed, in line 7, the counselor poses this question. Importantly, the counselor does not actually say that the child has been sexually abused, which could be too direct. Instead, they pose a seemingly unrelated question rather than pushing the child to provide more information at this stage. This can be considered a flouting of the maxim of relevance through which an implicature has been created (Grice, 1975); that is, the child can infer that the counselor is suggesting s/he has been sexually abused through being asked a seemingly unrelated question.

Through detailed analysis of a further extract it is possible to explore how a disclosure of sexual abuse made by a child comes to be understood as a disclosure of sexual abuse by a Childline counselor:

|  |  | Extract 7 |
|---|---|---|
| 1 | Counselor | What are you thinking about this morning ? |
| 2 | Child | my stepdad |
| 3 | Counselor | Want to tell me more? |
| 4 | Child | Can I ask, if somebody is touching somebody in places they don't necessarily want to touch (but not full on sexual contact just kinda stroking I guess) is that molestation? |
| 5–10 |  | *[Redacted] Counselor asks for child's age* |
| 11 | Counselor | Do you know someone you has been touched when they do not want to be – like the way you described ? |
| 12 | Child | Me. |
| 13–16 |  | *[Redacted] Counselor thanks child for trusting them* |
| 17 | Counselor | who has been touching your the way you described? |
| 18–23 |  | *[Redacted] Overlap in conversation. Child explains s/he remembers everything clearly* |
| 24 | Child | It's my stepdad. |

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[5]There are several instances of emojis in the data. These were converted to text format prior to the data being available for analysis.

In line 1 of Extract 7, the counselor produces a standard, non-assumptive open question, requiring the child to make the first move in terms of what they actually disclose. In line 2, the child responds *my stepdad*. Importantly, the child produces nothing further and ends their turn putting the onus on the counselor to keep the conversation going, which they do through another neutral question prompt: *want to tell me more?* It is important to recognize that at this point, the counselor will not necessarily be oriented to the schema of sexual abuse: Childline counselors receive numerous contacts each day on a variety of topics including mental/emotional health, family relationships, bullying/online bullying, suicidal issues, and self-harm. According to the most recent annual report, the three main concerns for adolescents (11–18-year olds) in 2019–20 were mental/emotional health, suicidal thoughts and feelings, and family relationships (Bentley et al., 2020). Of the 164,200 counseling sessions that took place in 2019–20, 6,173 related to sexual abuse (Bentley et al., 2020), representing just 3.76%. Therefore, the reference to *stepdad* does not in itself indicate sexual abuse. That said, although counselors may not be primed to anticipate that every call is about sexual abuse, trained counselors may have enough expertise and contextual knowledge (e.g., perpetrators are often male, often family members) for a schema of sexual abuse to be activated (the same is true of line 2 in Extract 6). The response that the child produces in line 4 is, on the surface, not related to the response in line 3: *Can I ask, if somebody is touching somebody in places they don't necessarily want to touch (but not full on sexual contact just kinda stroking I guess) is that molestation?* The child frames this turn as a question (*Can I ask*) followed by a conditional *if* clause, which establishes a hypothetical scenario; no disclosure of sexual abuse is actually being made through this specific locution. Furthermore, the conditional clause is coupled with generic nouns – *somebody* – rather than named agents (such as the child and/or the stepdad). If anyone challenged the child about making an accusation of sexual abuse against the stepdad, s/he has plausible deniability and can claim they were genuinely asking on behalf of a friend. The sexual activity is reported in a minimized way, which serves to lessen the extent of the abuse from the child's perspective (*not full on sexual contact just kinda stroking*), whilst adding a concluding *I guess* also provides further opportunity to redefine the abuse if required in light of how the counselor responds.

In this sense, lines 1–4 can be considered either as a test balloon – instances where children test whether their confidant is receptive to a disclosure – or as an indirect request by the child for the counselor to elicit further information. In either case, the following turn represents a crucial moment in eliciting a disclosure. Whether a schema of sexual abuse was invoked in line 2 or not, a trained counselor will likely respond to line 4 in this way. However, in supporting the child, inference of sexual abuse is insufficient, and the counselor responds with a clarification move which encourages further disclosure in

line 11. In asking this question, the counselor reframes the conversation by moving away from defining terms (i.e., not responding to the question: *is this molestation?*) and instead moving toward the more substantive issue of leading the child toward a clear and unambiguous disclosure. The question posed by the counselor is structurally sophisticated. It allows the child to provide a full disclosure of sexual abuse using just one word (*Me*, line 12), thereby requiring only a minimal response from the child. In one word, the child has now made an explicit disclosure of sexual abuse. The counselor then makes a further clarificatory move (line 17) in order to complete the disclosure by identifying the perpetrator.

In Extract 7, it is possible to see how a child may have the desire to disclose sexual abuse but may not independently articulate the abuse in the way that the children in Extracts 3–5 could. Therefore, the role of the counselor was essential in (a) hearing the cues and inferences that the young person produced, and (b) eliciting from the young person a clear disclosure.

The importance of context to disclosures should not be underestimated in establishing a frame of sexual abuse. From the Childline counselor's perspective, the moment they are connected with a child, they are potentially able to anticipate that whatever the child wants to talk about may be negative, since they have actively sought out advice and guidance from a confidential helpline. Children do contact Childline to share positive experiences or simply to say that they have had a great day. However, a child reporting that they *would like to talk about my dad* (cf. Extract 6) – in this context – is more likely to be heard as negative. The counselor may not have the specific schema of sexual abuse invoked at this stage, but they will potentially have a negative schema invoked simply by virtue of the communicative context. Other trusted adults to whom a child may wish to disclose (for example, a parent preparing the family meal or a teacher hurriedly preparing for their next class) may not – at the moment the child starts talking to them – be so acutely aware that a disclosure is forthcoming, simply because it is not anticipated. And since children monitor the adult's responses in helping them decide whether to disclose (Wubs et al., 2018), that lack of awareness from the adult may immediately shut down any disclosure attempt.

## Implications for policy and practice

The findings from this study are limited to the specific data under investigation; that is, informal disclosures made by children to trained counselors within the specific institutional context of Childline and communicated through the specific medium of online chat. Research on more diverse data is certainly required before any changes to policy are proposed, especially in relation to guidance specific to Childline practice. It would, for instance, be of immediate interest to know whether children's disclosures look the same when

communicated face-to-face or over the telephone given the additional inter-personal cues that these media allow (e.g., facial cues, intonation). Nonetheless, the implications from the findings reported here may have far-reaching consequences for intervention efforts more generally.

Firstly, children lack a more general sexual knowledge and some words are used inappropriately, with meaning being either overextended or minimized (Jackson et al., 2015; Wubs et al., 2018). The findings reported here complement this body of work; children ask for clarification over terms and a key role of the counselor is in providing unambiguous terminology. It is perhaps uncontroversial to suggest that for children to make disclosures, they need to be provided the appropriate language and to have someone who can help them make sense of different terms. Education programmes are likely to be significant in this regard. However, the appropriacy of terms used by counselors to label children's experiences may need further consideration. The confirmation that *paedophile* is the correct term in Extract 2 might be considered problematic by some, for example, on the basis that it perpetuates myths that all paedophiles harm children: an othering process that makes it harder for adults to seek help for their thoughts and/or behavior.[6] Childline is emphatically child-centered and it is unsurprising that – based on this limited set of data – they appear more concerned with children being able to label their experiences than with wider societal concerns over potentially harmful labels. A wider discussion than is possible here is warranted, but it does highlight the potential lack of objectivity evident in some of the responses given by counselors.

This gives rise to the second major implication arising from this research: the level of objectivity received from a Childline counselor versus another professional such as a teacher. Childline offers one important feature which significantly affects the dynamic of the interaction. Childline counselors do not act on anything the child discloses without the child's consent or unless the child or any other child is in immediate harm.[7] This provides a space for children to talk about abuse without fear of recrimination, safe in the knowledge that once they conclude their counseling session, their world will not have changed. This is not the case for formal disclosures made outside of the forensic context (i.e., to authorities other than the police). Teachers, social workers, and others who owe a duty of care to children are professionally bound to report all concerns about sexual abuse – whether actual or suspected – and a disclosure of sexual abuse from a child will have immediate consequences. There is strict guidance to which professionals adhere to protect the quality of the evidence i.e., the child's testimony. For example, in the UK, the Department for Education (2020) provides statutory guidance that

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[6]I am grateful to an anonymous reviewer who highlighted this particular example.
[7]Making this an informal disclosure context compared to a formal context where the authorities are duty bound to act on every disclosure of sexual abuse.

effective safeguarding policy includes "not asking leading questions and only prompting the child where necessary with open questions" (p. 70). This approach actively discourages relexicalizing and eliciting disclosure, as appears to happen with disclosures made to Childline.

In formal non-forensic disclosure contexts, then, there is a lack of interactional alignment. The goals of both parties are different: children seek emotional support (Allnock & Miller, 2013) whilst professionals are concerned with following institutional safeguarding guidelines (Read et al., 2007). Indeed, the Department for Education (2020) states that "[s]chools and colleges should be aware that notes of such reports could become part of a statutory assessment by children's social care and/or part of a criminal investigation" (p. 70). Therefore, in formal non-forensic disclosure contexts, the need to preserve the child's testimony potentially hinders the disclosure. The professional is a receptacle into whom the child discloses, which contrasts heavily with the therapeutic and child-centered approach adopted by Childline.[8] If children are more likely to disclose to a teacher (Allnock & Miller, 2013) then training teachers to respond more therapeutically might lead to more satisfactory interactions from the child's perspective, where they can explore their emotions and receive support in better articulating what has happened, particularly those children who are more indirect in their disclosure. Reducing anxiety might also improve the interaction from the teacher's perspective.

However, this shift in approach would not be unproblematic. It has been argued above that Childline counselors (re)negotiate terminology and play an active role in facilitating the disclosure, and that these disclosures can be understood as jointly-produced or at least as containing traces of the counselor's words. Whilst it has been argued above that Childline counselors induct children into the discourse community of victims of sexual abuse, it would be remiss not to acknowledge concern that in facilitating disclosures, those that offer therapy increase 'the risk for the detrimental consequences of interview bias, suggestive questions, and repeated questions' (Kuehnle and & Connell, 2010: 557). This increases the risk that 'the therapist may unwittingly shape and reinforce the erroneous statements of nonabused children" (Kuehnle & Connell, 2010, p. 557), in turn leading to the tainting of children's memories to the extent that miscarries of justice may occur, with either false accusations being made, or genuine accusations being made but which cannot be prosecuted successfully because the evidence is contaminated. Whilst Childline counselors provide an invaluable service in helping children to articulate and understand the terrible things that have happened to them, others may consider relexicalization, elicitation and scaffolding to be evidentially problematic. Policy-makers might therefore reflect on what is in the child's best interests in the formal non-forensic disclosure context: the creation of

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[8]Childline does make transcripts and records available to the police for evidence and court hearings.

a therapeutic, child-centered approach which is more conducive to eliciting disclosure but potentially problematic for the conviction of offenders, or one in which the initial unassisted disclosure is harder for the child to make (if at all) – leading to fewer intervention opportunities – but which better assists with the conviction of offenders when the disclosure is referred to forensic authorities.

## Conclusion

Two specific ways in which Childline counselors facilitate children's disclosures have been identified. Firstly, counselors are critical in providing children with appropriate terminology to confidently label their abuse. Secondly, in some cases, counselors elicit and scaffold disclosures, particularly in cases where children are ambiguous and indirect. Children may take a more active role and explicitly state what has happened to them, or they may adopt a more passive strategy in which the counselor takes control of the disclosure. Whichever approach the child adopts in their articulation of the abuse, the counselor scaffolds and shapes the disclosure in significant ways. As such, Childline counselors – and by extension, any trusted adult – cannot be considered a passive participant to whom the child or young person discloses.

It has been argued in this paper that conceptualizing the disclosure as dialogic is only valid if all linguistic data from all interlocutors is available for analysis. This paper has demonstrated that when a child contacts Childline, they become party to an interaction in which their agency in making the disclosure can effectively be minimized. Furthermore, without their explicit knowledge, children engage in a process of socialization which sees them being inducted into a very specific discourse community that potentially allows them to disclose more confidently and more explicitly in other contexts. If this assertion is correct, a distinct disadvantage is created for children who disclose in other contexts where either the person being disclosed to has not been trained in having such crucial conversations, or where the priorities of the adult interlocutor may not align with those of the child. A better understanding of this issue may go some way to explaining why so many children attempt to disclose but report that their cries for help were not heard (Allnock & Miller, 2013).

## Notes on contributor

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## References

Alaggia, R. (2004). Many Ways of Telling: Expanding conceptualizations of child sexual abuse disclosure. *Child Abuse & Neglect*, *28*(11), 1213–1227. https://doi.org/10.1016/j.chiabu.2004.03.016

Aldridge, M., & Wood, J. (1998). *Interviewing children: A guide for child care and forensic practitioners.* John Wiley and Sons Ltd.

Allnock, D., & Miller, P. (2013). *No one noticed, no one heard: A study of disclosures of childhood abuse.* NSPCC. https://learning.nspcc.org.uk/media/1052/no-one-noticed-no-one-heard-report.pdf

Bentley, H., Fellowes, A., Glenister, S., Mussen, N., Ruschen, H., Slater, B., Turnbull, M., Vine, T., Wilson, P., & Witcombe-Hayes, S. (2020). *How Safe are our Children? 2020: An overview of data on abuse of adolescents.* NSPCC. https://learning.nspcc.org.uk/media/2287/how-safe-are-our-children-2020.pdf

Biber, D., Connor, U., & Upton, T. (2007). *Discourse on the Move: Using corpus analysis to describe discourse structure.* John Benjamins Publishing Company.

Burrows, K. S., & Powell, M. B. (2014). Prosecutors' Perspectives on Clarifying Terms for Genitalia in Child Sexual Abuse Interviews. *Australian Psychologist*, *49*(5), 297–304. https://doi.org/10.1111/ap.12068

Butler, C. W., Potter, J., Danby, S., Emmison, M., & Hepburn, A. (2010). Advice-implicative interrogatives: Building "client-centered" support in a children's helpline. *Social Psychology Quarterly*, *73*(3), 265–287. https://doi.org/10.1177/0190272510379838

Danby, S., & Emmison, M. (2014). Kids, Counselors and Troubles-telling: Morality-in-action in talk on an Australian children's helpline. *Journal of Applied Linguistics and Professional Practice*, *9*(2), 99–120. https://doi.org/10.1558/japl.v9i2.25733

Department for Education. (2020). *Keeping Children Safe in Education: Statutory guidance for schools and colleges.* HM Government. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/954314/Keeping_children_safe_in_education_2020_-_Update_-_January_2021.pdf

Emmison, M., & Danby, S. (2007). 'Troubles Announcements' and 'Reasons for Calling': Initial actions in opening sequences in calls to a national children's helpline. *Research on Language & Social Interaction*, *40*(1), 63–87. https://doi.org/10.1080/08351810701331273

Garzone, G. E. (2015). Genre Analysis. In K. Tracey, C. Ilie, & T. Sandel (Eds.), *The International Encyclopedia of Language and Social Interaction* (pp. 677–693). John Wiley & Sons Inc. https://doi.org/10.1002/9781118611463.wbielsi069

Grice, H. P. (1975). Logic and Conversation. In D. Davidson & J. Hintikka (Eds.), *Syntax and Semantics 3: Speech acts* (pp. 41–58). Academic Press. https://doi.org/10.1163/9789004368811_003

Jackson, S., Newall, E., & Backett-Milburn, K. (2015). Children's Narratives of Sexual Abuse. *Child & Family Social Work*, *20*(3), 322–332. https://doi.org/10.1111/cfs.12080

Jensen, T. K., Gulbrandsen, W., Mossige, S., Reichelt, S., & Tjerslad, O. A. (2005). Reporting Possible Sexual Abuse: A qualitative study on children's perspective and the context for disclosure. *Child Abuse & Neglect*, *29*(12), 1395–1413. https://doi.org/10.1016/j.chiabu.2005.07.004

Korkman, J., Santtila, P., Drzewiecki, T., & Sandnabba, N. K. (2008). Failing to Keep it Simple: Language use in child sexual abuse interviews with 3—8-year-old children. *Psychology, Crime & Law*, *14*(1), 41–60. https://doi.org/10.1080/10683160701368438

Kuehnle, K., & Connell, M. (2010). Child Sexual Abuse Suspicions: Treatment considerations during investigations. *Journal of Child Sexual Abuse*, *19*(5), 554–571. https://doi.org/10.1080/10538712.2010.512554

Lamb, M. E., Orbach, Y., Sternberg, K. J., Esplin, P. W., & Hershkowitz, I. (2002). The effects of forensic interview practices on the quality of information provided by alleged victims of child abuse. In H. Westott, G. Davies, & R. Bull (Eds.), *Children's Testimony: A Handbook of Psychological Research and Forensic Practice* (pp. 131–145). John Wiley & Sons Ltd. https://doi.org/10.1002/9780470713679.ch9

McElvaney, R. (2008). *How children tell: containing the secret of child sexual abuse.* (Unpublished doctoral dissertation), Trinity College. http://www.tara.tcd.ie/bitstream/handle/2262/77577/McElvaney,%20Rosaleen_thesis.pdf?sequence=1

McElvaney, R. (2015). Disclosure of Child Sexual Abuse: Delays, non-disclosure and partial disclosure. What the research tells us and implications for practice. *Child Abuse Review*, *24*(3), 159–169. https://doi.org/10.1002/car.2280

McElvaney, R., Greene, S., & Hogan, D. (2012). Containing the Secret of Child Sexual Abuse. *Journal of Interpersonal Violence*, *27*(6), 1155–1175. https://doi.org/10.1177/0886260511424503

Moors, R., & Webber, R. (2012). The Dance of Disclosure: Online self-disclosure of sexual assault. *Qualitative Social Work*, *12*(6), 799–815. https://doi.org/10.1177/1473325012464383

Morrison, S. E., Bruce, C., & Wilson, S. (2018). Children's Disclosure of Sexual Abuse: A systematic review of qualitative research exploring barriers and facilitators. *Journal of Child Sexual Abuse*, *27*(2), 176–194. https://doi.org/10.1080/10538712.2018.1425943

Potter, J., & Hepburn, A. (2014). Somewhere between Evil and Normal: Traces of morality in a child-protection helpline. *Journal of Applied Linguistics and Professional Practice*, *9*(2), 81–98. http://dx.doi.org/10.1558/japl.v9i2.81

Read, J., Hammersley, P., & Rudgeair, T. (2007). Why, When and How to Ask about Childhood Abuse. *Advances in Psychiatric Treatment*, *13*(2), 101–110. https://doi.org/10.1192/apt.bp.106.002840

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. https://doi.org/10.1177/1524838015584368

Stubbs, M. (1983). *Discourse Analysis: The sociolinguistic analysis of natural language.* Basil Blackwell.

Swales, J. (1990). *Genre Analysis: English in academic and research settings.* Cambridge University Press.

Wubs, D., Batstra, L., & Grietens, H. W. E. (2018). Speaking With and Without Words—An analysis of foster children's expressions and behaviours that are suggestive of prior sexual abuse. *Journal of Child Sexual Abuse*, *27*(1), 70–87. https://doi.org/10.1080/10538712.2017.1390716