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A qualitative study

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Breaking the silence: Do I tell my child about their sexual abuse history? Longitudinal analysis of parental decision-making regarding disclosure of preverbal sexual abuse by parents to their child: A qualitative study

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ABSTRACT

Background: The Amsterdam Sexual Abuse Case (ASAC) presented parents with a dilemma about disclosing preverbal sexual abuse to their child. Advising parents was challenging due to limited knowledge about the consequences of preverbal child sexual abuse (CSA) and the rarity of children having no conscious awareness of their experience. To enhance recommendations and knowledge, we explored parents' experiences over the years.

Objective: This unique qualitative study introduced "parental disclosure", where non-offending parents disclose CSA to their child, and investigated the decision-making process spanning a decade after the ASAC discovery.

Methods: Longitudinal qualitative data were collected through yearly interviews.

Participants and setting: In total, 41 parents participated for 47 children. An additional in-depth interview was conducted with 20 parents in 2015.

Results: Quantitative data highlighted that over 10 years, parents of more than half of the children disclosed the preverbal CSA. Our analyses revealed that parental disclosure decisions entail dilemmas and unfold as a gradual process. Factors influencing decision-making included fear of stigma, child's emotional readiness, perceived benefits and risks, parental beliefs, values, and CSA circumstances.

Conclusion: This study underscores the complex nature of parental disclosure and shows that it is an ongoing process rather than a singular event. Parents' choices evolved based on changing

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circumstances and new information. Outcomes enrich the understanding of parental disclosure decision-making, highlighting the need for tailored support services to aid parents navigating the aftermath of preverbal CSA. Parental disclosure is highly individualized and calls for evidence-based interventions and policies.

1. Introduction

Learning that your child experienced sexual abuse is probably one of the most painful and challenging events a parent can face. If a child is sexually abused at a preverbal age, and shows no evidence of recall, parents face the future dilemma of whether or not to disclose the sexual abuse to their child. About a decade ago, this is what happened to dozens of parents in the Netherlands when the local police of Amsterdam had informed them that a male daycare employee, who also worked as a private babysitter, had subjected their child to sexual abuse at a preverbal age, in what came to be known as the Amsterdam Sexual Abuse Case (ASAC). This case came to light in December 2010 when a photo surfaced within a child pornography investigation in the United States and was traced back to the Netherlands. This led to the suspicion that a male daycare employee possibly sexually abused more than 150 infants and toddlers while practicing his profession. The daycare employee confessed to having sexually abused 87 preverbal children at the daycare centers where he worked, and in various homes where he babysat over several years. Most of the victims were boys aged 0-to 2-years old, with the youngest victim being only 19 days. In many cases, the sexual abuse ended as children developed better verbal communication skills. For some children the abuse had already ceased by the time the ASAC was discovered. Because of privacy concerns, parents of 20 children chose to exclude their child from legal documentation. Consequently, the perpetrator was convicted and was sentenced to prison for the abuse of 67 children and possessing, producing, and distributing child sexual abuse material (CSAM). The ASAC received much national and international publicity due to CSA severity, number of children involved, age of onset, and amount of CSAM created and disseminated by the perpetrator.

This study is part of a continuous research project; the ASAC study (Lindauer et al., 2014). We explore parents' decisions about whether or not to disclose their child's sexual abuse history to their child in the years following its discovery. To date, there is no empirical evidence regarding advantages and disadvantages of disclosing CSA to children. By presenting parents' experiences, we aim to increase knowledge regarding what we will refer to as "parental disclosure", meaning a parent disclosing a previous history of CSA to their child committed by a person other than themselves.

In this study, "preverbal" refers to children aged 0–3 years. Between 12 and 36 months, a shift from non-verbal to verbal abilities takes place (Hewitt & Friedrich, 2013). In preverbal children, CSA discovery largely depends on situational disclosure, as is mostly the case in daycare sexual abuse cases (Talmon et al., 2023), as well as in the ASAC. Situational disclosure is not initiated by the victim. Instead, CSA is discovered in a situational context (Campbell et al., 2015), for example, through recovered CSAM, medical injury, or sexually transmitted diseases. Purposeful self-disclosure of sexual abuse by very young children is rare (Alaggia et al., 2019; Collings et al., 2005; Lamb et al., 2011; Magnusson et al., 2017), due to developmental reasons and cognitive immaturity (Magnusson et al., 2017). In a recent study, McElvaney et al. (2020) found that only about 8 % of children sexually abused up to age 4, self-disclosed. It is possible that young children try to disclose but are misunderstood as they have difficulties articulating what happened (Hartman et al., 2023; Jensen et al., 2005). Experiencing CSA at a very young age adds complexity as young children lack understanding of what is perceived due to their cognitive and perceptual immaturity (van Duin et al., 2018). This makes CSA harder to recognize as something that is wrong, which in turn decreases the probability of them speaking of it (Hartman et al., 2023; Talmon et al., 2023).

When studies include very young children and early childhood trauma, a common question is whether they remember the events. The few existing studies on preverbal CSA have found that a lack of language expression does not indicate an inability to encode, store, and remember traumatic events (Coates & Gaensbauer, 2009; Gaensbauer, 2002; Hewitt, 1994). It is a widespread misconception that preverbal children are not affected by trauma due to their developmental immaturity (De Young & Landolt, 2018). Studies indicate that preverbal trauma can be retained in various memory forms such as emotional, motor, and state memory (Perry, 2000; Schore, 2001), in the absence of verbal communication. Gaensbauer (2002) showed that children who experienced preverbal trauma retained memories of it over time, as illustrated by a case of an infant severely sexually abused by his father in the first 10 weeks of his life. In the following months, the infant cried inconsolably when approached by his foster father and brother, screamed when a man resembling his father tried to pick him up, and startled abruptly when a male doctor made an affectionate gesture to stroke his head at 8-months old. At 9-months, the child continued to show fearful expressions, a frozen posture, and hyperventilated when approached by men.

Preverbal or very young children may use behavior to communicate their wants, needs, and/or feelings. (Reitsema & Grietens, 2016). Their behavior may provide clues regarding trauma experienced, whether or not they have the words to report that something negative, unusual, or confusing happened to them. In our previous study, 62 % of sexually abused children exhibited worrisome sexual behavior that could be associated with CSA as measured by the Child Sexual Behavior Inventory (Tsang et al., 2023). An example of worrisome sexual behavior is trying to tongue kiss while kissing others (Verlinden & Lamers-Winkelman, 2016). According to the theoretical framework proposed by Finkelhor and Browne (1985), sexual behavior problems can be seen as a manifestation of post-traumatic stress reactions resulting from CSA. In that, sexual behavior problems are a symptom of CSA-related intrusions and hyperarousal.

Talmon et al. (2023) recently stated in their review of child maltreatment in daycare settings that: "due to the significance of disclosure by children in abuse cases, and the development in our understating of the way children perceive, react to, and remember traumatic abuse events, there is an urgent need for new studies regarding this issue" (p. 9). In the ASAC, experts involved in the initial

aftercare provision experienced challenges in advising parents on parental disclosure because of the lack of knowledge about preverbal CSA consequences, and the rarity of encountering children who have no conscious realization of their experience. Experts did issue a recommendation at the time based on clinical expertise, advising parents to disclose the sexual abuse to their child in a way that is appropriate for their age and developmental stage. Parents were not urged to disclose all details. Instead, the goal was to help their child feel comfortable asking questions and to reassure them that they were not at fault for what happened. Professional support was available to help create and tailor the story to the child. Considerations for this advice were that disclosure could be crucial for the recovery process of children and their parents. In addition, as parents had been unaware of their child's abuse, and could not intervene or give meaning to it at the time, disclosing was considered important for the parent–child relationship. Disclosure allowed parents to inform their child that they took proactive steps to ensure their well-being upon becoming aware of the situation.

1.1. Aim of the study

The aim of the study was to examine parent dilemmas following the discovery of preverbal CSA, focusing on: (a) if and when the abuse was disclosed over a ten-year period; and, (b) the decision-making process, including the perceived advantages and disadvantages of their decisions.

1.2. Research questions

The following research questions will be addressed:

1. Over the course of 10 years, did parents disclose to their child that they had been subject to CSA at a preverbal age, and if so, when?
2. How did parents experience the decision-making in disclosing or not disclosing?
3. What considerations did parents have to disclose or not to disclose?
4. How did parents disclose to their child, if they decided to do so?
5. What were their experiences regarding advantages and disadvantages of disclosure or non-disclosure?

2. Methods

2.1. Background: the ASAC study

Three years after the discovery of the ASAC in 2010, an ongoing longitudinal quantitative and qualitative research project called the ASAC study was set up to investigate signs and symptoms of sexual abuse in preverbal children and the short- and long-term outcomes for children and their parents (Lindauer et al., 2014). The longitudinal study commenced in 2013 and included annual assessments with parents and children. The ASAC study enabled us to learn from the experiences of affected families and gain more insight into physical, psychological, moral, and existential consequences of CSA at preverbal ages. The ASAC study protocol is available for perusal on (Lindauer et al., 2014).

2.2. Participants

The sample was drawn from the group of parents participating in the longitudinal ASAC study. For the recruitment of participants for the broader study, the second author (EV) reached out to parents of children who had undergone physical and psychological examinations at the Amsterdam University Medical Centers (UMC) following CSA discovery, or that had been in contact with the Public Health Service (PHS) of Amsterdam for aftercare. These parents were offered information about the longitudinal ASAC study; questions they had were addressed during this process. Once parents decided to participate, they were asked for written informed consent. Separate informed consent was obtained for accessing police reports (Tsang et al., 2023; Tsang et al., 2021; van Duin et al., 2018).

Inclusion criteria for the present study were as follows:

1. At least one child of the participant had to be a confirmed victim of CSA within the ASAC, which was substantiated through either the perpetrator's confession or presence of CSAM depicting the child. Alternatively, there had to be strong suspicions of sexual abuse concerning the child, indicated by parents' observations of significant behavioral changes that warranted a valid suspicion.
2. The participant must have taken part in a minimum of one annual follow-up interview (FI). Parents that completed questionnaires only were excluded from the current study.

Parents of strongly suspected victims were included in the study because the possibility of sexual abuse could not be dismissed, and because statistical analysis of the first annual assessment (T_1) indicated that there were no significant differences in outcomes between the groups of confirmed victims and suspected victims (van Duin et al., 2018).

2.3. Procedure

For this study, we gathered data regarding parental disclosure during 8 annual FI's (T_1–T_8) between 2013 and 2020, and one

additional in-depth interview (AI) in 2015. Demographic data and sexual abuse characteristics were obtained from the FIs, and police reports when needed.

At each annual assessment, the researchers contacted parents to plan a face-to-face appointment at the Amsterdam UMC, the PHS of Amsterdam, or, if preferred by parents, at parents' homes. During the COVID pandemic, interviews were conducted over the phone or through video calling. At any given time, parents were allowed to enter, modify, or retract their participation without having to give a justification. Given the delicate nature of the subject, and to mitigate potential risks of media attention, we took great care to uphold confidentiality and ensure integrity of the study. Therefore, we made an effort to maintain a consistent group of researchers throughout this study. No interns, research assistants, or external individuals have interacted with the parents. The interviewers involved in this study were all educated as child psychologists with research and/or clinical experience in the field of childhood trauma.

2.4. Measures

2.4.1. Annual follow-up interviews

As part of the annual assessments, we conducted semi-structured FI's with the parents in our study. The first question we asked each year was: to what extent is your child at this point aware of what happened? This question generated data on whether the child had recollections of the abuse or whether the parent had disclosed the CSA to their child. The other questions we asked each year were: are you planning to disclose to your child in the future? How does your partner feel about this? What are your considerations for disclosing or not disclosing to your child? And: what do you think the advantages and disadvantages are? The interviewer summarized and noted the responses to the questions.

2.4.2. Additional in-depth interview

As a separate part of the ASAC study, a one-time in-depth AI was held with a subgroup of participants between annual assessments T3 and T4. This interview aimed to explore various topics, including, but not limited to, emotional and psychological effects experienced by parents following the discovery of ASAC, their perception of their child's well-being and overall family situation, as well as the impact of legal proceedings. If parental disclosure was discussed in this AI, we included this data in the current study. Parental disclosure was discussed in all AI except for one. AIs were audiotaped with permission and transcribed verbatim.

2.4.3. Analysis

Descriptive statistics were analyzed using IBM SPSS Statistics, version 25 (2017). MAXQDA (version 2022), a qualitative data analysis software package, was used as a tool during the analysis of the notes and transcripts. Transcripts of the AI's were double checked against the audio recordings before importing them into MAXQDA. The two first authors gathered most of the data and conducted the analysis collaboratively. We used thematic analysis, initiating the exploration of the data with our research questions as a foundational framework. Through an open coding process, we integrated both deductive and inductive approaches to coding, allowing for a comprehensive examination of the data while remaining open to emergent themes and patterns.

The analysis process involved a rigorous and iterative procedure, with regular discussions and consensus building between the two first authors. Initially, both authors familiarized themselves with the data by repeated readings and thorough examination of the notes and transcripts. Following this, the two first authors independently identified and assigned codes to segments of the data, capturing key concepts, ideas, and themes. Coded data were then carefully reviewed and compared to identify differences, similarities, overlaps, and patterns. Differences were discussed until a consensus was reached. Codes were then categorized into broader and more encompassing themes. Categories were refined through iterative discussions, and new categories emerged as the analysis progressed.

To enhance validity of the analysis and ensure rigor and integrity of findings, a team of researchers comprising of experts in CSA, childhood trauma, and child development, together with an expert in qualitative research methods was consulted during the interpretation and analysis stage. Their feedback and insights contributed to the refinement of themes and overall robustness of the analysis. The findings were synthesized into a coherent narrative addressing the research questions, integrating illustrative quotations from the data to support and substantiate the interpretations. A certified translator translated Dutch quotations into English.

2.5. Ethical considerations

The Medical Ethics Review Committee of the Amsterdam UMC, (location Academic Medical Center) approved the ASAC study. Distinguishing or traceable features were omitted or altered to ensure anonymity. Except for travel allowance, no financial incentives were provided for parents.

3. Results

3.1. Demographic and abuse characteristics

Between T_1 in 2013 and T8 in 2020, a total of 47 parents (31 mothers and 16 fathers, representing 41 children) participated in at least one FI, reporting on parental disclosure. Moreover, 20 of these parents (13 mothers and 7 fathers, representing 19 children) participated in the AI between T_3 and T_4 and reported on parental disclosure. A detailed overview of demographic characteristics can be found in our first follow-up publication (van Duin et al., 2018). The average age at abuse onset was 1.1 years (range = 0–2 years). The average age at abuse discovery was 3.9 years (range = 0–8 years). Sample characteristics are shown in Table 1. Sexual abuse

characteristics for confirmed victims are presented in Table 2.

3.2. Over the course of 10 years, did parents disclose to their child that they had been subject to CSA at a preverbal age, and if so, when?

At T1 (2013), parents of 11 children had disclosed the CSA to their child, while parents of 30 children had not disclosed the CSA to their child. Between T_1 and T_6 (2018), this number increased to 25 children. From T_6–T_8 (2020) this number remained stable at 25. Parents of 12 children had not yet disclosed the CSA to their child. Data regarding disclosure was missing due to dropout for four children. The ages of the children at the time of parental disclosure varied between 2 and 13 years old. Table 3 presents an overview of CSA disclosure and non-disclosure rates by parents to children at each annual assessment. Fig. 1 details the spread of age. Table 4 shows the themes and subthemes that emerged from the interviews.

3.3. How did parents experience the decision-making in disclosing or not disclosing?

Two themes were identified: “Deciding whether to disclose involves dilemmas”; and “Disclosing is a process”.

3.3.1. Deciding whether to disclose involves dilemmas

Deciding whether to disclose CSA history to the child involved complex dilemmas and was experienced by parents as one of the toughest decisions they faced following the ASAC. Dilemmas faced included “Should I disclose or not?”; “Should I disclose now or later?”; and “Should I disclose in detail or not?”

Parents expressed their concerns regarding the potential harm of disclosing to their child versus the potential harm of keeping it a secret, both in the present and in the future, for their child and the parent–child relationship. For example, a mother in FI-T_2 stated:

Disclosing it? Maybe. It’s trustfulness versus letting sleeping dogs lie.

In FI-T_3 she stated:

> We’d prefer not to disclose it, but we also don’t want [child] to find out about it later.

Parents also expressed a dilemma regarding appropriate timing. They questioned whether it would be better to disclose before any problems arose or to wait and see. They questioned whether to disclose at a young age when it may not hold much significance for their child, or to wait until the child had some comprehension about sexuality, or before or after onset of adolescence. For example, a mother in FI-T_4 stated:

> We do have some hesitations about when to disclose it, before or after his sexual development sets in. We’re wondering whether he’d understand it well enough now, and how well he could subsequently judge whether and when to tell other people.

Parents conveyed the dilemma of whether to go into detail or not. For example, a father stated:

> Yeah, and then you’ll get into that whole discussion about, um, whether you’re going to disclose it, and then what to say and how much.

3.3.2. Disclosing is a process

Interviews with parents over the years show that considering disclosing was not a one-off decision, but an ongoing process, and in the period following disclosure new dilemmas may unfold. Some parents who disclosed shortly after the discovery of the ASAC, found themselves faced with the question of whether to add details to the story later on. For example, a mother indicated over the course of FI-T_1 to T_8 (summarized from notes):

Table 1
Sample characteristics.

	FI			AI		
	Female (n)	Male (n)	Total (n)	Female (n)	Male (n)	Total (n)
Families	–	–	34	–	–	16
Parents	31	16	47	13	7	20
Children	13	28	41	4	15	19
Confirmed victims[a]	7	26	33	1	14	15
Suspected victims[b]	6	2	8	3	1	4
	Mean (min – max)		n	Mean (min – max)		n
Age at abuse onset (y)[c]		1.1 (0–2)	33		1.1 (0–2)	15
Age at ASAC discovery (y)		3.9 (0–8)	41		4.0 (0–6)	19

Note.

[a] Substantiated by confession of the perpetrator and/or pornographic images.

[b] Suspected but unsubstantiated CSA if perpetrator had been in direct contact with the child at daycare and/or had babysat for the child, and if parents strongly suspected abuse had occurred.

[c] Sexual abuse characteristics regarding conformed victims ($n = 33$) were obtained from police reports, pornographic evidence, and interviews with parents.

Table 2
Sexual abuse characteristics.

	n = 33	%
CSA type[a]		
Fondling[b]	32	97.0
Exposure of genitals to child	27	81.1
Ejaculation onto child	25	67.6
Oral copulation	19	57.6
Penetration of anus or vagina with finger, penis or sex toy	12	36.4
Frequency		
Once or twice	13	39.4
More than five times	2	6.1
More than 10 times	4	12.1
Unknown	10	6.1
Cases with pornographic evidence	14	42.4
Location of abuse		
Daycare	17	51.5
Home	12	36.4
Both	4	12.1

Note. Sexual abuse characteristics regarding confirmed victims were obtained from police reports, pornographic evidence, and interviews with parents.

[a] Most children were victims of various types/natures of CSA; therefore, the total number exceeds the total amount of children involved.

[b] Described by perpetrator as touching genitalia or masturbating the child.

Table 3
Parental disclosure and non-disclosure rates of CSA over a period of 10 years.

	Disclosed to child (total of 41 children)		
Assessment	Yes	No	Missing
T1 (2013)	11	30	0
T2 (2014)	13	25	3
T3 (2015)	15	23	3
T4 (2016)	17	21	3
T5 (2017)	21	17	3
T6 (2018)	25	12	4
T7 (2019)	25	12	4
T8 (2020)	25	12	4

Note. Missings are due to dropouts.

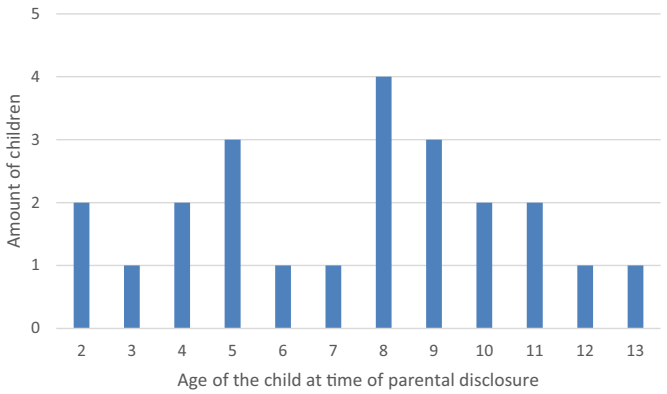

Fig. 1. Age of child at time of parental disclosure.

[T_1] The kids know a 'bad man' was once in the house that took them out of bed. And that he took pictures of them and that he wasn't supposed to do that. [We intend to] disclose more things based on the kids' behavior and questions. [T_4] [Child] asked, "So are there more things you're keeping a secret?" That made us realize we needed to respond to that somehow. So we took that

Table 4
Themes and subthemes parental disclosure.

Research question	Theme	Subtheme
2. How did parents experience the decision-making in disclosing or not disclosing?	2.1 Deciding whether to disclose involves dilemmas	
	2.2 Disclosing is a process	
3. What considerations did parents have to disclose or not disclose?	3.1 Considerations against disclosure	3.1.1 Afraid disclosure might create (unnecessary) problems for the child
		3.1.2 Afraid of stigmatization
		3.1.3 Afraid the child might inform others
		3.1.4 No reason to disclose
	3.2 Considerations in favor of disclosure	3.2.1 Children have the right to know what happened to them
		3.2.2 Not wanting to keep a secret from their child
		3.2.3 The child seems to remember or seems negatively affected by the CSA
		3.2.4 Helping the child to understand possible confusing feelings
		3.2.5 Because others were informed about the CSA
		3.2.6 To explain financial compensation received by the child
		3.2.7 Alert the child to future danger
4. How did parents disclose to their child, if they decided to do so?	4.1 Disclosing alone, or assisted by a therapist	
	4.2 Disclosing at a specific moment, or prompted by an event	
	4.3 Disclosing in detail, in general, or gradually	
5. What were their experiences regarding advantages and disadvantages of disclosure or non-disclosure?	5.1 The child can cope with disclosure, or may struggle to cope with disclosure	
	5.2 Disclosing can be a relief	
	5.3 Disclosing can be hard	
	5.4 Postponing or not disclosing can be a good thing	
	5.5 Postponing or not disclosing can perpetuate parents' struggle	

> occasion to disclose a few more things, [including] that he had touched their penises. [T_8] Recently they saw something about child sexual abuse and forensic treatment. So then we told them that [perpetrator] had also been sentenced to that.

Some parents found themselves wondering whether to, and how often to bring up the subject after disclosure. For example, a mother and father in FI-T_3 stated:

> We do keep wondering whether we should help [child] stay aware of the event in the future, like during puberty.

In sum, some parents were in doubt about whether or not to inform their child. Others wanted to disclose but did not know when and how. Some parents, along the way, found a spontaneous or specific moment to disclose. Other parents wanted to disclose but had not yet found the right moment or were still waiting for the right moment. Some parents initially decided not to disclose, but later changed their minds or felt they had to change their minds. Finally, some parents did not want to disclose at all. Moreover, these views could go back and forth over the years, as illustrated by a mother in FI-T_1 to T_8 (summarized from notes):

> [T_1] Disclosing it? Yes. He'll have to know, because other people also know about it. Honesty is the best policy. We're not so sure about just when and how. [T_2] Maybe first wait till he understands something about sex, or maybe lay a foundation now. [T_4] What's the best time? I think [child] will get very, very angry. [T_8] It's just that we think this is not a suitable time to do it, during puberty.

Another mother in FI-T_1 to T_2 stated (summarized from notes):

> [T_1] Disclosing it? Maybe. We're wondering whether it's really necessary. Ignorance is bliss. [T_2] We've told [child] what happened. The secret was getting too big. You can keep waiting and waiting. We also began realizing that you can't just paper it over, and that it's easier to disclose it at this age. It's not such a big thing yet.

3.4. What considerations did parents have to disclose or not disclose?

We identified four considerations against disclosure: "Afraid disclosure might create (unnecessary) problems for the child"; "Afraid of stigmatization"; "Afraid the child might inform others"; and "No reason to disclose". We identified seven considerations in favor of disclosure: "Children have the right to know what happened to them"; "Not wanting to keep a secret from their child"; "The child seems

to remember or seems negatively affected by the CSA"; "Helping the child to understand possible confusing feelings"; "Because others were informed about the CSA"; "To explain financial compensation received by the child"; and "Alert the child to future danger".

3.4.1. Considerations against disclosure

3.4.1.1. Afraid disclosure might create (unnecessary) problems for the child. Parents conveyed concerns about the possible emotional impact disclosing the CSA would have on their child. For example, a mother and father in FI-T_3 stated:

> We're hesitating. Wouldn't we be making too big of a thing of it by disclosing it? That might do more harm than good.

They were afraid of what disclosing would trigger or that it would put ideas in their head, and feared disclosing might exaggerate problems, create non-existent problems, instill fear upon their child, or burden them and take away their innocence. Some argued that ignorance is bliss, as a mother in FI-T_4 stated:

> What you don't know won't hurt you. Nothing is bothering him at the moment.

They were motivated by a desire to protect their child and let them live a normal life. A mother in the AI stated:

> Of course, why should I do this to her? To ruin her life? No, she deserves to have a nice life. It is my, my worry, my problem. Telling it to her is not going to make it easier. It is going to make it worse because then uff, I damage my own daughter again.

The child's temperament also played a part in the decision. Parents were more hesitant to disclose if their child was already insecure, when they feared their child would exaggerate the impact, or feared the story would take on a life of its own in the child's imagination, or that their child would wrongly link certain problems (concentration problems for example) or sexual orientation to it. For example, a mother in FI-T_5 stated:

> We're still a little in doubt, because [child] is extremely self-conscious. He's sensitive to what people think, even if it's just remarks they make or something. He doesn't have much self-confidence. We're afraid he'll feel even worse if he knows about it.

The insecurity that parents described also arose from not knowing to what extent their child was (sub)consciously aware of what had happened to them, as a mother and father illustrated in the AI:

> [Father] So I thought, geez, if you, er, if you start telling that story, hmm, maybe you'll influence, you'll plant something in his head. And, yeah, you can call this denial. Hmm, but it's also a kind of uncertainty about, well, what effect that will have. [Mother] Sure, but we weren't clear about it. Me, I was more convinced that he still remembered everything.

Moreover, some parents expressed concerns about their child harboring resentment towards them due to disclosure, as they might have desired not to know about it at all, feeling deceived by the lack of earlier information, or experiencing a sense of betrayal. As a father in FI-T_8 put it:

> I think a possible reaction after we disclose it is "Why are you telling me this?" I'm afraid that [child] might have preferred not to know it and to "just get on with his life."

And a mother in FI-T_4 stated:

> I think [child] will get very, very angry. He already got angry when we told him about Santa Claus. [Child] felt so deceived. Not so much about Santa Claus himself, but more like "What kind of a mother are you? You lie to me!" As if we'd done him a great injustice.

Finally, a father in the AI argued:

> The trouble is just that if you break it open, you can never seal it up again. You can't do it that way, the only thing you can do is keep it sealed, and then maybe open it up after all, um, um, if you start thinking "Okay, I made a mistake, um, when I, um." But the other way around, that's impossible.

3.4.1.2. Afraid of stigmatization. Several parents were hesitant to disclose the CSA out of fear that their child would feel stigmatized. Some parents did not want their child to perceive themselves as victims, as if an identity was imposed on them, while other parents feared society would stigmatize them. The size and notoriety of the ASAC increased this fear for a number of parents, as a mother in FI-T_3 and the AI illustrated:

> [T_3] Basically I don't want any secrets in the family, but the sexual abuse case places such a mark on the children. Everyone knows about it. [Child] could start feeling like, like a victim. If you disclose it to a child, you're putting a huge sticker on them. If it had just been a neighbor that abused [child] one time, I'd have told about it. That wouldn't have been a big well-known case. [AI] And would you take on somebody that you know had been abused by [name perpetrator] and could develop problems? No, it goes much further than that small instance of abuse back then. You don't want to have such a, such a label stuck onto it.

3.4.1.3. Afraid the child might inform others. Parents were concerned their child might inform others and felt unsure about potential

consequences. Some parents had chosen not to inform anyone, and many parents had only informed a limited number of people. They felt uncertain about how to communicate with their child that this was neither a secret to be kept nor a source of shame, but also not public information to be shared with everyone indiscriminately. They struggled with how to educate their child to make the right decision in this regard. For example, a mother in the AI argued:

By telling him, er, you'd also be taking the risk that he'll tell it to other kids, that other parents will find out about it, and that's another thing I'm not so sure about yet how to deal with.

3.4.1.4. No reason to disclose. The rationale behind some parents' consideration not to disclose the CSA to their child was that they believed their child was doing fine, showed no signs of negative impact or recollection of the CSA, or the CSA was not too serious in their opinion. A father in FI-T_8 said:

> We're hesitating. We don't see any symptoms that could relate to the abuse, like PTSD symptoms or problems to do with sexuality. So we don't see any reason to disclose it right now.

In addition, some parents also referred to uncertainty or lack of confirmation of the CSA, as the mother in FI-T_3 explained:

> I don't see any reason to do so. It's unclear whether anything actually did happen, and she doesn't remember anything, so why would you put something into her head? … . If we were sure about what happened, I'd have definitely told her.

3.5. Considerations in favor of disclosure

3.5.1. Children have the right to know what happened to them

A consideration that parents conveyed is that they felt their child "has the right to know what happened" as it is part of their history. Besides the child's right to know, a mother in FI-T_3 added:

> It's his right to know and to decide whether other people should know it.

Additionally, a mother in the AI stated:

> I just feel he also has the right to know, … I mean, how many worries we've had about him.

Even though many parents felt very strongly about this, they still struggled with determining the right moment to disclose to their child. As a result, certain parents had not yet disclosed to their child at T_8, despite their intention to do so.

3.5.2. Not wanting to keep a secret from their child

Another consideration was the parent–child relationship. Parents had various arguments, such as openness and honesty as a very important family value, or creation of distrust if their child found out later. They did not want such a secret to come between them and their child. A number of parents made statements such as: "The truth always comes out" or "Honesty is the best policy". For example, a mother in FI-T_5 stated:

> We want to be open. And not for him to find out about it by chance. Be able to discuss everything, and not risk getting the blame afterwards. [We want to] avoid ruining our relationship. No secrets. We don't want to drown it in silence.

A mother in the AI stated:

> "I just don't like secrets… . I'd feel so betrayed by my parents if they wouldn't tell me, if that had happened to me and they hadn't told me about it… . Even if I'd suffered no lasting effects.

Some parents also mentioned they had experienced sexual abuse in the past themselves, but it was swept under the rug. They did not want the same for their child.

3.5.3. The child seems to remember or seems negatively affected by the CSA

Some parents decided to disclose the CSA to their child because their child seemed to remember aspects of the abuse, or because the abuse was so severe, they were convinced their child had stored some sort of memory of it. A Father in FI-T_3 explained:

> Because [child] related so many details, we agreed unanimously that we had to disclose it.

Other parents mentioned they would disclose to their child at the moment it would become apparent that their child had memories of the abuse, would start to exhibit behavioral or sexual problems, or would start asking questions. As a mother in FI-T_2 stated:

> Disclosing it? Maybe. Only if she starts getting psychological symptoms or memories.

Nevertheless, some parents remained unsure whether disclosing was the right course of action even if they noted signs in their child they classified as a reason to disclose at an earlier assessment, especially because it was not certain these problems resulted from the CSA.

3.5.4. Helping the child to understand possible confusing feelings

There were parents who believed that disclosing could help their child understand possible confusing feelings they experienced stemming from the CSA. They felt that disclosing might prevent CSA from taking on a life of its own or could avoid problems later on even though their child seemed to be okay at the time. A mother in the AI explained:

> I think that if it, if he can give that a place in the form of that story, then that's far easier to manage than when it would remain some kind of unexpressed feeling. In some way you can, like, anchor it by, by framing it into such a narrative.

Some parents mentioned that they were uncertain whether their child's puberty or sexual activity in the future would bring up any emotional responses that were linked to the CSA. By disclosing, parents hoped to provide their child the opportunity to talk to them in case they experienced problems. A mother in the AI stated:

> Yeah, if he later experiences problems with regard to, … like with sexuality or whatever, um, that he'll know we'll be there for him, and that he'll also know there could be a reason for the problems.

Also, they feared their child might have noticed stressful emotions parents experienced in the period after the ASAC. Several parents wanted to disclose in order for their child to understand they had no responsibility and were not to blame for what had happened to them, and for the aftermath of it. For example, a mother in FI-T_3 stated:

> The reason was that [child] was feeling tensions. [It was] to let him know that we weren't getting a divorce, weren't angry… . He noticed something was going on. We wanted to absolve him of guilt.

Similarly, a mother in FI-T_1 stated:

> I didn't want [child] to start identifying with the events, but I wanted her [to understand] it happened entirely by chance. She was in the wrong place at the wrong time.

3.5.5. because others were informed about the CSA

Some parents felt they had to disclose to their child because they had informed people around them. They wanted to avoid their child finding out about the CSA through someone else and/or felt it was inappropriate for others to know about the abuse without their child knowing about it. For example, a mother in FI-T_1 stated:

> Disclose it? Yes. He'll have to know, because others know about it. If he were to hear that from somebody else, he'd never trust us again.

Similarly, a mother in the AI stated:

> Because, um, right from the beginning we've, er, shared it, y'know, with relatives and certain friends. So, … all the people close to our kids know about it, … and, after all, I wouldn't want them growing up in a situation where everybody knows something about them, … something they're not aware of themselves. That would be horrible, I think.

Additionally, contrasting to some parents who considered the scale and publicity of the ASAC a reason not to disclose, some parents referred to the notoriety of the ASAC as a reason in favor of disclosing because of their perceived likelihood of their child finding out. As a mother in FI-T_3 put it:

> Because he knows he went to the [name daycare center]. It's an open secret. I wouldn' want him to hear that from the media.

3.5.6. To explain financial compensation received by the child

As legal compensation for the harm that was done to them, many children received money in their name to access when they turn eighteen. Some parents felt this put them in the position where "an explanation will be needed for that."

3.5.7. Alert the child to future danger

Some parents argued that disclosing could warn their child about the world's dangers in order to protect them from future danger, like this mother and father in FI-T_3 stated:

> [That] by disclosing you can also convey to them that the world and that people are dangerous. Not just in a general sense, but you also make it clear that it actually happened to them. They can [then] protect and defend themselves against dangers, be alert.

3.6. How did parents disclose to their child, if they decided to do so?

Regarding how parents disclosed, three themes were identified: "Disclosing alone, or assisted by a therapist"; "Disclosing at a specific moment, or prompted by an event"; and "Disclosing in detail, in general, or gradually".

3.6.1. Disclosing alone, or assisted by a therapist

Parents of seventeen children consulted a child therapist–provided by the aftercare/ASAC study–to assist them in deciding when

and how to disclose the abuse, what details to share, how to handle potential reactions and questions from their child, and how to support their child after disclosure. For parents of nine children, one or two consultations with a child therapist were sufficient, after which they disclosed the CSA to their child by themselves. For example, a mother in the AI explained:

> And, umm, y'know, the psychologist we talked to then, she, … pointed to the option, that, y'know, you don't have to disclose everything at once, but you can create some kind of story so [they'll] know something happened, … so they'll know about that on a level that they can deal with now. And then you can provide more information at the point when they're old enough for it. But then it's something that's already there. And we're very, very glad we did that.

Parents of eight children received a more intense form of psychological help. They disclosed together with a child therapist in a therapeutic setting. Guided by the therapist, they prepared a story (sometimes written down) and then shared this with their child. A mother in FI-T_2 stated:

> We've told [child] what happened. This year, with the aid of the child trauma center, we told [child] the story by drawing on an example from another case. The first time was two months before the summer vacation, the second time right before the vacation, and in early October one more time to round it off. [Child's] father told the story with me and the trauma center present as well. It was a story on a child's level with pictures et cetera.

Parents perceived the advice provided by the therapists as helpful and supportive. A mother and father in the AI related:

> [Father] [Without professional support] that would have surely been harder to do. [Mother] Much harder, because you have to, I was, I really wanted to do it [disclose] but I was so afraid of doing the wrong things.

3.6.2. Disclosing at a specific moment, or prompted by an event

Some parents chose a specific moment to disclose the CSA, for example, during holiday to allow the information to sink in before going back to school and to prevent their child from sharing it with others without giving it enough thought. For example, a mother in the AI stated:

> I thought, then I'll do it before the summer vacation, because then he'll have the whole summer to not start talking about it at school or whatever. Not that that wouldn't be allowed, but then I just think that if I were to tell it right now, then tomorrow he'll start saying things like "Well, there was this guy that went to prison because he sexually abused me" and you do want to kind of avoid that.

Some parents disclosed in response to their child asking questions that provided an opening to disclose (more about) the CSA. For instance, when parents hired a lawyer for something unrelated to the ASAC and their child asked if they had ever needed a lawyer before, or after a mother informed their child about Saint Nicholas (Dutch equivalent of Santa Claus):

> Then [child] asked, "So are there more things you're keeping a secret till we're old enough to understand them?" So we took that occasion to disclose a few more things.

In addition, some parents disclosed after an event that was related to the ASAC, for example a news item on television or radio linked to sexual abuse or the ASAC. Similarly, a mother in FI-T_5 stated she disclosed more details after the death of the mayor of Amsterdam who was very invested in supporting the families affected by the ASAC:

> The [mayor's] death came onto the news, and they also talked about the first big issue he had faced: the [ASAC]. So I seized that occasion and told [child] that this was that case that had also affected him. He asked some questions, and I explained some things, like the fact that it was a huge case and that we parents had spoken with the mayor. I also explained it involved sexual abuse and asked him if he knew what that was, and he did know. I also explained that the man had just fidgeted around with him.

Regardless of whether parents disclosed at a specific moment or prompted by an event, parents felt it was important to disclose in a relaxed and neutral setting, for example during a car ride or while unloading the dishwasher, to keep it light and not add extra tension by making it a very serious talk, as a mother and father in the AI stated:

> [No,] and especially because, … that would be really like "Okay, and now we're going to sit down and talk about it," and that's really, that's kind of weird, then you're making it even heavier than it is, maybe.

3.6.3. Disclosing in detail, in general, or gradually

Some parents provided a detailed story including details of sexual abuse, the name or a picture of the daycare or perpetrator, the scale of the ASAC and its societal impact, and the imprisonment of the perpetrator. For example, a mother in FI-T_4 and the AI stated:

> [We explained] that we'd thought that that babysitter was a nice guy and that he'd take good care of you, but he turned out to be a bad man. That he took off the children's clothes and took pictures of them and that he had grabbed their penis, or some story like that. [AI] And that he, y'know, that he got a long prison sentence. Or, um, or in any case that he was, y'know, sent to prison for it.

Similarly, a father in FI-T_3 stated:

> [Child] was 7 years old when we disclosed it to him at the child trauma center. It was an explanation on a child's level, but we did explain that someone touched him, penis and ass, and that he not only hurt him, but did more.

Others chose to use a more general story, intentionally leaving out sexual content or the name of the perpetrator. For example, they disclosed someone touched the child inappropriately, hurt them, or "somebody had done things that weren't allowed", as a mother in FI-T_1 puts it. Similarly, a father in the AI describes:

> We didn't make it really specific, but we did, um, yeah, give it a name, so to speak, and also kind of, um, on the advice, in the words of that [therapist], let's say. So then we made, a book, a book with drawings, and then we went through that, um, [child] went through that with us and [therapist] and that really had an impact on him, you could really see that.

Some parents explained they did not know what had happened exactly. For example, a mother in the AI described that she:

> … . explained in childish language that "yeah, it wasn't nice there at all, and people there weren't nice, and there was even one man that hurt a whole lot of children, and that you, you also had him as a kind of teacher, but we don't know if he hurt you too."

Some parents explained how the discovery of the ASAC had emotionally affected them, because they wanted their child to know what they had gone through as a family. For example, a mother in FI-T_6 stated she told her child:

> What you maybe did notice was that mom and dad were very sad and nervous, because there were a lot of court cases.

In contrast, some parents intentionally withheld such information not to burden their child any further, as a mother in FI-T5 put it:

> The only thing we didn't talk about is the impact it had on us.

Additionally, a number of parents discussed with their child how to decide if, and how, they wanted to inform others. A mother in FI-T5 illustrated:

> We did talk about sharing the story with other people. That it's an exceptional problem that you just don't tell everybody about. That it's not something you should be ashamed of, and that you [child] can decide for yourself who to share it with.

Some parents decided to disclose the sexual abuse to their child spread over a few times, by adding details adapted to their child's age and development each time. Like a mother in the AI relates:

> We've at least tried to create awareness that there's an issue, … that something happened, so they'll know that. And someday when they're older, they, they'll surely start asking questions. Um, so then it will, so we can then go into it further. So we can later disclose more information in small doses, so to speak.

Many parents assured their child they could always talk to them about this subject.

3.7. What were their experiences regarding advantages and disadvantages of disclosure or non-disclosure?

Concerning advantages and disadvantages, five themes were found: "The child can cope with disclosure, or may struggle to cope with disclosure"; "Disclosing can be a relief"; "Disclosing can be hard"; "Postponing or not disclosing can be a good thing"; and "Postponing or not disclosing can perpetuate parents' struggle".

3.7.1. The child can cope with disclosure, or may struggle to cope with disclosure

Parents describe their child initially being quiet or asking questions after learning what had happened. One mother mentioned her child wanted to search the internet for information about the ASAC for a picture of the perpetrator. Some children felt bad about it afterwards, others seemed not burdened by it at all, or found the information about the police and prison exciting. In addition, some parents explained their child felt relieved as if things fell into place. For example, a father in the AI stated:

> [Child] felt acknowledged that [we understood] something was bothering him. You really noticed that with him. Like, [he showed] no anger, and no, er, no sadness about what happened, but "You both know something happened to me and that I'm not crazy."

Most parents reported their child had no recollections of the events. However, some children said they remembered the perpetrator, or remembered aspects of the abuse or daycare. A mother in FI-T_3 described:

> At the time we disclosed it, [child's] reaction was: "I remember that." He could describe [name perpetrator]. That came as a shock to us, but on [child] it also had a relaxing effect. He could put the situation in context.

Some children informed others about it, or wanted to inform their siblings, while others explicitly refused to inform others, in fear of being bullied for it. A mother in FI-T_2 stated:

> [Child] found it strange that that had happened to him. He had no memory of it and showed no recognition of the photo of [name perpetrator]. Afterwards, in the car, he asked a lot of questions, including "Were there more children involved? Was his mother also a bad woman?" He doesn't want anybody to know about it, not even his sister and good friends. He's afraid others will make fun of him.

For most children, everything seemed to go back to normal after a short time. As a mother in FI-T_2 explained:

> [Child] reacted maturely. She asked whether she was the only one in the family, and she was glad to hear it only happened to her. We let her know she can talk about it and ask questions any time she wants, but that she doesn't have to talk about it if she doesn't want. The next day she mentioned that she found it unpleasant news and spoke about it while the woman next door was sitting there. We later explained it to the neighbor. Now she doesn't talk about it and no longer seems occupied with it.

A few children seemed negatively affected by the disclosure. One child experienced PTSD symptoms after having been informed, for which she received effective treatment. Another child had difficulty sleeping and felt very bad about what happened. One child asked his parents why they disclosed the CSA because he did not want to know. In addition, one child often felt triggered and expressed anger towards the perpetrator. One child was very anxious in general and reflected on what had happened when feeling scared, as illustrated by his parents in FI-T_5:

> If [child] is scared or angry, then he's very fearful of going outside, and thinks back on what happened to him as a little boy. He's also extremely scared of street people. And at a fast-food place, he only wants us to go to the drive-through part and not get out of the car. He's also anxious inside stores.

Following disclosure, some children brought it up from time to time, asking if the perpetrator was still in prison, for instance when they saw police, or after a news item that had a link to sexual abuse, prison, or the ASAC, while others never mentioned it, as a mother in FI-T_8 illustrated:

> [Child] never talks about it but hasn't forgotten it.

3.7.2. Disclosing can be a relief

Parents described feeling relieved after disclosing to their child for several reasons. They felt relieved for not carrying a secret and for not having to look for the right time to disclose anymore. They also felt relieved for being honest, for eliminating inequality between them and their child, for making the CSA something they could talk about with their child and with others, and that their child could talk to them if something was bothering them. A parent expressed that disclosing provided the opportunity to add context and meaning to what their child had experienced. Some parents explained that disclosing also supported their own recovery process and brought them peace. Parents felt happy their child would not find out through someone else and would resent them for keeping it secret. Looking back, they made statements such as "I still support my choice", "happy we disclosed", "no downsides". None of the parents expressed regretting their decision. For example, a mother and father in FI-T_3 explained:

> Disclosing removes the disparity between child and parents. That also helps us in dealing with it ourselves. Now nothing stands between us. We can talk about it. "Making the abnormal into a normal subject."

Similarly, a father in the AI related:

> [Father] It did change one thing in a positive sense: that you no longer have that uncertainty hanging over you like the sword of Damocles, like "When shall we disclose it? When he's sixteen, when he's twenty, when he's twenty-five? How will he react?" That's that fear that always keeps worrying you a little. And the discussion between us [parents] is also behind us now.

3.7.3. Disclosing can be hard

Some parents mentioned negative consequences of disclosing, such as exposing their child to the cruelties of the world, their child informing others, difficulty with preventing transferring their own pain upon their child. Some parents also expressed disclosing was hard to do. A father in the AI illustrated:

> Yeah, um, all those little boys together, y'know, … then the whole town's gonna know about it in no time. And we want to avoid that, so we explained that to him that, um, "your friends might be able to support you with this type of thing, y'know, but that you do have to be careful what you say and who you say it to." Okay, he does understand that, but it does bother him a little.

3.7.4. Postponing or not disclosing can be a good thing

Some parents expressed they were happy they did not burden their child by disclosing. For instance, a mother in FI-T_4 stated:

> Advantages? There's no reason to disclose it. You'd be putting unnecessary pressure on him.

A mother in FI-T_3 explained she was happy they took the time to process their own emotions before disclosing, to prevent transferring them to their child:

> Now, years later, the emotional burden has also eased, so we could disclose it without too many emotions. If we'd disclosed it right after it became known, for instance, we'd have still been a lot angrier, and you could transfer that to your child.

3.7.5. Postponing or not disclosing can perpetuate parents' struggle

The most profound downside some parents expressed from not disclosing was the fear their child would find out and would resent them. As a mother and father in the AI explained:

> We can't wait too long to, to inform him, let's put it like that. And I don't know if 'too long' is twenty-five or, um, thirty. But I think it would be very strange if he's already grown up and then, I dunno, he finds out about it or something, and then he also learns that the neighbors knew it and the whole family.

A mother in the AI expressed how she found it difficult that she had to come up with excuses for participating in the ASAC study:

> And you also have to keep thinking up tricks, … you have to keep lying all the time.

Another mother in FI-T_8 explained how she regretted not disclosing to her child at an earlier stage because it became increasingly hard now that her child started to understand more about the world:

> I'd have preferred to have done it two or three years ago, then I could have done it in childish language.

4. Discussion

This longitudinal qualitative study introduces "parental disclosure", meaning disclosure of CSA by non-offending parents to their victimized child. In our sample, we included data collected over the span of a decade following the discovery of the ASAC–a unique large-scale CSA case involving very young, predominantly male children. Below we summarize the findings, comparing them with the literature.

Approximately 10 years after the discovery of the ASAC, more children were informed about the CSA than were not (25 out of 41) and most disclosures happened before adolescence. Children's age at disclosure varied between 2 and 13 years, indicating that parents tried to navigate the right time to disclose. Due to limited literature regarding parental disclosure of CSA, we have looked into adoption literature Mac Dougall et al. (2007) found that parents disclosing adoption, regarded adolescence as a time when children might be less receptive to their parents and that disclosing during such an unpredictable time in the parent–child relationship was to be avoided. Follow-up with parents in our study could determine whether similar considerations apply to parental disclosure of CSA.

Our outcomes show that decision-making regarding whether to disclose the CSA involved complex dilemmas, and shows the importance for parents of weighing the pros and cons with reference to their personal situation, carefully balancing whether keeping this secret is worth the risk of influencing the parent–child relationship, the child's sense of trust in parents, and whether disclosing is worth the possible burden posed on the child. The young age of the victims at the time the CSA occurred added complexity, making it difficult for parents to check what their child recalled, and how the CSA affected them. The lack of available scientific knowledge on the matter limited resources for parents in making their decisions. Disclosure and non-disclosure were experienced as ongoing processes that require revisiting; deciding at one point in time is not final. This aligns with Reitsema and Grietens (2016), who described disclosure as a relational, ongoing dialogue. Some parents began disclosure soon after the ASAC discovery, with new dilemmas arising post-disclosure such as facing repeated choices to revisit the topic or add details as their child developed. This iterative and interactive nature of parental disclosure mirrors findings in adoption and donor conception literature, where parents also navigate continuous, evolving decisions about if, when and how much to disclose (Harrigan, 2010; Mac Dougall et al., 2007; Wrobel et al., 2003).

In deciding whether or not to disclose the CSA, parents weighed various factors, and for some, doubts still prevailed by the study's end. Their views were influenced by beliefs, values, the child's age and developmental stage, circumstances of the abuse, and whether their child seemed affected, or remembered aspects of the abuse. Parents emphasized their need for a clear purpose and the difficulty of starting a distressing conversation, similar to when a victim is considering to self-disclose their history of sexual abuse to others (Jensen et al., 2005).

Most reasons for not disclosing were fear-based, including worries about creating problems, stigmatization, and the child informing others. Similarly, Goldberg et al. (2020), found that adoptive parents worried about social stigma and their child's ability to handle adoption disclosure, echoing our findings.

The most prominent considerations for disclosing CSA were parents' belief that their child had a right to know their history, and to prevent damaging the parent–child relationship by keeping it secret. Lucassen and Overdam (2010) support these considerations, noting that secrets often come to light and that children should be calmly informed about impactful events early to avoid trauma and feelings of betrayal if they learn later or from an outsider (Lucassen, 2016; Lucassen & Overdam, 2010). Some parents considered disclosing because their child showed signs of distress or expressed memories of the CSA. Other parents considered disclosing only if their child showed signs of distress. Interestingly, some parents postponed disclosing despite noting signs in their child they had previously specified as a reason to disclose, demonstrating the complexity of such decisions. A final finding is that some parents considered the notoriety of the ASAC a reason to disclose, while one parent considered it the reason not to disclose.

Parents often sought a therapist's help for guidance on when, how, and what to disclose, and described professional support as helpful in the disclosure process. Similarly, a study on adoption disclosure emphasized the importance of professional guidance in when and how to disclose in a developmentally appropriate way (Goldberg et al., 2020).

Parents differed in their timing for disclosure. Some selected specific moments like holidays to allow their child time to process. Others were prompted by questions from their children or external precipitants, like a CSA topic in a TV program, aligning with Malloy et al.'s (2013) findings that many children used an external precipitant to start self-disclosure. Jensen et al. (2005) found some children felt they never had the chance for self-disclosure, similar to parents in our study who waited for the right moment that never came.

The level of detail also varied. The content of disclosure evolved over time, often starting with a basic narrative and adding details based on the child's age and developmental stage. These findings highlight the diverse and thoughtful ways parents approach the delicate task of disclosing CSA to their children, tailored to their child's needs and circumstances.

Parents observed diverse reactions in their children following disclosure, from quiet contemplation to relief or distress. Most children did not suffer significant psychological distress post-disclosure. Many parents felt relieved after disclosing, as it lifted the burden of secrecy, facilitated open communication, and contributed to their own healing process. None of the parents regretted disclosing.

A few parents expressed satisfaction with their decision not to disclose or delay disclosure, believing it spared their child from unnecessary burden and allowed them to process their own emotions first. The most significant drawback of not disclosing was the fear the child might discover the information independently and resent their parents.

To conclude, the study highlights the intricate and evolving nature of parental disclosure of preverbal CSA, emphasizing the need for support and the careful consideration of multiple factors, aligning with parents' personal circumstances and preferences. To our knowledge, this is the first study to investigate the experiences and process of parental disclosure using longitudinal data, providing valuable insights over a period of decade after CSA discovery with a high follow-up rate (only 4 drop-outs). Using longitudinal qualitative data allowed us to investigate the multifaceted and complex nature of the disclosure process (Goodman-Brown et al., 2003). It enabled us to assess the different perspectives of parents involved in the same CSA case, all facing the decision of whether or not to disclose CSA to their child.

With regard to the research methods, some limitations need to be acknowledged. Potential bias may have arisen from the interviewer processing answers to the annual interview. As mentioned in the methods section, responses were summarized and noted, in contrast to the audio-recorded and transcribed in-depth interviews. The ASAC study also relied on parents' willingness to participate. Views of parents not willing to participate might have shed a different light on the subjects discussed in the interviews. In addition, this study is based on perceived consequences reported by parents, without children's formal input. There may have been negative consequences from disclosure that were not reported. Despite these limitations, this study certainly adds to our understanding of parents' overall experience in non-disclosure, disclosure, and post-disclosure of preverbal CSA to their child.

As mentioned in the introduction section, the experts who were involved in the initial aftercare provision found it challenging to advise parents on disclosure and tended to advise parents to disclose. Their advice did not seem to be the determining factor for parents in their decision to disclose. A possible explanation is that the parental disclosure process involves more consideration than solely following general professional advice, which is based on clinical practice. Determinants of good quality service responses are evaluated by parents as: "professionals acting supportive, compassionate, and accessible, having sufficient knowledge, providing timely and accurate information, and respecting and promoting their autonomy" (van Duin et al., 2022, p. 13). The current study supports this observation and we strongly advise professionals to acknowledge parents' dilemmas and uncertainties, and help them to navigate the process of deciding about parental disclosure, not only initially, but also later, since disclosure is not an event but a process and there is no perfect timing which is valid for all.

Our results indicate that parents' considerations are influenced by common myths about disclosure. We argue that professionals educate parents about the functioning of young children's memory and the potential impact of secrets on the parent–child relationship to support them in making a well-informed choice.

To conclude, our results show that the dilemmas involved in parental disclosure make it a very personal decision, with no single best option. Mental health professionals can assist parents in considering what fits their unique context, keeping in mind that a well-considered decision is the best decision. Also, this decision can be reevaluated over time. Given the limited negative consequences of disclosing measured over 10 years, and none of the parents regretting disclosing, there is no strong evidence that disclosure is harmful. Conversely, there are no indications that children found out later and resented their parents, suggesting that not disclosing is not necessarily harmful either. However, most parents seem to experience ongoing moral dilemmas with non-disclosure, while disclosing provided relief for most parents. If the parents consider disclosing the CSA history to their child, it is advisable to do it at a stage which allows gradual revisitation of the narrative, enabling parents to add more details over time. This approach can foster an environment of openness and trust, allowing children to process the information incrementally as they mature. Parental disclosure, supported by a mental health professional, can help with the child receiving age-appropriate information and room for questions, thus reducing the likelihood of misunderstanding or mistrust.

We believe that the most effective support for parents will stem from evidence derived from the experiences of other families. This necessitates ongoing research into the long-term effects of parental disclosure of preverbal CSA. We plan to investigate whether more parents from this study will decide to disclose in the coming years, and examine the well-being of children post-disclosure, including children's own perspectives. This will enable us to inform future generations of parents facing similar herculean decisions.

CRediT authorship contribution statement

Esther M. van Duin: Writing – review & editing, Writing – original draft, Visualization, Project administration, Methodology, Investigation, Formal analysis, Data curation, Conceptualization. **Vionna M.W. Tsang:** Writing – review & editing, Writing – original draft, Visualization, Project administration, Methodology, Investigation, Formal analysis, Data curation, Conceptualization. **Eva Verlinden:** Writing – review & editing, Supervision, Methodology, Funding acquisition, Data curation, Conceptualization. **Guy A.M. Widdershoven:** Writing – review & editing, Conceptualization. **Sonja N. Brilleslijper-Kater:** Writing – review & editing, Funding acquisition, Conceptualization. **Arnoud P. Verhoeff:** Writing – review & editing, Conceptualization. **Ramon J.L. Lindauer:** Writing – review & editing, Funding acquisition, Conceptualization.

Declaration of competing interest

We have no known conflict of interest to disclose.

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Data availability

The data that has been used is confidential.

References

Alaggia, R., Collin-Vézina, D., & Lateef, R. (2019). Facilitators and barriers to child sexual abuse (CSA) disclosures: A research update (2000–2016). *Trauma, Violence, & Abuse, 20*(2), 260–283.

Campbell, R., Greeson, M. R., Fehler-Cabral, G., & Kennedy, A. C. (2015). Pathways to help: Adolescent sexual assault victims' disclosure and help-seeking experiences. *Violence Against Women, 21*(7), 824–847.

Coates, S., & Gaensbauer, T. J. (2009). Event trauma in early childhood: Symptoms, assessment, intervention. *Child and Adolescent Psychiatric Clinics of North America, 18*(3), 611–626. https://doi.org/10.1016/j.chc.2009.03.005

Collings, S. J., Griffiths, S., & Kumalo, M. (2005). Patterns of disclosure in child sexual abuse. *South Africa Journal of Psychology, 35*(2), 270–285.

De Young, A. C., & Landolt, M. A. (2018). PTSD in children below the age of 6 years. *Current Psychiatry Reports, 20*(11), 97. https://doi.org/10.1007/s11920-018-0966-z

Finkelhor, D., & Browne, A. (1985). The traumatic impact of child sexual abuse: A conceptualization. *The American Journal of Orthopsychiatry, 55*(4), 530–541. http://www.ncbi.nlm.nih.gov/pubmed/4073225.

Gaensbauer, T. J. (2002). Representations of trauma in infancy: Clinical and theoretical implications for the understanding of early memory. *Infant Mental Health Journal, 23*(3), 259–277.

Goldberg, A. E., Manley, M. H., Frost, R. L., & McCormick, N. M. (2020). Conceived through rape/incest? Adoptive parents' experiences managing uncertainty and disclosure surrounding their children's origins. *Family Process, 59*(1), 191–208.

Goodman-Brown, T. B., Edelstein, R. S., Goodman, G. S., Jones, D. P., & Gordon, D. S. (2003). Why children tell: A model of children's disclosure of sexual abuse. *Child Abuse & Neglect, 27*(5), 525–540.

Harrigan, M. M. (2010). Exploring the narrative process: An analysis of the adoption stories mothers tell their internationally adopted children. *Journal of Family Communication, 10*(1), 24–39.

Hartman, D. T., Wang, Y., Vidales, D., Wu, Y., Goldfarb, D., Qin, J., … Goodman, G. S. (2023). Childhood sexual abuse: A longitudinal study of disclosures and denials. *Child Maltreatment, 10775595231165335*.

Hewitt, S. K. (1994). Preverbal sexual abuse: What two children report in later years. *Child Abuse & Neglect, 18*(10), 821–826.

Hewitt, S. K., & Friedrich, W. N. (2013). *Assessment and Management of Abuse Allegations with* (p. 125). True And False Allegations Of Child Sexual Abuse: Assessment & Case Management.

Jensen, T. K., Gulbrandsen, W., Mossige, S., Reichelt, S., & Tjersland, O. A. (2005). Reporting possible sexual abuse: A qualitative study on children's perspectives and the context for disclosure. *Child Abuse & Neglect, 29*(12), 1395–1413.

Lamb, M. E., Malloy, L. C., & La Rooy, D. J. (2011). *Setting realistic expectations: Developmental characteristics, capacities and limitations* (pp. 15–48). A handbook of psychological research and forensic practice: Children's testimony.

Lucassen, S. (2016). Robert M.–Iedereen kent hem!?! Systeemtherapie, 28(2).

Lindauer, R. J., Brilleslijper-Kater, S. N., Diehle, J., Verlinden, E., Teeuw, A. H., Middeldorp, C. M., … Verhoeff, A. (2014). The Amsterdam Sexual Abuse Case (ASAC)-study in day care centers: longitudinal effects of sexual abuse on infants and very young children and their parents, and the consequences of the persistence of abusive images on the internet. *BMC Psychiatry, 14*, 1–12.

Lucassen, S., & Overdam, N. (2010). Trauma? GEHEIME? TRAUMATISCH GEHEIM? *Kind & Adolescent Praktijk, 9*(2), 48–55.

Mac Dougall, K., Becker, G., Scheib, J. E., & Nachtigall, R. D. (2007). Strategies for disclosure: How parents approach telling their children that they were conceived with donor gametes. *Fertility and Sterility, 87*(3), 524–533.

Magnusson, M., Ernberg, E., & Landström, S. (2017). Preschoolers' disclosures of child sexual abuse: Examining corroborated cases from Swedish courts. *Child Abuse & Neglect, 70*, 199–209.

Malloy, L. C., Brubacher, S. P., & Lamb, M. E. (2013). "Because she's one who listens" children discuss disclosure recipients in forensic interviews. *Child Maltreatment, 18*(4), 245–251.

McElvaney, R., Moore, K., O'Reilly, K., Turner, R., Walsh, B., & Guerin, S. (2020). Child sexual abuse disclosures: Does age make a difference? *Child Abuse & Neglect, 99*, Article 104121.

Perry, B. D. (2000). Sexual abuse of infants. *Trauma Violence Abuse, 1*(3), 294–296. https://doi.org/10.1177/2F1524838000001003009

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.

Schore, A. N. (2001). The effects of early relational trauma on right brain development, affect regulation, and infant mental health. *Infant Mental Health Journal: Official Publication of The World Association for Infant Mental Health, 22*(1–2), 201–269.

Talmon, A., Ditzer, J., Talmon, A., & Tsur, N. (2023). Maltreatment in daycare settings: A review of empirical studies in the field. *Trauma, Violence, & Abuse, 15248380231155528*.

Tsang, V. M., Verlinden, E., Brilleslijper-Kater, S. N., van Duin, E. M., Twisk, J. W., Verhoeff, A. P., & Lindauer, R. J. (2023). A longitudinal study in worrisome sexual behavior following sexual abuse in infancy or early childhood: the Amsterdam sexual abuse case. *Journal of Child & Adolescent Trauma, 16*(4), 1053–1063.

Tsang, V. M., Verlinden, E., van Duin, E. M., Twisk, J. W., Brilleslijper-Kater, S. N., Gigengack, M. R., … Lindauer, R. J. (2021). The Amsterdam sexual abuse case: What scars did it leave? Long-term course of psychological problems for children who have been sexually abused at a very young age, and their parents. *Child Psychiatry & Human Development, 52*, 891–902.

van Duin, E. M., Verlinden, E., Tsang, V. M., Verhoeff, A. P., Brilleslijper-Kater, S. N., Voskes, Y., … Lindauer, R. J. (2022). A sexual abuse case series of infants and toddlers by a professional caregiver: A qualitative analysis of parents' experiences during the initial crisis period post-discovery. *Child Abuse & Neglect, 125*, Article 105460.

van Duin, E. M., Verlinden, E., Vrolijk-Bosschaart, T. F., Diehle, J., Verhoeff, A. P., Brilleslijper-Kater, S. N., & Lindauer, R. J. (2018). Sexual abuse in very young children: a psychological assessment in the Amsterdam Sexual Abuse Case study. *European Journal of Psychotraumatology, 9*(1), Article 1503524.
Verlinden, E., & Lamers-Winkelman, F. (2016). *CSBI: vragenlijst over seksueel gedrag bij jonge kinderen [CSBI: child sexual behavior inventory]*. Hogrefe Uitgevers B.V.
Wrobel, G. M., Kohler, J. K., Grotevant, H. D., & McRoy, R. G. (2003). The family adoption communication (FAC) model: Identifying pathways of adoption-related communication. *Adoption Quarterly, 7*(2), 53–84.