

“I Told Again and Again”: Understanding Delayed Disclosure of Child Sexual Abuse and Sexual Violence in Stigmatized Contexts—A Meta Ethnographic Review

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ADMINISTRATIVE INFORMATION**Support** - No financial support.**Review Stage at time of this submission** - Data analysis.**Conflicts of interest** - None declared.**INPLASY registration number:** INPLASY202660115**Amendments** - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 24 June 2026 and was last updated on 24 June 2026.**INTRODUCTION**

Review question / Objective How do girls and women navigate disclosure of a known perpetrator in culturally stigmatised contexts?. The primary aim of the review is to develop a conceptual model capturing survivors' ongoing processes of concealing abuse and navigating a concealable, stigmatised identity shaped by structural and social stigma. Survivors may face further harm when disclosing victimisation in healthcare and therapeutic settings. Survivor perspectives on disclosure, healing, and recovery are lacking, yet essential within trauma-informed frameworks. Exploring cultural and relational perceived barriers and facilitators with a particular focus on societal reactions that may silence or facilitate disclosures (supportive, dismissive, hostile, or neutral) when the perpetrator is known. The qualitative synthesis will investigate the complexities and nuances of the disclosure/non-disclosure process, as expressed through rich descriptions of survivors'

narratives and the primary researchers' metaphors and concepts.

Rationale In the United Kingdom, there is currently no statutory obligation to report child abuse (House of Commons, 2026). Instead, current guidance recommends that disclosures be referred to local authorities or the police in a threat to life. Research reveals professionals, such as teachers, paediatricians and doctors, may deny or minimise abuse to mitigate the repercussions of these abusive experiences, particularly if the perpetrator is known (Fazenda, 2010; Monteiro, 2018). Non-offending parents may not disclose or may delay reporting (Gewirtz-Meydan and Finkelhor, 2020). Harmful social and cultural narratives deny, blame victims, and minimise abuse, further maligning disclosures. In the absence of any physical signs of sexual abuse, this places the onus on the ability of the child or young person to "tell" and to protect themselves from further harm (Alaggia, 2004). This can ultimately excuse the perpetrator's actions and silence survivors' voices. There is a significant lack

of research on the impact of ethno-cultural factors and stigma on the disclosure rates and recovery from child sexual abuse (Latiff et al., 2023). Informed clinical intervention and public health prevention are urgently needed, as cultural and structural barriers continue to silence girls and women.

Condition being studied Cross-cultural self-report measures suggest that most child abuse and sexual violence occur in familial contexts or intimate partner relationships (Alaggia and Kirschenbaum, 2005; McElvaney et al., 2022; Landberg, Svedin and Jonsson, 2022; Matthews et al., 2025). Around one in twenty adult survivors disclose their experiences, and 30% to 80% of CRaSA is not identified or disclosed. Understanding non-disclosure is crucial for dismantling the silence surrounding sexual violence and abuse. This work aims to contribute to the growing body of evidence highlighting the social and cultural contexts of stigma, an unexplored yet pervasive aspect of contemporary survivors' experiences.

METHODS

Search strategy An exhaustive search strategy will combine comprehensive database searches with systematic and expansive searches. The process will include searching bibliographic databases such as ProQuest, Ovid, SCOPUS, EBSCO, and PsycNet. The reviewer will also conduct hand-search citation searches and reference list checks to include relevant texts from any academic discipline that meet the inclusion criteria for the review. An example of search terms includes: (self-disclose) AND (telling someone) AND (childhood sexual abuse) OR (sexual violence) AND (negative social response) AND (negative social response) OR (Social acceptability of sexual violence) OR (Rape myth acceptance) OR Minimisation AND Stigma.

Participant or population Cisgender girls (under 16), adolescents (up to 18), women (18+), transgender women, and non-binary individuals who align with womanhood. Survivors' experiences of disclosure/non-disclosure of childhood and/or sexual violence (CRaSA/SV) by a known perpetrator.

Intervention The process of disclosure or non-disclosure, delayed disclosure or partial disclosure.

Comparator Cultural Stigma phenomena (as defined in the studies/ or inferred from the

context), including cultural and societal norms and taboos.

Study designs to be included Qualitative : grounded theory, interviews, focus groups, ethnographic, case studies and secondary approaches.

Eligibility criteria English reports only, peer-reviewed studies, unpublished theses or dissertations. Date limiter 2017- 2026. Exclusion criteria: Males only and no gender identified. No victimisation type mentioned. No specifics of perpetrator relationship or type of victimisation. Studies that do not explicitly separate the forms of victimisation (i.e. intimate partner violence as opposed to intimate partner sexual violence). Non-English studies. Studies only focused on the characteristics and experience of sexual abuse as opposed to the disclosure experience. Book chapters, reviews, editorials, policy reviews and statements. Non-compliance with reporting standards for qualitative research. Studies that lack data on the reaction to disclosure, or that focus only on disclosure as a purely internal process rather than an interpersonal one. Quantitative studies: RCTs, quasi-experimental, cross-sectional surveys, mixed methods.

Information sources Grey literature will be excluded, as it is not consistently peer-reviewed, may vary in methodological quality, and often lacks transparency or reliability. These factors can reduce the rigour and credibility of a review (Khalil, Johns-Hayden, and Kynoch, 2026). In contrast, ProQuest, Ovid, Scopus, EBSCOhost, and PsycNet are leading academic databases that provide access to peer-reviewed research across health, social sciences, and psychology (Bodleian Libraries, 2026). ProQuest and EBSCOhost offer broad multidisciplinary coverage; Ovid enables advanced searches of medical databases such as MEDLINE; Scopus is valuable for citation tracking and identifying influential studies; and PsycNet specialises in psychological literature (Burnham, 2006).

Main outcome(s) A survivor-centred, culturally informed speculative conceptual framework to support disclosures in stigmatised contexts. This framework will incorporate a lifespan perspective, addressing the various stages survivors experience when disclosing a known perpetrator.

Additional outcome(s) This work will contribute to psychotherapy by establishing a survivor-centred, culturally informed speculative framework to support disclosures in stigmatised contexts.

Several recommendations will be explored to advance survivor-centred, transdiagnostic interventions within a social stress framework.

Data management Records and data will be managed using a structured and secure approach throughout the review process. Search results from databases will be imported into Rayyan, an online systematic review tool, where duplicates will be identified and removed, and titles and abstracts will be screened systematically. Full texts will then be stored in folders to ensure safe data management. Data extraction and tracking of study characteristics, inclusion decisions, and key findings were organised in Microsoft Excel, enabling clear documentation, transparency, and ease of analysis throughout the review process.

Quality assessment / Risk of bias analysis The researcher will use quality appraisal tools, such as the CASP (Checklist for Qualitative Research) (CASP, 2024), during the critical appraisal stage of the review. These provide a structured, systematic framework that guides the user in asking key questions about a study's methodology and in identifying potential flaws. Each study is assigned a numerical score out of ten; the highest score indicates the highest quality. In this way, the researcher would assess a study's trustworthiness, validity, results, and applicability. This ensures that the evidence is of high quality and suitable for use in practice or for informing decisions. However Hong et al. (2018) and Singh et al. (2013), suggest not to exclude studies with low methodological quality. Sattar et al. (2021) express concern that an assessment of methodological quality alone can lead to the exclusion of insightful studies.

Furthermore, there is a lack of consensus on quality appraisal for qualitative studies (Sattar et al., 2021). A small minority of research syntheses employing meta-ethnography have appraised the quality of individual research papers as a precursor to the synthesis (Campbell et al., 2011). Nonetheless, Sattar et al. (2021) argue that an appraisal tool can be used to judge whether superficial flaws and errors of magnitude can render the findings invalid.

Strategy of data synthesis Meta-ethnography is the most common qualitative synthesis in healthcare to inform policy (Sattar et al., 2021). It moves beyond aggregation, unlike a qualitative meta-synthesis, by developing new conceptual meanings and models (France et al., 2019; Sattar et al., 2021). Meta-ethnography, developed by Noblit and Hare (1988), provides a robust interpretive method of synthesising existing qualitative research. Interpreting interpretations to

draw conceptual findings suggests an interpretation beyond the findings, rather than describing or aggregating themes (Campbell et al., 2011). This approach manages detailed descriptions, reconciles contradictions, and generates new, theory-driven insights that extend beyond the original research.

Studies are synthesised in a manner similar to that for primary data in a meta-ethnography (Malpass et al., 2012). Instead of building themes from the raw qualitative data, the focus of meta-ethnography is on building what Sattar et al. (2021) term third-order constructs from the 'second-order constructs' used by the authors of the papers. Using Noblit and Hare's (1988) rigorous procedure for developing essential interpretations entails a seven-step meta-ethnographic process. In practice, this process often runs concurrently or overlaps. Immersion in the literature, reading to extract key concepts and second-order constructs (the original authors' interpretations) (Sattar et al., 2021). Mapping and comparing concepts across the selected studies to see how they align or differ. The core process of meta-ethnography involves comparing key metaphors and concepts, determining whether they are reciprocal (similar), refutational (contradictory), or part of a line of argument, and translating them into a common interpretive language. Synthesising translations involves integrating translated concepts to develop overarching explanations, theories, or conceptual models. eMerge Reporting Guidelines (France et al., 2019) will inform the set of standards this work will use to improve the clarity, completeness, and quality of reporting the findings clearly and transparently to researchers, practitioners, or policymakers.

Subgroup analysis Drawing on Booth and colleagues' (2013) model of refutational translation, seeking disconfirming cases that contradict one another will inform the line of argument. This contrasts with looking for commonalities or similarities often found in qualitative aggregative syntheses (Sattar et al., 2021). Disconfirming cases demonstrate that the synthesis is robust and not biased towards consensus, enhancing its trustworthiness and revealing areas where further research is needed to address inconsistencies or unexplored aspects of the phenomenon. Disconfirming cases essentially serve as the unit of analysis, a subgroup analysis (Voils et al., 2008).

Sensitivity analysis In this review, a sensitivity analysis will be conducted through a comparative, iterative process rather than statistical testing, consistent with qualitative evidence synthesis methods (Booth et al., 2013). This can be achieved

by deconstructing and removing particular studies, themes, or theoretical constructs that had informed it. Studies or data that contradict dominant patterns—so-called negative or deviant cases—will be deliberately included and analysed. These cases will test whether the framework could still account for variation rather than only fitting supportive evidence.

Language restriction English only.

Country(ies) involved United Kingdom.

Keywords trauma-informed approaches; disclosure; non-disclosure; showing; telling; sexual violence, child rape and sexual assault; survivors; cultural stigma.

Dissemination plans Findings will be published in a peer-reviewed journal, *Women and Therapy*. The primary researcher (JH) will present the report to Promoting Autonomy and Change (PAC), a registered charity based in Carlisle, Cumbria, that provides free counselling and therapy for children and young people. Additionally, this will be presented at Edge Hill University in cohort presentations. Finally, the report will also be summarised for NGOs and policy stakeholders working in sexual violence prevention and response.

Contributions of each author

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