

Child Sexual Abuse Disclosure: What Practitioners Need to Know

February, 2016

Author:

Catherine Townsend, *Grants, Research & National Strategy Manager, Darkness to Light*

For more information, please contact: Darkness to Light
1064 Gardner Road, Suite 210
Charleston, SC 29407
843-513-1616

The information contained in this paper represents the current view of *Darkness to Light* as of the date of publication. This paper is for informational purposes only. *Darkness to Light* makes no warranties, expressed, implied or statutory as to the information in this document.

Suggested Citation:

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

Copyright 2016 Darkness to Light. All rights reserved.

Special thanks to the National Children's Advocacy Center for the use of *Disclosure of child sexual abuse: A bibliography*.

THIS PAGE INTENTIONALLY LEFT BLANK

TABLE OF CONTENTS

SECTION 1:		
Practitioners Need Information on the Disclosure of Child Sexual Abuse		
	The role of disclosure in framing the issue	1
	Low disclosure rates are a complicating factor	1
	Informing practice	2
SECTION 2:		
The Facts About Disclosing Child Sexual Abuse		
	Definitions	2
	Do children delay or, in some cases, never disclose their child sexual abuse experiences?	2
	How do researchers measure disclosure?	3
	What is the rate of disclosure?	3
	Are rates of disclosure going up in the wake of the media attention around the issue of child sexual abuse?	5
	Who do children tell?	6
	What are the some of the established consequences of non-disclosure?	6
	Why do so many children choose not to tell?	7
	What factors encourage a child to disclose abuse?	9
	Why do children recant or have inconsistencies in their stories?	10
	How do children disclose abuse?	10
	Does age affect disclosure?	11
	Does gender affect disclosure?	11
SECTION 3:		
Research Can Inform Practice		
	Parenting practices	12
	Professional practices	12
	Peer-to-peer educational practices	13
	Treatment practice	13
APPENDIX		
Is Child Self-Report Prevalence and Disclosure Research Methodology Valid?		
	The question	14
	Evidence	14
	Discussion	15
REFERENCES		16

THIS PAGE INTENTIONALLY LEFT BLANK

Child Sexual Abuse Disclosure: What Practitioners Need to Know

February, 2016

SECTION 1:

Practitioners Need Information on Child Sexual Abuse Disclosure

The role of disclosure in framing the issue of child sexual abuse

Research shows that many children do not disclose sexual abuse immediately after the abuse occurs. In fact, many children do not disclose the abuse for years, if they disclose at all. Many adult survivors of child sexual abuse have never disclosed their abuse to anyone.

Low disclosure rates are a defining factor in the issue of child sexual abuse. Low disclosure rates are a significant part of the problem that practitioners face when working to prevent or intervene in child sexual abuse.

Low disclosure rates are a complicating factor.

There are a number of ways that low disclosure rates complicate the problem of child sexual abuse.

- Low disclosure rates skew the number of reports and confirmed cases of child sexual abuse, minimizing the problem of child sexual abuse in the public's eyes.
- Low disclosure rates are a variable that makes it impossible for researchers and practitioners to determine whether rates of abuse are increasing or decreasing. If disclosure rates increase, it appears that child sexual abuse rates are increasing, when the opposite may be true.
- Child sexual abuse prevention programs may be effective, but if a program influences disclosure, the data will not reflect that fact. If a program provides caregivers with the tools they need to better elicit disclosure, the additional reports of abuse that they make can make it appear that child sexual abuse rates have increased.
- Low disclosure rates mean that those working to intervene in child sexual abuse are not able to reach the entire population of abused children. Many children suffer in silence, without access to the services they need to mitigate the long-term consequences of abuse.

- Delayed disclosure of child sexual abuse affects those involved in the criminal justice and legal system. Without education, juries often do not understand why a victim delays coming forward with an accusation of abuse. While one might expect that the legal system would be more sympathetic to children’s difficulties in making disclosures, it may also be the case that the belief is “if the child was really sexually abused, why would they not tell?” (Summit, 1983).
- Many states have statutes of limitations that prevent a victim who has delayed disclosure from bringing an abuser to justice.

Informing Practice

For practitioners working to prevent or intervene in abuse, it is essential to have a thorough understanding of the factors that affect disclosure, including the conditions that promote disclosure. This should inform intervention and prevention practice and guide the development of resources and resource materials. Practices that increase victim disclosures or enable caregivers and bystanders to promote disclosures will not only increase immediate intervention, but will also prevent ongoing abuse.

SECTION 2:

The Facts About Disclosing Child Sexual Abuse

Although child sexual abuse is notoriously difficult to study, a large body of information about its disclosure has been developed since the late 1980’s.

Definitions

For the sake of clarity in this discussion, *disclosing* abuse will refer to communicating an abuse experience to friends, family or the authorities. *Divulging* abuse will refer to communicating an abuse experience to researchers.

Do children delay or, in some cases, never disclose their child sexual abuse experiences?

- There is overwhelming evidence that most child victims delay or never disclose child sexual abuse to friends, family or the authorities (Bottoms, et al., 2007; London, et al., 2005; London, et. al, 2008).
- Even when there is corroborative evidence that abuse has occurred – medical evidence (Lyon, 2007), or confessions from the abuser or videotaped evidence/witness reports (Sjoberg and Lindblad, 2002), up to 43% of children are not willing to disclose the abuse.

How do researchers measure disclosure?

- Evidence of non- or delayed disclosure comes from retrospective studies of adult and older adolescent individuals who divulge abuse to researchers, even if they have never disclosed abuse to friends, family or the authorities.
- Researchers measure disclosure by asking self-identified child or adult victims of child sexual abuse whether they have previously told friends, family or the authorities about their abuse experience(s).
- The disclosure rate is the ratio of those victims who have previously disclosed to those have not.
- Disclosure is typically categorized by time (immediately, within one month, less than five years, and so on). There is no standard for time period categories, making it very difficult to compare studies or determine a valid rate.

See the Appendix for information on the validity of disclosure research methodology.

What is the rate of disclosure?

Results on rates of disclosure are heavily influenced by differences in sampling methods and participants, definitions of sexual abuse and time windows used to define disclosure.

Because of methodological difference, researchers have found that disclosure rates for children range from 24% to 96% (Gonzalez, et al., 1993; Bradley & Wood, 1996; London et al. 2008). This includes both immediate disclosure and delayed disclosure while still a child.

Disclosure rates among adults who experienced sexual abuse during their childhood are more consistent and range from 31% to 42% (Arata, 1998; Smith, et al., 2000; Somer & Szwarcberg, 2001; Finkelhor, 2014, Finklehor, et al, 1990; London et al. 2005; London et al. 2008).

A summary of some of the more relevant studies follow.

- In interviewing adolescents, Schönbacher, et al. (2012) found that less than 1/3 of victims told a peer or a parent immediately after an incident occurs. They found that 1/3 of victims delay disclosure up to five years, and that 1/3 wait longer than five years. Because of a small sample size, care should be taken in interpreting these results.
- In a large adult retrospective study, Hébert et al., (2009) determined that 21.2% of survivors disclosed their abuse promptly, 21.3% disclosed abuse from one month to five years after it occurred and 57.5% delayed disclosure for more than five years.

- In an older study of 263 sexually abused adolescents, Kogan (2004) found that 43% disclosed immediately, a further 31% disclosed within a year, and 26% disclosed after a year, or did not divulge their abuse until the survey.
- In a relevant, but older adult-retrospective study, Smith and colleagues (2000) determined that 27% disclosed their child sexual abuse experience immediately, 58% waited more than one year, and 28% did not divulge their abuse until the survey was administered.

This data is summarized below:

Type of Study	Disclosed Immediately	Delayed Disclosure	Disclosed as an Adult or Older Child
Adult Retrospective Studies			
Hébert et al., 2009	21.3% (up to one month)	21.2% (up to five years)	57.5% (more than five years)
Smith, et al., 2000	27% (up to one year)	19% (more than one year)	28% (not until survey administered)
Studies of Adolescents and Children			
Schönbucher, et al., (2012)	33% (first week)	33% (Up to five years)	33% (More than five years)
Kogan (2004)	43% (Up to one Month)	31% (More than one month, but during childhood)	26% (Not until survey administered)

Disclosure of Female Perpetrated Abuse

There is limited evidence on rates of disclosure in cases where the perpetrator is female. In an explorative qualitative study of self-reported impacts of female perpetrated childhood sexual abuse, Deering and Mellor (2011) reported that 79% of victims of sexual abuse perpetrated by a female did not tell anyone of the abuse as a child. It is likely that the number of female perpetrators of child sexual abuse is under-estimated. Physical contact with children is more acceptable for females, so inappropriate touching may be missed or confused by the victim (Banning, 1989). Male adolescents may view female-perpetrated abuse as a “rite of passage.”

Are rates of disclosure going up, particularly in the wake of the media attention around the issue of child sexual abuse?

The history of disclosure rates:

- London, et al. (2005) analyzed disclosure rates from older studies published or occurring from 1990 – 2002. After eliminating foreign studies that were not relevant, the average rate of disclosure during childhood was approximately 34%.
- A survey of disclosure rates from newer studies published from 2002 to 2012 (data collection through 2010) showed the rates of child sexual abuse disclosure occurring during childhood were approximately 28.6%.

Because of the significant differences in methodology between studies reviewed, the small gap between older and newer rates is probably not meaningful. The data do not support the premise of major change in disclosure rates between 1990 and 2010.

More recently, there have been a number of incidents that have brought the issue of disclosure to the public's attention. Media outlets focused on the Penn State/Sandusky incident beginning in November 2011, continuing through July 2012. The media celebrated victims and survivors of child sexual abuse as heroes. It was speculated that this might foster increased disclosure. However, the data that exists does not conclusively bear out this assumption.

- In 2012, the number of sexual abuse cases confirmed by Child Protective Service agencies nationally increased by 2% (U.S. Department of Health and Human Services, Administration on Children, Youth and Families, 2014). This was the first increase in confirmed child sexual abuse cases since 2003.
- In 2013, the number of child sexual abuse cases confirmed by Child Protective Service agencies nationally decreased by 4% (U.S. Department of Health and Human Services, Administration on Children, Youth and Families, 2015).
- In 2014, the number of child sexual abuse cases confirmed by Child Protective Service agencies nationally decreased by 7.8% (U.S. Department of Health and Human Services, Administration on Children, Youth and Families, 2016).

Because disclosure rates are such a significant variable in determining incidence and prevalence rates, it is not possible to determine whether the 9.8% overall decrease in incidents of child sexual abuse since 2012 are due to lower disclosure rates or actual decreases in prevalence. It is not possible to determine whether disclosure rates have changed in recent years. However, the data that do exist do not suggest major changes in disclosure rates since 1990.

Who do children tell?

- There is overwhelming evidence that most children who do disclose, disclose to a friend or peer. Broman-Fulks, et al. (2007) found that 40% of disclosures are friend-to-friend. Priebe and Svedin (2008) found that 80.5 percent of study participants said that a ‘friend of my own age’ was the only person who they had told. Schaeffer et al. (2011) found that 48.3% first told a peer. These studies have highlighted the role of peers as confidantes, particularly for adolescents (Crisma et al., 2004; Kogan, 2004; Priebe and Svedin, 2008; Ungar et al., 2009; Schaeffer et al., 2011; Schönbucher et al., 2012; Cossar et al., 2013; Malloy et al., 2013). These studies point out the importance of understanding the dynamics of these disclosures, in order to develop intervention strategies that promote peer disclosure.
- Many children disclose to their parents, particularly their mother (Malloy, et al., 2013) Schönbucher, et al. (2009) determined about 1/3 of victims disclose to a parent. Hershkowitz, et al. (2007) found that a little less than half of children whose abuser was not a family member disclosed to their parents.
- While the data on rates of disclosures to educators and other professionals are inconsistent, educators make 52% of the professional reports of child abuse categorized as causing harm to the child (Sedlack, et al., 2010).
- When suspicions of abuse are reported to authorities, children often disclose to a forensic interviewer. When referred to a Children’s Advocacy Center for a forensic interview, 44.5% of children were found to have a credible disclosure capable of standing up in court (Carnes, et al., 2001).
- Many people assume that “disclosure” results in a report to the authorities. This is not true. Children are highly resistant to disclosing to the police (Leander, 2010). In their study, Priebe and Svedin (2008) found that only 6.8 percent of those disclosing had reported their experiences to the social authorities or police.

What are the some of the established consequences of non-disclosure?

- Children who do not disclose immediately have more major depressive episodes and delinquency (Broman-Fulks, et al., 2007).
- Children who were victimized by family members have far more negative consequences if they delay disclosure. These included symptoms of PTSD, negativity in childhood and self-blame (Ullman, 2007).

- Prompt disclosure buffers the impact of severe abuse. It also makes it less likely that there will be additional abuse (Kogan, 2005).
- The consequences of child sexual abuse are devastating for the victim and damaging to society as a whole.
 - The medical and social impacts of child sexual abuse on victims are enormous. Studies have found that 51% to 79% of sexually abused children exhibit psychological symptoms (Kendall-Tackett, et al., 1993; Caffaro-Rouget, et al., 1989; Mannarino, et al., 1986; Tong, et al., 1987; Conte, et al., 1987). Children who are sexually abused are at significantly greater risk for post-traumatic stress and other anxiety symptoms (McLeer, et al., 1998), depression, (Kilpatrick, et al., 2003; Tebbutt, et al., 1997; Wozencraft, et al., 1991), and suicide attempts (Dube, et al., 2005). Behavioral problems, including physical aggression, occur frequently among sexually abused children and adolescents (Dubowitz, et al., 1993). Sexually abused children perform lower on psychometric tests measuring cognitive ability, academic achievement, and memory (Friedrich, et al., 1994; Sadeh, et al., 1994; Trickett, et al., 1994; Wells, et al., 1997). Girls who are sexually abused are 2.2 times as likely as non-abused peers to become teen mothers (Noll, et al., 2009).
 - The damage does not stop when victims grow up. Adult survivors of child sexual abuse are nearly three times as likely to report substance abuse problems (Simpson & Miller, 2002). Adult women who were sexually abused as a child are more than twice as likely to suffer from depression (Rohde, et al., 2008). Adult child sexual abuse survivors are almost twice as likely to be arrested for a violent offense (Siegal & Williams, 2003).
 - Child sexual abuse impacts health. As adults, survivors of child sexual abuse are twice as likely to smoke, be physically inactive, and be severely obese (Felitti, et al., 1998). They are 30% more likely to develop serious conditions like cancer, diabetes, high blood pressure, stroke and heart problems (Sachs-Ericsson, et al., 2005). Adult victims of child sexual abuse have higher rates of health-care utilization and report significantly more health complaints than their non-abused peers (Arnow, et al., 2004; Golding, et al., 1997; Thompson, et al., 2002).

Why do so many children choose not to tell?

- Cossar et al. (2013) noted that in their study many children did try to tell but were not heard or no action was taken.

- Disclosure is determined by an interplay of child characteristics, family environment, community influences and societal attitudes (Alaggia, 2010).
- Children do not tell for a variety of reasons. These include threats to the child, fear of the perpetrator, a lack of opportunity, a lack of understanding of child sexual abuse or a relationship with the perpetrator (Malloy, et al., 2011; Schaeffer, 2011).
- Impediments to disclosure include shame and fear of causing trouble in the family (Crisma, et al., 2004). Many children fear their parent's reaction (Hershkowitz, et al., 2007). McElvaney (2008) also found that many young people were reluctant to disclose due to concerns of upsetting their parents.
- McElvaney (2008) found that many children did not disclose out of concern about consequences for others.
- Children who are abused by a family member are less likely to disclose and more likely to delay disclosure than those abused by someone outside the family (Smith et al., 2000; Goodman-Brown et al., 2003; Kogan, 2004; Lyon, et al., 2010).
- Young children are less likely to disclose abuse (Goodman-Brown et al., 2003).
- Males report being reluctant to disclose because they fear being labeled as a homosexual or as a victim. Females delay disclosure because they feel responsibility for the abuse, and fear not being believed (Alaggia, 2005; Tang, et al., 2007).
- Sexually abused boys and African American youth are less likely to tell anyone about their sexual abuse (Ullman, 2007).
- Caucasian children are more likely to disclose than Mexican-American children (Ullman, 2007).
- Mental health difficulties have been found to inhibit disclosure, particularly when children experience dissociative symptoms or other post-traumatic stress symptomatology (Priebe and Svedin, 2008).
- Some studies have found that the severity of abuse (e.g. penetrative abuse) predicts earlier disclosure although other studies have found no relationship between different types of abuse and disclosure timing.
- The relationship between the duration of abuse – one-off incidents of abuse compared with abuse that takes place over a significant period of time – and timely disclosure has been investigated with mixed findings.

What factors encourage a child to disclose abuse?

- Ungar et al. (2009a) describe the optimal conditions for disclosure as follows: being directly asked about experiences of abuse; having access to someone who will listen, believe and respond appropriately; having knowledge and language about what constitutes abuse and how to access help; having a sense of control over the process of disclosure both in terms of their anonymity (not being identified until they are ready for this) and confidentiality (the right to control who knows); and effective responses by adults both in informal and formal contexts.
- Recent research has highlighted the need for children to be asked direct questions to facilitate their disclosure. Directly asking a child if he/she has been sexually abused can increase disclosure (Malloy, et al., 2011; Schaeffer, et al., 2011).
- Of those that do disclose, significant proportions did so following prompts rather than self-initiation by the child (Kogan, 2004). Increasingly, research studies are finding that significant proportions of disclosure have been prompted by questions by caregivers, friends or others in the child's educational and social milieu that in themselves provide an opportunity for the young person to tell (Jensen et al., 2005; Hershkowitz et al., 2007; McElvaney et al., 2012).
- McElvaney (2008) noted that prompts and questions did not need to be about sexual abuse per se, but about the young person's psychological distress and wellbeing. This questioning in effect acted as an external pressure for the young person to tell his/her secret (McElvaney, et al., 2012).
- The likelihood of disclosure increases when a primary caregiver is supportive (Lippert, et al., 2009). In Priebe and Svedin's (2008) study of young people, parental bonding was identified as the most significant predictor of disclosure for both boys and girls. However, it should be noted that close relationships can also act as an inhibitor to disclosure.
- Social support encourages disclosure (Bottoms, et al., 2007).
- McElvaney (2008) and Ungar et al. (2009b) identified peer influence as significant in encouraging disclosure among adolescents. There is some suggestion from the research that regardless of the age at the time of abuse, adolescence may be a 'critical period' for disclosure. It may be that targeting adolescents in general (rather than those at risk of abuse) may be a powerful prevention tool in encouraging early disclosure.
- McElvaney (2014) found that a proportion of teenagers who had disclosed referred to concern for other children as an influencing factor in their disclosure process

- Prevention programs that promote a positive attitude towards disclosure, and an anonymous report format encourage more children to disclose (Unger, et al., 2009b).
- More children are substantiated as sexually abused when they undergo eight forensic interviewing sessions (56.6%), instead of four (29.5%) (Faller, et al., 2010).
- Second and third interviews with the police elicit better disclosure and more details important to prosecution (Leander, 2010).

Why do children recant or have inconsistencies in their stories?

- There is evidence that recantations and inconsistencies are common in child disclosures (Lyon, 2007).
- One study found a 23.1% recantation rate among 257 substantiated case files (Malloy, et al., 2007).
- Inconsistencies and recantations in children's reports may be due to reluctance rather than a false allegation (Lyon & Ahern, 2011).
- Child sexual abuse victims are more likely to recant or have inconsistencies in their story when abuse is perpetrated by a familiar person, especially family (Lyon & Ahern, 2011).

How do children disclose abuse?

- The disclosure of abuse is often incremental (London, et al., 2008), and may include recantations or inconsistencies in the story (Lyon & Ahern, 2011).
- Children may disclose partially. Elliott and Briere (1994) found that children aged eight to 15 years disclosed only partial information until confronted with external evidence that led to more complete disclosures.
- Children disclose more fully in informal settings. In a study of five- to ten-year olds DeVoe and Faller (1999) found that children provided more detailed disclosures in an informal situation than in a formal interview.
- In Ungar et al.'s (2009a) study of Canadian youth, researchers found that young people use a range of disclosure strategies ranging from indirect or behavioral to direct, including seeking support from peers, turning to non-professional adult supports, and disclosing to formal service providers. All of these strategies rely heavily on others to actively facilitate the disclosure.

- Attempts to disclose are often made in behavioral or indirect verbal ways (Katz, et al., 2012).
- Some disclosures are triggered by recovered memories (Alaggia, 2004).
- Children are more likely to disclose abuse when they can remain anonymous. (Unger, et al., 2009).

Does age affect disclosure?

- Young children disclose at a lower rate than older children (Lyon, et al., 2010).
- Rates of disclosure increase with age. In a large Israeli study of maltreated children, 50% of 3-6 year old children, 67% of 7-10 year-old children and 74% of 11-14 year-old children disclosed their abuse (Hershkowitz, et al., 2005).
- There is some suggestion from the research that, regardless of the age at the time of abuse, adolescence may be a critical period for disclosure.
- At least 20% of adults that divulge to a researcher are disclosing for the first time (Hébert, et al., 2009).
- 19% of adults with court-documented incidents of child sexual abuse failed to report a history of child sexual abuse when asked (Goodman-Brown, et al., 2003).

Does gender affect disclosure?

- Girls and women are far more likely to report abuse than men or boys (Hebert, et al., 2009; Lippert, et al., 2009).
- Males are less likely to report abuse. Males reported an unwillingness to disclose because they feared being labeled as a homosexual or a victim (Alaggia, 2005; Tang, et al., 2007).

Section 3: Research Can Inform Practice

Parenting Practices

Practitioners in the field of child development and parenting should incorporate child sexual abuse prevention and intervention strategies into parenting programs and resources. Programs and resources need to convey a number of important concepts.

- First and foremost, parents and other caregivers should never assume that a child would disclose to them if they were sexually abused.
- Caregivers of all kinds should teach children about child sexual abuse beginning at a very early age, as age-appropriate. Children who understand what sexual abuse is are more likely to disclose (Schaeffer, et al., 2011).
- Parents and other caregivers should look for non-verbal and indirect signs that could indicate child sexual abuse.
- Parents and other caregivers should be aware that disclosure may take place over a period of time, and may include recantations and inconsistencies.
- Parents and other caregivers should regularly ask the children in their care if they have been sexually abused, as age-appropriate.
- If a child does disclose, the parent or caregiver must be supportive and calm.
- Parenting public awareness campaigns should include a “Talk to your Children about Sexual Abuse” message. There is evidence that public awareness campaigns targeting children, parents and communities are an effective tool in the prevention of child abuse.

Professional Practices

A major recurrent theme that emerges from research is that children need to be asked about their wellbeing and whether they have been sexually abused (Jensen et al., 2005; Hershkowitz et al., 2007; McElvaney et al., 2012). Researchers have found that it is important to give children the “space” to disclose.

This research informs practice in a number of ways.

- Youth-serving professionals and volunteers (especially educators) need to be specifically trained in recognizing signs of abuse, and in talking with children about trauma and psychological distress. Increasingly, research studies are finding that a significant number of disclosures are prompted by questions from those in a child’s educational

and social milieu (Jensen et al., 2005; Hershkowitz et al., 2007; McElvaney et al., 2012). Research also supports recent developments in prevention programs that target formal and informal caregivers in being better able to detect the signs of abuse, for the purpose of facilitating disclosure (Ungar et al., 2009b).

- Pediatricians and other healthcare professionals should employ a protocol that includes asking children about psychological distress and well-being.
- Colleges and universities should include child sexual abuse prevention and intervention training in the curricula of all disciplines that lead to jobs that interact with children.

Peer-to-Peer Educational Practices

Another recurrent theme in the research is the frequency of disclosure to friends and peers, rather than parents, professionals and the authorities (Crisma et al., 2004; Kogan, 2004; Priebe and Svedin, 2008; Ungar et al., 2009; Schaeffer et al., 2011; Schönbacher et al., 2012; Cossar et al., 2013; Malloy et al., 2013; McElvaney et al., 2014). The research points out the importance of understanding the dynamics of peer disclosures, in order to develop intervention strategies that promote peer disclosure.

- At minimum, children should be educated about child sexual abuse, both at home and through school programs. Child-focused sexual abuse programs should provide children, particularly adolescents, with the tools they need to support a peer that discloses to them. More emphasis is needed on providing opportunities for children and young people to disclose.

Treatment Practices

- The best avenue for an abused child is a center that offers forensic interviewing, a multi-disciplinary team, and access to treatment. Children's Advocacy Centers were established specifically for this purpose. These centers are located in many communities throughout the country. See www.nationalchildrensalliance.org for more information.

APPENDIX:

Is Child Self-Report Prevalence and Disclosure Research Methodology Valid?

Many practitioners question the validity of disclosure research methodology. Some question whether children who have never disclosed abuse before will consistently divulge abuse to researchers. If child sexual abuse victims are not fully and uniformly divulging child sexual abuse experiences to researchers and surveyors, the prevalence and disclosure rates determined by child-focused research will be inaccurate. Some practitioners feel that this is the case.

The Question

Most child sexual abuse researchers have depended on survey or interview responses from children and adolescents to determine prevalence and disclosure rates.

However, there is significant evidence that most children and adolescents delay or do not disclose child sexual abuse to friends, parents or the authorities (Bottoms, Rudnick & Epstein, 2007; London, et al., 2005; London, et. al, 2008).

This leads to the question:

Under the right conditions, do almost all children and adolescents with histories of child sexual abuse divulge it to researchers, surveyors or on anonymous written surveys?

Evidence

Many researchers believe that the majority of children who are asked if they are a victim of child sexual abuse in an anonymous, private and supportive environment will divulge their abuse to researchers and on surveys.

There is no evidence that disproves this supposition.

However, there is only a modest amount of data to support this assumption.

- Child self-report research instruments have been proven to elicit previously undisclosed information about community and school violence (Hill and Jones, 1997; Reiss, 1982; Richters and Martinez, 1993). It follows that they may also elicit previously undisclosed information about child sexual abuse.
- Evidence is accumulating that school-age children can provide reliable self-reports. (Raviv and Raviv, 1997; Richters and Martinez, 1993; Richters et al., 1990; Sheehan et

al., 1997; Zima et al., 1997). Young samples have generally shown internal consistency, test-retest reliability, and construct validity comparable with those obtained with older children (Kochenderfer and Ladd, 1996; Ladd et al., 1997; Raviv and Raviv, 1997; Richters and Martinez, 1993; Sheehan et al., 1997)

- Unger, et al., (2008) found that 1,099 Canadian 14- and 15-year-olds that identified themselves as child abuse victims divulged their abuse to researchers, but only 244 of these (22.2%) had previously disclosed to parents, friends or the authorities. The rest (77.8%) had never disclosed before. This suggests that, under the right circumstances, large numbers of sexually abused children are comfortable divulging abuse experiences to researchers, even if they have not disclosed the abuse to others.
 - Unger credits the divulgence rate in his study to a youth program that promoted a positive attitude towards disclosure, and an anonymous report format. Existing methodological data does suggest there is some increase in reporting on sensitive topics with more private methods of data collection (Sykes and Collins, 1988; Turner et al., 1992).
- In a study of adolescents who identified themselves as child sexual abuse victims, Kogan, et al. (2004) found that 26% did not disclose the abuse until an interview with the researchers. This suggests that some victims are more comfortable divulging abuse experiences in a survey/research setting than to friends, parents or the authorities.
- There is evidence that directly asking a child if he/she has been sexually abused will increase divulgence (Malloy, et al., 2011; Schaeffer, et al., 2011).
- Children who understand what sexual abuse is, as they would in a survey environment, are more likely to divulge abuse (Schaeffer, et al., 2011).

Discussion

Child self-report methodology is a well-established, widely used research methodology in many fields of study. There is no evidence suggesting it is not a valid method for measuring the prevalence and disclosure of child sexual abuse.

There is some evidence that suggests that child sexual abuse victims divulge abuse experiences to researchers at a higher rate than they disclose to friends, family or the authorities. However, there is no clear evidence that almost all victims divulge abuse to researchers.

Given the lack of proof, under-reporting and low disclosure rate of child sexual abuse, it is understandable that practitioners question the validity of child self-report research methodology. However, without any evidence to the contrary, a methodology that has proven successful in other fields of study should probably be considered the most reliable methodology for the field of child sexual abuse.

REFERENCES:

- Alaggia, R. (2010). An ecological analysis of child sexual abuse disclosure: Considerations for child and adolescent mental health. *Journal of the Canadian Academy of Child and Adolescent Psychiatry, 19*(1), 32-39.
- Arata, C., M. (1998). To tell or not to tell: Current functioning if child sexual abuse survivors who disclosed their victimization. *Child Maltreatment, 3*, 63-71.
- Arnow, B. A. (2004). Relationships between childhood maltreatment, adult health and psychiatric outcomes, and medical utilization. *Journal of Clinical Psychiatry, 65* [suppl 12], 10 – 15.
- Banning, A. (1989). Mother son incest: Confronting a prejudice. *Child Abuse and Neglect, 13*, 563-570
- Bottoms, B., Rudnick, A., & Epstein, A. (2007). *A retrospective study of factors affecting the disclosure of childhood sexual and physical abuse*. In Pipe, M. E., Lamb, Y., Orbach, Cederborg, C. (Eds.), *Child sexual abuse: Disclosure, delay, and denial* (pp. 175-194). Mahwah, NJ: Lawrence Erlbaum Associates.
- Bradley, A., & Wood, J. (1996). How do children tell? The disclosure process in child sexual abuse. *Child Abuse & Neglect, 20*, 881-891.
- Broman-Fulks, J. J., Ruggiero, K. J., Hanson, R. F., Smith, D. W., Resnick, H. S., Kilpatrick, D. G., & Saunders, B. E. (2007). Brief report: Sexual assault disclosure in relation to adolescent mental health: Results from the National Survey of Adolescents. *Journal of Clinical Child & Adolescent Psychology, 36*(2), 260-266.
- Caffaro-Rouget, A.; Lang, R. A.; Van Santen, V. (1989). The impact of child sexual abuse on victims' adjustment. *Sexual Abuse: A Journal of Research and Treatment 2*: 29. doi:10.1177/107906328900200102.
- Carnes, C. N., Nelson-Gardell, D., Wilson, C., & Orgassa, U. C. (2001). Extended forensic evaluation when sexual abuse is suspected: A multisite field study. *Child Maltreatment, 6*(3), Aug 2001, 230-242.
- Conte, J. R.; Schuerman, J. R. (1987). The effects of sexual abuse on children: A multidimensional view. *Journal of Interpersonal Violence 2* (4): 380. doi:10.1177/088626058700200404
- Cossar, J., Brandon M., Bailey S., Belderson P., Biggart L., Sharpe D. (2013). 'It takes a lot to build trust'. *In recognition and telling: developing earlier routes to help for children and young people*. Office of the Children's Commissioner: London.
- Crisma, M., Bascelli, E., Paci, D., & Romito, P. (2004). Adolescents who experienced sexual abuse: Fears, needs and impediments to disclosure. *Child Abuse & Neglect, 28*(10), 1035- 1048.
- Deering, R., Mellor, D. (2011). An exploratory qualitative study of the self-reported impact of female-perpetrated childhood sexual abuse. *Journal of Child Sexual Abuse, 20*, 58–76.
- DeVoe, E.R., Faller, K.C. (1999). The characteristics of disclosure among children who may have been sexually abused. *Child Maltreatment 4*: 217–227.

- Dube, S. A., Anda, R. F., Whitfield, C. L., Brown, D. W., Felitti, D. J., Dong, M., & Giles, W. (2005). Long-term consequences of childhood sexual abuse by gender of the victim. *American Journal of Preventive Medicine*, 28, 430 – 437.
- Dubowitz, H., Black, M., Harrington, D., Verschoore, A. (1993). A follow-up study of behavior problems associated with child sexual abuse. *Child Abuse & Neglect*, 17, 743-754.
- Elliott, D.M., Briere, J. (1994). Forensic sexual abuse evaluations of older children: Disclosures and symptomatology. *Behavioral Sciences & the Law* 12: 261–277.
- Faller, K. C., & Nelson-Gardell, D. (2010). Extended evaluations in cases of child sexual abuse: How many sessions are sufficient? *Journal of Child Sexual Abuse*, 19(6), 648-668.
- Fan, X., Miller, B. C., Park, K., Winward, B. W., Christensen, M., Grotevant, H. D., et al. (2006). An exploratory study about inaccuracy and invalidity in adolescent self-report surveys. *Field Methods*, 18, 223–244. <http://fm.sagepub.com/content/18/3/223.short>
- Felitti VJ, Anda RF, Nordenberg D, Williamson DF, Spitz AM, Edwards V, et al. 1998 Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*. 14:245-58.
- Finkelhor, D., Hotaling, G., Lewis, I., & Smith, C. (1990). Sexual abuse in a national survey of adult men and women: Prevalence, characteristics, and risk factors. *Child Abuse & Neglect*, 14, 19- 28.
- Finkelhor, D., Ormrod, D., Turner, H., & Hamby, S. (2005). The victimization of children and youth: A comprehensive, national survey. *Child Maltreatment*, 10(1), 5-25.
- Finkelhor, D., Hammer, H., & Sedlak, A. J. (2008). Sexually assaulted children: National estimates and characteristics. *Juvenile Justice Bulletin*, Washington, DC: Department of Justice, Department of Justice. <https://www.ncjrs.gov/pdffiles1/ojdp/214383.pdf>.
- Finkelhor, D., Turner, H., Shattuck, A., & Hamby, S. (2013). Violence, crime and abuse exposure in a national sample of children and youth: An update. *JAMA Pediatrics*, 167(7), 614-621. doi1001/jamapediatrics.2013.42
- Finkelhor, D. Shattuck, A., Turner, H & Hamby, S. (2014). The lifetime prevalence of child sexual abuse and sexual assault assessed in late adolescence. *Journal of Adolescent Health* Article in press, (2015) 1-5.
- Friedrich, W.N., Einbender, A.J., & Leuke, W.J. (1994). Cognitive and behavioral characteristics of physically abused children. *Journal of Consulting and Clinical Psychology*, 51, 313-314.
- Golding, J. M., Cooper, M. L., & George, L. K. (1997). Sexual assault history and health perceptions: Seven general population studies. *Health Psychology*, 16, 417 – 425.
- Gonzalez, L., Waterman, J., Kelly, R., McCord, F., and Oliveri, M. (1993). Children's patterns of disclosures and recantations of sexual and ritualistic abuse allegations in psychotherapy. *Child Abuse & Neglect* 17: 281-289.
- Goodman-Brown, T.B., Edelstein, R.S., Goodman, G.S., Jones, D.P.H., Gordon, D.S. (2003). Why children tell: A model of children's disclosure of sexual abuse. *Child Abuse & Neglect* 27: 525–540.
- Goodman, G. S., Ghetti, S., Quas, J. A., Edelstein, R. S., Alexander, K. W., Redlich, A. D., Cordon, I. M., & Jones, D. P. H. (2003). A prospective study of memory for child sexual abuse: New findings relevant to the repressed-memory controversy. *Psychological Science*, 14(2), 113-118.

- Hébert, M., Tourigny, M., Cyr, M., McDuff, P., & Joly, J. (2009). Prevalence of childhood sexual abuse and timing of disclosure in a representative sample of adults from Quebec. *The Canadian Journal of Psychiatry*, 54(9), 631-636.
- Hershkowitz, I., Horowitz, D., & Lamb, M. E. (2005). Trends in children's disclosure of abuse in Israel: A national study. *Child Abuse & Neglect*, 29(11), 1203-1214.
- Hershkowitz, I., Orbach, Y., Lamb, M.E., Sternberg, K.J., Horowitz, D. (2006). Dynamics of forensic interviews with suspected abuse victims who do not disclose. *Child Abuse & Neglect* 30: 753–769.
- Hershkowitz, I., Lanes, O., Lamb, M.E. (2007). Exploring the disclosure of child sexual abuse with alleged victims and their parents. *Child Abuse & Neglect* 31: 111–123.
- Hill, H.M., Levermore, M., Twaite, J., Jones, L.P. (1996) Exposure to community violence and social support as predictors of anxiety and social and emotional behavior among African-American children, *Journal of Child and Family Studies*,5, 399-414.
- 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.
- Katz, C., Hershkowitz, I., Malloy, L. C., Lamb, M. E., Atabaki, A., & Spindler, S. (2012). Non-verbal behavior of children who disclose or do not disclose child abuse in investigative interviews. *Child Abuse & Neglect*. Advance On-line publication. doi:10.1016/j.chiabu.2011.08.006.
- Kendall-Tackett K.A., Williams L.M., Finkelhor D. (1993). Impact of sexual abuse on children: a review and synthesis of recent empirical studies. *Psychological Bulletin* 113 (1): 164–80. doi:10.1037/0033-2909.113.1.164. PMID 8426874.
- Kilpatrick, D. G., Ruggiero, K. J., Acierno, R., Saunders, B. E., Resnick, H. S., & Best, C. L. (2003). Violence and risk of PTSD, major depression, substance abuse/dependence, and comorbidity: Results from the National Survey of Adolescents. *Journal of Consulting and Clinical Psychology*, 71, 692-700.
- Kochenderfer, B.J., Ladd, G.W. (1996). Peer victimization: cause or consequence of school maladjustment? *Child Development*, 67 1305-1317.
- Kogan, S. M. (2004). Disclosing unwanted sexual experiences: Results from a national sample of adolescent women. *Child Abuse & Neglect*, 28(2), 147-165.
- Kogan, S. M. (2005). The role of disclosing child sexual abuse on adolescent adjustment and revictimization. *Journal of Child Sexual Abuse*, 14(2), 25-47.
- Ladd, G.W., Kochenderfer, B.J., Coleman, C.C. (1997). Classroom peer acceptance, friendship, and victimization: Distinct relational systems that contribute uniquely to children's school adjustment? *Child Development*, 68, 1181-1197.
- Lalor, K., McElvaney, R. (2010). Child sexual abuse, links to later sexual exploitation/high-risk sexual behavior, and prevention/treatment programs. *Trauma, Violence & Abuse* 11(4): 159–177. DOI: 10.1177/1524838010378299
- Lamb, M.E., Orbach, Y., Sternberg, K.J., Esplin, P.W., Hershkowitz, I. (2002).The effects of forensic interview practices on the quality of information provided by alleged victims of child abuse. In *Children's Testimony: A Handbook of Psychological Research and Forensic Practice*, Westcott HL, Davies GM, Bull R (eds). John Wiley & Sons Ltd: Chichester, England; 131–145.

- Lawson, L., Chaffin, M. (1992). False negatives in sexual abuse disclosure interviews: Incidence and influence of caretaker's belief in abuse in cases of accidental abuse discovery by diagnosis of STD. *Journal of Interpersonal Violence* 7(4): 532–542.
- Leander, L. (2010). Police interviews with child sexual abuse victims: Patterns of reporting, avoidance and denial. *Child Abuse & Neglect*, 34(3), 192–205.
- Lippert, T., Cross, T. P., Jones, L., & Walsh, W. (2009). Telling interviewers about sexual abuse: Predictors of child disclosure at forensic interviews. *Child Maltreatment*, 14(1), 100-113. www.unh.edu/ccrc/pdf/CV180.pdf
- London, K., Bruck, M., Ceci, S. J., & Shuman, D. W. (2005). Disclosure of child sexual abuse: What does the research tell us about the ways that children tell? *Psychology, Public Policy, and Law*, 11(1), 194–226.
- London, K., Bruck, M., Wright, D. B., & Ceci, S. J. (2008). Review of the contemporary literature on how children report sexual abuse to others: Findings, methodological issues, and implications for forensic interviewers. *Memory*, 16(1), 29-47. <http://www2.fiu.edu/~dwright/pdf/disclosure.pdf>
- Lyon, T. (2007). *False denials: Overcoming methodological biases in abuse disclosure research*. In Pipe, M. E. Lamb, Y. Orbach, Cederborg, A.C. (Eds.), *Child sexual abuse: Disclosure, delay, and denial* (pp. 41-62). Mahwah, NJ: Lawrence Erlbaum Associates.
- Lyon, T. D., Ahern, E. C., Malloy, L. C., & Quas, J. A. (2010). Children's reasoning about disclosing adult transgressions: Effects of maltreatment, child age, and adult identity. *Child Development*, 81(6), 1714-1728.
- Lyon, T. D., & Ahern, E. C. (2011). *Disclosure of child sexual abuse*. In J. E. B. Myers (Ed.), *The APSAC handbook on child maltreatment* (3rd ed., pp.233-252). Newbury Park, CA: Sage.
- Malloy, L. C., Lyon, T. D., & Quas, J. A. (2007). Filial dependency and recantation of child sexual abuse allegations. *Journal of the American Academy of Child and Adolescent Psychiatry*, 46(2), 162-170.
- Malloy, L., Brubacher, S.P., Lamb, M.E. (2013). “Because she’s the one who listens”: children discuss disclosure recipients in forensic interviews. *Child Maltreatment* 18(4): 245–251. DOI:10.1177/1077559513497250.
- Mannarino AP, Cohen J.A. (1986). A clinical-demographic study of sexually abused children. *Child Abuse & Neglect* 10 (1): 17–23. doi:10.1016/0145-2134(86)90027-X. PMID 3955424.
- McElvaney, R.. (2002). Delays in reporting childhood sexual abuse and implications for legal proceedings. In *Sex and Violence: The Psychology of Crime and Risk Assessment*, Farrington DP, Hollin CR, McMurrin M (eds). Routledge: London; 138–153.
- McElvaney, R. (2008). *How children tell: containing the secret of child sexual abuse*. Unpublished doctoral dissertation, Trinity College, Dublin.
- McElvaney, R., Greene S, Hogan D. (2012). Containing the secret of child sexual abuse. *Journal of Interpersonal Violence* 27(6):1155–1175. DOI: 10.1177/0886260511424503
- McLeer, S. V., Dixon, J. F., Ruggiero, K., Escovitz, K., Niedda, T., & Scholle, R. (1998). Psychopathology in non-clinically referred sexually abused children. *Journal of the American Academy of Child and Adolescent Psychiatry*, 37, 1326 – 1333.

- National Children's Advocacy Center. (2012). *Disclosure of child sexual abuse: A bibliography*. Huntsville, AL. Retrieved from <http://www.nationalcac.org/images/pdfs/CALiO/Bibliographies/disclosure-bib6.pdf>
- Noll, J. G., Shenk, C. E., & Putnam, K. T. (2009). Childhood sexual abuse and adolescent pregnancy: A meta-analytic update. *Journal of Pediatric Psychology, 34*, 366-378.
- Priebe, G., Svedin, C.G. (2008). Child sexual abuse is largely hidden from the adult society: An epidemiological study of adolescents' disclosures. *Child Abuse & Neglect 32*: 1095–1108.
- Raviv, A. and Raviv, A. (1997). *Assessment of children's exposure to violence: a compulsion of two neighborhoods*. Presented at the Biennial Meeting of the Society for Research in Child Development, Washington, DC.
- Reiss, A.J. (1982). *Victimization Productivity in Proxy Interviews*. New Haven, CT: Yale University Institution for Social and Policy Studies.
- Richters, J.E., Martinez, P. (1993), The NIMH community violence project, 1: children as victims of and witnesses to violence. *Psychiatry, 56* 7-21.
- Richters, J.E., Martinez, P., Valla, J.P. (1990), *Levonn: A Cartoon-Based Structured Interview for Assessing Young Children's Distress Symptoms*. Bethesda, MD: National Institute of Mental Health.
- Rispens, J., Aleman, A., Goudena, P.P. (1997). Prevention of child sexual abuse victimization: A meta-analysis of school programs. *Child Abuse & Neglect 21*: 975–987.
- Rohde, P., Ichikawa, L., Simon, G. E., Ludman, E. J., Linde, J. A. Jeffery, R. W., & Operskalski, B. H. (2008). Associations of child sexual and physical abuse with obesity and depression in middle-aged women. *Child Abuse & Neglect, 32*, 878–887.
- Sachs-Ericsson, N., Blazer, D., Plant, E. A., & Arnow, B. (2005). Childhood sexual and physical abuse and 1-year prevalence of medical problems in the National Comorbidity Survey. *Health Psychology, 24*, 32 – 40.
- Sadeh, A., Hayden, R.M., McGuire, J.P.D., Sachs, H., & Civita, R. (1994). Somatic, cognitive, and emotional characteristics of children in a psychiatric hospital. *Child Psychiatry and Human Development, 24*, 191-200.
- Schaeffer, P., Leventhal, J. M., & Asnes, A. G. (2011). Children's disclosures of sexual abuse: Learning from direct inquiry. *Child Abuse & Neglect, 35*(5), 343-352.
- Schönbucher, V., Maier, T., Mohler-Kuo, M., Schnyder, U., Landolt, M. A. (2012). Disclosure of child sexual abuse by adolescents: A Qualitative In-depth study. *Journal of Interpersonal Violence, 27*(17), 3486-3513.
- Sheehan, K., DiCara, J.A., LeBailly, S., Christoffel, K.K. (1997). Children's exposure to violence in an urban setting. *Archives Pediatric and Adolescent Medicine, 151*, 502-504.
- Sedlak, A.J., Mettenburg, J., Basena, M., Petta, I., McPherson, K., Greene, A., and Li, S. (2010). *Fourth National Incidence Study of Child Abuse and Neglect (NIS-4): Report to Congress, Executive Summary*. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families.
- Siegal, J.A. & Williams, L.M. (2003). The relationship between child sexual abuse and female delinquency and crime: A prospective study. *Journal of Research in Crime and Delinquency, 40*, 71-94.
- Simpson, T.L. & Miller, W.R. (2002). Concomitance between childhood sexual and physical abuse and substance use problems: A review. *Clinical Psychology Review, 22*, 27-77.

- Sjoberg, R.L., Lindblad, F. (2002). Limited disclosure of sexual abuse in children whose experiences were documented by videotape. *The American Journal of Psychiatry* 159: 312–314.
- Smith, D.W., Letourneau, E.J., Saunders, B.E. Kilpatrick, D.E., Resnick, H.S., Best, C.L. (2000) Delay in disclosure of childhood rape: results from a national survey. *Child Abuse & Neglect*, 24(2), 273-287.
- Somer, E., and Szwarcberg, S. (2001). Variables in delayed disclosure of childhood sexual abuse. *American Journal of Orthopsychiatry* 71: 332-341.
- Summit, R. (1983). The child sexual abuse accommodation syndrome. *Child Abuse & Neglect* 7(2): 177–193
- Sykes, W. and Collins, M. (1988). *Effects of mode of interview: experiments in the UK*. In: *Telephone Survey Methodology*, Groves, R.M., Biemer, P.P., Lyberg, L.E., Massey, J.T., Nicholls, II, W.L., Wksberg, J., eds. New York: Wiley, 301-320.
- Tang, S., Freyd, J. J., & Wang, M. (2007). What do we know about gender in the disclosure of child sexual abuse? *Journal of Psychological Trauma*, 6(4), 1-26.
- Tebbutt, J., Swanston, H., Oates, R. K., O'Toole, B.I. (1997). Five years after child sexual abuse: Persisting dysfunction and problems of prediction. *Journal of the American Academy of Child & Adolescent Psychiatry*, 36, 330-339.
- Thompson, M. P., Arias, I., Basile, K. C., & Desai, S. (2002). The association between childhood physical and sexual victimization and health problems in adulthood in a nationally representative sample of women. *Journal of Interpersonal Violence*, 17, 1115-1129.
- Tong L., Oates K., McDowell, M. (1987). Personality development following sexual abuse. *Child Abuse & Neglect* 11 (3): 371–83. doi:10.1016/0145-2134(87)90011-1. PMID 3676894.
- Trickett, P.K, McBride-Chang, C., & Putman, F.W. (1994). The classroom performance and behavior of sexually abused females. *Developmental Psychopathology*, 6, 184-194.
- Turner, C.F., Lessler, J.T., Devore, J.W. (1992). *Effects of mode of administration and wording on reporting of drug use*. In: *Survey Measurement of Drug Use: Methodological Studies*, Turner, C.F., Lessler, J.T., Gfroerer, J.C., eds. Washington, DC: US Government Printing Office, 177-218.
- Ullman, S. E. (2007). Relationship to perpetrator, disclosure, social reactions, and PTSD symptoms in child sexual abuse survivors. *Journal of Child Sexual Abuse*, 16(1), 19-36.
- Ungar. M., Barter, K., McConnell, S., Tutty, L., Fairholm, J. (2009a). Patterns of disclosure among youth. *Qualitative Social Work* 8(3): 341–356. DOI: 10.1177/1473325009337842.
- Ungar, M., Tutty, L. M., McConnell, S., Barter, K., & Fairholm, J. (2009b). What Canadian youth tell us about disclosing abuse. *Child Abuse & Neglect*, 33(10), 699-708.
- U.S. Department of Health and Human Services, Administration on Children, Youth and Families. (2014). *Child Maltreatment 2012*. Washington, DC: U.S. Government Printing Office.
- U.S. Department of Health and Human Services, Administration on Children, Youth and Families. (2015). *Child Maltreatment 2013*. Washington, DC: U.S. Government Printing Office.
- Wozencraft, T., Wagner, W., & Pellegrin, A. (1991). Depression and suicidal ideation in sexually abused children. *Child Abuse and Neglect*, 15, 505-511.

- Wells, R., McCann, J., Adams, J., Voris, J., & Dahl, B. (1997). A validation study of the structured interview of symptoms associated with sexual abuse using three samples of sexually abused, allegedly abused, and nonabused boys. *Child Abuse & Neglect*, 21, 1159-1167.
- Zima, B., Widawski, M., Belin, T., Zwart, M. (1997). *Use of the VEX-R: preliminary findings from the Los Angeles County Foster Care Project*. Presented at the Biennial Meeting of the Society for Research in Child Development, Washington, DC.
- Zwi, K.J., Woolfenden, S.R., Wheeler, D.M., O'Brien, T.A., Tait, P., Williams, K.W. (2007). School-based education programmes for the prevention of child sexual abuse (Review). *Cochrane Database of Systematic Review* 3: CD004380.