

Child Abuse & Neglect 31 (2007) 111-123



Exploring the disclosure of child sexual abuse with alleged victims and their parents

Irit Hershkowitz^{a,*}, Omer Lanes^b, Michael E. Lamb^c

^a School of Social Work, University of Haifa, Haifa 31905, Israel
 ^b School of Social Work, Tel-Aviv University, Israel
 ^c Faculty of Social and Political Sciences, University of Cambridge, UK

Received 17 February 2005; received in revised form 24 August 2006; accepted 12 September 2006 Available online 20 February 2007

Abstract

Objective: The goal of the present study was to examine how children disclosed sexual abuse by alleged perpetrators who were not family members.

Methodology: Thirty alleged victims of sexual abuse and their parents were interviewed. The children were interviewed using the NICHD Investigative Interview Protocol by six experienced youth investigators. The same principles were followed when the parents were asked to describe in detail what had happened since the abusive incidents. The statements made by the children and parents were then content analyzed. Major characteristics of the children's and parents' reported behaviors were identified by two independent raters.

Findings: More than half (53%) of the children delayed disclosure for between 1 week and 2 years, fewer than half first disclosed to their parents, and over 40% did not disclose spontaneously but did so only after they were prompted; 50% of the children reported feeling afraid or ashamed of their parents' responses, and their parents indeed tended to blame the children or act angrily. The disclosure process varied depending on the children's ages, the severity and frequency of abuse, the parents' expected reactions, the suspects' identities, and the strategies they had used to foster secrecy.

Conclusions: The children's willingness to disclose abuse to their parents promptly and spontaneously decreased when they expected negative reactions, especially when the abuse was more serious. A strong correlation between predicted and actual parental reactions suggested that the children anticipated their parents' likely reactions very well. © 2007 Elsevier Ltd. All rights reserved.

Keywords: Child victims; Sexual abuse; Disclosure

* Corresponding author.

0145-2134/\$ – see front matter © 2007 Elsevier Ltd. All rights reserved. doi:10.1016/j.chiabu.2006.09.004

Introduction

Most crimes of child sexual molestation have no witnesses, leave no physical signs, and are concealed by the perpetrators. These characteristics make the detection of child sexual molestation very difficult and increase the importance of the victims' disclosure for investigative as well as for treatment purposes. Unfortunately, many children are reluctant to disclose abuse and thus risk further victimization, which may increase the likelihood that there will be enduring adverse consequences. Although increasing attention has been paid recently to the characteristics of children who fail to disclose abuse (see Pipe, Lamb, Orbach, & Cederborg, in press, for recent reviews), their numbers are still uncertain, little is known about the factors that impede disclosure by individual children, and some of the most relevant studies have involved unrepresentative clinical samples or long delayed self-reports of questionable reliability (London, Bruck, Ceci, & Shuman, 2005; Palmer, Brown, Rae-Grant, & Loughlin, 1999). The goal of the present study, was to explore the disclosure process with the alleged victims of sexual victimization and their parents. In order to avoid the possibility that parents were interested (and thus potentially unreliable) informants, this study focused only on cases of extra-familial abuse.

Patterns of disclosure

After examining the files of 116 suspected victims of sexual abuse who had been referred for therapy, Sorensen and Snow (1991) reported that almost three fourths of the children initially denied having been abused, although many gradually disclosed abuse as therapy proceeded. Although consistent with Summit's (1983) assertion that disclosure is often gradual, Sorenson and Snow's conclusions were challenged by Poole and Lindsay (1998) and London et al. (2005), who suggested (noting that a quarter of the children later recanted their allegations) that the delayed disclosures may have been the false products of suggestive therapeutic interviews. Another clinical study (Gonzales, Waterman, Kelly, McCord, & Olivery, 1993) reporting similarly low initial disclosure rates and gradual disclosure during therapy has been criticized for the same reasons (London et al., 2005).

A different pattern of disclosure was evident in other studies involving samples of children and adolescents who were referred for clinical evaluation. For example, Kellogg and Huston (1995) reported that 85% of their 12- to 17-year-old respondents reported sexual abuse when it occurred, Bradley and Wood (1996) reported that 72% of the 234 4- to 18-year-olds in their sample disclosed sexual abuse to someone before a complaint was made to the police or protective services, and Gries, Goh, and Cavanaugh (1996) found that 64% of the 96 3- to 17-year-olds evaluated in a clinical context had disclosed abuse before they were referred for evaluation. As London et al.'s (2005) observed in their review, published disclosure rates in formal or informal contexts range from 43% to 74% when the samples involve non-substantiated cases of sexual abuse (Bybee & Mowbray, 1993; Cantlon, Payne, & Erbaugh, 1996; Carnes, Nelson-Gardell, Wilson, & Orgassa, 2001; DeVoe & Faller, 1999; DiPietro, Runyan, & Fredrickson, 1997; Dubowitz, Black, & Harrington, 1992; Elliott & Briere, 1994; Gordon & Jaudes, 1996; Keary & Fitzpatrick, 1994; Lawson & Chaffin, 1992; Stroud, Martens, & Barker, 2000; Wood, Orsak, Murphy, & Cross, 1996) and from 76% to 96% when the samples comprise substantiated cases (DeVoe & Faller, 1999; DiPietro et al., 1997; Dubowitz et al., 1992; Elliott & Briere, 1994; Keary & Fitzpatrick, 1994).

As noted by London et al. (2005), these disclosure rates are substantially higher than those reported in retrospective studies of adults. In a national survey, for example, Finkelhor, Hotaling, Lewis, and Smith

(1990) found that only 42% of the adults interviewed reported that they disclosed sexual abuse within 1 year of its occurrence. Similar findings were reported by other researchers (e.g., Arata, 1998; Fergusson, Lynskey, & Horwood, 1996; Lamb & Edgar-Smith, 1994; Roesler, 1994; Roesler & Wind, 1994; Smith et al., 2000; Somer & Szwarcberg, 2001; Tang, 2002; Ussher & Dewberry, 1995). These differing disclosure rates underscore the extent to which estimates of the rates of disclosure of abuse vary depending on the research methodology.

Researchers and clinicians agree that some children deny incidents of abuse they have actually experienced and that suggestive interviewing can elicit false disclosures, making it important to ensure that children are not repeatedly interviewed in a coercive manner that may elicit false allegations (Ceci & Bruck, 1995; Hershkowitz, Horowitz, & Lamb, 2005; London et al., 2005; Pipe et al., in press). It is especially important to understand the circumstances that inhibit disclosure so that investigators can develop better techniques to use when working with non-disclosing children who appear likely to have been abused.

Keary and Fitzpatrick (1994) found that most children referred because they had reported sexual abuse informally also disclosed when formally evaluated. Bradley and Wood (1996) and Gries et al. (1996) similarly reported a strong association between disclosure in formal settings and previous informal reports of abuse. By contrast, disclosure rates were much lower when children were referred only because they had emotional or behavioral problems (Gries et al., 1996; Keary & Fitzpatrick, 1994), perhaps because these symptoms may have been attributable to factors other than abuse (Friedrich, 1993). Keary and Fitzpatrick (1994) also noted developmental differences in the willingness to disclose. Older children tended to disclose more than younger children whether or not there had been prior informal disclosures.

Parental reactions or anticipated reactions are likely to affect the willingness to disclose abuse as well (Distel, 1999). In a study focused on 28 children who had sexually transmitted diseases but did not disclose abuse, for example, Lawson and Chaffin (1992) reported that most of the children whose parents were willing to believe that their children might have been sexually abused did disclose (63%) whereas only a small proportion of the children whose parents refused to accept this possibility disclosed (17%). Consistent with these findings, Gonzales et al. (1993) reported that children in therapy often disclosed sexual abuse hesitantly, releasing partial information and waiting for reactions before disclosing more. Retrospective analyses of childhood abuse reported in adulthood suggest that fear of family rejection and fear of disbelief are major factors leading children not to disclose (Palmer et al., 1999; Somer & Szwarcberg, 2001).

Researchers who have studied parental reactions to the disclosure of sexual abuse by their children note that parental, especially maternal, support following disclosure buffers against the harmful effects of sexual abuse and promotes the victims' emotional and psychological adjustment (Everson, Hunter, Runyon, Edelsohn, & Coulter, 1989; Gries et al., 2000; Sinclair, 1999; Testa, Miller, Downs, & Panek, 1992). According to Roesler and Wind (1994), however, parents are not necessarily supportive in such situations, with disbelieving and rejecting reactions to disclosure quite common. Of their sample of adult women who had allegedly been abused sexually by relatives and had disclosed abuse during childhood (before they were 16), only 37% recalled supportive reactions from their parents, whereas 63% reported non-supportive reactions. Similarly negative reactions to disclosure have been reported by other researchers (Ageton, 1983; Jehu, 1989: but see also Palmer et al., 1999). Parents' inability to be supportive may reflect their own distress (Heflin, Deblinger, & Fisher, 2000), especially when they themselves had been abused (Alaggia & Turton, 2005). Leonard, Hellerstedt, and Josten (1997) reported that maternal distress often remained evident 1 year following disclosure.

Other factors also influence disclosure. Distel (1999) found that disclosures were delayed and were made to persons outside the family when the victims were closely related to the perpetrators. More intrusive sexual acts were associated with low disclosure rates in the course of therapy among children who made a previous disclosure (Gonzales et al., 1993), whereas threats by perpetrators were associated with non-disclosure in a retrospective study of adults (Palmer et al., 1999).

Similarly, the way children are prompted to disclose may influence their willingness to disclose (Gries et al., 1996). When children are interviewed in a friendly context and are clearly and firmly encouraged to describe their experiences, they provide rich and detailed information about the abusive events, including core details of the sexual acts, in response to open-ended prompts (Lamb, Orbach, Sternberg, Esplin, & Hershkowitz, 2002; Lamb et al., 2003; Orbach et al., 2000; Sternberg et al., 1997; Sternberg, Lamb, Orbach, Esplin, & Mitchell, 2001). By contrast, intimidating interviewers and inappropriate questioning can evoke denials or false disclosures (for recent reviews see Lamb, Sternberg, Orbach, Hershkowitz, & Esplin, 1999; Poole & Lindsay, 1998; Saywitz & Goodman, 1996). As a result, it is important to know exactly how subjects were interviewed when studying disclosure patterns, although this information is often unavailable (Gonzales et al., 1993).

Interpretation of the literature is also compromised because the validity of delayed disclosures is often unknown, and time delays between the alleged abuse experiences, the disclosure of abuse, and participation in a study influences the accuracy and validity of reports. In the present study, we explored children's disclosures as soon as possible after the abuse was reported. Information about the disclosure process was obtained in the first formal interview, before any police investigation or intervention by child protective services, in order to minimize post-event contamination. Specifically, after the children described the abusive events in an investigative interview, they were prompted to describe in detail what happened between the event and the interview. In order to validate and supplement the children's reports, their parents were simultaneously interviewed so that they could independently describe the events that had taken place since the alleged sexual abuse and since they became aware of it. We focused exclusively on extra-familial crimes to ensure that the parents' accounts were less likely to be self-serving. Although other researchers have underscored the importance of obtaining multiple accounts of children's experiences following disclosure of sexual abuse (Leonard et al., 1997; Ligiezinska et al., 1996) and although multiple informants have described aspects of children's responses to abuse (Kaufman, Jones, Stieglitz, Vitulano, & Mannarino, 1994; McGee, Wolfe, Yuen, Wilson, & Carnochan, 1995; Sternberg, Lamb, & Dawud-Noursi, 1998), no researchers have yet studied the disclosure process as we did in the present study.

Methods

Thirty alleged victims of sexual abuse (18 boys and 12 girls) and their parents (20 mothers and 10 fathers) were interviewed for this study. Because age affects disclosure (see above), we limited our sample to 7- to 12-year-olds (M = 9.2 years). The children were interviewed using the National Institute of Child Health and Human Development (NICHD) Investigative Interview Protocol (Orbach et al., 2000) by six experienced female youth investigators in the northern and central regions of Israel during the year 2000. All children and investigators were Jewish Hebrew speakers. Children were selected for the study if they made clear allegations of sexual abuse and their statements were deemed highly credible by the youth investigators. No other inclusion criteria were employed, and the children studied were the first 30 children

114

alleging sexual abuse in the specified regions during the data collection period (April to September, 2000). The alleged incidents involved sexual exposure by the suspect or fondling over the clothes (n = 18) and touching under the clothes, including genital penetration (n = 12). The parents were interviewed by four assistants trained to interview parents in the manner described below. Informed consent was obtained from all parents interviewed. The research had been approved by the Office of Human Subjects Research at the US National Institutes of Health and by the Department of Youth Corrections in the Israeli Ministry of Labor and Social Affairs.

The NICHD investigative interview protocol for alleged sexual abuse victims

The NICHD protocol guides interviewers in detail through all phases of the investigative interview. In the introductory phase, the interviewer introduces him/herself, clarifies the child's task, and explains the ground rules and expectations. The rapport-building phase comprises two sections. The first is designed to create a relaxed, supportive environment for children and to establish rapport between the child and the interviewer. In the second, children are prompted to describe neutral but experienced events in detail. This training is designed to familiarize the child with the open-ended investigative strategies and techniques later used to explore substantive issues and the disclosure. In the "Getting the allegation" phase, a series of prompts, progressing from open to focused, are used to identify the target event/s under investigation. The free recall phase then begins with the main invitation ("Tell me everything that happened, from the beginning to the end, as best you can remember"). Follow-up open ended prompts and paired invitations are then used to elicit details about the alleged incident/s from free recall memory. Only after the open-ended questioning has been exhausted do interviewers move to focused questions. Suggestive utterances, which communicate what response is expected, are avoided throughout the interview.

Exploring the disclosure process

After the children had provided a detailed description of the abusive event, they were encouraged, using open ended prompts (e.g., "And then what happened?"), to continue telling what had happened since the incident. If the children did not describe the whole disclosure process in detail, they were prompted with additional questions designed to determine how other people came to know about the event, who were the first (second, third, fourth, etc.) people to know, under what circumstances, and what happened during the interaction with each of them. Children were prompted with additional open-ended questions ("Then what happened?"), time segmenting invitations (e.g., "what happened from the moment you told your friend until you came back home?"), or cue questions ("Earlier you mentioned taking a walk with your father. Tell me more about that.") until the disclosure process had been fully described.

The interview with the parents

Following similar principles, interviewers introduced themselves and the aim of the interview before initiating short rapport-building exercises in which the parents (one parent of each child) were asked to talk about themselves. They were then asked to describe in detail what, when, and how they learned about the children's experiences, and what had happened since the events. If the descriptions were brief,

parents were given open-ended prompts ("Then what happened?"), time segmenting invitations ("What happened from the moment you both arrived at the doctor until you left?"), or cue questions ("Earlier, you mentioned that your child behaved strangely. Tell me more about that.") in order to obtain elaborated reports of the disclosure process. Parents were also encouraged to describe their reactions to other stressful situations and their emotional reactions and states since the event.

Data reduction

The statements made by the children and parents in the interviews were content analyzed. Major characteristics of the children's and parents' reported behaviors were first identified by two independent raters who discussed any disagreements until agreement was reached. The raters agreed with one another more than 90% of the time. Delay was defined by postponement of the disclosure by 1 week or more. Children's disclosures were identified as either spontaneous, when they initiated the disclosure or prompted, if the disclosure followed direct questioning. Children's reported feelings were categorized as either involving fear of the parents' reactions, or general distress comprising negative emotions unrelated to the parents' anticipated reactions. Parents' reactions in other stressful situations were classified as mostly calm, if the parents said that they were typically not very anxious, or mostly anxious, if the parents described their typical reactions as very anxious. The parents' reactions to the disclosure were rated as either generally supportive, when the parents expressed understanding and warmth, or non-supportive, when their reactions involved aggression and blame. Threats were defined as such if they were directed to the child during or after the sexual abuse incident/s and included references to negative consequences in the event of disclosure. Promises of emotional benefits associated with the child's non-disclosure were rated as emotional rewards. Retractions of abuse allegations were coded when the child fully or partly recanted the allegations after the initial investigative interview.

Discrepancies between the children's and parents' statements were very rare. In one case, the parent reported that the suspect had threatened the child but threats were not mentioned by the child. In two other cases, the children reported non-supportive parental reactions to the disclosure whereas the parents reported supportive reactions. In these three cases the child's version was accepted, on the grounds that the parents' versions were more likely to have been driven by social desirability.

The analyses presented below are descriptive and exploratory in nature, with Chi-square analyses and Fisher's exact tests used to explore bivariate associations. Multivariate analyses were not possible because a large number of variables were explored and the sample was small.

Results

The characteristics of the cases are summarized in Table 1.

Delay of disclosure

All children disclosed sexual abuse to someone prior to the investigative interview. Of 30 children, however, 53% delayed disclosure, with the length of delay ranging from 1 week to 2 years. Most of the children delayed for up to 1 month (72.6%), but some delayed for about 1 year (19.8%) or more (6.6%).

	Delay of disclosure		Recipient of disclosure		Mode of disclosure		Child's feelings about the disclosure		Parents reactions to disclosure		Retraction of allegations	
	Delay (%)	No delay (%)	Parents (%)	Others (%)	Spontaneous (%)	Prompted (%)	General distress (%)	Fear and shame (%)	Supportive (%)	Non-supportive (%)	Retraction (%)	No-retraction (%)
Age												
9 and under $(N=15)$	33.3	66.7	73.3	26.7	66.7	33.3	60.0	40.0	40.0	60.0	6.7	93.3
Over 9 ($N = 15$)	73.3	26.7	13.3	86.7	46.7	53.3	40.0	60.0	33.3	66.7	20.0	80.0
Suspect												
Familiar $(N = 18)$	77.8	22.2	27.8	72.2	38.9	61.1	22.2	77.8	11.1	88.9	22.2	77.8
Stranger $(N=12)$	16.7	83.3	66.7	33.3	83.3	16.7	91.7	8.3	75.0	25.0	0.0	100
Sexual touch												
Over clothes $(N=18)$	27.8	72.2	50.0	50.0	72.2	27.8	72.2	27.8	55.6	44.4	5.6	94.4
Under clothes $(N=12)$	91.7	8.3	33.3	66.7	33.3	66.7	16.7	83.3	8.3	91.7	25.0	75.0
Incidence												
Single $(N=16)$	25.0	75.0	50.0	50.0	81.2	18.8	75.0	25.0	62.5	37.5	0.0	100
Multiple $(N = 14)$	85.7	14.3	35.7	64.3	28.6	71.4	21.4	78.6	7.1	92.9	28.6	71.4
Threats												
No $(N = 20)$	65.0	35.0	35.0	65.0	40.0	60.0	45.0	55.0	30.0	70.0	15.0	85.0
Yes $(N = 10)$	30.0	70.0	43.3	56.7	90.0	10.0	60.0	40.0	50.0	50.0	10.0	90.0
Reward												
No $(N = 23)$	47.8	52.2	39.1	60.9	73.9	26.1	52.2	47.8	43.5	56.5	82.6	17.4
Yes $(N=7)$	71.4	28.6	57.1	52.9	0	100	42.9	57.1	14.3	85.7	100	0
Parents' typical reactions	a											
$\operatorname{Calm}(N=6)$	0.0	100	100	0.0	100	0.0	100	0.0	100	0.0	0.0	100
Anxious $(N=17)$	88.2	11.8	23.5	76.5	29.4	70.6	11.8	88.2	11.8	88.2	23.5	76.5

 Table 1

 Disclosure of sexual abuse by age, abuse characteristics, and parents' typical reactions

^a Missing data = 7.

The tendency to delay disclosure was related to age (p < .028): 33% of the 15 7- to 9-year-olds versus 73% of the 10- to 12-year-olds had delayed disclosure.

Familiarity with the perpetrators was also influential (p < .001): 60% of the perpetrators were known to the children, while 40% were strangers. Most of the children (78%) who were familiar with the perpetrators delayed their disclosure, whereas only 17% of the children whose perpetrators were strangers did so. Sixty percent of the children were victims of less serious sexual offenses (sexual exposure by the suspect or fondling over the clothes), whereas 40% were victims of more severe offenses (including touching under the clothes or penetration). Almost all victims of more severe offenses delayed their disclosure (92%); in contrast, only 28% of the victims of less serious abuse (p < .001) did so. Repeated abuse was similarly associated with delayed disclosure (p < .001). More than half (53%) of the children were victims in a single event whereas 47% were repeatedly abused. Most victims of multiple incidents (86%), in comparison to just a quarter of the victims of single incidents (25%), delayed their disclosure.

Based on their self-reports, parents' reactions in other stressful situations were classified as mostly calm (20%) or mostly anxious (57%) (these data are missing for seven (23%) of the parents). None of the children whose parents reported that they reacted calmly to stress delayed their disclosure, whereas most children (88%) whose parents reported being anxious under stress did so (p < .0001).

Recipient of the disclosure

Forty seven percent of the children first disclosed to siblings or friends, 43% first disclosed to their parents, and 10% first disclosed to other adults. Most of the 7- to 9-year-old children (73%), compared to 13% of the older children, disclosed to their parents (p < .003). Children who were familiar with the perpetrators were less likely to disclose to their parents (28%) than children whose perpetrators were strangers (67%; p < .027). All children whose parents reported typically calm reactions to stress disclosed to their parents, whereas less than a quarter of the children (23%) whose parents reported that they tended to respond to stress anxiously did so (p < .005).

How the disclosure occurred

Fifty seven percent of the children spontaneously disclosed abuse, but 43% disclosed only after they were prompted. Most of the children (61%) who were familiar with the perpetrators disclosed after they were prompted; in contrast, only 17% of the children whose perpetrators were strangers disclosed this way (p < .016). The severity (p < .035) and frequency (p < .004) of the abusive incidents were also associated with variations in disclosure patterns. Victims of serious crimes (67%) and repeated incidents (71%) were more likely to disclose after they were prompted than victims of less serious crimes (28%) and victims of single incidents (19%). A third of the children in the sample reported being threatened by perpetrators and 23% of them reported being given emotional rewards for keeping their relationships secret. All children who were given positive emotional suggestions disclosed after they were prompted, whereas a minority of the children who were threatened (10%) did so (p < .001). Children often disclosed after they were prompted anxious reactions (71%), whereas they never needed prompts and disclosed spontaneously when their parents reported calm reactions in stress (p < .005). Children who disclosed immediately (14%; p < .004).

Children's reported feelings about disclosure

Equal proportions of the children reported feeling generalized distress (50% of the sample) and focused fear or shame of the parent (50%). Children's reported feelings were significantly related to the familiarity of the suspect (p < .000) as well as to the severity (p < .003) and frequency of abuse (p < .003). Children more often expressed fear or shame when the perpetrators were familiar (78%) and the abuse was serious (83%) and repeated (79%) than when the perpetrators were strangers (8%), the abuse was less serious (28%) and had occurred only once (25%). Children's feelings were also related to other aspects of the disclosure: delay of disclosure (p < .0001), recipient of disclosure (p < .0001) and the way children disclosed (p < .010). Most of the children who delayed disclosure (88%), those who disclosed to friends or siblings (79%) and those who did not delay disclosure (7%), those who disclosed to their parents (23%) and those who disclosed spontaneously (29%).

Parents' reactions to disclosure

The parents' reactions to disclosure were classified as either supportive (37%) or unsupportive (63%). Children who reported being abused by familiar perpetrators were more likely to face unsupportive parental reactions (89%) than children who reported being abused by unfamiliar perpetrators (25%; p < .0001).

The severity and frequency of the abusive incidents also seemed to influence the parents' reactions. Specifically, parents were less supportive when their children were victims of serious crimes (92% versus 44%; p < .009) and repeated incidents (93% versus 37%; (p < .002). Most of the parents who reported that they typically responded anxiously were unsupportive (88%) while none of the parents who reported that they usually responded to stress calmly reacted so (p < .0001).

More of the parents whose children delayed disclosure (81%) were unsupportive than were parents whose children disclosed immediately (57%; p < .029). Unsupportive reactions were less common when children did (47%) rather than did not (85%; p < .034) disclose spontaneously. Parents' reactions were also related to the children's reported feelings about the disclosure (p < .008). Children who reported general distress were less likely to receive unsupportive reactions from their parents (40%), whereas most of the parents (87%;) whose children reported feeling fear or shame of them were unsupportive.

Retraction of abuse allegations

After the investigation, four children claimed that the abuse they had described did not actually happen. Retraction of allegations was significantly related to the frequency of the abusive incidents (p < .022) and non-significantly related to the familiarity of the suspect (p < .079). Specifically, children were somewhat likely to retract their allegations when they reported multiple incidents (29%) and when the perpetrators were familiar figures (22%), but they never retracted their allegations when they reported a single incident and when the suspects were strangers.

Similarly, children were somewhat likely to retract their allegations when they delayed disclosure (25%), disclosed to someone other than their parents (29%), disclosed after were prompted (31%) and reported fearing the parents' reactions before disclosing (27%). However, no children who made

immediate disclosure (p < .044), who disclosed to their parents (p < .022), who disclosed spontaneously (p < .014), and who expressed general distress before disclosing later retracted the allegation (p < .032).

Discussion

Our findings provide valuable insight into the factors that affect the willingness of alleged abuse victims to disclose abuse by extrafamilial alleged perpetrators. The findings are especially important because researchers have not previously been able to explore the correlates of disclosure or delay when the allegations were obtained in a standardized fashion, and information about the disclosure process was obtained systematically from both the children and one of their parents.

Unexpectedly, the older children were more reluctant to disclose and tended to postpone disclosure. Contrary to previous reports (e.g., Keary & Fitzpatrick, 1994; see London et al., 2005, for a review), the 7- to 9-year-old children in our study were much more likely to disclose promptly than the 10- to 12-year-olds, possibly because the older children were more aware of social norms and taboos, or because they were embarrassed or ashamed of not preventing the abuse. This might also explain why children were more likely to delay disclosure of more severe abuse involving intrusive sexual acts and multiple incidents as opposed to single incidents involving non-intrusive acts. Older children also tended to avoid sharing their experiences with their parents whereas younger children preferentially disclosed to their parents rather than to siblings or friends. This might reflect avoidance of the parents, but it may also reflect the increasingly supportive role played by the peer group as children get older.

Delay of disclosure was also associated with characteristics of the perpetrator. As in previous studies (e.g., Distel, 1999), when the perpetrators were familiar, the children were more likely to avoid reporting the abuse—delaying disclosure and only acknowledging abuse after being prompted, especially when the perpetrators had sought secrecy using "positive" emotional manipulations. This association suggests that familiarity with adults in other contexts may make them authoritative figures whom children feel they should obey. Most perpetrators are familiar to the children they victimize (Finkelhor et al., 1990), which may increase the number of children who fail to disclose their victimization promptly, if at all. Interestingly, however, whereas the children in the study complied with requests for secrecy based on threats.

Regulation of the disclosure process based on expectations regarding the parents' reactions was evident as well. Expectations of negative reactions were strongly associated with delayed, non-spontaneous, and indirect disclosure to a non-parent figure. This finding supports and extends previous findings from clinical studies (Gonzales et al., 1993; Lawson & Chaffin, 1992) and studies of adults' retrospective accounts (Palmer et al., 1999; Somer & Szwarcberg, 2001).

Our results also showed a strong link between predicted and actual parental reactions, suggesting that children may anticipate their parents' likely reactions very well, although it is also possible that children who have negative expectations engage in other negative behaviors, which may in turn evoke negative reactions from their parents. Children who expect negative reactions engage in avoidant behaviours—they not only delay disclosure but also tend to disclose to individuals other than the parents—that are strongly associated with negative parental reactions.

Fear of parental reactions following serious abuse, which was associated with avoidant and indirect disclosure, was also characteristic of children who later recanted their allegations, partly or fully. Based

on the investigators' assessments, the initial statements made by all children in the sample were highly credible, suggesting that the recanting children might have experienced such stress following disclosure that they sought to alleviate it by recanting.

Because this was the first study of its sort, these findings should be viewed with some caution until replicated in other samples. Ours involved only 30 Israeli children aged between 7 and 12; none was believed to have been abused by family members, and there is ample evidence that children, especially young children, are unlikely to make timely allegations when abused by family members (Hershkowitz et al., 2005; London et al., 2005). Thus, many of the findings reported here might have been different if we had studied children in other countries, younger children, or children who had been abused by family members. In addition, the small sample size made it impossible to explore interactions among relevant factors.

These limitations notwithstanding, it seems that children who suffer severe and frequent sexual abuse, especially by familiar persons, tend to disclose belatedly, hesitantly, and indirectly, afraid or shameful of their parents' reactions. Expectations of the parents' reactions seem to be quite realistic and are strongly associated with indices of the children's emotions and cooperativeness.

References

- Ageton, S. S. (1983). The dynamics of female delinquency, 1976–1980. Criminology: An Interdisciplinary Journal, 21, 555–584.
- Alaggia, R., & Turton, J. V. (2005). Against the odds: The impact of woman abuse on maternal response to disclosure of child sexual abuse. *Journal of Child Sexual Abuse*, 14(4), 95–113.
- Arata, C. M. (1998). To tell or not to tell: Current functioning of child sexual abuse survivors who disclosed their victimization. *Child Maltreatment*, *3*, 63–71.
- Bradley, A. R., & Wood, J. M. (1996). How do children tell? The disclosure process in child sexual abuse. *Child Abuse & Neglect*, 20, 881–891.
- Bybee, D., & Mowbray, C. T. (1993). An analysis of allegations of sexual abuse in a multi-victim day care center case. *Child Abuse & Neglect*, 17, 767–783.
- Cantlon, J., Payne, G., & Erbaugh, C. (1996). Outcome-based practice: Disclosure rates of child sexual abuse comparing allegation blind and allegation informed structured interviews. *Child Abuse & Neglect*, 20, 113–120.
- 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, 230–242.
- Ceci, S. J., & Bruck, M. (1995). Jeopardy in the courtroom: A scientific analysis of children's testimony. Washington, DC: American Psychological Association.
- DeVoe, E. R., & Faller, K. C. (1999). The characteristics of disclosure among children who may have been sexually abused. *Child Maltreatment*, 4, 217–227.
- DiPietro, E. K., Runyan, D. K., & Fredrickson, D. D. (1997). Predictors of disclosure during medical evaluation for suspected sexual abuse. *Journal of Child Sexual Abuse*, 6, 133–142.
- Distel, N. E. (1999). Disclosure of childhood sexual abuse: Links to emotion expression and adult attachment. *Dissertation Abstracts: Section B: The Sciences and Engineering*, 60 (6-B): 2938.
- Dubowitz, H., Black, M., & Harrington, D. (1992). The diagnosis of child sexual abuse. American Journal of Diseases of Children, 146, 668–693.
- Elliott, D. M., & Briere, J. (1994). Forensic sexual abuse evaluations of older children: Disclosures and symptomatology. *Behavioral Sciences and the Law*, 12, 261–277.
- Everson, M. D., Hunter, W. M., Runyon, D. K., Edelson, G. A., & Coulter, M. L. (1989). Maternal support following disclosure of incest. American Journal of Orthopsychiatry, 59, 197–207.
- Fergusson, D. M., Lynskey, M. T., & Horwood, L. J. (1996). Childhood sexual abuse and psychiatric disorder in young adulthood: I. Prevalence of sexual abuse and factors associated with sexual abuse. *Journal of the American Academy of Child & Adolescent Psychiatry*, 35, 1355–1364.

- Finkelhor, D., Hotaling, G., Lewis, I. A., & 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.
- Friedrich, W. (1993). Sexual victimization and sexual behavior in children: A review of recent literature. *Child Abuse & Neglect*, 17(1), 59–66.
- Gonzales, L. S., Waterman, J., Kelly, R., McCord, J., & Oliveri, K. (1993). Children's patterns of disclosures and recantations of sexual and ritualistic abuse allegations in psychotherapy. *Child Abuse & Neglect*, 17, 281–289.
- Gordon, S., & Jaudes, P. K. (1996). Sexual abuse evaluation in the emergency department: Is the history reliable? *Child Abuse & Neglect*, *20*, 315–322.
- Gries, L. T., Goh, D. S., Andrews, M. B., Gilbert, J., Praver, F., & Stelzer, D. N. (2000). Positive reaction to disclosure and recovery from child sexual abuse. *Journal of Child Sexual Abuse*, 9, 29–51.
- Gries, L. T., Goh, D. S., & Cavanaugh, J. (1996). Factors associated with disclosure during child sexual abuse assessment. *Journal of Child Sexual Abuse*, 5, 1–20.
- Heflin, A. H., Deblinger, E., & Fisher, C. D. (2000). Child sexual abuse. In A. Freeman & F. M. Dattilio (Eds.), *Cognitive behavioral strategies in crisis intervention* (2nd ed., pp. 166–195). New York: Guilford Press.
- Hershkowitz, I., Horowitz, D., & Lamb, M. E. (2005). Trends in children's disclosure of abuse in Israel: A national study. *Child Abuse & Neglect*, 29, 1203–1214.
- Jehu, D. (1989). Sexual dysfunctions among women clients who were sexually abused in childhood. *Behavioural Psychotherapy*, 17, 53–70.
- Kaufman, J., Jones, B., Stieglitz, E., Vitulano, & Mannarino, A. P. (1994). The use of multiple informants to assess children's maltreatment experiences. *Journal of Family Violence*, 9, 227–248.
- Keary, K., & Fitzpatrick, C. (1994). Children's disclosure of sexual abuse during formal investigation. *Child Abuse & Neglect*, 18, 543–548.
- Kellogg, N. D., & Huston, R. L. (1995). Unwanted sexual experiences in adolescents: Patterns of disclosure. *Clinical Pediatrics*, 34, 306–312.
- Lamb, S., & Edgar-Smith, S. (1994). Aspects of disclosure: Mediators of outcome of childhood sexual abuse. *Journal of Interpersonal Violence*, 9, 307–326.
- Lamb, M. E., Orbach, Y., Sternberg, K. J., Esplin, P. W., & Hershkowitz, I. (2002). The effects of forensic interview practices on the quality of information provided by alleged victims of child abuse. In H. L. Westcott, G. M. Davies, & R. Bull (Eds.), *Children's testimony: A handbook of psychological research and forensic practice* (pp. 131–145). Chichester, England: Wiley.
- Lamb, M. E., Sternberg, K. J., Orbach, Y., Esplin, P. W., Stewart, H. L., & Mitchell, S. (2003). Age differences in young children's responses to open-ended invitations in the course of forensic interviews. *Journal of Consulting and Clinical Psychology*, 71, 926–934.
- Lamb, M. E., Sternberg, K. J., Orbach, Y., Hershkowitz, I., & Esplin, P. W. (1999). Forensic interviews of children. In A. Memon & R. Bull (Eds.), *The psychology of interviewing: A handbook* (pp. 253–278). New York and Chichester, England: Wiley.
- 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, 532–542.
- Leonard, B. J., Hellerstedt, W. L., & Josten, L. (1997). Association of maternal psychological functioning to pathology in child sexual abuse victims. *Issues in Mental Health Nursing*, 18, 587–601.
- Ligiezinska, M., Firestone, P., Manion, I. G., McIntyre, J., Ensom, R., & Wells, G. (1996). Children's emotional and behavioral reactions following the disclosure of extra familial sexual abuse: Initial effects. *Child Abuse & Neglect*, 20, 111–125.
- 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, & the Law, 11, 194–226.*
- McGee, R. A., Wolfe, D. A., Yuen, S. A., Wilson, S. K., & Carnochan, J. (1995). The measurement of maltreatment: A comparison of approaches. *Child Abuse & Neglect*, 19, 233–249.
- Orbach, Y., Hershkowitz, I., Lamb, M. E., Sternberg, K. J., Esplin, P. W., & Horowitz, D. (2000). Assessing the value of structured protocols for forensic interviews of alleged child abuse victims. *Child Abuse & Neglect*, 24, 733–752.
- Palmer, S. E., Brown, R. A., Rae-Grant, N. I., & Loughlin, M. J. (1999). Responding to children's disclosure of familial abuse: What survivors tell us. *Child Welfare*, 78, 259–282.
- Pipe, M. E., Lamb, M. E., Orbach, Y., & Cederborg, A. C. (Eds.) (in press). *Child sexual abuse: Disclosure, delay and denial*. Mahwah, NJ: Lawrence Erlbaum Associates.
- Poole, D. A., & Lindsay, D. S. (1998). Assessing the accuracy of young children's reports: Lessons from the investigation of child sexual abuse. *Applied & Preventative Psychology*, 7, 1–26.

- Roesler, T. A. (1994). Reactions to disclosure of childhood sexual abuse: The effect on adult symptoms. *The Journal of Nervous & Mental Disease*, *182*, 618–624.
- Roesler, T. A., & Wind, T. W. (1994). Telling the secret: Adult women describe their disclosures of incest. *Journal of Interpersonal Violence*, *9*, 327–338.
- Saywitz, K. J., & Goodman, G. S. (1996). Interviewing children in and out of court: Current research and practice implications. In J. Briere, L. Berliner, J. A. Bulkley, C. Jenny, & T. Reid (Eds.), *The APSAC handbook on child maltreatment* (pp. 297–318). Thousand Oaks, CA: Sage.
- Sinclair, B. B. (1999). Predicting the impact of child sexual abuse: A model of attachment, coping, and disclosure. *Dissertation Abstracts International: Section B: The Sciences and Engineering*, 60 (3-B):1316.
- Smith, D., Letourneau, E. J., Saunders, B. E., Kilpatrick, D. G., Resnick, H. S., & Best, C. L. (2000). Delay in disclosure of childhood rape: Results from a national survey. *Child Abuse & Neglect*, 24, 273–287.
- Somer, E., & Szwarcberg, S. (2001). Variables in delayed disclosure of childhood sexual abuse. American Journal of Orthopsychiatry, 71, 332–341.
- Sorensen, T., & Snow, B. (1991). How children tell: The process of disclosure of child sexual abuse. Child Welfare, 70, 3–15.
- Sternberg, K. J., Lamb, M. E., & Dawud-Noursi, S. (1998). Using multiple informants to understand domestic violence and its effects. In G. W. Holden, R. Geffner, & E. N. Jouriles (Eds.), *Children exposed to marital violence: Theory, research, and applied issues* (pp. 121–156). Washington DC: American Psychological Association.
- Sternberg, K. J., Lamb, M. E., Hershkowitz, I., Yudilevitch, L., Orbach, Y., Esplin, P. W., & Hovav, M. (1997). Effects of introductory style on children's abilities to describe experiences of sexual abuse. *Child Abuse & Neglect*, 21, 1133–1146.
- Sternberg, K. J., Lamb, M. E., Orbach, Y., Esplin, P. W., & Mitchell, S. (2001). Use of a structured investigative protocol enhances young children's responses to free recall prompts in the course of forensic interviews. *Journal of Applied Psychology*, 86, 997–1005.
- Stroud, D., Martens, S. L., & Barker, J. (2000). Criminal investigation of child sexual abuse: A comparison of cases referred to the prosecutor to those not referred. *Child Abuse & Neglect*, 24, 689–700.
- Summit, R. C. (1983). The child sexual abuse accommodation syndrome. Child Abuse & Neglect, 7, 177–193.
- Tang, C. S. (2002). Childhood experience of sexual abuse among Hong Kong Chinese college students. *Child Abuse & Neglect*, 26, 23–37.
- Testa, M., Miller, B. A., Downs, W. R., & Panek, D. (1992). The moderating impact of social support following childhood sexual abuse. *Violence & Victims*, 7, 173–186.
- Ussher, J. M., & Dewberry, C. (1995). The nature and long-term effects of childhood sexual abuse: A survey of women survivors in Britain. *British Journal of Clinical Psychology*, 34, 177–192.
- Wood, B., Orsak, C., Murphy, M., & Cross, H. J. (1996). Semi-structured child sexual abuse interviews: Interview and child characteristics related to credibility of disclosure. *Child Abuse & Neglect*, 20, 81–92.

Résumé/Resumen

French- and Spanish-language abstracts not available at time of publication.