

10-20-2006

# Factors Surrounding and Influencing the Primary Disclosure in Child Sexual Abuse

Kira O'Neil Bona  
*Yale University*

Follow this and additional works at: <http://elischolar.library.yale.edu/ymtdl>

---

## Recommended Citation

Bona, Kira O'Neil, "Factors Surrounding and Influencing the Primary Disclosure in Child Sexual Abuse" (2006). *Yale Medicine Thesis Digital Library*. 254.  
<http://elischolar.library.yale.edu/ymtdl/254>

This Open Access Thesis is brought to you for free and open access by the School of Medicine at EliScholar – A Digital Platform for Scholarly Publishing at Yale. It has been accepted for inclusion in Yale Medicine Thesis Digital Library by an authorized administrator of EliScholar – A Digital Platform for Scholarly Publishing at Yale. For more information, please contact [elischolar@yale.edu](mailto:elischolar@yale.edu).

# Factors Surrounding and Influencing the Primary Disclosure in Child Sexual Abuse

A Thesis Submitted to the  
Yale University School of Medicine  
In Partial Fulfillment of the Requirements for the  
Degree of Doctor of Medicine

By

**Kira O'Neil Bona**  
May, 2006

## Abstract

FACTORS SURROUNDING AND INFLUENCING THE PRIMARY DISCLOSURE IN SEXUAL ABUSE OF CHILDREN. Kira O'Neil Bona (Sponsored by Dr. John M. Leventhal). Department of Pediatrics, Yale University School of Medicine, New Haven, CT.

This study aimed to investigate the context within which children initially disclose their sexual abuse. The study sought to identify triggers that prompted the initial disclosure event, and to investigate the relationship between the choice of initial confidante and the child's age and likelihood of disclosing during formal interview.

Data were obtained in a prospective fashion from 60 alleged child sexual abuse victims referred to the Yale Child Sexual Abuse Clinic (CSAC). Inclusion criteria required that a child must have disclosed to a confidante prior to referral to the Clinic; 57 of 60 children met this criterion and are included. Victim and perpetrator demographics, details of the initial disclosure event, and any identified triggers were obtained in a systematic fashion as part of the standard clinical evaluation by CSAC social workers. Analysis was conducted to investigate the relationship between child's age and choice of confidante, and child's choice of confidante and likelihood of disclosing in a formal interview.

Of 57 children, 23% were abused by immediate family members and 39% by extended family members; 49% of cases involved penetrative abuse; and 51% of perpetrators were aged 18 or younger. The three most common triggers for disclosure included: questioning by an adult (26.3%), witnessed abuse (12.3%), and safety of being away from perpetrator (10.5%). The three most common initial confidantes included parent-figures (42%), DCF workers or police (15%), and child peers (12%). The

majority of children (81%) disclosed during a formal interview with a Clinic social worker. There was a statistically significant relationship between victim's age and choice of confidante: 60% of children aged 2-7 initially disclosed to a parent figure, in comparison to only 28% of children aged 8-15 ( $p=0.034$ ). Additionally, 21% of older children first disclosed to a child peer or sibling, while no younger children did so. We found no relationship between a child's initial choice of confidante and likelihood of disclosing during formal interview ( $p=0.06$ ). No relationship existed between a child's age and likelihood of disclosing during formal interview ( $p=0.43$ ); older children, however, were more likely to provide detailed disclosures during formal interview than younger children ( $p=0.054$ ).

In support of our first hypothesis, our data showed a statistically significant relationship between victim's age and choice of confidante. Of equal interest, the results did not support our hypothesis that there would exist a relationship between a child's initial choice of confidante and likelihood of disclosing during the formal interview, nor our hypothesis that educational programs or discussions would result in spontaneous disclosures. Of central importance to the understanding of children's disclosures, our sample most frequently disclosed to a parent-figure while at home and often while engaging in one-on-one activities with the trusted adult confidante to whom they disclosed.

## **Acknowledgments**

I would like to thank Dr. John Leventhal for taking a chance with me, and for his support and guidance on this thesis. This research project would not have been possible without the wonderful work of the Yale Child Sexual Abuse Clinic social workers. Thanks to Julie Monteagudo for early help with the details of organizing this study. Enormous thanks to Kate Ellingson for turning my raw data into meaningful statistics. Special thanks to Lyla Johnson, whose tireless and patient work were invaluable. Finally, my deep appreciation to my amazing family and friends who help keep life in perspective.

## TABLE OF CONTENTS

Introduction.....	1
Overview of Child Protective Services.....	3
Epidemiology of Child Sexual Abuse.....	7
Existing Models of Disclosure.....	12
Patterns of Disclosure.....	14
Purpose and Aims.....	25
Methods.....	25
Results.....	29
Discussion.....	43
References.....	48



## Introduction

A child's self-disclosure of sexual abuse is critical to initiating interventions by caregivers and child protective services. Given that physical evidence to confirm sexual abuse exists infrequently, a child's statement is often the decisive factor in allowing an investigation to go forward.<sup>1-3</sup> Rarely is a child's sexual abuse witnessed or a perpetrator of sexual abuse willing to come forward and seek help. Thus, a child's disclosure is often the only means by which sexual abuse comes to the attention of concerned adults allowing the abuse to be halted, its immediate effects addressed (invariably emotional trauma, and more rarely physical injuries and sexually transmitted diseases), and the perpetrator prevented from continuing to victimize children. Yet a child's disclosure is not enough. Children face not only the burden of revealing a frightening and emotional secret, they often face both the disbelief and inaction of their confidantes. As Summit wrote, "any child trying to cope with a sexualized relationship with an adult faces an uncertain and highly variable response from whatever personal or professional resources are enlisted for help."(p.178)<sup>4</sup> Children have many compelling reasons *not* to disclose; it is in understanding those factors that *facilitate* their disclosures that researchers may find ways to help thousands more children break their silence.

In 1977, C. Henry Kempe addressed the American Academy of Pediatrics with these words: "I have chosen to speak on the subject of sexual abuse of children and adolescents as another hidden pediatric problem and neglected area... Just as the 'battered child syndrome' rang a responsive chord among pediatricians 20 years ago, it is my hope that... I might stimulate a broader awareness among pediatricians of the problems of sexual abuse."(p.382)<sup>5</sup> Nearly 30 years later, child sexual abuse (CSA)

remains a very real problem in the United States. Little is known about the factors that help children to disclose their abuse, and minimal research has been conducted to examine the efficacy of prevention programs.<sup>2,6</sup> Yet, advances have been made. The incidence of CSA in the U.S. appears to be declining.<sup>7</sup> Child sexual abuse is now a familiar term to the layman, and the medical literature is filled with research on the subject. However, large steps remain to be accomplished in the prevention and treatment of child sexual abuse. While a child's self-disclosure is essential to bringing an end to the abuse, getting to the point of disclosing is often more than a child can accomplish, and finding a responsive confidante may be just as challenging. This study seeks to fill some of these gaps in knowledge, focusing on the contexts and triggers which allow children to disclose to an adult or peer.

While a wide body of literature explores children's disclosure of abuse, little has targeted the factors surrounding and influencing the primary disclosure. Researchers have posited models for the disclosure process, and others have challenged these models.<sup>4, 8,9</sup> They have addressed events that impact the timing of disclosures, denials, and recantations within professional interviews, and the consistency of children's reports over time.<sup>10,11</sup> Many children who have experienced sexual abuse do not disclose immediately, and some may not disclose until adulthood. A body of literature exists which seeks to understand the factors influencing the time delay to disclosure.<sup>1, 8, 12-14</sup> Multiple authors have sought to classify the ways in which children disclose—from the simple dichotomy of purposeful and accidental, to more involved categorizations.<sup>8, 15, 16</sup> The act of disclosing may itself be a source of anxiety and trauma to children.<sup>17, 18</sup> Despite this reality, many children will be forced to disclose multiple times, necessitated

by disbelieving family members, or simply the complexity of the investigative process they must negotiate to obtain support. While much literature focuses on the variables which inhibit disclosure and the processes of disclosure in formal interview settings, only a small body of literature seeks to identify the triggers and context that facilitate children's disclosure in a natural setting, and the confidantes they initially trust.<sup>6, 8, 15</sup> Identifying the positive factors which ease the way for a child to disclose is of essential importance to efforts of child protection.

### **Overview of Child Protective Services (CPS)**

Child maltreatment in the United States is defined by federal law, while preventive and investigative efforts occur at the state level. The key federal legislation pertaining to child abuse and neglect is the Child Abuse Prevention and Treatment Act (P.L. 93-274) enacted in 1974. At the federal level, this legislation provides minimum definitions of child abuse and neglect which must be integrated by states; additionally, it mandates the existence of the National Clearinghouse on Child Abuse and Neglect which serves as a national database for abuse information. On a practical level, the legislation provides federal funding to states to support prevention, assessment, investigation, prosecution and treatment efforts.<sup>19</sup> It additionally provides monetary grants to nonprofit organizations and public agencies seeking to ameliorate child abuse throughout the country.

Each state possesses its own legislative definitions of child abuse and neglect and associated civil and criminal penalties. Additionally, state-to-state civil law defines the obligations and purview of local child welfare agencies and identifies mandated reporters of suspected child abuse—most commonly health care workers and mental health

professionals, school personnel, child care workers, social workers, and law enforcement personnel.<sup>20</sup> It is notable that approximately eighteen states require *all* citizens to report suspected abuse or neglect.<sup>20</sup> In the vast majority of states, child protection services are mandated to intervene in cases where a *caregiver* has caused harm to a child or allowed harm without appropriate intervention. This means that in many states, child abuse perpetrated by acquaintances or strangers fall under the purview of law enforcement agencies and *not* child protective services.

A child's experience with CPS intervention varies case by case—yet the framework remains consistent (see Chart 1). In many cases, this system provides the much needed support and intervention to a victimized child. It must be noted, however, that Child Protective Services in the United States are often overburdened and underfunded. The assessments required in a CPS investigation are inherently complex and time-consuming, and the potential for human error is all too real.

The U.S. Department of Health and Human Services Children's Bureau estimated that CPS agencies throughout the United States in 2003 received 2.9 million referrals for the suspected abuse or neglect of approximately 5.5 million children. Those agencies accepted 1.9 million of these for further investigation. It can be estimated from the number of validated cases of sexual abuse, that about 10% of these reports concerned cases of child sexual abuse. Ultimately, 57% of victims, and 25% of non-victims received some form of intervention or services including both in-home and foster care services.<sup>21</sup>

**The Child Welfare System**

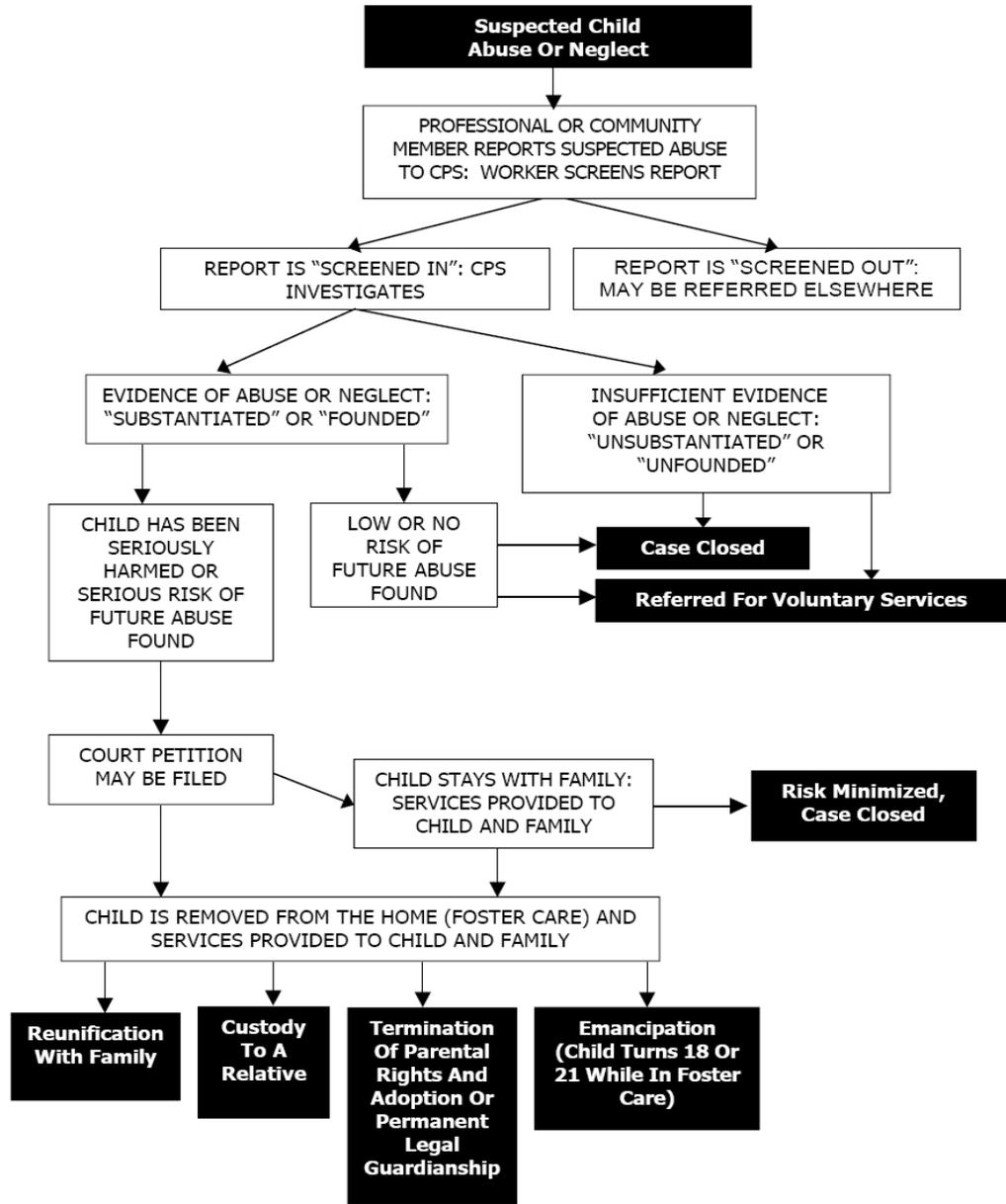


Chart 1<sup>19</sup>

*Efficacy of Education Programs*

As professional and public awareness of child sexual abuse has evolved over the last decades, so too have child abuse prevention and education campaigns. In the U.S., strategies have focused on school-based programs.<sup>22</sup> A recent government review of federally funded school-based demonstration projects concluded that “direct services provided to at-risk families and children appear to have improved family functioning and child behaviors; training on recognizing the signs of maltreatment and on reporting maltreatment appears to have enhanced school personnel's knowledge, skills, and comfort with the reporting process; and classroom presentations to young children were found to enhance their understanding of child maltreatment issues and, in some instances, to help them disclose their own experiences of maltreatment.” (p.6)<sup>22</sup> Yet there exists little empiric data to support or critique current education efforts.

In one of the few studies to investigate the efficacy of school based safety skills programs, MacIntyre and Carr (1999) compared a cohort of 145 Dublin children who had participated in the Stay Safe Programme with 443 children who had not participated in the program. Their study found that more participants (92.4%) disclosed sexual abuse in formal interview than non-participants (80.4%).<sup>22</sup> Additionally, the study revealed that participants had a higher rate of disclosures to teachers, and that in turn, more teachers in participating schools initiated referrals for suspected abuse.<sup>22</sup> Finally, the study found a higher rate of confirmed cases of sexual abuse after assessment among program participants, and on further evaluation of those cases, found that more of these children had made purposeful disclosures.<sup>22</sup>

## **Epidemiology of Child Sexual Abuse**

### *Incidence/Prevalence*

In 2003 the National Clearinghouse on Child Abuse and Neglect published its annual report identifying 906,000 children as confirmed victims of abuse or neglect in the previous year.<sup>21</sup> Of these children, 9.9%—or 89,694 children—were victims of sexual abuse. Data gathered from retrospective research suggests that this number likely represents a mere third of the true annual incidence in the United States, indicating that an additional one hundred and eighty thousand children may suffer sexual abuse each year alone and in silence.<sup>23</sup>

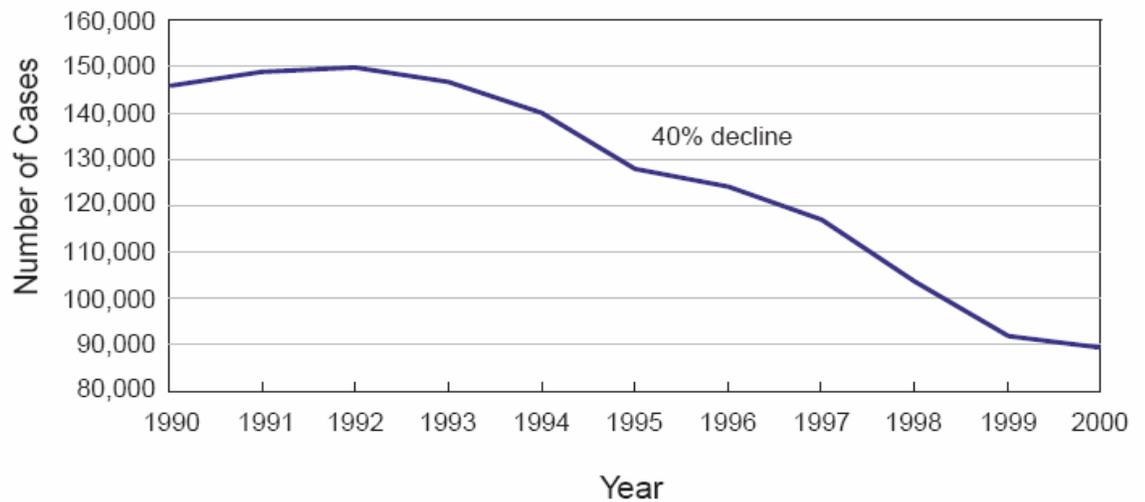
Retrospective studies of adult survivors of CSA show that the majority did not disclose during childhood.<sup>3</sup> Prevalence data gathered from reviews of the highest quality adult retrospective studies provide compelling evidence that “at least 20% of American women and 5% to 10% of American men experienced some form of sexual abuse as children.”(p.31)<sup>23</sup>

Determining the actual number of child victims each year is complicated by a variety of factors. State to state CPS data collection methods are not always comparable. More importantly, the numbers reported in national data sets represent only those cases reported to and investigated by Child Protective Services (CPS). As clarified earlier, in many states only those cases of sexual abuse that involve a caregiver fall under the purview of CPS. Data for cases reported to agencies within the criminal justice system, or to professionals within the mental health care system are maintained separately—if at all—making comprehensive trend assessment difficult.<sup>7</sup>

As if these institutional impediments were not enough, it is difficult to diagnose sexual abuse definitively. No diagnostic emotional or behavioral symptoms are specific to child sexual abuse, and physical findings on medical exam are infrequent.<sup>1-3</sup>

Recent data show an apparent decline in rates of child sexual abuse. Between 1992 and 2000 the number of CSA cases substantiated by CPS decreased by forty percent—from 150,000 to 89,500 (Figure 1).<sup>7</sup> It remains somewhat unclear whether this dramatic decrease represents a true decline in the rate of child sexual abuse, or whether it is merely a reflection of decreased reporting or changes in CPS practices. Recent research suggests that the trend may be real.

**Figure A<sup>7</sup> Estimated number of substantiated cases of sexual abuse in the United States, 1990-2000**



Source: Authors' analyses of data from 1990–2000 National Child Abuse and Neglect Data System (NCANDS) reports (U.S. Department of Health and Human Services, 1992–2002).

*Types of Abuse and Victim-Perpetrator Relationships*

The CSA literature commonly differentiates penetrative acts (including penile and object penetration, and oral-genital contact) and non-penetrative acts (including exposure and fondling). The numbers remain relatively consistent throughout studies, with a higher prevalence of penetrative acts measured in cases reported to CPS than in the adult retrospective studies which often include previously unreported abuse. One review of adult retrospective studies showed an estimated 20-25% of cases involved penetrative acts.<sup>23</sup> Hanson's (2003) national household survey of adolescents revealed a 30.7% rate of penetrative abuse cases.<sup>24</sup> While Bradley and Wood's (1996) chart review of 249 validated CSA cases found a 49% occurrence of penetrative acts.<sup>9</sup>

While the numbers vary across study, the vast majority (60-88%) of child sexual abuse occurs as multiple events over time.<sup>8, 9, 24, 25</sup> This pattern of ongoing abuse is likely due to the close relationship between perpetrator and victim—most often intra-familial—and the consequent easy access and control available to the perpetrator. These numbers point to a continuing pattern of violence endured by children sometimes for years, and broken only by the intervention of adults who commonly require a child's disclosure before they become aware of the problem.

In the vast majority of cases, the perpetrator of sexual abuse is known to the victim, and more often than not their relationship is an emotionally significant one.<sup>2, 4, 6, 8, 9, 26</sup> The rate of intra-familial versus extra-familial and stranger abuse varies across studies. In their review article, Paine and Hansen note that those studies drawing from victim samples demonstrate “lower rates (0-19.5%) of sexual abuse by strangers than

random samples (21-40%) or perpetrator samples (34%).”(p.276)<sup>2</sup> Also of note, the number of intra-familial cases is likely increased in data drawn from CPS sources given that the mandate of child protective services is to be involved only in those situations involving caregiver abuse or neglect. Consequently, a higher rate of stranger abuse would likely be found in law enforcement data. In four studies of sexually abused children, the majority were found to be victims of intrafamilial abuse (38.5-74%).<sup>8, 9, 25, 27</sup> A retrospective study of adult women survivors of child rape reported a similar intrafamilial abuse rate of 44%.<sup>13</sup>

Perpetrators of child sexual abuse are thus stereotypically in a position of power and authority over a child, a position which is exploited by the perpetrator to maintain a child’s silence. Not only is the perpetrator of abuse most commonly known to the child, he is often a parent-figure, or trusted extended family member. Societal norms conspire to make this relationship ideal for ensuring a child’s compliance. Children are routinely expected to be obedient to any “trusted” adult. What parent has not admonished his or her child, “I expect you to obey Uncle Bob,” or “listen to whatever your grandfather tells you to do while I’m gone”? In approaching the topic of sexual abuse, it can be easy to forget a simple yet central reality of childhood—the power of any adult command or threat. Acknowledging these emotional entanglements is central to understanding the complexity of the disclosure process, as well as the powerful barriers to disclosure with which children are faced.

In studies of the victim selection processes of perpetrators, it is this very power which appears as a recurring theme. Perpetrators report preferring their own children, or children who are troubled and lonely as victims.<sup>2</sup> They also identify as appealing

children whose young age, friendliness, or trust make them particularly vulnerable.<sup>2</sup> Perpetrators of CSA routinely seek to establish a trusting relationship with the child, and with the child's family—a task which may be relatively easy in light of the fact that most perpetrators are either family members or known to the family as acquaintances or friends. Methods for ensuring children's compliance and silence are varied, but most commonly include “the addition and withdrawal of inducements (attention, material goods, and privileges), misrepresentation of society's morals and standards and/or the abusive acts themselves, and externalization of responsibility for the abuse onto the victim.”(p. 277)<sup>2</sup> A child victim thus may be told she will be blamed or punished for the abuse, that no one will believe her if she tells, or that revealing the secret of her abuse will tear her family apart—all threats which unfortunately often reflect the reality of the adult responses to disclosure. The victim may be threatened with bodily harm or with the possibility of bodily harm to her family members. Finally, playing upon the complexity of an abusive relationship in which the abuser may also be a loved one—she may be told that revealing her abuse will lead to punishment or imprisonment of the abuser. Here again, a simple reality of childhood becomes central: children believe adults. Thus, as Summit concisely notes, “in the classic role reversal of child abuse, the child is given the power to destroy the family and the responsibility to keep it together.” (p. 185)<sup>4</sup>

## **Existing Models of Disclosure**

Multiple models have been proposed to conceptualize the disclosure process. Some of these are theory based, proposing that disclosure be understood from the perspective of social exchange theory or social-cognitive theory.<sup>2, 15</sup> However, two comprehensive stage-based models of disclosure form the backbone of the disclosure literature.<sup>4, 8</sup> Neither model has been empirically validated and both models have been challenged by subsequent research.<sup>3, 9</sup> Nonetheless, their central theme of disclosure as a process rather than an event pervades the literature.

In 1983, Summit published a seminal paper asserting that children's disclosure of sexual abuse occurs as a process and proposing a model of that process, which he termed the "Child Sexual Abuse Accommodation Syndrome" (CSSAS).<sup>4</sup> Summit's paper argued that popularly conceived notions of "normal" victim coping behavior were not reflective of reality and led to the disbelief and blame of child victims. The purpose of his model was to explain for clinicians why child victims might be reluctant to disclose abuse and in so doing to support effective clinical advocacy and intervention.<sup>4</sup> Summit's disclosure model included five categories: 1) secrecy, 2) helplessness, 3) entrapment and accommodation, 4) delayed, conflicted and unconvincing disclosure, and 5) retraction. In the first portion of this model, he argued that sexually abused children are dependent upon their abusers' conceptualizations of the experience and terrified of the consequences of disclosure. Summit claimed that in order to survive the reality of ongoing sexual abuse (most often at the hands of a trusted adult), a child must accommodate to the situation with self-blame, doubt, and a careful maintenance of the dirty secret (secrecy, helplessness, entrapment and accommodation). In the second portion of his disclosure

model, Summit stated that when children *do* disclose they do so in an incremental fashion which often includes retractions and denials.<sup>4</sup> Summit argued that this undesirable process of disclosure reflected the chaotic aftermath of disclosures, and the disbelief and anger that victims faced. Summit offered no data to support his CSAAS model of the disclosure process, yet it has served as a powerful shaping force for both clinical practice and subsequent disclosure literature.<sup>2,3</sup> In 2005, a study by London et al. reviewed the empiric basis for the CSAAS and found that their data failed to support Summit's model of denial, tentative disclosure and recantation as characteristic of children's disclosure patterns.<sup>3</sup>

In an equally important 1991 publication, Sorenson and Snow provided empiric evidence for a process-based model of disclosure.<sup>8</sup> Their study retrospectively analyzed 116 cases of confirmed child sexual abuse drawn from their private practice, with the goal of defining how children disclose. They described a four component disclosure process: 1) denial, 2) disclosure (both active and tentative), 3) recantation, and 4) reaffirmation.<sup>8</sup> Additionally, they defined two phases of disclosure—active and tentative. The authors reported that 78% of children moved through a tentative disclosure phase characterized by confusion, uncertainty, and vacillation, and that 96% of children eventually entered an active disclosure phase characterized by coherent, detailed, first-person accounts of abuse.<sup>8</sup> The study reported a 22% rate of recantation, and found that 92% of those children eventually reaffirmed initial allegations of abuse. In a 1996 replication of this critical study, Bradley and Wood (1996) reported very different results, concluding that their data could not support the view of disclosure as a quasi-developmental process that proceeded through sequential stages.<sup>9</sup> They reported

significantly lower rates of denial and recantation—6% of subjects initially denied, 10% showed a reluctance to discuss the abuse, and 3% recanted. The study concluded that the stage-based models of disclosure posited by Summit's CSAAS and Sorenson and Snow's study are unusual in typical cases referred to CPS.<sup>9</sup> Despite these recent critiques of Summit's CSAAS and Sorenson and Snow's stage-based disclosure model, their impact on the field of child sexual abuse is inarguable. The vast majority of CSA literature embraces disclosure as a process, and accepts the centrality of denials and recantations within this process.

In a recent 2005 study, yet another model for understanding the disclosure process was put forth. Using qualitative data drawn from pre-teen and teenage victims of sexual abuse, Staller proposed a three phase process based on the child's perspective of disclosure and integrating both a pre-disclosure and post-initial public disclosure stage: 1) Self, the initial stage during which children internally understand their victimization; 2) Confidant Selection-Reaction, the second stage during which children select a time, place and person to tell and then endure that individual's reaction; and 3) Consequences, the third stage that informs children's ongoing strategies of telling (including recantation, affirmation, and denial).<sup>15</sup>

### **Patterns of Disclosure**

Three broad categories are used consistently in the literature to describe children's disclosures: 1) purposeful, 2) accidental, and 3) prompted/elicited.<sup>1, 2, 8, 17, 18, 27</sup> These categories seek to define multiple dimensions of children's disclosures including intent, spontaneity, and detail. In general, the term purposeful is used to describe disclosures with the specific intent of revealing abuse, while accidental disclosures often include

such categories as observation of abuse by a third party and detection of medical injury or sexually transmitted diseases. Prompted or elicited disclosures most commonly are used to describe those disclosures made in response to adult questioning which might arise from a child's abnormal or sexualized behavior or play. This category of disclosure is commonly subsumed under accidental disclosures in the older literature. Additional categories have been suggested in an effort to define disclosures more specifically. These categories include behavioral and indirect verbal attempts, disclosures intentionally withheld, disclosures triggered by recovered memories; partial, vague or vacillating disclosures.<sup>16 8</sup>

### **Impact of Victim and Abuse Characteristics on Disclosure**

#### *Severity of Abuse*

In one of the few studies which examined children's initial disclosures to a trusted adult confidante, Sauzier categorized children as either having intentionally disclosed their abuse or having had their abuse accidentally discovered. He found that victims of less serious abuse were more likely to actively disclose abuse than victims of more serious abuse who were more likely to have abuse accidentally discovered.<sup>1</sup> In a study focused on disclosure during formal interview, Arata reported an inverse relationship between disclosure and the severity of abuse, such that those children who experienced contact sexual abuse were less likely to disclose than those who experienced non-contact abuse.<sup>28</sup>

## *Age*

Multiple studies have explored the impact of age and developmental factors on children's disclosure of sexual abuse. Results of some studies examining disclosures during formal interview have identified younger children's disclosures as less detailed, though questions have been raised as to whether this reflects a true developmental difference or simply a difference in interview techniques.<sup>2</sup> Keary and Fitzpatrick (1994) found that younger children were less likely to disclose during formal investigation, regardless of whether they had previously disclosed.<sup>29</sup>

The literature shows a significant difference in the degree of intent between younger and older children's initial disclosures to a confidante. In general, preschoolers are more likely to disclose accidentally or in response to a precipitating event, while school-age and adolescent children are more likely to disclose in a purposeful manner.<sup>1, 8, 16, 17, 18, 27</sup> In Mian's (1986) review of 125 sexually abused children, purposeful disclosures were made by 78% of children five years and older, but only 51% of children younger than five years, leading the author to conclude that younger children "are simply not prepared to talk."<sup>(p.228)</sup><sup>27</sup> Similarly, Campis (1993) reported an 87.5% accidental disclosure rate for preschoolers, while 100% of school-age subjects disclosed purposefully.<sup>17</sup> Additionally, preschoolers are more likely to display physical or behavioral signs (including pain, nightmares, age-inappropriate sex play) which prompt caregiver concern.<sup>17, 27</sup> Authors have postulated multiple explanations for this developmental difference. Compared to school age and adolescent children, young children lack as complete an understanding of social taboos and sexual touch, leaving them less likely to identify their experiences as abusive and in need of purposeful

reporting. A similar developmental failure to appreciate the negative consequences of disclosure may lead young children to speak more freely about their abuse, and thus be more likely to disclose accidentally. Finally, preschool aged children are dependent upon caregivers for help with dressing and bathing, their activities are subject to greater amounts of adult observation, and sexual behavior or knowledge in a preschooler is more readily identified by caregivers as worrisome.<sup>8, 17</sup>

### *Gender*

Little data exist to identify clearly the impact of a child's gender on disclosure. Studies suggest that boys are less likely than girls to disclose sexual abuse.<sup>2, 12, 16, 23</sup> Explanations include increased societal stigma associated with male victimization, the additional taboo of male homosexuality, and societal tolerance of older woman/younger boy sexual relationships. Further research is needed to clarify the exact role of gender in disclosure.

### *Intrafamilial versus Extrafamilial Abuse*

The victim-perpetrator relationship has consistently been found to impact disclosures. Children abused by a close family member are more reluctant to disclose abuse, have longer time delays between abuse and disclosure than victims of extrafamilial abuse, and are less likely to disclose in a purposeful fashion.<sup>1, 2, 4, 12, 13, 27</sup> Victims of intrafamilial abuse are postulated to be more concerned about consequences for the perpetrator, disruption of the family unit, and potential punishment brought about by disclosure. Sauzier (1989) reported that victims of a biological parent were least likely to disclose, with 53% of being referred after accidental discovery of abuse and no disclosure.<sup>1</sup> In a study of the variables associated with time delay to disclosure,

Goodman-Brown (2003) found that victims of intrafamilial abuse took significantly longer to disclose than victims of extrafamilial abuse.<sup>12</sup> Finally, Mian (1986) reported that only 51% of victims of intrafamilial abuse disclosed purposefully, as compared with 74% of children abused extrafamilially.<sup>27</sup>

### **Time Delay to Disclosure**

Children have many reasons *not* to disclose their abuse. Data from retrospective studies of adults suggest that many never disclosed their sexual abuse during childhood.<sup>23,</sup>  
<sup>26</sup> Child victims may fear punishment, abandonment, shame, guilt and harm to loved ones. Despite these barriers to disclosure, thousands of children manage to reveal their abuse each year. However, among those children who bravely disclose, many take weeks or months after the abuse has occurred to do so, and the variables that influence this delay are not fully understood.<sup>12-14</sup> Variables such as age and development, perpetrator identity, fear of negative consequences, type of abuse, and perceived responsibility have been correlated with the time it takes a child to disclose.<sup>2, 3, 12</sup> It should be noted that the majority of these studies use “disclosure” to mean a formal reporting of the incident to authorities, and not a child’s initial disclosure of abuse to a chosen confidante. The average time to disclosure varies significantly from study to study. In a sample of 200 children, Goodman-Brown (2003) found that 42% disclosed sexual abuse within 48 hours of the last abuse, while 15% did not disclose for greater than six months.<sup>12</sup> In a smaller study of 47 children, Sjoberg and Lindblad (2002) reported a mean delay of one year between first incident of abuse and disclosure.<sup>14</sup> Sixty-two percent of their sample disclosed within one month of the first abusive incident. Data from a national telephone survey of women yielded different results than the previous studies. Of 288 women who

reported being raped prior to the age of 18, fully 28% reported never having disclosed, and 47% reported not disclosing for greater than 5 years after the incident.<sup>13</sup>

Consistently throughout the literature, victim-perpetrator relationship is shown to influence delay to disclosure, with victims of intrafamilial abuse taking longer to disclose.<sup>12-14</sup> Smith (2000) reported that a shorter time delay between abuse and disclosure was associated with stranger rape.<sup>13</sup>

The impact of age on time to disclosure varies from study to study. Both Sauzier (1989) and Arata (1998) found time to disclosure and age at victimization to be unrelated.<sup>28</sup> Sjoberg (2002) and Smith (2000) reported an inverse relationship: younger children took longer to disclose.<sup>13, 14</sup> Finally, Goodman-Brown (2003) discovered the opposite relationship with older children demonstrating an increased time to disclosure.<sup>12</sup>

No clear relationship between time delay to disclosure and abuse severity or number of abusive events has been described. Sjoberg (2002) did not find a relationship between time to disclosure and severity of abuse, or number of abusive incidents.<sup>14</sup> In contrast, Smith (2000) found that multiple rape events were associated with increased time to disclosure, while Sauzier (1989) reported the exact opposite association of single abusive episodes and delayed disclosure.<sup>1, 13</sup>

Finally, the impact of children's fear of consequences on time to disclosure was examined by Goodman-Brown (2003). While fear of negative consequences for *others* correlated strongly with increased delay to disclosure, the study found no relation between a child's fear of negative consequences to *self* and increased time delay to disclosure.<sup>12</sup>

### **Consistency of Disclosures over Time**

Another area of interest in the CSA literature is the consistency of children's reports over time, including disclosures in a formal setting. Keary (1994) examined the relationship between prior disclosure in an informal setting (i.e. to a chosen confidante) and disclosure during the formal assessment in a sample of 262 children. The study reported that children who had previously disclosed were significantly more likely to re-disclose during formal assessment than children without prior disclosure ( $p < 0.00001$ ).<sup>29</sup> Notably, the study found that children aged 5 and under were significantly less likely to disclose during formal assessment, *regardless* of prior disclosure status. Finally, Keary (1994) also reported that sexual abuse was significantly more likely to be confirmed in those cases where children disclosed abuse during formal assessments.<sup>29</sup>

In a different approach to the issue, Ghetti (2002) examined the consistency of children's reports of sexual and physical abuse over the course of two interviews conducted during legal investigation. The relationships of consistency and age, type of abuse, gender, memory, and cognitive capabilities were examined. The study reported that older children were more consistent in their reports of both physical and sexual abuse than younger children.<sup>11</sup> Notably, children reported sexual abuse more consistently than physical abuse, and girls were more consistent than boys in their reports of sexual abuse.<sup>11</sup> Ghetti also found that cognitive abilities did not predict children's consistency in reporting sexual or physical abuse, but memory was predictive of consistency in reporting sexual abuse.<sup>11</sup>

## **Impact of Disclosure on Victim**

The trauma of sexual abuse does not end with disclosure. While some children find themselves fully supported by their families, others may be forced to endure negative consequences of their disclosure—criminal court proceedings, family dissolution, out-of-home placement, disbelief and anger of loved ones—long after their initial disclosures. While child sexual abuse is associated with multiple long-term consequences (including anxiety, depression, sexual concerns, problems with self-esteem), the evidence linking specific details of disclosure with ultimate functioning is ambiguous.<sup>1, 18</sup>

A body of literature exists which examines children's experience of the actual disclosure as well as its consequences. Berliner and Conte (1995) conducted a retrospective survey of 82 children and their families seeking to elicit children's feelings about disclosure and subsequent intervention. Children reported that relief was the most common emotion (69%) related to disclosure, with fear (16%), sadness (7%) and anger (3%) additionally described. When asked to describe the initial reaction of their chosen confidante, 26% reported shock/surprise, 15% upset/sadness, 11% anger, 8% disbelief, and 1% fear.<sup>25</sup> The majority of children in this study (97%) endorsed the notion that it had been a good idea to disclose, identifying as major reasons that the victim was able to get help (16%), the victim was safer (23%), it is good to tell the truth (14%), and the offender went to jail (10%).<sup>25</sup> Finally, all but one of the children felt that other abused children should disclose, and 46% gave as the reason for this recommendation to other children that the abuse would not happen again.<sup>25</sup> This nearly unanimous sentiment differs from the less enthusiastic findings of other studies, including Sauzier (1989) who reported that 19% of children studied regretted disclosing.<sup>1</sup> Parents in the Sauzier (1989)

study were evenly divided over whether the disclosure was ultimately harmful or helpful to the child and family.<sup>1</sup>

Studies have revealed a differential impact of accidental versus purposeful disclosure on children.<sup>1, 18</sup> In a longitudinal study of 115 children, Sauzier (1989) found that children who had never disclosed (and were seen for formal investigation after accidental disclosure) demonstrated less distress, regardless of whether they were hiding severe or relatively less severe forms of sexual abuse. Nagel (1997) categorized 68 children as having disclosed purposefully, accidentally, or in response to precipitating events, and examined their psychological function at two time-points over one year. The study found significantly increased psychological indicators of high anxiety and poor coping skills in the purposeful disclosure group as compared to others, and this difference held true regardless of the amount of therapy the children received.<sup>1</sup>

Finally, in a recent qualitative study of the disclosure process from the perspective of preteen and teenage victims, Staller (2005) offered unique insights into the process of disclosure. Her subjects identified the support and belief of family members, adult responses to disclosures, and adult action in response to disclosures as often being the difference between divulging further or not.<sup>15</sup> Staller (2005) concludes that disclosure for these children is an iterative process in which children interact with adult confidantes and incorporate responses to their disclosures into on-going decisions about disclosing further.<sup>15</sup>

## Context of Disclosure

A small body of literature has explored the context in which children disclose, including choice of confidante and reasons for disclosure, though rarely both. Of those children who do disclose their sexual abuse, existing studies suggest that the majority (53-82%) choose a parent-figure as their initial confidante.<sup>1, 2, 6, 25</sup> In Staller's (2005) qualitative study of children's choice of confidante, teenage girls offer advice to other victims, stating "the first person to tell, be sure it's somebody you can talk to... it doesn't have to be like a therapist or even a parent, be sure it is somebody you can talk to... so if you can't tell anybody else, then maybe you can depend on them to help you." (p.1422)<sup>15</sup> Berliner and Conte (1995) found that 48% of their subjects disclosed initially to mothers and 5% to fathers; friends constituted the next largest group (17%) followed by relatives and professionals.<sup>25</sup> Jensen (2005) reported that 82% of her subjects first disclosed to a parent, and 14% to a friend.<sup>6</sup> MacIntyre and Carr (1999) describe 65% of children initially disclosing to parents, while Bradley and Wood (1996) report their subjects most frequently made a first disclosure to an immediate family members (35%), extended family member or friend (16%), or school official (13%).<sup>9, 30</sup> In contrast, of those women who had previously disclosed in Smith's (2000) retrospective study of child rape victims, a slim majority (22.5%) reported disclosing to a close friend, followed by mother (20.7%), and then other immediate family member (sister/brother/father) (8%).<sup>13</sup>

Impetus for disclosure has rarely been examined. In their study of 116 cases of confirmed sexual abuse, Sorenson and Snow (1991) provide perhaps the best breakdown of relevant motivational factors in the literature. For those children who disclosed purposefully, the impetus for disclosure included: educational awareness (24%), peer

influence (10%), proximity to perpetrator (10%), timely disclosure (defined by the authors as everything falling into place) (22%), and anger (24%).<sup>8</sup> For those children who disclosed accidentally, they report as motivational factors: exposure to the perpetrator (28%); inappropriate statements (19%); age-inappropriate sexualized behavior (14%); and shared confidences with girlfriends (9%). Sorenson and Snow (1991) further analyzed these data to reveal age-related trends. Preschool and young school-age children were more likely to have accidental disclosures prompted by sexualized behavior or inappropriate statements; while primary school children often disclosed purposefully, prompted by educational programs. Finally, anger was a common impetus for purposeful disclosure (24%) among adolescents.<sup>8</sup>

In two recent qualitative studies, researchers sought to define further the contexts in which children are able to disclose. Jensen (2005) obtained data from therapeutic sessions and follow-up sessions with 22 children, specifically investigating what elements helped and hindered disclosure. The study revealed that when children did disclose, they did so “in situations where the theme of child sexual abuse was in some form addressed or activated.” (Jensen, 1395)<sup>6</sup> Children in the study identified a lack of privacy and prompts as barriers to disclosure, and admitted to concern over others’ reactions and possible misinterpretation of the disclosure.<sup>6</sup> These results echo Staller’s (2005) findings that children “receive, process, evaluate, and react to information based on how adults respond to them,” and adjust their disclosures according to the responses they elicit.<sup>15</sup> Significant research remains to be done to understand fully the complex factors which inform children’s choice of confidante and enable them to disclose their abuse.

## **Purpose and Aims**

This study aimed to investigate the context within which children initially disclose their sexual abuse. We sought to identify triggers that prompted the initial disclosure event and to investigate the relationship between the choice of initial confidante and the child's age and likelihood of disclosing during formal interview.

We hypothesized that 1) the person to whom the child first disclosed would vary with developmental age such that older children would be more likely to disclose to peers, while younger children would disclose to caretakers; 2) the person to whom the child first disclosed would be correlated with the child's likelihood to disclose again in a formal interview setting (i.e. children who disclosed to caretakers would be more likely to disclose in a formal setting while those who disclosed to peers would be less likely); and 3) recent exposure to discussions about abuse as an acceptable topic (e.g. television shows, educational programs in school) would be identified as prompts for spontaneous initial disclosures of abuse.

## **Methods**

Data were obtained in a prospective fashion from 60 alleged child sexual abuse victims referred to the Yale Child Sexual Abuse Clinic (CSAC) between June 2006 and December 2006. The clinic serves as the regional child sexual abuse referral center and receives approximately 280 referrals each year. These referrals result in both a formal interview of the child and a parental interview. The purpose of the child interview is to collect a formal disclosure which can be used for CPS and/or criminal investigation. The interviews take place with one of four specially trained social workers, and are observed through a one-way mirror by law enforcement personnel and a CPS worker. In most

cases, the interview with the social worker is the child's first formal interview aimed at obtaining specific details about the alleged events. The children have frequently been questioned in an informal fashion by family members, emergency department staff, and CPS workers prior to arriving in clinic.

Of the 60 cases identified during the time period of the study, 57 were included for analysis. Inclusion criteria necessitated only that the child must have disclosed at some time prior to the formal interview setting. Three cases did not meet this criterion as the children were brought in secondary to parental concern with no disclosure from the child, and were thus excluded. As part of the standard clinical evaluation the interviewing social workers were asked to pay particular attention to four central variables of the initial disclosure process: 1) to whom did the child first disclose their sexual abuse; 2) in what fashion did the disclosure occur (e.g. spontaneous disclosure by the child, direct questioning of the child in response to child's behavior or factors outside of the child, accidental disclosure secondary to witnessed abuse or diagnosed sexually transmitted disease); 3) in what location did the disclosure occur (e.g. at home, at school); 4) what triggers for disclosure could be identified (e.g. school education class on safe touch, television show addressing abuse, community/church event, bathing of the child, interaction/visit with the perpetrator, family altercation).

Following a formal interview, the interviewing social worker met with one of three researchers to record the research data in a systematic fashion. Demographic variables and case characteristics recorded included whether the victim disclosed during the formal interview; the time delay between victim's last abuse and initial disclosure to a confidante; the age, gender and ethnicity of the victim; age and gender of the perpetrator;

relationship of the perpetrator to the victim; alleged type of sexual abuse; when, where, how and why the child initially disclosed the abuse (including the child's own words when possible). The data for each victim were compiled using all available sources—thus information obtained by the interviewing social worker from the child, parent, law enforcement personnel, or DCF workers was included if pertinent. Data were coded by the primary researcher.

Thirty-nine of the 57 children were able to provide approximate dates—often only a month or year—for their last abusive event and initial disclosure. Thus, calculating the time delay to disclosure required approximations. When only the year of last abuse or initial disclosure was available, we assumed the date to be the midpoint of the year and calculated time delay to disclosure from June. When only the month of last abuse was available, we assumed the date to be the beginning of the month and calculated time delay from the first of the month. If the child was able to report that the last abuse and initial disclosure occurred within the same month, but unable to provide specific days, we assumed the greatest amount of time between the two events (30 days).

Given the wide age range of the sample and small sample size, data analysis required that we categorize children by age group. We analyzed our data using two age groupings: 1) we chose the sample's mean age (8 years) as the midpoint between groups, yielding the categories of 2-7 and 8-15, and 2) we divided children by developmental age into preschool, school-age, and adolescent, yielding the categories of 2-6, 7-11 and 12-15.

Children's disclosures were categorized as: 1) spontaneous 2) prompted or 3) accidental. Spontaneous disclosures were defined as those in which a child offered their disclosure "out of the blue" and without outside encouragement. Prompted disclosures

were defined as those in which a child disclosed after being questioned secondary to concern about behavior or comments the child might have made. This categorization is quite broad and includes such extremes as targeted questioning of a DCF worker about abuse, to less direct parental questioning in response to odd behavior such as “Why are you doing that?” Finally, disclosures were categorized as accidental if the child disclosed after the abuse was witnessed or overheard, or after the child was found to have a sexually transmitted disease.

Representative data are reported in a descriptive fashion. Additionally, demographic variables, relationship to perpetrator, choice of confidante, and identified triggers for disclosure have been analyzed to identify their relationships with the child’s choice of confidante and the child’s manner of disclosure. As this was an exploratory study with a relatively small sample size, we will report p values between 0.05 and 0.10.

#### *Delineation of Work*

All formal interviews were conducted by one of four CSAC social workers: Theresa Montelli, Florence Mackey, Monica Vidro, or Leah Smith. Following the interview, standardized data collection sheets were completed by the interviewing social worker and one of two researchers: Lyla Johnson or Julie Monteagudo. Coding of the data sheets and data interpretation were completed by the primary researcher, Kira Bona. Statistical analysis of all data, including univariate analysis and chi-square analysis, was conducted by Katherine Ellingson. This study was approved by the Human Investigation Committee, HIC Protocol# 0508000454.

## **Results**

### *Victim Characteristics*

Of 57 children, 81% were female. Victims ranged in age from 2 to 15 years, with a mean age of 8 (SD=3.8). Thirty-five percent of victims were African-American, 33% Caucasian, 18% Hispanic and 14% other. Victim ethnicity demonstrates an over-representation of the African-American population and under-representation of the Caucasian population compared to the population in New Haven county (79% Caucasian, 11% African-American, 10% Hispanic).<sup>31</sup>

### *Alleged Sexual Abuse Characteristics*

The majority of cases involved one victim and one perpetrator. In one case, a victim identified two perpetrators, and in one case a victim identified three perpetrators. Specific perpetrators are detailed in Table 1: frequencies add to greater than 57 as two cases involved multiple perpetrators. In the two cases of multiple perpetrators, the primary perpetrator was identified and these cases were coded accordingly.

**Table 1. Specific perpetrators of sexual abuse, all perpetrators aged 18 and under labeled as (child)**

<i>Perpetrators</i>	<i>Frequency</i>
Cousin (child)	9
Father	7
Peer, same age (child)	6
Uncle	5
Peer, older (child)	4
Brother (child)	3
Mother's boyfriend	3
Foster brother (child)	2
Mother	2
Family friend, adult	2
Neighbor (child)	2
Transient houseguest	2
Babysitter	2
Son of family friend (child)	2
Brother in Law	1
Step-grandfather	1
Neighbor (child)	1
Friend of victim's girlfriend	1
Grandmother's boyfriend	1
Step-father	1
Aunt (child)	1
Grandfather	1
Sister (child)	1
<b>Total</b>	<b>60</b>

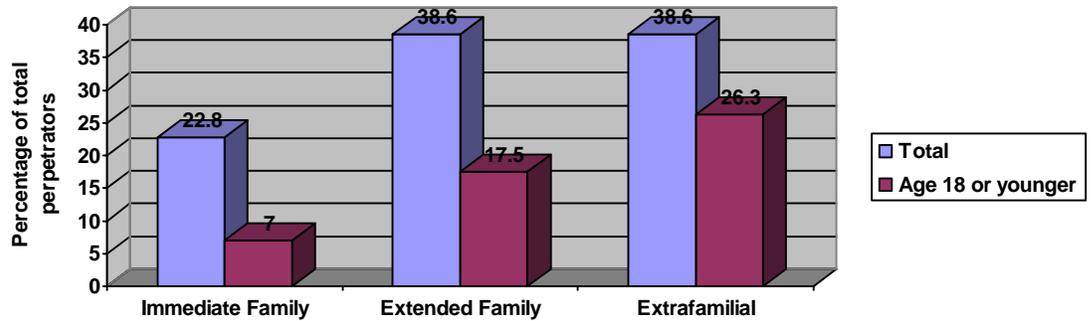
When specific perpetrators were collapsed into more descriptive categories, shown in Table 2, adult family members (non-parent) were the most common group of perpetrators (21.0%) followed closely by child family members (non-sibling) (17.5%).

**Table 2. Primary perpetrator of Sexual Abuse, by category**

<i>Primary Perpetrator</i>	<i>Frequency</i>	<i>Percentage</i>
Adult, family-member/non-parent	12	21.0
Child, family-member/non-sibling	10	17.5
Peer, older	9	15.8
Father	7	12.3
Biological Sibling	4	7.0
Peer, same age	4	7.0
Adult, unrelated	4	7.0
Adult, family friend	3	5.3
Foster sibling	2	3.5
Mother	1	1.8
Step-father	1	1.8
<b>Total</b>	<b>57</b>	<b>100</b>

Figure 1 shows perpetrators categorized as intrafamilial and extrafamilial. The perpetrator was an immediate family member (including mother, father, step-parent, and biological siblings) in 22.8% of cases, and an extended family member (including aunt, uncle, cousin, grandparent) in 38.6% of cases. In 38.6% of cases the perpetrator was unrelated to the victim (includes foster siblings, peers, family friends). No perpetrators were strangers to the victim.

**Figure 1. Perpetrators categorized as intrafamilial and extrafamilial, and by age**



The majority of perpetrators (51%) were aged 18 and under. The breakdown of these child perpetrators is detailed in Figure 2. In all cases involving a perpetrator aged 18 or under, the victim’s story was consistent with abuse and left no question of inappropriate sexual play. The most common child offenders were extended family members of the victim.

**Figure 2. Frequency of perpetrators under the age of 18 by subcategory**

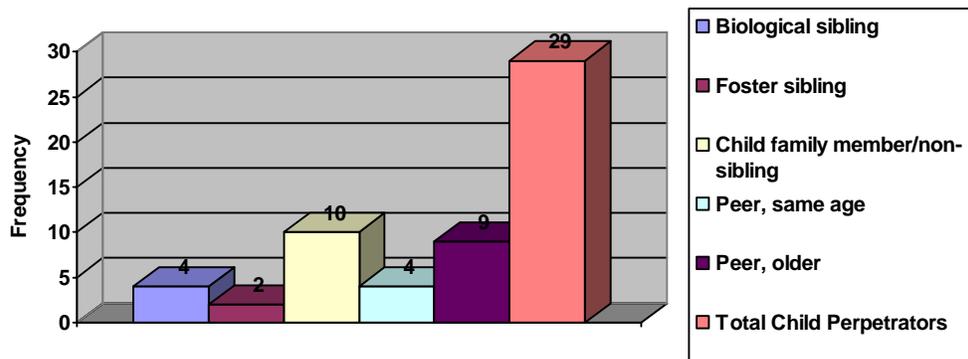
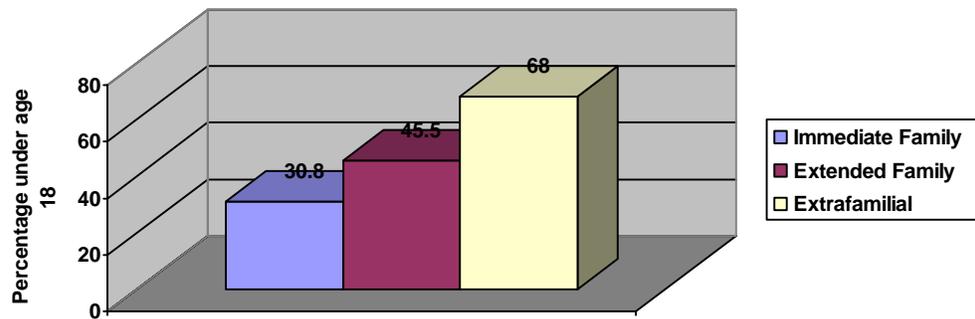


Figure 3 shows the percentage of child perpetrators in each of the subclassifications of immediate family, extended family, and extrafamilial perpetrators.

**Figure 3. Percentage of immediate family, extended family and extrafamilial perpetrators under the age of 18**



When classified by most severe abuse, 49.1% of cases involved penetrative contact (including oral, anal, or vaginal), 45.6% involved non-penetration contact (including fondling or kissing), and 1.8% were non-contact. In two cases (3.5%), the child was unable to clarify the type of sexual contact. Many children, however, were victims of multiple types of abuse, as shown in Table 3 where percentages add to greater than one hundred.

**Table 3. Sexual Abuse Type**

<i>Type of Sexual Abuse</i>	<i>Frequency</i>	<i>Percent</i>
<b>Contact, penetration</b>	28	49.1
<b>Contact, non-penetration</b>	33	57.9
<b>Non-contact</b>	5	8.8
<b>Unknown</b>	2	3.5

Our data showed a statistically significant relationship ( $p=0.02$ ) between age and type of sexual abuse such that 66% of older children (ages 8-15) were victims of penetrative abuse as compared with 28% of younger children (ages 2-7).

### *Disclosure Characteristics*

Thirty-nine of 57 children were able to provide approximate dates for their last abusive event and initial disclosure. The mean time delay between last abusive event and initial disclosure to a confidante was approximately eleven months, with a minimum delay of zero days and a maximum delay of seven years. Of these 39 children, 11 (28%) disclosed immediately, while an additional 8 children (21%) disclosed within one month.

All 57 of the children had disclosed sexual abuse to a confidante prior to referral. Eighty-one percent of these victims subsequently disclosed during their formal interview with a Clinic social worker. Chi-square analysis found no relationship between a child's likelihood of disclosing during the formal interview and the child's age ( $p=0.43$ ), gender ( $p=0.46$ ), time delay to initial disclosure ( $p=0.38$ ), or child's choice of initial confidante ( $p=0.06$ ). Notably, children who experienced the most severe type of abuse (contact with penetration) were more likely to disclose during formal interview than other children ( $p=0.02$ ).

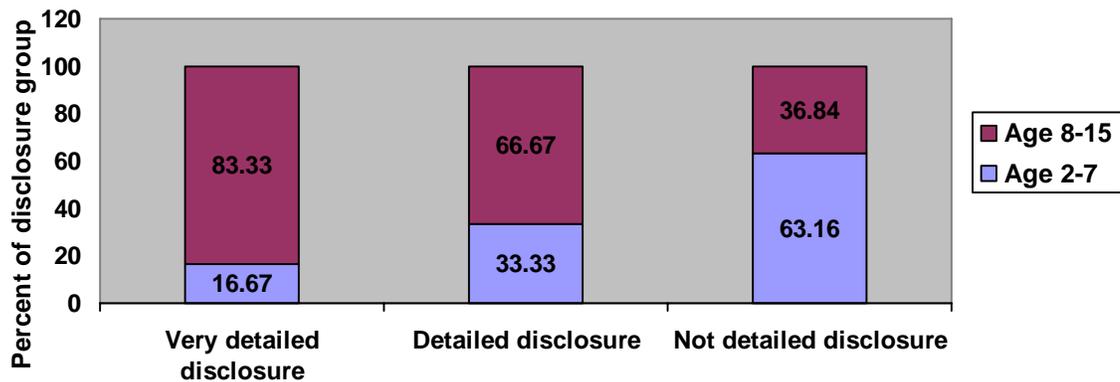
**Table 4. Disclosure During Formal Interview with Social Worker**

<i>Disclosure</i>	<i>Frequency</i>	<i>Percent</i>
<b>Very detailed disclosure</b>	12	21.1
<b>Detailed disclosure</b>	15	26.3
<b>Not very detailed disclosure</b>	19	33.3
<b>Non-disclosure</b>	11	19.3
<b>Total</b>	<b>57</b>	<b>100</b>

Social workers were asked to characterize the level of detail provided by children during disclosure (Table 4). Chi-square analysis revealed a trend such that if a child disclosed during formal interview, the level of detail provided increased with that child's age ( $p=0.054$ ). Thus, 83% of "very detailed" disclosures were made by children aged 8-15, while only 37% of "not very detailed" disclosures were made by this age group.

Figure 4 graphically presents the percentage breakdown of each category of disclosure by age.

**Figure 4. Percent of each disclosure group by age**



As described in the methods, children’s disclosures were coded as spontaneous, prompted, or accidental depending upon the circumstances under which they occurred. Frequencies are reported in Table 5. Spontaneous disclosures were by far the most frequent (51%), followed by prompted disclosures (35%) and then accidental disclosures (8%). Spontaneous disclosures occurred in a wide variety of settings, though always without prompting. In many cases, spontaneous disclosures were made by children immediately following abuse. In others, they occurred during conversations with a trusted individual. In cases involving younger children in particular, these disclosures occurred “out of the blue” while the child was bathing, using the bathroom, or talking with a parent.

**Table 5. Categorization of children’s disclosures**

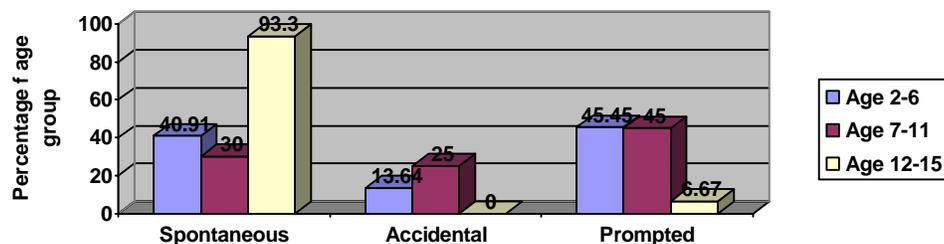
<i>Type of Disclosure</i>	<i>Frequency</i>	<i>Percent</i>
<b>Spontaneous</b>	29	50.9
<b>Prompted</b>	20	35.1
<b>Accidental</b>	8	14.0
<b>Total</b>	<b>57</b>	<b>100</b>

Prompted disclosures occurred in response to questioning from a concerned adult; however, the questions varied from the extremely specific “Has anyone ever hurt you before” to the more general, “Why are you acting like that?” Questioning in almost all cases was elicited by a child’s abnormal behavior or comments (e.g. a 4-year-old constantly licking other people, a 2-year-old playing with her labia, an 8-year-old who asked her mother if kids her age could get pregnant). Finally, accidental disclosures included cases in which a child disclosed after the abuse was witnessed or overheard by another individual, or after the child was diagnosed with a sexually transmitted disease.

We had hypothesized that educational programs or discussions about abuse as an acceptable topic would be prompts for spontaneous disclosures. Of our 57 children, only 5 identified education/discussion as a trigger for disclosure. Three of these 5 children (60%) disclosed spontaneously, while 2 (40%) had prompted disclosures.

Chi-square analysis showed a statistically significant relationship ( $p=0.003$ ) between age and type of disclosure as depicted in Figure 5. Adolescents (ages 12-15) were significantly more likely (93.3%) to make spontaneous disclosures than either school-aged (ages 7-11) (30%) or pre-school age (ages 2-6) (41%) children. In addition, while no adolescents (0%) made accidental disclosures, school-age and pre-school age children were almost equally likely to do so (25% and 13.6% respectively).

**Figure 5. Percent of age group in each category of disclosure**



*Choice of Confidante***Table 6. Specific Initial Confidante**

<i>Person to whom child disclosed</i>	<i>Frequency</i>	<i>Percent</i>
<b>Mother</b>	18	31.6
<b>DCF Treatment worker</b>	6	10.5
<b>Child friend/peer</b>	4	7.0
<b>Father</b>	3	5.3
<b>Grandmother</b>	3	5.3
<b>Police</b>	3	5.3
<b>Teacher</b>	2	3.5
<b>Aunt</b>	2	3.5
<b>Sister, child</b>	2	3.5
<b>Brother, child</b>	1	1.8
<b>Foster mother</b>	1	1.8
<b>Pediatrician</b>	1	1.8
<b>Perpetrator's mother</b>	1	1.8
<b>Step-father</b>	1	1.8
<b>Therapist</b>	1	1.8
<b>Social worker</b>	1	1.8
<b>Step-mother</b>	1	1.8
<b>School Psychologist</b>	1	1.8
<b>Babysitter</b>	1	1.8
<b>Bus driver</b>	1	1.8
<b>Staff in in-patient psych ward</b>	1	1.8
<b>Brother, adult</b>	1	1.8
<b>Unknown</b>	1	1.8
<b>Total</b>	<b>57</b>	<b>100</b>

Specific confidantes are detailed in Table 6. The most common choice of confidante was the victim's mother (31%), and nearly half of the victims disclosed first to a parent-figure (including mother, father, step-parents, foster parent) (42%). Fifteen percent of victims first disclosed to a DCF worker or police officer, while 12% first disclosed to another child (including peers and siblings). Disclosure by grouped confidantes is presented in Figure 6.

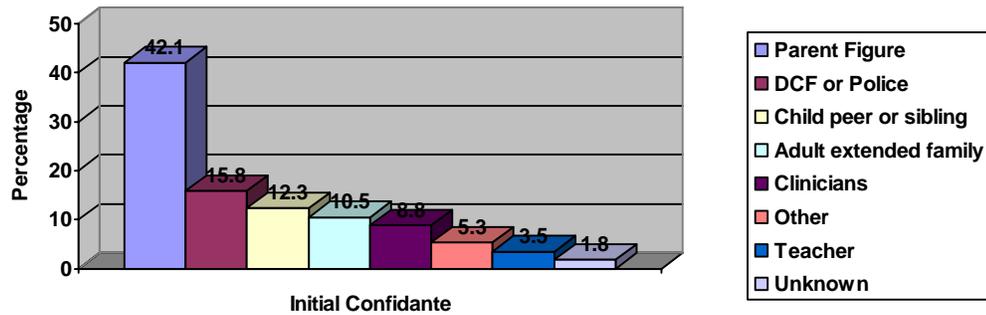
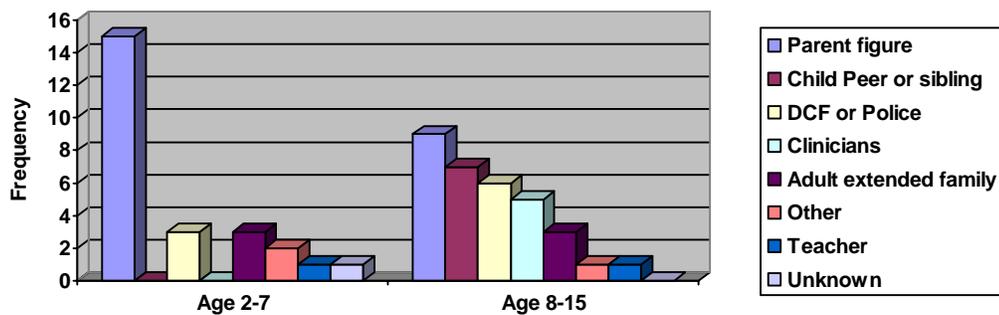
**Figure 6. Initial Confidante**

Figure 7 shows child's choice of confidante by age group. Chi-square analysis shows a statistically significant relationship ( $p=0.034$ ) between victim's age and choice of confidante: 60% of children aged 2-7 initially disclosed to a parent figure, in comparison to only 28% of children aged 8-15. Additionally, 21% of older children first disclosed to a child peer or sibling, while no younger children did so.

**Figure 7. Choice of Confidante by Age**

There was no relationship between a child's gender ( $p=0.95$ ), ethnicity ( $p=0.66$ ), relationship to perpetrator ( $p=0.22$ ), or time delay to disclosure ( $p=0.57$ ) and that child's choice of confidante. In the analysis of the relationship between type of sexual abuse and choice of confidante, we found a trend ( $p=0.09$ ): victims of penetrative sexual abuse disclosed more frequently to child peers or siblings compared to victims in all other abuse groups (contact non-penetration, non-contact, and unknown) (21% versus 3%).

### *Context of Disclosure*

Children and their parents were asked to identify where the child was at the time of disclosure, and what the child was doing. By far, the largest number of children (51%) initially disclosed at home (including temporary homes, such as a foster home or shelter). Details of each victim's location at the time of disclosure are shown in Table 7.

**Table 7. Child's location at time of initial disclosure**

<i>Location</i>	<i>Frequency</i>	<i>Percent</i>
<b>Home</b>	29	50.9
<b>Unable to obtain</b>	6	10.5
<b>Perpetrator's home</b>	4	7.0
<b>Visiting non-custodial parent</b>	3	5.3
<b>School</b>	3	5.3
<b>Pediatrician's office</b>	2	3.5
<b>Therapist/Psychologist's office</b>	2	3.5
<b>Car/School bus</b>	2	3.5
<b>Peer's home</b>	1	1.8
<b>Extended family's home</b>	1	1.8
<b>Babysitter's home</b>	1	1.8
<b>Summer camp</b>	1	1.8
<b>ED</b>	1	1.8
<b>Inpatient psychiatry ward</b>	1	1.8
<i>Total</i>	<i>57</i>	<i>100</i>

A detailed description of each victim's activity at the time of disclosure is presented in Table 8. In 10.5% of cases, the victim and family were unable to identify the child's activity at the time of disclosure. The five most frequent activities each accounted for 10.5% of victims: talking to mother, being abused, bathing, speaking with a counselor, and leaving the area where abuse occurred.

**Table 8. Child's activity at the time of initial disclosure**

<i>Activity</i>	<i>Frequency</i>	<i>Percent</i>
<b>Talking to mother</b>	6	10.5
<b>Being abused</b>	6	10.5
<b>Bathing</b>	6	10.5
<b>Talking with counselor</b>	6	10.5
<b>Leaving area where abuse occurred</b>	6	10.5
<b>Unknown</b>	6	10.5
<b>Behaving sad/strange</b>	5	8.8
<b>Being questioned by adult</b>	3	5.3
<b>Being interviewed by DCF</b>	3	5.3
<b>Interacting with perpetrator</b>	2	3.5
<b>Going to the bathroom</b>	2	3.5
<b>Sharing "deepest darkest secrets" with girlfriends</b>	1	1.8
<b>Talking with friends after school rape education program</b>	1	1.8
<b>Pediatrician's appointment</b>	1	1.8
<b>Talking to teacher</b>	1	1.8
<b>Supervised visit with father</b>	1	1.8
<b>Arguing with brother</b>	1	1.8
<b>Watching television</b>	1	1.8
<b>Total</b>	<b>57</b>	<b>100</b>

Children and their parents were asked in the course of their formal interviews to identify any triggers which may have elicited the disclosure (Table 9). All but 8 of the 57 (14%) were able to offer what they believed to be the trigger for disclosure. Questioning prompted by a child's abnormal behavior (often overtly sexualized), inappropriate comments, or abnormal mood was the most frequently identified trigger (26%). In 19% of cases either an interaction with the perpetrator or the safety of being away from the perpetrator was identified as the trigger for disclosure. In 12% of cases the abusive act was witnessed or overheard prompting the child to disclose. In 9% of cases physical complaints stemming from the abuse itself were identified as the trigger for disclosure; five children (9%) identified some discussion of abuse, health or safety as their trigger for disclosure. The remaining 11% identified some other trigger for disclosure.

**Table 9. Triggers for Disclosure Identified by Victim or Confidante**

<i>Identified Trigger</i>	<i>Frequency</i>	<i>Percent</i>
<b>Questioning by adult</b>	15	26.3
<b>Unable to identify trigger</b>	8	14.0
<b>Abuse witnessed/child discovered after</b>	7	12.3
<b>Safety of being away from perpetrator</b>	6	10.5
<b>Vaginal pain/Rectal pain</b>	5	8.8
<b>Interaction with perpetrator</b>	4	7.0
<b>Chronic abuse, “unable to take it anymore”</b>	4	7.0
<b>Television program about abuse</b>	2	3.5
<b>Educational program in school</b>	2	3.5
<b>Threatened by/Fear of perpetrator</b>	1	1.8
<b>Discussing eating disorder with school psychologist</b>	1	1.8
<b>Sharing “deepest darkest secrets” with girlfriends</b>	1	1.8
<b>Family disagreement</b>	1	1.8
<b>Total</b>	<b>57</b>	<b>100</b>

### *Representative Case Descriptions*

#### *Victim 47 (Prompted disclosure to parent-figure)*

A 2-year-old, Hispanic/Black female was genitally fondled by her maternal uncle. The child first disclosed to her mother following questioning. The disclosure occurred while victim was lying in her parents’ bed and was noted by mother to be touching and spreading her labia. The victim’s mother then asked the victim, “Why are you doing that?” to which the victim replied, “Because that’s what Uncle Kevin was doing to me... Kevin touched my toto.”

#### *Victim 48 (Prompted disclosure to parent-figure)*

An 11-year-old, black male was the victim of genital-anal and genital-oral penetration. The perpetrator was a 13-year-old male peer at a residential center. The victim first disclosed to his step-mother after questioning about “bizarre” behavior. The victim was noted by his siblings and step-mother to be “acting flamboyantly” which prompted his step-mother to comment to him, “I don’t understand why you are acting so weird.” The victim responded, “I had sex with John, he forced himself on me... he told me I should own up to being gay.”

#### *Victim 13*

An 8-year-old black, female suffered non-penetrative contact abuse one year prior to disclosure. The perpetrator was an adopted male cousin. The victim disclosed to her mother after repeated questioning. The victim’s mother reported that a few days prior to disclosure, the victim asked her mom “can kids my age get pregnant?” to which the mother replied “no.” On the day prior to disclosure, the victim interacted with the perpetrator at a family party. On the day of disclosure, the victim was “looking sad” which prompted her mother to question her. The mother responded by calling the police, as well as the mother of the perpetrator (the victim’s aunt).

*Victim 55 (Prompted disclosure to parent-figure)*

A 5-year-old Hispanic female suffered digital-anal penetration by a 14-year-old family friend. The abuse was a one-time event. The child first disclosed to her father three days following the abusive event. The disclosure occurred while the victim's father was showering and the victim entered the bathroom to use the toilet. The victim spontaneously stated to her father, "I can't do cockie." Her father replied by asking her why, to which the victim responded, "Because John put his finger up my butt."

*Victim 22 (Prompted disclosure to parent-figure)*

A 6-year-old, black male was genitally fondled by his 12-year-old male cousin. The victim first disclosed to the perpetrator's mother immediately following the abuse. The perpetrator was "beaten" by his mother, and the disclosure went no further. The victim disclosed a second time to his own mother approximately 2 years after the abusive event. At that time, the victim was discovered at home performing oral sex on his 19 month-old brother. When confronted, the victim stated, "John did this to me." The victim's mother then brought the victim to the local ED "thinking he was mentally off."

*Victim 17 (Spontaneous disclosure to parent-figure)*

A 13-year-old, black female was fondled by her stepfather. The victim first disclosed to her mother shortly after the abuse. The disclosure occurred when the victim walked into her mother's bedroom and told her mother, "John was feeling on me." The victim reported that she disclosed because she "couldn't take it anymore." The perpetrator was thrown out of the house by the victim's mother, and no further action was taken until the victim disclosed to her probation officer one year later.

*Victim 5 (Spontaneous disclosure to parent-figure)*

A 5-year-old, black/caucasian female was fondled by her 15-year-old uncle. The child first disclosed within a day of the abuse to her mother. The disclosure occurred while the child was bathing. The victim had been complaining of vaginal pain, and then told her mother that the perpetrator had been "tickling me" on her genital area and "forced kissing me" on her lips.

*Victim 53 (Spontaneous disclosure to parent-figure)*

An 8-year-old, Hispanic female was the victim of digital-vaginal penetration, and genital-oral penetration. The perpetrator was the 16-year-old son of a family friend. The child first disclosed to her mother approximately three months after the event while riding home together in the car from church. Two weeks prior to the disclosure, the victim and her father watched a television show together about child abuse and discussed the subject of safe touch. On the day of disclosure, the victim asked her mother, "What would you do if I told you someone was touching my private parts?" The victim's mother replied, "I would want to know because I would want to keep you safe." The victim did not disclose until later that day when the victim's mother asked, "Is everything ok?" The victim replied, "Actually, everything is not ok, someone touched me... John said if I told, you and Dad would be mad at me."

*Victim 14 (Spontaneous disclosure to peers)*

12-year-old, black male was the victim of genital-anal penetration by a peer. The victim first disclosed 3 years after the event to friends in school following a rape crisis education program. The victim disclosed to a friend in the fourth grade, and friends in the 6<sup>th</sup> grade and reports that the younger friend “did not believe” him, and the older friends told him “to tell a school counselor.” The victim followed this advice and discussed the abuse with his school counselor who then notified the victim’s family and police.

*Victim 8 (Spontaneous disclosure to peers)*

An 11-year-old, black female was the victim of genital-anal penetration by her 15-year-old brother who lived in the home. The abuse occurred on multiple occasions when the victim was between 7 and 8 years old. The child first disclosed to two girlfriends while at a sleepover party approximately three years after the last episode of abuse. The disclosure was purposeful. When asked about the disclosure she stated, “We were doing our deepest darkest secrets... I told them what my brother had done to me... He would come in my room while I was sleeping and do something to me and when he was finished the only thing I would feel was him pulling up my underwear... He put his wee wee in my butt.”

*Victim 52 (Spontaneous disclosure to other)*

An 8-year-old, Caucasian female was a victim of sexual touching, exposure and pornography exposure. The perpetrator was her 15-year-old brother. The victim disclosed to a baby-sitter approximately two years after the event while sleeping over at the babysitter’s house. The victim and baby-sitter were together watching a Dateline News special about a TV star discussing her history of abuse. At this time the victim stated, “John did that to me too.” On further questioning, the girl clarified, “John kissed me, and pulled his pants down, and showed me pictures of naked people.” Further discussion with the family revealed that the victim’s mother, but not father, had known about the abuse and sought counseling for the perpetrator but no further intervention.

*Victim 9 (Spontaneous disclosure to other)*

A 14-year-old, white female suffered genital-anal penetration, genital-oral penetration, exposure, and non-penetrative contact. The victim identified two perpetrators, her mother and her mother’s boyfriend. The victim first disclosed to her paternal aunt who she was visiting for a weekend. The victim had recently been threatened by her mother, and told that “if you tell anybody, no one will believe you, and someone is going to hurt you.” In response, the victim chose to disclose to her aunt. The aunt asked that the victim speak with her DCF treatment worker a few days after disclosure.

## Discussion

The results of this study reveal overall consensus with existing disclosure literature, and provide a number of new insights into the understanding of children's disclosures. In support of our primary hypothesis, the data showed a statistically significant relationship ( $p=0.034$ ) between victim's age and choice of confidante, such that 60% of children aged 2-7 initially disclosed to a parent figure, in comparison to only 28% of children aged 8-15. Additionally, 21% of older children first disclosed to a child peer or sibling, while no younger children did so. While data on choice of confidante in existing literature is consistent with our findings of parent-figures as the most frequent (42%), no data in the literature addresses the effect of a child's age on choice of confidante.<sup>6, 9, 25, 30</sup>

Of equal interest, we found no support for our hypothesis that there would exist a relationship between a child's initial choice of confidante and likelihood of disclosing during formal interview ( $p=0.06$ ). Children who disclosed to peers were just as likely to disclose during formal interview as those who disclosed to parents. The fact that we found no difference might very well be explained by our small sample size in which only 7 children disclosed to peers. Once again, no existing literature specifically addresses this relationship.

Finally, our third hypothesis that educational programs or discussions about abuse as an acceptable topic would be prompts for spontaneous disclosures found limited support. Only 5 children identified education/discussion as a trigger for disclosure, resulting in a sample size too small to analyze in a meaningful fashion. Of the 5 children 3 (60%) disclosed spontaneously, while 2 (40%) had prompted disclosures. Our data did,

however, show a statistically significant relationship ( $p=0.003$ ) between age and type of disclosure such that 93% of adolescents disclosed spontaneously as compared with 30% of school-aged children, and 41% of pre-school aged children, and 0% of adolescents disclosed accidentally as compared with 25% of school-aged and 14% of pre-school aged children.

As in prior research, the characteristics of the abuse showed a high percentage of intrafamilial perpetrators (23% immediate family and 39% extended family).<sup>2, 8, 9, 25, 27</sup> Also consistent with the literature, 49% of our victims experienced penetrative abuse.<sup>9</sup> One demographic finding of our study differs strikingly from other literature: 51% of our perpetrators were 18 years or younger. The reason for this very high rate of child perpetrators is unclear.

Key findings in our descriptive data on disclosure context concur with existing literature. The three most common initial confidantes in our study were parent-figures (42%), DCF workers or police (15%), and child peers (12%). Our parent-figure and peer results are consistent with existing literature; different from existing literature, however, is our finding that the second most common initial confidante was a DCF treatment worker or police officer.<sup>2</sup> The reason for this finding is not entirely clear, but could reflect a high number of open DCF cases in New Haven County which would put our sample children in frequent contact with DCF treatment workers.

Our data on the context of disclosures showed that 51% of children initially disclosed at home, and the five most frequent activities at the time of disclosure included talking to mother, being abused, bathing, speaking with a counselor, and leaving the area where abuse occurred. Comparable data is not reported elsewhere in the literature. Three

of these activities (talking with mother, bathing, and speaking with a counselor) share the similarity of being situations in which a child is safe and alone with a trusted adult. This finding supports the results of Jensen's (2005) qualitative findings that privacy and prompts are central to a context in which children are comfortable disclosing.<sup>6</sup>

The three most common triggers for disclosure were questioning by an adult (26.3%), witnessed abuse (12.3%), and safety of being away from perpetrator (10.5%). Our data concur with Sorenson and Snow's (1991) retrospective study of sexually abused children, the only other study to provide this information on impetus for disclosure. Their study reported triggers by category of disclosure (accidental v. purposeful) and found exposure to the perpetrator and questioning after a child's inappropriate statement or behavior to be the most frequent triggers for accidental disclosures, while educational programs, peer encouragement, proximity to perpetrator, and anger were identified as frequent triggers for purposeful disclosure.<sup>8</sup>

Finally, addressing the topic of children's disclosures during formal interview, the vast majority of our children (81%) disclosed during formal interview. Contrary to existing literature, we found no relationship between a child's age and likelihood of disclosing during formal interview.<sup>2</sup> Pertaining to the lack of consensus in existing literature about whether a child's age affects the level of detail in formal disclosures, we found a statistically significant relationship such that level of detail varies inversely with age.

Our study was limited by a number of factors, primary among them our small sample size. Grouping our 57 victims for analysis resulted in small numbers in each category, making it difficult to reveal potential underlying relationships. Additionally,

our data are drawn from a sample of children referred for *suspected* sexual abuse. We did not use criminal conviction or medical evidence to confirm the validity of these abuse claims, and, therefore, are limited by the children's disclosures. Finally, and perhaps most limiting, our data were collected during the course of routine clinical care which imposed extreme limitations on the possible depth and types of questions asked of victims and their families.

The secret and shameful nature of child sexual abuse makes it extremely difficult for children to disclose their victimization. Despite widespread public awareness of the problem, child sexual abuse continues to affect tens of thousands of children each year. Children face innumerable obstacles to disclosure, yet many manage to overcome these barriers and bravely entrust others with their suffering. While a great deal of literature addresses those factors which inhibit disclosure, little data on the motivations for disclosing exist. Results of this study concur with the limited data in the literature to suggest that most children choose to disclose to parent-figures, though peers and professionals constitute an additional large group of confidantes. Furthermore, this study offered descriptive data showing that most children disclose at home, and do so while engaging in activities which allow for easy discussion with trusted adults. Finally, this study represented the second to identify triggers for disclosure as defined by children and their families. The themes of questioning by concerned adults and safety of being away from a perpetrator reemerged in support of existing data. Significant research remains to be done on the circumstances that facilitate disclosure, and the triggers which prompt disclosure. Additionally, more research on the relationship between a child's age and choice of confidante should be conducted to support or refute our findings. Education of

clinicians, parents, and the public about the factors which facilitate children's disclosure of sexual abuse is essential to helping children break their silence, but it requires solid research to inform it.

## References

1. Sauzier M. Disclosure of child sexual abuse. For better or for worse. *Psychiatr Clin North Am* 1989;12(2):455-69.
2. Paine ML, Hansen DJ. Factors influencing children to self-disclose sexual abuse. *Clin Psychol Rev* 2002;22(2):271-95.
3. London K, Bruck M, Ceci SJ, Shuman DW. Disclosure of Child Sexual Abuse: What Does the Research Tell Us About the Ways That Children Tell? *Psychology, Public Policy, and Law* 2005;11(1):194-226.
4. Summit RC. The child sexual abuse accommodation syndrome. *Child Abuse Negl* 1983;7(2):177-93.
5. Kempe CH. Sexual abuse, another hidden pediatric problem: the 1977 C. Anderson Aldrich lecture. *Pediatrics* 1978;62(3):382-9.
6. Jensen TK, Gulbrandsen W, Mossige S, Reichelt S, Tjersland OA. Reporting possible sexual abuse: a qualitative study on children's perspectives and the context for disclosure. *Child Abuse Negl* 2005;29(12):1395-413.
7. Explanations for the Decline in Child Sexual Abuse Cases. U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, January 2004. (Accessed December, 2005, at <http://www.ncjrs.org/pdffiles1/ojjdp/199298.pdf>.)
8. Sorensen T, Snow B. How children tell: the process of disclosure in child sexual abuse. *Child Welfare* 1991;70(1):3-15.
9. Bradley AR, Wood JM. How do children tell? The disclosure process in child sexual abuse. *Child Abuse Negl* 1996;20(9):881-91.
10. Gonzalez LS, Waterman J, Kelly RJ, McCord J, Oliveri MK. Children's patterns of disclosures and recantations of sexual and ritualistic abuse allegations in psychotherapy. *Child Abuse Negl* 1993;17(2):281-9.
11. Ghetti S, Goodman GS, Eisen ML, Qin J, Davis SL. Consistency in children's reports of sexual and physical abuse. *Child Abuse Negl* 2002;26(9):977-95.
12. Goodman-Brown TB, Edelstein RS, Goodman GS, Jones DP, Gordon DS. Why children tell: a model of children's disclosure of sexual abuse. *Child Abuse Negl* 2003;27(5):525-40.
13. Smith DW, Letourneau EJ, Saunders BE, Kilpatrick DG, Resnick HS, Best CL. Delay in disclosure of childhood rape: results from a national survey. *Child Abuse Negl* 2000;24(2):273-87.

14. Sjoberg RL, Lindblad F. Delayed disclosure and disrupted communication during forensic investigation of child sexual abuse: a study of 47 corroborated cases. *Acta Paediatr* 2002;91(12):1391-6.
15. Staller KM, Nelson-Gardell D. "A burden in your heart": lessons of disclosure from female preadolescent and adolescent survivors of sexual abuse. *Child Abuse Negl* 2005;29(12):1415-32.
16. Alaggia R. Many ways of telling: expanding conceptualizations of child sexual abuse disclosure. *Child Abuse Negl* 2004;28(11):1213-27.
17. Campis LB, Hebden-Curtis J, DeMaso DR. Developmental differences in detection and disclosure of sexual abuse. *J Am Acad Child Adolesc Psychiatry* 1993;32(5):920-4.
18. Nagel DE, Putnam FW, Noll JG, Trickett PK. Disclosure patterns of sexual abuse and psychological functioning at a 1-year follow-up. *Child Abuse Negl* 1997;21(2):137-47.
19. How Does the Child Welfare System Work?. Children's Bureau <<http://www.acf.hhs.gov/programs/cb/>>, Administration for Children and Families, U.S. Department of Health and Human Services 2005. (Accessed December 6, 2005, at <http://nccanch.acf.hhs.gov/pubs/factsheets/cpswork.pdf>.)
20. Mandatory Reporters of Child Abuse and Neglect Children's Bureau <<http://www.acf.hhs.gov/programs/cb/>>, Administration for Children and Families, U.S. Department of Health and Human Services 2003. (Accessed December 6, 2005, at <http://nccanch.acf.hhs.gov/general/legal/statutes/manda.pdf>.)
21. Child Maltreatment 2003: Summary of Key Findings Children's Bureau <<http://www.acf.hhs.gov/programs/cb/>>, Administration for Children and Families, U.S. Department of Health and Human Services 2005. (Accessed December 6, 2005, at <http://nccanch.acf.hhs.gov/pubs/factsheets/canstats.cfm>.)
22. School-Based Child Maltreatment Programs: Synthesis of Lessons Learned. 2003. (Accessed December 6, 2005, at <http://nccanch.acf.hhs.gov/pubs/focus/schoolbased/index.cfm>.)
23. Finkelhor D. Current information on the scope and nature of child sexual abuse. *Future Child* 1994;4(2):31-53.
24. Hanson RF, Kievit LW, Saunders BE, et al. Correlates of adolescent reports of sexual assault: findings from the National Survey of Adolescents. *Child Maltreat* 2003;8(4):261-72.
25. Berliner L, Conte JR. The effects of disclosure and intervention on sexually abused children. *Child Abuse Negl* 1995;19(3):371-84.

26. Palmer SE, Brown RA, Rae-Grant NI, Loughlin MJ. Responding to children's disclosure of familial abuse: what survivors tell us. *Child Welfare* 1999;78(2):259-82.
27. Mian M, Wehrspann W, Klajner-Diamond H, LeBaron D, Winder C. Review of 125 children 6 years of age and under who were sexually abused. *Child Abuse Negl* 1986;10(2):223-9.
28. Arata C. To tell or not to tell: current functioning of child sexual abuse survivors who disclosed their victimization. *Child Maltreatment* 1998;3:63-71.
29. Keary K, Fitzpatrick C. Children's disclosure of sexual abuse during formal investigation. *Child Abuse Negl* 1994;18(7):543-8.
30. MacIntyre D, Carr A. Helping children to the other side of silence: a study of the impact of the stay safe programme on Irish children's disclosures of sexual victimization. *Child Abuse Negl* 1999;23(12):1327-40.
31. Bureau USC. State and County QuickFacts. In: U.S. Census Bureau; 2000.