

A questionnaire survey of 755 adults sexually abused as children, asking about the circumstances of their disclosure to the first person they told, resulted in 286 responses of which 228 were from female victims of incest. Individuals were asked basic demographic information, details about their abuse, who they first told, the reaction of the first person told, and reasons why they delayed telling or finally did tell. The women in this sample told in three groups. Those telling their parents first were likely to tell in childhood. A second group telling friends, other family members, or partners were more likely to tell in early adulthood. A third group, those telling therapists, revealed the abuse at a later age. Those revealing the incest to parents in childhood received a worse reaction than did those waiting until adulthood. When women disclosed to parents prior to age 18, the incest continued for more than a year after the disclosure in 51.9% of the cases. The women in this sample who disclosed as children were likely to be met with disbelief or blame rather than with support, validation, and protection.

Telling the Secret

Adult Women Describe Their Disclosures of Incest

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Incest is illegal, prohibited by societal norms, and universally condemned by religious institutions. Incest is also associated with numerous long-term negative psychological effects. Populations of adult women with depression (Briere & Runtz, 1986, 1988; Browne & Finkelhor, 1986), posttraumatic stress disorder (Lindberg & Distad, 1985), alcohol and drug abuse (Burnam et al., 1988), anxiety disorders (Burnam et al., 1988), chronic pelvic pain (Walker et al., 1988), chronic headaches (Domino & Haber, 1987), sexual dysfunction (Courtois, 1979), and personality disorders (Ogata et al., 1990; Zanarini, Gunderson, Marino, Schwartz, & Frankenburg, 1989) have all been found to have higher incidence rates of childhood sexual abuse. Incest is also relatively common (Russell, 1983).

The pervasive secrecy surrounding sexual acts between children and members of their family helps to explain how, for the same behavior, strong

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prohibitions and high prevalence can coexist. Just as secrecy is necessary for the continuation of incest, breaking the secret is involved in its cessation. However, breaking the secret can have negative as well as positive consequences. Disclosure in childhood can result in support and protection of the child. Conversely, it can result in disbelief and anger, the breakup of the family, and a childhood of multiple foster placements and residential care. The price of keeping the secret can be similarly high. The child is often exposed to long-term abuse with all its deleterious consequences. Whether the child discloses the abuse in childhood and the reaction to the initial disclosure that the child receives are important pieces of information about the abuse experience.

A child who discloses abuse and who receives a supportive reaction may be able to begin healing much earlier than will a child who did not tell or who was not believed. In one study, the degree of family support was related to more positive therapeutic outcomes in children who had been abused (Friedrich, Luecke, Beilke, & Place, 1992). However, a supportive reaction to disclosure is not necessarily forthcoming. Everson, Hunter, Runyon, Edelson, and Coulter (1989) judged 24% of the mothers in their sample to be unsupportive of their sexually victimized children. In the Tufts study, Sauzier (1989) reported that 19% of the adolescents regretted having disclosed the abuse at the 18-month follow-up. In another study of children disclosing abuse, recantation was described as a routine part of the disclosure process (Sorenson & Snow, 1991).

Work with adults underscores the long-term effects of disclosure. In a retrospective study, Fromuth (1986) found that parental support ameliorated the negative effects of childhood abuse in a nonclinical sample of college women. Wyatt and Mickey (1988) found an association between the support perceived by abuse victims at the time of their abuse and their attitude toward men as adults. Wyatt and Newcomb (1990) examined how women felt about disclosing the abuse as a mediating factor between the abuse experience and long-term psychological outcome. Other descriptions of the disclosure process in adults have included clinical experiences in psychotherapy (Courtois, 1985; Schatzow & Herman, 1989) and the use of disclosure to validate childhood memories or to confront the perpetrator of the abuse (Bass & Davis, 1988).

The present study sheds additional light on the process of breaking the secret. Data are reported on 228 adult women victims of childhood incest who responded to a mailed survey. The survey was designed to obtain the following information: the identity of the first person told about the abuse, why people waited to disclose, why they did tell, and the response of the first

person told. We hypothesized that telling in childhood would be different from, and the reaction to telling less sympathetic than, telling in adulthood.

METHOD

Marilyn Van Derbur Adler's disclosure on national television of her own long-standing incestuous experience brought more than 1,000 calls to a toll-free number of a child abuse treatment and research center. The callers were asked whether they wanted to participate in research about child abuse. Those responding positively, who also identified themselves as survivors of childhood sexual abuse, were sent a questionnaire about disclosing their abuse. Of the 755 questionnaires mailed, 286 were returned (37.9%). Women stating they had unwanted sexual experiences before age 16 with someone related to them by blood or marriage were included in the sample. The responses from men and those individuals describing extrafamilial abuse were excluded from the analysis. Thus 228 women made up the study group.

The questionnaire included demographic information and questions about the nature of the abuse and the perpetrator. Additionally, it included questions about the first person told about the abuse and the reaction of that person. Finally, the questionnaire had open-ended questions about the reasons respondents postponed telling about the abuse and reasons they finally did tell.

A nine-item reaction to disclosure scale was used to measure the reaction the person got to their telling about the abuse (Moor, 1991; L. Silvern, personal communication, 1992). The instrument presented a series of statements to which respondents were given four options from "not at all true" to "very true." The responses were summed to create a continuous variable with a range of scores. The scale had good internal reliability in this sample (Cronbach's $\alpha = .91$). In addition, some of the responses to individual items from the scale are reported as positive or negative. A positive response to the question was scored when a respondent indicated the statement was "somewhat true" or "very true."

The responses to the open-ended questions about why the women did or did not tell about the abuse were categorized. Whenever there was a question about scoring, a consensus of the research team was taken.

RESULTS

The respondent sample was, on average, a highly educated Caucasian group of women. The mean age was 40.6 years with a standard deviation of

11.0 and a range from 18 to 73. Most of the women (91.8%) were White with 2.7% African American, 4.1% Hispanic, and 1.4% other. The mean education level was 13.9 years with a standard deviation of 2.5. A majority (62.7%) had had some education past high school.

Most of the abuse was long-standing. The average age of first abuse was 6.0 years, and the last abuse occurred on average at 13.8 years. The average length of abuse was 7.6 years. The average age of disclosure was 25.9 years (see Table 1). Most of the women were abused by males, with more than half being molested by biological fathers (see Table 2). The respondents were asked whether they were aware of the principal perpetrator abusing other children; 37.0% answered yes, 7.0% said no, and 55.9% were unsure.

About one third (36.1%) disclosed the abuse before age 18. Children were most likely to tell a parent (41.8%) or a friend (22.8%) about the abuse. Other relatives were told by 16.5% of the respondents, and the rest told other adults in their lives. Thus family members were most likely to receive the initial disclosures of children. Of those who told as adults, only 10.8% told parents and 10.8% told other relatives, whereas 33.1% told therapists and 45.4% told friends or intimate partners. Thus adults were most likely to tell friends, partners, or therapists rather than parents or other relatives.

The women disclosed to parents, friends, other family members, and therapists at significantly different ages, $F = 44.07$, $df = 198/2$, $p < .0001$, using a one-way ANOVA. Parents were told at a mean age of 14.6 years (standard deviation of 8.8); friends and other family members were told at an average of 25.9 years (standard deviation of 13.3), and therapists were told at an average of 37.6 years (standard deviation of 10.5). Planned comparisons showed each group to be significantly different from the others at the $p < .05$ level. Parents were told on average 24 years before the survey. Friends or other family members were told on average 16 years before the study, and therapists were told 8 years prior to the study. These years also significantly differ from each other at the $p < .05$ level.

On average, parents reacted to disclosure significantly less favorably than did other people. The relationship with the person who heard the disclosure was predictive of their reaction to that disclosure, $F = 24.37$, $df = 171/2$, $p < .0001$, using one-way ANOVA. Planned comparisons showed that therapists and other nonfamily members (friends, spouses, etc.) reacted significantly more supportively than did parents at the $p < .05$ level, whereas therapists, friends, and spouses did not differ from each other in their ability to be supportive. Of women telling a parent before age 18, 53.1% reported the parent responding with anger, 51.6% said the parent ignored her, and 53.3% experienced the parent as blaming her. The parent's reaction to disclosure was not significantly influenced by the identity of the abuser.

TABLE 1: Abuse Variables

<i>Variable</i>	<i>Mean (years)</i>	<i>SD (years)</i>
Age of first abuse	6.0	3.3
Age of last abuse	13.8	6.0
Length of abuse	7.6	6.0
Age of first disclosure	25.9	14.3

TABLE 2: Perpetrator Variables

<i>Perpetrator</i>	<i>N</i>	<i>Percentage</i>
Males	210	93.8
Females	18	6.2
Fathers	121	53.1
Stepfathers	34	14.9
Mothers	9	3.9
Uncles	20	8.8
Brothers	16	7.0
Grandfathers	14	6.1
Other relatives	14	6.1

Age of disclosure was also correlated with the reaction received, $r = .4268$, $n = 182$, $p < .001$, with disclosure at a younger age being predictive of less supportive reactions. Age is confounded with to whom the disclosure was made, as children were much more likely to tell parents and adults were more likely to tell friends or therapists. An ANCOVA analysis showed that, after controlling for the age of the person who disclosed, the relationship to the person who heard the disclosure continued to predict the supportiveness of the reaction to the disclosure, $F = 8.982$, $p < .001$; that is, the parents still had less supportive reactions than did others even after controlling statistically for age of disclosure. Similarly, even after statistically controlling for who heard the initial disclosure (i.e., parents, therapist, or friends), age still predicted the supportiveness of the reaction to the disclosure, $F = 16.176$, $p < .001$. Thus the younger the child was when she disclosed, the more likely she was to receive a more negative reaction to the disclosure regardless of whether she told a parent or a friend.

When they disclosed, the majority of women (84.5%) gave specific details of the abuse or told that something sexual happened. Only 15.5% reported that they had only hinted that something was wrong. Children were not more

likely to give hints during disclosure than were adults. Most respondents (74.2%) believed that the person understood they were disclosing sexual abuse. The rest either did not believe their disclosure was understood or were not sure.

By comparing the date at which respondents reported the abuse ending to the age of disclosure, we were able to examine a major consequence of disclosure, namely, whether disclosure resulted in cessation of abuse. Among the group that told anyone before age 18, the abuse continued for at least a year after the disclosure in 51.9% of the cases. The abuse stopped the year of the disclosure in 22.8% of the cases. For the rest (25.3%), the abuse stopped more than a year before the disclosure.

In 28.5% of the cases, respondents volunteered they had repressed memories of the childhood abuse. Those who reported repressed memories of the incest were more likely to have revealed to psychotherapists—and less likely to have revealed to parents—than were those who did not repress, $\chi^2 = 21.38$, $df = 2$, $p < .0001$. They were also more likely to have a higher educational level, $t = 2.77$, $df = 218$, $p < .007$, using a two-tailed t test.

Although the questionnaire allowed little room to write comments about reasons for not telling or reasons people had told, the respondents included considerable detail, sometimes appending letters of explanation. Reasons for not telling are summarized in Table 3. The most common reasons for not telling were fear for safety, shame, and repression of memories.

Fear, or the desire to protect oneself, is represented by this comment:

I was going to take my stepfather to court but he came up there and told me if I say anything he would kill me. And I knew he would, because he beat me a lot.

An example of a woman describing shame or guilt is given by the following statement:

I was told I was a bad person, a whore, ugly, and stupid. I was blamed for shaming the family. When I was thirteen I was treated for various infections. The doctor asked me every time I entered his office, "Have you been letting those little boys touch you again?"

A woman describing repression volunteered the following:

I seemed to have blocked it all out. I started to remember when I moved back (as an adult) to the state where he lives, and he reminded me that he was the one who got my left breast to grow out even with my right one.

The reasons for telling the secret are listed in Table 4. The most frequent reason was classified as "wanting to heal." An example of this is the woman who wrote the following:

TABLE 3: Reasons Provided for Keeping the Abuse Secret

<i>Reason</i>	<i>N</i>	<i>Percentage^a</i>
Fear for safety (threats)	76	33.3
Shame/guilt	75	32.9
Repression of memories	65	28.5
Would not help to tell	43	18.9
Fear impact on family (protect family member)	32	14.0
Fear blame or punishment (from people other than perpetrator)	22	9.6
Loyalty to perpetrator	8	3.5

a. Women could list more than one reason for keeping the abuse secret, so percentages exceed 100%.

TABLE 4: Reasons Provided for Disclosing the Abuse

<i>Reason</i>	<i>N</i>	<i>Percentage</i>
Wanted to heal	43	19.2
Feeling safe in a relationship	32	14.3
Retrieved memories	29	12.9
Wanted protection from abuse	20	8.9
Secret interfered with intimacy	20	8.9
Someone asked the right question or disclosed their own abuse	19	8.5
Could not keep it a secret any longer ("blurted it out")	17	7.6
Wanted to protect another child	11	4.9
Someone discovered the abuse	10	4.4
"I was angry"	8	3.6
Perpetrator died	5	2.2
Felt physically safe (distance from perpetrator)	3	1.3
"I realized it was wrong"	2	0.9
Other	22	9.8
No reason given	4	1.8

I was having many emotional and physical problems. I was extremely nervous, panicky, forgetful, and fearful. I needed help but no one could find anything wrong, yet I was getting worse. I suffered chronic depression and powerlessness. I just had to tell someone.

The next most frequent reason given was "feeling safe in a relationship." Those volunteering that they did not want the history of incest to get in the

way of an intimate relationship (7.6%) were primarily those who told their partners:

I needed to get it out in the open. "It" was getting in the way of my sexual relationship with my husband.

Some women reported disclosing after "someone asked the right question":

I was raped. During the investigation by the police, they asked if this had ever happened before. They were the police; I was a little kid. I had been told to tell the truth. So I did. Mom got angry and upset at me.

In only five cases (2.2%) did the woman say she waited until the perpetrator died to reveal the incest. This is in spite of the very large number who felt unsafe (33.3%).

DISCUSSION

Atler, the celebrity who motivated the women in this sample to respond to the survey, was a middle-aged, White, well-educated survivor of long-standing incest. The demographics of this study indicated a strong identification with her. No claim can be made that the 228 incest victims who responded to the survey were representative of all victims of incest. The sample did represent a group of women who were victimized by members of their families, beginning as young children and continuing for many years. Although the questionnaire did not ask for specific effects of the trauma on the adult life of these individuals, their personal comments indicated they had significant problems coping.

One of the primary findings of this study is that when children told about abuse, they were most likely to tell adults in their family. All of the respondents in the study group were victimized by someone within their family. The present data support the intuitive idea that disclosing incest to someone inside the family is a very different experience for a child than is disclosing to nonfamily members. This is most probably accounted for by understanding that immediate family members have the most reason to fear change as a result of the disclosure.

One would assume that revealing incest would be different from disclosing extrafamilial abuse. Still, when children talk, family members are the most available adults. It is also reasonable to assume that, regardless of the relationship to the perpetrator, a child who has been victimized requires a supportive, validating response precisely from family members, including

the nonoffending parent. In this sample, it is specifically from this group of adults inside the family that respondents got a bad reaction to disclosure.

In this sample, those women who revealed their abuse as children did so an average of 24 years before being surveyed. This was before mandatory reporting laws were in effect. Significant changes have taken place in the public awareness of child abuse over that time. The victims' rights movement has been well represented by adults who were sexually abused as children. The women's movement has also had an impact on the role of women and children in this society. Although one would hope that children disclosing abuse recently have received a more supportive reaction, we are unable to determine this from the current research.

This group waited an average of 12.1 years after cessation of abuse before finally telling. There is no way of knowing from the present data whether keeping the secret led to a better or worse emotional outcome for the subjects. Yet the responses to disclosure that women described provide ample support for those in the child abuse community who have testified to the negative response that awaits a child who discloses incest (Summit, 1983). In this sample, disclosure of incest to a parent in childhood did not even result in the cessation of abuse in the majority of cases. It may be that women responding to this survey were in significant pain at the time of contact, resulting in a report of memories in a more negative light. However, the continuation of abuse after disclosure in many of those children who did tell provides independent verification for their statements.

The finding that 28.5% of the respondents in this sample spontaneously reported repressed memories leaves many questions unanswered. We were not able to determine from these data what the factors were that led some women to repress the abuse. For example, was the repression the result of more severe abuse? Was disclosure in childhood hindered by lack of memories of the abuse? We found a higher level of education for those repressing memories of the victimization, $p < .007$. The increased educational level for people who repress could be explained by viewing repression as a defense that requires more intelligence or as a particularly successful survival strategy. These questions clearly call for further research.

Although the incidence of repression in trauma survivors has not been clearly established, it has been suggested to be a common protective response to childhood sexual trauma (Briere, 1989). Williams (1992) studied adults who had experienced confirmed sexual abuse in childhood, and 38% had no memory of the abuse when interviewed as adults an average of 17 years after the abuse was confirmed.

This research suffers from the limitations of all such studies relying on self-report information. The respondents self-selected by calling in response to a television program and further by responding to a mailed questionnaire on an emotionally charged subject. Prevalence studies of childhood abuse show that intrafamilial abuse is less than half of all sexual abuse experienced by women. Because this is a sample of incest victims with the perpetrator a father or stepfather figure in 68% of the cases, the parents' reactions described could be assumed to be a "worst case." One could expect that extrafamilial victimization would be responded to more sympathetically.

Even though the present study presents a grim tale of the consequences of revealing incest in childhood, there are a few bright spots. Those who waited until adulthood reported receiving, despite their fears, supportive reactions from the people to whom they disclosed. The data presented are also a limited endorsement of psychotherapy in the treatment of incest trauma. The number of women who were successful in recovering repressed memories in therapy suggests that women in this sample were able to deal with their past traumatic experiences while in therapy.

Although a case could be made from these data that children should not tell about their abuse during childhood, this would be missing the point. One could almost expect incest victims to receive nonsupportive reactions from individuals who stand to have their lives significantly disrupted by the knowledge of the incest. Understanding the emotional possibilities facing children who disclose can strengthen the position of professionals working with children ready to come forward. The data from this study can be interpreted as providing a rationale for the work of the child abuse treatment community. As a community, we need to continue to work toward a society in which telling the secret of incest results in children receiving not rejection but support and validation.

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