

## Variables in Delayed Disclosure of Childhood Sexual Abuse

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*In a study of 41 adult survivors of childhood sexual abuse, the level of childhood traumatization was found to have contributed to delayed disclosure of the abuse. Other delaying variables included: belief in the importance of obedience to grownups, mistrust of people, fear of social rejection, and fear of the criminal justice system. Variables such as media attention to similar cases and experiences of personal achievement were inversely related to the age at disclosure. Recommendations for policy are discussed.*

A wide array of social, psychological, and somatic problems has been connected with childhood sexual abuse (CSA). These problems include sleep disorders, eating disorders, self-mutilation, social withdrawal, antisocial behavior, sexual dysfunction, injured sense of self, and disorders of attachment (Bagley & Ramsay, 1985; Briere & Runtz, 1989; Browne & Finkelhor, 1986; Cohen & Mannarino, 1988; Finkelhor, 1987; Herman, 1981; Roth & Lebowitz, 1988; Young, 1992). The consequences of undetected abuse compound the immediate trauma in child victims and are associated with grave developmental outcomes typically characterized by impaired capacities for trust, intimacy, and sexuality, and by a variety of chronic mental health problems.

Despite the pain associated with childhood abuse, early confiding of intrafamilial maltreatment is fairly rare, and often meets with adverse responses (Everill & Waller, 1995). Herman (1992) stated that the main dialectic of emotional trauma is the conflict between the need to deny unbearable experiences and the need to give testimony. The literature suggests that the majority of children do not disclose until adulthood (Lamb & Edgar-Smith, 1994), if at all (Sauzier, 1989); that up to 40% of adult survivors had never disclosed their secret be-

fore data were collected (Finkelhor, 1987); that the average age at disclosure of incest is 25.9 years (Roesler & Wind, 1994); and that 22% of disclosing survivors did so at least 15 years following their last incident of sexual abuse (Somer, 1995). Personal accounts of CSA experiences by adult survivors mark a potential shift in the survivors' ability to form a trusting relationship with another human being (Harvey, Orbach, Chwalisz, & Garwood, 1991). For people who suffered CSA, confiding may signal the beginning of a move from the role of silent victim to that of indignant survivor.

Because early disclosure by victims may serve to ameliorate the destructive relationship and mitigate the deleterious effects of prolonged abuse, we designed this study to identify empirically those variables associated with delayed disclosure of CSA. We constructed a research instrument to assess retrospectively those changes in survivors' life circumstances and beliefs that might help to explain their leap from secrecy to testimony. First, we generated a list of potentially relevant factors and searched the literature for supportive evidence. Presented below are the variables that seemed pertinent. We have distinguished between variables that potentially delay disclosure (coded "D") and those that potentially facilitate it (coded "F").

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Based on our review of the literature and our own clinical experience, we identified four categories of variables pertinent to the withholding or disclosure of CSA. These consisted of: 1) ten psychological variables, associated with victims' intrapsychic processes; 2) five familial variables, associated with interpersonal processes within the family; 3) four social variables, associated with societal norms and influences; and 4) one trauma-related variable. These are listed, coded, and briefly defined in the following four sections.

#### Psychological Variables

**Accommodation (D).** Some professionals have suggested that the pathological environs of the abusive family force the child to develop unusual coping strategies that are both creative and destructive (Herman, 1992; Summit, 1983). Victims of CSA learn to distort their oppressive reality and to deny the perversion they are subjected to by regarding it as acceptable and normal.

**Guilt and self-blame (D).** Several studies of the long-term effects of CSA have reported guilt as a common reaction of survivors (Browne, 1991; Coffey, Leitenberg, Henning, Turner, & Bennett, 1996; Goodwin, 1989; Finkelhor, 1987). Briere (1992) suggested that children's mode of thinking about the world could give rise to an "abuse dichotomy," in which they attribute their incestuous injury to one of only two things: either they have been bad or their parent has been bad. Guilt and self-blame by CSA victims have been seen as instrumental in preserving the relationship with abusive caregivers (Price, 1993) and as in keeping with children's self-centered perspectives (Herman, 1992).

**Helplessness (D).** Bagley and King (1989), using Seligman's theory of learned helplessness, noted that CSA can induce feelings of powerlessness and a subsequent decrease in responsiveness. According to James (1989), because many children feel that there is nothing and no one able to protect them or halt their abuse, the ensuing sense of powerlessness pervades their self-image. These assertions are supported by other clinical and research reports (Coffey et al., 1996; Liem, O'Toole, & James, 1996; Shapiro, 1996).

**Emotional attachment to the perpetrator (D).** Survivors of CSA develop intense, tenacious attachments to abusive others. Object-relations and attachment theories have been used to explain the need of survivors to preserve the self and the attachment to the abusing caretaker. To satisfy that

need, abused children employ several defenses, including splitting, dissociation, and idealization (Blizard, 1997a, 1997b; Blizard & Bluhm, 1994). When a child idealizes an object, it is preserved as good, and the child can safely maintain a positive attachment to it. To do so, the child often also needs to displace the blame for the abuse onto the self and to devalue it (Kernberg, 1975). Preservation of the self may also take the form of identification with the aggressor, involving an attempt to empower oneself at a time of utter helplessness (Freud, 1966). A similar paradoxical phenomenon, termed "the Stockholm syndrome," describes the development of reciprocal, positive feelings between hostages and their terrorist captors, as a means of coping with captivity (Auerbach, Kiesler, Strentz, Schmidt, & Serio, 1994; Graham et al., 1995).

**Idealized self-identity (D).** Price (1993, 1994) suggested that some abused children replace their helplessness with an illusionary sense of control and omnipotence, an adaptive mechanism utilized to cope with a traumatic and pathological situation and provide them with a sense of self-worth.

**Mistrust of others (D).** Green (1996) described paranoid reactions and mistrust as core sequelae of CSA. Given the mistreatment by their caretakers, sexually abused children may come to believe that there is little chance of strangers offering greater protection (Finkelhor, 1987; Herman, 1992).

**Dissociation (D).** Early links between history of trauma and dissociation have been documented in several studies (Carrion & Steiner, 2000; Somer & Weiner, 1996; Zlotnick et al., 1996). Sexually abused children commonly use dissociation of affect to protect themselves from overwhelming emotions, thoughts, and sensations, thus decreasing awareness of their abusive circumstances.

**Burden of the secret (F).** Some survivors who no longer feel dependent on the perpetrator have a need to break their silence and relieve themselves of their secret. A study of incest survivors' narratives of their process of disclosure (Mize, Bentley, Helms, Ledbetter, & Neblett, 1995) found that feelings during or immediately following disclosure included relief and a sense of reconnection with others.

**Successful/ego-strengthening experiences (F).** Feelings of empowerment are among the emotions reportedly engendered by the act of disclosure (Mize et al., 1995). However, empowering experiences can also be antecedents to disclosure. Our



own clinical work indicates that successful academic or professional experiences can provide a much-needed sense of mastery and competence, which may evolve into the enabling processes necessary for disclosure of the incestuous secret.

**Concern for others (F).** Many CSA survivors exhibit concern for the well-being of younger family members. Whereas accommodation, guilt, and self-blame may initially keep these victims silent, once their abuse ends, many seek to unmask the perpetrator out of fear that younger relatives may be in jeopardy. An analysis of the annual reports of the Union of Rape Crisis Centers in Israel revealed that 11% of CSA victims who phoned in for help were motivated by concern for other at-risk children (Somer, 1995).

### Family Variables

**Loyalty to the family (D).** The degree of familial closeness between victim and abuser seems to be another relevant variable in predicting loyalty to the perpetrator and maintenance of secrecy. The more enmeshed the family, the closer the kinship with the abuser, the more severe the abuse, the more difficult the disclosure is reported to be (Chen, 1996; Faust, Runyon, & Kenny, 1995; Mennen-Ferol, 1993; Wyatt & Newcomb, 1990).

**Cultural norms reinforcing obedience (D).** Radical feminist theory holds that patriarchy is related to the oppression and victimization of women. Solomon (1992) argued that this theoretical framework could be used to understand children as victims of sexual abuse by family members. Others have concurred that the sociopolitical and cultural contexts in which children are raised provide a frame of reference for the internalization of oppression and victimization through sexual abuse (Comas-Díaz, 1995; Fontes, 1993, 1995; Okamura, Heras, & Wong, 1995).

**Concern for family integrity (D).** Perpetrators of CSA and incest use a variety of techniques to threaten, persuade, and manipulate their victims, so that the sexual encounters are kept secret. Prominent among these are manipulative warnings that disclosure will lead to the dissolution of the family (de Young, 1981; Ussher & Dewberry, 1995).

**Conservative sexual morality (D).** The dynamics of sin and shame, and the lack of family idioms with which to discuss sexual behavior, characteristics common to very conservative communities, could contribute to CSA victims' difficulties in disclosing their plight (Carbo & Gartner, 1994).

In many cases of incest, abusive fathers have been reported to be men who are devout, moralistic, and fundamentalist in their religious beliefs (Hoorwitz, 1983; Hudson, 1996; Manlowe, 1995).

**Fear of blame (D).** Sexually abused children seem to be able to assess accurately the outcome of their disclosure. Lawson and Chafin (1992) found that the tendency of children afflicted with venereal diseases to disclose sexual abuse was predicted by the attitudes of their family members, who were independently assessed prior to the interview with the child. The outcome of childhood disclosure of CSA is often met with disbelief, denial, or blame (Mize et al., 1995; Roesler & Wind, 1994).

### Social Variables

**Rejection and avoidance of victims (D).** Victims are frequently perceived as weak, passive, and at least partially responsible for their tribulations. Staley and Lapidus (1997) found that subjects who did not know an incest survivor personally were significantly more likely than those who did to agree with victim-blaming statements. Reactions to survivors' initial revelations include indifference, skepticism, negative or rejecting responses, and blame (Armstrong, 1989; Friese, Hymer, & Greenberg, 1987; Flannery, 1990; Gurley, 1991; Harter, Alexander, & Neimeyer, 1988). The inclinations of CSA victims to share their pain with others could be influenced by this perceived atmosphere.

**Stigma (D).** Survey responses from 195 college students indicate that there is a stigma surrounding CSA that varies with gender and with length and type of relationship at the time of the disclosure (Tomlin, 1991).

**Mistrust of the judicial system (D).** Prevailing attitudes toward rape and rape victims are often mirrored in the legal and judicial systems. Survivors of sexual assault frequently complain that their experience with the criminal justice system was humiliating. Inappropriate sexual interest, derogatory questioning, and a generally disrespectful attitude often mark the process (Krieger & Robbins, 1985; Mazelan, 1991).

**Publicity in the media (F).** Beckett (1996), in a content analysis of reports on sexual abuse in four leading news magazines between 1970 and 1994, found that the framing of CSA in media discourse has undergone a significant transformation. With increased media attention to personal and social costs of CSA, violence against children has been



steadily moving out of the shadows and into the arenas of research, prevention, intervention, and public awareness (McDevitt, 1996; Roesler & Wind, 1994).

#### Trauma-Related Variables

**Intensity of traumatization** (D). Children's failure to report their sexual victimization may be due to their being overwhelmed by the objective weight of these harmful experiences. The level of traumatization and the ensuing psychological damage have been attributed to: early onset of the abuse (Zivney, Nash, & Hulse, 1988), its duration (Elliot & Briere, 1992; Herman & Schatzow, 1987), the age difference between victim and abuser (Finkelhor, 1987), the number of perpetrators (Peters, 1988), the intrusive level of the abuse (Finkelhor, Hotaling, Lewis, & Smith, 1989), and the number of different types of abuse (Briere & Runtz, 1989; Henschel, Briere, Magallanes, & Smiljanich, 1990; Elliot & Edwards, 1991).

#### METHOD

##### Study Aims and Hypotheses

This study sought to examine whether any of the potential variables believed to be affecting the likelihood of disclosure of CSA were related to the age at which the secret was first revealed. It was posited that: 1) The burden of the secret; successful and ego-strengthening experiences; concern for the safety of others; and publicity in the media (i.e., the facilitating variables) would be associated with increased likelihood of disclosing the incestuous secret, while all the other variables reviewed (the delaying variables) would be negatively related to the chances of early disclosure. 2) Variables classified as facilitating would be rated as having had more subjective validity during the time immediately following the disclosure of abuse, whereas delaying variables would receive a higher ranking for the period that preceded the disclosure. 3) Trauma scores would be positively related to respondents' age at disclosure and to delaying variables.

##### Subjects and Procedure

Volunteers and therapists in ten Israeli rape crisis centers and clinical institutions specializing in the treatment of sexual abuse trauma were asked to solicit the participation of Hebrew-speaking clients who were not suffering from any acute emotional condition. This was, therefore, a convenience sam-

ple, deliberately recruited from a small population. Forty-one survivors of CSA, who were assessed by their caretakers as having regained sufficient emotional stability to partake in this study, consented to participate. Very few recruits declined the invitation; the response rate was near-perfect. The anonymous research questionnaires were returned directly to the investigators via stamped, self-addressed envelopes included in the research packages. Thirty-nine respondents were women, two were men. Their mean age was 32 years (range: 16–56;  $SD=9.46$ ). They had an average of 14 years of schooling (range: 6–20;  $SD=2.71$ ). Thirty-seven percent of the participants had never married, 34% were divorced, and 29% were married.

#### Instruments

##### Child Sexual Abuse Delayed Disclosure Checklist

The CSADDC was designed by the present authors to assess variables associated with the likelihood of disclosure of CSA. The instrument was constructed in the following way. Six statements were generated for each of the 19 variables comprising the psychological, familial, and social variable categories. (The single trauma-related variable was assessed by means of a separate instrument, as noted below.) For example, the variable of "guilt and self-blame" was assigned such statements as: "I feel guilty about what happened to me" and "I should have behaved differently."

In the next stage, the 114 statements were validated in a series of steps. First, all the statements were written down on numbered cue cards. Ten Hebrew-speaking, university-educated adults were asked to sort them based on best conceptual fit with the 19 variables. The degree of agreement between the researchers' classification and that of the raters, as well as the interrater agreement, was noted for each statement. For example, if the statement "I am a weak person" was identified with the "helplessness" variable by nine of the ten raters, interrater agreement was 90%.

The second step in the validation procedure involved the use of a questionnaire containing the 19 variables, each with its six statements listed below. Twenty-six Hebrew-speaking, university-educated adults who had not participated in the prior step rated the degree of agreement between each statement and the variable to which it was assigned, using a ten-point scale (1=does not describe the variable at all; 10=describes it very well). With mean agreement scores and standard deviations having

been calculated, statements were given standard scores; during the final validation phase, all statements were given two scores, then ranked in descending order of interrater agreement and standard score. Four statements were also added from the Dissociative Experiences Scale (Carlson, 1997), two of them describing amnesia symptoms and two representing depersonalization symptoms. Ultimately, 42 statements comprised the items on the CSADD.

Respondents were asked to rate the degree to which they identified with each statement on the CSADD during two different periods: *a*) predisclosure, i.e., the period of the abuse and their keeping it secret; and *b*) immediately following disclosure. Rankings were based on a five-point Likert scale (1=Did not feel it/believe in it; 5=Felt it/believed in it very strongly). Potential total scores on the CSADD for each reference period ranged from 42 to 210. Reliability measures for the CSADD were calculated four times. Cronbach's alpha and split-half reliability procedures were performed on the CSADD for each of the two periods: predisclosure (0.83 and 0.82, respectively) and following disclosure (0.75 and 0.70, respectively), revealing good internal consistency for the measurements performed for the first period and moderately good internal consistency for the second period.

#### *Traumatic Experiences Questionnaire*

The TEQ (Nijenhuis, van der Hart, & Vanderlinden, 1998), later slightly modified and relabeled the Traumatic Experiences Checklist (Nijenhuis, 1999), is a self-report questionnaire inquiring about 25 types of interpersonal and noninterpersonal life events that could be potentially traumatic. When interpersonal violence was explored, subjects were asked to indicate if immediate family members, relatives, or others hurt them. TEQ items ask whether respondents had suffered from the following stressors: parentification (a child needing to act in a parental role), major loss (e.g., death of a loved one), life-threats, traumatic life events, emotional neglect, emotional abuse, physical abuse, sexual harassment, or sexual abuse.

The TEQ specifically addresses the subjective impact of the event (i.e., how traumatic was it for the respondent), and also elicits information on the number of perpetrators of emotional, physical, and sexual abuse. The questions contain short descriptions aimed at defining the events of concern. All

items are preceded by the phrase: "Did this happen to you?" For example, a TEQ sexual harassment item is: "Sexual harassment (acts of a sexual nature that *do not* involve physical contact) by your parents, brothers, or sisters." Similarly, a sexual abuse item is: "Sexual abuse (unwanted sexual acts involving physical contact) by your parents, brothers, or sisters."

Moderate to strong associations of the TEQ total score and composite scores, in particular physical and sexual abuse, with current psychological and somatoform dissociation supports the construct validity of the TEQ. These associations were found when studying psychiatric outpatients with dissociative and other mental disorders (Nijenhuis, Spinhoven et al., 1999), and gynecology patients with chronic pelvic pain (Nijenhuis, Van Dyck et al., 1999).

Among the key factors defining an event as traumatic are: perception of the event as having highly negative valence (Carlson, 1997), multiple perpetrators (Peters, 1988), duration and frequency of the abuse (Elliott & Briere, 1992), and abuse at an earlier age (Zivney, Nash, & Hulsey, 1988). The TEQ composite trauma score reflects these relevant traumatogenic factors. Each experience identified as a trauma item was given one point. Subjects could score 0–3 trauma points, depending on the number of perpetrating sources. Additional points were given to each personal trauma score if the subject was younger than age ten when traumatized, if the trauma lasted more than one year, and if the impact of the traumatic event was rated as 4 or 5 on a five-point subjective severity scale. Personal trauma scores in each of the nine categories ranged from 0–7. Composite personal trauma scores ranged from 0–63.

#### *Personal Data Questionnaire*

The PDQ includes 17 items, incorporating sexual trauma-related questions adapted from King et al. (1995). Subjects were asked open- and closed-ended questions that included items regarding the circumstances in which they had first become aware of the abuse, the reactions they received following their disclosure, and the meaning of the disclosure in their lives. The PDQ also yielded a sexual traumatization score that reflected the frequency, age at onset, and termination of the abuse (range 6–15). In addition, there were items designed to assess variables such as sex, age, level of education, marital status, and country of birth, and

questions pertaining to the age at and circumstances of the disclosure.

## RESULTS

### Circumstances of the Abuse/Disclosure

The average age of respondents in this study was 7.11 years (range: 1–15,  $SD=3.85$ ) at CSA onset, and 14.08 years (range: 7–23,  $SD=4.14$ ) when the abuse ended. They first became aware of having been victimized at an average age of 15.8 years (range: 5–39,  $SD=7.6$ ) and were, on average, 22.08 years old when they first disclosed their secret to someone else (range: 10–46,  $SD=9.18$ ). When asked about the circumstances of having become aware of CSA, 43% responded that they had always realized that what had happened to them was improper, 33% became aware that they had been abused following a significant triggering event associated with sexuality (e.g., sex education classes, sexual experiences, pregnancy), 9% realized something was wrong following a direct question from a family member, 9% following a direct question from a therapist, and 6% became spontaneously aware of their abuse during psychotherapy. TABLE 1 describes the distribution of perceived reactions of study respondents by age at disclosure.

In all cases but one, disclosure to the mother elicited a hostile/indifferent reaction; further, 95% of respondents chose to disclose to a nonfamily member. A content analysis of responses to the question regarding the meaning of the disclosure and its outcome revealed that none of those who had disclosed during childhood perceived the disclosure as having had a positive impact on their lives (e.g., "The reaction I received silenced me until I was 46 years old"). The older the survivors were at the time of disclosure, the more likely they were to report a positive outcome. For example, 73% of those who first disclosed during adulthood felt the experience to be positive (e.g., "I under-

stood it wasn't my fault" or "It was only after the disclosure that I realized I deserved to heal").

### Delaying and Facilitating Variables

The correlation coefficient of the mean composite CSADDC score for the delaying variables and the age at disclosure of the abuse was .35 ( $p<.05$ ). Items related to familial variables had a correlation of .29 with age at disclosure ( $p=.06$ ). A closer analysis of relationships between specific items and age at disclosure revealed that statements about the importance of obedience to grownups ( $r=.31$ ,  $p<.05$ ) contributed most to this finding.

Psychological variables showed a correlation of .31 ( $p=.05$ ) with age at disclosure. Among the items comprising this cluster, those that contributed most to this relationship were statements about mistrust of people ( $r=.25$ ,  $p=.05$ ), a sense of helplessness ( $r=.24$ ,  $p=.06$ ), and amnesia ( $r=.22$ ,  $p=.08$ ). Social variables showed the most powerful effect on CSA disclosure ( $r=.45$ ,  $p<.005$ ). Fear of social rejection ( $r=.31$ ,  $p<.05$ ) and fear of being condemned by the criminal justice system ( $r=.32$ ,  $p<.05$ ) were the items most strongly related to an older age at disclosure.

The mean composite score for the delaying variables was 3.75 ( $SD=.62$ ) for the predisclosure period, and 2.76 ( $SD=.76$ ) for the time immediately following. This difference was significant ( $p<.001$ ), thereby providing further validation for the delaying valence of these items.

The correlation coefficient of the mean composite CSADDC score for the facilitating variables and age at disclosure of CSA was  $-.36$  ( $p<.05$ ). The items contributing most to this result related to publicity in the media of similar cases ( $r= -.34$ ,  $p<.05$ ), experiences of personal achievement ( $r= -.33$ ,  $p<.05$ ) and concern for the welfare of other potential victims ( $r= -.22$ ,  $p=.09$ ). Mean score for the facilitating variables was 2.63 ( $SD=.97$ ) for the predisclosure period and 3.70 ( $SD=.67$ ) postdisclosure. This difference was significant ( $p<.001$ ), thereby providing additional validation for the facilitating valence of these items. These results confirmed our first and second research hypotheses.

### Trauma and CSA Disclosure

Forty-nine percent of respondents had experienced all five major abuse categories (emotional neglect, psychological abuse, physical abuse, sexual harassment, and sexual abuse). Emotional neglect and psychological abuse had been experi-

Table 1

PERCEIVED SUPPORTIVE AND HOSTILE/INDIFFERENT REACTIONS FOLLOWING CSA DISCLOSURE BY AGE AT DISCLOSURE

AGE	REACTION	N
9–12 Years	Supportive	0
	Hostile/indifferent	5
13–18 Years	Supportive	6
	Hostile/indifferent	7
19–46 Years	Supportive	19
	Hostile/indifferent	3



enced by 90% of the respondents, and 54% had experienced physical abuse in addition to their sexual victimization.

The composite trauma score (TEQ) was correlated with age at CSA disclosure at a level of .30 ( $p < .05$ ). Specific trauma experiences that showed the strongest relationship with an older age at disclosure were emotional neglect ( $r = .39$ ,  $p < .05$ ) and sexual harassment ( $r = .33$ ,  $p < .05$ ). The TEQ also showed a highly significant relationship with the mean composite CSADDC score for the delaying variables ( $r = .43$ ,  $p < .001$ ). Among the specific trauma categories, those that showed the strongest relationship with delayed CSA disclosure were psychological abuse ( $r = .49$ ,  $p < .001$ ), emotional neglect ( $r = .36$ ,  $p < .05$ ), and sexual abuse ( $r = .36$ ,  $p < .05$ ). These findings confirmed our third research hypothesis.

To investigate further the relationship between traumatic experiences, delaying variables, and facilitating variables and the age at disclosure of CSA, a hierarchical multiple regression was performed (see TABLE 2). The order of the steps was hypothesis-driven, while the criterion for a variable entering the equation at each step was set at  $p < .05$ . In the first step, the composite TEQ score was entered. In the second step, we entered the mean composite CSADDC score for the facilitating variables,  $R = .52$ ,  $R^2 = .27$ ,  $F(2, 38) = 7.04$ ,  $p < .005$ . The mean composite CSADDC score for the delaying variables did not meet the required significance criterion.

## DISCUSSION

This retrospective study explored the circumstances and experience of CSA disclosure and the relationships among level of childhood traumatization, disclosure variables, and age at disclosure. Although no claim can be made that our research sample was representative of all victims of CSA in

Israel, it seems reasonable to suggest that these respondents are representative of the adult population of clients seeking help for CSA-related psychopathology in our country.

Several important findings emerged. Respondents in this study had first been molested when they were about seven years old; more than 8.5 years elapsed before they became aware of their maltreatment; and more than six additional years (close to 15 years since the onset of the abuse) elapsed prior to the disclosure of their ordeals. None of the respondents had ever filed a complaint against their perpetrators. These findings underscore the problems of delayed reporting and underreporting of CSA. They validate previous Israeli findings (Somer, 1995) and are in line with North American reports (Lamb & Edgar-Smith, 1994; Wyatt, Tamra, Beatriz, Carmona, & Romero, 1999).

Roesler and Wind (1994) noted that when children told about abuse, they were most likely to tell adults in their family. By contrast, most of the respondents in the present study disclosed to non-family members. The few who had disclosed within the family reported an indifferent or hostile reaction. Among factors that contributed prominently to the delayed disclosure were fears of social rejection and condemnation, mistrust of people, and adoption of family-indoctrinated values of obedience. These variables represent perceived concentric circles of social disbelief, incomprehension, and oppression that had stifled motivation to disclose.

These respondents' tribulations started some 25 years before data were collected and ended 16 years prior to their being surveyed. Victimization, therefore, occurred before recent changes in Israeli public awareness about CSA and prior to local legislation of mandatory reporting laws. Whether or not sexually abused children in Israel are currently disclosing their abuse at an earlier age and are being met with more supportive reactions remains a research question to be investigated.

Ninety percent of the respondents also reported having been psychologically mistreated. A major factor involved in delayed reporting of CSA was the extent of concomitant childhood traumatization. Delaying variables did not add significantly to the explanation of delayed reporting beyond the contribution of the composite trauma score. We believe that the psychological battering of these children may have weakened their ability to view

Table 2

HIERARCHICAL REGRESSION OF TRAUMATIC EXPERIENCES, DELAYING VARIABLES, AND FACILITATING VARIABLES ON AGE AT DISCLOSURE

VARIABLES	B	SE B	$\beta$
Step 1			
Traumatic Experiences	1.45	0.61	0.38*
Constant	13.66		
Step 2			
Facilitating Variables	-3.47	1.27	-0.38**
Traumatic Experiences	1.60	0.56	0.38**
Constant	22.22		

\* $p < .05$ ; \*\* $p < .01$ .

themselves as worthy of benevolent care, and severely damaged their capacity to trust adults.

The present data suggest that the variable of media attention was positively associated with disclosure of CSA. This supports our clinical experience and involvement with local rape crisis centers, where we have seen that high-profile media attention to CSA is typically followed by a surge of phone calls and requests for help from people who had never before revealed having been abused. This finding has important implications for research, since little is known about the effects of media campaigns targeted at young, high-risk populations. Still, media campaigns alone are unlikely to help children overcome the oppressive forces that prevent disclosure. The present findings suggest that mistrust of adults (in particular adult family members) and anticipation of adverse response to disclosure were strongly related to the delayed disclosure by respondents. Child victims of sexual abuse, particularly intrafamilial abuse, may not be willing to sacrifice the integrity of their families and their sense of belonging to it.

#### Implications for Policy and Practice

Perhaps the key policy-related question raised by the present research is: "What can be done to promote early disclosure of CSA?" We suggest that children might be less reluctant to reveal their plight if they and their families believed that rehabilitative sentencing were an option. The dilemma of choice between a rehabilitative and a punitive model in sentencing CSA and incest offenders has recently been addressed in the literature (Fox, 1999; Stone, Winslade, & Klugman, 2000) and is currently being debated among Israeli child welfare policy makers. Family therapy for victim and offender in cases of father-daughter incest was endorsed in earlier clinical reports (Eist & Mandel, 1968; Hoorwitz, 1983; Madanes, 1990; Meiselman, 1990). However, in the absence of immediate legal sanctions, incestuous families show a tendency to avoid therapy (Byrne & Valdiserri, 1982).

It may be instructive, in these cases, to think of the child survivor as having two main categories of therapeutic challenge: processing the sexual trauma itself and correcting the maladaptive family experience (including the ideas and values inculcated by the incestuous family). Treatment options as alternatives to incarceration of fathers who confess their incest could help victims disclose their secret earlier, and make it more likely that offenders will

take responsibility for the pain they have inflicted. Early intervention in incestuous families, as an alternative to the incarceration of the offending parent, can enhance the prospect of the child benefiting from a healthier family environment.

Parallel programs to optimize the facilitating variables identified in this research should also be developed. Investing in preventive school-based programs is not only clinically wise but economically sensible. Suffering abuse puts children at greater risk for many difficulties throughout their lives. For example, it has been estimated that some 30% of abused children in the United States have some type of language or cognitive impairment; over 50% have socioemotional problems; 14% exhibit self-mutilative or other self-destructive behavior; over 50% have school difficulties, including poor attendance and misconduct; and 22% have a learning disorder (Daro & McCurdy, 1991). Caldwell (1992) estimated that one-quarter of all children from abusive households will receive some special education services for at least one year between kindergarten and twelfth grade. If we add to this the costs of foster care, medical and psychological care, and juvenile justice services, the fiscal rationale for developing child-focused interventions designed to make children less vulnerable targets for abuse becomes self-evident. Caldwell further maintained that the costs of two types of prevention efforts—home visitor and parent education programs—were, respectively, 3.5% and 7.0% of the calculated costs of child abuse.

There is a need for child protective services and school counselors and administrators to plan public and school-based educational campaigns aimed at increasing awareness of children's needs and their rights to proper care; to teach children self-protective skills; and to provide a potential "safe haven" for these children, as well as a family rehabilitative option for the courts to consider. Even the most effective prevention programs may not eliminate entirely the scourge of childhood sexual abuse. Still, modest steps in this direction can bring huge benefits to children and to society.

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## False Allegations of Sexual Abuse by Children and Adolescents

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**Abstract.** The frequency of false allegations of sexual abuse by children and adolescents is of significant legal and clinical importance. The rate of false allegations of sexual abuse is examined in a large sample of Child Protective Services (CPS) cases. The criteria used by CPS workers in judging the validity of allegations are considered, and the relationship between substantiation rates and attitudes about the trustworthiness of child reports of abuse is explored. Many professionals in the field of child sexual abuse are more skeptical of child and adolescent claims of sexual abuse than available research suggests is warranted. *J. Am. Acad. Child Adolesc Psychiatry*, 1989, 28, 2:230-235. **Key Words:** sexual abuse, validation, false allegations.

Child sexual abuse cases in which there exists definitive, objective evidence of abuse are the exception rather than the rule. Typically, there are no eyewitnesses and physical evidence is found in only 15% of confirmed cases (Kerns, 1981). Even if medical evidence is present, it seldom identifies the specific perpetrator. Therefore, unless a confession is obtained, determination of whether and by whom the sexual abuse was committed rests, in large measure, on the word of the child. The evaluator may consider a range of other factors such as the behavioral and emotional state of the child and the interaction of the child and suspected perpetrator, but substantiation of the abuse allegation typically depends upon the evaluator's judgment about the validity and truthfulness of the child's statements.

For this reason the frequency with which children and

sample of 64 cases were selected from the hundreds of sexual abuse cases reportedly seen in the emergency room during the same time frame.

Goodwin et al. (1979) described a clinical sample of 46 children referred to a child abuse agency for evaluation and treatment of sexual abuse. Among them, one case was determined to involve a false allegation of abuse by a child and two others were described as false reports by mothers with severe mental disturbances. Thus, 2% of the total number of referrals were categorized as false reports by children. The number of children actually reporting abuse among the 46 cases is not provided.

Horowitz et al. (unpublished manuscript, 1984) reported on 181 children referred for evaluation to a specialized sexual abuse program in Boston. Children made allegations of sexual

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