



Pergamon

Child Abuse & Neglect 28 (2004) 147–165

Child Abuse  
& Neglect

## Disclosing unwanted sexual experiences: results from a national sample of adolescent women<sup>☆,☆☆</sup>

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Received 14 August 2002; received in revised form 2 July 2003; accepted 16 September 2003

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### Abstract

**Objective:** The aims of this study are to identify factors that influence the disclosures made by female survivors of unwanted sexual experiences (USE) in childhood and adolescence. The predictors of both the timing of disclosure (short delay, long delay, non-disclosure) and the recipient of the disclosure (disclosing ever to an adult, disclosing to peers only, non-disclosure) were investigated. Participant characteristics, USE characteristics, and family contextual variables were explored.

**Method:** A sub-sample of 263 adolescent females who reported unwanted sexual experiences in the National Survey of Adolescents (NSA) provided data on the characteristics of their experience as well as the timing and recipients of disclosure. Two multinomial logistic regression analyses were conducted to determine significant predictors of each aspect of disclosure.

**Results:** Age of onset, a known perpetrator, a familial relationship with the perpetrator, and a history of drug abuse in the household are related to the timing of disclosure. Age of onset, penetration, fear for one's life during the USE, injury during the USE, family structure, and the age differential between the survivor and the perpetrator are linked to the recipient of the disclosure.

**Conclusion:** Age is a critical variable in the disclosure process. Whereas aspects of the abuse experience were more important in predicting whom a victim would tell, the relationship to the perpetrator was more important in deciding to delay disclosure. As survivors grow into adolescence, the importance of peers provides a source of support that becomes increasingly important in decisions to disclose.

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**Keywords:** Disclosure; Unwanted sexual experience; Adolescent women

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<sup>\*</sup> An earlier version of this article was presented at the San Diego Conference on Child and Family Maltreatment, San Diego, CA in February 2003.

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## **Introduction**

Unwanted sexual experiences (USE) in childhood and adolescence are disturbingly common among females in the United States (Boney-McCoy & Finkelhor, 1995; Finkelhor, Hotaling, Lewis, & Smith, 1990). These experiences range in the type and seriousness of the sexual behaviors involved (exhibition, molestation, rape) as well as the perpetrators (family, non-family, peers). In addition, many early sexual experiences involve forms of unwanted contact even when the experience is labeled as consensual (Abma, Driscoll, & Moore, 1998). However, research indicates that many survivors either delay or refrain from disclosing what has happened to them (Paine & Hansen, 2002). Disclosure of an USE is a critical decision with significant social, emotional, interpersonal, and legal ramifications. Disclosure is necessary for the initiation of protective action and the prosecution of sexual offenders. Delaying disclosure of sexual victimization may impeach the credibility of the victim as a witness (Smith et al., 2000). From a clinical standpoint, disclosure may begin a process of healing from the demands of both experiencing a sexual trauma and the potential effects of keeping the trauma a secret (Pennebaker, 1995; Sinclair & Gold, 1997). Understanding the factors that influence disclosure of an unwanted sexual experience is critical for improving efforts to detect trauma, and provide support, treatment and protection to survivors.

## **Review of the literature**

The majority of studies investigating disclosure have used forensic or clinical samples. In forensic and clinical contexts, some evidence or suspicion of an USE (usually child sexual abuse) already exists and the dependent variables involve the presence of disclosure during an interview, the qualities or clarity of a disclosure, and/or whether the survivor initiated the report. Among studies of clinical or forensic samples, older age has been associated with purposeful disclosures (Farrell, 1988; Nagel, Putnam, Knoll, & Trickett, 1997; Sorensen & Snow, 1991) and the likelihood of disclosure during an interview (DiPietro, Runyan, & Fredrickson, 1997). Although race/ethnicity has been posited as an important factor in the decision to disclose (Fontes, 1993), only one study (Elliott & Briere, 1994) found a race/ethnicity effect, with more African American children in the non-disclosing group. A number of forensic and clinical studies have linked more serious forms of abuse to non-disclosure (Farrell, 1988; Sauzier, 1989). Sauzier (1989) found that children who experience intermediate forms of sexual abuse (e.g., molestation) were more likely to disclose than those who experienced intercourse or non-contact forms of abuse (e.g., exhibition). Farrell (1988) found that longer duration of abuse was related to self-initiated disclosures. The use of coercion or aggression has been related to disclosure, with children experiencing coercion being more likely to disclose immediately or refrain from disclosure altogether (Sauzier, 1989).

The relationship of the survivor to the perpetrator also influences disclosure. Abuse by a biological parent or someone in the home appears related to the decision to refrain or delay disclosure (Elliott & Briere, 1994; Sauzier, 1989). In addition, those children who experienced maternal support during the investigation may be more likely to disclose their abuse (Elliott & Briere, 1994; Lawson & Chaffin, 1992). In summary, characteristics of the abuse (severity, duration, and perpetrator relationship), characteristics of the child (age, race/ethnicity) and family variables (maternal support) have been linked with the presence and type of disclosure made. In general, older children tend to be more likely

to disclose, and to disclose purposefully. An USE by a family member or caretaker in the home appears to inhibit disclosure. The effect of duration, type of abuse, and coercion on disclosure appears to be more complex. Severity of abuse may have a curvilinear effect on disclosure with more mild and more severe forms less likely to be reported. Coercion may inhibit or encourage disclosure. Duration of abuse, although it was related to self reports to authorities, may be confounded with the age of the survivor. Thus, it is difficult to know if the length of the abuse or the survivor's age is the key factor.

Conclusions from studies of forensic or clinical samples however, may not generalize to the larger population. Many children and youth will not present for evaluations or for treatment as legal minors. For example, Lamb and Edgar-Smith (1994) noted that only one third of their sample of 60 adults had told about their sexual abuse prior to age 14. In addition, the studies discussed above focused on disclosure to assessment personnel. Disclosures made to friends or family are not considered even though these disclosures have important consequences for whether or not the authorities are notified and if the survivor is believed, blamed, or ignored (Roesler & Wind, 1994). Retrospective studies of adults have the benefit of including individuals who did not present for evaluations, whether or not they disclosed to someone prior to the survey. Although these studies are limited by the potential for recall bias, they may provide a more generalizable model of the actual factors associated with disclosure.

Unfortunately, there are considerably fewer retrospective studies of disclosure. Smith et al. (2000) examined delays in disclosure of child rape (defined as any form of unwanted sexual experience that included penetration of the body) in the National Women's Study and found younger age of onset of childhood rape, more severe rape, and longer duration of abuse were associated with delaying disclosure. Arata (1998) found that duration and severity of abuse was linked to non-disclosure among college students reporting a history of child sexual abuse. In a related study Ullman (1996) found that adult sexual assault victims were more likely to disclose to friends or family members if there was a completed rape than if there was an attempted rape. An inebriated perpetrator and media attention were also associated with more disclosure. Little is known about the predictors of disclosure of unwanted sexual experiences that may not qualify as an assault. For example, a young woman may agree to sexual contact that is emotionally "unwanted." Kellogg and Huston (1995) noted that in their sample of 300 young women from family practice clinics, internal factors were paramount in decisions to delay disclosure of an USE. Young women cited fear and embarrassment as the most common reasons for delay or lack of disclosure.

The purpose of this study is to clarify the factors that influence the disclosure of an unwanted sexual experience in childhood and adolescence. This study builds on and extends the existing literature in a number of ways. First, data from a nationally representative sample of adolescents are utilized. By examining data from adolescents, the time lag between the USE and the assessment will be shorter than a study of adults who may have experienced the USE decades before. Thus, an aspect of recall bias may be minimized. Second, rather than focus solely on whether or not disclosure occurred, the present study treats disclosure as multidimensional, involving timing and a recipient. Finally, in this study a range of potential factors are examined including survivor characteristics, abuse characteristics, and family context attributes.

Because a wide variety of factors have been linked to disclosure in different contexts, an exploratory approach is taken and no formal hypotheses are made. All factors tested are assumed to have the potential to predict disclosure status.

## Method

### *Participants*

Participants for this study were adolescents aged 12–17 interviewed by phone as part of the National Survey of Adolescents (NSA; Kilpatrick & Saunders, 1995). Of the total sample ( $n = 4,023$ ), 3,161 were a national probability household sample and 862 were an over-sample of subjects in areas designated as central city. Demographic characteristics of the total sample may be found in Kilpatrick et al. (2000). The NSA used a multistage, stratified, area probability, random digit dialing, six-step sampling procedure to produce a representative sample of adolescents based on region, age, gender, and race.

Of 5,367 eligible households containing an adolescent, 4,836 (90%) parents completed interviews; 4,236 (79%) gave permission for their adolescent to be interviewed, and 4,023 adolescents agreed to participate (75%). Participants excluded from the study included those adolescents residing in a household without a guardian, those without a telephone, those residing in institutional settings and those who did not speak English or Spanish. Sampling procedures resulted in a slightly higher proportion of minority respondents than reflected in US census estimates. A weighting variable was developed along three dimensions: age, race, and gender to bring the sample in line with the US Bureau of the Census 1995 estimates for these categories. All results are reported on weighted data.

### *Measures*

The National Survey of Adolescents (NSA) consisted of highly structured phone interviews conducted by Schulman, Ronca, & Bucuvalas Incorporated (SRBI), a survey research firm. SRBI utilized Computer Assisted Telephone Interviewing technology that prompts interviewers with each consecutive question on a computer screen. The NSA assessed a wide variety of traumatic experiences and their mental health consequences. Unwanted sexual experiences (USE) reported in the NSA were assessed using a modified version of the Incident Classification Interview (ICI; Saunders, Villepontoux, Lipovsky, Kilpatrick, & Veronen, 1992). Respondents were first explained a broad definition of “unwanted” sexual experience that included any “sexual things [done] to a young person that the young person doesn’t want.” The interviewer would then explain that these sexual “things” may include “any experiences you’ve had where someone tried to make you do something sexual you didn’t want to do, no matter who did it, how long ago it happened, or whether it was reported to police.” If respondents answered yes to any specific USE (ranging from penetration by someone’s genitals to someone touching their genitals), they were then asked a series of questions about each episode of unwanted sexual contact including event characteristics (e.g., were you afraid you might be killed?) and perpetrator characteristics (e.g., what was your relationship to the perpetrator? How old was this person?). If participants had 2 or more episodes, they were asked to describe the first, then the most severe and, if there were additional episodes, the most recent. Thus, up to three episodes of USE were described. Sixty-three percent reported only one USE episode, 35% reported two, and 2% reported three or more. In this study, only characteristics of the first (or only) USE were analyzed.

The ICI results in a series of behaviorally anchored, discrete variables that characterize the USE. Although statistical evaluation of the reliability of these single indicators is not possible, the Incident Classification Inventory has in fact proved an important measurement strategy in overcoming under-response bias and definitional ambiguities that plague many surveys that assess sexual trauma. Variables included

in versions of the ICI have proven useful in examining aspects of unwanted sexual experiences as both independent and dependent variables in studies of adult women and adolescents (*cf.* Epstein, Saunders, & Kilpatrick, 1997; Hanson, Resnick, Saunders, Kilpatrick, & Best, 1999; Hanson et al., 2001; Smith et al., 2000).

#### *Survivor characteristics.*

Age of onset of the USE was assessed as a continuous variable on the NSA and then recoded to reflect developmental phase and natural groupings in the data. Groups ranged from 0 to 6 (early childhood), 7 to 10 (latency age), 11 to 13 (early adolescence), and 14 to 17 (middle adolescence). Prior to the adolescent interview, parents reported the race/ethnicity of the adolescent. Parent report of family income was recoded into three groups: less than 20K, 20–50K, and more than 50K per year. Parent report of the educational attainment of the head of the household was recoded from a multicategory ordinal variable into three groups: less than high school, high school diploma, more than high school.

#### *USE characteristics.*

Although participants were asked about lifetime incidence of various unwanted sexual experiences, only data about whether or not penetration occurred was available for each individual episode. Thus, respondents were given a dichotomous code indicating the presence or absence of penetration (of the vagina, mouth, or anus by sexual parts, fingers or objects) versus no penetration (forced touching of own or other's private sexual parts).

Respondents were queried regarding whether or not they were afraid they might be killed during the USE and the presence of mild or serious injury as a result of the USE. Due to the infrequency of serious injury, this variable was dichotomized into injury versus no injury. Finally, adolescents reported whether the USE was part of a series of events or a one-time event.

Adolescents identified whether or not they knew the perpetrator of the USE and their relationship to this person. Relationships to the perpetrator were recoded based on family or non-family relationship. Because assaults within this sample included both same-age and older perpetrators, a variable was created to index whether the perpetrator was an age peer or an older person. Perpetrator age was grouped into child (under 12), adolescent (12–19), and adult (over 19). Similarly, survivor age at assault was divided into adolescent (12–17) and child (under 12). The age differential variable was then created by determining whether the perpetrator was in the same age group as the perpetrator (a peer USE) or in a younger age group than the perpetrator (a hierarchical USE).

#### *Family context.*

The NSA included questions regarding family substance abuse, physical abuse by a caregiver, and a question regarding generalized perceptions of fear for family members. Participants were asked if someone in their family or who lived with them drank or used drugs “so much that it became a problem.” This was dichotomously coded (yes/no). Respondents were asked three questions regarding forms of physical abuse by a caregiver, which were recoded into a dichotomous indicator using the presence or absence of any physical abuse. A question regarding the extent to which a person while “growing up” felt afraid for the safety of loved ones was recoded into “never,” “rarely,” or “more than rarely” consistent with natural groupings in the data. To investigate the influence of family structure, respondents were coded as always lived with both parents, experienced a divorce or separation, and never lived with both parents.

### *Dependent variables.*

The disclosure latency question in the NSA consisted of 11 ordinal responses ranging from reporting immediately to disclosing after 5 or more years after the onset of the USE. Based on natural groupings in the data this variable was dichotomized to within 1 month or longer than 1 month. Respondents who did not disclose until surveyed were counted as a separate category labeled non-disclosers (survey only). This may be contrasted to the approach taken by Smith et al. (2000), where the disclosure to a surveyor was counted as a first disclosure and the latency from the USE (in this case child rape) calculated for inclusion into the short and long delay groups. It was decided that the telephone interview represented a sufficiently artificial situation as to warrant a separate category. Thus, the disclosure of abuse only to the interviewer was considered an approximation of non-disclosure. The reader is cautioned to interpret the category of non-disclosure carefully, as it may more accurately be considered a “survey-only” disclosure. Thus, the *Disclosure Latency* variable has three mutually exclusive and exhaustive categories: immediate disclosers, delayed disclosers, and non-disclosers (survey only).

The recipient variable was developed from a series of questions that asked disclosers whom they told first, second, third, and so forth up to six potential recipients. A list of 22 possible recipients was recoded into adults (authorities and family) and peers (friends and siblings). The *Disclosure Recipient* variable was developed across the responses to include the following three categories: ever told an adult (whether or not a peer was told), told only peers, and non-discloser (told only the surveyor for this research).

### *Plan of analysis*

Approval for this secondary data analysis was acquired from the Valdosta State University Institutional Review Board. Data analysis then proceeded in two steps for each dependent variable. Pearson  $\chi^2$  statistics relating each predictor to the disclosure characteristic of interest were obtained. An additional Pearson  $\chi^2$  was then calculated for the relationship between the two dependent variables, disclosure latency and disclosure recipient, excluding cases of non-disclosure. Predictors reaching conventional statistical significance ( $p < .05$ ) were retained for multivariate analyses using Multinomial Logistic Regression (MLR). MLR enables the prediction of discrete dependent variables with multiple categories and is indicated when predictors may be nominal, ordinal, or mixed in scale (Hosmer & Lemeshow, 1989). MLR analyses for each dependent variable were conducted separately. All predictors were entered simultaneously and a backward stepwise procedure was used to determine the final model. Predictors that contributed least to the model as determined by the log likelihood ratio test were deleted one at a time until all remaining predictors reached a criterion of  $p < .15$  as suggested by Hosmer and Lemeshow (1989). An a priori decision was made to retain the variable regarding age differential in multivariate analyses to control for variability between hierarchical and peer forms of USE.

### *Missing data*

For the dependent variable, disclosure latency, all of the cases could be categorized from existing information. For the dependent variable, disclosure recipient, 3.7% of cases were missing. Across the 16 independent variables, only two had more than 6% missing values: age differential (12.4%) and income (16.4%). Pearson  $\chi^2$  analyses exhibited no relations between missing versus present values on age differential and disclosure latency ( $\chi^2 = .73$ , 2,  $p = .695$ ) and missing values on age differential and disclosure recipient ( $\chi^2 = 2.6$ , 2,  $p = .27$ ). No associations were found for missing versus present

values on income and disclosure latency ( $\chi^2 = 3.1, 2, p = .207$ ) nor for missingness and disclosure recipient ( $\chi^2 = .58, 2, p = .474$ ). Listwise deletion was used in all analyses and all available cases were used in each analysis. Thus, within individual bivariate tests, the sample size may vary slightly. Because an a priori decision was made to retain age differential in the multivariate equations, final model sample sizes were reduced by 12.4%. However given the range of forms of USE, controlling for this variability was deemed essential despite the loss of power.

### *Descriptive analyses*

#### *Prevalence of USE.*

Of the 4,023 adolescents who participated in the NSA, 1,958 (48.7%) were female, and of these, 263 (13%) reported at least one experience of unwanted sexual contact. Of these young women, 61.3% identified themselves as Caucasian, 22% as African American, and 9.6% as Hispanic. Parent-reported household income levels were as follows: less than 20K per year (26.4%), 20–50K per year (49.7%), and over 50K per year (23.9%). The most common educational attainment for the head of the household was more than 12 years (49.9%), followed by 12 years (36.4%) and less than 12 years (13.5%). Respondents tended toward the older range of the 12–17 year old population, with a mean age of 15.2 years at the time of the survey.

#### *Characteristics of USE.*

The average age of onset for an unwanted sexual experience was 11.2 years excluding 13 young women who could not recall their age at the time. The majority of the respondents were adolescents at onset (11–13 years, 29%; 14–17 years, 35%). Fifty-five percent of the USE occurred with a peer. Most were single events although a third (34%) involved multiple events by the same perpetrator. Penetration occurred in 37% of the incidents, and 30% of the participants reported being afraid they might be killed. Twelve percent of women reported either serious or minor injuries as a result of the USE. Respondents typically knew the perpetrators (79%), and 24% were family members.

#### *Disclosure of USE.*

Of the adolescent women reporting unwanted sexual contact, 74% told someone about the experience prior to being surveyed. Twenty-four percent of the disclosers told about the USE within 24 hours with an additional 19% telling by 1 month after the USE. By 1 year after the USE, 12% more women had disclosed with an additional 19% waiting more than a year before finally disclosing. The remaining adolescents (26%) did not disclose their USE until surveyed. For analysis of disclosure latency, these groups were condensed into immediate discloser (within 1 month; 43%), delayed disclosure (more than a month, 31%) and non-disclosers (survey only, 26%).

Of the adolescents who disclosed prior to the survey, the most common initial confidants were close friends (36%) followed by mothers (35%), other relatives (8%), and authority figures such as police, teachers, clergy and the like (6%). An additional 12% did not provide information on their initial confidants. For analyses of disclosure recipient, non-disclosure (survey disclosure only) was included to create a three category, discrete variable of adult disclosure (48%), peer-only disclosure (25%), and non-disclosure only (survey disclosure; 27%). Nine cases (3.7%) contained insufficient data to determine to whom they disclosed and were excluded from subsequent analyses.

### *Bivariate analyses*

In Tables 1 and 2, observed frequencies and  $\chi^2$  values are presented for statistically significant independent variables on disclosure type (latency and recipient). For assistance in interpreting effects, adjusted standardized residuals (ASR) are pictured in parentheses. Cells that contain ASRs greater than |2| indicate observed values significantly different than expected. The sign of the ASR indicates the direction of the association between levels of the variables. Examination of ASRs facilitates the interpretation of  $\chi^2$  with more than two categories by highlighting “important” cells that contribute to the overall significance of the test.

#### *Disclosure latency.*

Among characteristics of the victim, ASRs indicate a positive association between immediate disclosure and an age of onset between 11–13 years, and a negative association between immediate disclosure and an age of onset under 7. Delayed disclosure was positively associated with onset less than 11 years and negatively associated with onset of USE after age 10. Non-disclosure was strongly associated with an onset between 14–17 years of age and negatively associated with an onset between the ages of 7–10.

Among characteristics of the USE, a peer perpetrator was negatively associated with delay in disclosure and positively associated with non-disclosure. Serial incidents (vs. one-time only) were likewise associated with delayed disclosure. Although not reaching traditional significance levels, penetration during the USE may be associated with delayed disclosure. Likewise there is some evidence of an association between being afraid for one's life and a tendency to delay but ultimately disclose by the time of the survey. Being assaulted by a stranger versus a person the survivor knew well was positively associated with immediate disclosure. A family member perpetrator was negatively associated with immediate disclosure and positively associated with non-disclosure. Among family context variables, never feeling fear for a family member's safety was negatively associated with non-disclosure. Occasional feelings of this fear were negatively associated with delay and positively associated with non-disclosure. However, more frequent concerns for the safety of family members were not significant. A drug user in the home was positively associated with delayed disclosure and negatively associated with non-disclosure. Finally, there is some evidence that never living with both parents is associated with non-disclosure where as the experience of divorce or separation may be associated negatively with non-disclosure.

#### *Disclosure recipient.*

Among the demographic variables examined for associations with disclosure recipient, age was again significant. Onset between the ages of 7–10 was negatively associated with non-disclosure and peer-only disclosure, and positively associated with disclosure to an adult. Onset between the ages of 14–17 was positively associated with non-disclosure and peer disclosure, and negatively associated with disclosure to an adult.

Six attributes of the USE were significantly related to disclosure recipient. The presence of penetration and feeling afraid of being killed were positively associated with disclosure to an adult. A series of USE was positively associated with adult disclosure whereas single events were positively associated with peer disclosure. The experience of injury during the USE was positively associated with adult disclosure and negatively associated with peer-only and non-disclosure. Peer assaults were negatively associated with adult disclosures and positively associated with non-disclosure and peer-only disclosure. If the perpetrator was a family member, survivors demonstrated a tendency to tell adults rather than peers or non-disclosing.



Table 1  
Cross tabulation of predictors by disclosure latency with observed counts and standardized adjusted residuals

Independent variable	(N, $df = \chi^2$ )	Levels	Disclosure latency		
			Immediate	Delayed	Non-discloser (survey only)
Age of onset	(241, 6 = 46.5)***	0–6	10 (–2.8)	26 (4.5)	7 (–1.6)
		7–10	16 (–.9)	22 (2.9)	6 (–2.0)
		11–13	41 (3.3)	14 (–2.4)	14 (–1.2)
		14–17	36 (.1)	14 (–3.7)	35 (4.1)
Penetration	(242, 2 = 5.8)†	Yes	37 (–.6)	36 (2.2)	17 (–1.7)
		No	68 (.6)	40 (–2.2)	44 (1.7)
Series	(249, 2 = 7.2)*	Multiple events	29 (–2.0)	35 (2.6)	20 (–.5)
		Single event	79 (2.0)	42 (–2.6)	44 (.5)
Fear	(250, 2 = 5.0)†	Yes	33 (–.1)	30 (1.9)	14 (–1.9)
		No	75 (.1)	47 (–1.9)	51 (1.9)
Age differential	(223, 2 = 11.6)**	Peer	56 (.9)	27 (–3.2)	38 (2.4)
		Hierarchical	41 (–.9)	43 (3.2)	18 (–2.4)
Known perpetrator	(254, 2 = 13.5)**	Yes	74 (–3.7)	68 (1.9)	58 (2.1)
		No	35 (3.7)	11 (–1.9)	8 (–2.1)
Family perpetrator	(249, 2 = 36.5)***	Yes	14 (–3.6)	38 (6.0)	8 (–2.4)
		No	94 (3.6)	41 (–6.0)	54 (2.4)
Family structure	(256, 4 = 9.3)†	Both parents	58 (1.0)	35 (–1.2)	33 (.1)
		Divorce/separation	35 (.4)	30 (1.6)	13 (–2.2)
		Never both parents	17 (–1.7)	15 (–.4)	20 (2.3)
Household drug abuse	(255, 2 = 9.1)*	Yes	17 (–.5)	21 (2.7)	5 (–2.3)
		No	93 (.5)	59 (–2.7)	60 (2.3)
Family safe	(253, 4 = 16.9)**	Never	64 (1.8)	45 (.9)	24 (–3.1)
		Rarely	25 (–.4)	11 (–2.6)	26 (3.3)
		More than rarely	19 (–1.7)	23 (1.6)	16 (.3)
Race/ethnicity	(251, 6 = 7.5, ns)				
Parental education	(253, 4 = 5.4, ns)				
Household income	(234, 4 = 2.8, ns)				
Injury	(252, 2 = .263, ns)				
Physical abuse	(253, 2 = 2.7, ns)				
Household alcohol abuse	(253, 2 = 2.1, ns)				

\*  $p < .05$ .

\*\*  $p < .01$ .

\*\*\*  $p < .001$ .

†  $p < .1$ .

Table 2

Cross tabulation of predictors by disclosure recipient with observed counts and standardized adjusted residuals

Independent variables	(N, $df = \chi^2$ )	Levels	Disclosure recipient		
			Adult	Peer-only	Non-discloser (survey only)
Age of onset	(233, 6 = 35.4)***	0–6	24 (2.1)	6 (–1.3)	7 (–1.2)
		7–10	33 (3.8)	5 (–2.2)	6 (–2.2)
		11–13	35 (.6)	18 (.5)	14 (–1.3)
		14–17	22 (–5.3)	28 (2.3)	35 (3.8)
Penetration	(234, 2 = 9.0)**	Yes	54 (3.0)	17 (–1.6)	17 (–1.8)
		No	60 (–3.0)	42 (1.6)	44 (1.8)
Series	(241, 2 = 7.6)*	Multiple events	50 (2.6)	14 (–2.3)	20 (–.7)
		Single event	66 (–2.6)	47 (2.3)	44 (.7)
Injury	(243, 2 = 7.2)*	Yes	20 (2.2)	2 (–2.5)	8 (–.1)
		No	96 (–2.2)	59 (2.5)	58 (.1)
Fear	(241, 2 = 13.6)**	Yes	49 (3.7)	12 (–2.2)	13 (–2.0)
		No	66 (–3.7)	49 (2.2)	51 (2.0)
Age differential	(219, 2 = 26.6)***	Peer	41 (–5.1)	41 (3.6)	38 (2.3)
		Hierarchical	68 (5.1)	13 (–3.6)	18 (–2.3)
Family perpetrator	(240, 2 = 28.4)***	Yes	47 (5.3)	5 (–3.5)	8 (–2.6)
		No	70 (–5.3)	56 (3.5)	54 (2.6)
Family structure	(244, 4 = 11.8)*	Both parents	20 (–.7)	6 (–2.0)	20 (2.8)
		Divorce/separation	42 (1.7)	19 (.3)	13 (–2.2)
		Single parent	56 (–1.0)	35 (1.3)	33 (–.2)
Household drug abuse	(244, 2 = 5.97)†	yes	23 (.9)	14 (1.4)	5 (–2.4)
		No	95 (–.9)	47 (–1.4)	60 (2.4)
Family safe	(245, 4 = 8.2)†	Never	60 (–.1)	41 (2.9)	24 (–2.8)
		Rarely	24 (–1.6)	11 (–1.4)	26 (3.2)
		More than rarely	34 (1.7)	9 (–2.0)	16 (.0)
Race/ethnicity	(242, 6 = 10.2, ns)				
Parental Education	(244, 4 = 4.5, ns)				
Household income	(230, 4 = 4.8, ns)				
Known perpetrator	(245, 2 = 4.1, ns)				
Physical abuse	(243, 2 = 3.3, ns)				
Household alcohol abuse	(242, 2 = .62, ns)				

\*  $p < .05$ .\*\*  $p < .01$ .\*\*\*  $p < .001$ .†  $p < .1$ .

One family context variable was significant and two approached significance. Never living with both parents was positively associated with non-disclosure and negatively associated with peer disclosure. The experience of a parental divorce or separation was negatively associated with non-disclosure. Some evidence suggested a negative association between a household drug abuser and non-disclosure and a positive association between occasional concerns for family safety and non-disclosure.

#### *Relationship between the dependent variables.*

A  $2 \times 2 \chi^2$  (non-disclosure categories were removed) indicated that disclosure to a peer was negatively associated with delaying disclosure longer than a month ( $\chi^2, 1 = 9.4, p = .002$ ). Thus, youth who disclosed to a peer tended to do so within a month after the USE.

#### *Multivariate analyses*

##### *Disclosure latency.*

Variables included in the initial model to predict disclosure latency were age, whether or not it was one-time event, survivor-perpetrator age differential, knowing the perpetrator well, a family perpetrator, the presence of a drug abuser in the household, and perception of family safety. The full model, which was significantly better than an intercept-only model ( $\chi^2, 20 = 90.1, p < .001$ ), predicted 39% of the variance as estimated by the Nagelkerke  $R^2$  and correctly classified 63.2% of the cases. Subsequently, whether or not it was a one-time event was removed, resulting in a final model significantly better than an intercept-only model ( $\chi^2, 18 = 93.2, p < .001$ ). This model predicted 39% of the variance and correctly classified (63.3%) of the cases. Because all variables reached an LLRT with  $p < .15$  (except for age differential which remained in the model per an a priori decision), the backward step-wise procedure was considered complete.

In Table 3, the parameter estimates for the final model predicting disclosure latency are presented. Age of onset, knowing the perpetrator, a family member perpetrator, and having a drug-abusing household member had significant effects on disclosure latency based on the Wald statistic ( $p < .05$ ). In logistic regression, parameters are typically interpreted using odds ratios [Exp (B)]. An odds ratio describes “the odds of a categorical outcome at one level of a categorical predictor relative to the odds of the outcome at a comparison level (i.e., the reference category)” (Kilpatrick et al., 2000, p. 22). In Table 3, the likelihood of non-disclosure and of delayed disclosure is compared to the reference category, immediate disclosure. Odds ratios above 1.0 indicate an increased likelihood where as odds ratios between 0 and 1 indicate a decreased likelihood. Within multicategory independent variables such as age, the final category, older adolescents (14–17), is also reference group for comparison. Thus, children aged 11–13 at the onset of the USE were 67% (1–.33) less likely to non-disclose than to disclose immediately compared to youth aged 14–17 at onset. Children aged 0–6 were 5.0 times more likely to delay disclosure than to disclose immediately compared to youth aged 14–17 at onset. Participants who knew their perpetrator were 3.1 times more likely to non-disclose and 3.7 times more likely to delay disclosure than to disclose within a month. Participants who were assaulted by a family member were 5.6 times more likely to delay disclosure than disclose within a month. However there was no significant effect of non-disclosure in comparison to immediate disclosure. This may indicate that although survivors of intrafamilial abuse are unlikely to tell right away, many eventually tell someone prior to the end of adolescence. Those females who reported a household member with a drug problem were 78% less likely to non-disclose than to disclose within a month. Although this finding seems counterintuitive, given that an association was found between

Table 3

Parameter estimates for multinomial regression predicting disclosure latency

	Sig.	Exp (B)
Non-disclosure versus disclosure within a month		
Age 0–6	.933	1.1
Age 7–10	.279	1.47
Age 11–13	.014	1.33*
Peer (vs. hierarchical USE)	.301	1.7
Known perpetrator	.025	3.1*
Family perpetrator	.377	1.7
Family safe—never	.086	1.43
Family Safe—rarely	.783	1.2
Household drug	.022	1.22*
Delayed disclosure versus disclosure within a month		
Age 0–6	.023	5.0*
Age 7–10	.208	2.2
Age 11–13	.408	1.66
Peer (vs. hierarchical USE)	.207	2.0
Known perpetrator	.029	3.7*
Family perpetrator	.001	5.6**
Family safe—never	.563	1.77
Family safe—rarely	.423	1.64
Household drug	.132	2.0

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

immediate disclosure and peer disclosure, it may be the case that these young women are disclosing immediately but to peers only.

#### *Disclosure recipient.*

Variables included in the multivariate analysis to predict disclosure recipient were age, the presence of penetration, whether the USE was a one-time event or a series of events, injury during the USE, feeling afraid for one's life, whether the perpetrator was older or a peer, whether or not the perpetrator was a family member, and the family structure history. The full model was significantly better than an intercept-only model ( $\chi^2$ , 22 = 81.4,  $p < .001$ ), predicted 38% of the variance as estimated by the Nagelkerke  $R^2$  and resulted in the accurate classification of 59.5% of cases. Once again whether or not the USE was a series of events was removed resulting in a final model significantly better than the intercept-only model ( $\chi^2$ , 20 = 80.8,  $p < .001$ ), which predicted 37% of the variance (Nagelkerke  $R^2$ ) and classified 59.4% of the cases correctly.

Parameter estimates for the final model predicting disclosure recipient are presented in Table 4. In Table 4, the likelihood of a variable influencing disclosure recipient is compared to the likelihood of disclosing ever to an adult. Age, penetration, fear, injury, and family structure history had significant effects. When compared to females aged 14–17, females aged 7–10 were 89% less likely to non-disclose than to tell an adult and 77% less likely to tell a peer than an adult. Females whose USE occurred between the ages of 11 and 13 were 82% less likely to have non-disclosed than to have told an adult. Taken together,

Table 4  
Parameter estimates for multinomial regression predicting disclosure recipient

	Sig.	Exp (B)
<b>Non-disclosure versus telling an adult</b>		
Age onset 0–6	.071	.25
Age onset 7–10	.004	.11**
Age onset 11–13	.001	.18**
Penetration	.030	.39*
Injury	.672	.77
Fear	.009	.28**
Peer (vs. hierarchical USE)	.716	1.2
Never with both parents	.005	4.6**
Divorce or separation	.252	.55
Never afraid for safety	.505	.71
Rarely afraid for safety	.067	2.8
<b>Telling a peer versus telling an adult</b>		
Age onset 0–6	.743	.77
Age onset 7–10	.037	.23*
Age onset 11–13	.097	.45
Penetration	.118	.52
Injury	.044	.06*
Fear	.210	.55
Peer (vs. hierarchical USE)	.026	3.4*
Never with both parents	.951	.96
Divorce or separation	.904	.95
Never afraid for safety	.334	1.7
Rarely afraid for safety	.485	1.6

\*  $p < .05$ .

\*\*  $p < .01$ .

these effects indicate that when an USE occurs between the ages of 7 and 13, the survivor is far more likely to tell an adult.

Females who experienced penetration during the USE were 61% less likely to non-disclose than to tell and adult. The presence of a fear of being killed during the USE was associated with a 72% decrease in the probability of non-disclosure versus telling an adult. If the perpetrator of the USE was a peer, the survivor was 3.4 times more likely to tell a peer rather than an adult. Finally women who never lived with both parents were 4.6 times more likely to non-disclose than to tell an adult.

## Discussion

The purpose of this study was to explore the factors that predict the timing and recipient of disclosures made by females who report an unwanted sexual experience (USE). Age was a key factor in both outcomes. Children under the age of 7 at the onset of the USE were unlikely to tell immediately. This finding is consistent with both forensic and retrospective studies (DiPietro et al., 1997; Farrell, 1988; Nagel et al., 1997; Smith et al., 2000; Sorensen & Snow, 1991). Accordingly, younger children may be less able

to surmount the barriers to disclosure including such factors as developmental stage and susceptibility to perpetrator tactics for maintaining secrecy. Very young children thus represent a highly vulnerable population and may be the most difficult to protect from USE.

Young women whose USE occur between the ages of 7 and 13 are most likely to tell an adult. Children aged 11–13 also tended to disclose within a month. Other researchers (Browne, 1991; Sorensen & Snow, 1991) have noted that latency-aged children begin to understand more clearly that unwanted sexual contact is “wrong” and are able to formulate some type of resistance to it. Many survivors of child sexual abuse in particular are able to protect themselves more effectively as they approach or enter adolescence.

Older adolescents (14–17) were more likely to tell only peers about an USE than were children aged 7–10. Analysis of the association between the dependent variables indicated that immediate disclosures occurred more often to peers. These results make sense in the context of the increasing importance of peer relationships in adolescence. Adolescents may also be more aware cognitively of the risks of telling family members who often react more negatively than friends (Arata, 1998; Lamb & Edgar-Smith, 1994). Thus, a peer-only disclosure represents a logical choice that is not available to younger youth or children. In the present study, a child under 11 is more likely to tell an adult than to non-disclose, but they are at risk for delaying disclosure beyond a month. Disclosing only to peers was also particularly pertinent in USE involving age mates. Thus, although adolescents shared more with peers than younger children, the information was more likely to be about an experience with a peer. This suggests that the stigma that often accompanies child sexual abuse remains a potent factor in adolescent peer relationships whereas peer sexual assaults may not carry the same implications.

A closer relationship to the perpetrator as indicated by knowing the perpetrator and the perpetrator being a family member makes immediate disclosure of an unwanted sexual experience unlikely. This finding is consistent with previous studies (Elliott & Briere, 1994; Sauzier, 1989; Smith et al., 2000) and clinical descriptions of the dynamics of intrafamilial abuse (Laing & Kamsler, 1990). Caregivers can utilize their status as authority figures to acquire access and maintain secrecy. Disclosure of intrafamilial sexual abuse is also often accompanied by a greater sense of disruption and shame by family members. Abuse by a stranger is easier to report because in general there are fewer potential costs to the disclosure. Reports of an USE by a stranger are more likely to be believed by family members and may result in less self attributions of blame or shame (Ullman, 1999). It may also be easier for young children to define the sexual activity as “wrong” or “abuse” when a stranger is the perpetrator.

In this study, fear for one’s life during the USE was associated with disclosure to an adult versus non-disclosure. This may be explained by survivors seeking protection and support. In addition, the use of more coercive tactics may have led to more overt post traumatic symptoms or injuries that could be detected and investigated by an adult. This finding partially diverges from Sauzier (1989) who found that coercion resulted in both delayed disclosures and immediate disclosures. Thus, in the present study, it appears that survivors sought protection or safety after the use of coercion whereas for many of Sauzier’s participants (a child sexual abuse only sample), the use of coercion maintained the silence.

Penetration during the USE was linked with disclosure to an adult as well. Penetration may influence disclosure through a variety of mechanisms. Penetration potentially leaves overt signs including bleeding, STDs, pregnancy and post traumatic symptoms which may have led to questions by adults. Again, penetration may represent a more severe form of USE from which survivors were more likely to seek protection. In contrast, Arata (1998) found that more severe forms of child sexual abuse were associated with less disclosure. This inconsistency may be explained by the fact that Arata’s sample consisted of survivors of child sexual abuse according to a strict definition. Within a sexually abused sample, the

experience of penetration may represent a later stage of a developmental progression to more severe types of sexual abuse. This developmental progression also typically includes the use of a variety of tactics by the perpetrator to maintain sexual access to the child and to maintain secrecy. Thus, for a child sexual abuse survivor, the more severe form of abuse is more likely to be accompanied by extensive use of tactics to maintain the secret by the perpetrator leading to a finding of less disclosure.

Of the family contextual factors investigated in this study, two variables achieved significance in the multivariate context. Survivors with a drug abusing household member were more likely to disclose promptly than to non-disclose. As noted above, this finding seems counterintuitive, in that the presence of a drug-abusing household member would appear to be a factor that would inhibit prompt disclosure, perhaps indicating an underlying disorganization or higher level of stress in the family. However a number of mechanisms may explain this finding. First, immediate disclosures may be occurring to peers rather than adults. Family distress and disorganization may be encouraging adolescents to form more intense and more important peer bonds that provide for functions not available from caregivers. Second, the presence of a drug abuser in the house may also be linked with more social and mental health services being provided to the family. This could result in a youth having more self protective skills and avenues for disclosing trauma to individuals such as counselors. Unfortunately, these conjectures cannot be confirmed in the present data and will require more detailed examinations of family environmental factors in future investigations.

The second family contextual factor linked to disclosure was family structure history. Never living with both parents was associated with maintaining the secret of an USE. Although single parenthood is increasingly an option that is chosen from the beginning, never living with both parents may be the result of out of wedlock, unplanned and/or teenage pregnancy. Younger, unplanned births are routinely associated with familial stressors that may make disclosing an USE unattractive. Again further research will be necessary to clarify these conjectures.

### *Implications*

The results of this study suggest that efforts to encourage disclosure must consider developmental stage as a primary factor. Public awareness campaigns and training of helping professionals must consider the extent to which a young person can conceptualize the USE as a disclosable event and consider the consequences of disclosing. When reaching out to an older audience, describing alternative consequences to family disruption or social stigma (treatment, helping the family as a whole, helping your parents understand better, feeling better about yourself) would be indicated. Also, outreach efforts may need to extend to adolescents' peers (e.g., "if a friend tells you about a bad sexual experience, here is how to help . . ."). The strength of a family perpetrator in restraining disclosure suggests that outreach efforts must avoid simplistic victim/perpetrator dichotomies. Given that an USE may occur in a context of varying levels of attachment to a perpetrator, a message from an educator regarding what is sexual abuse or sexual assault must reflect the often contradictory and confusing feelings that accompany an USE.

### *Limitations of the study*

In this study, the disclosure of unwanted sexual experiences was examined in a nationally representative sample of adolescent women. Aspects of the USE were examined using a behaviorally specific,

gated interviewing strategy designed to attenuate the potential for under response and recall biases. The study, however, has several important limitations. The use of surveys for investigations of victimization experiences is known to be biased by under-reporting. The sensitivity of the issue coupled with the age of respondents makes it difficult for many females to discuss an USE. It is possible that women who refused to report or discuss an unwanted sexual experience may represent a source of systematic bias and the results are generalizeable only to adolescent women who are willing to admit the occurrence of an USE via survey. Also, retrospective surveys may include bias in respondents' recall of their USE due to latency since onset as well as the influence of trauma. This bias may be attenuated somewhat by the use of dichotomous and sparse category variables. For example, delay was dichotomized into within a month and more than a month categories. Thus, inaccurate memories based on whether a disclosure was made in a week or 3 weeks would not effect classification. Under-reporting may also be attenuated by the use of a structured incident classification interview that has been successfully implemented in prior national studies (*cf*, Saunders, Kilpatrick, Hanson, Resnick, & Walker, 1999).

Another important limitation to the study is the assessment of some independent variables that were operationalized from an existing survey. In particular, given the difficulty of assessing the family environment, this concept may have not been adequately operationalized. Thus, the importance of this aspect of the disclosure process may have been underestimated. In assessing abuse severity, the use of a standardized, behaviorally oriented interview that has been used in prior studies likely attenuates this problem for this aspect of disclosure. However, descriptions of the relationship with the perpetrator were limited. Emotional closeness to family caregivers and the extent that a perpetrator was well "known" to the victim is unknown.

## **Conclusion**

This study identified factors that influence disclosure timing and recipients made by female victims of unwanted sexual experience in childhood and adolescence. Age proved a critical variable in predicting disclosure process with younger children being at a higher risk for delayed disclosure. As victims grow into adolescence, the growing importance of peers provides a source of support that becomes increasingly important in decisions to disclose. A family member perpetrator is associated with delayed disclosure. If the perpetrator is a stranger, immediate disclosure is more likely. Both fear during the USE and an USE involving penetration were associated with disclosure to adults. Cultural and familial factors play a role that requires further research to substantiate and understand.

These findings may assist clinicians and policy makers in understanding the developmental and adaptive processes that characterize victims of USE in childhood and adolescence. In particular, attention must be paid to developmental factors that herald changes in how a victim will perceive the multiple variables that influence decisions to disclose USE.

## **Acknowledgments**

The author wishes to acknowledge the helpful comments of Ms. Carla Abshire, Dr. Martha Giddings, and Dr. Mark Whatley.



## References

- Abma, J., Driscoll, A., & Moore, K. (1998). Young women's degree of control over first intercourse: An exploratory analysis. *Family Planning Perspectives*, 30, 12–18.
- Arata, C. M. (1998). To tell or not to tell: Current functioning of child sexual abuse survivors who disclosed their victimization. *Child Maltreatment*, 3, 63–71.
- Boney-McCoy, S., & Finkelhor, D. (1995). Psychosocial sequelae of violent victimization in a national youth sample. *Journal of Consulting and Clinical Psychology*, 63, 726–736.
- Browne, A. (1991). The victim's experience: Pathways to disclosure. *Psychotherapy*, 28, 150–156.
- DiPietro, E. K., Runyan, D. K., & Fredrickson, D. D. (1997). Predictors of disclosure during medical evaluation for suspected sexual abuse. *Journal of Child Sexual Abuse*, 6, 133–142.
- Elliott, D. M., & Briere, J. (1994). Forensic sexual abuse evaluations of older children: Disclosures and symptomatology. *Behavioral Sciences and the Law*, 12, 261–277.
- Epstein, J. N., Saunders, B. E., & Kilpatrick, D. G. (1997). Predicting PTSD in women with a history of childhood rape. *Journal of Traumatic Stress*, 10, 573–588.
- Farrell, L. T. (1988). Factors that affect a victim's self-disclosure in father-daughter incest. *Child Welfare*, 67, 462–468.
- Finkelhor, D., Hotaling, G., Lewis, I., & Smith, C. (1990). Sexual abuse in a national survey of adult men and women: Prevalence, characteristics, and risk factors. *Child Abuse & Neglect*, 14, 14–28.
- Fontes, L. A. (1993). Disclosures of sexual abuse by Puerto Rican children: Oppression and cultural barriers. *Journal of Child Sexual Abuse*, 2, 21–35.
- Hanson, R. F., Davis, J. L., Resnick, H., Saunders, B., Kilpatrick, D. G., Holmes, M., & Best, C. L. (2001). Predictors of medical examinations following child and adolescent rapes in a national sample of women. *Child Maltreatment*, 6, 250–259.
- Hanson, R. F., Resnick, H. S., Saunders, B. E., Kilpatrick, D. G., & Best, C. (1999). Factors related to the reporting of childhood rape. *Child Abuse & Neglect*, 23, 559–569.
- Hosmer, D. W., & Lemeshow, S. (1989). *Applied logistic regression*. New York: Wiley.
- Kellogg, N. C., & Huston, R. L. (1995). Unwanted sexual experiences in adolescents: Patterns of disclosure. *Clinical Pediatrics*, 34 (June), 306–312.
- Kilpatrick, D. G., Acierno, R., Saunders, B., Resnick, H. S., Best, C. L., & Schnurr, P. P. (2000). Risk factors for adolescent substance abuse and dependence. *Journal of Consulting and Clinical Psychology*, 68, 19–30.
- Kilpatrick, D. G., & Saunders, B. E. (1995). *The National Survey of Adolescents in the United States (computer file)*. Medical University of South Carolina [producer], 1999. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [distributor], 2000.
- Laing, L., & Kamsler, A. (1990). Putting an end to secrecy: Therapy with mothers and children following disclosure of child sexual assault. In M. Durrant & C. White (Eds.), *Ideas for therapy with sexual abuse* (pp. 159–181). Adelaide: Dulwich Centre Publications.
- Lamb, S., & Edgar-Smith, S. (1994). Aspects of disclosure: Mediators of outcome of childhood sexual abuse. *Journal of Interpersonal Violence*, 9, 307–326.
- Lawson, L., & Chaffin, M. (1992). False negatives in sexual abuse disclosure interviews: Incidence and influence of caretaker's belief in abuse in cases of accidental abuse discovery by diagnosis of STD. *Journal of Interpersonal Violence*, 7, 532–542.
- Nagel, D. E., Putnam, F. W., Noll, J. G., & Trickett, P. K. (1997). Disclosure patterns of sexual abuse and psychological functioning at a 1-year follow up. *Child Abuse & Neglect*, 21, 137–147.
- Paine, M. L., & Hansen, D. J. (2002). Factors influencing children to self-disclose sexual abuse. *Clinical Psychology Review*, 22, 271–295.
- Pennebaker, J. W. (Ed.). (1995). *Emotions, disclosure, and health*. Washington, DC: American Psychological Association.
- Roesler, T. A., & Wind, W. T. (1994). Telling the secret: Adult women describe their disclosures of incest. *Journal of Interpersonal Violence*, 9, 327–339.
- Saunders, B. E., Kilpatrick, D. G., Hanson, R. F., Resnick, H. S., & Walker, M. E. (1999). Prevalence, case characteristics, and long-term psychological correlates of child rape among women: A national survey. *Child Maltreatment*, 4, 187–200.
- Saunders, B. E., Villeponteaux, L. A., Lipovsky, J. A., Kilpatrick, D. G., & Veronen, L. J. (1992). Child sexual assault as a risk factor for mental disorders among women: A community survey. *Journal of Interpersonal Violence*, 7, 189–204.
- Sauzier, M. (1989). Disclosure of child sexual abuse: For better or worse. *Psychiatric Clinics of North America*, 12, 455–469.

- Sinclair, B. B., & Gold, S. R. (1997). The psychological impact of withholding disclosure of child sexual abuse. *Violence and Victims, 12*, 137–145.
- Smith, D., Letourneau, E. J., Saunders, B. E., Kilpatrick, D. G., Resnick, H. S., & Best, C. L. (2000). Delay in disclosure of childhood rape: Results from a national survey. *Child Abuse & Neglect, 24*, 273–287.
- Sorensen, T., & Snow, B. (1991). How children tell: The process of disclosure in child sexual abuse. *Child Welfare, 70*, 3–16.
- Ullman, S. E. (1996). Correlates and consequences of adult sexual assault disclosure. *Journal of Interpersonal Violence, 11*, 554–571.
- Ullman, S. E. (1999). Social support and recovery from sexual assault: A review. *Aggression and Violent Behavior, 4*, 343–358.

## Résumé

Cette étude a pour but d'identifier les facteurs qui ont une influence sur la révélation faite par des femmes qui ont survécu à des expériences sexuelles non volontaires (USE) durant l'enfance et l'adolescence. On a examiné les facteurs de prédiction à la fois du moment de la révélation (délai court, long ou pas de révélation) et de la personne à qui est faite la révélation (à un adulte, à des pairs seulement ou pas de révélation). Les caractéristiques des participantes, les caractéristiques des expériences non-volontaires subies (USE) ainsi que les variables du contexte familial ont été explorées.

**Méthode:** Un sous-échantillon de 263 adolescentes qui avaient signalé des expériences sexuelles non-volontaires dans l'enquête nationale sur les adolescentes (NSA) ont apporté des données sur les caractéristiques de leur expérience ainsi que sur le moment et l'interlocuteur de la révélation. On a utilisé deux analyses de régression logistique nominales pour déterminer les facteurs significatifs de prédiction de chaque aspect de la révélation.

**Résultats:** L'âge de l'agression, un agresseur connu, une relation familiale avec l'auteur, et des faits concernant l'abus de drogues à la maison, sont en relation avec le moment de la révélation. L'âge au moment de l'agression, la pénétration, la crainte pour sa vie au moment de l'abus sexuel, une blessure subie alors, la structure familiale et la différence d'âge entre la victime et l'auteur sont liés au choix de la personne à qui a été faite la révélation.

**Conclusion:** L'âge constitue une variable critique dans le processus de révélation. Alors que des aspects de l'expérience de l'abus avaient été plus importants pour prédire à qui la victime se confierait, la relation à l'agresseur a été plus importante pour décider du délai menant à la révélation. Lorsque les victimes deviennent adolescentes, leur relation avec leurs pairs est fondamentale et leur procure une source de soutien qui devient de plus en plus importante pour prendre la décision d'une révélation.

## Resumen

**Objetivo:** Los objetivos de este estudio eran identificar los factores que influyen en el desvelamiento hecho por mujeres víctimas de experiencias sexuales no deseadas ocurridas en la infancia y la adolescencia. Se investigaron los predictores del momento del desvelamiento (corto, largo, ausencia) y del receptor del desvelamiento (adulto, compañero/a, nadie). Se estudiaron las características de los participantes, las características de la experiencia de abuso sexual y las variables del contexto familiar.

**Método:** Una submuestra de 263 mujeres adolescentes que había notificado experiencias sexuales no deseadas en una Encuesta Nacional de Adolescentes proporcionó datos sobre las características de su

experiencia y sobre el desvelamiento del abuso. Se utilizaron dos análisis de regresión logística multinominal para determinar los predictores significativos de cada aspecto del desvelamiento.

**Resultados:** La edad de aparición, el hecho de que el agresor sea conocido, que haya una relación familiar con el agresor y la existencia de antecedentes de abuso de drogas en el hogar están relacionados con el momento del desvelamiento. La edad de aparición del abuso, la existencia de penetración, el miedo por la propia vida en el momento del abuso, la existencia de lesiones físicas, la estructura familiar y la diferencia de edad entre la víctima y el agresor están relacionados con la persona a quien se hace el desvelamiento.

**Conclusiones:** La edad es una variable crítica en el proceso de desvelamiento. Mientras los aspectos de la experiencia del abuso sexual son más importantes para predecir a quien se lo comunica la víctima, la relación existente con el agresor fue más importante como predictor del tiempo que se tarda en hacer el desvelamiento. En las adolescentes, los compañeros/as se convierten en una fuente de apoyo que se hace muy importante en las decisiones sobre la comunicación del abuso sexual.