

What Do We Know About Gender in the Disclosure of Child Sexual Abuse?

S. Shin Shin Tang
Jennifer J. Freyd
Meggy Wang

ABSTRACT. Child sexual abuse (CSA) is usually concealed by shame and secrecy, and it is often not disclosed for long periods or is not disclosed at all. Lack of disclosure has profound implications for prevention, treatment, and science. Gender is often assumed to be a factor in disclosure rates. Although empirical investigations of the role of gender in the disclosure of CSA have increased in psychological research in the past decade findings are often contradictory, and support for common beliefs such as males being more reluctant to disclose than females may not be as strong as assumed. Therefore, in this article we ask the question, “What do we know about gender in the disclosure of child sexual abuse?” We evaluate the degree of validity of reported rates of CSA by examining the methods used to gather epidemiological evidence for CSA. We also provide a critique of two methods commonly used in the study of CSA: prospective and retrospective studies. We conclude by identifying areas to address in future studies concerning gender and CSA.

KEYWORDS. Child sexual abuse, disclosure, gender

S. Shin Shin Tang, MS, and Jennifer J. Freyd, PhD, are affiliated with the Department of Psychology, University of Oregon.

Meggy Wang, BA, is affiliated with Stanford University.

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Address correspondence to: S. Shin Shin Tang, MS, Department of Psychology, 1227 University of Oregon, Eugene, OR 97403-1227 (E-mail: stang@uoregon.edu).

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“Child sexual abuse occurs within a ‘gendered’ social context”
(Ullman & Filipas, 2005, p. 768)

Social context is being increasingly acknowledged by researchers and clinicians alike as playing a central role in the experience of child sexual abuse (CSA). Among the numerous factors that compose social context, gender is one of the most pervasive, especially in regard to CSA. Gender can influence an individual’s risk for being sexually abused (Bolen & Scannapieco, 1999; World Health Organization [WHO], 2002), by whom (Gartner & Macmillan, 1995; Goldberg & Freyd, 2006), the outcome of the abuse (Molnar, Buka, & Kessler, 2001; Rind, Tromovitch, & Bauserman, 1998), and the likelihood of receiving social support (Cromer & Freyd, 2007; Schoen, Davis, DesRoches, & Shekhdar, 1998). Gender has also been theorized to influence the disclosure of CSA (e.g., DeVoe & Faller, 1999; Edwards, Holden, Felitti, & Anda, 2003; Ullman & Filipas, 2005).

Because CSA is usually concealed by shame and secrecy, disclosure is a critical aspect of the response process; one of the first conditions for stopping the abuse is that it become known to others beside the victim and perpetrator. However, CSA is typically not disclosed immediately, if ever (e.g., Allagia, 2004; Paine & Hansen, 2002; Smith et al., 2000), a fact that has implications for the maintenance of the abuse at both individual and societal levels and for the potential to provide support to victims. It also has a significant impact on the accuracy of estimates of abuse rates and, therefore, on what we know about gender and disclosure.

Several factors affecting the disclosure of CSA, such as age at time of abuse and severity and frequency of abuse, have been addressed in recent reviews (Paine & Hansen, 2002; Ullman & Filipas, 2005). However, the complex issues and potential confounds in research concerning gender have yet to be addressed. Despite the increasing attention given to the association between gender and CSA disclosure in the past decade, research findings are often contradictory, creating a web of information that can be difficult to untangle. For example, some studies report no gender difference in the tendency to disclose CSA (Goodman et al., 2003; Williams & Banyard, 1997). Wide variance in methodology, demographic characteristics, and sample type among these studies most likely contributes to these conflicting results.

Furthermore, common assumptions and biases in beliefs about gender may confuse interpretation of the data. For instance, we may be prone to believing epidemiological data indicating that girls have a higher exposure to CSA because it fits stereotypes of victimhood. Although it is true

that studies have repeatedly found that 1 in 3 girls experience CSA compared to 1 in 10 boys (Bolen & Scannapieco, 1999; Freyd et al., 2005; Malhotra & Biswas, 2005; WHO, 2002), these rates may also be influenced by gender differences in willingness to disclose the abuse. The belief that CSA among boys is more rare may be harmful if found to be inaccurate and may cause professionals to overlook cases of CSA. Another common assumption is that men are less willing to disclose abuse than are women. However, the empirical basis for this claim has not been carefully investigated across studies.

In this article, we examine what we know to date about some essential questions and assumptions regarding CSA disclosure and gender. In particular, we hope to provide some clarification to the rather broad question, “What do we know about gender in the disclosure of child sexual abuse?” We begin by questioning the assumption that disclosure is always helpful to the victim, examine ways in which disclosure is defined in research, and discuss models of disclosure. In particular, we focus upon Roland Summit’s (1983) influential Child Sexual Abuse Accommodation Syndrome (CSAAS) and the more recent ecological model proposed by Lisa Fontes (2005), both of which implicate social factors as integral to the disclosure process.

Based on the contextual perspectives provided by the CSAAS and the ecological models, we continue our analysis by reviewing the literature concerning other frequently asked questions concerning disclosure and gender, including, What are common barriers to disclosure? How might these differ for children and adults, for males and females, and for those of differing cultures? What factors encourage disclosure? How do we measure rates of disclosure? How accurate are these methods? and Are there true gender differences in rates of disclosure? To answer this last question, we evaluate the degree of validity of reported rates of CSA by examining the methods used to gather epidemiological evidence. We also provide a critique of two methods commonly used in the study of CSA: prospective and retrospective studies. We conclude by identifying areas to address in future studies concerning gender and CSA.

IS DISCLOSURE HELPFUL TO THE VICTIM?

Because CSA typically occurs in secrecy, disclosure by victims can be critical in order to stop the abuse and provide legal intervention. There is also an assumption by many that disclosure will bring emotional relief to the victim and result in improved psychosocial functioning later in life.

However, although some studies have found that disclosure of other types of trauma such as car accidents and severe illness to be beneficial (Hemenover, 2003; King, 2001; Pennebaker, Kiecolt-Glaser, & Glaser, 1988), it remains unclear whether these results can be transferred to the disclosure of CSA. Most studies specifically examining disclosure of CSA do not find differences in psychological functioning between disclosers and nondisclosers for either children or adults (e.g., Nagel, Putnam, Noll, & Trickett, 1997; Sinclair & Gold, 1997; Testa, Miller, Downs, & Panek, 1992; for a brief review, see Ruggiero et al., 2004). Others have found disclosure to be associated with greater anxiety and difficulty with coping (Elliott & Briere, 1994; Tufts New England Medical Center, 1984). One study even suggests that those who disclose in childhood have more severe trauma symptoms than those who wait to tell in adulthood (Roesler, 1994).

Conversely, a study by Gries et al. (2000) linked disclosure to lowered rates of behavioral acting out among children, especially among those who received positive parental support. Among women with a history of CSA, Arata (1998) found disclosure was related to a reduction in intrusive and avoidance symptoms.

One criticism of disclosure studies has been the use of convenience samples and lack of control for variables that may moderate the relationship between disclosure and psychological outcome such as abuse frequency and injury (Ruggiero et al., 2004). Using a national probability sample of women, Ruggiero et al. examined the outcomes of three categories of disclosure of childhood rape: nondisclosure, short-delay disclosure (less than 1 month), and long-delay disclosure (longer than 1 month). Women who were long-delay disclosers were more likely to meet criteria for posttraumatic stress disorder (PTSD) and have a major depressive episode (MDE) within the past year than were short-delay disclosers and nondisclosers. After controlling for demographic characteristics (e.g., ethnicity, income) and characteristics of the rape experience (e.g., frequency, relationship to the perpetrator, injury), the association between long-delay disclosure and PTSD, but not MDE, remained. In addition, relationship to the perpetrator predicted long-delay disclosure. Whereas the majority of women threatened by familial perpetrators were long-delay disclosers (72.5%), a minority of those threatened by someone outside the family were long-delay disclosers (27.9%).

Based on extant literature, it appears that disclosure is at times helpful, at other times harmful, and at still other times neither helpful nor harmful. The current challenge is to develop studies that use random samples rather

than convenience samples and that measure contextual and covarying factors, beginning with those that have already been demonstrated to influence abuse outcome in general and including those that theoretically impact disclosure helpfulness such as social reaction.

HOW DO WE DEFINE DISCLOSURE?

The decision to disclose is typically construed as an individual choice, but as with most issues concerning abuse, the reality is much more complex, embedded within a system of personal relationships and culture. One of the most influential theories of disclosure to date is CSAAS, developed by Summit (1983). This theory emphasizes that disclosure is not a single event but a process that is highly dependent on the reactions of others. CSAAS states that because they are unable to defend themselves as an adult would, children frequently accommodate the abuse and subsequently delay disclosure for many years. When the victim does choose to disclose, it is often met with disbelief, in part because of this long delay. This negative reaction confirms their worst fears, causing many victims to recant their claims and return to the habit of accommodating their abusers.

A number of epidemiological studies have provided empirical support for the stages described by CSAAS and have revealed nondisclosure, recanting, and delayed disclosure to be common occurrences (Bolen & Scannapieco, 1999; DeVoe & Faller, 1999; Elliott & Briere, 1994; Fergusson, Horwood, & Woodward, 2000; Goodman et al., 2003; Sorenson & Snow, 1991). Fergusson et al. modeled data from a longitudinal study in which 980 men and women in New Zealand were interviewed concerning CSA and physical abuse at ages 18 and 21. The authors found relatively poor agreement between the reporting of the women at these two times; about half who had reported CSA at 18 did not report it at 21 and half who had reported CSA at 21 did not report it when they were 18. After determining that this variability was independent of psychiatric status or history, Fergusson et al. used a latent class model to predict the individual's true but nonobserved abuse status from the data. They found that the unreliability in self-reports of being sexually abused were most likely due to false negatives and that false positives did not occur in this model.

In a meta-analysis, Bolen and Scannapieco found similar results and concluded that estimates of abuse are likely to underestimate the true prevalence, especially when the estimates are based on a single report. DeVoe and Faller (1999) interviewed 76 children who had been referred

for evaluations of CSA. Although 56 of them had disclosed prior to the evaluation, 8 (11%) of the children did not disclose until a second or later interview. Only 1 child of the 56 initiated disclosure and all the others needed to be asked. These results are indicative of disclosure as a process. Goodman et al. (2003) also found that among adults who did not disclose a previously documented case of CSA, about half reported it during a second phase of the study and several more in a third phase.

The ecological model of CSA proposed by Fontes (2005) elaborates on the nature of social factors that affect the victim. In this model, an ecosystemic framework situates the individual within successively larger concentric circles of home/family, ethnic culture, proximal social systems, and wider social systems. Although, as Fontes acknowledged, this model artificially separates one level from another, it represents a shift away from emphasis on the individual. This is particularly important in the realm of disclosure; the literature indicates that disclosure is not just an individual responsibility, but one that also relies on numerous social influences beyond the control of the individual. Among these influences, gender can be considered one of the most pervasive, cutting across social spheres. For example, gender has been associated with the victim's relationship to the perpetrator, with girls being more likely to be sexually abused by someone within their family and boys by someone outside the family (Goldberg & Freyd, 2006).

In addition to intentional, individual disclosure, there are many other ways in which CSA can be disclosed, many of which are unintentional (e.g., through behavior and body language) and/or are dependent on those in contact with the victim (e.g., family members, friends, teachers, police, social workers, and health care providers). The sociocultural context can be especially important for people of color for whom the decision to disclose can become a community issue rather than simply a personal one. Therefore, in this article, we have found it necessary to define disclosure in broader terms, including communication of abuse not only by the victim but by family members and community. Disclosure can also be considered in terms of who is told. Most studies consider disclosing in terms of telling someone in authority, that is, a parent, caregiver, teacher, doctor, therapist, or police officer. Some studies also examine disclosure to friends. Technically, admitting to being abused on a research survey is also telling someone, but this is not usually defined as disclosure in the literature. However, it can also be an interesting issue to study.

Finally, disclosure can be operationally defined in terms of time. For example, Wyatt (1990) categorized telling someone within six months as

disclosure and a delay of several years as nondisclosure. Others have measured the length of time between the last occurrence of abuse and disclosure and treated it as a continuous variable (Goodman-Brown, Edelstein, Goodman, Jones, & Gordon, 2003; Ma, Yau, Ng, & Tong, 2004). In this article, we specify the way in which disclosure was defined by a study and consider the results of considering various aspects of disclosure.

WHAT ARE THE BARRIERS TO DISCLOSURE?

The common occurrence of delayed disclosure and nondisclosure is evidence of the numerous barriers to disclosing an experience that many survivors consider shameful and difficult for others to believe (Goodman-Brown et al., 2003; Somer & Szwarcberg, 2001). Most of those who experience CSA do not disclose until adulthood, and many never tell at all (Jonzon & Lindblad, 2004; Smith et al., 2000; Wyatt, 1990). Participants in a study conducted by Lamb and Edgar-Smith (1994) reported that reactions to childhood disclosures were significantly less helpful than adult disclosures.

It is vital to gain a better understanding of factors that affect disclosure in order to create environments that are more supportive and will encourage disclosure rather than discourage it. Numerous barriers to disclosure that have been identified including having a close relationship to the perpetrator, fear of not being believed, shame and embarrassment, perceived lack of social support, lack of close friends, fear of being disloyal to family or ethnic group, feeling responsible for the abuse, grooming by the perpetrator, forgetting the abuse, fear for personal safety and the safety of others, and fear of removal from home (e.g., Allagia, 2004; Freyd, 1994; Jonzon & Lindblad, 2004; Williams, 1994). In this section, we review the extant literature concerning various barriers to disclosure pertaining to children and adults, men, women, and ethnic groups.

Why Might Kids Not Disclose?

Age and disclosure. The age of the child victim in relation to disclosure has been extensively studied, with mixed results. Widom and Morris (1997) found no association between age and likelihood of disclosure. Conversely, Williams and Banyard (1997) found that women who were younger were less likely to disclose. Ma et al. (2004) found that age was associated with who was told, with adolescents more likely to report to people outside the family and younger children more likely to report to

family members at the time of abuse. Studies have also found that younger children are more likely to have no recall of the abuse (e.g., Chu, Frey, Ganzel, & Matthews, 1999). On the other hand, Campis, Hebden-Curtis, and DeMaso (1998) found in a clinic study that preschool-aged children were more likely to disclose unintentionally through behavioral or physical symptoms, or verbally by accident. In contrast, slightly older children tended to make purposeful disclosure.

Severity, duration, and frequency of abuse. Findings are mixed concerning the directionality of the relationship between severity of abuse and disclosure. Part of the difficulty in comparing results stems from differing definitions of abuse. Noncontact abuse (e.g., being shown pornography, verbal sexual abuse, exposing genitals) has generally been defined as less severe than contact abuse (e.g., fondling, oral sex, penetration; Mennen, 1995; Ullman & Filipas, 2005; Wyatt, 1990). However, others (e.g., Smith et al., 2000) have measured severity in terms of number of abuse incidents and perception of life threat.

Wyatt (1990) found that the majority of incidents reported to nuclear families were about abuse that did not involve contact. Other studies have also found contact abuse to be related to nondisclosure (Hanson, Resnick, Saunders, Kilpatrick, & Best, 1999; Sauzier, 1989; Wyatt & Newcomb, 1990). Sauzier found that noncontact events were more likely to result in faster disclosure. The relationship between abuse severity and disclosure may be in part due to forgetting the abuse; studies have found that having a period of no recall of the abuse is associated with more violent episodes of abuse (Briere & Conte, 1993; Herman & Schatzow, 1987). In a study of child rape victims, Smith et al. (2000) found that single abuse incidents were more likely to be reported than multiple abuse incidents. However, they did not find that the use of threats and force, victim injury, or subjective perception of life threat were related to delay in disclosure. This result may be because of the limited range of abuse studied (penetration rape only) that did not include noncontact abuse. Similarly, Jonzon and Lindblad (2004) found that the addition of physical force was associated with a higher likelihood of disclosure. They proposed that the findings can be interpreted as reflective of loyalty, whereby perpetrators who can gain the loyalty of young victims through secrecy do not need to use physical force.

Duration and frequency of abuse are additional variables that appear to affect disclosure independent of severity (Beitchman et al., 1992; Elliott & Briere, 1994; Ma et al., 2004). Duration and frequency are also correlated

with abuse by a father or stepfather (Finkelhor 1979; Russell, 1983). It may be that living with the perpetrator both allows for greater frequency and suppresses disclosure. Jonzon and Lindblad (2004) found that those who were continuously abused felt “very close” to their perpetrator.

Relationship to perpetrator. Betrayal trauma theory, developed by Freyd (1994), brought to light the importance of the relationship between the victim and the perpetrator. It posits that traumas perpetrated by someone close to the victim are more likely to cause dissociation and unawareness than those perpetrated by someone not close. Based on this theory, one would suppose that those abused by a parent or relative would be less likely to disclose abuse than those abused by a stranger or acquaintance. Indeed, the preponderance of studies indicates that intrafamilial abuse victims are more likely to delay disclosure than are extrafamilial abuse victims (e.g., Arata, 1998; Goodman-Brown et al., 2003; Ma et al., 2004; Sauzier, 1989; Smith et al., 2000). Smith et al. found that girls raped by relatives were twice as likely to keep the assault secret, for more than 1 month, than were those raped by nonrelatives.

Using the Betrayal Trauma Inventory, Foynes, Freyd, and DePrince (2008) examined the link between perpetrator relationship and length of time to disclosure among victims of physical, emotional and sexual abuse. They found that the majority of those abused by someone close, such as an immediate family member, waited years to disclose the abuse, if they disclosed at all. Furthermore, Chi-square tests of independence indicated an interaction between perpetrator relationship and disclosure. Those who were emotionally or physically abused by someone close were less likely to disclose abuse at all than those abused by someone not close. Results for sexual abuse were inconclusive, possibly due to the construction of the Betrayal Trauma Inventory, which allowed participants to choose which sexual abuse incident to report. Nonetheless, the findings highlight the importance of the relationship between victim and perpetrator when evaluating the effects of abuse.

In a community survey of 689 homeowners in Oregon, Goldberg and Freyd (2006) found that many more women than men reported having experienced mistreatment by someone close to them, whereas more men than women reported mistreatment by someone not close. Women reported overall higher rates of sexual abuse in both childhood and adulthood. As children, men were five times more likely to be physically attacked by someone not close, whereas slightly more women were attacked by someone close. In adulthood, women were six times more

likely than men to be attacked by someone close. Conversely, men were three times more likely to be attacked by someone not close.

Goodman-Brown et al. (2003) measured time to disclosure from last incident of CSA. Path analysis indicated that, even after being mediated by other factors such as perception of responsibility for the abuse, children who experienced intrafamilial abuse took longer to disclose than did those with extrafamilial abuse. Ma et al. (2004) also measured time to disclosure among a sample of children in Hong Kong with similar results. Those abused by family members took the longest time to disclose (3 years), followed by other known people (17 months) and finally strangers (15 days). Two studies (Goodman et al., 2003; Kellogg & Hoffman, 1995) did not find that type of perpetrator predicted disclosure. However, these were both prospective studies, which as previously noted, may use particularly atypical samples, severely limiting generalizability.

Individual Experiences

Within the individual, self-blame, ambivalence as to whether the abuse experience was consensual, and the experience of peer pressure have been found to be associated with lower rates of disclosure (Kellogg & Hoffman, 1995). A host of other fears have been suggested to discourage disclosure, including fear of breaking up the family, fear for one's own safety, and wanting to protect others (Allagia, 2004).

Why Might Adults Not Disclose?

Dissociation and lack of memory for abuse. The inability to recall the abuse may hinder any form of disclosure. Numerous studies have indicated that it is possible to forget traumatic events only to recall them at a later age. For more thorough reviews of psychogenic amnesia for CSA, we refer readers to Davies and Dalgleish (2001) and Middleton, Cromer, and Freyd (2005). There does not appear to be a gender difference in dissociation (Spitzer et al., 2003) although Ullman and Filipas (2005) found women reported a greater reliance on using withdrawal and trying to forget as coping strategies.

Related to dissociation, lack of emotional awareness may also hinder the identification of abuse. For example, Goldsmith and Freyd (2005) found that experiences of childhood emotional abuse were positively correlated with measures of alexithymia, the inability to express feelings in words. They proposed that this association may partly explain why it is often difficult for victims to acknowledge abuse.

Why Might Men and Women Not Disclose?

There appear to be some differences in reasons why men and women choose to disclose. A qualitative study by Allagia (2004) found that the most frequently cited reason for nondisclosure among men was fear of being viewed as homosexual and as victims. Consistent with results found by Goodman-Brown et al. (2003), women were mainly concerned about the impact of disclosure on others and felt reluctant to burden others. Women also feared being blamed or disbelieved, whereas most men were quite confident that they would be believed because making themselves vulnerable to being labeled gay for other reasons would be seen as highly unlikely. However, further empirical study is necessary to contribute to the validity of these findings.

Men have also been purported to have greater confidence in being believed than women based on the perception that it is unlikely they would otherwise risk the stigma of being labeled gay (Allagia, 2004). However, women have been found to receive greater social support from their families (Stroud, 1999) and more positive social reactions (Ullman & Filipas, 2005). Paradoxically, women also received more negative reactions than men, though not to a significant degree.

What Factors Encourage Disclosure?

Social support. Social support is one of the most important factors in facilitating recovery from child sexual abuse. Gries et al. (2000) found that sexually abused children with full support from their parents were significantly less depressed than were children who only received partial support. Children with less supportive families have also been found to have more PTSD and dissociative symptoms (Roesler, 1994).

Perceived social support has also been found to be critical in a child's decision to disclose. Lawson and Chaffin (1992) conducted a study in which social workers privately interviewed 28 children with confirmed cases of sexually transmitted diseases. Rates of disclosure were compared with whether the caretaker of the child was supportive, in this case minimally defined as the willingness to consider the possibility of sexual abuse. They found that children with supportive caretakers were more than three and a half times more likely to disclose in the interview than were children with caretakers who refused to acknowledge any possibility of sexual abuse (63% vs. 17%).

Maternal support. Mothers are usually the first people children turn to when disclosing about sexual abuse (Jonzon & Lindblad, 2004; Schoen et al.,

1998). Their response appears to be critical in the success of the disclosure and future functioning of the child (Wyatt, 1990). For a review of research concerning maternal response to CSA disclosure, see Lovett (2004). Children who receive negative reactions or unsupportive interventions after disclosing tend to exhibit more behavioral problems (Adams-Tucker, 1984). Boys especially appear to be lacking in social support. In a national survey, 1 in 5 boys reported having no one to turn to when feeling stressed or overwhelmed compared to 1 in 10 girls (Schoen et al., 1998).

HOW MIGHT CULTURE INFLUENCE DISCLOSURE?

Research is beginning to suggest ethnic group differences in willingness to disclose CSA, with African Americans, Asian Americans, and Latinos being less likely to discuss sexual abuse than European Americans (Foyne et al., 2008; Goodman et al., 2003; Rao, DiClemente, & Ponton, 1992). Several cultural and societal reasons have been proposed to explain this difference. Abney and Priest (1995) suggested that the strong tolerance for suffering in African American culture, especially the model of the strong African American woman, can serve as a barrier to seeking treatment. They also suggested that African American communities can be particularly homophobic, making the burden of disclosing CSA greater for men. Finally, historically negative experiences with police, courts, and social service agencies may also prevent families from seeking help. Wyatt (1990) found that African Americans were more likely to report abuse to extended family members than Whites but were less likely to tell friends and authority figures (e.g., police, doctors, teachers, and counselors).

Among Asian Americans, Rao et al. (1992) found that Asian primary caretakers were half as likely as those of other ethnic groups (African Americans, Latinos, and Whites) to spontaneously report CSA to authorities. They were also most likely to disbelieve the trend. Similarly, in a self-report study of adult CSA victims, Foyne et al. (2008) found that Asian Americans were significantly less likely than Whites to say they had disclosed their abuse to anyone else.

Fontes (1993) wrote that Puerto Rican children in the United States are discouraged from disclosing because of experiences of discrimination by school staff and other authority figures, which leads to mistrust. As with African Americans, fear of police brutality may inhibit both victims and parents from reporting abuse. Many Latina/os may also experience isolation from potentially helpful sources because of poverty that results in a lack of telephones,

transportation, and neighborhood crime. Lack of bilingual services can further contribute to the barriers to disclosing or receiving appropriate assistance even when a disclosure is made. Finally, financial dependence on the perpetrator may also make it difficult for mothers to acknowledge the abuse (Sanders-Phillips, Moisan, Wadlington, Morgan, & English, 1995).

HOW DO WE MEASURE RATES OF DISCLOSURE?

The secretive nature of CSA means that estimating its rate of occurrence by relying on witnesses or other direct evidence, such as photographs or videotapes, is virtually impossible. Therefore, researchers must rely on more indirect means, all of which introduce a measure of bias. For these same reasons, evaluating the rate of disclosure and whether gender differences exist is likewise a difficult task and necessarily includes error. Several means have been used to determine whether there are gender differences in disclosure of CSA, including the estimation of exposure rates, asking about disclosure to others, and examining documented records of CSA. Typically, the first two are conducted using a retrospective design and the latter with a prospective design, but all introduce inherent biases.

Studies using a retrospective design generally depend on self-reported abuse experiences usually in the context of a written survey, although in-person interviews by researchers and counselors have also been employed (e.g., DeVoe & Faller, 1999; Wyatt, 1990). In contrast, prospective studies attempt to verify the occurrence of CSA from documented records such as medical reports, police reports, or legal proceedings. In the upcoming section, we address the advantages and disadvantages of each method in respect to determining whether gender differences in disclosure exist.

Retrospective Studies

Retrospective studies offer two sources of information from which to infer disclosure rates as a function of gender. The first is the underlying actual exposure to CSA. However, we would like to emphasize that reporting CSA in the context of research is a form of disclosure in itself, regardless of assurances of anonymity in participation. Therefore, in addition to the ability to remember the abuse, retrospective studies depend upon the willingness of the participant to make disclosures to the researcher or interviewer. As we have discussed, numerous factors associated with gender such as age at time of abuse, availability of social support, the number of

times of asking about abuse, and relationship to the perpetrator can introduce biases in estimating the rates of disclosure to researchers by gender.

Another form of information that can be provided by retrospective studies is whether victims have previously disclosed CSA to others such as friends, family members, or authority figures. These responses are of course also dependent on whether the victim was willing to disclose an abuse experience to the researcher at all. Therefore, the disclosure rates obtained represent proportions of only those people who were willing or able to discuss their abuse in the study and exclude those who did not. It follows that our current estimates of disclosure rates using this method are most likely overestimates that are also influenced by factors related to gender.

One of the main advantages of retrospective studies is that they allow for a large and representative sample size with a range of demographic characteristics and differing types of abuse experiences. In doing so, they include in their sample those who have never disclosed before. Retrospective studies consistently report that only about 30% of those who have experienced CSA disclosed it at all during childhood (Jonzon & Lindblad, 2004; Lamb & Edgar-Smith, 1994; Smith et al., 2000; Wyatt, 1990). Even fewer disclosures result in official reports. A national survey of women by Hanson et al. (1999) found that of 437 completed childhood rape incidents, only 52 (11.9%) were reported to the police or authorities. It is also possible that in cases of repeated CSA, one instance of abuse may be reported whereas another may not (Goodman et al., 2003).

Prospective Studies

Like retrospective studies, prospective studies provide estimates of underlying actual differences or similarities in exposure to abuse as a function of gender. However, their reliance on prior documentation adds yet another layer of required disclosure. In addition to disclosure to the researcher, participants must have previously disclosed to an authority figure such that the abuse was recorded into a documented record. Therefore, although prospective studies have been lauded as having a much higher degree of validity than retrospective studies, they also introduce a large source of bias in sampling. In the previously mentioned study by Hanson et al. (1999), reported cases of rape were more likely to involve life threat and/or additional physical injury. Reported cases were also twice as likely to involve a stranger as opposed to an acquaintance or relative. Thus, the 12% of cases reported to authorities are likely to have distinct characteristics compared to the remaining 88% in unreported rapes.

A related issue is that those who are included in prospective studies may have unique demographic characteristics and history. As discussed earlier, minority ethnic groups appear to be less likely to report abuse to authorities. There is also a lack of information about whether gender differences occur in disclosure depending on the type of recipient, such as a family member versus a doctor. More research is needed to estimate the magnitude of these potential influences.

EVIDENCE FOR AND AGAINST GENDER DIFFERENCES IN DISCLOSURE

Results of retrospective studies reporting rates of CSA and disclosure by gender are summarized in Table 1 and those of prospective studies in Table 2. Although Table 1 is by no means a comprehensive list of the numerous retrospective studies that have been conducted, it provides a sampling of diverse groups such as adults and children and community and clinical populations. We have also included a meta-analysis of retrospective studies conducted by Bolen and Scannapieco (1999). To date, there have been only three prospective studies specifically measuring rates of CSA disclosure, and we have included all of these in Table 2. Next, we discuss both types of studies in more detail.

Findings from Retrospective Studies

Consistent with police reports and social work and clinic caseloads, retrospective studies have repeatedly found girls to have experienced CSA more frequently than boys in the United States (e.g., DeVoe & Faller, 1999; Edwards et al., 2003; Ullman & Filipas, 2005). Some have argued that this gender difference arises at least in part from a greater reluctance among males to report CSA. There may also be a general public bias that females are overreporting CSA. However, a meta-analysis of epidemiological studies by Bolen and Scannapieco (1999) indicates that it is unlikely that girls are over-reporting abuse, and it is more likely that abuse is underreported among both boys and girls. Using a predictive model, the authors found that the number of times girls were asked about CSA was associated with higher rates of reporting. When four questions were asked about CSA, the estimated prevalence of exposure was 24%, whereas for eight questions, this figure rose to 40%. However, males were asked only a maximum of four times, precluding a similar analysis from being conducted.

TABLE 1. Retrospective studies reporting prevalence rates of CSA by gender

Authors (Year)	N	Sample Source	Reported Rates of Abuse by Gender ^{a,b}		p	Reported Rates of Disclosure Prior to Research by Gender		p	Results Summary
			Male	Female		Male	Female		
Edwards, Holden, Felitti, & Anda (2003)	8,667 (Female: 52.4%)	Adult members of an HMO	4.9%	12.3%	< .0001	Not measured		Women reported higher rates of CSA and witnessing maternal battering than men. Physical abuse was reported more often by men.	
Schoen, Davis, DesRoches, & Shekhdar (1998)	Female: 3,586 Male: 3,162	Children in the 5th–12th grade	5%	12%	—	51%	71% ^c	For boys, most sexual abuse occurs outside the home while for girls, most sexual abuse occurs within the home	
Ullman & Filipas (2005)	733 (Female: 71%)	College students	13.3%	28.2%	< .0001	45.8%	70.6%	< .05 “Women were more likely to disclose abuse to others [and] to have received positive reactions. . . . Women who delayed disclosure had greater PTSD symptom severity, whereas men’s symptoms did not vary by timing of disclosure” (p. 767).	

DeVoe & Faller (1999)	Female: 47 Male: 29	Clinical sample of Children between ages 5 and 10 referred for CSA evaluation	52%	81%	< .01	Not measured	"Gender difference did emerge as evidenced by a higher rate of disclosure among girls. However, once boys disclosed they provided as much detail about alleged abuse" (p. 225).
Goldberg & Freyd (2006)	Female: 397 Male: 292	Adult community sample	9.2%	22.2%	< .001	Not measured	Women reported much higher rates of CSA and assaults perpetrated by someone close to them. Men reported more traumatic events perpetrated by someone not close.
Bolen & Scannapieco (1999)	Female 54%	Metanalysis of 22 studies using random samples	> 13%	30–40%	—	Not measured	Found that the frequency of asking about CSA significantly affected likelihood of disclosure. Girls were asked more frequently than boys.

^aThis combines underlying exposure rate with reporting bias. ^bSignificance levels reported when available. ^cRates include physical and sexual abuse.

TABLE 2. Prospective studies reporting prevalence rates of CSA by gender

Authors (Year)	N	Sample Source	Rates of Abuse Disclosed to Researcher by Gender		Results Summary	
			Male	Female		
			<i>p</i>			
Goodman et al. (2003)	Female: 141 Male: 34	Adults with documented abuse prosecuted in court a decade or more ago	84.4%	84.8%	not sig.	Extent of dissociation and African American ethnicity linked to less likelihood of disclosure; older age at time of abuse, maternal support and severity of abuse predicted disclosure.
Widom & Morris (1997)	Female: 576 Male: 605	Adults with court-substantiated cases of child abuse and/or neglect, matched with controls	10.6%	34.4% ^a	< .01	Substantial underreporting of CSA in general. Gender differences found in defining sexual abuse, with men more reluctant to label certain sexual acts as abuse.
Williams & Banyard (1997)	Female: 129 Male: 29	Adults with documented abuse of 20 or more years ago	45%	62%	< .05	Although a gender difference existed in memory for abuse, regression analysis showed that age accounted for this difference. Men were abused at a younger age than women.

^aThree other self-report measures were used with varying results.

The authors suggest that if males similarly require eight screen questions to disclose, then most estimates of male CSA and the likelihood of males to disclose are indeed low.

Considering that only one third of CSA is reported in childhood, it is also informative to investigate rates of those who have never disclosed. One method of doing so has been to ask respondents whether they have ever disclosed to anyone before the survey. Again, retrospective studies consistently reveal that men are less likely to disclose that they experienced sexual abuse (Lamb & Edgar-Smith, 1994; Schoen et al., 1998; Ullman & Filipas, 2005).

Ullman and Filipas (2005) distributed questionnaires to college students ($N = 675$, 71% female) asking them (a) whether they had ever experienced CSA and (b) whether they had ever disclosed outside of the study; 13.3% of men and 28.2% of women reported having experienced “any CSA.” Only 45.8% of men reported having previously disclosed their abuse, whereas 70.6% of women reported having previously disclosed.

In one of the largest retrospective studies to date, a nationwide sample of 3,586 adolescent girls and 3,162 adolescent boys completed a health survey that included questions concerning abuse experiences, health care utilization, and social support (Schoen et al., 1998). Among the items, they were directly asked, “Were you sexually abused?” and “Were you physically abused?” This labeling of experiences as “abuse” may account for the low rates of CSA obtained (5% boys, 12% girls). These figures also did not include date-forced sex, which 26% of girls and 17% of boys reported experiencing. Of those who did report being physically or sexually abused, 48% of boys had never told anyone compared to 29% of girls. Embarrassment and lack of social support were cited by both genders as main reasons for not disclosing.

Findings from Prospective Studies

We are aware of only three prospective studies that report on gender and disclosure (Goodman et al., 2003; Widom & Morris, 1997; Williams & Banyard, 1997). For their study, Widom and Morris contacted adults with documented cases of sexual abuse that occurred approximately 20 years ago when they were children. They found a greater reluctance among sexually abused men (16%) to label child sexual experiences as “abuse” compared to 64% of sexually abused women. In addition, women (63%) were more likely to endorse specific sexual experiences than were men (42%). The authors propose that the interpretation of abusive events

may be different for men, or that men may be more embarrassed about being labeled as abused.

In a follow-up of a prospective study conducted by Williams (1994), Williams and Banyard (1997) found gender differences in the ability to recall CSA, with men having significantly more difficulty than women. However, this difference disappeared when the authors controlled for age because the men in this sample were more likely to be abused at a younger age. On a practical level, this finding suggests that clinicians should be aware that males are less likely to report CSA but that this occurs because they are generally abused at a younger age.

Goodman et al. (2003) examined court-documented prosecution samples and then interviewed 175 of the resulting samples (141 women, 34 men). In a series of interviews, experimenters asked for disclosure of both reported and unreported CSA. The disclosures were then matched to the reported trial case. Providing support for Summit's CSAAS model, 9.7% denied ever being victims, and 15.2% men and 15.6% women failed to disclose the target case. The similarity of these rates also indicated a lack of significant gender differences in likelihood of disclosure.

The main criticism of these prospective studies is that they are not necessarily as accurate in verifying true abuse as they claim to be. Cheit (2003) criticized the Goodman et al. (2003) study for not having stringent enough criteria for inclusion of cases in the study. Namely, the authors included cases that had the support of the district attorney but had not gone to trial. Therefore, some cases may have been included that were false positives. Freyd (2003) suggested that individuals who have undergone prosecution trials have very likely rehearsed stories of their abuse, cementing the memory in their minds; they are also afforded a certain level of legitimization by having a case strong enough to go to court, which many survivors of CSA do not have. Therefore, these results cannot be generalized to the vast majority of children whose experiences of CSA are never prosecuted.

Summary

Across sample types and ages, retrospective studies indicate that girls report both higher rates of exposure to CSA than boys as well as higher rates of prior disclosure. Despite the consistency in results, these inferences should not be interpreted as conclusive, as researchers still do not have a clear understanding of how gender and factors such as age, culture, and closeness to the perpetrator interact to influence disclosure. However,

given the extant knowledge, we can at least surmise that the lower frequency with which males disclose CSA contributes to the gender difference in estimates of exposure rates.

Information from prospective studies are even less conclusive, with one study finding no gender differences in disclosure (Goodman et al., 2003) and another finding a large gender difference (Williams & Banyard, 1997). A third study also found differences in disclosure but indicated that they disappear when one accounts for variations in how boys and girls label sexual abuse (Widom & Morris, 1997). Prospective studies may be the best approach for testing the accuracy of memory for CSA and for substantiating the validity of recovered memories. However, retrospective studies have greater potential for accuracy in the estimates of overall rates of abuse and disclosure given their greater sample size and inclusion of those who may have never disclosed in the past.

DISCUSSION AND RECOMMENDATIONS FOR FUTURE RESEARCH

Disclosure of CSA is a process, much like the unfolding of a drama in which the victim is cast in the leading role, but must follow a script that has been written to accommodate the norms and demands of family, culture, and society. As of now, only a minority deviate from their scripted role, an understandable choice considering that many who do encounter disbelief, disdain, or are discouraged from any future disclosure. Lamb and Edgar-Smith (1994) found that the more direct disclosures were, the less likely children were to receive helpful reactions. They speculated that perhaps children who do not need to disclose directly are already in supportive environments. Nonetheless, these results indicate that our society supports a culture of tentative, cautious disclosure as described by Summit (1983).

The literature suggests gender differences for rates of disclosure, with males both less likely to experience CSA and less likely to tell than females. However, because the occurrence of differences appears to depend on the characteristics of the sample and the type of methodology employed, one should consider these factors carefully when interpreting results and designing future studies. Cultural differences have also emerged, particularly in the area of reasons for disclosure. Being a member of a collectivist culture may inhibit disclosure by placing the needs of the family and community before those of the individual. Emphasis on traditional masculinity and femininity can also shape the meaning of CSA

for victims and influence their likelihood to disclose. Other sociocultural factors such as religion and sexual orientation have largely been ignored, as have particular ethnic groups such as Arab Americans and Native Americans. We strongly suggest that these areas receive attention as well.

In researching both culture and gender, difference rates are limited in their utility. Potentially, it will be more helpful for assessment and clinical needs to understand the different reasons why males, females, and those of differing cultures choose to disclose. For example, boys have been alleged to fear being labeled as gay, whereas girls may be more concerned with not being believed (Allagia, 2004). As of yet, empirical data regarding specific reasons such as these for not disclosing have not been obtained. Differences in labeling abuse is another example of explaining why gender differences occur (Widom & Morris, 1997). It is therefore important to determine specific mediators and moderators of gender differences of disclosure. In addition it is critical that we investigate what social responses make disclosure a helpful or harmful act for the victim. Only with knowledge of how to facilitate disclosure for males and females and knowledge of helpful responses, can we begin to create healthy, more supportive scripts that encourage rather discourage disclosure and help begin the process of healing.

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