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Please Tell! Barriers to Disclosing Sexual Victimization and Subsequent Social Support Perceived by Children and Adolescents

Annika Münzer,[1] Jörg M. Fegert,[1] Helene G. Ganser,[1] Sabine Loos,[1] Andreas Witt,[1] and Lutz Goldbeck[1]

Abstract

The present study examines barriers to disclosing sexual victimization and perceived social support after disclosure from the perspective of children and adolescents. Forty-two children and adolescents aged 6 to 17 years participated in semistructured interviews about their history of sexual victimization, the delay of disclosure, barriers to disclosure, informal and formal recipients of disclosure, as well as abuse-specific social support as perceived by the recipients. The participants disclosed their victimization with a delay of approximately 17 months, ranging from immediate reporting to 10 years of nondisclosure. The most frequent reasons to withhold the information were feelings of shame and threats by the perpetrator. A majority felt that people believed and supported them after disclosing, but a considerable proportion of study participants reported a lack of perceived protection against recurring victimization. The results underline the importance of educating children and adolescents about sexual victimization

[1]University Hospital Ulm, Germany

Corresponding Author:
Annika Münzer, Department of Child and Adolescent Psychiatry/Psychotherapy, University Hospital Ulm, Steinhövelstraße 1, 89075 Ulm, Germany.
Email: annika.muenzer@uniklinik-ulm.de

and of encouraging the immediate reporting of critical incidents. Possibilities to address the barriers identified in this study are discussed.

Keywords
sexual victimization, disclosure, social support, children, adolescents

Surveys of adults indicate that the majority of sexually victimized children significantly delay disclosure, not revealing the assaults during childhood or adolescence. Approximately two thirds of adults who reported retrospectively that they had been sexually victimized as children did not disclose during childhood (for an overview, see London, Bruck, Ceci, & Shuman, 2005 or Pipe, Lamb, Orbach, & Cederborg, 2007). D. W. Smith and colleagues' (2000) analysis of representative data from the National Women's Study (Resnick, Kilpatrick, Dansky, Saunders, & Best, 1993) revealed that approximately 9% of the sample reported being raped in childhood and/or adolescence, whereas almost one out of three women (28%) had never told anyone prior to the research interview and 47% did not disclose for over 5 years post-rape. These findings go hand in hand with those of Finkelhor, Hotaling, Lewis, and Smith (1990), who interviewed 1,145 male and 1,481 female adults. Sixteen percent of the interviewed men reported a history of sexual victimization and nearly half of them (42%) had never told anyone until they were asked explicitly in the research interview. For women, it was 33% who indicated they never disclosed their experiences of sexual victimization. A more recent study from Quebec (Hébert, Tourigny, Cyr, McDuff, & Joly, 2009) found higher rates of reporting, with 15.7% for women and 34.2% for men admitting to never having disclosed their experiences of sexual victimization in childhood prior to the study participation. However, the majority of the sample from Hébert et al.'s (2009) study also reported a delay of 5 years or longer (50.6% for women, 44.7% for men).

Children who do not reveal sexual victimization during childhood are at greater risk of ongoing assaults and negative long-term outcome (Arata, 1998; Kendall-Tackett, Williams, & Finkelhor, 1993). As Paine and Hansen (2002) underlined, self-disclosure of sexual victimization is critical to initiate legal and therapeutic intervention. Therefore, it is crucial to learn about factors impacting young people's decision to disclose sexual victimization. Strategies to support overcoming these barriers must be developed. Retrospective studies of adults suggest that factors such as the relationship to the perpetrator (Kogan, 2004; D. W. Smith et al., 2000), age at first incident of victimization (Everill & Waller, 1995; Kellogg & Hoffman, 1995),

use of physical force and severity of victimization (Lamb & Edgar-Smith, 1994; D. W. Smith et al., 2000), as well as gender (Paine & Hansen, 2002) impact on a child's readiness to disclose sexual victimization. The majority of children who decide to disclose talk to an informal recipient, such as a family member, a friend, or a romantic partner. Initial reports to formal agencies and professionals, such as social services, teachers, medical or mental health providers, or the police, are rare (Bradley & Wood, 1996; Priebe & Svedin, 2008).

Studies using adults' retrospective reports of childhood experiences have to face methodical issues outlined in a review by Hardt and Rutter (2004). They concluded that even though the retrospective recall in adult life of adverse experiences in childhood can provide sufficiently valid information considering their occurrence, the validity of details is rather unsatisfactory. This emphasizes the lack of information on the disclosure process obtained by talking to children and adolescents. In response, for example, Schaeffer, Leventhal, and Asnes (2011) added a direct inquiry about a child's disclosure of sexual victimization to a forensic interview protocol and identified five groups of barriers to disclosure: (a) threats by the perpetrator, (b) fears, (c) lack of opportunity, (d) lack of understanding the abusive situation as such, and (e) relationship with the perpetrator. These findings support a previous study by Goodman-Brown, Edelstein, Goodman, Jones, and Gordon (2003), who collected data from 218 cases of child sexual abuse reported to the District Attorney's Office. Age, type of abuse (intra-vs. extrafamilial), fear of negative consequences, and perceived responsibility were found to be associated with the delay of disclosure.

However, as only a minority of sexually victimized children report their experiences to any authority such as a District Attorney's Office and consequently attend forensic interviews as described by Schaeffer et al. (2011), exceeding efforts to reach the general population are needed. Priebe and Svedin (2008) addressed this, using a questionnaire to examine 4,339 high-school seniors (Grades 10-12) with a mean age of 18 years (SD = .74). In their sample, 1,505 girls (65%) and 457 boys (23%) reported experience of sexual abuse; the disclosure rate was 81% for girls and 69% for boys. This high prevalence of disclosure might be explained by the wide definition of sexual abuse in this study. Nevertheless, a key finding was that friends are by far the most common recipients of disclosure and 42% solely disclosed to a peer. The predictor of nondisclosure common for girls and boys was parental bonding: According to Priebe and Svedin (2008), children of caring and not overprotective parents were most likely to disclose. As Staller and Nelson-Gardell (2005) underlined the importance of listening to what youth have to say about the process of sexual abuse disclosure above

quantitative methods such as questionnaires, a study by Schönbucher, Maier, Mohler-Kuo, Schnyder, and Landolt (2012) constitutes another important effort to gain information from the general population. Using a qualitative approach, the authors conducted face-to-face, in-depth interviews with 26 adolescents (aged 15-18 years) who experienced sexual victimization, whereby half of the assaults were committed by adolescent perpetrators. According to this study, denial, not wanting to burden others, and a lack of trust in potential recipients are the most frequent motives for delayed or nondisclosure.

In summary, there are multiple predictors of nondisclosure associated with the perpetrator (e.g., the relationship with the perpetrator) and his or her strategies to hush abused children and adolescents (e.g., threats). Furthermore, multiple barriers are connected to the personal relationships of young people, like their trust in others, parental bonding, or their wish not to be a burden to others. This shows how important social support is for the process of disclosure. Perceived social support from family, peers, teachers, or significant others appears to moderate the relation between childhood maltreatment and later adjustment (Herrman et al., 2011). However, thus far, the perspective of children and adolescents has been neglected in past research and their perception of postdisclosure social support from families and professionals has not yet been sufficiently explored. Previous research investigating reactions to disclosure of sexual victimization has revealed rather discouraging results: Interviews of sexually victimized adolescents and young adults, carried out by Crisma, Bascelli, Paci, and Romito (2004), revealed that the victims deemed they received very little support from the professionals they disclosed to. Only one out of six felt they were believed and supported by professionals, the majority reporting having received ignorant and blaming responses by health care providers. Parental social support after disclosing sexual victimization was found to be most important to adolescents (Schönbucher, Maier, Mohler-Kuo, Schnyder, & Landolt, 2014). However, as compared with support received by peers, parental emotional support was described as rather insufficient. The present study addresses the importance of focusing on the perspective of adolescents. In addition, the study aims to extend the range of previous findings in taking younger children and their experiences into account as well. This provides the possibility to gain insights into the experiences of young people, who disclosed rather early and prior to adulthood.

The following research questions will be addressed in this study:

Research Question 1: What are the barriers impeding disclosure of sexual victimization named by children and adolescents?

Research Question 2: How do children and adolescents evaluate the abuse-specific social support they receive from their families and professionals following disclosure?

Characteristics of disclosure, such as its delay from the onset of sexual victimization, as well as informal and official recipients chosen by children and adolescents, are explored.

Method

Study Design and Procedure

Using a cross-sectional research design, a convenience sample of 42 children and adolescents between 6 years 0 months and 17 years 11 months of age was recruited for the study. These age barriers were set due to the ability of reporting autobiographical memories and handling a range of response options to standardized interview questions (Rebok et al., 2001; Sjöberg & Lindholm, 2009), as well as the intention to focus on sexual victimization prior to adulthood. Eligible participants were approached in collaboration with institutions of the health care and child welfare systems whereby self-identification was the primary determinant. Via flyers, newsletters, and a press release, counseling services specialized on cases of sexual victimization, child and adolescent mental health services, and child welfare agencies all over Germany were informed about the study and asked to offer the possibility of participation to children and adolescents who had experienced at least one of the following types of sexual victimization: (a) sexual assault by a known adult, (b) sexual assault by an unknown adult, (c) sexual assault by a peer, (d) attempted or completed rape, (e) flashing/sexual exposure, (f) verbal sexual harassment, (g) statutory rape/sexual misconduct, and (h) being exposed to pornography or being involved in its production. A total of 10 participants (23.8%) were referred by 3 departments of child and adolescent psychiatry, 9 (21.4%) were recruited within child welfare agencies, 5 (11.9%) within counseling centers, 2 (4.8%) contacts were established within juvenile residential facilities, 2 (4.8%) within church institutions, and 1 participant (2.4%) was referred by the police. The majority of the sample (n = 14; 33.3%) was recruited within the Department of Child and Adolescent Psychiatry/Psychotherapy at the University Hospital of Ulm. In this institution, self-and proxy-versions of the UCLA Posttraumatic Stress Disorder (PTSD) Reaction Index for *Diagnostic and Statistical Manual of Mental Disorders* (*DSM-IV*; American Psychiatric Association, 1994; Steinberg et al., 2013) are used to routinely screen patients for a history of exposure to commonly experienced traumatic events

including child sexual abuse. Children and adolescents who reported sexual victimization in this questionnaire were invited to participate in the present study. All interviews were conducted by the authors or trained and supervised research assistants after obtaining informed and written assent of the participants as well as informed consent of their legal guardians. Interviews were performed either face-to-face or via telephone, depending on participant's preference. Every participant was offered referral to supporting services in their community if needed. The study was approved by the institutional review board at the study center.

Instruments

To assess experiences of victimization during childhood and adolescence, the Juvenile Victimization Questionnaire (JVQ; Hamby, Finkelhor, Ormrod, & Turner, 2004) was administered as a structured interview. The Sexual Victimization Module (Module D) of the JVQ includes the following types of sexual victimization: sexual assault by known adult, sexual assault by unknown adult, sexual assault by peer, attempted or completed rape, flashing/sexual exposure, verbal sexual harassment, and statutory rape and sexual misconduct (see Appendix A for exact wording of questions). If a child confirms one type of sexual victimization, additional information on specific characteristics are collected, such as the number of times the child was victimized, the child's age at the start and end of the assault, the child's relationship to the perpetrator, and so on. The original JVQ showed good test–retest reliability (95%, range = 77%-100%), internal consistency reliability (Cronbach's $\alpha = .80$), and validity in a U.S. national random sample of 10- to 17-year-old adolescents (Finkelhor, Hamby, Ormrod, & Turner, 2005). The German version of the JVQ used in this study was established for the Swiss Optimus Study (Averdijk, Müller-Johnson, & Eisner, 2012). To use the JVQ questions as a lifetime screening, the authors reworded the original questions which referred only to victimization incidents in the past year. In addition, the original JVQ-Module assessing sexual victimization did not address exposition of children to pornography or their involvement in the production of pornography. Due to the growing body of evidence for the high prevalence of, and therefore the need to include, these forms of sexual victimization in the research (Putnam, 2003; Wolak, Mitchell, & Finkelhor, 2007), one item was added to the JVQ to encompass this type of sexual abuse (see "Additional Item" in Appendix A). Pornography was explained to the participants as printed or visual material (magazines, TV, Internet) containing the display of nude people or sexual activity. In 2010, the JVQ-developer Finkelhor added three forms of victimization to the questionnaire without

doubting the good psychometric properties of the instrument (Turner, Finkelhor, & Ormrod, 2010).

In the case of more than one affirmed episode within the JVQ, study participants identified the "worst" or most upsetting event. Referring to this subjectively "worst" event, their disclosure trials were assessed using a semistructured *disclosure interview* that was self-developed based on the literature by the project team (questions presented in Appendix B). This instrument includes questions on the length of time young people waited to report the victimization, to whom they disclosed, and whether disclosure was purposeful and intended, accidentally revealed in an unplanned and unpredictable way, or prompted by external factors such as investigative or concerned interviewing (Alaggia, 2004; Paine & Hansen, 2002). Reports were coded to be directed either at legal authorities, child welfare agencies, or informal recipients. In addition, participants were asked to rate how hard disclosing to informal as well as to formal recipients was, using a four-point rating scale (*very hard, somewhat hard, not that hard*, and *not hard at all*). The barriers to disclosure were explored using an open-ended question, and answers were classified by the interviewer (predefined categories presented in Appendix B). Only in the case a child did not answer spontaneously, response categories were offered by the interviewer.

Furthermore, perceived social reactions to disclosure were measured using one subscale of the *Children's Impact of Traumatic Events Scale–Revised* (CITES-R; Wolfe, Gentile, Michienzi, Sas & Wolfe, 1991). This standardized interview was developed to assess posttraumatic stress symptoms, eroticism, perceptions of support following disclosure, and attributions concerning child sexual victimization. We used the social support scale comprising six statements assessing whether victims felt believed, protected, and supported by those they disclosed to. Support from their own family as well as support from formal recipients was considered. The statements were read to the participants and rated on a 3-point rating scale (*very true, somewhat true, not true*). A moderate level of reliability ($\alpha = .73$) was reported for this subscale (Chaffin & Shultz, 2001).

Statistical Analyses

Absolute and relative frequencies were determined including categories of barriers to disclosure named by the participants as well as the mean degree of agreement with the presented CITES-R statements referring to social support after disclosure.

Table 1. Sample Description (n = 42).

	Frequency	Range	*M*	*SD*
Female	25			
Male	17			
Age at time of study in years		6-17	12.6	3.1
Age of onset of sexual victimization in years[a]		4-16	9.0	3.0
Frequency of victimization[b]		1-171	9.6	30.9
Time between study and last sexual victimization in years		0-11.5	2.9	2.8

[a]Missing (n = 3) due to indistinct recollection.
[b]Missing (n = 12) due to indistinct recollection.

Results

Sample Description

Forty-two children and adolescents (25 girls and 17 boys) with a mean age of 12.6 years (age range = 6-17 years; SD = 3.1) participated in the study. Table 1 presents the age at onset of sexual victimization, its frequency, and the time between last victimization and study participation. More than half of the participants experienced sexual assaults by a known adult, 6 had been sexually assaulted by a stranger and more than half of all participants reported (n = 22; 52.4%) victimization by a peer. An overview of all reported types of sexual victimization as well as those identified as the "worst" by the children and adolescents is given in Table 2. Referring to the "worst" experience, the child's relationship to the perpetrator is presented: Father figures (including biological, step-, and foster-fathers) were the most frequent adult perpetrators; there were no reports of adult female perpetrators. Twelve participants (28.6%) could not remember how often they had been victimized; 3 of them reported being raped at least 100 times over the course of several years. Altogether, 16 (38.1%) participants reported single events and 24 (57.1%) reported repeated victimization. Two participants who tried to recall early childhood experiences could not remember whether they had been victimized multiple times.

Disclosure, Delay, and Recipients

The delay of disclosure refers to the time between the onset of sexual victimization and the point in time at which a child or adolescent discloses. The children and adolescents in the present sample reported an average delay of

Table 2. Frequencies of Types of Sexual Victimization and Relationship to Perpetrator (n = 42).

	Overall Frequency[a]	Frequency Worst Event[b]
	n (%)	*n* (%)
Type of event		
Sexual assault by known adult	25 (59.5)	21 (50.0)
Flashing/sexual exposure	25 (59.5)	2 (4.8)
Sexual assault by peer	22 (52.4)	14 (33.3)
Rape: Attempted or completed	20 (47.6)	2 (4.8)
Exposure to or involving in production of pornography	12 (28.6)	1 (2.4)
Verbal sexual harassment	9 (21.4)	0
Nonspecific sexual assault	6 (14.3)	2 (4.8)
Statutory rape and sexual misconduct	4 (9.5)	0
Relationship to perpetrator		
Peer		14 (33.3)
Father		11 (26.2)
Other adult men		13 (31.0)
Grandfather		2 (4.8)
Minor brother		2 (4.8)

[a]Multiple answers possible.
[b]Single choice.

17 months (n = 38; SD = 2.6 years) ranging from telling the very same day until 10 years of nondisclosure. Almost 40% of the sample disclosed within 1 week, approximately 35% remained silent for 1 year or longer. Four of the participants could not determine the time of disclosure, but three of these children reported multiple assaults before they disclosed, indicating they did not open up immediately after the first assault.

Intentional self-disclosure was reported most frequently (n = 25; 59.5%). Two narratives can be described as prompted disclosures as they were made in response to caregivers asking what was wrong. In contrast, a large subgroup did not disclose initially (n = 17; 40.5%): In nine cases (21.4%), a significant other witnessed a sexual abusive situation or at least conceived suspicion and reported it. In four cases, siblings and peers who were sexually victimized themselves disclosed and initiated investigations, which revealed the fact of their brothers, sisters, or friends being victimized as well. Other cases comprised a voluntary self-indictment by a perpetrator or finding photographic evidence.

Table 3. Informal and Formal Recipients (n = 42).

Recipient	Frequency n (%)
First recipient	
Mother	18 (42.9)
Peers (friends, minor sister, romantic partners)	8 (19.0)
Social worker	4 (9.6)
Father	2 (4.8)
Teacher	2 (4.8)
Police	1 (2.4)
Formal recipient	
Police officer	19 (45.2)
Health care provider	14 (33.3)
Counselor	8 (19.0)
Judge	5 (11.9)
Youth welfare service	5 (11.9)
None	15 (35.7)

The majority of the participants chose their mother to be the first recipient of their disclosure (n = 18; 42.9%). Two adolescents opened up to their fathers initially, and eight participants talked to peers first (see Table 3). Professionals were rarely the first to be told (n = 7; 16.7%): Besides teachers and a police officer, especially caregivers in residential groups of youth welfare agencies were mentioned. Seven participants did not name a first recipient, whereby in all of these cases, the sexual victimization was disclosed by somebody else and the participant did not open up initially. For more than half of the participants, disclosing was "very hard." The majority of those participants who disclosed to their parents (n = 16; 80.0%) revealed the victimization within 1 year. Five of the eight participants who opened up initially to peers did not disclose as early.

As an initial disclosure might result in subsequent disclosures to formal agencies, the participants were asked about reports to professionals including child welfare services, medical or mental health providers, counseling centers, departments of public prosecution, law courts, or the police. Fifteen (35.7%) children and adolescents had never reported sexual assaults to any formal agency prior to the research interview. Almost half of the participants had reported to the police, resulting in court proceedings in five cases. Health care professionals were recipients of disclosure in every third case, and counseling centers were addressed by almost 20% of the sample. Those children who had reported to a professional

were asked to rate how difficult disclosing had been for them: Again, the majority (85.2%) answered it was somewhat hard or very hard to report.

Barriers

The most frequently mentioned barrier against disclosure, reported by 22 (52.4%) of the participants, was shame. Two participants additionally described their fear of social stigmatization and reported their fears of being ridiculed by peers or to be regarded as "sick" by others. The second most frequently named reason for delayed disclosure was threats by the perpetrator ($n = 11$; 26.2%), that is, tactics to scare the child into not revealing the sexual victimization (e.g., "Don't tell or I will kill you"; "You will destroy our family"). Furthermore, 8 (19.0%) participants did not want to burden their parents with disturbing information. Multiple participants were afraid that a disclosure would promote issues such as alcohol abuse with their parents, whom they deemed emotionally unstable. Five participants remained silent because they wanted to protect the perpetrator from potential consequences of a disclosure like judicial implications. For example, one girl reported being paralyzed by the fear of losing the perpetrator as an important attachment figure: "After all he was the one giving me attention." Other reasons for delayed disclosure that were mentioned comprised the lack of a trustworthy person, fears of not being believed, or being blamed by the perpetrator and therefore socially being stigmatized. Three participants answered that they could not name any barriers retrospectively.

In all, 8 children (19.0%) and adolescents explained that they had remained silent at first because they felt guilty or responsible for the victimization. Five of the young people (11.9%) were still convinced they were to be blamed for being sexually victimized at the time they were participating in the present study, 8 (19.0%) answered they were to be blamed somehow. The majority of the participants denied feeling guilty of the victimization at the time of the interview ($n = 29$; 69.0%). Correspondingly 35 young people (83.3%) said the perpetrator was the one to be blamed.

Perceived Social Support After Disclosure

Most of the children and adolescents gave positive ratings to the reactions of their social environment after disclosure (frequencies, see Table 4): 19 (45.2%) declared that they had been treated nicely and understandingly by most persons, who knew about the sexual victimization. A total of 27 (64.3%) felt others predominantly believed them and 25 (59.5%) reported to have a person they feel comfortable with, talking about the sexual victimization. In

Table 4. Children's Impact of Traumatic Events Scale–Revised (CITES-R) Social Support Scale.

Statement	Very True *n* (%)	Somewhat True *n* (%)	Not True *n* (%)	Missing *n* (%)
Most people who know about what happened are nice and understanding.	19 (45.2)	19 (45.2)	1 (2.4)	3 (7.1)
Most people believe me when I talk about what happened.	27 (64.3)	12 (28.6)	1 (2.4)	2 (4.8)
I have someone with whom I feel comfortable talking about the sexual abuse.	25 (59.5)	9 (21.4)	6 (14.3)	2 (4.8)
I feel good about how my family treated me after I told about the sexual abuse.	26 (61.9)	7 (16.7)	5 (11.9)	4 (9.5)
Since people found out about the sexual abuse, they have tried to protect me from it happening again.	21 (50.0)	9 (21.4)	8 (19.0)	4 (9.5)
Social workers, police, and/or doctors have helped me since I told about the sexual abuse (interviewer individually limits the question to those professionals with whom the child has had contact). (n = 27)	19 (70.4)	5 (18.5)	3 (11.1)	0

all, 27 (64.3%) predominantly felt believed by others and 25 (59.5%) reported to have a person they feel comfortable with, talking about the sexual victimization. The majority of the interviewed participants equally approved of how their families treated them after disclosure (n = 26; 61.9%) and felt protected subsequently by their social environment (n = 21; 50.0%). Almost 3 out of 4 participants who disclosed to formal agencies and professionals (n = 27) evaluated their response as helpful. However, there were children and adolescents who reported not knowing a person they felt comfortable talking about their abusive experiences with (n = 6; 14.3%), who did not feel good about their families' postdisclosure treatment (n = 5; 11.9%), and who did not feel protected by anyone (n = 8; 19.0%).

Discussion

The present study was designed to explore barriers to disclosing sexual victimization as well as perceived social support after disclosure. One main finding of the study shows that sexual victimization stays invisible for professionals and the legal system, even though children and adolescents disclosed to informal recipients. While mothers and peers are the most likely to be told,

few participants reported to a professional or to official authorities. Even though the police was the most frequently contacted organization within this sample, less than half of the participants chose this option. While delayed disclosure impedes formal protective action, nonreporting to authorities prevents formal protective action all together.

Results indicate that more than a third of sexually victimized children and adolescents did not disclose within the first year after victimization onset. An average delay of 17 months was reported, which underrates other findings in this field, for example, Oxman-Martinez, Rowe, Straka, and Thibault (1997) who found a mean delay of 3 years. But as Oxman-Martinez and colleagues explored an adult sample, the comparability is limited. Furthermore, there are findings revealing adolescents to be less likely to disclose than children (Paine & Hansen, 2002). Therefore, the inconclusive results could be explained by the heterogeneous age structure of samples in regard to victimization onset. However, the delayed reporting is prolonged due to barriers to disclosure. Main reasons for delayed disclosure were feelings of shame, threats by the perpetrators, and the intention to not burden loved ones. The importance of these factors is consistent with previous studies (Arata, 1998; Crisma et al., 2004; Schaeffer et al., 2011; Schönbucher et al., 2012). Threats to ensure the victim's silence include physical violence against the victim and/or loved ones, but perpetrators also provoke and use the fear of children and adolescents of "destroying" or "losing" their families. Besides threats by the perpetrators, the reported motives for delayed disclosure might also be strongly shaped by social interactions with nonoffending caregivers. On one hand, the intention to avoid burdening parents with disturbing information could be interpreted as an inappropriate feeling of responsibility for emotionally unstable caregivers. On the other hand, shame and guilt are moral emotions which are modeled by attachment figures and influenced by their behavior in conflicts with children (Stuewig & McCloskey, 2005). But above the important role of primary caregivers, stigmatizing reactions by the broader social environment also nurture the development of shame and guilt after experiencing sexual victimization (Back & Lips, 1998; Feiring, Taska, & Chen, 2002). Fears of being blamed or judged negatively by others might be supported by the secrecy that surrounds sexual victimization. Furthermore, the silence could be promoted by social models which present a tabooing way of dealing with the topic of sexuality in general. As described by Fontes (1993), this reluctance to speak about sexuality and abusive experiences is confounded by cultural norms, such as the need to obey adults or the value of virginity, which are likely to adversely affect disclosure. Moreover, myths about sexual victimization like "man cannot

be raped" or "if somebody does not aggressively fight back, it is not sexual violence" are still common, might induce guilt, and suggest a child should not speak up. Almost every third young person in the present sample reported ongoing feelings of being at least partly responsible for experienced sexual assaults. As an internal attribution of blame is a risk factor associated with higher emotional distress (Feinauer & Stuart, 1996), this result points to affected emotional recovery processes.

Despite multiple barriers, purposeful self-revelations account for a significant number of disclosures in this sample: A majority chose their mother to be the first recipient of disclosure, followed by peers. This finding on the importance of friends and family as recipients of initial disclosure is in line with the literature (Arata, 1998; Paine & Hansen, 2002). Some studies found peers to be recipients of disclosure considerably more often than parents (Priebe & Svedin, 2008; Schönbucher et al., 2012), but these discrepancies can be explained by an age-related sampling bias: Parents tend to be the primary attachment figures in early and middle childhood, whereas peer relationships become more important during adolescence. Nevertheless, more than one out of three participants did not disclose initially. In the majority of those cases, a family member or a friend was the driving force behind the disclosure. This strongly stresses the importance of other adults in noticing physical and emotional signs of sexual victimization and their willingness to act. At least two children in the present sample disclosed when somebody asked about their worries.

Beyond the acknowledgment of barriers to disclosure, the subsequent actions of recipients are crucial. Besides the efforts by Crisma et al. (2004) and Schönbucher et al. (2014) who explored Italian and Swiss samples, the present study is one of the first attempts to focus on what young people have to say about received social support after having disclosed sexual victimization. The present study exceeded earlier findings in interviewing children younger than 12 years (33% of the present sample) and engaged a remarkable number of male participants. Most children in the present sample scored high on the CITES-R social support scale and claimed to experience abuse-specific social support. More than every second participant felt good about the postdisclosure treatment by their families. This is comparable with previous findings of Crisma et al.: The authors reported that approximately two out of three adolescents who disclosed to relatives felt supported. By contrast, Schönbucher et al. found the majority of their sample was unsatisfied with parental support in particular. This discrepancy might be explained by differences in the time perspective as Schönbucher et al. learnt from their interviews that the initial parental social support tends to decline over time. The importance of the interaction between sexually victimized children and their

nonoffending caregivers is supported by multiple studies (for an overview, see Elliott & Carnes, 2001), which explored the association between parental support and the adjustment of sexually victimized children as well as its impact on symptom reduction in therapeutic interventions.

However, it has to be underlined that the mainly positive picture in the present sample is dimmed by a subgroup of children who did not feel supported by their families and reported a lack of perceived protection, a factor resulting in the fear of revictimization. These children, who also stated missing a trustworthy person they feel comfortable talking with about their sexually victimization, are in need of a stronger social support.

Limitations

Some limitations of this study need to be mentioned. As informed consent of the legal guardians was required, the present study was unlikely to reach children who had not disclosed to their primary caretakers. This also refers to the participants' predominantly positive rating of postdisclosure support: Caregivers who acknowledge the sexual abuse of their child might be more likely to bring their children to the attention of formal agencies and to support participation in a research project. This may have biased the sample, and reduces generalization. As the present study asked children and adolescents primarily whether they disclosed abusive experiences by directly talking to somebody, further possible actions or nonverbal strategies and their potential relevance for children were not investigated. Furthermore, the present study did not address information about possible recantations after disclosure or denying by young people. According to a study that examined the prevalence and predictors of recantation among 2- to 17-year-old victims of sexual victimization, almost one out of four victims recant (Malloy, Lyon, & Quas, 2007). Another limitation was the lack of a standard procedure in the JVQ-interview to deal with polyvictimization within one type of sexual victimization. Therefore, indications of different episodes of sexual victimization within one type might be missed. As the experience of violence was found to increase children's risk of later revictimization, it might be crucial to learn about disclosure trials of children who repeatedly did not open up.

Conclusions for Future Research and Implications for Practice

In this sample, one of the most frequently mentioned barriers to disclosure was the intention not to burden parents with disturbing information.

This indication goes hand in hand with results by Schönbucher et al. (2012) as well as Priebe and Svedin (2008), who found that the victim's relationship with his or her parents is an indicator for disclosure. This could be a focal point of subsequent research and should also include whether initial disclosures are ignored or denied by recipients. Schönbucher et al. (2014) found adolescents were more satisfied with peer support after disclosing sexual victimization than with their parent's support. Therefore, further research should assess social support from family, friends, and professionals after disclosing sexual victimization, taking developmental aspects into account. Further studies should consider possible differentiation in the functions of abuse-specific social support such as emotional or informational support. Complementing this, findings by an exploratory study by S. G. Smith and Cook (2008) should be extended: The study suggests that messages by parents that are negative or condemning about sex inhibit disclosure of sexual abusive experiences to parents. The influence of different cultural norms in talking about sexuality needs to be considered.

Moreover, practitioners in multiple disciplines can expect to work with children and adolescents who have withheld disclosure or experienced denying and repelling responses. Awareness of barriers to disclosure from children's and adolescents' point of view offers the chance to encourage self-disclosing behavior. The results underline the importance of asking children and adolescents proactively. Cohen et al. (2010), for example, recommended clinicians to ask children routinely about sexual victimization, even if it is not the initial reason for referral. Professionals working with children and adolescents need to face the tabooed and suppressed issue of sexual victimization to reduce feelings of shame. Adults cannot expect children to open up about sexual violence if they avoid talking openly about these topics themselves. Thus, the results of the present study stress once more the need of education about sexual victimization and therapeutic interventions, which support the reduction of dysfunctional cognitions such as persisting self-blame. Young people as well as their parents need to be informed about potential formal recipients and existing counseling services. Given the probable selection bias of the present sample, the presented results are all the more remarkable: If more than every third young person who agreed to talk about their sexual victimization to a researcher had refrained from reporting to authorities, these numbers can be expected to be even higher in the general population.

After all, the present study showed convincing evidence for the feasibility of interviewing children as well as adolescents about their history of sexual victimization.

Appendix A

Juvenile Victimization Questionnaire–Sexual Victimization (Module D)

Juvenile Victimization Questionnaire (JVQ; Adapted Lifetime Version)	Short Description
Did a grown-up YOU KNOW ever touch your private parts when you didn't want them to or make you touch their private parts? Or did a grown-up YOU KNOW force you to have sex?	Sexual assault by known adult
Did a grown-up you did NOT KNOW ever touch your private parts when you didn't want them to, make you touch their private parts or force you to have sex?	Nonspecific sexual assault
Now think about people your age, like a schoolmate, a boyfriend or girlfriend or even a brother or sister. Did another child or teen ever make you do sexual things?	Sexual assault by peer
Did anyone ever TRY to force you to have sex, that is, sexual intercourse of any kind, even if it didn't happen?	Rape: Attempted or completed
Did anyone ever make you look at their private parts by using force or surprise, or by "flashing" you?	Flashing/sexual exposure
Did anyone ever hurt your feelings by saying or writing something sexual about you or your body?	Verbal sexual harassment
Did you ever do sexual things with anyone 18 or older, even things you both wanted?	Statutory rape and sexual misconduct
Additional item:	Exposure to or involving in production of pornography
Did anyone ever make you look at pornographic pictures or videos (journals, Internet, TV), that is, of nude people or people having sex? Or did anyone ever take such pictures or videos of you?	

Appendix B

Disclosure Interview

Disclosure Questions	Response Categories
How was the abuse disclosed?	1. Somebody witnesses; 2. Somebody asked; 3. Participant disclosed himself/herself; 4. Evidence was found; 5. Confession by perpetrator; 6. Accidental disclosure; 7 Others
Who was the very first person you disclosed to?	(open question)
How long did you wait to disclose?	(open question)
How difficult was it to disclose?	1. Very difficult, 2. Somewhat difficult; 3. Not very difficult; 4. Not difficult at all
Did you report to the police?	1. Yes, 2. No
Did you report to a department of public prosecution?	1. Yes, 2. No
Did you report to a law court?	1. Yes, 2. No
Did you report to the youth welfare services?	1. Yes, 2. No
Did you report to a counseling centre?	1. Yes, 2. No
Did you report to a medical or mental health provider (doctors, psychotherapists, psychologists)?	1. Yes, 2. No
Did you report to somebody else?	1. Yes, 2. No
What made it difficult for you to disclose? *(multiple answers possible)*	1. Protecting the persecutor; 2. Threats by the persecutor; 3. Shame; 4. Guilt; 5. Keep parents safe from concern and grief; 6. Lack of a trustworthy person; 7. Others
Thinking of the abuse, do you believe it was your fault that it happened?	1. Yes; 2. Somewhat; 3. No
Thinking of the abuse, do you believe it was the perpetrator's fault that it happened?	1. Yes; 2. Somewhat; 3. No

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Author Biographies

Annika Münzer, MSc Psych, is a PhD student at the Section for Psychotherapy Research and Behavioral Medicine, Clinic for Child and Adolescent Psychiatry/Psychotherapy, University of Ulm Medical Centre. She completed her master's in psychology at the University of Hildesheim and is a trainee for behavioral therapy in child/adolescent psychiatry. Her main research interest is sexual victimization in childhood and adolescence.

Jörg M. Fegert is professor of child and adolescent psychiatry/psychotherapy and medical director of the Department of Child and Adolescent Psychiatry/Psychotherapy at the University of Ulm/Germany. He is president of the German Professional Society of Child and Adolescent Psychiatry, Psychotherapy, and Psychosomatics. His research focuses on child abuse and neglect and related forensic questions, child psychopharmacology, and related basic science, inclusion, social psychiatry, and efficacy of psychosocial interventions, patient involvement, and the right to information for children.

Helene G. Ganser is a PhD student in clinical psychology at the University Hospital of Ulm. Prior to joining the childhood trauma research lab in Ulm, she studied psychology at the University of Heidelberg and Yale University. Her primary research interests are postmaltreatment cognitions and sequelae of child abuse and neglect.

Sabine Loos is senior research assistant at Ulm University's Department of Child and Adolescent Psychiatry. She co-leads several multicentre studies, for example, concerning clinical decision making or PTSD. She is a trained psychotherapist (CBT) and completed her PhD on therapeutic alliance. Main interests are community mental health, therapeutic relationship, trauma, and transition.

Andreas Witt, Dipl.-Psych., is a research assistant at the Section for Psychotherapy Research and Behavioral Medicine at the University of Ulm. His main interests are in the research of resilience, child abuse and neglect, approaches for a standardized documentation of child abuse, and neglect and trauma focused interventions.

Lutz Goldbeck, PhD, is professor for child and adolescent psychiatry/psychotherapy at the University of Ulm Medical Centre. He is head of the Section for Psychotherapy Research and Behavioral Medicine and director of a training program in behavioral therapy for children and adolescents, located at the Clinic for Child and Adolescent Psychiatry and Psychotherapy of the University Hospital of Ulm. His main research is on the development and evaluation of psychosocial interventions, mental health programs, and allied services.