CERT Topic: **Delayed Disclosure of Sex Abuse**
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I. General Overview

**Research on Disclosure of Child Sexual Abuse**

Although the psychological literature clearly documents that child sexual abuse is a critical problem, disagreement exists about its prevalence. The true scope of child sexual abuse is difficult to measure because of inaccuracies inherent in the methodology of empirical research. For example, incidence figures from child protection agencies include only cases where reports have been substantiated. If a report of child sexual abuse is true but unsubstantiated, it is not included in prevalence estimates. In addition, some cases of child sexual abuse are not reported to authorities and cannot be included in prevalence estimates.

Whether disclosure of child sexual abuse is a singular act or an ongoing process has been widely debated in the professional literature and different theories have been posited. For example, disclosure has been theorized to be a continuous process that can be either immediate or delayed, accidental or intentional, and certain or marked by recantation, denial and re-disclosure.

One empirical method for studying disclosure of child sexual abuse involves surveying adults who experienced sexual abuse as children, and determining their pattern and rate of disclosure. Some retrospective studies of adults who said they were sexually abused as children found that approximately two-thirds did not disclose the abuse during childhood. This finding supports the position that most cases of child sexual abuse (e.g., about 66%) are not immediately reported and are often delayed by months and years.

Other findings from these cumulative studies reveal that disclosure is influenced by the child’s age at the time sexual abuse occurs, and by the availability of a same-aged peer with whom the abuse could be discussed. Adults who indicated they were sexually abused as adolescents reported higher disclosure rates than adults who said they were abused as children. And, these adolescents reportedly disclosed the sexual abuse to a friend sooner to its occurrence, while adults who said they were sexually abused as young children, usually disclosed to a parent. These studies also found that children were more likely to disclose sexual abuse if the perpetrator was not a family member, and disclosure occurred sooner when sexual abuse was perpetrated by a stranger or non-family member.

Another method of studying disclosure rates involves investigating children who are known to have been sexually abused. For research purposes, sexual abuse is typically established by one of three methods: confession by the perpetrator or a guilty plea, criminal conviction for an illegal sexual act, or medical evidence that strongly indicates sexual contact occurred (e.g., sexually transmitted disease).

Studies of children who have reported sexual abuse reveal disclosure occurs at varying rates, as opposed to a singular pattern. One study found less than half of children disclose sexual abuse within 48 hours, while others take up to one year, or more. Another study found three-quarters of children delayed disclosure until one-year after the abuse occurred, and almost 20% did not disclose until more than five years later.

Various reasons have been cited in the literature to account for disclosure and failure to disclose. Some tentative evidence indicates that “grooming” a child and establishing a close relationship is
associated with delayed disclosure, and that children are quicker to disclose sexual abuse by non-family members. In addition, there is some evidence that children who experience a short duration of sexual abuse delay disclosure or do not report it at all. Finally, an age effect appears related to disclosure with children younger than five being the least likely to disclose abuse during formal interview, even if they had previously disclosed it to someone else.

Studies that examine age differences have found that school-aged children disclose sexual abuse more readily during formal evaluation when compared to pre-school aged children, and disclosures by older children are usually considered more credible than reports made by pre-schoolers. One study found school-age children are more likely to disclose sexual abuse than pre-schoolers. Consistent with this data a national study of Israeli children found that 47.5% of 3- to 6-year-olds reported abuse during formal interview, while 66.7% of 7- to 10-year-olds and 74.1% of 11- to 14-year-olds disclosed their abuse.

Research also indicates that older children are more likely to intentionally disclose sexual abuse, particularly when asked, while younger children’s disclosures are more likely to be unintentional, involving a spontaneous comment while discussing an unrelated topic or engaged in an innocuous activity. For older children, disclosure to an adult (e.g., parent or teacher) is associated with disclosure during formal interview, and studies have shown that once children disclose abuse they tend to maintain their report during formal examinations.

The national study of Israeli children dealing with both physical and sexual abuse found 65% disclosed abuse during formal interview. Of these children, more than 70% reported sexual abuse, while slightly more than 60% said they were physically abused, indicating that children are more likely to report sexual than physical abuse.

Recantations are another source of controversy discussed in the child sexual abuse literature. Some children renounce true allegations, while others retract false claims. At least two hypotheses account for children making an allegation and then denying its veracity. According to one source, studies have found recantation rates ranging from 4% to 27%. The studies with the most reliable finding of sexual abuse have the lowest recantation rates, while studies with the highest rates of recantation involve questionable diagnoses. Underscoring this pattern is the finding that the two studies with the highest rates of recantation include the most unreliable diagnoses of sexual abuse.

One main point of these findings is that a majority of children who undergo a formal interview disclose sexual abuse and do not later recant. Therefore, recantation is not a common characteristic of disclosure.

The data outlined above indicates the need for mental health and law enforcement professionals to make careful and detailed evaluations of children in situations where sexual abuse is suspected or alleged.

Sources:

II. Various Research Articles on Delayed Disclosure

Abstract: This research examined victim relationship to the perpetrator, disclosure characteristics, social reactions, and PTSD in adult survivors' of child sexual abuse (CSA) identified in a convenience sample of 733 college students. Results indicated that relationship to the perpetrator was related to CSA characteristics and outcomes. More negative reactions such as disbelief were observed for those victimized by relatives compared with acquaintance and stranger victims, especially for those disclosing in childhood. Victims of relatives had more PTSD symptoms if they delayed disclosure, received more negative reactions in childhood, and engaged in self-blame at the time of the abuse. Results are discussed in the context of Fred's (1996) betrayal trauma theory, in order to better understand the traumatic impact of CSA.

Abstract: This study identifies characteristics of alleged child abuse victims that are associated with delayed disclosure of abuse. The database includes all alleged victims investigated in Israel between 1998 and 2004. Analyses suggest that most children delay disclosure and that delay is associated with type of abuse, child's age and gender, relationship to suspect and characteristics of abusive event.

Abstract: This article discusses the implications of two recent High Court cases on the admissibility of hearsay evidence of a child's delayed disclosure of child sexual abuse. It compares and contrasts the traditional legal significance of delayed disclosure (as being evidence of fabrication) with prevalence studies from the psychological literature which show that a majority of children delay disclosure and that, rather than being an aberrant feature of child sexual abuse, delay is a typical response of sexually abused children as a result of confusion, denial, self-blame and overt and covert threats by offenders. In addition, several self-report studies of offenders confirm that grooming processes create a relationship of power between the child and offender such that delayed disclosure appears to reflect the position of powerlessness of the sexually abused child within that relationship. In light of what the psychological literature tells us, this article challenges the narrow legal approach to the admissibility of hearsay evidence of delayed disclosure and suggests that a special exception should be made for hearsay statements of a child's delayed disclosure in child sexual assault trials.

Abstract: In a study of 41 adult survivors (aged 16-56 yrs) of childhood sexual abuse, the level of childhood traumatization was found to have contributed to delayed disclosure of the abuse. Other delaying variables included: belief in the importance of obedience to grownups, mistrust of people, fear of social rejection, and fear of the criminal justice system. Variables such as media attention to similar cases and experiences of personal achievement were inversely related to the age at disclosure. Recommendations for policy are discussed.

Abstract: A child's disclosure of sexual abuse is critical to end the abuse, initiate legal and therapeutic intervention, and protect other children. Research findings indicate delayed disclosure is the norm and many victims never disclose. An extensive review of the literature revealed few empirical studies specific to disclosure. Most studies have examined disclosure in the context of a formal abuse investigation, medical examination, or psychotherapy. Using an archival design, data was gathered on 103 victims (75 girls, 32 boys) accessed through the files of convicted adult males who received treatment in an inpatient sex-offender program. The study was a comprehensive, integrated examination of self-disclosure of sexual abuse by child victims prior to investigation. The effects of victim, perpetrator, victim-perpetrator

relationship, and abuse characteristics on disclosure and delay to disclosure were examined. Gender differences in abuse characteristics and aspects of disclosure were also examined. Delay to disclosure proved to be a more sensitive measure with the capacity to detect degrees of reluctance. Abuse by a parent/parent-figure, penetration, home violence, abuse duration, and younger age at onset were associated with significantly longer delayed disclosure delays. Prior research reveals mixed findings regarding gender differences in disclosure. It is generally believed boys are more hesitant than girls to disclose. Findings of the present study revealed no gender differences in rates of disclosure prior to investigation. The mean disclosure delay was twice as long for girls than boys, however. The gender difference observed appeared secondary to the relationship between the victim and the perpetrator. Compared to boys, proportionately more girls were victimized by a parent/parent-figure and fewer were victimized by a non-family member. The confidant delayed or failed to report the abuse to the appropriate authorities in 24% of the cases in which the victim disclosed. Social and research implications are discussed. Suggestions are offered for data collection during investigative interviews in order to facilitate research on disclosure and reporting failures.

Abstract: Examined developmental differences in the detection and disclosure of child sexual abuse. A random medical record review was conducted of 72 children and adolescents (aged 23 mo to 17 yrs) seen over a 3-yr period for suspected sexual abuse in the emergency room of a pediatric hospital. Data on demographics, presenting symptomatology, type of disclosure, and precipitants to disclosure were gathered. Preschool-age Ss were significantly more likely than school-age Ss and adolescents to exhibit behavioral or physical symptoms that prompted caregivers' suspicion of sexual abuse. Preschool-age Ss made disclosures accidently and typically with an immediate precipitating event unrelated to the abuse itself. In contrast, sexual abuse disclosures from school-age Ss were purposeful and not associated with a precipitating event.

Abstract: Examined the results of forensic evaluations of 320 children (aged 8-15 yrs) who were seen at an urban evaluation center regarding allegations of sexual abuse. Ss were given a medical examination and were asked to complete the Trauma Symptom Checklist for Children to assess psychological distress. Ss and primary nonoffending caretakers were interviewed to determine demographic, family environment, and abuse variables. Ss were grouped according to the outcome of the evaluation: nonabused, abused-disclosing, and abused-nondisclosing. Variables that predicted group membership included race, sex, cognitive delays, mother's belief or disbelief in the allegation, and psychological distress. Sexually abused Ss who disclosed abuse reported particularly high levels of distress, while abused but nondisclosing Ss reported the lowest levels. Nonabused Ss reported intermediate symptom levels.

Abstract: Studied the relationship among the eliciting stimulus for sexual abuse disclosure, the child's age and gender, and the sexual abuse type reported by the child. 96 3-17 yr children in foster care placement were referred due to suspicion of sexual abuse or a previous disclosure by the S or another person. Interviews indicated close to 67% of the Ss disclosed at least 1 type of sexual abuse, with almost 40% of those who had not disclosed before disclosing for the 1st time. Fondling, physical abuse, genital penetration, and touching the offender were the most frequently disclosed sexual abuse types. "Personal history" and "interview/worst experience" were the most effective stimuli in eliciting disclosure. A number of significant differential effects due to age, gender, and diagnosed disorder of the S were found on the eliciting stimuli and/or types of sexual abuse disclosed. Implications for child sexual abuse assessment practice are discussed.
Abstract: Self-disclosure by victims of child sexual abuse (CSA) is critical to initiate legal and therapeutic intervention. Unfortunately, research indicates that lengthy delays in disclosure and even nondisclosure are common. A comprehensive review of the clinical and research literature on CSA and an overview of related bodies of literature was conducted. Areas addressed include the context of sexual abuse as it relates to disclosure, the context and elements of children's disclosures, motivational factors inhibiting disclosure, and models of the disclosure process. Ancillary and analogue research on secrecy and disclosure are also reviewed. Implications for future research and practice are discussed.
III. Dutton Citations

Bradley & Wood
Abstract: Examined children's disclosures of sexual abuse in 234 sexual abuse cases validated by Protective Services in Texas. Denial of abuse occurred in 6% of cases, and recantation in 4% of cases in which a child had already disclosed abuse. Four of the 8 victims who recanted appeared to do so in response to pressure from a caretaker. 72% had disclosed abuse to someone else prior to contact with Protective Services or the police. 96% made a partial or full disclosure of abuse during at least 1 interview with Protective Services or police. The child sexual abuse accommodation syndrome described by R. C. Summit (1983) seems to be infrequent among the types of cases seen by child protection agencies. Findings do not support the view that disclosure is a quasi-developmental process that follows sequential stages.

DeVoe & Faller
Abstract: Seventy-six 5-10 yr olds (47 females), who were referred because of concerns about sexual abuse, were interviewed as part of a larger study testing the efficacy of a computer-assisted interview in sexual abuse evaluations. Data from initial interviews were coded according to the presence of disclosure and the details revealed about sexual abuse. The presence and amount of corroboration were coded through case review. Although 56 children were coded as having disclosed prior to evaluation, only 44 subjects disclosed during the initial interview. Only 1 child disclosed spontaneously. An additional 8 children (11%) disclosed possible sexual abuse in a second or later interview. Although girls disclosed at a higher rate than boys, children did not differ in the amount or types of information they provided about alleged sexual abuse. Findings are discussed in terms of the conceptualization of disclosure as a process. Implications for interviewing strategies are addressed.

Keary & Fitzpatrick
Abstract: 251 children who had full assessments over a 12-mo period were divided at time of referral into 2 groups, those who had previously told someone about abusive experiences prior to investigations and those who had not. There was a strong positive correlation between having previously told someone about sexual abuse and disclosure of such abuse during formal investigation. There was also a strong positive correlation between not having previously told someone and not disclosing during formal investigation. Age was an important variable, with children under 5 yrs being least likely to disclose abuse during formal investigation, irrespective of whether they had previously told someone about abuse. Disclosure of sexual abuse during investigation was strongly correlated with abuse being regarded as confirmed.

Lawson & Chaffin
Abstract: Examined 8-12.5 yr old female children who presented to a hospital emergency room with physical complaints which were later determined to be compelling evidence of sexual abuse. Cases were selected where there was no prior history, suspicion, or disclosure of abuse, and the child failed to disclose any sexual contact in the initial sexual abuse disclosure interview. These interview "false negatives" previously had been found to be related to caretaker biases against considering the possibility that abuse may have occurred. However, it was not clear what role, if any, individual psychological processes may have played in the false negative interviews. The present study re-located and assessed a small number of these children for dissociative and behavioral symptoms. Two non-contemporaneous comparison groups were used: (1) "true-positive" (i.e., disclosing) sexually abused children from the same hospital emergency room and (2) nonabused, non-psychiatric controls from the same hospital. False
negative children were found to have significantly higher levels of dissociative symptoms, although they did not differ from true positives and non-abused controls on general behavioral problems. The results are consistent with an association between false negatives in sexual abuse interviews and dissociation.

**London et al (important article)**


Abstract: The empirical basis for the child sexual abuse accommodation syndrome (CSAAS), a theoretical model that posits that sexually abused children frequently display secrecy, tentative disclosures, and retractions of abuse statements was reviewed. Two data sources were evaluated: retrospective studies of adults' reports of having been abused as children and concurrent or chart-review studies of children undergoing evaluation or treatment for sexual abuse. The evidence indicates that the majority of abused children do not reveal abuse during childhood. However, the evidence fails to support the notion that denials, tentative disclosures, and recantations characterize the disclosure patterns of children with validated histories of sexual abuse. These results are discussed in terms of their implications governing the admissibility of expert testimony on CSAAS.

**Lyon**


**Bradley** (This article is a review of her book.)


[Review-Book] Abstract: Reviews the book, Child sexual abuse: Disclosure, delay, and denial by Margaret-Ellen Pipe, Michael E. Lamb, Yael Orbach, and Ann-Christin Cederborg (Eds.) (see record 2007-06518-000). The book provides a comprehensive review of the literature in the area of abuse disclosure and includes an abundance of new research findings. The reviewers thought the editors compiled a well-organized book—one in which the overall structure of the book was easy to follow. They also thought the chapter authors did an excellent job emphasizing the complicated nature of this issue, and provided analyses of multiple research methodologies and conclusions. Several chapters report new research data related to various aspects of disclosure. **The book concludes with chapters discussing policy implications of research on disclosure (delay and denial).** For the reviewers, this section was especially helpful in synthesizing all of the information with recommendations for application in various settings. In their review, Bradley and Rusinko comment on the authors' discussions of: (1) clinical and forensic ramifications; (2) false memories and intentional deception; (3) reasons for non-disclosure; (4) interviewing techniques and protocols (including the National Institute of Child Health and Human Development investigative interview protocol); (5) developmental issues; (6) behavioral correlates of abuse denial; and (7) evidence-based strategies. In summary, the reviewers believe this book offers one of the most comprehensive reviews of literature in this area and presents important new research findings. In their opinion, the book is a must read for anyone directly involved with victims of child sexual abuse.

**Sauzier**


Abstract: Evaluated 156 sexually abused children (mean age 10.1 yrs). Ss received crisis intervention and were administered a standardized test battery. 55% of Ss disclosed their abuse most frequently to their mothers. Ss' ability to tell of the abuse was influenced by characteristics of the experience. The dynamics of the disclosure process are presented as important variables in the victim-to-patient process. 115 Ss were reevaluated at 18-mo follow-up. Most Ss showed a significant decrease in psychopathology and an increase in self-esteem. Most Ss also showed improvement on standardized tests, but some regretted their disclosure.


**Smith**


Abstract: Gathered representative data regarding the length of time women who were raped before age 18 delayed prior to disclosing such rapes, whom they disclosed to, and variables that predicted disclosure within 1 mo. Data were gathered from 3,220 Wave II respondents from the National Women's Study (H. S. Resnick et al, see record 1994-25706-001), a nationally representative telephone survey of women's experiences with trauma and mental health. Of these, 288 retrospectively reported at least 1 rape prior to their 18th birthday. Details of rape experiences were analyzed to identify predictors of disclosure within 1 mo. Fully 28% of child rape victims reported that they had never told anyone about their child rape prior to the research interview; 47% did not disclose for over 5 yrs post-rape. Close friends were the most common confidants. Younger age at the time of rape, family relationship with the perpetrator, and experiencing a series of rapes were associated with disclosure latencies longer than 1 mo; shorter delays were associated with stranger rapes. Logistic regression revealed that age at rape and knowing the perpetrator were independently predictive of delayed disclosure.

**Sorensen & Snow**


Abstract: Examined the disclosure process in 116 sexually abused children (aged 3-17 yrs) to show that the process typically proceeds from denial to tentative and active disclosure and that Ss often recant but later reaffirm. Most protocols for investigating child sexual abuse are geared for Ss in active disclosure, but a retrospective analysis of the Ss' records showed only 11% to be in active disclosure at the time of the initial interview. This suggests that a child's initial denial, failure to provide immediate detail, or recantation may result in the dismissal of a valid complaint. 79% of the Ss initially denied the abuse or were tentative in disclosing it. 74% of Ss disclosed accidentally, which may be age- and developmentally related in the case of Ss' sexualized behavior and inappropriate statements. Peers and educational programs often motivated disclosure.

**Summit (1992)**

Abuse of the Child Sexual Abuse Accommodation Syndrome. Summit, Roland C.; Journal of Child Sexual Abuse, Vol 1(4), 1992. pp. 153-163. [Journal Article] Abstract: Discusses the origins of the concept of the Child Sexual Abuse Accommodation Syndrome ([CSAAS] R. C. Summit; see record 1984-15274-001) and the subsequent distortions that court misuse has imposed. The CSAAS is a clinical observation that has become both elevated as gospel and denounced as dangerous pseudoscience. It is hoped that such a contextual review can serve as a guide toward a more accurate understanding among clinicians, judges, and advocate attorneys.

**Summit (1983)**

The child sexual abuse accommodation syndrome. Summit, Roland C.; Child Abuse & Neglect, Vol 7(2), 1983. pp. 177-193. [Journal Article] Abstract: Classifies the most typical reactions of children to sexual abuse into a child abuse accommodation syndrome. The syndrome is composed of 2 categories that define basic childhood vulnerability and 3 categories that are sequentially contingent on sexual assault: (1) secrecy; (2) helplessness; (3) entrapment and accommodation; (4) delayed, unconvincing disclosure; and (5) retraction. The accommodation syndrome is proposed as a simple and logical model for use by clinicians to improve understanding and acceptance of the child's position in the complex and controversial dynamics of sexual victimization. Application of the syndrome tends to challenge entrenched myths and prejudice, providing credibility and advocacy for the child within the home and the courts and throughout the treatment process. The child's coping strategies as analogs for subsequent behavioral and psychological problems, including implications for specific modalities of treatment, are discussed.

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Overview of Delayed Disclosure. Page 8 of 11.
Expert Witness Voir Dire

Dr. Paul Simpson’s testimony regarding the topic of “delayed disclosure” relies upon the following:

Professional and Teaching Experience

- Certified as an Expert Mental Health Evaluator by the Arizona Supreme Court.
- Since 2003 has provided over 240 one-day trainings in all 50 states for counseling professionals and probation officers on assessing and treating sexual compulsions and sex offender populations.
- As a former case manager with Child Protective Services (Tucson), Dr. Simpson has an extensive background in working with victims and perpetrators of sex crimes in outpatient and inpatient settings. This has included individual and family counseling, group counseling, and court-ordered psychosexual evaluations.
- Author of Second Thoughts, a book that was instrumental in helping expose the false claims and dangers of ‘recovered memory therapy.’ Throughout the 1990’s Dr. Simpson was a leading national educator on False Memory Syndrome and trained thousands of counseling professionals on standards of practice. He also served as an expert consultant to the Arizona Board of Psychologist Examiners.
- Taught a graduate course in Adolescent Psychology for Northern Arizona University (3 semesters).

Publications and Research


Training

Memory. Institute for Brain Potential. (Nov. 7, 2012), Phoenix, AZ.
Training Mental Health Experts in Legal Competency and Restoration. Arizona Supreme Court. (Feb. 22-24, 2012). Phoenix, AZ. (Certification to provide forensic services in AZ courts)
Ethical and Effective Court Testimony. American Academy of Forensic Psychology. (Nov. 5, 2011). Dallas, TX.
Mental Health Evaluations in Homicides and Crimes of Violence. State Bar of Arizona CLE, June 2, 2011. In addition to receiving training, I presented on psychological evaluations (State-of-Mind, competency, future risk) and participated with a panel of judges, prosecutors, and defense attorneys.
Books (and chapters) Referenced by Dr. Simpson


Overview of Delayed Disclosure.


