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NON-SUPPORTIVE DISCLOSURE IN CHILD SEXUAL ABUSE

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ABSTRACT

Confidants' non supportive reactions to disclosure in child sexual abuse constitutes an extensive and significant problem and is associated with a variety of negative consequences: (a) Victims do not receive adequate support or intervention and are left vulnerable to further victimization, (b) non-supportive intra-familial confidants are at greater risk of having their children removed, and (c) the justice system is rendered ineffective by the associated lack of police reporting. This study examined the extent of non-supportive disclosure and the factors associated with such reactions in a sample of 856 cases of child sexual abuse (796 girls and 60 boys) reported in the North Durban policing area of KwaZulu-Natal (South Africa) in the period January 2001 to December 2003. Of the various agents identified as having provided non-supportive reactions, three categories of non-supportive confidants emerged: namely family members, professional persons, and community members in their respective order of significance. Hierarchical cluster analysis of disclosure variables identified two broad homogenous groups (clusters) of cases of non-supportive disclosure ("Incestuous Abuse Disclosed Within the Family", and "Extra-familial Abuse Disclosed Outside of the Family"). Binary logistic regression analysis indicated that cluster membership was meaningfully predicted by the three measure of consanguinity included in the analysis, but not significantly related to other abuse related variables. Furthermore, in cases of extra-familial abuse, non-supportive disclosure was significantly more likely when (a) victims were below the age of twelve years, (b) no violence was used by the offender, and (c) the confidant was not related to the victim. The implications of the findings for secondary prevention and for future research are discussed in detail in this article.

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INTRODUCTION

Non-supportive disclosure in the context of child sexual abuse (CSA) refers to a confidant's failure to render appropriate protective action, his or her disbelief of a child's account, and/or the assignment of blame to the child for their abuse (cf., Elliot & Briere, 1994; Lawson & Chaffin, 1992; Leifer, Shapiro & Kassem, 1993). The aim of the presented study was to address the problem of non-supportive disclosure in CSA by examining the extent of non-supportive disclosure in CSA within the South African context and the factors associated with such reactions.

The rationale behind this research is a) the existing body of literature on non-supportive disclosure is still relatively in its infancy, and b) any efforts to augment current knowledge may potentially facilitate the implementation of primary and secondary prevention programs directed at both victims as well as confidants. Such programs may assist victims in reporting more effectively by teaching them how to disclose their abuse effectively and who best to disclose to in order to receive the most successful intervention. Primary prevention programs may also assist both intra- and extra-familial confidants by teaching them the most effective ways to deal with and respond to a disclosure of child sexual abuse – both in their own, and in the victim's best interests.

This research dissertation has been structured according to the following format: The review of the literature is dealt with in chapters I, II, and III. Chapter IV introduces the present study and describes the research methodology involved, including a reference to ethical considerations. The results of this research are presented in chapter V, and in Chapter VI, the implications of the findings are discussed.

CHAPTER I

Various authors have attempted to explore and conceptualize the different stages comprising the process of CSA disclosure from first offence to final outcome. Out of a recent review of the literature (e.g., Bolen & Lamb, 2004; Faller, 2004; Finkelhor et al., 2001; Jewkes & Abrahams, 2002; Paine & Hansen, 2002; Sauzier, 1989) emerged three broad categories of research: (1) incidence and associated problems of CSA, (2) patterns of disclosure in CSA, and (3) reactions of confidants to CSA disclosure. This paper addresses these areas of focus in a progressive manner in order to situate the reader in the context of non-supportive reactions to CSA and to orientate him or her to the aims of the presented research.

INCIDENCE AND ASSOCIATED PROBLEMS OF CHILD SEXUAL ABUSE

1.1. Incidence of Child Sexual Abuse

Child sexual abuse constitutes a serious, persistent and insidious worldwide concern. Particularly in recent decades CSA has come to be recognized as an extensive and frequently occurring problem. International research involving retrospective accounts of CSA in non-clinical adult populations has yielded a wide range of prevalence figures (Finkelhor, 1994). Depending on the definition used and the population studied, it affects 2-62% of women and 3-16% of men. In Britain figures of 8% and 12% were found for men and women respectively (Finkelhor, 1994). According to the most frequently cited statistics derived from community samples in the US, approximately 5% to 10% of men and 20% of all women report some form of CSA (Finkelhor, 1994). Estimates of the extent of CSA, based on clinical samples, suggest higher prevalence figures of up to 70% (Briere & Zaidi, 1989; Lombardo & Pohl, 1997). In a nationally representative sample of American children and youth aged between 2 and 17 years, it was discovered that 1 in 12 (82 per 1,000) of the subjects had been victims of sexual victimization (Finkelhor, Ormrod, Turner, & Hamby, 2005). Only a minority (29%) had experienced no direct or indirect victimization of any sort. The average number of victimizations for a child or adolescent involving any form of victimization was 3.0, and those who had been victimized once had a 69 % chance of experiencing another in the following year.

South Africa is no stranger to this epidemic, finding itself consistently near to or at the top of a cross-section of international police statistics (e.g., 1996 International Criminal Police Organization (ICPO) Interpol report). Studies by Collings (1991) and Levett (1989) involving South African (mostly white) female university students showed prevalence figures for CSA of 34.8% and 44% respectively. Whilst rape statistics in the country are difficult to clearly ascertain, it has been established that coerced or non-consensual sexual intercourse at least at one point in the life of a South African woman is virtually the norm with almost a third of adolescent girls reporting experiences of unwilling sexual initiation (Jewkes & Abrahams, 2002). Of all human rights in SA, the right to withhold sexual consent is one of the most frequently violated (Jewkes & Abrahams, 2002). These findings however refer to just one aspect of the problem – that is abuse involving violent attack by a stranger or gang. In reality violence is not always an accompanying factor and furthermore it is often close family members who perpetrate such crimes (Jewkes & Abrahams, 2002).

The extent of CSA prevalence is surprising for many uninitiated readers. Society at large is also relatively unaware of the variety of forms which CSA can assume. It is a commonly held belief that CSA typically affects a particular kind of person; occurs under a similar set of circumstances, and is perpetrated by the same type of offender. A popular misperception in this regard is that CSA characteristically involves non-consensual sexual activity and particularly penetration. It will become apparent however as we examine some of its various and relatively disparate forms, that manifestations of CSA are – in reality – far from stereotypical.

1.2. Forms of Child Sexual Abuse

Child sexual abuse assumes a variety of guises. The most frequently occurring pre-pubertal CSA scenario in both international and local literature involves recurring abuse at the hands of an intimate adult (Richter & Higson-Smith, 2004). Perpetrators in such cases include parents, relatives, neighbours and boarders, as well as others entrusted with caring for the child. The precipitating and maintaining factors do however, differ widely (Richter & Higson-Smith, 2004).

A second category of CSA involves the abuse of a child for the benefit of an adult relationship (Richter & Higson-Smith, 2004). In such cases, adults either engage in CSA themselves or fail to intervene when the signs of abuse are apparent or the child requests help (Richter & Higson-Smith, 2004). The abuse in such instances somehow serves the needs of the adult relationship by either enhancing their own sexual relationship; deflecting unwanted sexual acts away from one of the partners; increasing one's sexual hold over the other; or serving the couple's psychological exchange in some way (Richter & Higson-Smith, 2004).

Children may also be drawn into sexually abusive situations through a combination of enticement with gifts and threats against disclosure (Richter & Higson-Smith, 2004). Such sexual relationships typically involve several children for whom escape is difficult due to fear that they will be punished for their assumed complicity (Richter & Higson-Smith, 2004).

Sometimes the sexual exploitation of children is for financial gain (Richter & Higson-Smith, 2004). Although such commercial exploitation can take numerous forms, it is usually facilitated by adults who are in some way linked to the child and who profit from the abuse (Richter & Higson-Smith, 2004).

Occasionally CSA offenders are, themselves, pre-adolescents and adolescents (Martinson, 1973). While some sexual encounters between pre-school children and adolescents appear to have been consensual and pleasurable, others are forced and painful (Martinson, 1973). Because pre-school children are unlikely to disclose such abuse, it is usually due to discovery by an adult that such incidents come to light (Martinson, 1973).

Possibly the most insidious and least reported form of CSA is that which doesn't involve physical contact between child and abuser. Such abuse may involve showing children pornography; forcing them to watch adults having sex; encouraging them to masturbate for voyeuristic pleasure and/or photographing them for commercial or personal use (Richter & Higson-Smith, 2004).

One of the more emotive forms of sexual crime that has received extensive media attention in the South African context is the rape of babies. According to hospital statistics and district surgeon reports, these typically one-off and potentially fatal infant rapes occur periodically at the hands of anonymous or intimate men (Richter & Higson-Smith, 2004). This particularly brutal act requires extreme force and causes immediate or imminent damage to the infant (Richter & Higson-Smith, 2004).

Studies of the frequency of CSA indicate that isolated or one-off cases of any of the above forms of sexual abuse tend to be the exception rather than the norm (c.f., Classen, Palesh & Aggarwal, 2005). According to the literature, two out of every three individuals who are sexually victimized will be re-victimized (Classen et al., 2005). The most widely researched and documented predictor of sexual re-victimization is the occurrence and severity of the abuse (Classen et al., 2005). Additional associated high risk factors include the frequency of traumas (particularly childhood physical abuse) and recency of sexual victimization (Classen et al., 2005). Furthermore belonging to some ethnic groups or growing up in a dysfunctional family places an individual at even greater risk (Classen et al., 2005).

In translating CSA to statistics of prevalence and by compartmentalizing it into its subtypes we betray the human element involved and reduce it to a mechanistic form of action. For its victims the impact and repercussions of abuse are manifold and it is with the reduction of the following negative effects of CSA that any work in the field is ultimately concerned.

1.3. Effects of Child Sexual Abuse

The literature makes clear reference to the numerous long-term effects of CSA (e.g., Dong, Anda, Dube, Giles, & Felitti, 2003). Frequently CSA is associated with victims experiencing multiple other forms of adverse childhood experiences and the strength of this association appears to be a factor of the severity of the CSA (Dong et al., 2003).While tissue injury and pain from CSA may heal in time, it is the psychological and medical consequences including associated suicide attempts and sexually transmitted

diseases (including HIV) which will persist through adulthood and which can be fatal (Johnson, 2004).

Moreover, CSA constitutes an independent risk factor for offending and delinquent behaviour and a history of CSA is a potential predictor of victims' future criminal behaviour and aggressiveness (Swanston, Parkinson, O'Toole, Plunkett, Shrimpton, Oates, 2003). Although the majority of male victims of CSA do not themselves go on to become paedophiles, particular experiences and patterns of childhood behaviour do predispose victims to increased risk of becoming abusers themselves in later life (Salter, McMillan, Richards, Talbot, Hodges, Bentovim, Hastings, Stevenson & Skuse, 2003).

The sexual attitudes and activities of persons who were previous victims of CSA are often distorted and adversely affected by their trauma. Abused individuals are generally more preoccupied with sex; engage in first voluntary intercourse at a younger age; are more likely to experience teen pregnancies, and endorse lower birth control efficacy than their non-abused counterparts (Noll, Trickett, & Putnam, 2003). Furthermore it is suggested that abuse at the hands of the victim's biological father may be associated with sexual ambivalence and greater sexual aversion (Noll et al., 2003).

A history of CSA is shown to be associated with higher levels of psychological distress when compared to individuals who do not report a history of abuse (e.g., Flitter, Klotz & Gold, 2003). It is also a predictor of potential psychopathology and/or symptoms of trauma-related distress later on in the victim's life (Flitter et al., 2003; Dong et al., 2003). Among the many long-term psychological problems which CSA causes are alienation, anxiety, depression, fear, self-hatred and suicidal tendencies (Callahan, Price & Hilsenroth, 2003). Survivors of CSA also tend to exhibit difficulty with coping, self-representations, and affect regulation and experience greater shame and self-blame (Classen et al., 2005). Furthermore evidence indicates that people who were victims of CSA experience greater emotional distress and poorer interpersonal functioning when compared with non-abused clinical controls (Callahan et al., 2003).

In addition to its effects on adult mental health, evidence indicates that CSA has long-term repercussions for victims' future relationships with their own children and for their succeeding generation's psychological health (Roberts, O'Connor, Dunn, & Golding, 2004). Exposure to CSA is conducive to impaired interpersonal functioning and its victims may exhibit impaired maladaptive behavior, have fewer friends and social contacts, and may have more problems relating to social adjustment (Abdulrehman & De Luca, 2001).

Increased symptomatology and poorer interpersonal functioning is significantly related to abuse severity (Callahan et al., 2003). Abuse-related characteristics including number of offenders and duration of abuse are shown to correlate positively with psychological distress in adulthood (Steel, Sanna, Hammond, Whipple & Cross, 2004). Additional abuse-related variables including age of onset, relation with offender, frequency of abuse, resistance, participation and force are also shown to directly influence the degree of victims' psychopathology later in life (Steel et al., 2004). Such variables are however all subject to mediation by various coping strategies such as accepting responsibility as well as victims' attributions including internalization of the abuse (Steel et al., 2004).

While self-blame attributions and behavior problems are generally considered to be similar consequences of sexual abuse in childhood, evidence indicates a need to distinguish these two types of outcomes following sexual victimization (c.f., Quas, Goodman & Jones, 2003). Research by Quas and colleagues (2003) has revealed that increased attributions of self-blame can be predicted by the child victim having a close relationship with the perpetrator. Self-blame was also shown to be more likely when the sexual abuse was severe (i.e., long-term abuse involving penetration), if the child perceived the abuse as disgusting, and if he or she coped with the abuse by pretending it was not happening (Quas et al., 2003). However, similar factors are not necessarily predictors of internalizing behavior problems and thus different abuse and child characteristics constitute predictors of the two sequelae often associated with childhood sexual abuse (Quas et al., 2003).

While the extent of CSA is regarded as an indicator of the severity of psychiatric illness, no single variable can in isolation, account for individual variation in symptom development and presentation (c.f., Barker-Collo & Read, 2003).. Empirically tested models have instead indicated that outcome is moderated and mediated by a complex interaction involving numerous variables (Barker-Collo & Read, 2003). These include abuse-related factors, interpersonal relations (such as attachment and responses to disclosure) and individual factors (including emotion-focused coping and attributions) (Barker-Collo & Read, 2003).

1.4. The South African Context

Numerous factors in South African society render it vulnerable to CSA in general and to child-trafficking and the commercial sexual exploitation of children in particular. Among these are extensive poverty; the media's exposure of more developed countries' apparent wealth; the increasing prevalence of child-headed families in which those lacking marketable skills are forced to use other means of providing for the families basic needs; rising numbers of orphans and children separated from their families; and the increase in local tourism and child-trafficking over the internet (Higson-Smith & Richter, 2004).

The maltreatment and sexual abuse of children represent persisting challenges to state and civil society in South Africa. Sexuality and sexual abuse are deeply cultural subjects (Korbin, 1990). Although there are some parallels in the various cultural meanings ascribed to sexuality, there are many variables in terms of culture specific understanding of sexual abuse (Korbin, 1990). A review of the literature reveals an apparent dearth of empirical studies at the macro-systemic socio-cultural and economic levels of influence. Preliminary investigations however implicate the structural elements of poverty as well as a pervasive patriarchal ideology as causal factors in CSA in the South African context (Townsend & Dawes, 2004). This problem is maintained and exacerbated by the power imbalance in decision-making that exists between children and adults (Guma & Henda, 2004). This imbalance is sanctioned by existing gender differences between male and female, children and adults and the social status of children (Guma & Henda, 2004). The significant taboos and stigma associated with sexual abuse inhibit the frequency of CSA

disclosure and hinder efforts to educate people about their rights once they have been violated (Guma & Henda, 2004).

The fact that the cultural milieu may discourage CSA victims from disclosing their abuse (particularly to parents or relatives) should always be kept in mind when dealing with CSA as a criminal offence. The literature maintains that at a state or public level, children's cultural system will not be threatened by the enforcement of their legal rights (Guma & Henda, 2004). In order for this to occur however a radical transformation of the organization and structure of social relations is needed. Far more than simply an issue of family violence, CSA is a human rights issue, and as such requires a broader cultural, political and economic transformation and a definition that transcends the boundaries of culture and nationality.

There are various problems surrounding definitions of CSA in South Africa. The task of defining the incidence of CSA in South Africa is very difficult partly because of the poor quality of South African evidence on the subject (Dawes, Borel-Saladin & Parker, 2004). From a forensic perspective, creating profiles of abusers and/or victims of CSA is a difficult and elusive task (Dawes, 2004). While service agencies could potentially offer useful information in this regard, the data they assemble is not coordinated (Dawes, 2004). Although police statistics have some utility such as in crime pattern analysis, the data they provide is typically coarse and unreliable (Dawes, 2004). After all the South African Police Service (SAPS) does not collect data related to CSA specifically but rather provide data of reported crime incidence related to a range of crime categories which are defined in various Acts of Parliament. Part of the problem has been the inadequacy of the crime definitions. They tend to be insufficient and are very different from the definitions of CSA developed and presented in the technical literature (e.g. Finkelhor, 1994b).

Although there have been various international conventions and protocols, South Africa is still in urgent need of a coordinated strategy for dealing with CSA. The Action Plan to Prevent and Combat the Commercial Sexual Exploitation of Children in South Africa (National Programme of Action, 1996) is one such coordinated effort which deals with

prevention, protection, recovery and reintegration. This strategy must be implemented and promoted if it is to prove meaningful and provide protection for victims of CSA.

It is because of the inadequacy of the current system that South African sexual offence law is on the brink of reform which, together with various other developments indicates a move towards establishing a regulatory framework for dealing with CSA (Gallinetti, 2004). Among these are the South African Human Rights Commission's (2002a) investigation of CSA offences, the South African parliamentary hearings on CSA and the planned United Nations' study of violence against children. Although these projects represent a step in the right direction, there appears to be an emerging consensus in the literature that the South African legal system provides inadequate support for victims of CSA. Even worse it still contributes significantly to the re-victimization of children who have suffered CSA of some sort (Brookes & Higson-Smith, 2004). Correcting this problem would involve the establishment of prevention programmes, interdepartmental co-operation and increased research, training as well as legal reform. Current school based CSA prevention programmes tend to focus on teaching children to 'say no' to adults. The problem with such programmes is that their efficacy has yet to be clearly demonstrated. Other programmes aimed at developing educators' ability to identify the signs and signals of CSA may be ineffectual considering that the mandatory reporting system is unsuccessful and that child protection agencies and the criminal justice system cannot assure the safety of children once CSA disclosure occurs (Brookes & Higson-Smith, 2004).

1.5. Child Sexual Abuse and HIV/AIDS

Some researchers have investigated links between the problems of CSA and HIV in the South African context. One issue that has received considerable publicity in this regard is the virgin cleansing myth which purports that men infected with HIV can cure themselves by having sexual intercourse with a virgin. Studies indicate however that this practice is likely to be responsible annually for only a few cases of CSA (Jewkes, 2004). Instead it appears that the most significant issue linked to the HIV pandemic which increases the risk of CSA, is poverty (Jewkes, 2004). Evidence suggests that the CSA

accounts more for the spread of HIV in the population than the proportion of CSA which occurs as a result of HIV infection (Jewkes, 2004). It also appears that in all but the youngest victims HIV transmission through rape (which is the most publicized mode) is responsible for only a relatively small proportion of all cases of HIV infection (Jewkes, 2004). Rather it is commercial sex, sex with older men and the influence of CSA on later sexual behaviour and relationships which accounts for the greatest proportion of increased risk of HIV infection (Jewkes, 2004).

From the above discussion it is apparent that the literature makes clear reference to the significance and pervasiveness of child sexual abuse in society (e.g. Finkelhor et al, 2001) and the South African context is no exception (e.g., Jewkes & Abrahams, 2002). Having briefly reviewed some of the broad issues associated with CSA, we now turn our attention to the human dynamics involved and specifically those involving CSA victims and their confidants. While any sexual offence against a child is a considerable problem on itself, exacerbating this is the related issue of non-disclosure among victims which renders the police and mental health agencies less effective by reducing their opportunity for intervention and support. Although there is typically greater belief of the alleged victim, higher ratings of the defendant's guilt and more guilty verdicts when children engage in full disclosure compared to when there is a delay in full disclosure (Yozwiak, Golding & Marsil, 2004), delayed disclosure of childhood rape is very common, and long delays are typical (Paine & Hansen, 2002).

CHAPTER II

DISCLOSURE IN CHILD SEXUAL ABUSE

While most crime is under-reported, the literature reveals that this is particularly the case with juvenile victimization (Finkelhor et al, 2001; Faller, 2004). A recent review of the literature suggests that CSA victims who do disclose their abuse represent a departure from the norm with estimates of the extent of non-disclosure ranging from 33% to 92% among females (Bagley & Ramsey, 1986; Faller, 2004; Finkelhor et al., 1990; Lyon, 2002; Palmer et al., 1999; Russel, 1986; Russel & Bolen, 2000; Smith et al., 2000; Ulman, 2003) and between 42% and 100% in males (Collings, 1995; Finkelhor, 1979; Finkelhor et al., 1990; Johnson & Shrier, 1985; Lyon, 2002).

Probably only a minority of the victims who do report crime do so immediately, while another 33% disclose within 48 hours (Faller, 2004). But for the majority of cases, disclosure is a process rather than an event, whereby the child first confides in someone who then forwards the information on to the relevant professionals (Faller, 2004). On being interviewed however, some children will deny any previously disclosed sexual abuse (Faller, 2004). Amoung the negative repercussions of such non-disclosure are continued exposure to abuse and a lack of access to police and mental health services.

This problem is complex in itself and the reasons for victim non-disclosure manifold. Although evidence indicates that young children have the ability to be informative witnesses regarding events that they have either directly experienced or witnessed (Lamb, Sternberg, Orbach, Hershkowitz & Horowitz, 2003), disrupted communication and delayed disclosure are common occurrences with victims of CSA (Pope, 2002) and the majority of sexually abused children tend to either delay reporting or maintain secrecy. Even in the face of supporting evidence they will often deny their abuse (Paine & Hansen, 2002). Furthermore when CSA reporting does occur it is typically inconsistent over time (Aalsma, Zimet, Fortenberry, Blythe & Orr, 2002).

Few variables can successfully predict disclosure behavior but it may be influenced by such factors as ethnicity, race, culture, gender and religion, as well as by abuse specific factors (Lovett, 2004). Social factors may have an important influence in children's disclosure of sexual abuse. Evidence indicates for example, that delayed disclosure is more likely if the victim shared a close relationship with the perpetrator and if the first experience of abuse occurred at a young age (Sjöberg & Lindblad, 2002). Disrupted communication between victims and interviewers during police investigation may be related to less violent abuse (Sjöberg & Lindblad, 2002). Older age and rape by a stranger by contrast may be associated with more rapid disclosure (Smith et al., 2000).

While police reporting is more likely when crimes are serious and particularly violent in nature, it is the perception of seriousness rather than the actual reality of the crime itself that influences police reporting and help–seeking (c.f., Finkelhor et al., 2001). Particularly when crimes involve family members, juvenile perpetrators and sexual assault, victims are less likely to report (Finkelhor et al., 2001). Of the large proportion of children who are sexually abused by an intra-familial member, many do not disclose. Regarding under-reporting of juvenile victimization (i.e., child sexual abuse), such offenses are often not regarded by victims as criminal in nature as they lack the legal awareness that an older victim might posses (Finkelhor et al., 2001). If victims do disclose it is usually not to the police but to other authorities and school officials whom they regard to be sufficient (Finkelhor et al., 2001). Many juvenile victims of intra-familial abuse for example, disclose to the other parent or to an ineffective outside member who usually reacts in a non-supportive manner (e.g. Bolen & Lamb, 2004).

Evidence indicates that children's understanding of the investigatory interview process may have an influence on the extent of their disclosure (Finkelhor et al., 2001). This relates particularly to a child's perception of how much the interviewer appears to know about the incident and whether the child was repeatedly asked about it (Hartwig & Wilson, 2002). Despite these findings it is difficult to estimate the likelihood of disclosure in a specific case and predictions based on isolated variables are therefore unwarranted. The problem of non-disclosure in CSA has been addressed by numerous

authors in the technical literature who – through their examination of the process of disclosure – have sought to identify patterns of disclosure and to explain why so many victims of CSA do not disclose.

2.1. Barriers to Disclosure

Among the factors identified in the literature that inhibit disclosure are dependency; vulnerability; cognitive and developmental factors; perpetrator's strategies to achieve/preserve compliance/silence; guilt and feelings of responsibility (Paine & Hansen, 2002). Fear for the physical and emotional well-being of self, loved ones and even perpetrators can also inhibit a child from disclosing (Paine & Hansen, 2002). A child's ambivalence towards his or her abuser is understandable when the victim/perpetrator relationship is significant (as in the case of a guardian) – serving important needs of the child (Paine & Hansen, 2002). In addition many children fear they'll not be helped or even believed – a fear both instilled by perpetrators to maintain silence and born out in reality through a lack of post-disclosure therapeutic and/or legal intervention (Paine & Hansen, 2002). Even greater obstacles to disclosure face disabled children and those from ethnic and cultural minorities (Paine & Hansen, 2002).

Whether or not CSA victims disclose their abuse relies heavily on the specific dynamics of powerlessness and/or secrecy that surround the abusive relationship. Such elements can inhibit a child's motivation to report CSA and/or facilitate his or her continued abuse. Abusive relationships are typically authoritarian, are characterized by subordination and helplessness on the part of the child, and involve the use of secrecy as a silencing strategy (Summit, 1983). These factors contribute to a set of circumstances from which escape is seemingly impossible for the child and under which various accommodation strategies constitute his or her sole means of living through their abuse (Summit, 1983). Psychological defense mechanisms such as repression and dissociation, acceptance of the perpetrator's distorted beliefs, and/or attributions of self-blame are typical accommodation strategies (cf., Herman, 1998; Paine & Hanson, 2002; Summit, 1983) that inhibit purposeful disclosure and contribute to a status quo of unconvincing or delayed disclosure, retracted disclosure and/or non-disclosure (Summit, 1983).

The following 'Two Stage Model of Police Reporting or Victim Help Seeking' offered by Finkelhor, Wolak and Berliner (2001) provides an outline of the complex processes involved in police reporting and help-seeking practices. This model constitutes an elaborate and thorough conceptualization of non-disclosure in CSA. According to Finkelhor et al., (2001) barriers to the two parallel processes of disclosure and police reporting/help-seeking by child victims can be divided into two types:

1. Those that inhibit the recognition of a problem for which a social agency (a legal or mental health service) would be relevant (Finkelhor et al., 2001).
2. Those that discourage or inhibit disclosure of a problem or the accessing of an agency's services, even after the problem or the potential relevance or need of the social agency has been recognized (Finkelhor et al., 2001).

This first stage of Finkelhor et al's (2001) model involves *recognition* of the occurrence of CSA. Following an episode of violence or victimization, victims or their families need to recognize the relevance of the events to some external social agency before police reporting or help seeking can occur (i.e., that the event falls within the jurisdiction of the police or a mental health agency that has services to offer those who had been through such an experience) (Finkelhor et al., 2001). There are various barriers to recognition of this relevance which represent potential contributing factors in non-supportive reactions from confidants and caretakers. Victims or their families may be unaware that that class of service or agency exists. They might be aware of the agency's existence (i.e., the police or a mental health agency) but not of the variety of matters with which it is concerned (i.e., that mental health agencies are specifically for the psychiatrically disturbed, or that the police don't deal with crimes against juveniles). They may be aware of the agency's service but may not regard the particular crime to be of sufficient gravity to invoke that agency's attention (i.e., the victim did not suffer serious trauma or the crime was too minor). The event might not fall under victims' or their families' conceptualization of a crime or victimization (i.e., a physical assault is interpreted as a fight rather than a crime, thereby rendering the police's services ineffective) (Finkelhor et al., 2001). In summary, many children fail to disclose their abuse simply because they are unaware that they have

been abused. Factors affecting recognition include the seriousness of the offence; the degree of injury; victims' or victims' families' prior experience with similar kinds of victimizations and the amount of knowledge the victims or their families' have about the agencies (Finkelhor et al., 2001).

The extent of victim unawareness was made explicit in Sas and Cunningham's (1995) study involving sexually abused children who had been processed through the legal system. Of the subjects involved, 40% reported to have been initially unaware that they were actually being sexually abused (Sas & Cunningham, 1995). Exacerbating this problem is the fact that many sexual offenders normalize the abuse by deliberately portraying their actions as "part of the child's education", "a special game or secret", or "normal parenting behaviour" (Faller, 2004). Under such pretenses it becomes understandable how, for so many child victims of sexual abuse, disclosure is not even a consideration.

Moreover, even when CSA victims do acknowledge the true nature of their experiences, there is no guarantee that their confidant or caretaker will regard the incident in the same light (Finkelhor et al. 2001). The caretaker/confidant may for example, ascribe a non-abusive definition to the incident and attribute the abuse to the child's own sexually promiscuous behaviour. He or she might downplay the gravity of the incident by regarding non-penetrative sexual abuse as insufficient to justify intervention. The child may simply not be believed. In all such cases it is unlikely for the caretaker/confidant to intercede on the child's behalf or to assist him or her in reporting the abuse to the relevant social agency (Faller, 2004; Paine & Hason, 2002).

Cases in which CSA victims' initial disclosure did not lead to reporting have been explored in various studies. Sauzier's (1989) study of CSA victims at a family crisis clinic found that 17% of subjects' initial disclosures did not lead to police or social service reporting. Of these children, 9% were not believed by their caretakers, and the rest (8%) were simply not assisted to report their abuse. In the same manner, incidents of CSA are less likely to come to light if caretakers are doubtful of the validity of a child's

initial disclosure and/or punish the child into denying their abuse (Elliot & Briere, 1994; Lawson & Chaffin, 1992).

If victims or their families do recognize that help, a service, or the police is relevant they weigh up the benefits of accessing or invoking it and, subject to the influence of their social network or prior experience, assess any costs or risks connected to such access. Finkelhor et al. (2001) address this process of victim/family risk-analysis in the Consideration Stage of their model. When costs are seen to outweigh the potential benefits or when members of a social network discourage such reporting, barriers to access occur (Finkelhor et al., 2001).

Among the generic benefits considered by victims and their families in the case of reporting to the police are: justice (e.g. the perpetrator will be caught and prosecuted); safety (i.e., they and others will be protected from further abuse or similar crimes in the future); knowledge (i.e., more information and a greater understanding of the crime. Benefits considered by victims and their families in the case of reporting to a mental health service include sympathy; protection against the crime's negative effects (i.e., social and psychological support); and understanding about the event (Finkelhor et al., 2001).

Similarly there are numerous potential costs associated with reporting incidents of CSA. Generic costs considered by victims and their families when getting involved with an agency include: privacy; expenses involved in invoking the services; the risk of being stigmatized or regarded as mentally ill; and the risk of further victimization (by the offender, significant others, and/or the criminal justice system) (cf., Faller, 2004; Finkelhor et al., 2001; Sas & Cunningham, 1995). Other authors refer to CSA victims and their families' ignorance and fear surrounding the outcome of disclosure (Faller, 2004), and their belief that verbalizing the abuse will be more traumatic than maintaining its secrecy (Berliner & Saunders, 1996). Although the 'Consideration Stage' occurs subsequent to the 'Recognition Stage', in practice, these evaluations may occur

simultaneously with some of the factors that affect recognition, also influencing consideration stage decision making (Finkelhor et al., 2001).

While Finkelhor et al's. (2001) model conceptualizes the complex processes involved in police-reporting and help-seeking practices, Faller (2004) further delineated two general cases in which false negatives can occur even once victims do encounter professional help:

1. Communication problems (i.e., the victim lacks understanding of what to disclose) (Faller, 2004).
2. The victim does not want to discuss the abuse (Faller, 2004).

A problem is faced by forensic interviewers of not knowing whether failure to disclose can be attributed to 1 or 2 or whether there is a legitimate absence of abuse. Some potential communication problems affecting disclosure include children's unawareness of the fact that they've been abused, the interviewer's expectations are not understood by the child, the open-ended questions posed by interviewers are too vague to elicit essential information, and/or children do not disclose because the sexual abuse is not salient or memorable (Faller, 2004). False negatives because children don't want to discuss their abuse occur under conditions of shame or guilt, and/or under circumstances in which children have been coerced into silence by the offender (Faller, 2004).

In spite of the various barriers to CSA reporting outlined above, many children do disclose their abuse. Disclosure can assume many forms and is found to vary according to various dimensions:

2.2. Patterns of Disclosure

Researchers have categorized these disclosure dimensions as: a) child's *intent* (i.e., accidental or purposeful); b) *spontaneity* of disclosure (i.e., spontaneous or elicited); c) *detail* of disclosure (i.e., vague or explicit); d) *latency* of disclosure (i.e., immediate or delayed); and e) *temporal duration* of disclosure (i.e., an event or a process) (cf., Bybee

& Mowbray, 1993; Everson, 1998; Furniss, 1991; Kelley, Brant & Waterman, 1993; Sauzier, 1989; Paine & Hanson, 2002; Sgroi, 1982; Sorenson & Snow, 1991). While there is a substantial body of literature exploring the disclosure process according to these various abuse descriptors, there is an inadequate amount of clinical and research studies examining the relative importance of these dimensions. Furthermore, among those studies which do evaluate the frequency of different disclosure styles, little consistency has been established. In certain studies for example, purposeful disclosure emerged as the predominant mode of disclosure (Higson-Smith & Lamprecht, 2004; Sauzier, 1989), while in others it was found to characterize only a minority of CSA reports (Berliner & Conte, 1995; Sgroi, 1982). Research on the impact of victim and contextual factors on the disclosure process has been characterized by a similar lack of consistency. We will now consider some of these inconsistencies as they appear in the literature.

In terms of age Bybee and Mowbray (1993) found that younger children are more likely to make explicit disclosures. According to other studies however, younger children are less inclined towards making explicit disclosures (Campis et al., 1993; Faller, 1988; Mordock, 1996; Sorenson & Snow, 1991). Regarding gender and disclosure, while some studies assert that the two are unrelated (Bybee & Mowbray, 1993; DiPietro, Runyan & Fredrickson, 1997; Sauzier, 1989), other empirical evidence indicates that boys are less likely to disclose than are girls (Gries et al. 1996; Keary & Fitzpatrick, 1994; Lamb & Edgar-Smith, 1994). Paine and Hansen (2002) identified an association between delayed disclosure and degree of coercion by the abuser. Gomes-Schwartz et al. (1990) however, established a relationship between coercion and early or non-disclosure. Still other researchers found no association between disclosure and degree of coercion (Arata, 1998; Lamb & Edgar-Smith, 1994). Arata (1998) established an inverse relationship between disclosure of CSA and abuse severity. According to other researchers however, abuse at both extremes of the spectrum of severity are less likely to be disclosed (Gomes-Schwartz, Horowitz & Cardarelli, 1990).

The only consistent finding to emerge from the literature involves the relationship between child and offender and the fact that CSA victims abused at the hands of close

family members are consistently less likely to disclose their abuse than those children who are abused by strangers (Arata, 1998; Berliner & Conte, 1990; DoPeitro et al., 1997; Mendelsohn, 1994; Sauzier, 1989; Sorenson & Snow, 1991).

Recent South African research (Collings, Griffiths & Kumalo, 2005) provides a further contribution to our understanding of disclosure variables. Evidence indicates that of all identified abuse cases, only 48% come to light via purposeful disclosure by the victim or eye witness detection by a third party (i.e., explicit disclosure) (Collings et al., 2005). Accidental detection – whereby the facts of abuse become evident through questioning of the child or professional evaluation after injuries, emotional or behavioural changes are observed in the child by a second party – occurs in a further 43% of cases (Collings et al., 2005). The remaining 9% of CSA cases are identified through indirect disclosure by the child (Collings et al., 2005). In such instances concerned others become suspicious due to a child's spontaneous but ambiguous verbal comments such as "I am afraid to go and play at Uncle Bob's house". In these cases CSA disclosure often only occurs following extensive questioning by the confidant (Collings et al., 2005). In light of the abovementioned patterns of CSA identification it would appear that non-supportive reactions fall into two quite discrete categories:

- *Primary non-supportiveness* – i.e., situations involving indirect disclosure of CSA by the child or accidental detection. In such cases caretakers or significant others do not intervene despite compelling indication that the child's welfare may be in jeopardy (Collings, 2005).
- *Secondary non-supportiveness* – i.e., when caretakers or significant others do not intervene in situations where there is unequivocal medical evidence, identification involving eyewitness detection, or purposeful disclosure by the child (i.e., identified CSA) (Collings, 2005).

Having considered the problem of non-disclosure among victims of child sexual abuse, we now turn to situations in which victims do disclose, and in particular those in which such disclosure is met with non-supportive reaction. It is when the course of a crime's

discovery is traced, that a pattern of multiple disclosures before the case finally received the attention of the professionals is often revealed (Faller, 2004). The impact of disclosing child sexual abuse on entire families is significant, particularly in cases of intra-familial abuse. Of those who do disclose, a significant proportion experience non-supportive reactions. Caregivers and professionals' response to victims' disclosure is highly influential, and non-supportive reactions constitute a significant contributing factor in victim recantation (Lovett, 2004). Conversely maternal responses that convey support and protection are found to be associated with victims' improved social functioning and general mental health (Lovett, 2004).

CHAPTER III

NON-SUPPORTIVE DISCLOSURE

As mentioned above, non-supportive disclosure in CSA involves a confidant reacting in an ineffective manner to a victim's disclosure of CSA. Non-supportive reactions may involve disbelief of the child/victim; attribution of blame to the child; and/or a lack of appropriate supportive intervention on the part of the confidant (cf., Elliot & Briere, 1994; Lawson & Chaffin, 1992; Leifer, Shapiro & Kassem, 1993). Estimates of the extent of such non-supportive reactions range from 10% to 52% of all cases of CSA disclosure (Arata, 1998; Berliner & Conte, 1995; Gomes-Schwartz, Horowitz & Cardarelli, 1990; Roesler & Wind, 1994; Sauzier, 1989). Even when the confidant involved is a non-offending guardian, the extent of such non-supportive reactions is considerable (approximately 25%) (Bolen, 2002). Less than half of non-offending guardians (44%) respond to their child's disclosure in a fully supportive manner, while only 31% are partially supportive (Bolen, 2002).

Various researchers have attempted to conceptualize non-supportive reactions to CSA disclosure. According to Everson, Hunter, Runyan, Edelsohn and Coulter (1998) non-supportive disclosure is a manifestation of caretakers' incompetence. Hooper and Humphreys (1998) understand such reactions instead as a likely outcome considering the tumultuous state of affairs that surround CSA disclosure. However, the assumption behind the present research is the more recent conceptualization of non-supportive reactions – i.e., that it is the end result of caretakers' deliberation over conflicting demands (cf., Bolen & Lamb, 2004; Bussey & Grimbeek, 1995; Finkelhor, Wolak & Berliner, 2001; Leonard, 1996).

It has been suggested that such reactions are due to an ambivalent response between the non-offending guardian's valence toward the child and perpetrator (Bolen & Lamb, 2004) and that such ambivalence is normative when the costs of disclosure are high and the non-offending guardian is ambivalent in his/her attachments (Bolen & Lamb, 2004).

Ambivalence can also be both a precursor to, and an effect of, the disclosure to the guardian (Bolen & Lamb, 2004).

Bolen and Lamb (2004) provide a systematic investigation into the domain of non-supportive reactions to disclosure in intra-familial child sexual abuse, whereby non-offending guardians respond with vacillation in support. This presents a number of problems, one of which is that they are at greater risk of having their children removed (Bolen & Lamb, 2004). The theoretical framework for that study involved a conceptualization of non-supportive reactions to CSA as a normative response to disclosure under circumstances in which the confidant experiences dissonance, tension or ambivalence in their "positive and negative valences between the perpetrator and the child" (2004:194). This dynamic occurs in contexts such as when a girl discloses to her mother that she has been sexually abused by the mother's partner. The offender in this case might be the girl's biological father, step-father or her mother's resident boyfriend. The mother's reaction to her child in this case is susceptible to the influence of various cost factors linked to her potential disclosure. Depending on how economically or emotionally dependant the mother is on the perpetrator, her response may vary from vigorous protective action to complete non-supportiveness. This response will always be preceded by a decision making process whereby the advantages of supporting the child are weighed against the potential detriments of protective intervention. Among the possible costs associated with supportive reactions are the loss of one's partner; the loss of economic assistance and/or the loss of one's emotional support Bolen & Lamb (2004). This decision-making process inevitably leads to cognitive and/or emotional ambivalence and an accompanying vacillation in intention or behaviour contributing to an increased probability of non-supportive disclosure (Bolen & Lamb, 2004).

In order to assess this ambivalence we assume that a conflict between two measurable factors exists. One denotes the positive valence, and the other captures the negative valence. Ambivalence is then the confluence of conflict between these two valences (Bolen & Lamb, 2004). When both valences have high scores, individuals experience greater ambivalence. When individual scores are high on one valence and low on the

other (little or no conflict), or when scores are low on each valence (low salience / doesn't feel strongly about either), this is regarded as lower ambivalence. While no consensus as yet exists over how best to score ambivalence, of the numerous models proposed, Thompson et al's. (In Petty & Krosnick, 1995) is the strongest across reviewing criteria. The scoring method which they propose operationalizes the underlying assumptions of ambivalence, including the assumption that the scores reflecting the positive and negative valences must be similar in magnitude (e.g. scores of 4;1 denote less ambivalence than do scores of 4;4) and at least moderate in intensity (e.g. individuals scoring 4;4 have greater ambivalence than those scoring 4;1). The formula for ambivalence then is: $(P + N) / 2 - (P - N)$ where P is the positive valence and N the negative valence. Intensity is operationalized by the first half of the equation: $(P + N) / 2$ while the second half: $(P - N)$ operationalizes magnitude.

Thompson et al. (in Petty & Krosnick, 1995) further identified two intra-personal antecedent variables involved in ambivalence. The first is the need for cognition (i.e., the "tendency to engage in and enjoy effortful cognitive endeavours") and the second a fear of invalidity (i.e., individuals' "tendency to be concerned with their errors and the consequences of their decisions.") (1995:376). Clear Guidelines on how to conceptualize and operationalize ambivalence have been provided by the interdisciplinary literature. A conflict in cognition or affect with a person, experience, cohort or value forms the essential component of ambivalence, and is best represented by the confluence of two different dimensions (Kaplan, 1972; Thompson et al., cited in Petty & Krosnick, 1995).

Post-disclosure ambivalence is thus defined as the experience of dissonance or tension, in the guardian's positive and negative valences between the child and perpetrator (Bolen & Lamb, 2004). Intra-personal motivation (such as when the guardian wants to protect the child but also has a close relationship with the perpetrator), and interpersonal motivation (such as when the guardian is forced to choose between the perpetrator and child) are two processes involved in the experience of ambivalence (Bolen & Lamb, 2004). In addition, ambivalence may be experienced both affectively (such as when the guardian has conflicted emotions about the child and perpetrator) and/or cognitively (such as when the

guardian has doubts over who to believe) (Bolen & Lamb, 2004). This ambivalence may lead to attitude-congruent behaviours or bahavioural intentions, with vacillation in behaviour or bahavioural intentions being more likely in those non-offending caregivers who experience post-disclosure affective or cognitive ambivalence (Bolen & Lamb, 2004). It is considered normative for a non-offending guardian to respond ambivalently to the child's disclosure when: the costs and stressors associated with disclosure outweigh the available resources, the guardian's style of attachment is more ambivalent or preoccupied, and/or the child's disclosure of the abuse has a traumatic effect on the guardian (Bolen & Lamb, 2004). It seems apparent then that post-disclosure ambivalence involves a lot more than simply the non-offending care-giver's capability and desire to support their abused children, and that it is more appropriately conceptualized as the tension in valence between the perpetrator and child.

3.1. Limitations of current conceptualizations

The benefit of Finkelhor et al.'s (2001) two stage model is, in part, due to the fact that it is distinctly more extensive than Bolen and Lamb's (2004) conceptualization and constitutes a more elaborate and thorough conceptualization of non-supportive disclosure in CSA. In addition to its integration of victim and offender violence (which is the foundation of Bolen and Lamb's model), it offers an expanded view of confidant response to CSA disclosure. Unlike Bolen and Lamb's model it encompasses incestuous as well as extra-familial varieties of CSA. Moreover it identifies distinct stages within the confidant's decision making process. Finally it defines a set of variables and concerns which are influential in that process.

Bolen and Lamb's (2004) model by contrast represents a useful utility as it facilitates the prediction of specific instances of non-supportive reactions to CSA disclosure by non-offending guardians. It is a clearly articulated model, open to empirical verification. Whilst Bolen & Lamb (2004) provide a systematic investigation into the domain of non-supportive reactions to disclosure of child sexual abuse, their study is limited by its small sample base (i.e., 30 non-offending mothers whose partners abused their child), and by its

consideration of only one aspect of non-supportive reactions i.e. those disclosures involving non-offending guardians of victims of sexual abuse.

The models presented by Finkelhor et al. (2001) and Bolen and Lamb (2004) represent the first significant steps towards a comprehensive conceptualization of non-supportive disclosure. They are however far from exhaustive and are both characterized by a series of general limitations. Both models have to a large extent focused exclusively on non-supportive reactions by intra-familial members and specifically non-offending care-givers and guardians. This has resulted in the overemphasis on the role which family members and particularly maternal figures play in non-supportive reactions to CSA. The important influence of other figures (such as extra-familial community members) in the process of supportive/non-supportive disclosure has been relatively neglected. Consequently professionals have assumed erroneously that it is a "not-good-enough", incompetent or neglectful mother figure that is at the root of the problem thereby ignoring the non-supportive reactions of extra-familial confidants in the process.

CHAPTER IV

THE PRESENT RESEARCH

Despite the substantial clinical and research literature on CSA disclosure, there would appear to be a distinct need for additional knowledge regarding non-supportive reactions to children's disclosure. From the literature reviewed, this need would appear to be most salient in relation to the factors associated with and the circumstances surrounding confidants' non-supportive reactions to a child's initial disclosure of sexual abuse.

A progressive link in the literature can be established which begins with the problem of child sexual abuse (e.g., Jewkes & Abrahams, 2002); then moves to the dynamics of non-disclosure amongst juvenile victims of sexual abuse (e.g., Finkelhor et al, 2001; Faller, 2004) and finally explores non-supportive reactions to cases in which disclosure does occur (e.g., Bolen & Lamb, 2004). In reviewing the literature, few empirical studies of non-supportive disclosure in CSA were identified – the existing literature involving only those cases in which victims disclose to their non-offending caregiver (e.g., Bolen & Lamb, 2004). Surprisingly there are no existing studies involving cases in which victims of child sexual abuse seek a confidant outside of the home. Furthermore, one needs to question the extent to which available statistics of non-supportive disclosure in CSA gleaned from the international literature can be uncritically applied to the South African context.

In light of this it seemed appropriate to examine the factors associated with non-supportive disclosure in a large and representative sample of South African CSA victims. The objective of the research, as stated above, was to examine the extent of non-supportive disclosure in CSA within the South African context and the factors associated with it.

4.1. METHOD

4.1.1. Data

A crisis centre linked to a state hospital in Phoenix (KwaZulu-Natal, South Africa) is the current referral site for all cases of CSA reported to the police in the North Durban Policing area. Since 2001, all CSA cases have been referred there for medical assessment. The present research draws on a complete file review of all medical and social work case files for CSA victims assessed at the crisis centre during 2003.

The definition of a child in the context of this study was a person (either male or female) who was under the age of 18 years. For the purpose of this research sexual abuse was defined as rape (genital, anal, or oral penetration). This fairly restrictive definition of CSA was based on the fact that penetrative sexual activity characterized over 99% of all cases presenting at the crisis centre. A further inclusion criterion was that the results of the medical reports had to be consistent with the alleged form of abuse. Finally each of the cases had to initially have come to light via purposeful disclosure by the victim.

4.1.2. Sample

A total of 856 cases met the inclusion criteria. The average age of the sexually abused children was 10.2 years (SD = 4.19), 93% of whom were female. Incestuous abuse characterized over a third (35%) of the cases. Upon initial disclosure, 18% of the children were ignored and 8% were either punished or silenced – giving a total of 26% of cases involving non-supportive reactions.

4.1.3. Data Analysis

The data was first analyzed using hierarchical cluster analytic procedures (Ward, 1963). These were used to identify patterns of non-supportive disclosure, with clusters being defined with respect to selected abuse characteristics (victim, offender, and confidant consanguinity; victim's age and gender; abuse frequency and coerciveness, and number of offenders). Binary logistic regression analysis was then used to identify which abuse characteristics meaningfully predicted cluster membership (i.e., factors associated with supportive versus non-supportive disclosure).

4.2. Ethical Clearance

The Ethics Sub-Committee of the faculty of Community and Development Disciplines at the University of KwaZulu-Natal (Durban, South Africa) granted ethical clearance for this research. The normal treatment regime of the crisis centre was not impacted upon by any of the procedures used, and the research did not involve any direct contact between researchers and CSA victims or their families. The study involved only secondary quantitative analysis of data that had already been collected so no subjects/participants/respondents were used. Quantitative data constituted the focus of analysis and all of the data was stored, analyzed and disposed of electronically. This project did not implicate any personal details of individuals associated with rape cases. For the purpose of preserving anonymity and confidentiality: (a) only registered psychologists or persons with psychology majors working under the direct supervision of a registered psychologist were granted access to the social work and medical case files (b) no information was entered into the data base that would identify CSA victims or their families (c) the security of all research files and records was maintained at all times (d) aggregated data constitutes the only disseminated research findings. Authorization to conduct the research was obtained from the medical officer in charge of the crisis centre, from the superintendent of the hospital, and from the KwaZulu-Department of Health.

CHAPTER V

RESULTS

5.1. Persons who Provided Non-Supportive Disclosure

Amoung the 856 CSA victims who met the inclusion criteria for this study, 222 (26%) experienced non-supportive reactions at the time of initial disclosure. Of the various agents identified as having provided non-supportive reactions, three categories of non-supportive confidants emerged: family members, community members and professional persons (see table 1). Family members, consisting of 96 mothers and 48 other family members, together constituted the largest proportion of persons providing non-supportive disclosure (64.8%). Non-supportive community members included 24 adults and 10 children (totaling 15.3%). Professional persons failing to respond to CSA disclosure in a supportive manner accounted for 19.8% and comprised 18 teachers, 14 doctors and 12 police officers.

Table 1: Persons who Provided Non-Supportive Disclosure

Confidant	n	(%)
Family member		
Mother	96	(43.2)
Other family member	48	(21.6)
Total family	144	(64.8)
Community member		
Adult	24	(10.8)
Child	10	(4.5)
Total community members	34	(15.3)
Professional person		
Teacher	18	(8.1)
Doctor	14	(6.3)
Police officer	12	(5.4)
Total professionals	44	(19.8)
Total	222	(100.0)

Table 2: Abuse Characteristics in Non-Supportive Disclosure by Cluster Membership

Predictor	Cluster 1 (n = 68) *"Incestuous Abuse Disclosed Within the family"* (%)	Cluster 2 (n = 154) *"Non-incestuous Abuse Disclosed Outside of the family"* (%)	Clusters 1 and 2 compared			
			B	Wald (1*df*)	Odds ratio	95% CI
Victim related to offender	100	0				
Confidant related to the offender	95	5	1.90	62.34**	18.08	8.29-29.44
Confidant related to victim	95	28	1.67	29.55**	3.83	2.86-5.13
Frequency of abuse (more than once)	35	47	-0.42	2.86	0.71	0.33-1.27
Child's gender (male)	3	8	-0.32	0.89	0.76	0.41-1.37
Coercion (force used)	29	25	-0.23	0.68	0.84	0.57-1.24
Child (<12 years old)	82	78	0.18	0.33	1.10	0.79-1.53
Number of offenders (one)	88	84	-0.06	0.03	0.99	0.47-1.34

Note: Model fitting information: χ^2 (7) = 26.70; Pseudo R^2 (Cox and Snell) = .395.

Table 3: Significant Predictors of Non-Supportive Disclosure in Incestuous and Extra-familial Abuse

Predictor	Non-supportive disclosure (%)	Supportive disclosure (%)	Non-supportive vs. supportive disclosure			
			B	Wald (1*df*)	Odds ratio	95% CI
Incestuous abuse[a]						
Confidant related to offender	95	30	1.92	20.78*	8.82	2.75-18.55
Extra-familial abuse[b]						
Child less than 12 years old	78	47	1.82	17.28**	6.15	2.61-14.48
Confidant not related to victim	72	45	1.43	14.71**	4.17	2.01-8.62
No violence used by offender	75	56	0.93	5.60*	2.53	1.17-5.45

Note: Variables entered in stepwise (conditional) binary logistic regression analysis: confidant's relationship to child and offender, abuse frequency and coerciveness, child's age and gender, and number of offenders.

[a] $n = 272$; model fitting information: $\chi^2(1) = 34.78, p < .05$; Pseudo$R^2$ (Cox & Snell) = .15.

[b] $n = 584$; model fitting information: $\chi^2(1) = 47.51, p < .001$; Pseudo$R^2$ (Cox & Snell) = .16.

*p < .05. **p <

5.2. Patterns of Non-Supportive Disclosure

The goal of this analysis was to identify a limited number of homogenous groups (clusters) through the use of procedures that minimize within-cluster sum of squares (thus maximizing both inter-group dissimilarities and intra-group similarities). Although there are no generally accepted rules for determining the optimal number of clusters, a two-cluster solution was chosen for a number of reasons. First, the three- and four-cluster solutions were formed by creating a cluster based on a single location that split off from one of the two larger clusters *after* the two-cluster solution had been formed. Second, the two-cluster solution defined clusters which were conceptually meaningful. And third, an analysis of the stability of the two-cluster solution, using a split-half test (Luke, Rappaport & Seidman, 1991), produced the same two-cluster solution for each split-half, suggesting that the two-cluster solution represents a stable organization of the data.

Results of analysis indicate that the first cluster (n=114, 48% of respondents) focused on incestuous abuse (100%), which had been disclosed to a family member (95% of cases) who were related to the offender (95% of cases). This cluster was therefore named "Incestuous Abuse Disclosed within the Family" (see table 2). By contrast, the second cluster (n=124, 52% of respondents) focused on extra-familial abuse (100%), which had been disclosed to a non-family member (82% of cases) who was not related to the offender (100% of cases). This second cluster was therefore named "Extra-familial Abuse Disclosed Outside of the Family". Binary logistic regression analysis indicated that cluster membership was meaningfully predicted by the three measures of consanguinity included in the analysis, but not significantly related to other abuse related variables (see Table 2).

In cases of incestuous abuse disclosed within the family, non-supportive disclosure was shown to correlate positively with victim, offender and confidant consanguinity, occurring in (a) all of the cases in which the offender and victim were related, (b) 95% of cases in which the confidant was related to the offender, and (c) 95% of cases in which the confidant was related to the victim (see table 2). Conversely in cases of non-incestuous abuse disclosed outside the family, a negative correlation between non-

supportive disclosure and victim, offender and confidant consanguinity was identified, with non-supportive disclosure occurring in (a) none of the cases in which the offender and victim were related, (b) only 5% of cases in which the confidant was related to the offender, and (c) 28% of cases in which the confidant was related to the victim.

Non-supportive disclosure was not significantly related to other abuse related variables in either incestuous abuse disclosed within the family, or non-incestuous abuse disclosed outside the family. In the former group (a) only 3% of victims were male, (b) a significant majority (82%) were under twelve years of age, (c) roughly a third (35%) were abused on more than one occasion, the majority (88%) were abused by a single offender, and a minority (29%) of offenders used force. The latter groups figures were almost identical with (a) only a few (8%) male victims, (b) a significant majority (78%) of whom were under twelve years of age, (c) almost half (47%) of whom were abused on more than one occasion, the majority (84%) of whom were abused by a single offender, and a minority (29%) of whose offenders used force.

5.3. Predictors of Supportive vs. Non-Supportive Disclosure

Non-supportive disclosure in incestuous abuse was virtually guaranteed (95%) when the confidant and offender were related (see table 3) and was shown to occur in an overwhelming majority of cases in which (a) the offender was related to the victim (100%), (b) the confidant was related to the offender (95%), and (c) the confidant was related to the victim (95%).

In cases of extra-familial abuse, non-supportive disclosure was significantly predicted in cases of extra-familial abuse disclosed outside of the family, and was significantly more likely when (a) victims were below the age of twelve years (78%), (b) no violence was used by the offender (75%), and (c) the confidant was not related to the victim (72%) (see table 3).

CHAPTER VI

DISCUSSION

6.1. Extent of Non-Supportive Disclosure

The extent of non-supportive disclosure in the present sample (26%) is consistent with current estimates and is within the range of existing research figures (10 to 52%) (Arata, 1998; Berliner & Conte, 1995; Gomes-Schwartz et al., 1990; Roesler & Wind, 1994; Sauzier, 1989). However, while maternal figures were responsible for a considerable proportion of non-supportive reactions (43.2%), it was at the hands of 'other' family members, community members, and helping professionals that the majority of cases of non-supportive disclosure occurred.

Similarly, the mean age of the sample (10.1 years) – all of whom disclosed purposefully – is consistent with results of previous studies which indicate that older victims are more likely to engage in purposeful disclosure (e.g., Campis, Hebden-Curtis & Demaso, 1993; Collings et al., 2005; Faller, 1998; Mordock, 1996; Sorenson & Snow, 1991).

The gender ratio of girls to boys in the present sample (13:1) is, by contrast, significantly higher than comparative ratios obtained in samples of victimized children drawn from the general South African population [e.g., Collings (1991, 1997) reported a female-male ratio for contact forms of CSA of 2:1 in his South African student sample]. These statistics do however, equate with findings by Collings et al. in 2005, and are consistent with international empirical findings which identify boys as being significantly less likely to report their abuse than girls (e.g., Gries et al. 1996; Keary & Fitzpatrick, 1994; Lamb & Edgar-Smith, 1994). Similarly, an overwhelming majority of the 856 CSA victims who engaged in purposeful disclosure were female (93%). This affirms existing findings which identify boys as being less likely to disclose their abuse than their female counterparts (e.g., Gries et al., 1996; Keary & Fitzpatrick, 1994; Lamb & Edgar-Smith, 1994).

The fact that only a third (35%) of the cases involved incestuous abuse suggests that the victim-offender relationship influences the likelihood of disclosure and that children are specifically less likely to disclose abuse committed at the hands of an intra-familial family member. This finding is not surprising considering the plethora of empirical evidence attesting to this trend (Arata, 1998; Berliner & Conte, 1990; DiPeitro et al., 1997; Furniss, 1991; Mendelsohn, 1994; Rieser, 1991; Sauzier, 1989; Sorenson & Snow, 1991) and the distinct absence of any existing contradictory findings.

6.2. Patterns of Non-Supportive Disclosure

The present findings suggest that patterns of non-supportive disclosure in CSA can be adequately grouped according to two categories, with these categories being defined in terms of the consanguinity between victim and offender, and between victim and confidant. The first category is consistent with the model presented by Bolen & Lamb (2004) in which juvenile victims of incestuous abuse report the abuse to their non-offending guardian. Non-supportive reactions from confidants in this context are not surprising given the conceptual framework of this study (i.e., Bolen & Lamb, 2004; Finkelhor et al., 2001). In such cases both the child and offending caregiver share high valence for the non-offending caregiver who has vested interests in each (c.f., Bolen & Lamb, 2004). The non-offending caregiver then typically performs a risk-analysis of the benefits and disadvantages involved in reporting the abuse to the authorities (c.f., Finkelhor et al., 2001), leading to a conflict of interests and an ambivalent response of vacillation in support (Bolen & Lamb, 2004).

This category of non-supportive disclosure represents a confirmation of existing findings and of the conceptualizations presented by both Finkelhor et al. (2001) and Bolen and Lamb (2004). The extent of non-supportive disclosure (95%) within this first category is however, significantly higher than that identified in a recent review of the literature: Bolen's (2002) investigations into intra-familial disclosure patterns indicated that only 25% of non-offending guardians react in a non-supportive manner. The high rates in the current sample are however, not surprising given existing theoretical views on the three measure of consanguinity included in the analysis and their relationship with non-

supportive disclosure – i.e. that it is the end result of caretakers' deliberation over conflicting demands (cf., Bolen & Lamb, 2004; Bussey & Grimbeek, 1995; Finkelhor, Wolak & Berliner, 2001; Leonard, 1996) and a normative response to disclosure under circumstances in which the confidant experiences dissonance, tension or ambivalence in their "positive and negative valences between the perpetrator and the child" (Bolen & Lamb, 2004:194). The offender in this case might be the victim's biological father, step-father or her mother's resident boyfriend. The mother's reaction to her child in such instances is susceptible to the influence of various cost factors linked to her potential disclosure. Depending on how economically or emotionally dependant the mother is on the perpetrator, her response may vary from vigorous protective action to complete non-supportiveness. As Bolen and Lamb (2004) have pointed out, such ambivalence is normative when the costs of disclosure are high and the non-offending guardian is ambivalent in his or her attachments to both victim and offender.

The second category of non-supportive disclosure to emerge from the present findings involves cases in which juvenile victims abused by persons outside of the home disclosed to an extra-familial community member (e.g., a policeman or school teacher etc.). The findings indicate that non-supportive disclosure in extra-familial abuse was significantly related to the consanguinity between victim and confidant and more specifically, that non-supportive disclosure in extra-familial abuse was significantly more likely (72%) when children reported to an extra-familial community member (e.g., a policeman or school teacher etc.) than when they disclosed to a relative.

Although this second category has not featured in either the local or international literature to date, it does not discount the validity of previous models of non-supportive disclosure. One could, for example, usefully adapt Bolen and Lamb's (2004) model to this scenario, but whereas in their conceptualization, non-supportive disclosure was the end result of an ambivalent response due to the high valency which both victim and offender shared for the non-offending caregiver, it is here due to the low salience of both victim and offender for the extra-familial confidant.

6.3. Theoretical Implications

The present findings suggest that patterns of non-supportive reactions to disclosure of CSA can be most meaningfully predicted by the nature of the relationship existing between victim, offender and confidant. The specific relationship dynamic which comes to bear in this scenario is the dichotomy of intra-familial vs. extra-familial attachment. The results of statistical analysis indicate that non-supportive disclosure was significantly related to two dichotomous patterns of relationship dynamics. The first pattern that was significantly related to non-supportive disclosure involved disclosure of intra-familial (incestuous) abuse to an intra-familial confidant (i.e., a non-offending guardian). This finding validates Bolen and Lamb's (2004) conceptualization of non-supportive reaction to disclosure of CSA as a normative response given a non-offending guardian's ambivalent response between her valence toward the child and perpetrator.

The second pattern involved the disclosure of extra-familial abuse to an extra-familial confidant (i.e., a community member or professional person). This finding indicates that non-supportive disclosure is not simply limited to the intra-familial dynamics between child, offender and confidant but that it also occurs to a significant extent in cases of incestuous abuse involving an extra-familial confidant. The fact that the majority (56.8%) of non-supportive reactions occurred at the hands of 'other' family members, community members, or helping professionals, calls into question current conceptualizations of non-supportive disclosure which have, to a large extent, focused exclusively on non-supportive reactions by intra-familial members and specifically non-offending care-givers and guardians.

The current figures allude to existing models' narrow overemphasis on the role which family members and particularly maternal figures play in non-supportive reactions to CSA. This current conceptualization which is inherent to Finkelhor et al., (2001) two-stage model and which underpins the work of Bolen and Lamb (2004) work has neglected to include an awareness of the important role of other players (such as extra-familial community members) in the process of supportive/non-supportive disclosure. Consequently researchers have assumed erroneously that it is a "not-good-enough",

incompetent or neglectful mother figure that is at the root of the problem, thereby ignoring the significance of non-supportive reactions of extra-familial confidants in the process.

The present findings indicate that there is a clear need for a broader conceptualization of non-supportive disclosure in CSA. This study suggests that while Finkelhor et al. (2001) and Bolen and Lamb's (2004) model is valid, a more comprehensive conceptualization of non-supportive disclosure, incorporating extra-familial agents is required. The data in table I clearly indicates the necessity for an expanded conceptualization of the process of non-supportive disclosure – to one that includes and attempts to explain the non supportive reactions of a broad range of agents including community members and helping professionals.

Although the interpersonal and intra-psychic forces influencing disclosure dynamics were not the focus of this study, we are purporting that in such cases both the child and offending caregiver share low salience for the extra-familial member who then typically performs a risk analysis of whether or not to report the abuse to the authorities. Because of the low salience of both child and perpetrator for the extra-familial member, he or she then also reacts to the disclosure with a non-supportive response. Whereas non-supportive reaction to disclosure was initially attributed to the non-offending caregiver's ambivalent response to the equally high valence of both child and perpetrator, it is here also considered a function of the low salience of both victim and perpetrator for an extra-familial confidant. Further qualitatively driven research would however, be necessary in order to assess the validity and utility of this hypothesis. Large and representative samples drawn from the general population would appear to be indicated, in order to more comprehensively assess the validity and utility of the proposed disclosure model.

6.4. Intervention

The present findings have potential practical efficacy in terms of their implication for CSA secondary prevention programs. Firstly, these findings suggest that parents and professionals in the community should constitute the primary focus of any coordinated

efforts to educate and prepare potential confidants of CSA. Such programs might assist potential intra- and extra-familial confidants by teaching them the most effective ways to deal with and respond to a disclosure of child sexual abuse – both in their own, and in the victim's best interests.

A second implication of these findings is that while children are normally encouraged disclose their abuse to someone they can trust (i.e., a guardian or professional person), in reality such individuals are not necessarily the most effective confidants and this approach does not always work. Secondary prevention programs might assist victims in reporting more effectively by teaching them who best to disclose their abuse to in order to receive the most effective intervention (i.e. to an influential member of the community in the case of intra-familial abuse, and to a caregiver or relative in cases involving an extra-familial perpetrator). An important focus of such programs would be to emphasize to children that it is not sufficient to disclose their abuse only once. Rather, children should be encouraged to keep on reporting until someone intervenes.

6.5. Limitations

The presented study was limited in several respects: Firstly, the external validity of the study findings may have been compromised by the fact that the sample differed in a number of important respects from victimized samples which have conventionally been used in studies of CSA disclosure. The present sample was, for example, restricted to cases of CSA that had been reported to the police. According to studies of probability samples drawn from the general population (e.g., Smith et al., 2000), while as many as 72% of sexually abused children disclose their abuse, only 12% of cases are ever reported to the authorities. The present findings should thus not be generalized to the entire population of CSA victims of non-supportive disclosure who did not ultimately find their way into the criminal justice system.

Furthermore, because the present findings were obtained in the context of hospital-based medico-legal assessments and were derived from a sample of children who had all experienced contact forms of CSA (i.e., genital, anal, or oral penetration), they are not

representative of the entire population of children who had experienced less severe forms of sexual abuse. Moreover, because disclosure patterns have been found to vary as a function of the severity of abuse incidents (Arata, 1998), and particularly because abuse at both extremes of the spectrum of severity are less likely to be disclosed (Gomes-Schwartz et al., 1990), the patterns of non-supportive disclosure identified in this study should not be generalized to all cases of CSA.

Lastly, this research was conducted in the specific context of Durban – located in KwaZulu Natal, South Africa. The present findings are thus not necessarily representative of the extent of non-supportive disclosure and factors associated with non-supportive disclosure in other contexts.

CONCLUSIONS

Research on non-supportive reactions to CSA constitutes a body of literature that is relatively still in its genesis. Existing work including empirical findings are more inconsistent than not (Bolen, 2002), and previous efforts to conceptualize the subject have neither adequately nor systematically dealt with various fundamental issues and concerns.

The present research offers a conceptualization of non-supportive disclosure in CSA which was found to adequately address patterns of non-supportive disclosure in the study sample, and which defined a limited range of predictable circumstances in which non-supportive disclosure typically occurs which were meaningfully related to the consanguinity of the persons involved. While the proposed model provided heuristic value in the present sample, further validation of its efficacy is indicated. Although the present research does not allege to represent a comprehensive study of the problem, the intention is that these findings might function to augment existing knowledge and provide a constructive basis for further investigation, and for the development of a more comprehensive and socially informed conceptualization of social reactions to CSA.

REFERENCES

Aalsma, M. C., Zimet, G. D., Fortenberry, D. J., Blythe, M. & Orr, D. P. (2002). Reports of childhood sexual abuse by adolescents and young adults: Stability over time. *Journal of Sex Research, 39*(4), 259-265.

Abdulrehman, R. Y. & De Luca, R. V. (2001). The implications of childhood sexual abuse on adult social behavior. *Journal of Family Violence, 16*(2), 193-204.

Arata, C. M. (1998). To tell or not to tell: Current functioning of child sexual abuse survivors who disclosed their victimization. *Child Maltreatment, 3,* 63-71.

Augoustinos, M. & Walker, I. (1995). Social Cognition: *An integrated introduction.* London: Sage Publications.

Bagley, C. & Ramsey, R. (1986). Sexual abuse in childhood: Psychosocial outcomes and implications for social work practice. *Journal of Social Work and Human Sexuality, 4,* 33-47.

Barker-Collo, S. & Read, J. (2003). Models of response to childhood sexual abuse. *Trauma, Violence & Abuse, 4*(2), 95-102.

Berliner, L. & Conte, J. R. (1990). The process of victimization: The victim's perspective. *Child Abuse & Neglect, 14*, 29-40.

Berliner, L. & Conte, J. R. (1995). The effects of disclosure and intervention on sexually abused children. *Child Abuse & Neglect, 19*, 371-384.

Berliner, L. & Saunders, B. (1996). Treating fear and anxiety in sexually abused children. *Child Maltreatment, 1*(4), 294-310.

Bolen, R. M. (2002). Guardian support of sexually abused children: A review and study of its predictors. *Trauma, Violence, and Abuse, 3*(1), 40-67.

Bolen, R. M. (2003). Nonoffending mothers of sexually abused children. *Violence Against Women, 9*(11), 1336-1367.

Bolen, R. M. & Lamb, J. L. (2004). Ambivalence of nonoffending guardians after child sexual abuse disclosure. *Journal of Interpersonal Violence, 19*(2), 185-211.

Briere, J. & Zaidi, L. V. (1989). Sexual abuse histories and sequelae in female psychiatric emergency room patients. *American Journal of Psychiatry, 12*, 1602-1606.

Brookes, H. & Higson-Smith, C. (2004). Responses to gender-based violence in schools. In L. Richter, A. Dawes, & C. Higson-Smith (Eds.), *Sexual abuse of young children in southern Africa* (110-129). Cape Town: HSRC Press.

Bussey, K. & Grimbeek, E. J. (1995). Disclosure processes: Issues for child sexual abuse victims. In K. J. Rotenberg (Ed.), *Disclosure processes in children and adolescents* (166-203). Cambridge: Cambridge University Press.

Bybee, D. & Mowbray, C. T. (1993). An analysis of allegations of sexual abuse in a multi-victim day-care center case. *Child Abuse & Neglect, 17*, 767-783.

Callahan, K. L., Price, J. L. & Hilsenroth, M. J. (2003). Psychological assessment of adult survivors of childhood sexual abuse within a naturalistic clinical sample. *Journal of Personality Assessment; 80*(2), 173-185.

Campis, L. B., Hebden-Curtis, J. & Demaso, D. R. (1993). Developmental differences in detection and disclosure of sexual abuse. *Journal of the American Academy of Child and Adolescent Psychiatry, 32*, 920-924.

Classen, C. C., Palesh, O. G. & Aggarwal, R. (2005). Sexual revictimization: A review of the empirical literature. *Trauma, Violence & Abuse, 6*(2), 103-130.

Collings, S. J. (1995). The long-term effects of contact and non-contact forms of child sexual abuse in a sample of university men. *Child Abuse & Neglect, 19*, 1-6.

Collings, S.J. (2005). Non-supportive disclosure in child sexual abuse: Some conceptual considerations. *Child Abuse Research in South Africa, 6*(1), 13 – 17.

Collings, S.J., Griffiths, S. & Kumalo, M. (2005). Patterns of disclosure in child sexual abuse. *South African Journal of Psychology, 35*(2), 270-285.

Dawes, A., Borel-Saladin, J. & Parker, Z.(2004). Measurement and monitoring. In L. Richter, A. Dawes, & C. Higson-Smith (Eds.), *Sexual abuse of young children in southern Africa* (176-205). Cape Town: HSRC Press.

DiPietro, E. K., Runyan, D. K. & Fredrickson, D. D. (1997). Predictors of disclosure during medical evaluation for suspected sexual abuse. *Journal of Child Sexual Abuse, 6*(1), 133-142.

Dong, M., Anda, R. F., Dube, S. R., Giles, W. H. & Felitti, V. J. (2003). The relationship of exposure to childhood sexual abuse to other forms of abuse, neglect, and household dysfunction during childhood. *Child Abuse & Neglect, 27*(6), 625-640.

Elliot, D. M. & Briere, J. (1994). Forensic sexual abuse evaluations of older children: disclosures and symptomatology. *Behavioural Sciences and the Law, 12*, 261-277.

Everson, M. (1998, April). *Forensic interviewing: The disclosure process.* Paper presented at a Colloquium of the American Professional Society for Abused Children, New York.

Faller, K. C. (1988). Criteria for judging the credibility of children's statements about their sexual abuse. *Child Welfare, 68*, 389-401.

Faller, K. C. (2004, September). *Disclosure in cases of sexual abuse: Research findings and practical implementations.* Paper presented at the Fifteenth Congress of the International Society for the Prevention of Child Abuse and Neglect, Brisbane, Australia.

Finkelhor, D. (1979). Sexually victimized children. New York: Free Press.

Finkelhor, D., Hotaling, G., Lewis, J. & Smith, C. (1990). Sexual abuse in a national survey of adult men and women. *Child Abuse & Neglect, 14*, 19-28.

Finkelhor, D. (1994). Current information on the scope and nature of child sexual abuse. *The Future of Children, 4*(2), 31, 46-48.

Finkelhor, D. (1994b). The international epidemiology of child sexual abuse. *Child Abuse and Neglect, 18*, 409-417.

Finkelhor, D., Wolak, J. & Berliner, L. (2001). Police reporting and professional help seeking for child crime victims: A review. *Child Maltreatment, 6*(1), 17-30.

Finkelhor, D., Ormrod, R., Turner, H. & Hamby, S. L. (2005). The victimization of children and youth: A comprehensive, national survey. *Child Maltreatment, 10*(1), 5-26.

Flitter, J. M., Klotz' E, J. D. & Gold, S. N. (2003). MMPI-2 F scale elevations in adult victims of child sexual abuse. *Journal of Traumatic Stress, 16*(3), 269-275.

Furniss, T. (1991). *The multi-professional handbook of child sexual abuse: Integrated management, therapy, and legal intervention.* London: Routledge.

Gallinetti, J. (2004). Legal definitions and practices in child sexual abuse. In L. Richter, A. Dawes, & C. Higson-Smith (Eds.), *Sexual abuse of young children in southern Africa* (176-205). Cape Town: HSRC Press.

Gomes-Schwartz, B., Horowitz, J. M. & Cardarelli, A. P (1990). *Child sexual abuse: The initial effects.* Newbury Park, CA: Sage.

Gries, L. T., Goh, D. S. & Cavanaugh, J. (1996). Factors associated with disclosure during child sexual abuse assessment. *Journal of Child Sexual Abuse, 5*(3), 1-19.

Guma, M. & Henda, N. (2004). The socio-cultural context of child abuse: a betrayal of trust. In L. Richter, A. Dawes, & C. Higson-Smith (Eds.), *Sexual abuse of young children in southern Africa* (176-205). Cape Town: HSRC Press.

Hartwig, J. & Wilson, C. J. (2002). Factors affecting children's disclosure of secrets in an investigatory interview. *Child Abuse Review, 11*(2), 77-94.

Hastie, R. (2001). Problems for judgment and decision making. *Annual Review of Psychology, 52*, 653 – 683.

Herman, J. (1998). *Trauma and recovery: From domestic abuse to political terror.* London: Pandora Books.

Higson-Smith, C. & Lamprecht, L. (2004). Access to specialist services and the criminal justice system: Data from the Teddy Bear Clinic. In L. Richter, A. Dawes, & C. Higson-Smith (Eds.), *Sexual abuse of young children in southern Africa* (176-205). Cape Town: HSRC Press.

Higson-Smith, C. & Richter, L. (2004). Commercial sexual exploitation and trafficking of children. In L. Richter, A. Dawes, & C. Higson-Smith (Eds.), *Sexual abuse of young children in southern Africa* (176-205). Cape Town: HSRC Press.

Jewkes, R. & Abrahams, N. (2002). The epidemiology of rape and sexual coercion in South Africa: An overview. *Social Science & Medicine, 55*, 1231-1244.

Jewkes, R. (2004). Child sexual abuse and HIV infection. In L. Richter, A. Dawes, & C. Higson-Smith (Eds.), *Sexual abuse of young children in southern Africa* (176-205). Cape Town: HSRC Press.

Johnson, C. F. (2004). Child sexual abuse. *Lancet, 364*(9432), 462, 9p, 3c, 1bw.

Johnson, R. & Shrier, D. (1985). Sexual victimization of boys: Experience at an adolescent medicine clinic. *Journal of Adolescent Medicine, 6*(5), 372-376.

Jonzon, E. & Lindblad, F. (2004). Disclosure, reactions, and social support: Findings from a sample of adult victims of child sexual abuse. *Child Maltreatment, 9*(2), 190-201.

Keary, K. & Fitzpatrick, C. (1994). Children's disclosure of sexual abuse during formal investigation. *Child Abuse & Neglect, 17*, 71-89.

Kelley, S. J., Brant, R., & Waterman, J. (1993). Sexual abuse of children in day care centers. *Child Abuse & Neglect, 17*, 71-89.

Korbin, J.E. (1990), Child sexual abuse: a cross-cultural view, in R. K. Oates (Ed.), *Understanding and Managing Child Sexual Abuse*. Harcourt Brace Jovanovich, Sydney.

Lamb, S. & Edgar-Smith, S. (1994). Aspects of disclosure: Mediators of outcome of childhood sexual abuse. *Journal of Interpersonal Violence, 9*, 307-326.

Lamb, M. E., Sternberg, K. J., Orbach, Y., Hershkowitz, I. & Horowitz, D. (2003). Differences between accounts provided by witnesses and alleged victims of child sexual abuse. *Child Abuse & Neglect, 27*(9), 1019-1032.

Lawson, L. & Chaffin, M. (1992). False negatives in sexual abuse disclosure interviews. Incidence and influence of caretaker's belief in abuse in cases of accidental abuse discovery by diagnosis of STD. *Journal of Interpersonal Violence, 7*, 532-542.

Leifer, M., Shapiro, J. P. & Kassem, L. (1993). The impact of maternal history and behaviour upon foster placement and adjustment in sexually abused girls. *Child Abuse & Neglect, 17*(6), 755-766.

Leonard, E. D. (1996). A social exchange explanation for the child sexual abuse accommodation syndrome. *Journal of Interpersonal Violence, 11*, 107-117.

Lombardo, S. & Pohl, R. (1997). Sexual abuse history of women treated in a psychiatric outpatient clinic. *Psychiatric Services, 48*, 534-536.

Lonsway, K. A. & Fitzgerald, L. F. (1994). Rape myths: In review. *Psychology of Women Quarterly, 18*, 133 – 164.

Lovett, B. B. (2004). Child sexual abuse disclosure: Maternal response and other variables impacting the victim. *Child & Adolescent Social Work Journal, 21*(4), 355-372.

Luke, D.A., Rappaport, J. & Seidman, E. (1991). Setting phenotypes in a mutual help organization: Expanding behavior setting theory. *American Journal of Community Psychology, 19*(1), 147-167.

Lyon, T. (2002). Scientific support for expert testimony on child sexual abuse accommodation. In J. Conte (Ed.), *Critical issues in child sexual abuse* (pp. 107-138). Thousand Oaks, CA: Sage.

Martinson, F. (1973). *Infant and child sexuality: A sociological perspective*. Saint Peter, MN: The Book Mark.

Mendelsohn, C. (1994). *Child sexual abuse: The relation between victim disclosure and familial closeness of perpetrator.* Unpublished doctoral dissertation, Rutgers University. Dissertation Abstracts Online No. 01367090.

Mordock, J. B. (1996). Treatment of sexually abused children: Interview techniques, disclosure, and progress in therapy. *Journal of Child Sexual Abuse, 5*(4), 105-121.

National Programme of Action Steering Committee, Pretoria, South Africa. (31 May 1996). *National Programme of Action for Children in South Africa,*

Noll, J. G., Trickett, P. K. & Putnam, F. W. (2003). A prospective investigation of the impact of childhood sexual abuse on the development of sexuality. *Journal of Consulting & Clinical Psychology, 71*(3), 575-586.

Paine, M. L. & Hansen, D. J. (2002). Factors influencing children to self-disclose sexual abuse. *Clinical Psychology Review, 22*, 271-295.

Palmer, S. E., Brown, R., Rae-Grant, N. & Loughlin, M. J. (1999). Responding to children's disclosures of familial violence: What survivors tell us. *Child Welfare, 78*(2), 259-282.

Pope Jr., H.G. (2002). Delayed disclosure by victims of child sexual abuse: an important topic for study. *Acta Paediatrica, 91*(12), 1293-1296.

Quas, J. A., Goodman, G. S. & Jones, D. P. H. (2003). Predictors of attributions of self-blame and internalizing behavior problems in sexually abused children. *Journal of Child Psychology & Psychiatry & Allied Disciplines, 44*(5), 723-737.

Richter, L. & Higson-Smith, C. (2004). The many kinds of sexual abuse of young children. In L. Richter, A. Dawes, & C. Higson-Smith (Eds.), *Sexual abuse of young children in southern Africa* (176-205). Cape Town: HSRC Press.

Rieser, M. (1991). Recantation in child sexual abuse cases. *Child Welfare, LXX*, 611-621.

Roberts, R., O'Connor, T., Dunn, J. & Golding, J. (2004). The effects of child sexual abuse in later family life; mental health, parenting and adjustment of offspring. *Child Abuse & Neglect, 28*(5), 525-546.

Roesler, T. A. & Wind, T. W. (1994). Telling the secret: Adult women describe their disclosure of incest. *Journal of Interpersonal Violence, 9*, 327-338.

Russel, D. E. H. (1986). *Incest in the lives of girls and women.* New York: Basic Books.

Russel, D. E. H. & Bolen, R. (2000). *The epidemic of rape and child sexual abuse in the United States.* Thousand Oaks, CA: Sage Publications.

Salter, D., McMillan, D., Richards, M., Talbot, T., Hodges, J., Bentovim, A., Hastings, R., Stevenson, J. & Skuse, D. (2003). Development of sexually abusive behaviour in sexually victimized males: a longitudinal study. *Lancet, 361*(9356), 471-477.

Sas, L. & Cunningham, A. (1995). *Tipping the balance to tell the secret: The public discovery of child sexual abuse.* London, ONT: London Court Clinic.

Sauzier, M. (1989). Disclosure of Child Sexual Abuse: For Better or For Worse. *Psychiatric Clinics of North America, 12*(2), 455-469.

Sgroi, S. (1982). *Handbook of clinical intervention in child sexual abuse.* Lexington: Lexington Books.

Sjöberg, R. L. & Lindblad, F. (2002). Delayed disclosure and disrupted communication during forensic investigation of child sexual abuse: a study of 47 corroborated cases. *Acta Paediatrica, 91*(12), 1391-1397.

Smith, D. W., Letourneau, E. J., Saunders, B. E., Kilpatrick, D. G., Resnick, H. S. & Best, C. L. (2000). Delay in disclosure of childhood rape: Results from a national survey. *Child Abuse & Neglect, 24*(2), 273-288.

South African Human Rights Commission. (2002a). *Report on Sexual Offences against Children: Does the Criminal Justice System Protect Children?* Retrieved 2nd August, 2005 from http://www.sahrc.org.za/child_sexual_offences_report_april_2002.PDF.

Sorenson, T. & Snow, B. (1991). How children tell: The process of disclosure in child sexual abuse. *Child Welfare, 70*(1), 3-15.

Steel, J., Sanna, L., Hammond, B., Whipple, J. & Cross, H. (2004). Psychological sequelae of childhood sexual abuse: abuse-related characteristics, coping strategies, and attributional style. *Child Abuse & Neglect, 28*(7), 785-802.

Summit, R. (1983). The child abuse accommodation syndrome. *Child Abuse & Neglect, 7*, 177-193.

Swanston, H. Y., Parkinson, P. N., O'Toole, B. I., Plunkett, A.M., Shrimpton, S. & Oates, K. R. (2003). Juvenile crime, aggression and delinquency after sexual abuse. *British Journal of Criminology, 43*(4), 729-750.

Thompson, M. M., Zamma, M. P. & Griffin, D. W. (1995). Let's not be indifferent about (attitudinal) ambivalence. In R. E. Petty & J. A. Krosnick (Eds.), *Attitude strength: Antecedents and consequences* (pp. 361 – 386). Mahwah, NJ: Lawrence Eribaum.

Townsend, L. & Dawes, A. (2004). Individual and contextual factors associated with the sexual abuse of children under 12: a review of recent literature. In L. Richter, A. Dawes, & C. Higson-Smith (Eds.), *Sexual abuse of young children in southern Africa* (176-205). Cape Town: HSRC Press.

Ullman, S. (2003). Social reactions to child sexual abuse disclosures. A critical review. *Journal of Child Sexual Abuse, 12*(10), 89-122.

Westcott, H. L. (2002). Guest Editorial: Research and practice in child sexual abuse. *Child Abuse Review, 11*(2), 73-77.

Yozwiak, J. A., Golding, J.M. & Marsil, D. F. (2004). The impact of type of out-of-court disclosure in a child sexual assault trial. *Child Maltreatment, 9*(3), 325-335.