Patterns of disclosure in child sexual abuse

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This study examined patterns of disclosure in a sample of 1 737 cases of child sexual abuse (1 614 girls and 123 boys) reported in the North Durban policing area of KwaZulu-Natal, South Africa, during the period January 2001 to December 2003. A content analysis of disclosure patterns identified two broad dimensions of disclosure (Agency: child-initiated disclosure versus detection by a third party, and Temporal duration: an event versus a process); with these disclosure dimensions defining four discrete categories of disclosure: purposeful disclosure (30% of cases), indirect disclosure (9% of cases), eyewitness detection (18% of cases), and accidental detection (43% of cases). A multinomial logistic regression analysis revealed that disclosure patterns were independently predicted by the victim's age, the nature of the victim-perpetrator relationship, the offender's age, the frequency of abuse, and reporting latency. The implications of the findings for primary prevention, forensic interviewing practice, and future research are discussed in detail.

Keywords: abuse; agency; barriers to disclosure; child abuse; child sexual abuse (CSA); disclosure; patterns of disclosure.

Studies of disclosure in child sexual abuse (CSA) indicate that disclosure tends to be the exception rather than the norm, with estimates of non-disclosure varying from 33% to 92% for girls (Bagley & Ramsey, 1986; Faller, 2004; Finkelhor, Hotaling, Lewis, & Smith, 1990; Lyon, 2002; Palmer, Brown, Rae-Grant & Loughlin, 1999; Russell, 1986; Russell & Bolen, 2000; Smith, et al., 2000; Ullman, 2003) and from 42% to

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100% for boys (Collings, 1995; Finkelhor, 1979, Finkelhor et al., 1990; Johnson & Shrier, 1985; Lyon, 2002). The undesirable consequences of such non-disclosure – including ongoing abuse and the lack of access to mental health resources – have sparked a debate in the child abuse literature regarding the process of disclosure, with this debate tending to focus on issues relating to (a) the reasons why victimised children do not disclose, and (b) patterns of disclosure in CSA (i.e., 'How, and when, do children disclose?').

BARRIERS TO DISCLOSURE

In terms of Finklehor, Wolak, and Berliner's (2001) two-stage model of crime reporting, barriers to disclosure by child crime victims can be broken down into two types: (a) those that inhibit the recognition of a problem, and (b) those that inhibit disclosure of a problem, even though a problem is recognised.

With respect to the first stage of Finkelhor et al.'s model, namely, Problem Recognition, it has been found that many children do not disclose CSA for the simple reason that they are not aware that they have been abused. In Sas and Cunningham's (1995) follow-up study of sexually abused children who had been processed through the courts, 40% of children indicated that they were unaware that they were being sexually abused at the time that the abuse started. In addition, many sexual offenders deliberately disguise their actions by representing the abuse to the child as 'a special game or secret', as 'part of the child's education', or as 'normal parenting behaviour' (Faller, 2004). To the extent that such 'normalising' strategies are successful, the idea of disclosure may not even occur to many children.

Further, even if CSA is recognised by the child as a problem, there is no guarantee that the child's caregiver or confidant will view the incident in a similar manner (Finkelhor et al., 2001). Caregivers/confidants who adopt a non-abusive definition of the situation (e.g., defining the abuse as sexual or promiscuous behaviour on the part of the child), who minimise the seriousness of the abuse incident (e.g., defining non-penetrative sexual molestation as not serious enough to warrant protective action), or who simply do not believe that the child is telling the truth, are unlikely to intercede on the child's behalf and are unlikely to assist the child in the process of reporting (Faller, 2004; Paine & Hansen, 2002). In a study of sexually abused children attending a family crisis clinic, Sauzier (1989) found that in 17% of cases, the child's initial disclosure did not lead to reporting, either because the child was not believed (9%) or because the child's caregiver took no action (8%). Similarly, it has been found that CSA incidents are less likely to be reported to the authorities in situations where a caregiver expresses doubts regarding the veracity of a child's initial disclosure and/or where a caregiver punishes the child or pressurises a child to deny the abuse (Elliott & Briere, 1994; Lawson & Chaffin, 1992).

The second stage of Finkelhor et al.'s (2001) disclosure model is called the Consideration Stage. This is where children and their families consider the costs and

benefits of reporting recognised abuse. With respect to benefits, abused children and their families are likely to consider issues relating to justice (e.g., the likelihood of the successful prosecution and conviction of the abuser), the benefits of social and psychological support from child protection services and safety (e.g., protection from further abuse).

On the other hand, there are a number of potential costs involved in reporting CSA, which children and their families are likely to consider prior to reporting. These potential costs relate to the likelihood of further victimisation (e.g., secondary victimisation at the hands of the offender, significant others, and/or the criminal justice system) (cf. Faller, 2004; Finkelhor et al., 2001; Sas & Cunningham, 1995), beliefs that talking about the abuse will be more traumatic than keeping quiet (Berliner & Saunders, 1996), and ignorance regarding the outcome of disclosure, with an associated failure to report abuse through fear of the unknown (Faller, 2004).

A child's motivation to report CSA is also likely to be influenced by the dynamics of powerlessness and/or secrecy that provide an enabling context for much abuse. According to Summit (1983), 'the basic subordination and helplessness of children within authoritarian relationships' (p. 182), combined with the frequent use of secrecy as a silencing strategy, places many abused children in a situation which is seemingly inescapable, and in which some form of accommodation to ongoing abuse is perceived to be the only realistic option. Such accommodation strategies – which include attributions of self-blame, acceptance of the offender's distorted beliefs, and/or the use of defence mechanisms, such as dissociation from, or repression of, abuse memories (cf., Herman, 1998; Paine & Hansen, 2002; Summit, 1983) – effectively serve as obstacles to purposeful disclosure; creating instead a norm of non-disclosure, delayed or unconvincing disclosure and/or retracted disclosure (Summit, 1983).

PATTERNS OF DISCLOSURE

Despite numerous barriers to CSA reporting, a sizable proportion of children do disclose their abuse; with patterns of disclosure having been found to vary along a number of dimensions, including (a) Intent: purposeful versus accidental, (b) Spontaneity: spontaneous versus elicited, (c) Detail: explicit versus vague, (d) Latency: immediate versus delayed, and (e) Temporal duration: an event versus a process (cf. Bybee & Mowbray, 1993; Everson, 1998; Furniss, 1991; Kelley, Brant, & Waterman, 1993; Paine & Hansen, 2002; Sauzier, 1989; Sgroi, 1982; Sorenson & Snow, 1991). Although this proliferation of abuse descriptors has served to highlight the multi-dimensional nature of the disclosure process, few consistent findings have emerged from clinical and research studies which have examined the relative importance of different disclosure dimensions. Thus, for example, while some studies have found that purposeful disclosure is the predominant mode of disclosure (Higson-Smith & Lamprecht, 2004; Sauzier, 1989), other studies have found that purposeful disclosure characterises only a minority of CSA reports (Berliner & Conte, 1995; Sgroi, 1982).

A similar lack of consistency has characterised research on the impact of victim and contextual factors on the disclosure process (see Table 1). Indeed, the only consistent finding to emerge from the data presented in Table 1 is that children abused by close family members have been found to be consistently less likely to report their abuse than are children who are abused by strangers.

Table 1. The impact of abuse characteristics on child sexual abuse disclosure patterns.

Variable	Impact on disclosure	Study
Child's age	Younger children are more likely to make explicit disclosures.	Bybee and Mowbray (1993).
	Younger children are less likely to make explicit disclosures.	Campis et al. (1993); Faller (1988); Mordock (1996); Sorenson and Snow (1991).
Gender	Gender and disclosure are unrelated.	Bybee and Mowbray (1993); DiPietro, Runyan, and Fredrickson (1997); Sauzier (1989).
	Boys are less likely to disclose.	Gries et al. (1996); Keary and Fitzpatrick (1994); Lamb and Edgar-Smith (1994).
Abuse coercion	Disclosure and degree of coercion are unrelated.	Arata (1998); Lamb and Edgar-Smith (1994).
	Coercion is associated with delayed disclosure.	Paine and Hansen (2001).
	Coercion is associated with either early or non-disclosure.	Gomes-Schwartz et al. (1990).
Severity	Disclosure is inversely related to abuse severity.	Arata (1998).
	Abuse at both extremes of the spectrum of severity are less likely to be disclosed.	Gomes-Schwartz, Horowitz and Cardarelli (1990).
Offender relationship	Children abused by close family members are less likely to disclose than are children abused by strangers.	Arata (1998); Berliner and Conte (1990); DoPeitro et al. (1997); Mendelsohn (1994); Sauzier (1989); Sorenson and Snow (1991)

THE PRESENT RESEARCH

Despite the sizeable clinical and research literature on CSA disclosure, there would appear to be a clear need for increased knowledge regarding the circumstances of children's disclosures. From the literature reviewed, this need would appear to be most marked in relation to patterns of disclosure and in relation to the factors associated with different patterns of disclosure.

At a more general level, one needs to question the extent to which available understandings of CSA disclosure gleaned from the international literature can uncritically be applied to the South African context. Most of the available literature on CSA disclosure has examined the disclosure process in the context of specialised forensic or clinical interviews (by no means the norm in the South African context), focused on disclosure relating predominantly to non-penetrative forms of sexual abuse (rape being the most frequently reported sexual crime perpetrated against children in South Africa) (cf. Collings & Wiles, 2004), and relied almost exclusively on accounts of disclosure provided by children living in the United States of America (US) and in other western countries (who do not necessarily experience the same obstacles to disclosure as those experienced by South African children) (cf. Guma & Henda, 2004; Townsend & Dawes, 2004).

In this context, it seemed appropriate to examine patterns of disclosure in a large and representative sample of South African CSA victims. The objectives of the research were two-fold: first, to examine how and when CSA victims disclose their abuse; and second, to identify factors associated with different patterns of disclosure.

METHOD

The data

Since 2001, all cases of CSA reported to the police in the North Durban policing area have been referred for medical assessment to a crisis centre attached to a state hospital in Phoenix, KwaZulu-Natal, South Africa. The present study involved a complete file review of all social work and medical case files for CSA victims seen at the crisis centre during the period January 2001 to December 2003. For purposes of the study, a *child* was defined as a person (male or female) who was under the age of 18 years, and *sexual abuse* was defined as unwanted penetrative sexual activity (vaginal, anal, oral, digital, or object insertion). The decision to employ a somewhat restrictive definition of CSA was informed by the fact that over 99% of the cases presenting at the crisis centre involved some form of penetrative sexual activity. A final inclusion criterion was that the results of the medical examination had to be consistent with the form of abuse reported.

A total of 1 737 cases met the inclusion criteria (1 614 girls and 123 boys). The average age of the victimised children was 9.9 years ($SD = 4.6$ years), with the offender being a family member in 26% of cases, a 'known person' in 56% of cases, and a stranger in 18% of cases. For most children (56%), the abuse had been a one-off event, with 24% of children reporting that they had been abused between two and five times, and 20% reporting chronic abuse (>5 times). The abuse involved vaginal penetration in 90% of cases, anal penetration in 7% of cases, digital penetration in 2% of cases, and oral penetration in 1% of cases. With respect to the latency of reporting; 47% of

reports were made within 72 hours of the abuse, 31% from 72 hours to 1 month after the abuse, and 22% more than a month after the abuse.

Data analysis

All statistical analyses were performed by means of SPSS (2002). In the first phase of the analysis, all identified case files were reviewed in order to obtain information relating to the nature and context of disclosure. A thematic content analysis, using procedures suggested by Krippendorff (1980), was then conducted on a sample of the data (200 cases), in order to identify dimensions of disclosure that were both exhaustive and mutually exclusive. Categories of disclosure defined by the identified dimensions were operationally defined and used to code the sample of 200 cases by two raters (professional researchers) who worked independently. The identified disclosure categories proved to be both exhaustive and mutually exclusive.

In the second phase of the analysis, the entire data set was coded by two raters (also professional researchers) using the identified disclosure categories. In this coding process, identified disclosure categories again proved to be both exhaustive and mutually exclusive with the percentage rater agreement being 98%. In cases of disagreement, items were discussed until consensus was reached.

In the final stage of the analysis, a multinomial logistic regression was employed to identify abuse-related variables that were significantly related to the disclosure categories.

Ethical clearance

Ethical clearance for the research was obtained from the Ethics Sub-committee of the Faculty of Community and Development Disciplines at the University of KwaZulu-Natal, Durban, South Africa. The research did not involve any procedures that impacted on normal treatment regimes and there was no direct contact between researchers on the one hand and CSA victims and their families on the other. In order to ensure that confidentiality and anonymity were maintained (a) access to medical and social work files was restricted to persons who were either registered psychologists or persons with psychology majors working under the direct supervision of a registered psychologist, (b) no uniquely identifying information was entered in the data base, (c) all research files and records were maintained under lock and key at all times, and (d) the dissemination of research findings was restricted to aggregated data. Permission to conduct the research was obtained from the KwaZulu-Natal Department of Health, the superintendent of the hospital where the crisis centre was based, and the medical officer in charge of the crisis centre.

RESULTS

Patterns of disclosure

The content analysis identified two broad cross-cutting dimensions defined in terms of *agency* (i.e., child-initiated disclosure versus detection by a third party) and

	Disclosure	Detection
Event	Purposeful disclosure (30% of cases)	Eyewitness detection (18% of cases)
Process	Indirect disclosure (9% of cases)	Accidental detection (43% of cases)

Figure 1. Categories of disclosure defined by disclosure dimensions

temporal duration (i.e., an event versus a process). These two dimensions defined four discrete categories of disclosure (see Figure 1), which were operationally defined as follows:

Purposeful disclosure (dimensions: disclosure, event): Defined as spontaneous and unambiguous verbal disclosure of abuse by the child (e.g., Child to caregiver: 'Uncle put his *totolozi* [penis] in my *nkomo* [literally 'cow' but denoting 'vagina']'). Purposeful disclosure was made by 30% of children in the study sample, with the confidant being a family member in 48% of cases, a community member in 32% of cases, a policeman in 12% of cases, and a teacher in 8% of cases.

Indirect disclosure (dimensions: disclosure, process): Defined as a spontaneous but ambiguous verbal comment by the child which, while not constituting an explicit disclosure of abuse, nevertheless alerted a concerned other to the fact that something may be amiss (e.g., Child to caregiver: 'I am afraid to go to the park after school'). Such comments elicited (often extended) questioning from the confidant, leading to eventual disclosure by the child. Indirect disclosure was made by 9% of the children in the sample, with the confidant being a family member in all cases.

Eyewitness detection (dimensions: detection, event): Defined as a situation where the sexual abuse was directly witnessed by a second party who reported the abuse to a caregiver or who reported the abuse directly to the authorities. Eyewitness detection was involved in 18% of the cases reviewed, with the eyewitness being equally likely to be a family member (33% of cases), a community member (33% of cases), or another child (33% of cases).

Accidental detection (dimensions: detection, process): Defined as a situation where a second party became concerned about the child's welfare as a result of observed injuries (e.g., bruising), behavioural changes (e.g., avoidant behaviour) and/or changes in the child's emotional status (e.g., the development of specific fears or phobias), leading to the child being questioned or referred for a professional opinion, and the

facts of the abuse subsequently becoming evident. Accidental detection was involved in 43% of the cases reviewed, with the detector being a family member in 60% of cases, a community member in 30% of cases, and a professional person in 10% of cases.

Factors associated with different patterns of disclosure

The results of a multinomial logistic regression analysis (Table 2) indicate that patterns of disclosure vary as a function of victim characteristics (age), offender characteristics (age and relationship to the child) and abuse characteristics (abuse frequency and reporting latency).

Table 2. Factors associated with different patterns of disclosure: Multinomial logistic regression analysis

Effect	-2 Log likelihood of reduced model	Chi-square (3 *df*)	*p*
Victim characteristic			
Age	1135.20	50.79	0.000
Gender	1088.72	4.32	0.229
Race	1088.61	4.21	0.240
Perpetrator characteristics			
Age	1098.29	13.88	0.003
Relationship	1094.44	10.03	0.018
Race	1088.88	4.48	0.214
Number of abusers	1085.61	1.21	0.751
Abuse characteristics			
Abuse frequency	1095.18	10.77	0.013
Reporting latency	1092.48	8.07	0.045
Degree of coercion	1086.47	2.07	0.558
Abuse severity	1086.23	1.96	0.623
Location	1086.05	1.62	0.650

Notes: The chi-square statistic is the difference in -2 log-likelihood between the final model and a reduced model formed by omitting an effect. Model fitting information: χ^2 (3) =138.99, p = 0.000; Pseudo R^2 (Cox and Snell) = 0.248

Subsequent univariate analyses were conducted using chi-square procedures and ANOVAs (in which the Scheffé method was used for *post hoc* comparisons). From Table 3, it can be seen that the mean age of children who made purposeful disclosures (M = 10.67 years) was significantly higher than the mean age of children who made indirect disclosures (M = 5.84 years), with the mean age of children whose abuse was detected (eyewitness detection, M = 8.01 years; accidental detection, M = 7.96) falling between the age extremes of the other two disclosure categories. Patterns of disclosure

were also influenced by offender characteristics, with purposeful disclosure being more likely in cases where the offender was older (see means in Table 3) and explicit forms of disclosure (i.e., purposeful disclosure or eyewitness detection) being less likely in cases where the offender was a family member. Finally, with respect to abuse

Table 3. Predictors of disclosure patterns: Univariate analyses

Variable	Pattern of disclosure				Test/*df*	*p*
	Purposeful (*n* = 517)	Indirect (*n* = 162)	Eyewitness (*n* = 311)	Detected (*n* = 747)		
Victim characteristic						
Age (mean age)	10.67[a]	5.84[b]	8.01[c]	7.96[c]	F(3, 1733) = 52.74	0.000
Perpetrator characteristics						
Age (mean age)	29.55[a]	22.95[b]	23.47[b]	24.42[b]	F(3, 1733) = 9.71	0.000
Family member (%)	27.84	37.63	21.21	31.48	$\times^2(3) = 10.45$	0.015
Abuse characteristic						
Multiple incidents (%)	52.74	32.97	52.56	45.45	$\times^2(3) = 14.23$	0.003
Delayed reporting %)	49.69	69.79	33.33	57.30	$\times^2(3) = 45.13$	0.000

Note: Within each row, values with different superscripts differ significantly ($p < 0.01$)

characteristics, explicit forms of disclosure (purposeful disclosure or eyewitness detection) were (a) associated with a shorter reporting latency, and (b) more likely in cases of repeated abuse (see Table 3).

DISCUSSION

The findings suggest that patterns of disclosure in child sexual abuse can be adequately described using four discrete disclosure categories, with these categories being defined in terms of two basic underlying dimensions: agency (child initiated disclosure versus second party detection) and temporal duration (an event versus a process).

Dimensions of disclosure

The first dimension of disclosure identified in the study (Agency: disclosure versus detection) represents a departure from the exclusively child-focused perspective which has tended to characterise most CSA research (i.e., 'How and why do *children* disclose?'). Consistent with Finkelhor et al.'s (2001) model of crime victim reporting, the disclosure model presented here (Figure 1) explicitly acknowledges the role played

by both children (disclosure) and significant others (detection) in the process of CSA recognition and reporting. The results of the present study suggest, in fact, that it is detection by community members (61% of cases), rather than disclosure by the child (39% of cases), which constitutes the primary impetus for reporting in CSA; a finding which would appear to have important implications for primary prevention programming. Consistent with the views of September (2004), the present findings suggest that available prevention programming could usefully be extended to more actively engage members of the broader community in the process of detecting and responding to the problem of CSA. The demonstrated efficacy of such community-focused initiatives in the South African context (see, for example, September, Beerwinkel & Jacobson, 2000), particularly in relation to increased rates of reporting, would suggest that such preventive efforts are likely to be both feasibile and effective.

The second disclosure dimension identified in the study (Temporal duration: an event versus a process) has previously been recognised by Everson (1998), who highlighted the implications of temporal duration for both professional expectations and interview practices. Disclosure that constitutes an *event* is likely to require only a single interview and involves the use of standard protocols (i.e., introduction, assessment of competency, use of non-leading questions, etc.); while disclosure as a *process* is likely to involve multiple interviews, the flexible use of standard protocols, and a greater reliance on clinical, as opposed to forensic, skills (i.e., rapport building, emotional support, the use of a variety of questioning techniques etc.). In other words, the optimal approach to interviewing CSA victims is likely to be informed by whether disclosure is perceived as an event or as a process, with flexibility in interviewing practices (rather than a standard or 'one-size-fits-all' approach) being indicated.

Disclosure categories

Two of the disclosure categories identified in the present study have previously been reported in the literature. Both purposeful disclosure and accidental detection were first identified by Sgroi (1982) more than 20 years ago. Based on her clinical work, Sgroi concluded that purposeful disclosure was likely to be less common than accidental detection; a prediction which is consistent with the present finding that accidental detection was involved in 43% of revelations while purposeful disclosures were made in only 30% of cases.

An additional disclosure category identified in the present research was labeled indirect disclosure as it involved vague or ambiguous comments by the child which, while not constituting an explicit disclosure of abuse, nevertheless alerted a second party to the fact that something may be amiss. Although indirect disclosure has not previously been identified as a formal disclosure category, the phenomenon of indirect disclosure has been alluded to by a number of authors. For example, Sauzier (1989, p. 462) notes that:

> When children do make attempts to disclose, they are sometimes so vague and indirect as to be easily misunderstood: 'See this,' showing a bruise on the neck after staying alone with father, or 'My friend says her father does things to her.' Mothers who responded to these hints still had to ask many questions before hearing the disclosure.

Sauzier's (1989) account neatly captures the essence of indirect disclosure (i.e., the indirect nature of the child's initial comments, the need for careful, and often extensive, questioning by the confidant, and the eventual disclosure of abuse by the child).

A second disclosure category to emerge from the present research was eyewitness detection. Here again, although eyewitness detection has been mentioned by a number of authors (e.g., Sauzier, 1989) it has not previously been considered as a formal disclosure category. A possible reason for this is the fact that eyewitness detection of CSA has been found to be relatively uncommon in the US and in other First World countries. Thus, for example, in Sauzier's (1989) study of CSA victims referred to an American crisis clinic, eyewitness detection accounted for only 4% of abuse revelations.

Although eyewitness detection accounted for a significantly larger proportion of revelations in the present study (18%), a word of caution is in order. In Higson-Smith and Lamprecht's (2004) recent study of 306 children evaluated at child abuse clinics in the Gauteng Province of South Africa, only 5.7% of revelations came about because of eyewitness detection. Although it is possible that these differences in findings can be attributed to methodological differences between studies (i.e., differences in the context of data collection and different definitions of CSA), further research is clearly indicated in order to more comprehensively assess the extent of eyewitness detection as a disclosure strategy in the South African context.

Validation of disclosure categories

The results of the multinomial logistic regression analysis indicate that the disclosure categories identified in the study are not simply useful conceptual distinctions but that they are also meaningfully related to characteristics of the abuse.

With respect to the victim's age, the present findings are consistent with the results of previous studies which indicate that older victims are more likely to disclose purposefully (Campis, Hebden-Curtis & Demaso, 1993; Sorenson & Snow, 1991) while younger children tend to disclose in a vague, partial, and/or incomplete manner (Faller, 1988; Mordock, 1996). A unique finding of the present study was that disclosure (either purposeful or indirect) was a strategy favoured by both the oldest and the youngest children in the sample, with children in the middle-childhood age range (seven- to nine-year-olds) being significantly more likely to have their abuse detected by significant others. These developmental trends are likely to reflect the fact that children learn to inhibit their disclosure of events (Bussey & Grimbeek, 1995). Although preschool children are likely to appreciate the notion of a secret, and have an associated desire to keep a secret, they often lack the cognitive competence and social experience

required to appreciate that indirect comments are likely to alert adults to the possibility of abuse. On the other hand, children in the seven- to nine-year-old age category are likely to have learnt to be more effective in regulating disclosure and thus more selective in their verbal comments (leading to a reduction in indirect disclosure); while older children, who are generally more confident and independent, and who tend to have a better understanding of social norms and of behaviours that constitute abuse (Campis et al., 1993; Paine & Hansen, 2002; Sorenson & Snow, 1991), are more likely to appreciate the abusive nature of their experiences, and are consequently more likely to be motivated to disclose their abuse in a purposeful manner.

The finding that children abused by older offenders were more likely to disclose purposefully is not particularly surprising (Paine & Hansen 2002). A large victim–offender age difference serves to clearly distinguish abusive forms of sexual contact from peer sexual experimentation and related forms of consensual sexual activity, which is likely to reduce the likelihood that confidants will adopt a non-abusive definition of the situation, and consequently increase the likelihood of supportive disclosure.

The observed relationship between perpetrator relationship and disclosure patterns adds to a growing body of clinical and research findings which indicate that children are particularly hesitant to report abuse by a close family member (Arata, 1998; Berliner & Conte, 1990; DiPietro et al., 1997; Furniss, 1991; Mendelsohn, 1994; Rieser, 1991; Sauzier, 1989; Sorenson & Snow, 1991). The present findings extend available understandings by indicating that children who are abused by a close family member are also significantly less likely to have their abuse detected by an eyewitness; a finding which probably reflects the particularly covert nature of abuse which takes place in the privacy of the victim's home.

Findings regarding abuse characteristics indicate that repeated forms of abuse are associated with more explicit forms of disclosure (i.e., purposeful disclosure or eyewitness detection). This pattern of findings can possibly be explained by the fact that repeated forms of victimisation (a) are more likely to be defined as a serious problem by both children and their confidants, and thus more likely to be associated with supportive disclosure, and (b) are more likely to be associated with increased opportunities for detection (Paine & Hansen, 2002).

The finding that explicit forms of disclosure (purposeful disclosure and eyewitness detection) are likely to be associated with more immediate reporting is not particularly surprising. In terms of the disclosure model proposed in this article (Figure 1), both purposeful disclosure and eyewitness detection constitute an *event* (rather than a protracted *process* of detection), with *events* (by definition) being more likely to be recognised and reported in a shorter period of time.

Finally, some comment is required regarding the variables that were not found to be related to disclosure patterns. With respect to the victim's gender, the female to male ratio in the present study (13:1) is significantly higher than comparative ratios obtained in samples of victimised 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). This discrepancy is consistent with the view that boys are significantly less likely than girls to report their abuse (Gries et al., 1996; Keary & Fitzpatrick, 1994; Lamb & Edgar-Smith, 1994). However, the fact that forms of disclosure in the present study did not vary as a function of gender, suggests that while boys may be significantly less likely to report CSA than are girls, when they *do* report, boys and girls tend to employ similar disclosure strategies.

The finding that a number of variables relating to the severity of the abuse experience (i.e., form of abuse and degree of coercion) were unrelated to disclosure patterns may be due to the narrow range of abuse experiences examined in the study. Over 95% of cases included in the analysis involved either vaginal or anal rape; forms of abuse which by definition tend to involve a greater degree of coercion or intrusiveness. Had less intrusive forms of abuse been considered in the study, it is possible that abuse severity may have emerged as a predictor of disclosure patterns.

CONCLUSION

The present research provides a conceptualisation of CSA disclosure which was found to address patterns of disclosure in the study sample adequately and which defined a limited range of disclosure strategies that were meaningfully related to characteristics of the abuse. Although the proposed conceptualisation proved to be of heuristic value in the present study, further validation of the model is indicated.

The present sample differed in a number of important respects from victimised samples that have conventionally been used in research on CSA disclosure, which raises concerns regarding the external validity of the study findings. The present findings were, for example, obtained in the context of hospital-based medico-legal assessments and were derived from a sample of children who had experienced contact forms of CSA (i.e., rape or indecent assault). The fact that disclosure patterns in CSA have been found to vary as a function of both the context of disclosure (Bradley & Wood, 1996; Paine & Hansen, 2002) and the severity of abuse incidents (Arata, 1998; Gomes-Schwartz et al., 1990) may restrict the generalisability of the present findings.

A further limitation of the present study is the fact that it was restricted to cases of CSA that had been reported to the police. Studies of CSA disclosure that have focused on probability samples drawn from the general population (e.g., Smith et al., 2000) indicate that although 72% of victimised children disclose their abuse to someone at some stage in their lives (usually a close friend or a parent), only 12% of cases are ever reported to the authorities. The present findings are thus not necessarily representative of patterns of disclosure in the general population.

In the context of these limitations, further research, involving large and representative samples drawn from the general population, would appear to be indicated in order to more comprehensively assess the validity and the utility of the proposed disclosure model.

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