Intuition: The BYU Undergraduate Journal of Psychology

Volume 15
Issue 1 *The Sex Issue*

Article 7

2020

The Events of Child Sexual Abuse Disclosure

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Abstract

Child sexual abuse (CSA) is a worldwide issue leading to problems shortly following abuse and well into the victims' lives. Specific barriers have been found to delay one's disclosure of CSA. Common reasons for delayed CSA disclosure among recently abused children and adult survivors of CSA are the fear of not being believed and not having a trusted adult with whom they can disclose their CSA experience. Feelings of shame brought on by comments from the perpetrator were also common among those who delayed CSA disclosure. Action is needed to transition CSA disclosure from being an event into more of a lifelong process, and researchers are looking for new ways to better address the needs of CSA survivors.. These findings have implications for policy changes in educating children and adults on how to better respond to cases of CSA and shows the importance of further future research on this subject.

Sexual abuse is an ongoing problem that occurs worldwide among individuals of all ages and ethnicities (van Duin et al., 2018). Among the abused are children whose cases are classified as child sexual abuse (CSA). CSA is defined as the act of an adult or older child using a child under the age of 12 for any form of sexual gratification (McTavish et al., 2019). Foster (2014) categorized kinds of perpetrators of CSA into one of four categories: (a) sexual abuse done by a family member for a period of time, without a parent or parents having knowledge of the abuse; (b) abuse by either one parent or both along with other forms of neglect; (c) sexual abuse by an individual outside of the immediate family who comes into contact frequently with the child; (d) abuse performed by a stranger on the child. The definition of CSA varies from study to study, but these forms of abuse include unwanted touching, rape, or threatened sexual violence (McTavish et al., 2019). Based on recent statistics, one in four girls and one in six boys will experience some form of sexual abuse before the age of 18, with only 10% to 20% of children ages 7–12 disclosing that they suffered from CSA (Foster, 2014; Hébert & Daignault, 2015). A child should have a trusting adult in their life to be able to disclose such information to, but years may pass as the child continues to hide their experience of CSA, leaving them to have to process their feelings alone.

A child may experience many barriers following an incident of CSA that may delay the CSA disclosure to an informal or formal recipient. Informal recipients include parents, friends, or peers, while formal recipients are categorized as professionals such as teachers, therapists, social workers, or law-enforcement officers (Münzer et al., 2016). Many of the barriers a CSA survivor will face are psychological, making it difficult for adults to ascertain whether or not a child is being sexually abused. This literature review will evaluate these psychological barriers, including a fear of not being believed, among studies performed on children and adults and how the lack of a trusting adult recipient can influence a child's decision to disclose an experience of CSA. This literature review will further address the barrier of shame and guilt felt by a child as a result of perpetrator influence on the child following CSA, and the review will discuss further action to address CSA disclosure as a process rather than an event.

Methods

The present study aims to review all empirical research concerning barriers created by a child's fear of not being believed, lack of a trusting adult in the child's life, and shame that accounted for delayed disclosure of CSA. Studies were also examined to determine the importance of making CSA disclosure a process rather than an event. A search was undertaken using three databases: PsycINFO, Scopus, and Google Scholar, along with direct searches from the journal *Child Abuse and Neglect*. To identify relevant studies to incorporate in this review, terms searched include "disclosure and nondisclosure" AND "CSA, PTSD disclosure," "CSA" AND "Disclosure patterns," "Disclosure and nondisclosure" AND "Child sexual abuse or child sexual assault or childhood sexual abuse or childhood sexual trauma," "CSA" AND "disclosure or nondisclosure," AND "pediatrics or children" AND "sexual abuse or sexual trauma" AND "trauma-focused CBT." Boolean options including peer-reviewed, academic journal, and between the years of 2009 and 2019 were used to specify the findings. A search was also performed on Google Scholar to identify studies that were not found in the databases using the searched terms above.

A total of 26 articles were found as a result of these search techniques. However, based on search criteria, a total of 16 papers were excluded Those excluded were found to be literature reviews, student theses, or were not focused on the topics found in this literature review. This exclusion left 10 to be reviewed for this paper. Each article was carefully evaluated to identify the main points, findings, and limitations.

Results

Modern barriers that prevent children from coming forward about their experience with CSA leave many children feeling alone and confused. This literature review will evaluate barriers like the fear of not being believed and what impact the absence of a trusting adult has on a child who has experienced CSA. Further review explored how shame and guilt affect a child's decision on whether to disclose their experience of CSA. Lastly, literature was reviewed to measure the impact of disclosure as a process rather than a sole event in the child's life.

Being Believed

When deciding whether to disclose a CSA experience, fear of not being believed is a common barrier found among children and adolescents. Studies using children and adolescents to observe CSA disclosure patterns received short-term responses from participants as to why the fear of not being believed is such a common barrier. McElvaney et al. (2014) interviewed 22 adolescents ranging from ages 13 to 18 to investigate factors that led to the delay of CSA disclosure. Results showed five distinct barriers that prevented a child from having an earlier disclosure of CSA: fear of not being believed, not being asked, feelings of shame and self-blame, fear and concern for self and others, and lack of trusting individuals. McElvaney et al. (2014) discovered that the fear of not being believed was the most common response to why those in the sample delayed CSA disclosure.

Similarly, Münzer et al. (2016) sampled 42 individuals ranging from 6 years and 0 months to 17 years and 11 months (mean age of 12.6 years); Münzer et al. (2016) recorded autobiographical accounts given by the CSA survivors to what was impeding disclosure of CSA. Münzer et al. (2016) found that participants delayed disclosure due to the fear of not being believed by those with whom they disclosed their CSA experience. It should be noted that unlike McElvaney et al. (2014), Münzer et al. (2016) determined that feelings of shame and guilt were the most common barriers among their participants and that the fear of not being believed was a reason for delayed disclosure among children and adolescents.

Findings by Magnusson et al. (2017) support those of Münzer et al. (2016) by concluding that the fear of not being believed was not the leading reason of delayed CSA disclosure. Among the 57 sexually abused preschool aged children in their sample, 6 of the children were disbelieved by the informal recipient when they disclosed their experience with CSA. They too found that the fear of not being believed was not the most common barrier. One reason why the barrier of fear of not being believed was not as common in the studies performed by Münzer et al. (2016) and Magnusson et al. (2017) could be due to the age of the participants participating in their study. With both studies included children under the age of 12 in their research, unlike

McElvaney et al. (2014), who observed adolescents. The age of these children may affect the results of which barriers were most common. The cognitive processes and fear development within a child is very different compared to an adolescent; this difference must be noted as to why results between these studies were different. Although the studies did not come to the same conclusion on whether the fear of not being believed was the most common barrier resulting in delayed disclosure of CSA among children and adolescents, they all support the idea that it is a barrier worth being acknowledged.

Limitations pertaining to this portion of the research mainly involve the idea that younger children are often difficult to study since they do not fully understand what had occurred or how to process their feelings about what happened. This idea influenced the studies of McElvaney et al. (2014), Münzer et al. (2016), and Magnusson et al. (2017) with McElvaney et al. (2014) focusing only on adolescents rather than children, Münzer et al. (2016) researching a combination of groups including both children and adolescents, and Magnusson et al. (2017) observing only preschool-aged children. Furthermore, Magnusson et al. (2017) focused only on preschool-aged children, whose cognitive capabilities differ from an adolescent, with an adolescent being able to recall specific details about their abuse more accurately. In the study done by McElvaney et al. (2014), it must also be noted that with only 22 participants instead of the preferred 30, generalization to other populations must be accounted for due to a limited sample size.

Similar research with adult populations produced the same result that fear of being believed was one reason adults recall being responsible for their delayed CSA disclosure. Consistent with this notion, Swingle et al. (2016) performed a study where 301 adult survivors of CSA were categorized into three groups (non-disclosure, disclosure/abuse continued, and disclosure/abuse stopped) to evaluate what triggered CSA disclosure and the psychological impacts disclosure had on the participant prior to the study. Swingle et al. (2016) noted that when adults were asked to recall whether they thought their parents would believe them at the time of disclosure, those who thought their parents "seemed to believe" reported that the abuse continued. These participants confirmed their belief that

they should not have disclosed because most found that no action was done to end the abuse, despite pushing through the barrier of not being believed. In addition, Brattfjell and Flam (2019) evaluated 27 adults who voluntarily completed a questionnaire, which addressed topics such as the circumstances of their CSA experience, the time between CSA and disclosure, and the reasons for finally disclosing their experience with CSA. Participants reported that they delayed CSA disclosure due to many factors, including a fear of not being believed. Together with other studies, this research shows how, even over time, adults can still recall the fear of not being believed as one of the main reasons for the delay of CSA disclosure.

The research involving adult CSA survivors shows that the fear of not being believed is a barrier for delayed CSA disclosure; however, limitations must be acknowledged, such as the amount of time between the CSA experience, when the individual disclosed the experience, and when they participated in these studies. Over time, aging can be attributed to memories being forgotten or changed (Brattfjell & Flam, 2019). Views on the CSA experience can also change over time. For example, decades-old, altered views can limit studies to adult survivors rather than children or adolescents who have more recently experienced this abuse. Also, the study conducted by Brattfjell and Flam (2019) only had a sample size of 27 adult survivors rather than the preferred 30, requiring caution when wanting to generalize these findings to other populations.

In short, the evidence shows that the fear of not being believed is common across all age groups, including adults, adolescents, and children, as a reason for not disclosing CSA earlier. Many associated this fear of not being believed with the responses they would receive from the recipient. This fear of not being believed, coupled with the lack of an adult with whom they can reveal their experience of CSA, can lead to feelings of isolation that may cause a child to continue to hide their CSA experience from an adult.

Absence of a Trusted Adult

Emerging research has established that along with the fear of not being believed, the absence of a trusted individual in a child's life will delay the process of disclosure following CSA. Brattfjell et

al. (2019) found that among the 23 individuals who participated in their questionnaire, 11 reported that having a trustworthy person was critical to ever having disclosed their CSA experience. Similarly, Münzer et al. (2016) found that 19 of their participants recalled not having felt comfortable to disclose their CSA experience with any known adult at the time, resulting in delayed CSA disclosure. From these studies, one can infer that not having a trusted adult present in the life of a child experiencing CSA can delay disclosure. The absence of a trusted adult may also delay professional help, which may be needed to help a child recover.

Due to the informal nature of most CSA disclosures, many forms of abuse are left invisible to professionals. Majeed et al. (2019) performed a study on all individuals 17 years of age and younger living in a sexual-assault referral center. Case files were evaluated to review several aspects of CSA. From the review, they found that 60.8% of the patients had disclosed their CSA experience to a parent or caretaker with only 19.8% ever disclosing to a healthcare professional and 10% reporting to a teacher. Similar results were found in a study done by Lahtinen et al. (2018), using a population-based research project performed on 1,364 children, which resulted in 256 children reporting some form of CSA. Those who reported having experienced some form of CSA completed a series of questions related to the CSA experience. Those who had delayed CSA disclosure were asked to give reasons as to why they had delayed disclosure. Results showed that 80% of the children were able to disclose their CSA experience to a trusted friend or parent, with only 12% ever reporting to a formal recipient. These findings support the work done by Münzer et al. (2016), who found that even after disclosure of CSA to an informal recipient, the likelihood of eventually reporting CSA to a professional or formal recipient was low. In addition, Malloy et al. (2019) found similar results from studying 94 women in a juvenile facility. They reported that none of their participants first disclosed to a formal recipient, but rather, disclosed their CSA experience to an informal recipient who was unlikely to later report to a formal recipient. Since participants were from a juvenile facility, results may differ when compared to the majority of women—those within the facility may

have had trouble with the law around time of disclosure (resulting in nondisclosure to formal recipients). Together, these findings support the idea that many cases of CSA go undetected by professionals and formal recipients.

Most studies done on this topic were performed through clinics or with participants who had been recruited from reported CSA accounts to formal recipients. Many cases of CSA disclosure then go undetected and unstudied due to the lack of them being reported to formal recipients. Lanhetin et al. (2018) acknowledged the disadvantages of not conducting more population-based surveys on the topic of CSA due to legal reasons; however, through their population-based research, unreported accounts of CSA were able to be identified. The experiment performed by Majeed et al. (2019) also showed limitations by only collecting cases from CSA survivors residing at the Saint Mary facility who had or were expected to have suffered CSA. These findings, although compatible with other results, should be looked at carefully before generalizing into other areas of research.

Shame

Among CSA survivors, shame is another common barrier tied to delayed disclosure. Comments made by the perpetrator can lead the child to feel ashamed of themselves and even leave them convinced that the act was their own fault, ultimately resulting in the child feeling shame and guilt. McElvaney et al. (2014) supported this claim after reports from a sample of 22 adolescents ranging from ages 13 to 18 stated that shame was prompted by the perpetrator, whose remarks claimed that the victim was, in fact, the one to blame for the incident. Specific instances include young female victims believing the perpetrator was punishing them because they were "bad" (McElvaney et al., 2014). It is likely for someone who is told these remarks at such a young age to believe them. These feelings of shame and self-blame became stronger as the perpetrator's comments continue, resulting in delayed disclosure of CSA. Consistent with these findings, Malloy et al. (2019) found that comments from the perpetrator would induce the idea that the victim was the one responsible for the abuse. This

led to feelings of shame and guilt, ultimately delaying CSA disclosure among the majority of the 44 women who participated in this study. Additionally, Münzer et al. (2016) reported that the perpetrator's tactics to convince the child not to disclose the CSA led to feelings of shame. These results came from their sample of 42 children ranging from ages 6 years and 0 months to 17 years and 11 months. These children reported feeling guilty or responsible for the victimization even after disclosure. These studies suggest that shame continued to develop with the perpetrator's continuous comments to convince the child that the abuse occurred because it was their fault. Together, these studies show how the perpetrator's verbal threats can induce feelings of shame and guilt, further delaying CSA disclosure.

Although there is compelling evidence that perpetrator influence can instill feelings of shame, a limitation that must be acknowledged is that most studies, including the ones analyzed, have high or full sample sizes of female CSA survivors. This results in a lack of male CSA survivors participating in these studies. Until the issue of more gender-representative data is resolved, caution is advised in generalizing these findings to male survivors of CSA due to uncertainties of whether women are more or less prone to feelings of shame than males.

The definitions of terms used to ask children if they had suffered an experience of CSA are another factor that led to varied findings on whether feelings of shame were, in fact, a common barrier among children for not disclosing. Feelings of shame that delay CSA disclosure was not supported as the number one cause of delayed CSA disclosure by Lahtinen et al. (2018), who worked with 256 children through a population-based research project. Lahtinen et al. (2018) used a broad definition of CSA, which included actual contact but also invitations and propositions to do something sexual. With this definition, Lahtinen et al. (2018) found that the most common reason for delayed CSA disclosure among the 256 children observed (41%) was that the child did not think that the act was serious enough to tell someone. Findings by Münzer et al. (2016) found shame to be the leading cause to delay CSA disclosure. Munzer et al. (2016) used a different definition of CSA with it either being (a) sexual assault

by a known adult, (b) sexual assault by an unknown adult, (c) sexual assault by a peer, (d) attempted or completed rape, (e) flashing/sexual exposure, (f) verbal sexual harassment, (g) statutory rape/sexual misconduct, and (h) being exposed to pornography or being involved in the production. Due to the differences in definitions of CSA, children and adolescents who participated in these studies may have reported differently to why disclosure was delayed. For example, in the study conducted by Lahtinen et al. (2018), their definition suggested that if a child was asked to participate in some form of sexual act and if a child refused, they still qualify to have experienced CSA. This was not the case with Münzer et al. (2016). Disclosure may have been delayed in accordance with the definition provided by Lahtinen et al. (2018) because the participants may not have felt they fit the definition of CSA. A limitation present in the study done by Münzer et al. (2016) is that the wording in the definition of CSA may have been difficult to understand, lending different results on the barrier of shame than in the study performed by Lahtinen et al. (2018).

Emerging research shows how these feelings of shame are prevalent among many CSA survivors. Considering comments from perpetrators and different definitions of CSA, individuals were still able to identify shame as being a reason for delayed CSA disclosure. These feelings of shame and guilt lead to other problems in the child's life. Other barriers can form, preventing the child from disclosing their experience of CSA. These barriers are a continuous circle with one influencing the other, and this process should be given more attention in research.

Disclosure as a Process Rather than an Event

Recent studies have proposed the idea of CSA disclosure being a process rather than popular perception of disclosure being a one-time event. Many children struggle with disclosing their CSA experience, and with many barriers having to be crossed to eventually disclose CSA, it is important to acknowledge the needs of the child at the time of the first disclosure and into the future. Ullman and Filipas (2005) distributed a voluntary questionnaire among college students that discussed different CSA experiences. Seven hundred and thirty-

three college students participated in this study, and responses to the questionnaires were evaluated to see gender differences in such areas as disclosure rate and PTSD symptoms following CSA disclosure. Their findings conclude that in the majority (74.5%) of disclosure cases, the individual was brief in disclosing to a recipient and that 25.5% did not share detailed accounts of the CSA. Findings like this show the importance of doing follow-up discussions with CSA survivors, knowing that such little information is revealed during a first-time disclosure. Findings by Easton (2019) through an anonymous online survey with a sample of 487 male CSA survivors aimed to find results linking early disclosure to adulthood mental illness. They also evaluated whether the timing of having an in-depth conversation following the disclosure was related to adulthood mental illness. Results from this study should be analyzed deeper in order to be generalized across genders, since this study only consisted of male CSA survivors. Easton (2019) found that having an in-depth conversation following CSA disclosure was negatively correlated to adulthood mental illness, meaning that the more often an in-depth conversation occurred, the more fully the CSA survivor could process and understand the situation. Their chances of adulthood mental illness were also significantly lower than those who had not had an in-depth conversation following their CSA disclosure. These findings suggest that disclosure should be a process including telling, reporting, and discussing later on what had occurred in different stages throughout a CSA survivor's life; this process allows closure but also avoids mental illness. In addition, discussed similar findings among 301 adult survivors of CSA while evaluating CSA disclosure patterns and psychological impacts of disclosure following the process as a child into adult years. Current intervention programs were assessed and found to exclude long term follow-ups after CSA disclosure., Swingle et al. (2016) claimed that rather than leaving CSA disclosure as a one-time event, disclosure should be an in-depth process with therapeutic help. In short, research shows the growing need for in-depth conversations and narratives to occur following CSA disclosure rather than one disclosing and talking about their experience with CSA one time.

Limitations should be addressed in the reliability of these findings. In the case of Swingle et al. (2016), participants were already being treated at clinical facilities; in the study done by Ullman and Filipas (2005), researchers distributed questionnaires to college students who voluntarily participated whether they were receiving treatment or not. Even with similar conclusions on the importance of CSA disclosure being a process rather than an event, those participating in the Swingle et al. (2016) case were engaged in the in-depth conversations they needed following CSA disclosure due to the participants currently seeking treatment at the time of the study. However, it is unknown whether students who participated in the Ullman and Filipas (2005) study were receiving such treatment. These limitations can bias the results and should be considered when wanting to generalize.

Discussion

Review of this literature brings new understanding to the barriers and difficulties a child endures in eventually disclosing an experience of CSA as well as the need to make the CSA disclosure a lifelong process rather than just a one-time event. Independent of the age of the CSA survivor, one of the main barriers across all studies was the issue that once the victim disclosed the abuse, they felt they would not be believed. The barrier of not being believed was evaluated among children, adolescents, and later reported by CSA adult survivors to be a hindrance not only to acknowledging that this crime persists but also to obtaining proper treatment for the victim. The more information and education that is available to children, the more confident they will likely feel in revealing these experiencing not only to informal recipients but to formal recipients.

Along with these findings, attention was drawn to the importance of a trusted adult being present in the child's life for the child to disclose their CSA experience. One possible solution is that public schools could train teachers to recognize certain behavior often found in victims of CSA through in-service sessions. Training sessions could also provide support agencies available within the community to facilitate rapid referral process so the perpetrator could be

prosecuted. Without this enhanced network of disclosure and referral, the cycle of not having a trusted formal recipient in the child's life will continue to be a greater reason for delayed disclosure. Furthermore, feelings of shame led by the influence of the perpetrator was another common barrier that delayed disclosure.

Along with discussing the barriers found to delay CSA disclosure, this review highlighted the importance of regarding CSA disclosure as a process rather than an event as a crucial factor to be implemented more in clinical practices. As clinicians work with individuals who have suffered CSA, these professionals need to see the importance of turning this disclosure into a process by implementing lifelong disclosure and therapy treatment. A number of therapy centers acknowledge the importance of longitudinal CSA disclosure, but in-depth conversations and narratives associated with CSA experiences and disclosures need to be implemented as these disclosures become processes rather than events. These discussions will allow CSA survivors to continue the healing processes that may have not occurred for years following their CSA disclosure. These applications will allow CSA survivors to receive needed support throughout their life rather than in just one moment following the CSA disclosure.

In the context of future research, it is essential to note that one of the main limitations in the present studies is the lack of male participants. With females being more prone to experience some form of CSA in their lifetime than males, many of the studies contained majority participation or full participation of female CSA survivors. It would be useful to have more studies that involved the experiences of CSA disclosure among male CSA survivors to be able to compare results and see if findings indeed can be generalized across genders. Another limitation that future researchers will need to address is how, in many of the articles reviewed, participants were selected from clinicians or facilities where formal cases of CSA were reported. This implies that formal recipients had been informed about participants' CSA and that these reports were kept on file. This implies that these individuals had already received, and were receiving, treatment when these studies were performed; furthermore, those who had not yet disclosed their CSA experience to a formal recipient were omitted.

Many individuals go a lifetime without ever receiving treatment for their CSA, and their disclosure experiences or barriers may be different than compared to those that have been reported to formal recipients. Future research and an informed network need to be further established on this subject due to the increasing number of CSA accounts worldwide. Much can be done to stop CSA in the world. However, for this study, further research must be conducted to better address the needs of those disclosing accounts of CSA, to discuss the need to better educate potential formal recipients of a CSA case, and to strengthen family members to be able to support CSA victims within their homes.

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