

# Prevalence of Childhood Sexual Abuse and Timing of Disclosure in a Representative Sample of Adults From Quebec

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**Objective:** Our study sought to explore patterns of disclosure of child sexual abuse (CSA) in a sample of adult men and women.

**Method:** A telephone survey conducted with a representative sample of adults ( $n = 804$ ) from Quebec assessed the prevalence of CSA and disclosure patterns. Analyses were carried out to determine whether disclosure groups differed in terms of psychological distress and symptoms of posttraumatic stress, and a logistic regression was used to examine factors associated with prompt disclosure.

**Results:** Prevalence of CSA was 22.1% for women and 9.7% for men. About 1 survivor out of 5 had never disclosed the abuse, with men more likely not to have told anyone, than women. Only 21.2% of adults reported prompt disclosure (within a month of the first abusive event), while 57.5% delayed disclosure (more than 5 years after the first episode). CSA victims who never disclosed the abuse and those who delayed disclosure were more likely to obtain scores of psychological distress and posttraumatic stress achieving clinical levels, compared with adults without a history of CSA. In the multivariate analysis, experiencing CSA involving a perpetrator outside the immediate family and being female were factors independently associated with prompt disclosure.

**Conclusion:** A significant number of adult women and men reported experiencing CSA, and most victims attested to either not disclosing or significantly delaying abuse disclosure. *Can J Psychiatry.* 2009;54(9):631–636.

### Clinical Implications

- The high frequency of undisclosed or delayed disclosure underscores the need for health professionals to inquire about past CSA.
- The high rate of revictimization suggests that health professionals should promote self-protective skills among CSA survivors.
- Prevention initiatives need to promote prompt disclosure of CSA, especially for boys and victims of abuse by an intrafamilial perpetrator.

### Limitations

- The sample is relatively small and precluded the possibility of conducting separate analyses within gender groups.
- Data regarding attributions or feelings of blame associated with the abuse that may impact disclosure patterns were not documented.
- Variables related to disclosure (recipient, nature of the response following disclosure) that may influence subsequent distress were not investigated.

**Key Words:** *sexual abuse, disclosure, psychological distress*

In past years, numerous CSA programs have been implemented in schools.<sup>1</sup> One of the main messages is to encourage victims to promptly disclose the abuse to a trusted adult to prevent further abuse. Disclosure of CSA is likely to be followed with numerous interventions from judiciary, medical, and treatment settings to address resulting symptoms.<sup>2</sup> As such, it would be plausible to expect disclosure of CSA to be associated with better long-term outcomes. However, empirical data have not found disclosure to be a reliable predictor of long-term outcomes as no clear-cut relation between telling someone about the abuse and psychological distress can be derived from current empirical studies<sup>2-4</sup> underlying the need for further investigation in this area. In addition, data regarding disclosure rates are scarce<sup>5</sup> and few studies have explored factors related to prompt disclosure in representative samples. Published studies have often relied exclusively on women's experience of CSA. Our study aims to explore disclosure patterns of CSA victims in a representative sample of both adult women and men in Quebec.

## Method

### Participants

Data were collected by a telephone survey with a sample of adults ( $n = 1002$ ) from Quebec. Selection without substitution was performed in 2 steps. First, households with telephones were selected by random digit dialing. Then, in each selected household, a respondent aged 18 years or older and able to complete the survey in either French or English was chosen using a random selection schedule with no substitution of respondent allowed. The overall response rate was 30%, considering refusals, incomplete interviews, and selected households that remained impossible to reach after 5 attempts on different days and times.

Data from respondents ( $n = 1002$ ) were weighted by region, age, and sex based on the 2001 Canadian census data of adults aged 18 years and older.<sup>6</sup> A correction for design effect was applied. Design effect is equal to  $1/(1 + \text{variance of weighted coefficients})$  and each weighted coefficient was multiplied by 0.81 (or  $1/1.24$ ) to correct for the weighting effect on statistical accuracy.<sup>7</sup> This weighting and correction for design effect reduces disparities between characteristics of the sample and those of the population, prevents overestimating, and

supports statistical precision. Analyses were performed with this representative sample of adults ( $n = 804$ ). The telephone survey was conducted in April and May 2006 by an established survey firm. Verbal consent of respondents was solicited and our study received approval from the Internal Review Board of the University of Sherbrooke.

### Measures

Two indicators of CSA were used: unwanted sexual touching and unwanted sexual intercourse before the age of 18 years.<sup>8</sup>

Respondents indicated if any of these experiences ever happened to them and the identity of the perpetrator: a member of the immediate family (for example, father, stepfather, brother), a member of the extended family (for example, grandfather, uncle, cousin), a known but unrelated person (for example, friend of the family, neighbour, teacher), and an unknown perpetrator. Participants were asked their age during the first abusive episode, whether they ever disclosed the abuse, and the delay between the first episode and the disclosure, and any sexual revictimization (another episode of sexual abuse involving a different perpetrator).

The brief French version of the Psychological Distress Scale of the Quebec Health Survey<sup>9</sup> (translation of the Psychiatric Symptom Index<sup>10,11</sup>) was used to obtain a measure of psychological distress symptoms in the week prior to evaluation. Each item is coded on a 4-point Likert scale, from 0 (never) to 3 (very often), with higher scores indicating increased severity of distress. Normative values (80th percentile) are available for a noninstitutionalized Quebec population by sex and age<sup>12</sup> and were used to define clinical levels of distress.

The PC-PTSD<sup>13</sup> is intended to reflect the 4 factors specific to the PTSD construct: reexperiencing, numbing, avoidance, and hyperarousal.<sup>14-16</sup> A positive response to the screen indicates that the respondent may have PTSD or trauma-related problems and that further investigation by a mental health professional may be warranted. A cut-off score of 2 is recommended to optimize sensitivity or to detect positive cases.<sup>13</sup> PC-PTSD scores are highly correlated with scores derived from a structured clinical interview (Clinician Administered PTSD Scale).

## Results

### Prevalence of CSA

In our sample, 21.4% of women and 9.5% of men reported unwanted sexual activities involving touching by an adult or a child 3 years older than them, and 5.2% of women and 2.3% of men reported rape, for an overall CSA prevalence of 22.1% of women and 9.7% of men (Table 1). Both unwanted touching ( $n = 797$ ,  $\chi^2 = 21.43$ ,  $df = 1$ ,  $P < 0.001$ ) and rape ( $n = 800$ ,  $\chi^2 = 4.56$ ,  $df = 1$ ,  $P < 0.05$ ) were reported more frequently by women, compared with men. Nearly one-fifth of

### Abbreviations used in this article

CSA	child sexual abuse
PC-PTSD	Primary Care PTSD Screen
PTSD	posttraumatic stress disorder

	Women ( <i>n</i> = 411)	Men ( <i>n</i> = 393)	Overall sample ( <i>n</i> = 804)
Touching	21.4	9.5	15.6
Member of immediate family	27.1	5.4	20.5
Member of extended family	29.4	21.6	27.0
Known person	32.9	45.9	36.9
Unknown person	10.6	27.0	15.6
Age at first episode, years			
<6	21.8	2.8	16.3
6–11	37.9	63.9	45.5
12–18	40.2	33.3	38.2
Rape	5.2	2.3	3.8
Member of immediate family	20.0	44.4	27.6
Member of extended family	15.0	11.1	13.8
Known person	50.0	44.4	48.3
Unknown person	15.0	0.0	10.3
Age at first episode, years			
<6	9.5	0.0	6.7
6–11	19.0	33.3	23.3
12–18	71.4	66.7	70.0
Any CSA	22.1	9.7	16.0
Disclosure of the abuse			
Never	15.7	34.2	21.3
Within 24 hours	20.2	10.5	17.3
Within 1 month	5.6	0.0	3.9
Within 5 years	7.9	10.5	8.7
After more than 5 years	50.6	44.7	48.8
Sexual revictimization	22.2	21.1	21.9

survivors, both men (21.4%) and women (22.2%) reported revictimization ( $n = 128$ ,  $\chi^2 = 0.21$ ,  $df = 1$ , nonsignificant).

Regarding disclosure patterns, almost 1 out of every 5 CSA victims had not disclosed the sexual abuse to anyone prior to the survey, with men more likely not to have told (34.2%) than women (15.7%) ( $n = 127$ ,  $\chi^2 = 5.43$ ,  $df = 1$ ,  $P < 0.05$ ). Overall, 21.2% of victims reported having promptly disclosed the abuse (within a month), while nearly one-half (48.8%) of victims waited 5 years or more following the abuse to tell someone.

#### **Disclosure Patterns and Outcomes**

Table 2 shows the mean and standard deviation of the psychological distress and PTSD scales for the nonvictimized group and the abused groups (prompt disclosers [less than 1 month], late disclosers [1 month or more], and nondisclosers). An

analysis of variance revealed a significant main effect. Further posthoc analyses, using the Games-Howell statistic to account for unequal  $n$ 's and lack of homogeneity of variance of scores across groups, indicated that victims of sexual abuse who delayed disclosure obtained scores indicating greater psychological distress (mean difference = 7.11,  $P < 0.01$ ) and PTSD (mean difference = 0.53,  $P < 0.01$ ) than adults without a history of CSA. In addition, a marginal effect was found suggesting that adults who never disclosed the abuse displayed higher psychological distress relative to adults without a history of CSA (mean difference = 8.95,  $P = 0.06$ ).

Chi-square analyses were performed on the percentage of cases reaching clinical levels of psychological distress and PTSD (Table 3) and adjusted standardized residuals are presented (values greater than 1.96 flag observed values

	No CSA ( <i>n</i> = 673)	CSA promptly disclosed ( <i>n</i> = 27)	Delayed disclosure of CSA ( <i>n</i> = 74)	CSA not disclosed ( <i>n</i> = 27)	<i>F</i>
Psychological distress	10.42 (11.57)	12.49 (8.37)	17.53 (17.29)	19.37 (17.32)	11.26 <sup>a</sup>
PTSD	0.34 (0.79)	0.51 (0.82)	0.87 (1.28)	0.95 (1.32)	11.93 <sup>a</sup>

<sup>a</sup> *df* = 3,800; *P* < 0.001

	No CSA ( <i>n</i> = 673)	CSA promptly disclosed ( <i>n</i> = 27)	Delayed disclosure of CSA ( <i>n</i> = 74)	CSA not disclosed ( <i>n</i> = 27)	$\chi^2$
Psychological distress	10.1% (-3.8)	7.4% (0.7)	25.7% (3.8)	25.9% (2.3)	20.92 <sup>a</sup>
PTSD (score 2)	3.3% (-5.8)	7.4% (0.5)	17.8% (5.0)	19.2% (3.2)	38.80 <sup>a</sup>

<sup>a</sup> *df* = 3; *P* < 0.001

significantly different than expected). In both cases, a significant effect was found and follow-up  $2 \times 2$  chi-square analyses indicate that both victims who did not disclose the abuse ( $n = 700$ ,  $\chi^2 = 6.79$ ,  $df = 1$ ,  $P < 0.01$ ) and those who delayed the disclosure ( $n = 747$ ,  $\chi^2 = 15.71$ ,  $df = 1$ ,  $P < 0.001$ ) were more likely to achieve clinical scores of psychological distress, compared with adults without a history of CSA. A similar pattern is evident for the analysis of clinical scores on the PTSD scale ( $n = 700$ ,  $\chi^2 = 17.14$ ,  $df = 1$ ,  $P < 0.001$  and  $n = 747$ ,  $\chi^2 = 31.07$ ,  $df = 1$ ,  $P < 0.001$ ). Finally, a higher percentage of adults who delayed disclosure achieved scores reaching clinical levels of psychological distress relative to participants in the prompt disclosure group ( $n = 100$ ,  $\chi^2 = 4.01$ ,  $df = 1$ ,  $P < 0.05$ ).

#### **Variables Related to Prompt Disclosure**

A logistic regression analysis was conducted where prompt disclosure served as the dependent variable and severity of abuse (penetration), relation to perpetrator, age of onset, and sex of the victim served as the independent variables while controlling for age of the respondent. Results revealed a significant effect ( $n = 125$ ,  $\chi^2 = 12.54$ ,  $df = 2$ ,  $P < 0.01$ ). After controlling for other variables, sex ( $P < 0.05$ ) and relation to the perpetrator ( $P < 0.05$ ) were independently predictive of prompt disclosure. Odds ratios indicate that abuse disclosure within 1 month was 6.76 times greater for victims abused by perpetrators outside their immediate family, compared with victims abused by a family member. Moreover, female victims of CSA had 3.76 times greater probability of prompt disclosure, compared with male victims.

#### **Discussion**

In our study, 22.1% of women and 9.7% of men reported CSA, rates similar to those in North American community samples.<sup>17</sup> Our data suggest that one-fifth of all adults sexually victimized in childhood had not disclosed the abuse prior to the survey, with men more likely not to have told anyone. Moreover, nearly one-half of the victims who had disclosed waited more than 5 years after the first episode to do so. These results are similar to data provided in a study<sup>18</sup> that focused solely on adult women and highlights the fact that delayed disclosure of CSA is quite frequent. Our results indicate that victims who never disclosed the abuse and those who delayed the disclosure are more likely to achieve clinical level scores of psychological distress and posttraumatic stress, compared with adults without a history of CSA.

In exploring variables predicting prompt disclosure, only 2 variables were found to independently predict rapid disclosure of the abuse: sex of the victim and identity of the perpetrator. Being female was associated with a higher probability of telling promptly. Socialization practices and traditional views of masculinity may contribute to male victims experiencing greater feelings of shame. Male victims may be more likely to blame themselves for not being able to prevent the abuse, which in turn may hinder disclosure.<sup>19</sup> Our results also indicate that sexual abuse involving a perpetrator outside the immediate family was more likely to be promptly disclosed, while abuse by a family member was less likely to be associated with rapid disclosure. This finding is consistent with empirical reports and theory on the family dynamics of

intrafamilial abuse involving secrecy.<sup>18,20,21</sup> Extrafamilial abuse may be easier to disclose as there are fewer potential costs associated with disclosing. On the other hand, intrafamilial sexual abuse may be more likely to be associated with a sense of betrayal as well as major life changes following disclosure.<sup>22</sup> Victims of CSA involving a family member may be more reluctant to disclose and seek help as this may imply a sense of disloyalty toward a member of their own family.<sup>23</sup>

The high frequency of undisclosed or delayed disclosure of CSA found in this Quebec sample underscores the need for health professionals in clinical and counselling settings to inquire about past CSA. Unfortunately health professionals rarely ask adults about the occurrence of CSA, particularly when encountering male clients.<sup>24</sup> Male victims may come less to the attention of health care professionals, thereby reducing their probability of benefiting from adequate referrals for counselling and further intervention.<sup>19</sup>

While this analysis provides pertinent information concerning the disclosure patterns of CSA victims, the study presents limitations. The scope of our findings is limited by the cross-sectional nature of the survey design. In addition, the sampling method by telephone number precluded participation from people who may be especially at risk for CSA, such as homeless or institutionalized adults, and a phone survey may not be fully accurate for the disclosure of past CSA. The survey had a response rate of 30% and it is possible that a larger percentage of respondents would have elicited different findings; thus the results may not be generalizable to the community under study. The results cannot be taken to imply causation as nondisclosure or late disclosure of CSA may be a marker of family dysfunction that may lead to increased risk for symptoms, as well as for not disclosing or delaying disclosure of CSA. It is possible the abuse-related variables (for example, type of acts involved, relation between the victim and the aggressor, or age disparity) may influence outcomes. Future studies with larger samples are needed to explore these issues more systematically.

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**Résumé : La prévalence de l'abus sexuel dans l'enfance et le moment de la divulgation dans un échantillon représentatif d'adultes du Québec**

**Objectif :** Notre étude cherchait à examiner les modèles de divulgation de l'abus sexuel dans l'enfance (ASE) dans un échantillon d'hommes et de femmes.

**Méthode :** Un sondage téléphonique mené auprès d'un échantillon représentatif d'adultes ( $n = 804$ ) du Québec a évalué la prévalence d'ASE et les modèles de divulgation. Des analyses ont été effectuées pour déterminer si les groupes de divulgation différaient en ce qui a trait à la détresse psychologique et aux symptômes de stress post-traumatique, et une régression logistique a servi à examiner les facteurs associés à une divulgation rapide.

**Résultats :** La prévalence des ASE était de 22,1 % chez les femmes et de 9,7 % chez les hommes. Environ un survivant sur 5 n'avait jamais divulgué l'abus, les hommes étant plus susceptibles que les femmes de n'avoir jamais rien dit à personne. Seulement 21,2 % des adultes déclaraient une divulgation rapide (moins d'un mois après le premier abus) alors que 57,5 % ont retardé la divulgation (plus de 5 ans après le premier épisode). Les victimes d'ASE qui n'ont jamais divulgué l'abus et celles qui ont retardé la divulgation étaient plus susceptibles d'obtenir des scores de détresse psychologique et de stress post-traumatique atteignant des seuils cliniques, comparativement aux adultes sans antécédents d'ASE. Dans l'analyse multivariée, l'expérience d'un ASE impliquant un agresseur hors de la famille immédiate et être de sexe féminin étaient des facteurs indépendamment associés à une divulgation rapide.

**Conclusion :** Un nombre significatif d'hommes et de femmes adultes ont déclaré avoir vécu un ASE et la plupart des victimes attestaient soit ne pas l'avoir divulgué, soit avoir significativement retardé la divulgation.