

DELAYED DISCLOSURE

CHILD USA 2024 FACTSHEET

A COMPREHENSIVE REPORT ON DELAYED DISCLOSURE IN CASES OF CHILD SEXUAL ABUSE. INSIGHTS, IMPLICATIONS, AND PATHWAYS FORWARD.



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OVERVIEW OF DISCLOSURE

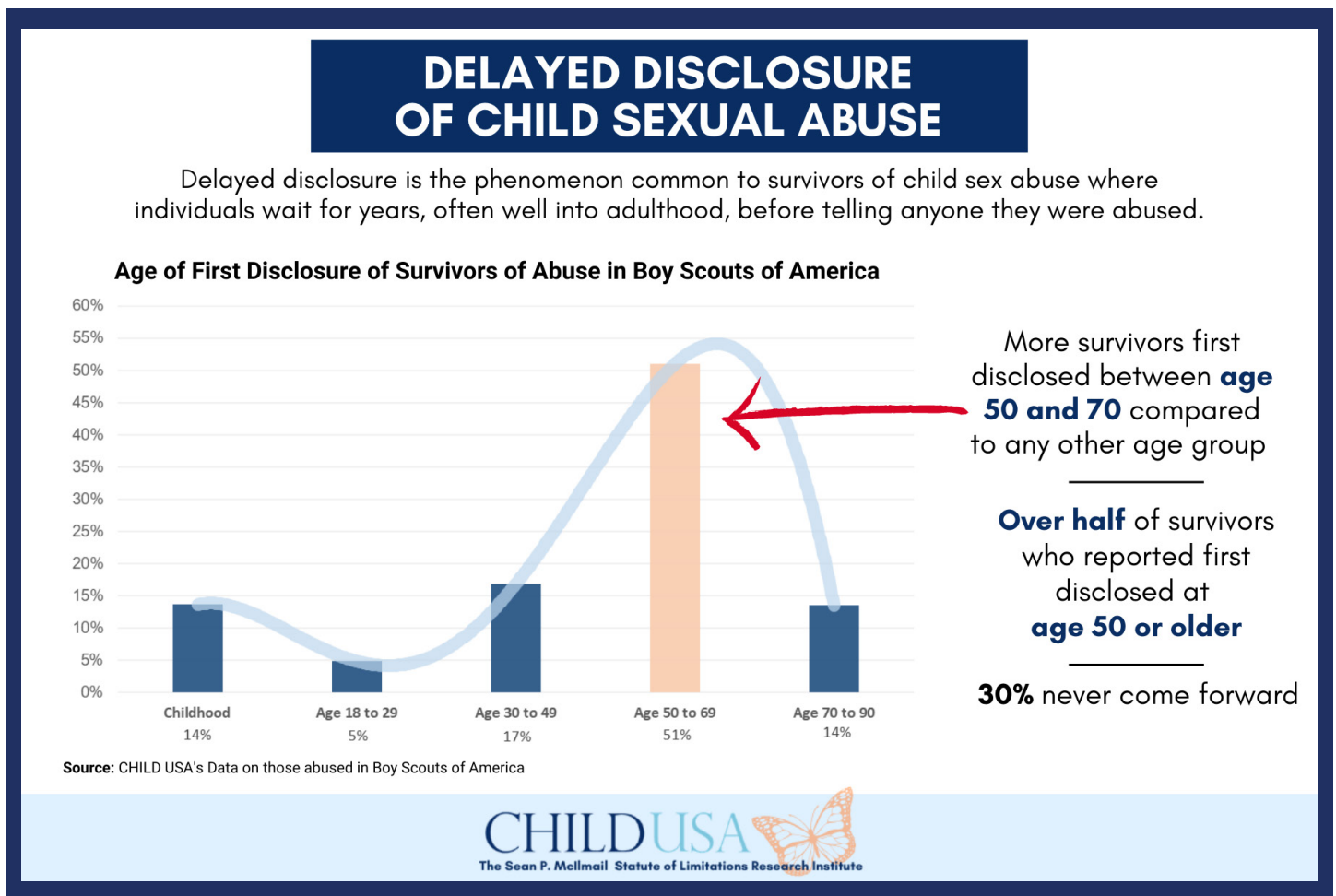
Disclosure refers to when a victim of child sexual abuse (CSA) tells someone about the abuse they endured, whether a peer, to a parent, another adult, or the authorities.

NOT ALL VICTIMS DISCLOSE, BUT FOR THE CSA VICTIMS WHO DO DISCLOSE, THE VAST MAJORITY NEED DECADES TO COME FORWARD.¹

Disclosure of CSA is a complex, lifelong process.² The process of disclosure often takes decades, and the “ideal” timing of disclosure should be up to the victim. Over 70% of victims do not disclose within five years of their experience of abuse.³ Most victims are only able to acknowledge and describe the abuse in adulthood.⁴ Approximately 1 in 5 victims of CSA never disclose their experiences of abuse.⁵

CHILD USA ANALYZED DATA ON VICTIMS OF THE BOY SCOUTS OF AMERICA AND FOUND THAT OVER HALF FIRST DISCLOSED WHEN THEY WERE OVER 50.

Other studies found that among those victims who do come forward, the average length of time before disclosure is around 20 years.⁶ Those who have experienced institutional abuse face an additional hurdle that appears to further delay disclosure.⁷



DISCLOSURE TO MANDATED REPORTERS AND LEGAL AUTHORITIES IS UNCOMMON.

Reports of CSA remain largely outside the legal system. CSA victims who disclose during childhood usually tell other youth, such as siblings or peers.⁸ The Department of Justice estimated that 86% of CSA went unreported by victims before adulthood.⁹

Among 10–17-year-olds, 66% of CSA is not reported to parents or any adult at the time of the abuse, and police reports occur for only 19.1% of cases.¹⁰ Similarly, one study estimated only 10–15% of all CSA is reported to legal authorities.¹¹

Immediate disclosure is rare. Most victims are not able to disclose to a mandated reporter or legal authority for decades because of the barriers they face.

WHAT BARRIERS DO VICTIMS FACE?

CSA victims face a variety of barriers to disclosure. There are profound long-term psychological, physical, and behavioral impacts of CSA trauma, and many victims do not report their experiences of abuse at the time due to social, psychological, or institutional barriers.¹²

Trauma response: Early experiences of trauma impact the child’s brain development and functioning.¹³ The impact makes it more difficult to accurately recall memories of abuse and control emotions related to those memories.¹⁴ During abuse, some CSA victims experience dissociation – feeling immobile, paralyzed, or detached from one’s body.¹⁵ This dissociative response also affects how memories are formed and makes it more difficult to describe the abuse in detail. Dissociation is often part of a victim’s ongoing struggle with healing from trauma.

Inability to communicate: Young children are typically unable to fully understand CSA and lack the language to describe the abuse.¹⁶ Children with developmental or intellectual disabilities face increased challenges to disclosure.

Psychological barriers: Following abuse, victims may respond to the trauma by blaming themselves for what happened and feeling a sense of guilt.¹⁷ Other common trauma responses include shame and fear of negative consequences if they tell someone about the abuse, especially when they receive threats from the perpetrator.¹⁸ These trauma responses often outweigh the desire or intention to talk about the abuse.¹⁹ Many victims also experience confusion, distrust in their memory, and fear of being emotionally hurt or not being believed.²⁰

Gender: Although girls are more likely to be abused, male victims tend to disclose abuse later in life. One study found that men needed nearly 30 years before they were able to have a helpful, in-depth discussion about the abuse.²¹ Gender norms, stereotypes, and cultural pressures make it especially difficult for men and boys to discuss CSA; they are expected to show strength, not weakness or vulnerability, and they may worry about homophobic responses to disclosure.²²

Relationship to Perpetrator: Perpetrators are most likely to be a family member or someone known to the child.²³ For their victims, the abuse is confusing, and the child may even feel like they need to protect the abuser.²⁴ Disclosure is more difficult for the child if the perpetrator is a family member or close to the family, especially if the perpetrator lives with the victim.²⁵ Negative reactions to disclosure are more common when the perpetrator is a relative.²⁶ Children are more likely to retract attempts to disclose than to fabricate the abuse.

Dysfunction in the family: CSA often occurs with other forms of child abuse or domestic violence, and survivors have reported fearing the reactions of others if they disclosed or the consequences of disclosure if police or other authorities became involved.²⁷

Institutional setting: CSA occurs in institutional settings such as schools, residential schools, foster care, after-school programs, scouting groups, religious institutions, sporting organizations, and hospitals. *In fact, it occurs wherever children are.* Many perpetrators of institutional CSA have a close relationship with the victim and are often a trusted adult in a position of authority or power.²⁸ Abusers use their authority and power to take advantage of children who are isolated or have unmet needs.²⁹ This exploitation limits opportunities for disclosure and contributes to fear of not being believed.

Environmental & Cultural Barriers: Neighborhood or community conditions also act as a barrier, especially if there is a lack of family, school, or community support.³⁰ Social isolation is another barrier to disclosure because peers can encourage disclosure to trusted adults.³¹ Disclosure is especially challenging in cultural contexts where it is taboo to discuss sexuality or to speak out against men and others in positions of authority.

WHY DOES DISCLOSURE MATTER?

Family members, lawmakers, and investigators need to understand the facts on disclosure so they can support victims who come forward and help them seek justice. The public also needs this information to protect kids and prevent child sex abuse.

By the time most victims are able to come forward, the arbitrary deadlines for pressing charges or suing perpetrators and responsible institutions—known as statutes of limitation (SOLs)—have expired. These short SOLs silence victims, assist perpetrators, and aid in institutional cover-ups.

PATH TO JUSTICE

CHILD USA is leading the way to reform SOLs nationwide.

Forty-nine states, or 98%, six territories, and the federal government have amended their criminal and civil CSA SOLs since January 2002. Many states have done so several times. In 2024 alone, ten states have passed SOL reform legislation, including Alabama, Indiana, and Iowa which opened revival windows for victims of the Boy Scouts of America. Another thirty-three states and the federal government have introduced SOL reform legislation this year.

Despite the tremendous progress that has been made since 2002, there is still work to be done both nationally and internationally. CHILD USA continues to fight for the protection of children through comprehensive civil and criminal SOL reform globally.³³

FOR THE MOST RECENT UPDATES, CHECK OUT CHILD USA'S 2024 SOL TRACKER:

<https://childusa.org/2024sol/>



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“Results from population surveys conducted in Canada and the US show similar trends: 70–75% of respondents reporting CSA waited five years or more before disclosing the abuse, or had never disclosed prior to the survey” (p. 124).
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“Adult studies typically had a mean age between 40 and 50 years” (p.278).
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11. McGuire & London., 2020. “Researchers estimate only about 10–15 % of CSA and 7–9 % of CPA cases ever reach authorities” (p.2).
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13. Cross, D., Fani, N., Powers, A., Bradley, B. (2017). Neurobiological development in the context of childhood trauma. *Clinical Psychology Science and Practice* 24(2) 111-124 doi:10.1111/cpsp.12198. Affected regions of the brain include the hippocampus, prefrontal cortex, and amygdala.
14. Cross et al., 2017. “Under adverse neurobiological conditions, such as those shaped by frequent or enduring trauma, the individual and connected functions of the hippocampus, PFC, and amygdala can be impacted in ways that not only facilitate inappropriate associations among perceptual, contextual, and attributional information about traumatic events, but also diminish capacity for consciously managing recollections of the events and moderating fear responses to the recollections” (p.112-113).

15. Cross et al., 2017. “Notably, individuals with histories of childhood trauma often report depersonalized dissociation, or feeling disconnected from their own bodies” (p.119).
16. Collin-Vézina et al., 2015. “Immature development at the time of abuse refers to the survivors’ recollections of being ill-equipped when the abuse occurred to fully comprehend the situation, which hampered their capacity and willingness to tell. These experiences included a lack of understanding of sexuality, confusion about the abuse, and potential outcomes of telling” (p. 129).
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18. Collins-Vézina et al., 2015. “Internalized victim-blaming encompasses experiences of embarrassment and shame, which were often related to self-blame and feeling responsible for the abuse” (p. 128).
19. Hunter, 2013.
20. Tener & Murphy, 2014.
21. Easton, 2013.
22. Alaggia et al., 2019. “Although women are at double the risk of being subjected to CSA, the ratio of women to men in most disclosure studies has not been representative. This finding may be indicative of male victims more likely delaying disclosing their CSA experiences, leaving male disclosure in child and youth samples underrepresented” (p.278).
23. Gewirtz-Meydan & Finkelhor, 2020.
24. Spalek et al., 2016.
25. Alaggia et al., 2019. “In addition, relationship with perpetrator is a factor whereby research indicates that disclosure is made more difficult when the perpetrator is a family member or close to the family” (p.277).
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33. Hamilton et al., 2022