

Pandora's Box: The Secrecy of Child Sexual Abuse

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When a shy, frightened pre-school victim was asked if her grandfather had hurt her when he touched her, she responded, "Only in my heart."

Pandora's Box

During an initial therapy session with a senior citizen, I asked one of my routine interview questions: "Have you ever been sexually abused?" She paused, then nodded slowly. Although she had been in therapy most of her adult life, there was no record of sexual victimization in her overflowing patient file. Her response, "No one ever asked."

Parents of sexually abused children or children brutally murdered at the hands of molesters -- left to a lifetime of grief and confusion -- wonder why their children didn't tell.

Too often, we do not ask. We survey school children on alcohol use, drug use, suicidality, depression, physical abuse, and sometimes consensual sexual contact. But we fail to ask about sexual victimization. Why? Are we afraid to open Pandora's Box?

Secrecy

The nature of the crime constituting child sexual abuse is intertwined with the issue of victim secrecy.

Research began exposing sexual abuse of children as a problem of sizable proportions in the late 1960s and early 1970s (Watson, 1984). One theme remains consistent in the research: sexual abuse is extensively undisclosed and underreported (Bagley, 1992; Courtois & Watts, 1982; Finkelhor & Browne, 1986; Slager-Jorne, 1978; Swanson & Biaggio, 1985; Tsai & Wagner, 1978).

There are many factors relating to the dynamics of the insufferable crime that may impact victim failure to disclose. Victims of sexual abuse frequently experience feelings of shame, guilt, isolation, powerlessness, embarrassment, and inadequacy (Bagley, 1992; Courtois & Watts, 1982; Herman & Hirschman, 1977; Swanson & Biaggio, 1985). They may even accept responsibility for the abuse by blaming themselves (Johnson, 1987).

Victims may also have a feeling that "something is wrong with me," or that the abuse is their fault (Johnson, 1987; Tsai & Wagner, 1978). They may be embarrassed or reluctant to answer questions about sexual aspects of the abuse (Berlinger & Barbieri, 1984).

Children often fail to report because of fear that disclosure will bring consequences even worse than being victimized again. The victim may feel guilty for creating consequences to the perpetrator and may fear subsequent retaliatory actions from the perpetrator (Berlinger & Barbieri, 1984; Groth, 1979; Swanson & Biaggio, 1985).

Based on research, it could be expected that victims' perceptions of guilt and self-blame would interfere with their decision to identify themselves through disclosure.

Clinical Implications

Investigation and research on undisclosed sexual abuse has important clinical implications.

Sexual abuse research suggests at least an associative relationship between sexual abuse and other disorders, if not a causal relationship based on the sexual trauma (Bagley, 1992; Courtois & Watts, 1982; Farrell, 1988; Finkelhor & Browne, 1986; Herman & Hirschman, 1977; Whitlock & Gillman, 1989). According to Farrell (1988), a sexual abuse victim may develop serious psychological problems as a result of the victimization.

Finkelhor and Browne (1986) acknowledged that effects of the molestation may be delayed into adulthood. Long-term effects that are frequently reported and associated with sexual abuse include depression, self-destructive behavior, anxiety, feelings of isolation and stigma, poor self-esteem, difficulty in trusting others, tendency toward revictimization, substance abuse, and sexual maladjustment (Courtois & Watts, 1982; Finkelhor & Browne, 1986, Herman & Hirschman, 1977; Tsai & Wagner, 1978).

Early identification of sexual abuse victims appears crucial to reduction of suffering, enhancement of psychological development, and for healthier adult functioning (Bagley, 1992; Bagley, 1991; Finkelhor et al. 1990; Whitlock & Gillman, 1989). Sorensen and Snow (1991) suggested that policies and procedures geared only to those children who have disclosed fail to recognize the needs of the majority of victims.

As long as disclosure continues to be a problem for young victims, then fear, suffering, and psychological distress will, like the secret, remain with the victim.

Prevention Efforts

According to Gilbert (1988), education and prevention programs have been implemented, but they have not been entirely successful. Gilbert identified some of the reasons for disappointing results of preventive programs: a) programs not geared to the cognitive level of young audiences; b) erosion of learning over time; c) elusive subject matter; d) difficulty in transference of learning to real life events; and e) the brief attention span and limited ability of young children to grasp complex ideas. Gilbert also noted the approach of the offender may so subtle that it may not be easily recognizable by even a knowledgeable child.

Many sexual abuse education and prevention programs are pursued without adequate research to determine effectiveness. Or, effectiveness research has relied primarily on pre- and post-studies to determine acquired knowledge by young participants. Follow-up research leads us to believe knowledge acquired from prevention programs is transitory and fades rapidly, and many victims do not internalize and act on information they receive. In other words, many victims hear the information, but still do not disclose.

How do we know if prevention programs are eliminating victimization? Like drug education programs, we know children heard the information -- and can repeat the information -- but countless victims remain silent. If we still have victims who have not disclosed, are the programs really working? How long should we continue to applaud ourselves for prevention efforts when we do not know the frequency of today's silent victims in our own communities?

We need to step back and review our efforts to reach silent, fearful victims. Research is imperative to liberating these children from their prisons of secrecy and pain.

Research

Finkelhor et al. (1990) conducted the first national telephone survey of men and women. Of the 2,626 Americans questioned regarding prior sexual abuse, victimization was reported by 27 percent of the women and 16 percent of the men. One of the major findings was that many of those who were victims never disclosed the experiences to anyone. Of those participants who confirmed sexual abuse, 42 percent of the

women and 33 percent of the men acknowledged never having disclosed.

Based on his extensive research on sexual abuse, Bagley (1990b) affirmed child sexual abuse is much more frequent than previously assumed. Bagley (1990a) reported 32 percent of the sampled adult females in his community study responded they experienced child sexual abuse, with sexual abuse greater for women born after 1960 than before.

Psychologists, researchers, social workers, law enforcement officers, educators, welfare workers, child advocates, and the media have emphasized the hidden crime of sexual abuse, studied the potential disastrous psychological implications for victims, and labored over the problem of secrecy (Bagley, 1992; Courtois & Watts, 1982; Groth, 1979; Herman & Hirschman, 1977; Johnson & Johnson, 1984; Swanson & Biaggio, 1985).

Despite these efforts, research on the prevalence of child sexual abuse and timely interventions for victims have been difficult to execute because of the pervasive tendency toward non-disclosure by victims (Bagley, 1992; Finkelhor & Browne, 1986; Sorensen & Snow, 1991). As Bagley (1991) succinctly stated in a publication of his study on sexual abuse, "It is assumed that measurement errors will err in the direction of understatement and concealment."

After more than two decades of research on child sexual abuse, questions remain unanswered regarding the frequency of non-disclosure and the effectiveness of preventive programs. Public awareness has been raised, prevention programs implemented, research conducted, and progress made in increasing the number of annual disclosures; however, the secrecy of child sexual victimization may be continuing at an alarming rate.

Opening Pandora's Box

According to Whitlock and Gillman (1989), "Studies to date concerning possible short- and long-term effects of child sexual abuse have focused primarily on the experiences of women abused as children." "Much of the important scientific knowledge about the nature, prevalence, and impact of child sexual abuse has come from community surveys of adults, reporting on their histories of abuse" (Finkelhor et al. 1990).

As evidenced in the literature, the majority of published research on the extent of undisclosed child sexual abuse were surveys of adults regarding sexual abuse which may have occurred many years ago. These retrospective studies have neither reached nor addressed the immediate needs of the masses of young victims currently living with undisclosed abuse, nor have they adequately addressed the issue of whether young victims understand they have been sexually abused (Finkelhor & Browne, 1986).

Continued research on non-disclosure and provisions for the availability of supportive and timely interventions for young victims has been widely recommended (Bagley, 1992; Bagley, 1991; Farrell, 1988; Finkelhor et al. 1990; Groth, 1979; Sorensen & Snow, 1991; Tsai & Wagner, 1978; Whitlock & Gillman, 1989).

Finkelhor and Browne (1986) recommended that since sexual abuse is extensively underreported and intervention is subsequently delayed, there be new studies of victims who have not disclosed or sought treatment. They recommended these studies be conducted more proximate to the age of victimization.

The problem and extent of underreporting, or non-disclosure, is a primary obstacle in determining frequency of child sexual abuse. Bagley (1992) acknowledged that the issue of whether child sexual abuse is increasing or decreasing is difficult to determine in the absence of current data. He confirmed there is logic in beginning attempts to assess the frequency of distressed students in school settings.

Although substance abuse studies have been widely received and implemented in schools, there remains significant controversy regarding assessing sexual abuse issues. School administrators are reluctant to permit surveys of sexual abuse, even when these surveys may help save a child years of suffering. According to Johnson (1987), some parents and professionals are so uneasy they view preventive education as a witch-hunt or as the opening of a Pandora's Box.

Give children the right -- and a way to speak out

How many sexually victimized, traumatized, and fearful children are sitting silently through prevention programs? How do we help them?

Why do we provide anonymous sexual victimization surveys only for adults? If children are more vulnerable than adults, more afraid to speak out than adults, why do we not also give children the right and a way to express their needs without being inhibited by fear of identification? Do children not deserve the same opportunities to speak out?

Bagley (1992) administered anonymous questionnaires on stress to 14- through 16-year old adolescents in two western Canadian junior high schools. He posited that children and adolescents may be reluctant to report some experiences directly or through a questionnaire in which they have to identify themselves. Bagley contended that adolescents in school settings are willing to anonymously report various kinds of stress, including physical, emotional, and sexual abuse.

An instrument or procedure is needed that will allow young victims to anonymously provide us with current, targeted information on the frequency of undisclosed sexual abuse. In response to this need, unanswered questions, and the continuing problem of sexual abuse, this investigator devoted three years to the development and implementation of research to anonymously survey young adolescents (Faulkner, 1996).

Since no known school based method or instrument existed to efficiently and comprehensively survey students on sexual victimization, this research included the development of an instrument entitled Sexual Abuse Recognition and Non-Disclosure Inventory (SARANDI).

SARANDI: Sexual Abuse Recognition and Non-Disclosure Inventory

The SARANDI was developed for classroom surveys of young adolescents in the age range of 12 through 15. The research presentation and survey were written in terms that could be accepted by school administrators for use with young adolescents.

A brief "Body Safety" presentation and survey administration instructions were on an 11 minute video tape. Administration of the anonymous survey took less than 30 minutes.

Participants were assured anonymity with regard to their responses. Students could elect voluntarily to respond to the survey, or return the sealed response cards unanswered. At the conclusion of the survey, information on where to get help was provided and on-site counselors were available.

SARANDI: Goals and Results

Unlike retrospective studies of adults, this research attempted to assess the extent of current victimization in the community in which it was occurring. Objectives included assessment of the prevalence of undisclosed child sexual abuse proximate to time of victimization, not years later, so information could be provided to increase community awareness and for the enhanced development of targeted and timely preventive programs and interventions.

In this study, an attempt was made to assess the frequency of young adolescents who had been sexually abused but who had not disclosed, and to assess the frequency of young adolescents who were uncertain if they were victims.

The most outstanding result of the research was of those students who responded they had been sexually abused, 100% responded they had not disclosed the abuse to an adult. Additionally, six percent of the young adolescents in the study responded "I don't know" to the question of whether they had been sexually abused, confirming there are young adolescents who are uncertain about having been sexually abused.

It is also noteworthy that two administrations of the SARANDI with a one month interval did not generate any false reports of sexual victimization between administrations, or during the month following the second administration.

There were schools who declined participation in this study for fear of stimulating false reports of sexual abuse. For adults and schools officials who are afraid to open the "Pandora's Box" of sexual abuse, the results of this study gave no indication that surveys and questionnaires on sexual victimization administered to middle school students would produce false accusations of abuse.

Conclusions

Reported cases of child sexual abuse reached epidemic proportions with a reported 322 percent increase from 1980 to 1990 (Sorensen & Snow, 1991). To make the national crisis of sex crimes against youth even more alarming, Janssen (1984) contended there may be at least 10 times as many cases that go unreported.

According to Gilbert (1988), most experts agree that many, if not most cases, go unreported. As suggested by Janssen (1984), "Only the tip of the iceberg has been touched concerning the incidence of child sexual abuse."

Although the SARANDI school survey is not the final solution, it is a move toward assessing the needs of sexual victims in the school system, singularly the best place to reach the greatest number of children. As continued research is conducted and investigators analyze their findings in an attempt to reach statistical significance, it is important to remember -- providing protection and safety for even one child is significant.

References

- Bagley, C. (1992). Development of an adolescent stress scale for use of school counsellors. *School Psychology International*, 13, 31-49.
- Bagley, C. (1991). The prevalence and mental health sequels of child sexual abuse in a community sample of women aged 18 to 27. *Canadian Journal of Community Mental Health*, 10, 103-116.
- Bagley, C. (1990a). Development of a measure of unwanted sexual contact in childhood, for use in community mental health surveys. *Psychological Reports*, 66, 401-2.
- Bagley, C. (1990b). Validity of a short measure of child sexual abuse for use in community mental health surveys. *Psychological Reports*, 66, 449-450.
- Berlinger, L. & Barbieri, M. K. (1984). The testimony of the child victim of sexual assault. *Journal of Social Issues*, 40, (2), 125-137.
- Courtois, C. A. & Watts, D. L. (1982). Counseling adult women who experienced incest in childhood or adolescence. *The Personnel and Guidance Journal*, January, 275-279.
- Farrell, L. R. (1988). Factors that affect a victim's self-disclosure in father-daughter incest; student manuscript winner. *Child Welfare*, 67, 462-8.
- Faulkner, N. (1996). *Sexual Abuse Recognition and Non-Disclosure Inventory of Young Adolescents*. Ann Arbor, MI: UMI.
- Finkelhor, D. & Browne, A. (1986). Impact of child sexual abuse: a review of the research. *Psychological Bulletin*, 99, 66-77.
- Finkelhor, D., Hotaling, G., Lewis, I. A., & Smith, C. (1990). Sexual abuse in a national survey of adult men and women: Prevalence, characteristics, and risk factors. *Child Abuse & Neglect*, 14, 19-28.
- Gilbert, N. (1988). Teaching children to prevent sexual abuse. *The Public Interest*, 93, 3-15.
- Groth, A. N. (1979). *Men Who Rape*. New York: Plenum Press.
- Herman, J. & Hirschman, L. (1977). Father-daughter incest. *Signs*, 2, (4), 735-756.
- Janssen, M. R. (1984). Incest: Exploitive Child Abuse. *The Police Chief*, 51, 46-7.

- Johnson, B. B. (1987). Sexual abuse prevention: A rural interdisciplinary effort. *Child Welfare*, 66, 165-73.
- Johnson, R. & Johnson, T. (1984). Are you raising a victim? *FBI Law Enforcement Bulletin*, February, 10-14.
- Slager-Jorne, P. (1978). Counseling sexually abused children. *Personnel and Guidance Journal*, October, 103-105.
- Sorensen, T. & Snow, B. (1991). How children tell: The process of disclosure in child sexual abuse. *Child Welfare League of America*, 70, 3-15.
- Swanson, L. & Biaggio, M. K. (1985). Therapeutic perspectives on father-daughter incest. *American Journal of Psychiatry*, 142, (6), 667-674.
- Tsai, M. & Wagner, N. N. (1978). Therapy groups for women sexually molested as children. *Archives of Sexual Behavior*, 7, 417-427.
- Watson, R. (1984). A hidden epidemic. *News-week*, May 14, 30-36.
- Whitlock, K. & Gillman, R. (1989). Sexuality: a neglected component of child sexual abuse education and training. *Child Welfare*, 68, 317-29.
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[Link Here](#) for the "Sexual Abuse Recognition and Non-Disclosure of Young Adolescents" **Research Abstract**.

"Sexual Abuse Recognition and Non-Disclosure of Young Adolescents" can be obtained either by ordering it through: EMI, 300 North Zeeb Road, P.O. Box 1346, Ann Arbor, MI 48106-1346, 1-800-521-0600; or, by requesting it through the International Database interlibrary loan OCLC#35693021. This 150 page research document details the SARANDI study, rationale, literature review, ethical considerations, methodology, results, conclusions, and implications.