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Sexual Abuse Disclosure Among Incarcerated Female Adolescents and Young Adults

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Abstract

Background: Childhood sexual abuse (CSA) is over-represented among incarcerated girls and women. In order to inform effective methods of response, they represent a critical group for better understanding disclosure processes.

Objective: The purpose of the current study was to assess the CSA and CSA disclosure experiences of incarcerated female adolescents and young adults.

Participants and Setting: Participants were 94 serious female offenders, ages 15–24 ($M=18.72$, $SD=1.94$), incarcerated in a secure juvenile facility.

Method: In one-on-one interviews, participants answered questions about abuse characteristics, whether they had previously disclosed, to whom they had disclosed and after how long, and reasons for prior disclosure or nondisclosure.

Results: Over half of the sample (51.8%, $n = 44$) reported experiencing CSA. Most individuals who reported a CSA history had previously disclosed (79.5%, $n = 35$), with approximately equal proportions claiming to disclose within one week (40%) and after a year or years (45.8%). However, 20.5% ($n = 9$) claimed that our study interview was their first disclosure. Several reasons for their disclose patterns were endorsed: Most commonly feelings of shame or embarrassment prevented disclosure (56%) and no longer wanting to keep the abuse a secret motivated disclosure (44%).

Conclusions: Although many incarcerated girls and women share a history of CSA, our results indicate that the abuse and disclosure experiences of incarcerated females are diverse. Understanding their disclosure patterns can inform mental health services, rehabilitation, and professional interviewing strategies that may facilitate disclosure (e.g., forensic interviews, facility intake interviews).

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Keywords

child sexual abuse; disclosure; female offenders; incarcerated girls

Childhood sexual abuse (CSA) is a commonly reported experience of incarcerated girls and women. Previously reported prevalence rates suggest that a quarter to more than half of incarcerated girls and women have experienced CSA (Asscher, Van der Put, & Stams, 2015; Greenfield & Snell, 1999; Kelly, Owen, Peralez-Dieckmann, & Martinez, 2007; Power et al., 2016), but often fail to disclose this abuse to trusted adults (Loper, Mahmoodzedegan, & Warren, 2008). In the general population, periods of nondisclosure or delaying disclosure are quite common among children and adults who report experiencing CSA (Azzopardi, Eirich, Rash, MacDonald, & Madigan, 2018; London, Ceci, Bruck, & Shuman, 2005; London, Bruck, Wright, & Ceci, 2008). However, research indicates that CSA disclosure may be challenging in general, especially during childhood or adolescence (London et al., 2005, 2008; Malloy, Lyon, & Quas, 2007) and choosing not to disclose or disclosing after significant time has passed affect the legal and mental health systems' ability to respond to victims.

Importance of Examining CSA Disclosure among Justice-Involved Girls and Women

For justice-involved girls and women, the process of disclosing CSA may be especially complex. Because the crime of CSA typically lacks external evidence, victim disclosure is often a necessary catalyst for prosecution and intervention to occur. However, in legal contexts, disclosure patterns (e.g., delay, recantation) and the context or character of the individual disclosing (e.g., an incarcerated adolescent girl) may be used to assess the credibility of CSA allegations. Some evidence suggests that older adolescents who disclose abuse are less likely to be viewed as credible than younger children (Back & Lips, 1998; Campbell, Menaker, & King, 2015; Davies & Rogers, 2009). The credibility of a disclosure is also affected by the disclosing individual's perceived moral character, such that a criminal history reduces a victim's credibility as judged by justice system actors (Beichner & Spohn, 2012). Juvenile sex crimes investigators report considering a juvenile victim's reputation, sexual and risk behavior, and school-related problems when determining the credibility of a disclosure (Campbell et al., 2015). Further, justice-involved girls are more likely to have experienced dysfunctional and/or abusive home environments, limiting their access to social support and disclosure recipients (Cohen, 2004; Odgers et al., 2010). Thus, the environment and experiences of incarcerated girls and women both before and during incarceration may yield different disclosure decisions (e.g., regarding who to tell or when) than individuals reasoning about disclosure in community contexts.

The individual- and societal-level consequences of CSA in justice-involved girls and women are high. A history of CSA is associated with higher risk for recidivism (Conrad, Tolou-Shams, Rizzo, Placella, & Brown, 2014) and continued justice involvement into adulthood (McCartan & Gunnison, 2010). Extensive histories of childhood victimization, including CSA, among incarcerated girls were also associated with increased odds of poor health

outcomes (e.g. obesity, physical injuries) in adolescence and early adulthood (Odgers, Robins, & Russell, 2010). Thus, disclosure of CSA prior to incarceration or during the intake process could initiate the provision of trauma-informed mental and physical health care, with the longer-term goals of reducing recidivism and adverse health outcomes. Currently, trauma-informed care appears to be directed towards incarcerated women with particular psychiatric diagnoses (e.g., post-traumatic stress disorder), but many women report needing support for childhood trauma during their sentence as the custodial experience can be triggering and re-traumatizing (Kennedy & Mennicke, 2018). Due to the high prevalence of reported CSA history among incarcerated girls and women and the aforementioned relationship between CSA history and future justice involvement, it is critical to understand the disclosure processes of incarcerated girls and women in order to inform effective methods of response. Furthermore, it is imperative to understand CSA disclosure decisions from their perspectives by obtaining accounts about their disclosures, or decisions to *not* disclose, from them directly (e.g., Alaggia, 2004).

Although a considerable amount of research has sought to determine the potential barriers to CSA disclosure (e.g., Anderson, Martin, Mullen, Romans, & Herbison, 1993; Fleming, 1997; Goodman-Brown et al., 2003; Malloy, Brubacher, & Lamb, 2011), far less research has focused on who CSA victims ultimately decide to tell and what prompts their disclosures (c.f. Malloy, Brubacher, & Lamb, 2013; Schaeffer, Leventhal, & Asnes, 2011). However, decisions concerning the timing and reasoning behind disclosure and identity of disclosure recipients may affect whether the abuse is reported to appropriate authorities and how others react to the disclosure, both of which have significant implications for their subsequent legal and psychological outcomes (Cross, DeVos, & Whitcomb, 1994; Elliott & Carnes, 2001). It is vital to understand not only what factors may prevent disclosure but also what prompts or facilitates disclosure, including among high risk samples like incarcerated girls and women.

Sexual Abuse Disclosure in Community Samples

From research on CSA disclosure in the general population, individuals' disclosure patterns and experiences can vary widely and depend on individual and contextual factors (e.g., Azzopardi et al., 2018; London et al., 2005; Malloy et al., 2013). Research reveals that youth most often reveal CSA to their mother, with peers serving as other common disclosure recipients, especially for older youth (Lam, 2014; Malloy et al., 2013; Priebe & Svedin, 2008; Schaeffer et al., 2011). Poor relationships at home or school and limited social support may restrict the individuals to whom youth can disclose (Cohen, 2004; Priebe & Svedin, 2008). Indeed, a sample of incarcerated men serving sentences for sexual abuse of a child reported that their victims were significantly less likely to disclose the abuse if they were from a dysfunctional home or community environment (Leclerc & Wortley, 2015).

Reasons for failing to disclose or delaying disclosure have been investigated quite extensively among community and clinical samples and commonly include feelings of shame or embarrassment and expectations of negative consequences for disclosure (e.g., Anderson et al., 1993; Goodman-Brown et al., 2003). For example, Malloy et al. (2011) examined the expected negative consequences of disclosure by 204 5- to 13-year-olds in

forensic interviews about alleged sexual abuse. Although not asked about expected consequences directly, approximately half (46%) of alleged victims reported expecting at least one negative consequence for disclosing CSA, such as trouble for the perpetrator, physical harm or death to themselves, and loss of relationships with significant others (e.g., mothers). These anticipated negative consequences are important because they are merely *expected*, though they appear to exert a significant influence over whether children disclose. Despite the anticipated consequences, less research has focused on what ultimately motivates disclosure, including after long periods of time. Examining forensic interviews with suspected CSA victims, Malloy et al. (2013) found that over half reported disclosing as the result of an external precipitant (e.g., television program, school-based prevention experience), which is consistent with the views that simply being prompted to discuss abuse is a common impetus for disclosure (Alaggia, 2004; Campis et al., 1993; London et al., 2005) and that children may be reluctant to initiate discussions about CSA (Jensen et al., 2005). Malloy et al. (2013) reported that it was quite rare (4%) for the alleged victims to claim to have disclosed to stop the abuse from happening again or to protect someone else from abuse (9%).

Sexual Abuse Disclosure in Justice-Involved Girls and Women

Importantly, no study has addressed disclosure among incarcerated girls and women specifically, despite the high rates of CSA in this population and the significance of trauma and victimization in theoretical research on women's pathways to offending (e.g. Belknap, 2007; Salisbury & Van Voorhis, 2009). The tendency to anticipate negative consequences for disclosing CSA, identified above, may be greater among incarcerated girls and women, whose perceived and actual sources of support are often lacking (Asberg & Renk, 2013; DeHart, 2008). In a sample of incarcerated women in the United States, nondisclosure of CSA was more likely to occur when women endorsed more rape myth acceptance, including beliefs that they were responsible for their victimization or that they would not be believed (Heath, Lynch, Fritch, McArthur, & Smith, 2011). Justice-involved women and girls may also be more likely to be seen as responsible for or participatory in CSA, and therefore less credible victims, by criminal justice system actors (Beichner & Spohn, 2012; Campbell et al., 2015). Further, because incarcerated women report feeling significantly less trusting of other people after experiencing sexual victimization (DeHart, 2008), they may have fewer individuals to whom they believe they can turn to for disclosing negative personal experiences like CSA. Once incarcerated, limited contact with "outsiders" who are not affiliated with the institution necessarily restricts the potential avenues for disclosure. At the same time, however, institutional procedures like intake and risk assessments and some interventions (e.g., individual therapy, group therapy) may explicitly cover the topic of CSA, thus facilitating disclosure.

Among justice-involved individuals, understanding the link between prior sexual victimization and criminal or antisocial behavior has been the focus of most prior research (e.g., Mason et al., 1998; Salisbury & Van Voorhis, 2009; Widom & Ames, 1994), while little attention has been paid to how their histories of CSA are disclosed and reported. Many incarcerated girls and women may be disclosing or receiving treatment for CSA for the first time during incarceration. Information about the CSA experience itself and the related

disclosure experiences could prove vital for developing effectively tailored interventions that avoid “secondary victimization” and promote adaptive mental health and psychosocial outcomes. Understanding reasons for disclosure and nondisclosure can also inform forensic interviewing strategies that are most likely to elicit disclosures from high-risk populations, including incarcerated women and girls.

The Present Study

Given the high overlap between mental health concerns and CSA histories among incarcerated women (e.g., Loper et al., 2008; Silberman, 2010) and the significance of CSA at predicting future criminal involvement in incarcerated girls, it is important to understand the circumstances around CSA disclosure among this population. Also, of theoretical importance are studies in which alleged CSA victims discuss their own disclosure histories (Alaggia, 2004). In the present study, we took advantage of a unique opportunity to discuss CSA disclosure histories with a relatively large sample of incarcerated young adult women and girls. There were three main goals: 1) determine the prevalence and characteristics of prior disclosure and nondisclosure in the sample; 2) examine reasons for nondisclosure and prior disclosure (e.g. why did some girls tell before our study interview and others did not?); and 3) test for differences between disclosers and non-disclosers on abuse-related characteristics.

Based on the prior research in this area, we hypothesized that the majority of our sample would report a history of CSA, that most individuals would have delayed disclosure but have eventually told someone, and that disclosers would have primarily first told individuals familiar to them (e.g. a parent, close friend). We tentatively expected differences to emerge between disclosers and nondisclosers, such as in age at the time of first abuse, number of alleged perpetrators, and severity of abuse experiences. We anticipated differences between disclosers and nondisclosers due to evidence indicating that nondisclosure is associated with poorer mental health outcomes (Ruggiero et al., 2004) and that not disclosing may reflect limited access to trustworthy or supportive disclosure recipients, more severe abuse experiences, and closer relationships with perpetrators (McElvaney, 2015; Priebe & Svedin, 2008).

Method

Participants

A sample of 44 women who responded affirmatively to questions about a history of sexual abuse in a larger study on the experiences of incarcerated girls and women were included as the final sample under analysis. This sub-sample of 44 women was from a larger sample of 94 women and girls who consented to participate in the study.

The larger sample of 94 women and girls was drawn from approximately 145 women who were incarcerated at a secure juvenile facility in California. All of the individuals housed at this facility had offended as a juvenile and were committed to the facility as a juvenile. However, the Division of Juvenile Justice (DJJ) in California may house an individual until the age of 25, hence the participation of both adolescents and young adults in this study.

Structural or situational factors prevented some individuals from participating (i.e., 17% had a conflicting recreational activity, therapy, or job training; and 5% were soon to be paroled and involved with exit proceedings), while 3% declined to participate and 8% had parents who withheld their consent to participate. Thus, 119 individuals were approached for participation with 94 female youth (ages 15–24 [$M = 18.72$, $SD = 1.94$]) agreeing to participate in the study.

The sample of 94 was ethnically diverse with participants identifying as Latina (38%), African American (21%), Caucasian (18%), or other (22%). The majority of participants reported having parents with high school or further education (45% high school diploma or equivalent, 38% beyond high school education) while 18% reported that their parents had less than a high school education. This facility was designed to house females who had committed serious (felony level) offenses. For example, 80% of participants were incarcerated for person offenses (e.g., robbery, aggravated assault), 14% for property crimes (e.g., larceny), and 6% for other offences (e.g. public order, weapons-related, drug-related, or administrative).

Materials and Procedure

The following procedures were approved by the university's Institutional Review Board, the California Department of Corrections and Rehabilitation (CDCR), and the DJJ. Adult women (i.e., those 18 years and older) were approached by a research assistant (RA), and 97% agreed to provide informed consent and proceed with the interview immediately. For youth, written assent and parent/legal guardian contact information was obtained from youth prior to the interview, and consent from the minor's parent/legal guardian was then sought via an audiotaped telephone call. The RA informed the parent/legal guardian that the study was designed to help us understand how friends influence behavior. Parents/legal guardians were also told that participation (or refusal/withdrawal) would not influence their daughter's treatment in the facility or any future court or parole hearings. Of parents/legal guardians contacted, 92% provided their informed consent by responding affirmatively to the following statement read by the RA and captured on the audio recorder: "Your voice consent indicates that I have read you the information above, that you have had a chance to ask any questions you may have about the study, and agree to allow your daughter to participate in the research project."

During the consent and assent process, participants were informed that participation was entirely voluntary and that their responses would remain confidential unless they reported one of the "three hurts" (i.e., that they were being harmed, intended to harm themselves, or intended to harm others). A Certificate of Confidentiality was obtained from the Department of Health and Human Services and described to participants. Furthermore, we informed participants that they would not be penalized for refusing to participate and likewise would not receive benefits for participating (i.e. participation would not impact their case, parole, or treatment while incarcerated).

Trained research assistants met with participants individually and read each question aloud to compensate for variations in literacy and reading comprehension. Participants were invited to read along with their own copy of the interview. The research assistants manually

recorded all responses on paper. One-on-one interviews took approximately 2 hours and were conducted in video-monitored, facility classrooms. Each classroom had approximately four participants per room but interviews were conducted in private sections to ensure that participants could not overhear each other's responses. Facility staff could monitor video interactions for safety purposes but were not privy to interview questions or responses.

Sexual abuse disclosure.—Using a modified version of the Exposure to Violence measure (Selner-Ohagan, Kindlon, Buka, Raudenbush, & Earls, 1998), participants were first asked whether they had ever been (a) touched inappropriately, or (b) raped, or experienced any other type of sexual attack in their lifetime. If they answered “yes” to either question, then they were asked whether they had experienced CSA using questions based on legal standards and definitions of sexual abuse in several states (e.g., Epstein & Bottoms, 2002): “When you were *17 years old or younger*, did you ever have any of the following experiences with someone *at least 5 years older than you*? Touched you in a sexual way? Tried to have sex with you? Had sex with you?” This method of objectively defining abuse based on legal standards was meant to circumvent challenges associated with some individuals failing to self-label as victims of abuse or perceiving what happened to them as abusive (Martin, Anderson, Romans, Mullen, & O’Shea, 1993). If they selected more than one abuse type (i.e., sexual touching, attempted intercourse, intercourse), they were told to think about the incident that was “the worst or most upsetting” and reminded that an incident could be something that happened once or a series of events with the same person or people. Participants were asked whether the abuse happened one time or was a series of events, how many alleged perpetrators were involved, their relationship to the alleged perpetrator(s) (i.e., parent, stepparent/parent’s partner, family member, nonfamily member who was a friend/trusted adult, boyfriend, acquaintance, or stranger), and their age at first, and if applicable, last incidents.

To assess participants’ disclosure experiences, those who claimed that they had been sexually abused were asked whether they had told anyone about it (yes/no), to whom they told (i.e., mom, dad, adult relative or friend, relative or friend under 18, teacher, social worker not at this facility, police, medical doctor, a staff person at this facility, or other), to whom they told *first*, and how long they waited to tell that first person (i.e., told right away, a week, a few months, a year, a few years). Then, using a checklist of potential reasons derived from previous research (e.g., Goodman-Brown et al., 2003; Malloy et al., 2011, 2013), participants indicated which reason(s) factored into whether they had previously disclosed (see Tables 1 and 2). Participants who claimed to have previously disclosed were read a list of possible reasons for disclosure (e.g., to stop it from happening again), and participants who claimed to have not previously disclosed prior to the study interview were read a list of potential reasons for nondisclosure (e.g., feelings of shame or embarrassment). Participants could endorse as many reasons as they wished and were also provided with an “other” option for which they could elaborate with a narrative response.

Regarding the “other” responses that participants elaborated on for disclosure recipient identity, reasons for disclosure, and reasons for nondisclosure, many of these responses were able to be re-classified into one of the existing categories or into a new category created after reading participants’ responses. For disclosure recipient identity, all 8 “other” responses fit

well into an existing category (e.g., grandparents fit under “adult relative or friend”). Regarding reasons for disclosing, new categories were created to assess participants who expressed general fear that was unrelated to the abuse happening again ($n = 3$) and those who indicated that physical evidence or injury (e.g., sister found me tied up, was hurt and needed ambulance) prompted disclosure ($n = 5$). Five “other” reasons for disclosure were re-classified into existing categories but five were not (e.g., allow herself to be rehabilitated). Regarding reasons for nondisclosure, one (i.e., was on the run and didn’t want to get into trouble with the law) was re-classified into “afraid might get into trouble,” but two did not fit existing categories (e.g., was pregnant).

Results

Five participants failed to complete the study interview because they did not wish to continue (e.g., due to boredom) or were called away for facility activities. Four participants refused to provide responses to the Exposure to Violence questions so they could not subsequently be questioned about CSA and CSA disclosure. Thus, a total of 85 girls and women completed the full interview, and 44 reported they had experienced CSA and provided additional details.

Abuse Experiences

Sexual violence experiences.—Of the 85 participants who responded to the questions about exposure to sexual violence, 56.5% ($n = 48$) claimed to have been touched inappropriately, raped, or sexually attacked in their lifetimes. These participants were then asked further questions specifically about CSA and CSA disclosure.

CSA experiences.—Three participants answered “yes” to having been touched inappropriately or having experienced rape or another type of sexual attack but refused to answer further questions about their experiences to determine whether they constituted CSA; thus, they were excluded from further analyses. Of the 45 participants who responded to questions about potential CSA, all but one of the participants’ experiences constituted CSA by our definition of experiencing sexual touch, attempted intercourse, or intercourse at age 17 years or younger with a person who was at least 5 years older. The one participant whose experience did not meet our definition of CSA was excluded from further analyses. Thus, over half of the sample of 85 girls and women (51.8%, $n = 44$) reported experiencing CSA, beginning at a mean age of 10.93 ($SD = 4.12$, range = 3 to 17) and lasting anywhere from a single occurrence (59.1%, $n = 26$) to 11 years ($M = 3$ years). The most severe type of abuse participants experienced was sexual touch (9.1%, $n = 4$), attempted intercourse (22.7%, $n = 10$), or intercourse (68.2%, $n = 30$).

Most participants (62.8%, $n = 27$) alleged CSA by one perpetrator, while 37.2% ($n = 16$) alleged CSA by multiple perpetrators at the same time. One participant refused to answer the question regarding number of perpetrators. Perpetrators included parents (7.1%, $n = 3$), stepparents or parents’ partners (4.8%, $n = 2$), other family members (14.3%, $n = 6$), family friends or other trusted adults (16.7%, $n = 7$), boyfriends (11.9%, $n = 5$), acquaintances (23.8%, $n = 10$), or strangers (33.3%, $n = 14$). Most participants endorsed one category of perpetrator(s), while one participant endorsed two categories (parent and family friend), and

two participants endorsed three categories of perpetrator(s) (boyfriend, acquaintance, and stranger; stepparent, family member, and stranger). In sum, 71.4% ($n = 30$) of participants alleged CSA against a familiar perpetrator. Two participants declined to answer questions about perpetrator familiarity.

Disclosure Experiences

Most of the 44 participants who reported CSA (79.5%, $n = 35$) had told someone prior to the current study interview. However, 20.5% ($n = 9$), a sizeable minority, claimed to disclose for the first time in our study. Of the 35 participants who had previously disclosed (“disclosers”), approximately half (51.4%, $n = 18$) endorsed only one category of disclosure recipient, whereas 48.6% ($n = 17$) endorsed more than one category of disclosure recipient ($M = 3.29$, $SD = 1.31$, range = 2 to 5). Of the 35 disclosers, 30 were able to provide information about to whom they had first disclosed. Most first disclosed to their mothers (40%, $n = 12$) with the second highest category being an adult relative or friend (16.7%, $n = 15$) followed by a minor relative or friend (10%, $n = 3$), staff person at the current facility (10%, $n = 3$), social worker *not* at the current facility (6.7%, $n = 2$), medical doctor (6.7%, $n = 2$), or father (6.7%, $n = 2$). No participants first disclosed to a teacher, and only one participant first disclosed to a police officer. In fact, 73.3% ($n = 22$) of disclosers claimed to have first told an “informal” interviewer (family member or friend) who likely would not have been a mandated reporter.

Among disclosers, 40.0% ($n = 14$) reported disclosing immediately or within one week, whereas a similar subset of participants, 45.8% ($n = 16$), delayed disclosure for a year or a few years and 14.3% ($n = 5$) reported delaying disclosure for a few months.

Reasons for disclosure and nondisclosure.—Participants could endorse more than one reason for disclosure or nondisclosure. Regarding the 35 disclosers, participants endorsed, on average, 2.69 reasons for disclosure ($SD = 1.97$, range = 1 to 7). The most common reasons endorsed for previously disclosing were not wanting to keep the abuse a secret any longer (45.7%, $n = 16$) and concerns that the perpetrator(s) might hurt someone else (37.1%, $n = 13$). Approximately one-third of participants (31.4%, $n = 11$) endorsed disclosing because they wanted to stop the abuse from happening again and because they anticipated support from someone if they told.

Of the 9 participants who claimed not to have disclosed prior to the study interview (“nondisclosers”), participants endorsed an average of 4 reasons for nondisclosure ($SD = 2.78$, range = 1 to 7). The most common reasons endorsed for *not* previously disclosing were feelings of embarrassment/shame (55.6%, $n = 5$) and a command by the perpetrator not to tell (44.4%, $n = 4$).

Differences between disclosers and nondisclosers.—We next examined whether abuse characteristics were related to disclosure patterns (see Table 3) and found that disclosers reported a higher mean number of perpetrators than nondisclosers, the latter of whom had only alleged abuse against a single perpetrator, $t(33) = -3.78$, $p = .001$, $d = .92$. Disclosers and nondisclosers did not significantly differ in whether they alleged single

versus multiple incidents, abuse severity, age at first incident, or whether the perpetrator(s) were familiar individuals or strangers.

Discussion

In the present study, we assessed CSA histories and CSA disclosure experiences of girls and women incarcerated for offenses committed as juveniles. Consistent with our hypotheses and previous research (Asscher et al., 2015; Greenfield & Snell, 1999; Power et al., 2016), results revealed a high prevalence of CSA in this sample, most of which was severe in nature (91% reported attempted sexual intercourse or sexual intercourse, with 37% reporting multiple perpetrators). As we expected, most individuals who reported CSA claimed to have told someone prior to the study interview with the first disclosure recipients tending to be “informal” interviewers like mothers or other adult relatives or friends (Giroux, Chong, Coburn, & Connolly, 2018; Malloy et al., 2013). Also as hypothesized, delayed disclosure was common with almost half (46%) of disclosers claiming to have delayed for a year or several years. Interestingly, approximately the same proportion of disclosers (40%) reported telling within one week of the incident(s), indicating an inverted U-shaped distribution in reported delay to disclosure. Other studies have reported substantial proportions of children telling right away and others delaying for long periods of time within the same samples (e.g., Goodman-Brown et al., 2003; Malloy et al., 2011). Few differences in abuse characteristics emerged between disclosers and nondisclosers, and several reasons for disclosure and nondisclosure were endorsed leaving few clear “front runners.”

Approximately one-fifth of the participants (20.5%) who reported CSA claimed to have not disclosed prior to our study. The fact that so many participants delayed disclosure for a substantial amount of time, including up until the study interview, is consistent with previous research (London et al., 2005). It is possible that, for some individuals, our study interview was the first time they had been asked directly about CSA (Alaggia, 2004). Or, perhaps the confidential nature of the interviews allowed some individuals to feel comfortable disclosing for the first time. The number of disclosers and nondisclosers should be interpreted with a degree of caution, however, because some participants claiming to have never disclosed may have done so previously and forgotten (Hyman & Loftus, 1998), and/or there may have been additional participants who had CSA histories but still were unwilling to disclose in our interview.

Previous research has focused quite extensively on the potential barriers to CSA disclosure relative to the fewer number of investigations into what prompts individuals to ultimately disclose CSA, including after a considerable delay. However, no research has concentrated on the reasons underlying disclosure and nondisclosure in incarcerated samples specifically. In our study, participants endorsed several reasons for nondisclosure, with the most common being feelings of embarrassment or shame and being told by the perpetrator not to tell. The perpetrator’s admonishment to stay silent about the abuse might lead to feelings of embarrassment or shame, or it could signal the perpetrator’s power and control over the victim’s actions even in the absence of explicit threats. Self-blame is common amongst incarcerated women reporting histories of CSA and is associated with higher rates of traumatic symptomatology, emotional dysregulation, and maladaptive coping mechanisms

(Johnson & Lynch, 2013). Cognitive schemata, including attributing blame for CSA to the self (DeHart, 2008; Johnson & Lynch, 2013) and rape myth acceptance (Heath et al., 2011) may also underlie nondisclosure decisions. In a sample of over 200 children whose CSA cases were being prosecuted in criminal court, Goodman-Brown et al. (2003) found that perceived responsibility for the abuse predicted longer delays to disclosure. Janoff-Bulman (1982) proposed that internalizing blame for victimization might increase feelings of safety or control over one's life circumstances, in response to the perceived uncontrollability of CSA. The growing support for trauma-informed care and programming within custodial institutions (e.g., Ford & Blaustein, 2013) and gender-specific programming that addresses needs and treatment responsivity factors (Matthews & Hubbard, 2008) may address these underlying processes that support nondisclosure.

Participants endorsed several reasons for prior disclosure, the most common being not wanting to keep the abuse a secret any longer. Other common concerns that appeared to prompt disclosure included concerns about oneself and others. Compared to Malloy et al. (2013), far more individuals in the present study indicated having disclosed to stop the abuse from happening again (31% versus 4%) and to protect the perpetrator from harming someone else (37% versus 9%). This may have something to do with the sample in Malloy et al. (2013) being considerably younger than the present sample ($M_{age} = 8.66$ v. $M_{age} = 18.72$, respectively) or being more likely to include allegations against family members (56% versus 26.2%). Anticipating support from others also appears to be a key factor in disclosing, which is consistent with previous research (Lam, 2014; Priebe & Svedin, 2008). Deciding to disclose may be an active choice (i.e., the individual specifically decides to disclose and selects a disclosure recipient), but it can also occur due to a "pressure cooker effect" (McElvaney, Greene, & Hogan, 2012, p. 1163) or even accidentally (Alaggia, 2004). Despite their desire to keep the abuse a secret due to feelings of shame or denial, many individuals report that the burden of carrying the secret eventually resulted in sudden, unplanned disclosures (McElvaney et al., 2012). Information about reasons for disclosure and nondisclosure may inform fact finders who evaluate CSA allegations and who may deliberate over why an alleged CSA victim waited to tell or told a particular disclosure recipient.

There were few differences in the characteristics of abuse experiences between prior disclosers and nondisclosers. However, disclosers were more likely to have had multiple perpetrators. This is consistent with Priebe and Svedin (2008) who noted that more frequent and severe experiences of abuse were predictive of disclosure in their community sample of adolescent girls. It is possible that abuse by multiple perpetrators occurs as part of a larger pattern of abuse and neglect, including multiple forms. Children who experience poly-victimization (i.e. sexual abuse, neglect, and physical abuse) are more likely to live in chaotic and unstable environments (Turner, Finkelhor, & Ormrod, 2010). Multi-problem childhood environments may be more likely to draw the attention of child welfare or social services, increasing the likelihood that children are asked directly about CSA and thus have more opportunities to disclose. Although speculative, it is also possible that multiple perpetrator assaults are more violent and thus more likely to be accompanied by physical evidence or harm that prompts investigation. Indeed, this is reflected in the new "physical

evidence or injury” category for reasons for disclosure in the present study, because several participants indicated that this is what triggered their initial disclosure.

Limitations and Future Directions

While this study provides important insight into the CSA disclosure experiences of incarcerated female adolescents and young adults, several limitations are worth noting. As mentioned, several of the adolescents and young adults in our sample refused to answer questions about sexual victimization, and no official records were available upon which to verify participants’ reports. It should be noted, however, that child welfare or protection agency records have significant limitations as well. It is possible that some individuals were intentionally fabricating their CSA or disclosure histories, though this prospect seems unlikely given the lack of benefits for doing so and the rates of CSA reported by incarcerated females in previous research (Asscher et al., 2015; Greenfield & Snell, 1999; Power et al., 2016). However, a considerable threat to the accuracy of our data is retrospective memory biases. Of note, we relied on a highly specific, objective, and ecologically valid definition of CSA that was modeled after laws in several states (Epstein & Bottoms, 2002). As such, participants did not have to assess whether their experiences had been abusive or self-label as an abuse victim in order to report experiencing CSA. This helped to avoid both under- and over-estimating CSA prevalence.

Second, our sample was relatively small overall ($N = 94$) with an especially small sample of nondisclosers ($n = 9$). This must be evaluated in light of the fact that incarcerated individuals, especially incarcerated youth, are notoriously difficult to access and interview. Still, caution is warranted when attempting to generalize the findings to other abused or incarcerated samples and when interpreting the dearth of significant differences between disclosers and nondisclosers. For example, parents of 8% of the sample did not provide consent for their child to participate, which may have influenced the prevalence of CSA and disclosure patterns in the data. It is possible that parents may not want their children disclosing personal information, including abuse experiences. Additional research with larger samples is needed and could begin examining the consequences of CSA disclosure experiences on adjustment to incarceration and attitudes toward the legal system. Third, when investigating participants’ reasons for disclosure and nondisclosure, we provided them with checklists of reasons derived from previous research and an opportunity to elaborate on an “other” response to accommodate time restraints on data collection in the facility. In future research, it would be best to adopt a qualitative methodological approach regarding reason(s) for non-disclosure and allow participants to narrate. This would provide richer data and be of theoretical interest, given that no qualitative examination of disclosure and non-disclosure in incarcerated girls has been undertaken, despite the extremely high prevalence rates of CSA in this population.

Despite these limitations, our results indicate that the abuse and disclosure experiences of incarcerated females are diverse, and that even in small samples a significant minority report never having disclosed CSA prior to their involvement in research. Findings concerning reasons for disclosure and nondisclosure can inform forensic interviews, and in particular, strategies that interviewers may use to increase CSA disclosure among young females (e.g.,

emphasis on lack of responsibility for the abuse which may reduce shame). Furthermore, trauma-informed treatment models may address the reasons incarcerated girls do not disclose CSA, perhaps increasing the likelihood that previously undisclosed experiences are reported eventually while in custody.

In conclusion, it is important for researchers as well as treating professionals who are trying to rehabilitate incarcerated youth to realize that although many incarcerated females share a history of CSA, their actual abuse and disclosure experiences may differ in important ways. Our descriptive findings on the nature of CSA disclosure among incarcerated girls indicate that deeper investigation and multiple analytical methods are warranted, because these differences may have practical implications for treatment decisions. Many incarcerated women and girls may be disclosing or receiving treatment for their victimization for the first time during incarceration. Given the high prevalence of mental health concerns among incarcerated females (Silberman, 2010), it is imperative to investigate their prior experiences, including potential CSA, and the aftermath of disclosing CSA.

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Table 1

Reasons for disclosure among disclosers from most to least frequently endorsed (n = 35)

	n	% ^a
Didn't want to keep it a secret any longer	16	45.7
Thought (perp) might hurt someone else	13	37.1
Found someone you felt would be supportive if you told	11	31.4
To stop it from happening again	11	31.4
Afraid it might get worse if you didn't tell	8	22.9
Someone asked you if it had happened	6	17.1
Wanted the (perp) to get in trouble	6	17.1
Stopped having contact with (perp) (e.g., perp moved away)	6	17.1
Physical evidence or injury	5	14.3
Other	5	14.3
(Perp) threatened it would get Worse (escalate in seriousness)	4	11.4
Scared (general)	3	8.6

^aParticipants could endorse more than one reason, so the frequency distribution does not add up to 100%.

Table 2

Reasons for nondisclosure among nondisclosers from most to least frequently endorsed (n = 9)

	N	% ^a
Felt embarrassed or ashamed about what happened	5	55.6
(Perp) told you not to tell	4	44.4
Felt like there was no one you could tell	3	33.3
Didn't want to have to go to court or deal with anything legal	3	33.3
Didn't want to disrupt the family	3	33.3
Feared negative reaction from someone if you told	3	33.3
To protect (perp)	2	22.2
Felt like it was your fault	2	22.2
Thought you might get in trouble	2	22.2
Other	2	22.2
Afraid (perp) might harm you	2	2.22
Because it was consensual	1	11.1
Didn't think it was a big deal	1	11.1
Thought you might have to live somewhere else	1	11.1
Afraid (perp) might harm people you care about	1	11.1
(Perp) threatened you not to tell	1	11.1
Didn't want to lose financial support from (perp) for yourself or others	0	0.0

^aParticipants could endorse more than one reason, so the frequency distribution does not add up to 100%.

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Table 3

Abuse characteristics of disclosers and nondisclosers

	Disclosers (n = 35)	Nondisclosers (n = 9)
Experienced series of incidents	42.9%	33.3%
Severity (penetration)	68.6%	66.7%
	M (SD)	M (SD)
Age at first incident <i>Range</i>	10.46 (3.95) 3 – 17	12.78 (4.66) 5 – 17
Number of perpetrators *	2.38 (2.13)	1 (0.00)

*
 $p < .05$

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