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Nadia M. Wager

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Sexual Revictimization: Double Betrayal and the Risk Associated with Dissociative Amnesia

NADIA M. WAGER

University of Bedfordshire, Luton, Bedfordshire, United Kingdom

This study aimed to identify new treatment targets in order to develop more empirically informed initiatives to prevent sexual revictimization. A retrospective Web-based survey employing a mixed-methods design attracted a self-selecting sample of 481 community respondents, 183 of whom indicated a history of childhood sexual abuse. Seventy-four percent were females whose ages ranged from 16 to 69 years (mean = 31.2 years). Betrayal trauma referred to CSA committed by a trusted perpetrator (often caregivers). Disclosure experiences in childhood were reported through open-dialogue boxes. Double betrayal referred to high-betrayal trauma being combined with a negative response to a disclosure. This was associated with both higher incidences of prior psychogenic amnesia for CSA and sexual revictimization in later life. The findings have implications for educating the guardians of children about the prevalence and implications of CSA as well as the importance of early recognition and appropriate responding.

KEYWORDS sexual revictimization, child sexual abuse, recovered memories, amnesia, betrayal trauma, disclosure

The findings from a recent retrospective survey have suggested that risk for sexual revictimization (SRv) in both adolescence and adulthood is exacerbated in cases of child sexual abuse (CSA) where the individual experienced a prior period of psychogenic amnesia for the abusive events (Wager, 2012a).

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Address correspondence to Nadia M. Wager, Department of Psychology, University of Bedfordshire, Park Square Campus, Luton, Bedfordshire LU1 3JU, United Kingdom. E-mail: nadia.wager@beds.ac.uk

Consequently, those who are most vulnerable to SRv are those who remain unaware of their prior CSA and are thus unable to seek (or to be offered) professional help to reduce risk. It is proposed that the elevated risk is mediated by the tendency to spontaneously employ dissociation in sexually threatening encounters.

With regard to developing preventative initiatives using an ecological model of risk, Wager (2012a) suggested two possible strategies: (a) psychoeducational training for young people to decrease their attractiveness as potential victims in the eyes of predatory offenders, and (b) education for well-meaning suitors on how to best negotiate consent to sexual intimacy in the face of possible dissociation on the part of their chosen partner. These two strategies alone are unlikely to eliminate the risk for SRv, and each has significant ethical issues inherent in their implementation. The role that other parties might play in building resilience or offering protection requires exploration. One potential factor might be the impact of incident-specific social support (Ullman, 1999) as exhibited in the reactions the respondents receive to their first attempt to disclose abuse as a child. It is assumed that the person to whom a child first discloses is someone he or she believes will offer protection, belief, understanding, and acceptance (Jonzon, 2006). Thus, it is hypothesized that when children experience CSA at the hands of someone they trust and respect—classified as *betrayal trauma* (Freyd, 1996)—and later receive a negative response from the person they choose to confide in, this constitutes a *double betrayal*. Ultimately, this might lead them to become amnesic for memories of the abuse and potentiate greater risk for SRv.

BACKGROUND LITERATURE

The theoretical underpinnings of the notion that double betrayal is a risk factor for SRv are drawn from an elaboration of both Finkelhor and Browne's (1985) traumagenic dynamics model and Freyd's (1996) betrayal trauma theory. One of the four trauma-causing factors identified in Finkelhor and Browne's model is the sense of betrayal. A sense of betrayal is activated either when children learn that they have been exploited or harmed by someone they trust and possibly depend on emotionally or when a nonabusing caregiver has been unwilling to protect them from the advances of the perpetrator. For many survivors of CSA, not only are they molested by a trusted individual, but their attempts to disclose are often disbelieved or silenced by nonoffending primary caregivers (Heriot, 1996). For example, in a study examining mothers' responses to their children's disclosure of CSA, Heriot found that 26% either did not believe their child or were unsure of the veracity of their child's allegations. Disbelief was exacerbated by the severity of the abuse and the strength of the mother's own emotional attachment to the

perpetrator. Such a response is not only a betrayal of trust, but it is plausible that this would also result in (or reinforce) a sense of powerlessness.

The range of possibilities regarding disclosure include the following: (a) the child does not disclose, (b) the child delays disclosure (Summit, 1983), or (c) if and when the child discloses, he or she perceives the response to be neutral, positive, or negative. Importantly, very few children actually disclose at the time the abuse is happening. For example, only 26% of the 116 child CSA survivors in Sorenson and Snow's (1991) study purposefully disclosed at some point during their childhood or adolescence. Similarly, only 32% of Palmer, Brown, Rae-Grant, and Loughlin's (1999) 384 respondents disclosed at the time of the incident(s), and Smith and colleagues (2000) found that 18% of female survivors of childhood rape disclosed within 24 hours of the abuse occurring.

A recent study of adolescents' experiences of CSA disclosure demonstrated that victims of father–daughter incest are the least likely to disclose (Priebe & Svedin, 2008). This might be because sexual abuse perpetrated by a caregiver is more ambiguous since many abuse activities can be disguised as “normal” caretaking as opposed to more blatant use of physical force and threats. Therefore, it is difficult for the child to define CSA as altogether bad (Jonzon & Lindblad, 2004). An alternative explanation has been offered by Foynes, Freyd, and DePrince (2009), who applied Freyd's (1996) betrayal trauma theory to the understanding of non- and delayed disclosure. They suggested that this might be an adaptive strategy on the part of children to retain a close attachment to abusers on whom they depend for nurturance and to prevent against an escalation in abuse that could compromise their physical and/or emotional survival. That said Foynes and colleagues' findings indicated that while a delay in disclosure was found to be related to the closeness of the relationship between the victim and offender for both physical and emotional abuse, no such relationship was evident for CSA. It must be noted, however, that the average age of their undergraduate sample was only 20 years, which is younger than the mean age of 30 years for spontaneous recovery of previously “forgotten” abuse (Wager, 2012a). Furthermore, within the CSA sample, the proportion reporting abuse perpetrated by caregivers was underrepresentative of the proportions typically found, and it is this group of survivors who tend to experience amnesia for their memories of abuse (Cameron, 1996). Both of these factors skew the sample, since having a relatively high proportion of amnesic CSA survivors could minimize the differences in disclosure latency between high and low-betrayal CSA due to the lack of statistical viability. For those who delay disclosure, the average latency period is 14 years after the abuse has ended (Roesler & Wind, 1994). However, since there is a positive skew in the distribution of latency periods, with the majority being 1 year post incident(s), it has been argued that using the mean aggregate value does not reflect the actual behavior of many survivors of abuse (London, Bruck, Wright, & Ceci, 2008).

Although children who do not disclose remain vulnerable to further victimization and are excluded from the potential benefits of a positive response, they are possibly in a better position than children whose attempt at disclosure is met with a negative response (Lepore, Ragan, & Jones, 2000). The act of disclosing in itself is not particularly beneficial; rather, the realization of the potential for benefit is dependent on the actions of the confidant (Jonzon, 2006). Originally, evidence suggested that the most likely recipient of disclosure was the nonoffending parent, typically the mother (Palmer et al., 1999). However, there is growing evidence that the choice of confidant is partly dependent on the age of the child and the relationship with the perpetrator. Stein and Nofziger (2008) found that young people aged 11 to 17 were most likely to disclose to their mother when the perpetrator was a nonparent relative and to a friend when it was someone from outside of the family. Stein and Nofziger contended that the mothers are both perceived to be, and actually are, the people most likely to intervene to prevent further abuse when the perpetrator is a relative who is not her current partner.

Based on findings from the stress and social support literature, it is anticipated that a positive response to CSA disclosure should demonstrate a buffering effect against the pernicious effects of CSA and facilitate recovery (Atkeson, Calhoun, Resick, & Ellis, 1982). However, while some researchers have reported benefits (Fromuth & Burkhart, 1989), the evidence has been inconsistent (Ruggiero et al., 2004). This might be result of the different research strategies used to determine the outcome of disclosures. The reported benefits to children of having a positive experience with disclosure include: (a) learning the abuse was not their fault, (b) ending the abuse, (c) unloading a burden (Roberts & Taylor, 1993), (d) gaining an enhanced sense of control (Rime, 1995), (e) having openness rather than secrecy, and (f) lifting feelings of numbness (Terr, 1990).

Everson, Hunter, Runyon, Edelsohn, and Coulter (1989) contended that positive responses to disclosure consist of two elements: emotional support and action to stop the abuse. However, these actions are dependent on the confidant first believing the allegations. Everson and colleagues found that mothers are more likely to offer emotional support than to take action. However, despite nonoffending mothers' apparent reluctance to take action, they are the most likely recipients to intervene to end the abuse (Palmer et al., 1999), to report the abuse officially, and whose actions lead to the arrest of the offender (Stein & Nofziger, 2008). Indeed, some mothers who do not initially believe the allegation still respond to protect the child (Pintello & Zuravin, 2001). Factors that moderate the likelihood of mothers intervening include: (a) their relationship with the perpetrator (Everson et al., 1989) and own psychological and emotional victimization (Alaggia & Turton, 2005), (b) the severity of the abuse, (c) the gender and age of the child, (d) age of entry into motherhood, and (e) the child's tendency for displaying sexualized behavior (Pinello & Zuravin, 2001). In regard to psychological adjustment

following a positive disclosure, only action against the abuser was associated with lower levels of depression and higher levels of self-esteem in Palmer and colleagues' study. This suggests confidants are important contributors to the long-term well-being of survivors of CSA.

It would be expected that a neutral response should not impact favorably or detrimentally on well-being. Conversely, a negative response has been found to inhibit recovery (Borja, Callahan, & Long, 2006), be associated with particular patterns of eating disorders (Waller & Ruddock, 1993), and potentiate post-traumatic stress disorder (PTSD) symptomatology (Andrews, Brewin, & Rose, 2003). Importantly, all three studies mentioned have only compared outcomes between positive and negative responses to a disclosure, and they have not compared these to outcomes to cases of nondisclosure. Thus, it is difficult to ascertain whether a negative response to a disclosure is any more detrimental than not disclosing. Negative responses include: (a) denial, (b) inaction, (c) minimization, (d) disbelief, and (e) abandonment (Lamb & Edgar-Smith, 1994). Wyatt and Newcomb (1990) reported that 82% of responses are perceived to be negative, although other studies have suggested smaller proportions. Younger children have been reported to be the most likely to receive a negative response (Roesler & Wind, 1994). Roberts and Taylor (1993) contended that where a child's disclosure is met with inaction, the child is likely to conclude that nothing can be done to change the situation.

Currently, there is a paucity of research or theoretical understanding of the relationship between SRv and the tone of the response to the first disclosure. Thus, the findings that follow are only tentatively linked to the focus of the current study. A recent 12-month prospective study of sexual assault and revictimization occurring only in adulthood found that when the recipient of the disclosure regarding the most serious previous sexual assault incident blamed the disclosing victim, revictimization rates were highest at follow-up (Mason, Ullman, Long, Long, & Starzynski, 2009). Mason and colleagues (2009) speculated that the cognitive and behavioral consequences of the ensuing self-blame might mediate the impact of a negative response to disclosure upon revictimization risk.

Although incident-specific social support has not been explored in the context of the disclosure of CSA and risk for SRv, a study has been conducted examining the more global experience of social support in the form of parental warmth and caring as protective factors against revictimization for children abused by a nonfamily member (Jankowski, Leitenberg, Henning, & Coffey, 2002). There was no indication of a buffering effect for parental warmth from either parent. The authors concluded that parents have only "a limited ability to strongly influence" self-blame, stigma, powerlessness, betrayal, and sexual objectification, which manifest as a consequence of CSA. However, since cases of father-daughter incest were excluded from the study, the sample consisted largely of victims of low-betrayal trauma CSA and

thus their conclusions may have been premature and too readily generalized to include instances of higher betrayal trauma.

In regard to dissociative amnesia for memories of CSA, estimates have suggested that between 15% (Goodman et al., 2003) and 40% (Feldman-Summers & Pope, 1994) of adult survivors report experiencing some period of unawareness before “recovering” memories of abuse, many of which can be corroborated. Freyd (1996) termed this unawareness *betrayal blindness*, which she proposed confers survival advantage for the child. She contended that although under normal conditions it would be advantageous to detect social cheating (or betrayal), under some circumstances this ability may be counterproductive to the individual’s survival. For example, when a child is developmentally dependent on an abusive caregiver, it might prove to be more adaptive for the child to fail to recognize the breach in social contract between themselves and their caregiver in order to continue to engage in behaviors that elicit nurturance on the part of the caregiver. Amnesia may not only be dependent on social betrayal but also on the degree of shame and self-blame that may be initiated or perpetuated by the confidant’s negative response.

Dissociation at the time of abusive episodes prevents the integration of memories for the abuse with normal day-to-day relationships. Hence, the child demonstrates the ability to engage normally with the perpetrator when outside of the abuse context and continues to elicit nurturing behaviors from the abuser. Consequently, amnesia for the abusive events should be more prevalent when a caregiver or trusted figure on whom the child was dependent perpetrated the abuse. Supporting evidence has come from Cameron’s (1996) nine-year longitudinal study, which indicated that the odds of experiencing amnesia are threefold in cases where the perpetrator was the father in comparison to a nonfamily member.

The notion that a negative response to the initial disclosure of high-betrayal CSA increases the chances for developing amnesia is in conflict with Foynes, Freyd, and DePrince’s (2009) contention that amnesia occurs immediately following the first abusive episode and thus the child is unable to disclose the abuse. However, this study continues to apply an elaboration of Freyd’s (1996) betrayal trauma theory to an understanding of this relationship. It is unlikely a child will become amnesic following the first abusive encounter, since there is typically a high degree of ambiguity in the behavior of the perpetrator, particularly when the child is young and the perpetrator has a caregiving role. Thus, the child may dislike what is happening (although not necessarily consider it “bad”) and inadvertently disclose the incident. If the recipient of this disclosure is someone on whom the child depends, and she or he responds negatively through highlighting the “badness” of the act or actors—thus provoking a sense of shame and self-blame—that child is more likely to become amnesic for further events. Furthermore, the original abuse and the initial disclosure

will be simultaneously “forgotten,” although memories for these might also demonstrate the potential to be retrieved.

Within the context of this study several assumptions are tested: (a) a negative response to a disclosure of abuse made while a child will be associated with a higher probability of reporting amnesia for the abuse, (b) a negative response to a disclosure made by a child will be associated with higher rates of sexual assault and rape in both adolescence and adulthood, (c) individuals who are “doubly betrayed” will have a greater likelihood of experiencing amnesia for CSA than in cases where there is a lack of betrayal of trust or where betrayal was evident only on the part of the perpetrator, and (d) “double betrayal” will be associated with the highest rates of rape and sexual assault in adolescence and adulthood.

METHOD

Design

A retrospective Web-based survey design was employed, which attracted a self-selecting sample of 481 community respondents, 183 of whom reported a history of CSA. The Web survey provider utilized was Psychdata. The questions consisted of both established psychometric measures and open-ended questions, the responses to which were coded according to established empirical findings. The study was granted ethical approval by the Faculty of Society and Health Ethics Committee.

Recruitment of Participants

A snowballing method was utilized to include a diverse population. The study details were e-mailed to the undergraduate students and staff at a university in the South East of England. In addition, advertisements were placed in local newspapers, on Facebook, Gumtree, and on a range of supportive Web sites for survivors of interpersonal violence (e.g., National Association for the People Abused as Children). The advertisements requested participants for a survey on experiences of trauma and victimization, the findings of which were hoped to be used in the development of more effective interventions to prevent sexual violence. The advertisement specifically indicated that both those who had and who had not experienced such incidents were sought after as participants.

Participants

Seventy-seven percent of the respondents were female, and their ages ranged from 16 to 69 years (mean 31.2 years). The majority (82%) were of White, British or European ethnic origin. Forty-eight percent reported an education

level of an undergraduate degree and beyond, and only 15% reported having GCSE/O levels (examinations taken when pupils are just 15 to 16 years old) as their highest qualification.

Participants With a History of CSA

Of the participants who had experienced CSA, the majority were female (84.8%) and of White, British or European (89%) ethnic origin. Their mean age was 34.5 years, ranging from 16 to 66 years. Forty-six percent of this subsample was single, 33% were married or cohabiting, and 34% reported an educational level of undergraduate and beyond, with 25% having attained GCSE/O level as their highest level. In comparison to the respondents who reported no CSA history, this group was slightly older and had lower educational attainment.

The Survey

The survey was an adaptation of the Brief Betrayal Trauma Survey (BBTS; Goldberg & Freyd, 2006), which was amended to take into consideration some of the weaknesses, both those acknowledged by the original authors and those identified in this study. This is a behaviorally defined self-report measure that assesses both interpersonal traumas, whether witnessed or experienced, and noninterpersonal trauma (e.g., natural disasters or car accidents). Originally, the survey examined trauma only occurring under the age of 18; in this instance, the survey assessed trauma in three life periods (under 14 years, between 14 and 18 years, and 19 years plus).

Operationalization of Concepts and Variables Within the BBTS

BETRAYAL TRAUMA

Betrayal trauma is often equated with the perpetrator being the victim's parent (e.g., Goodman et al., 2003). However, Freyd, DePrince, and Gleaves (2007) contended that this is erroneous. In instances where the abusing parent also engages in neglect and physical abuse, the victimized individual may have been less likely to conceptualize the sexual abuse as a form of social betrayal since they may not have held expectations of care and compassion to be forthcoming from this individual. Furthermore, in a highly neglectful or physically abusive family, an authority figure, family friend, or other acquaintance may take on the role of a trusted individual who becomes an important source of self-esteem for the young person. In such instances, the victim may feel a profound sense of betrayal when the motives and intentions of the perpetrator become evident. Consequently here, the nature of the relationship between the victim and perpetrator (e.g., stranger, known

individual, caregiver, sibling, authority figure, etc.) and the quality of the relationship between the two parties (e.g., a trusted figure, someone who made the victim feel cared for and special, whether the victim looked up to the person) is examined. In total, four items describe the nature of the relationship to which the respondents indicate whether they were present. High betrayal was indicated by the summation of the caregiver score (possible range = 0–2) and the score relating to the nature of the abuse. A score of 2 and higher is considered high betrayal. Computation of internal reliability for the scale relating to the nature of the abuse produced a Cronbach's alpha of 0.82, indicating a satisfactory level.

CHILD SEXUAL ABUSE

To ascertain whether the respondents had experienced CSA, they were asked: "Under the age of 14 years, you were made to have some form of sexual contact, such as: (a) watching sexual acts, (b) touching, (c) being touched, (d) penetration." No mention was made of "unwanted" sexual activity since male survivors have been found to refer to "consensual sex," despite significant power and age differences between the two parties.

ADOLESCENT AND ADULT SEXUAL ASSAULT

With a change in reference to age, the same question as was asked for CSA was asked again, separately, in relation to both adolescent and adult experiences of sexual assault. Thus, sexual assault included the full range of abusive acts that included penetrative sexual activity.

ADOLESCENCE

In this instance, the term refers to the age period between 14 and 18 years. Many studies of SRv consider all forms of sexual activity under the age of 18 as CSA and adult sexual abuse as any incidents over the age of 18. However, since children who have been abused begin their "consensual" sexual relationships around the age of 14 (Vigil, Geary, & Byrd-Craven, 2005), it seems wise to separate this adolescent phase from both CSA and adult sexual assault.

RAPE

Rape refers to the experience of penetrative sexual assault (oral, anal, or vaginal penetration) during adolescence and adulthood. This a subcategory of sexual assault which is restricted to the most severe forms of abuse.

AMNESIA

The experience of a period of amnesia for memories of abuse was ascertained through two questions: (a) a forced-choice question asking whether respondents had experienced a period of time when they were unable to remember the incident(s) (*Yes/No/Not sure*) and (b) an open-ended question asking for a description of the circumstances of remembering. Responses to the last question, which suggested actively trying to forget or not think about the abuse, were not included in the amnesia category, nor were instances where respondents discussed formulating a new understanding of their past experiences. Only two categories of response were classified as experiences of amnesia: first, respondents who reported suddenly recalled memories of abuse of which they had previously been unaware; second, respondents who reported officially documented histories of abuse that occurred after the stage of infantile amnesia (about the age of 4 years) but who currently had no conscious memory for these events. This approach to classifying memories for abuse draws on Schooler's (2001) analysis of the different ways in which survivors of sexual abuse rediscover their memories of abuse-related events.

RESULTS

Respondents' histories of CSA, SRv, amnesia for CSA, experience of disclosure of CSA in childhood, and betrayal trauma were initially examined. Thirty-eight percent of the respondents ($n = 183$) reported a history of CSA. When analyzing gender differences in the prevalence rates, women (44%) were found to be statistically more likely to report a history of abuse than men (30.3%; $\chi^2 = 4.948$, $df = 1$, $p = .026$). With regard to the nature of the abuse experienced in childhood, 33% were made to watch sexual acts, 61.4% were forced to touch someone else sexually, 88% were touched by someone, and 45.1% experienced some form of penetration; 99.8% reported at least one form of contact abuse. Importantly, there were no significant differences between men and women in terms of the nature of abuse reported. However, an independent t-test comparing betrayal trauma in men and women's experiences of CSA revealed that women (mean 1.59, $sd = .493$) were significantly more likely than men (mean = 1.33, $sd = .480$) to be abused by someone they trusted and respected and who was likely to be an authority figure or caregiver ($t = -2.55$, $df = 181$, $p = .015$).

In addition, 34.7% of the whole sample ($n = 167$) reported adolescent sexual assault. Again, a statistically significant difference was observed between men and women, with 22% of men and 35.5% of women reporting sexual assault in this life phase ($\chi^2 = 5.318$, $df = 1$, $p = .021$). Overall, 27% ($n = 130$) of the sample reported adult sexual assault. Gender differences in prevalence rates were observed where women demonstrated almost twice the risk of men (33.2% versus 17.6%; $\chi^2 = 7.150$, $df = 1$, $p = .007$).

Overall, 66.1% ($n = 121$) of those who reported CSA indicated that they had experienced SRv in either adolescence or adulthood. The small observed gender differences (58% males and 69.5% females) did not attain a level of statistical significance ($\chi^2 = 1.416$, $df = 2$, $p = .481$). Thirty-five percent ($n = 53$) of the survivors of CSA over 22 years of age (27% men and 34.4% women) reported sexual victimization in each of the three life stages, by different aggressors. Again, no statistical difference between genders was evident. Twenty-three percent of the CSA survivors experienced a period of psychogenic amnesia. A statistically significant gender difference was observed, with 25.2% of female and 7.4% of male respondents reporting amnesia ($\chi^2 = 5.065$, $df = 1$, $p = .024$). Fifty-five percent of the CSA cases ($n = 102$) were classified as exhibiting high-betrayal trauma. Gender differences were observed, with more women reporting high betrayal (59.4%) than men (33.3%; $\chi^2 = 5.295$, $df = 1$, $p = .021$).

Almost 25% of the survivors of CSA indicated that they had told someone of the abuse during childhood. Of these respondents, just over 57.4% reported a negative response by their confidant. The negative responses from women (predominately mothers) consisted of either an accusation of lying or casting blame on the child. A number of negative responses from male recipients of the disclosure included sexually abusing the child themselves ($n = 3$). A significant proportion of disclosures therefore resulted in a negative response that would also constitute a betrayal of trust. Eight (17%) respondents received a neutral response characterized by a demonstration of understanding but a lack of affirmative action. Twelve (25.3%) of the disclosures were responded to positively, which included affirmative action being taken by the confidant and/or the provision of emotional support.

Seventy-five percent of disclosures made by those who experienced high-betrayal CSA were met by a negative response (i.e., doubly betrayed). In comparison, 51% of disclosures made by survivors of CSA characterized as low betrayal were responded to negatively. Thus, survivors of high-betrayal CSA had 1.5 times the likelihood of receiving a negative response from the recipient of their first disclosure. Importantly, no men in this sample indicated that they were doubly betrayed, although 67% reported a negative response to a disclosure made in the context of low-betrayal CSA.

Inferential Statistics

A series of paired comparisons were computed using chi-squared analysis to examine the differences between the different betrayal groups and the likelihood of experiencing amnesia for CSA, sexual assault, and rape in both adolescence and adulthood. The respondents were divided into two betrayal trauma groups: low and high. In addition, in regard to disclosure, only three groups were entered into the calculation: (a) those who had received a positive response to disclosure in childhood, (b) recipients of a negative response to such a disclosure, and (c) those who did not disclose

in childhood. Those who were responded to neutrally following disclosure were excluded because of an insufficient number of respondents ($n = 8$).

First, with regard to the relationships between disclosure and amnesia for CSA, statistically significant differences were found between the respondents who did not disclose (20.4%, $n = 28$) and for those who experienced either a positive (0%) or a negative response to disclosure (50%, $n = 13$, $\chi^2 = 14.587$, $df = 2$, $p = .005$). Therefore, those most likely to report prior amnesia for abuse-related memories were those who received a negative response to their childhood disclosure of abuse.

Second, chi-squared analysis testing for differences in the likelihood of amnesia on the basis of both disclosure and betrayal trauma demonstrated that among nondisclosing survivors of CSA, there was a considerably higher incidence of amnesia for those who experienced high betrayal (25.3%) in comparison to those who experienced low betrayal (14.5%, $\chi^2 = 2.442$, $df = 1$, $p = .059$). This attained a level of borderline significance. In addition, where the respondents reported a negative response to disclosure, survivors of high betrayal demonstrated significantly higher rates of amnesia (66.7%) than their low-betrayal counterparts (12.5%, $\chi^2 = 6.500$, $df = 1$, $p = .005$). No one who reported a positive response to disclosure indicated prior amnesia for memories of abuse.

Disclosure and the Likelihood of Sexual Revictimization

Chi-squared analyses were computed to investigate potential differences in the rates of adolescent and adult rape and sexual assault on the basis of experience of disclosure. Separate analyses were conducted on men and women. No significant differences were found in relation to men for any form of SRv. In contrast, for females, while no statistically significant difference was revealed for adolescent sexual assault ($\chi^2 = 3.644$, $df = 2$, $p = .148$), statistically significant differences did emerge for adolescent rape ($\chi^2 = 14.129$, $df = 2$, $p = .0005$), adult sexual assault ($\chi^2 = 10.827$, $df = 2$, $p = .0004$), and adult rape ($\chi^2 = 23.169$, $df = 2$, $p = .0005$). The percentages for revictimization are presented in Table 1. Female respondents reporting a negative response to disclosure also reported the highest rate of SRv in comparison to their counterparts who either chose not to disclose or received a positive response. Contrary to expectations, a positive response did not equate to a lower risk.

Double Betrayal and an Increased Likelihood of Sexual Revictimization

Since none of the male participants reported double betrayal, in this instance, the analysis was performed only on the female respondents with a history of

TABLE 1 Disclosure and Sexual Revictimization

	Males			Females		
	No Disclosure	Positive Response to Disclosure	Negative Response to Disclosure	No Disclosure	Positive Response to Disclosure	Negative Response to Disclosure
Adolescent Sexual Assault	22.2% (<i>n</i> = 18)	0	5.3% (<i>n</i> = 1)	33.1% (<i>n</i> = 102)	44.4% (<i>n</i> = 4)	52.2% (<i>n</i> = 12)
Adolescent Rape	8.6% (<i>n</i> = 7)	0	0	17.3% (<i>n</i> = 53)	33.3% (<i>n</i> = 3)	52.2% (<i>n</i> = 12)
Adult Sexual Assault	19% (<i>n</i> = 15)	0	0	30.5% (<i>n</i> = 93)	33.3% (<i>n</i> = 3)	65.2% (<i>n</i> = 15)
Adult Rape	2.5% (<i>n</i> = 2)	0	0	13.1% (<i>n</i> = 40)	33.3% (<i>n</i> = 3)	56.5% (<i>n</i> = 13)

CSA (*n* = 148). A composite variable was computed to take into account the nature of the abuse (high or low betrayal) and the nature of the childhood disclosure (no disclosure, negative response, or positive response), which gave six possible categories (e.g., high betrayal and positive response to disclosure; low betrayal and positive response to disclosure, etc.). No one reporting adult sexual assault and only a very small number (*n* = 2) reporting adolescent sexual assault were classified in the low betrayal and positive response categories. Similarly, there were relatively small numbers of respondents who indicated high betrayal and positive response to disclosure; thus, care should be taken when interpreting these percentages.

With regard to rape in adolescence, a marginal difference was found between betrayal/disclosure groups ($\chi^2 = 9.711$, *df* = 5, *p* = .084): 58.8% of the respondents identified as experiencing a double betrayal reported experiencing rape during adolescence in comparison to 40.0% who reported high betrayal and nondisclosure, 28.6% who reported low in betrayal and a negative response to disclosure, 23.5% for those whose CSA was considered low in betrayal and who did not disclose, 20% who reported high betrayal and a positive response to disclosure, and 6.7% of those with histories free of CSA. Here, it appears that disclosure interacts with the betrayal dimension of abuse in that high-betrayal CSA appears to pose a particularly high risk, and this is moderated by the nature of the response to disclosure. In this sample, women who were doubly betrayed demonstrated 8.8 times the risk of rape in adolescence in comparison to women with histories free from CSA.

Slightly dissimilar trends were evident in relation to adult rape. The observed differences between the betrayal/disclosure groups attained statistical significance ($\chi^2 = 15.640$, *df* = 5, *p* = .008). Indeed, 58.8% of those with double betrayal reported rape in adulthood in comparison to 57.1% classified as low betrayal and experiencing a negative response to disclosure, 40%

for high betrayal and a positive response, 23.1% for those classified as high betrayal and no disclosure, 17.6% for those with low betrayal and no disclosure, and 7.9% for those with histories free of CSA. Here, a negative response is associated with the highest risk for SRV irrespective of the betrayal evident in the original CSA. Double betrayal in this group of women was associated with 7.4 times the risk of adult rape in comparison to the female counterparts with histories free of CSA.

With regard to sexual assault in adolescence, a statistically significant difference was found between the 6 betrayal/disclosure groups ($\chi^2 = 12.207$, $df = 5$, $p = .037$): 76.5% of those doubly betrayed reported experiencing a sexual assault during adolescence in comparison to 85.7% of those reporting low betrayal and negative response, 66.2% for those reporting high betrayal and no disclosure, 47.1% low betrayal and no disclosure, 20% high betrayal and positive response, and 66.7% for those with low betrayal and a positive response. Since only 21.3% of the respondents without histories of CSA reported a sexual assault during adolescence, a negative response to a disclosure of CSA made in childhood was associated with more than 3.5 times the likelihood of reporting sexual assault, regardless of whether the original abuse was characterized by high or low betrayal of trust.

The trend appears to be similar to that for adult sexual assault; however, the observed differences between the betrayal/disclosure groups did not attain a level of statistical significance ($\chi^2 = 11.333$, $df = 5$, $p = .243$). Here, 64.8% of those doubly betrayed reported sexual assault in adulthood in comparison to 36.9% reporting high-betrayal trauma and no disclosure, 71.4% for those reporting low betrayal and a negative response, 33.3% for low betrayal who did not disclose, and 25.7% for histories free of CSA. While low betrayal and a negative response to disclosure demonstrated the highest risk, double betrayal was associated with 2.5 times the likelihood of sexual assault in adulthood in comparison to respondents with histories free of CSA and almost twice the likelihood of those whose CSA constituted high betrayal yet who chose not to disclose. Thus, a negative response to disclosure appears to potentiate risk irrespective of the nature of the level of betrayal.

DISCUSSION

Almost 25% of respondents who indicated that they had been sexually abused under the age of 14 years reported that they had attempted to tell someone of this abuse during their childhood. This is similar to Sorenson and Snow's (1991) finding, in which 26% of their sample indicated disclosing during their childhood or adolescence. Over half described the response to this disclosure as being negative (disbelieved, blamed, etc.), which is a

slightly lower proportion than reported in some previous studies. The shocking finding that a number of male recipients of a disclosure responded by sexually assaulting the child themselves is not new to this study; a similar finding was reported by La Fontaine in 1990.

Sixty-six percent of the CSA survivors indicated that they had experienced SRv. This is consistent with Classen, Palesh, and Aggarwal's (2005) finding that two-thirds of CSA survivors are sexually revictimized in later life. The findings suggest that while men and women demonstrate significant differences in risk for adult sexual assault generally, in instances of CSA, they go on to share equivalent risk for SRv in later life. This equivalence in risk between the genders is concordant with previous research (Arata, 2002).

Of the survivors of CSA, 23% indicated experiencing a period of amnesia for memories of this abuse. This falls within the more conservative range of findings from previous studies with community samples, particularly those employing retrospective designs (Ghetti et al., 2006). However, this might be due to the stringent criteria applied in ascertaining amnesia for CSA or to the inclusion of male survivors of CSA since they were found less likely to report a period of amnesia for CSA. One explanation for the lower incidence of amnesia in men might be that the nature of the abuse typically experienced by boys is not that which is associated with amnesia (e.g., committed by a caregiver, younger age of abuse onset, etc; Goodman, 2003).

The results offer support for the first hypothesis in that a negative response to a disclosure of abuse made while a child was associated with an increased likelihood for reporting amnesia for the abuse. Indeed, 50% of those who received a negative response claimed to have experienced a period of amnesia, whereas no one who received a positive response to their disclosure reported likewise. Those who reported a negative response to disclosure evidenced a 2.5 times greater likelihood of experiencing amnesia in comparison to those who did not disclose.

Hypothesis 3 suggested that individuals who experienced double betrayal would be more likely to experience amnesia than individuals in cases of low-betrayal trauma or where betrayal was only evident on the part of the actual perpetrator. Again, this received support, with almost 67% of those indicating double betrayal reporting prior amnesia, which was more than 5 times the rate found for those who experienced a negative response to disclosure in the context of low-betrayal CSA. The findings tentatively suggest that where high betrayal is already evident in the CSA itself and potentially associated with an increased likelihood of amnesia, a negative response to disclosure can exacerbate this potential. However, a negative reaction to a disclosure of low-betrayal CSA does not appear to impact tendency for amnesia. The pertinence of this finding is contextualized by previous literature indicating that a negative response by a nonabusing parent to a child's attempt at disclosure is much more likely in the context of CSA characterized by high betrayal (Everson et al., 1989). In addition, the

findings in this study suggest that a disclosure made in the context of high-betrayal CSA is 1.5 times more likely to receive a negative response than a disclosure made about low-betrayal CSA.

The second hypothesis proposed that a negative response to a disclosure of abuse made while a child would be associated with higher rates of sexual assault and rape in both adolescence and adulthood in comparison to those who either did not disclose or who received a positive response to their disclosure. This was supported by the findings; however, receiving a positive response to disclosure was not found to be associated with a lower risk than those who chose not to disclose. Since the number of people reporting a positive response to disclosure was very small, it might be premature to draw conclusions regarding the lack of therapeutic benefit from positive responding. It must also be noted in this instance that a positive response to disclosure was recorded where the respondent indicated being believed, receiving emotional support, or where positive action was taken to end the abuse. However, it is permissible that optimal responding with regard to buffering against the pernicious effects of CSA might become evident only when all three of these aspects of positive responding are forthcoming.

Hypothesis 4 posited that double betrayal would be associated with higher rates of rape and sexual assault in adolescence and adulthood in comparison to respondents who experienced CSA characterized by a lack of betrayal or betrayal only on the part of the CSA perpetrator(s). This was partly supported by the findings, particularly in relation to rape. However, this analysis could be conducted only for female respondents, and thus men's experience remains unknown. The likelihood of experiencing sexual assault for the female respondents who indicated double betrayal in comparison to their nonabused counterparts demonstrated an odds ratio of 3.6 in their adolescent years and a ratio of 2.5 in their adult years. Similarly, yet more alarmingly, respondents characterized by double betrayal demonstrated almost 9 times the likelihood of being raped during adolescence and 8 times the likelihood in adulthood in comparison to their counterparts who had histories free of CSA.

The statistical difference evident between the betrayal groups in relation to adult rape demonstrated a different pattern from that found for adolescent rape. Here, while double betrayal was also associated with the highest reporting of adult rape, the next group most likely to demonstrate high rates of rape were not those who experienced high-betrayal CSA but rather those who received a negative response to low-betrayal CSA. This suggests that the impact of a negative experience of disclosure may have a more pernicious and persistent effect on well-being than the relationship with the CSA perpetrator. Possible explanations for this finding might include that when children or young people have disclosed to a primary caregiver and have been disbelieved, silenced, or blamed, these nonabusing parents might continue to fail to protect the children from other predators during their adolescent years,

meaning that double betrayal dramatically increases risk. However, in adulthood, the failure of the nonabusing parent/recipient of the disclosure is no longer exerting an influence over risk. In contrast, both adolescents and adults may be equally affected by self-blame that arises as a consequence of the negative response to disclosure (as speculated by Stein & Nofziger, 2008), which places them at continued increased risk into adulthood (for a discussion of a range of explanations as to why shame and self-blame potentially increase risk, see Wager, 2012b).

Overall, the results suggest that children who are sexually abused by a trusted and respected figure and who receive a negative response to an attempted disclosure demonstrate the highest rate of rape in both adolescence and adulthood and sexual assault in adulthood. Since 57% of disclosers received a negative response and those who disclosed in the context of high-betrayal CSA as opposed to low-betrayal CSA were 1.5 times as likely to receive a negative response, these findings neither bode well for children in their attempts to end the abuse nor for their future risk of SRv. One potential limitation of this study is that the data on the responses to disclosure is historical, some of which date back more than 40 years. Thus, it might be anticipated that attitudes have changed over time and responses may now be more favorable.

Unfortunately, surveys conducted in the 1980s and 1990s as well as a recent quasi-experimental study examining perceptions of victim blame in hypothetical cases of CSA (Moore, Agbo-Quaye, & Wager, 2010) do not substantiate this progressive view. Moore and colleagues' vignettes depicted an incident of CSA in which the age and gender of the child were manipulated, and the community respondents were asked to assess the blameworthiness of the child, perpetrator, and nonabusing parent, respectively. This revealed that both male and female participants attribute at least some blame to the child, particularly when the child is female. Similarly, surveys have indicated that between 33% and 44% of respondents (Rubin & Thelen, 1996; Waterman & Foss-Goodman, 1984) report that they would attribute at least some blame toward the victim of childhood sexual assault. However, by studying blameworthiness, it is assumed that the incident has taken place; that is, the occurrence of the incident itself was not questioned and rather who was to blame is considered. In reality, it is the veracity of the allegation that is questioned. Unfortunately, the believability of a victim's allegations has been negated in community surveys and experimental studies despite the fact that children who do disclose abuse are often accused of lying, particularly by the nonoffending parent.

The practical implications of this finding strongly indicate the necessity of widespread education for all potential parents, education providers, and the public in general about the reality of CSA and debunking the prevalent CSA myths. With regard to the content of the information needed, this study illustrates that all possible recipients of a disclosure need to understand

how to deliver a response that will serve the best interests of the child. Importantly, they should be informed of the full range of possible consequences of CSA and the additional detrimental impact that an inappropriate response can have on the child's future well-being (Palmer et al., 1999). By enhancing the understanding of the consequences of abuse, it might serve to reduce the likelihood of confidants drawing spurious correlations between a child who is demonstrating sexualized behavior and their abuse experience. Often the temporal sequencing of this is ignored, and the former is seen as causal of the latter, which results in victim-blaming attitudes, rather than the former being understood as a consequence of the latter, where blame lies firmly with the perpetrator.

In addition, Plummer's (2006) survey of mothers' experiences of their child's disclosure of CSA provides some tangible suggestions. Plummer concluded that lower income and less educated mothers may benefit from receiving help understanding why their child kept the abuse a secret. Conversely, higher income and more educated mothers may need more encouragement to take action in instances when they suspect abuse. Normal parenting information such as standard parenting books available in high street bookshops should cover the issue of CSA. Nonabusing parents would be best informed of the difficulties of hearing a disclosure, the nature of the disclosure process, and knowledge of how to best intervene when they suspect that their children are victims of abuse prior to the issue arising. The rationale for this is that a disclosure of CSA will undoubtedly be experienced as a powerful stressor that has potential to overwhelm the recipient, particularly when this threatens their family support system. The taboo nature of CSA combined with the threat to family integrity and unfamiliarity with the issue serve to potentiate the risk of denial and victim-blaming. Currently, discussion around the topic of CSA is largely missing from generic child care and parenting books, which mean that the potential to reduce negative responses to disclosures that arise as a result of naivety is negated.

Furthermore, support should to be available for parent recipients of disclosures whose response might evoke clinical levels of distress. Ameliorating the distress for parents will protect and enhance their ability to respond appropriately to their child's needs. Distress has been found to be more likely when the nonabusing mother is herself a survivor of CSA, a victim of domestic violence, and when the perpetrator is a family member (Hébert, Daigneault, Collin-Vézina, & Cyr, 2007).

A negative response to a disclosure of CSA perpetrated by a trusted adult appears to be associated with a heightened tendency to experience amnesia and an elevated risk for penetrative sexual assault during the adolescence (often while the young person remains amnesic about the original abuse). Previous theories of amnesia for CSA have suggested that disclosure of abuse in childhood could not occur in amnesic cases; however, the responses to this survey suggest otherwise. It appears that a negative

response to a disclosure made in childhood may actually potentiate the risk for becoming amnesic for the abuse-related memories. The findings indicate that one way in which risk for SRv and other aspects of the pernicious sequelae of CSA might be reduced is through the empowerment of those to whom a child is likely to disclose (e.g., parents and educators), which would facilitate their ability to respond optimally.

Current policy initiatives in the UK to reduce CSA under the “Tackling Violence Against Women and Girls” agenda include calls to deliver sex and relationship education as part of the Personal, Social and Health Education curriculum to primary school-aged children in anticipation that this will create opportunities for children to recognize and disclose their abuse experiences. Although this endeavor should be applauded, the unfortunate consequence of increasing the rate of disclosure without simultaneously preparing others to hear and respond appropriately might serve to increase the rate of negative disclosures to CSA and thus exacerbate all of the associated insidious effects. With this in mind, it is imperative that initiatives to inform parents and teachers are established. Currently, teacher training involves little more than a couple of hours on safeguarding issues and focuses more on highlighting procedural and legal requirements as opposed to facilitating a positive response to disclosures. The current lack of information routinely provided to new parents means that they must surmise that the sexual abuse of children occurs rarely and is something they are unlikely to have to tackle in relation to their own children. Their understanding is further compounded by prevalent myths related to CSA, which must be dispelled.

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AUTHOR NOTE

Nadia M. Wager, PhD, is a principal lecturer in the Department of Psychology at the University of Bedfordshire in Bedfordshire, United Kingdom. Her current research interests focus on the mechanisms that potentiate risk for sexual revictimization and the attitudes toward survivors of sexual violence. She received her PhD from Brunel University, Middlesex, United Kingdom.