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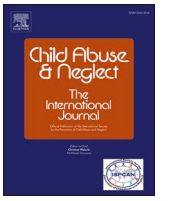
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Disclosure and non-disclosure of childhood sexual abuse in Australia: Results from a national survey

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ABSTRACT

Background: Little population-based evidence exists about prevalence of lifetime disclosure and non-disclosure of child sexual abuse (CSA). Evidence is lacking about disclosure by girls and women compared with boys and men, and gender diverse individuals. It is unclear if disclosure is more common in contemporary society, and if disclosure is influenced by abuse severity and perpetrator type.

Objective: We aimed to identify prevalence of lifetime disclosure of CSA, and prevalence by gender, age group, abuse severity and perpetrator.

Participants and setting: The Australian Child Maltreatment Study collected information about CSA victimisation from a nationally representative sample of 8503 individuals aged 16 and over; 28.5 % ($n = 2348$) experienced CSA and provided information about disclosure.

Methods: We generated national estimates of lifetime CSA disclosure, compared results by gender and age group, and identified differences by severity and perpetrator.

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Results: Prevalence of lifetime CSA disclosure was 54.8 %, and prevalence of non-disclosure was 45.2 %. Disclosure was more common for women (60.3 %) than men (42.2 %). Disclosure was more common among those aged 16–24 (70.5 %) than those aged 25–44 (61.9 %) and 45 and over (46.2 %). Prevalence was similar across four CSA sub-types (47.2 %–58.2 %). Disclosure varied across perpetrator classes.
Conclusions: Population-wide, almost one in two people who experience CSA had not disclosed. Men and those aged 45 and over were less likely to disclose. Increased disclosure by younger participants indicates progress in societal understanding of CSA. However, continued widespread non-disclosure indicates further efforts are needed to support those with lived experience of CSA to seek assistance.

1. Introduction

Child sexual abuse (CSA) is widespread, with a meta-analysis finding global prevalence of 12.7 %, with more than twice as many girls (18 %) being victimised as boys (7.6 %) (Stoltenborgh et al., 2011). Child sexual abuse involves both contact and non-contact sexual acts by any adult or child for sexual gratification, where the child victim either does not have capacity to give consent, or has capacity to consent but does not provide valid consent to the specific acts (Mathews & Collin-Vézina, 2019). The median age of onset is approximately 9 to 10 years for both girls and boys (Finkelhor et al., 1990). Associations with adverse health outcomes and risk behaviours through life are well established (Guiney et al., 2022; Noll, 2021), including for men (Easton et al., 2019; Easton & Kong, 2017).

1.1. Non-disclosure and disclosure

A significant consequence of CSA is that many who experience it are unable to ever tell anyone about their experience. CSA is often profoundly traumatic, shattering the child's senses of security, self, and sexual and bodily integrity. As considered here, and informed by the literature (e.g., Alaggia, 2010; Alaggia et al., 2019; Easton, 2019), this phenomenon of not telling, or "non-disclosure", is present when the person has not shared any information about the experience to any person, ranging from any oblique or partial mention of the experience (as is often done to gauge a recipient's response), through to a direct full account.

Experiences of CSA differ according to each individual's circumstances, and are influenced by a range of factors specific to the individual and their social context. Some people may choose not to disclose after judging that it may be unhelpful or harmful. Disclosure is not universally beneficial, and inappropriate responses to disclosure, especially by parents, can result in devastating consequences (Gagnier & Collin-Vézina, 2016; Tener & Murphy, 2015). Studies show relatively high levels of not being believed and dissatisfaction with agency responses (Landberg et al., 2022; Stiller & Hellmann, 2017). A choice not to disclose may be adaptive.

However, non-disclosure can also have profound negative consequences for the individual's recovery. It may preclude interruption of the offending, and subsequent intervention and response by health, social and legal systems. Non-disclosure, both in the short-term and long-term, can isolate the child and leave them alone to deal with events that are often traumatic and are likely to be repeated (Mathews, Pacella, et al., 2023). In contrast, disclosure can facilitate health, social and interpersonal support by systemic actors and personal confidantes (Easton, 2019, 2020; Herman, 1997), and enable resolution of the traumatic sexualization, betrayal, powerlessness, and stigmatization that often accompany CSA (Easton, 2019, 2020; Finkelhor & Browne, 1985).

Non-disclosure is influenced by multiple factors in a tripartite ecological model comprising: the child's characteristics (including shame, self-blame, embarrassment, fear and self-protection, limited cognitive development to understand the true nature of the acts; and lack of skills enabling disclosure); the perpetrator's characteristics (including relational power dynamics; threats of reprisals; and fear of the impact of disclosure on others); and societal level (e.g., taboos around sexuality; stigma attaching to victims; and lack of cultural consciousness) (Collin-Vézina et al., 2015). The review by Alaggia et al. (2019) found non-disclosure is even more likely for younger children, for boys, and where the perpetrator is a parent, adult family member, or institutional or religious authority. Disclosure is further inhibited by cultural, religious, familial and institutional forces, and by societal taboos around sex and stigma attaching to victims (Collin-Vézina et al., 2015; Fontes & Plummer, 2010).

Boys and men are unlikely to disclose CSA for the same reasons as girls and women, including fear, embarrassment, and guilt (Fontes & Plummer, 2010). However, boys may be even less likely to disclose both proximate to the events (Alaggia et al., 2019; Hietamaki et al., 2024), and in later life (Alaggia et al., 2019; Holmes & Slap, 1998). The reluctance of boys and men to disclose is amplified by anger, shame and withdrawal, fear of being labelled homosexual, fear of being perceived as a perpetrator, and fear of being seen as weak (Easton et al., 2014), with some of these feelings being exacerbated in cases of female perpetration (Denov, 2003). Conceptually, these barriers relate to boys' and men's intrapersonal experience (difficult feelings, lack of language, and self-engagement); social milieu (internalized social stigma, negative responses, social loss or judgment, and masculine identity dissonance); and unsupportive health care environment (Gruenfeld et al., 2017). The impact of these various barriers to disclosure for men can be exacerbated by unsuccessful attempts at disclosure, and by attempts that did not receive a helpful response (Easton & Parchment, 2021; Sivagurunathan et al., 2019).

In contrast, factors increasing the likelihood of disclosure include the child being older; the offender being a stranger; and the availability of a trusted confidante (Alaggia et al., 2019; Brennan & McElvaney, 2020; Collin-Vézina et al., 2015), and the child

realising the abuse was not normal, wanting something done about it, expecting to be believed, and being asked (Brennan & McElvaney, 2020). Disclosure by children and adolescents occurs more often when the perpetrator is unknown or where there is no close relationship (e.g., Kogan, 2004; Smith et al., 2000).

1.2. Prevalence of non-disclosure

The evidence to date indicates that non-disclosure is common (Alaggia et al., 2019; Gagnier & Collin-Vézina, 2016; McElvaney, 2013). However, overall, little evidence exists at the population level about the prevalence of lifetime disclosure and non-disclosure of CSA. Few studies have assessed non-disclosure through the life-course, although evidence suggests non-disclosure frequently continues through life, even for the most invasive experiences of CSA such as rape (Smith et al., 2000). Most studies draw from convenience samples, with relatively small samples (e.g., Easton, 2013; Kogan, 2004; Smith et al., 2000). Some studies have used nationally representative samples (Finkelhor et al., 1990; McGee et al., 2002), but even these have had relatively small sample sizes. Finkelhor et al. (1990) analysed data from a sample of 585 CSA survivors and found 33 % of women and 42 % of men had never disclosed. An Irish study by McGee et al. (2002) found 50.4 % had ever disclosed and 49.6 % had never disclose, with non-disclosure common across sub-types, and older participants less likely to have disclosed than younger participants.

Some recent studies of youth disclosure have also been conducted. Violence Against Children Surveys have assessed disclosure in nationally representative samples of youth. In Nigeria and Malawi, Nguyen et al. (2021) identified disclosure prevalence among girls and young women aged 13–24 of 37 % and 55 % respectively. In Namibia, Velloza et al. (2022) reported prevalence of CSA disclosure by 57.3 % of females aged 13–24, and 30.7 % of males. Pereira et al. (2020) reported prevalence of informal disclosure of sexual violence by 13–17 year olds in six countries, with rates ranging from 16.57 % in Cambodia to 43.26 % in Malawi. By contrast, albeit with a different approach to sampling, two school-based studies in Sweden have found comparatively high rates of disclosure. A study involving 834 youth aged 16–23 who experienced CSA ($n = 652$ girls and $n = 174$ boys, with 92 % being aged 18–19) found 61.6 % disclosed (68.3 % of girls, and 36.8 % of boys). This study also found differential rates of disclosure by abuse severity (50.0 % for exposure; 66.6 % for contact; and 62.2 % for penetrative abuse) (Landberg et al., 2022).

1.3. Gaps in evidence

The tendency toward non-disclosure of CSA is well-established, though important gaps in evidence remain. Little evidence exists at the population level about the prevalence of lifetime disclosure and non-disclosure of CSA. In addition, evidence is lacking at the population level about the prevalence of disclosure by girls and women compared with boys and men. Evidence is also sparse about whether disclosure of CSA is influenced by severity of abuse, and by perpetrator type. Importantly, there is little evidence about whether disclosure is more common in contemporary society compared with former generations. Generating evidence about these specific questions is important to inform scientific understanding about disclosure and non-disclosure, to provide a base for policy efforts to better facilitate disclosure, to identify types of experience that present the strongest impediments to disclosure, and to ascertain if social progress has been made in enabling those who have experienced CSA to disclose.

1.4. Aims

This research takes advantage of a survey of a large, nationally representative random sample of women and men, who provided self-report data about CSA victimisation and lifetime disclosure of these experiences. The Australian Child Maltreatment Study (ACMS) surveyed 8503 participants aged 16 and over and found that 28.5 % ($n = 2348$) experienced CSA, comprising 37.3 % of women ($n = 1536$), 18.8 % of men ($n = 739$), and 51.9 % of people with diverse gender identities (n = 73) (Mathews, Pacella, et al., 2023). Subsequent analysis identified substantial prevalence of CSA by eight different perpetrator classes, comprising four different classes of adult perpetrators, and four different classes of adolescent perpetrators (Mathews et al., 2024). The ACMS dataset therefore allows a novel, comprehensive analysis of the nature and extent of disclosure and non-disclosure of CSA, using self-report data from a large, nationally representative sample of 2348 individuals aged 16 and over who experienced CSA.

In this analysis we aimed to answer the following research questions:

1. What is the national prevalence of lifetime disclosure of child sexual abuse in Australia?
2. Does disclosure of child sexual abuse differ by gender?
3. Do lifetime disclosure rates vary by age group in Australian society?
4. Does disclosure of child sexual abuse differ by severity of the abuse?
5. Does disclosure of child sexual abuse differ according to perpetrator type?

2. Method

2.1. Participants

The Australian Child Maltreatment Study (ACMS) conducted a cross-sectional survey of a random sample of 8503 Australians aged 16 years and older, recruited by random digit dial of mobile phone numbers. Interview data were collected in April–October 2021 using computer-assisted telephone interviews. The sample comprised an oversample of young people aged 16–24 ($n = 3503$), with

1000 participants each in five older age groups (25–34; 35–44; 45–54; 55–64; 65 and over). The sample was nationally representative on most demographic indicators, including gender, marital status, residential status, and Indigenous status; participants were more likely to be born in Australia and have higher income, socio-economic status and level of education and population weights were applied to adjust for small areas of difference (Haslam et al., 2023). The active participation rate was 14.0 %, consistent with contemporary national studies using computer-assisted telephone interviews. Analyses to detect potential bias in the sample through overrepresentation of people with maltreatment histories identified no evidence of bias (Haslam et al., 2023). The study was approved by the Queensland University of Technology Human Research Ethics Committee (#1900000477).

2.2. Measures

The ACMS administered the *Juvenile Victimization Questionnaire - R2: Adapted Version (Australian Child Maltreatment Study)* to measure child maltreatment. This is an adapted and validated version of an instrument used in national studies in the USA (Finkelhor et al., 2015), and elsewhere (Mathews et al., 2020). The adaptation and validation process demonstrated the instrument's psychometric properties including the CSA items (Mathews, Meinck, et al., 2023). We asked participants behaviourally-specific questions about their experiences of maltreatment in childhood up to age 18, with binary response options of Yes or No. This instrument, including the four screener items on CSA, was found to be reliable and valid for measuring child maltreatment (Mathews, Meinck, et al., 2023).

2.2.1. Child sexual abuse

The interview included four screener items on the experience of four different sub-types of CSA (including non-contact CSA: 1 item; and contact CSA: 3 items). These items were designed to conform to a robust conceptual model of CSA (Mathews & Collin-Vézina, 2019). Non-contact sexual abuse included abusive voyeurism or exhibitionism for sexual gratification, constituted by a person looking at a child's private parts when they should not have, or making a child look at the person's private parts. Any response of 'Yes' to the non-contact item was counted as an instance of non-contact CSA. Contact sexual abuse was assessed with three items about different sub-types: touching a child's private parts for sexual gratification or making the child touch the offender's private parts; attempted forced sexual intercourse (rape) that was not completed; and completed forced sexual intercourse (rape) (Mathews, Pacella, et al., 2023). Sexual intercourse was defined as including oral, vaginal or anal penetration, by a penis, body part or object. Any response of 'Yes' to any of the three contact items was counted as an instance of contact CSA. The level of missing data was minimal, with only 0.8–0.9 % not answering screener items on child sexual abuse experiences; 0.8–0.9 %; we adopted a conservative approach in generating prevalence estimates by regarding respondents who declined to answer as not having experienced that type of sexual abuse.

2.2.2. Prevalence of child sexual abuse

Prevalence of CSA was calculated by counting all participants who endorsed one or more of the four items (Suppl. File, Table 1). As reported elsewhere, the ACMS identified overall prevalence of CSA of 28.5 % for the whole sample, with significant differences by gender (37.3 % of women: 95 % CI, 35.5–39.2 %; and 18.8 % of men: 95 % CI, 17.3–20.3 %) (Mathews, Pacella, et al., 2023). The vast majority experienced contact sexual abuse. Sufficiently powered analysis of disclosure across groups was enabled by small differences by age group, with prevalence of any CSA being 25.7 % among those aged 16–24 years, compared with 27.4 % among those aged 25–34; 30.3 % among those aged 35–44; 29.8 % among those aged 45–54 years; 30.7 % among those aged 55–64 years; and 27.4 % among those aged 65 years and over; these age groups were collapsed into three groups for analytical purposes (16–24: $n = 3500$; 25–44: $n = 2000$; 45 and over: $n = 3000$).

2.2.3. Prevalence of disclosure of child sexual abuse, and non-disclosure

For each endorsed CSA screener, we asked follow-up items to capture self-reported information about the prevalence of disclosure, and its characteristics. This was a core objective of the ACMS, enabling this primary analysis. To obtain information about disclosure, the first question asked: "Did you ever tell *anyone* about *any* of this?" The question was framed in this way to accommodate disclosure not typically being a single event, but a process (Alaggia et al., 2019). If the participant said "Yes", we counted this as an instance of disclosure. If the participant said "No", we counted this as non-disclosure and did not ask the other three questions, which elicited information about how old they were when they first told someone anything about it; who they first told; and whether they felt supported when first disclosing. A small number of participants answered "Don't Know" ($n = 14$) to the disclosure item, or refused to answer ($n = 6$); these participants (n = 20) were treated as not having disclosed.

A sub-sample of participants experienced CSA (either one or more sub-types) by one or more perpetrators. To minimise participant burden, we did not ask the disclosure questions for every episode of CSA experienced, or for every perpetrator. Rather, we asked the disclosure questions in relation to each sub-type they had experienced, regardless of how many times it occurred, or how many perpetrators. Accordingly, each participant who experienced CSA could have one of three types of disclosure profile: first, those who ever disclosed every sub-type experienced; second, those who ever disclosed some but not all sub-types experienced; and third, those who never disclosed any of the sub-types experienced. For analytical purposes, we created a binary variable of disclosure vs non-disclosure. We considered those who disclosed every sub-type experienced (i.e., having always disclosed), and those who disclosed some but not all types experienced (i.e., having sometimes disclosed), as ever having disclosed. We considered those who had never disclosed any of the subtypes experienced as never having disclosed.

2.3. Statistical analysis

2.3.1. Disclosure of child sexual abuse, by gender and age group

Survey-weighted prevalence of disclosure of CSA in Australians aged 16 years and over, further stratified by gender and age group, was summarised using percentages and their corresponding 95 % confidence intervals (CIs) were calculated using a Taylor series method. Low numbers of participants identifying with diverse genders ($n = 126$, with most aged 16–24: $n = 90$) and small cell sizes precluded analyses for this group. To identify significant differences between age groups, we compared those aged 16–24 with those aged 25–44 and those aged 45 and over based on non-overlapping CIs.

A considerable proportion of participants experienced CSA by a perpetrator from one perpetrator class only ($n = 1640$), while a smaller proportion of participants experienced CSA by a perpetrator from more than one perpetrator class ($n = 748$). We calculated estimates of the prevalence of disclosure for all participants who experienced CSA ($n = 2348$), and for the sub-sample who experienced CSA by a perpetrator from one perpetrator class only (n = 1640) (Suppl. File, Table 2). Analysis of some research questions, such as disclosure by perpetrator type, draws on the sub-sample (n = 1640) who were able to provide information about disclosure subject to fewer potential limitations (e.g., different patterns of disclosure and non-disclosure) than those who experienced CSA by perpetrators from multiple classes.

2.3.2. Disclosure by severity (sub-type) of sexual abuse

In considering disclosure by severity of CSA, we used the presence and level of contact involved as a proxy measure of severity. Accordingly, we considered completed forced intercourse as the most severe form, followed by attempted forced intercourse where this was not completed, then by abusive contact sexual touching, then by abusive non-contact sexual exposure or voyeurism.

2.3.3. Disclosure by perpetrator type

We compared disclosure of CSA by perpetrator type, collapsed into eight classes, for the whole sample, and by age group (16–24; 25–44; 45 years and over), and by gender. The eight classes were those analysed elsewhere (Mathews et al., 2024): parents/adult family members; institutional adult caregivers; other known adults; unknown adults; siblings; known adolescents (current or former romantic partners); other known adolescents (non-romantic); and unknown adolescents.

2.3.4. Logistic regression

Finally, to further consider the possible influence of any confounds on trends in disclosure by age group, we fitted survey-weighted logistic regression models to evaluate the relationship between three age groups (45 and over; 25–44; 16–24) and lifetime disclosure of those who experienced CSA. We fitted age groups on their own (unadjusted), and with adjustment for potential confounders, including CSA victimisation by gender, age at first disclosure (continuous) (data on file with authors), and the prevalence of the four types of CSA. We generated odds ratios (ORs) and 95 % CIs for lifetime disclosure, using the oldest age group as the reference category.

We conducted all analyses using SAS version 9.4, and we used STATA version 17 for visual representation. All analyses were checked independently by two co-authors.

3. Results

3.1. National prevalence of lifetime disclosure of child sexual abuse

Table 1 shows descriptive results (number, %, 95 % CI) of the national prevalence of lifetime disclosure of CSA, for the whole

Table 1
Disclosure of child sexual abuse at any time in life: total, and by gender and age group (n, %, CI).

	Experienced CSA (N, %, CI)	Ever disclosed (n; %, CI)		Never disclosed (n; %, CI)	
Total	2348, 28.5 % (27.3–29.8)	1396	54.8 % (52.2–57.3)	952	45.2 % (42.7–47.8)
Women	1536, 37.3 % (35.5–39.2)	1005	60.3 % (57.2–63.5)	531	39.7 % (36.5–42.8)
Men	739, 18.8 % (17.3–20.3)	340	42.2 % (37.8–46.6)	399	57.8 % (53.4–62.2)
Diverse genders	73, 51.9 %, (39.3–64.6)	51	70.7 % (56.3–85.1)	22	29.3 % (14.9–43.7)
16–24 Total	889, 25.7 % (24.1–27.3)	625	70.5 % (67.2–73.9)	264	29.5 % (26.1–32.8)
Women	589, 35.2 % (32.7–37.8)	447	76.1 % (72.3–79.8)	142	23.9 % (20.2–27.7)
Men	244, 14.5 % (12.6–16.5)	137	55.8 % (48.6–63.0)	107	44.2 % (37.0–51.4)
Diverse genders	56, 62.8 % (51.8–73.8)	41	77.5 % (66.3–88.7)	15	22.5 % (11.3–33.7)
25–44 Total	568, 28.8 % (26.6–31.0)	358	61.9 % (57.5–66.4)	210	38.1 % (33.6–42.5)
Women	373, 38.8 % (35.4–42.2)	264	70.0 % (64.9–75.2)	109	30.0 % (24.8–35.1)
Men	184, 18.5 % (15.8–21.2)	88	45.2 % (37.3–53.1)	96	54.8 % (46.9–62.7)
45+ Total	891, 29.1 % (27.3–30.9)	413	46.2 % (42.5–49.9)	478	53.8 % (50.1–57.5)
Women	574, 36.9 % (34.2–39.6)	294	50.1 % (45.5–54.7)	280	49.9 % (45.3–54.5)
Men	311, 20.2 % (17.9–22.4)	115	37.5 % (31.4–43.6)	196	62.5 % (56.4–68.6)

Note: Column 2 shows N, %, CI of participants experiencing CSA out of the whole sample of 8503 participants. Total numbers of ever disclosed, and never disclosed, may add to less than some subtotals due to exclusion of n = 20 participants who answered "Don't Know" to the disclosure item, or refused to answer. These participants were treated as having said 'No', and therefore as not having disclosed.

sample of participants who experienced CSA ($n = 2348$). Slightly over half of those who experienced CSA (54.8 %; 95 % CI 52.2–57.3) had ever disclosed their experience, and slightly less than half had never disclosed (45.2 %; 95 % CI 42.7–47.8). Among the 54.8 % who had ever disclosed, almost four out of five (42.9 % of all who had experienced CSA) had disclosed all types of CSA they experienced, and one in five (11.9 % of all who had experienced CSA) had disclosed some but not all types (Suppl. File, Table 1).

Analysis of the sub-sample who experienced CSA by only one perpetrator class (n = 1640) showed a similar pattern, with 50.2 % having ever disclosed their experience of CSA, and almost half never having disclosed (49.8 %) (Suppl. File, Table 2).

3.2. Disclosure of child sexual abuse by gender

Table 1 shows descriptive results (number, %, 95 % CI) of disclosure of CSA by gender. Overall, 60.3 % of women who experienced CSA ever disclosed in their lifetime (95 % CI 57.2–63.5), and 39.7 % never disclosed (95 % CI 36.5–42.8). In contrast, 42.2 % of men who experienced CSA ever disclosed (95 % CI 37.8–46.6), and 57.8 % never disclosed (95 % CI 53.4–62.2). By comparison, 70.7 % of gender diverse participants had disclosed (95 % CI 56.3–85.1), although cell sizes were small ($N = 126$ participants in the entire sample, of whom $n = 90$ were aged 16–24); of these, 51.9 % experienced CSA (95 % CI 39.3–64.6).

3.3. Disclosure of child sexual abuse by age group

Overall, 70.5 % of those aged 16–24 who experienced CSA ever disclosed in their lifetime (95 % CI 67.2–73.9), compared with 61.9 % of those aged 25–44 (95 % CI 57.5–66.4), and 46.2 % of those aged 45 and over (95 % CI 42.5–49.9) (Table 1). Age group comparison showed that women aged 45 and over (50.1 %, 95 % CI 45.5–54.7) were significantly less likely to disclose than women aged 25–44 (70.0 %, 95 % CI 64.9–75.2); and women aged 16–24 (76.1 %, 95 % CI 72.3–79.8). Men aged 45 and over (37.5 %, 95 % CI 31.4–43.6) were significantly less likely to disclose than men 16–24 (55.8 %, 95 % CI 48.6–63.0). Comparison by age group for people of diverse genders was not possible due to small cell sizes.

Logistic regression showed the increase in disclosure by age group was not confounded by substantial changes in the nature of CSA over these time periods. Adjusting for victimisation by victim gender, age at first disclosure, and the prevalence of the four sub-types of CSA, we found that, compared to those aged 45 and over, those aged 25–44 had 2.10 times the odds of ever disclosing, and those aged 16–24 had 2.68 times the odds of ever disclosing (Table 2).

3.4. Disclosure of child sexual abuse by severity (sub-type)

Table 3 shows results of disclosure of the four CSA subtypes, for all who experienced CSA by one or more classes of perpetrator ($n = 2348$). Full details are in Suppl. File Table 3. Results for those experiencing CSA by one perpetrator class are similar (Suppl. File Table 4).

Disclosure varied across sub-types, ranging from 47.2 % (95 % CI 44.0–50.4) for non-contact CSA to 58.2 % (95 % CI 53.5–62.8) for completed forced intercourse. Disclosure of completed forced intercourse was significantly more likely than disclosure of non-contact CSA, and contact abuse by touching (50.1 %; 95 % CI 47.0–53.3).

Comparison by age group showed different prevalence of disclosure across sub-types, comparing those aged 45 and over with those aged 25–44, and 16–24, as shown by non-overlapping confidence intervals. For women who experienced completed forced intercourse (rape) in childhood, disclosure was less frequent among those aged 45 and over, being disclosed by 46.6 % (95 % CI, 38.5–54.6 %), compared with 73.0 % of women aged 25–44 (95 % CI, 64.2–81.7 %). Similarly, for women aged 45 and over who experienced attempted forced intercourse (attempted rape) in childhood, 46.8 % (95 % CI 40.4–53.2), had ever disclosed, compared with 70.4 % (95 % CI, 63.0–77.8 %) of women aged 25–44. Comparison for people of diverse genders was not possible due to small cell sizes.

3.5. Disclosure of child sexual abuse, by perpetrator class

Table 4 shows results of lifetime disclosure for all who experienced CSA by one perpetrator class ($n = 1640$). Overall, lifetime disclosure was particularly infrequent for known perpetrators. Lifetime disclosure ranged from 66.2 % (CSA by unknown adults) to 33.8 % (CSA by siblings), and was approximately half for disclosure of CSA by most perpetrator classes. Detailed tables are in Suppl. File, Tables 5a–5h.

3.5.1. Adult perpetrators

Around half of CSA by adult perpetrator classes had ever been disclosed, including CSA by parents/adult family members (54.0 %

Table 2
Disclosure of CSA: odds ratios.

Age groups	OR (95 % CI), Unadjusted	OR (95 % CI), Adjusted[a]
16–24	2.74 (2.25–3.33)	2.68 (2.17–3.31)
25–44	1.97 (1.59–2.45)	2.10 (1.67–2.63)
45+	Ref	Ref

[a] Adjusted for gender, age at first disclosure, and four CSA sub-types.

Table 3
Disclosure of CSA by severity (subtypes) (whole sample); by age, and gender (N, %, CI). Note: small numbers of participants replying that they did not know, or refused, were treated as having never disclosed (for the four screeners, respectively, $n = 7$; n = 7; $n = 8$; $n = 4$).

	Non-contact CSA (looking at private parts, or exposing of private parts)		Contact CSA (touching of private parts)		Contact CSA (attempted forced sexual intercourse)		Contact CSA (completed forced sexual intercourse)	
	N	Ever disclosed (%, CI)	N	Ever disclosed (%, CI)	N	Ever disclosed (%, CI)	N	Ever disclosed (%, CI)
Whole sample	1443	47.2 % (44.0–50.4)	1525	50.1 % (47.0–53.3)	1201	54.4 % (50.8–58.0)	717	58.2 % (53.5–62.8)
Women	911	52.6 % (48.6–56.7)	1017	54.7 % (50.8–58.5)	861	57.8 % (53.6–62.1)	519	59.6 % (54.3–65.0)
Men	476	36.5 % (31.2–41.8)	452	38.8 % (33.4–44.3)	296	44.2 % (37.2–51.2)	167	52.3 % (42.4–62.1)
Diverse genders	56	53.0 % (33.9–72.2)	56	61.4 % (43.8–79.0)	44	62.2 % (42.7–81.8)	31	71.8 % (49.2–94.3)
16–24 Total	506	62.0 % (57.3–66.8)	555	67.6 % (63.4–71.9)	525	63.2 % (58.6–67.7)	303	72.1 % (65.6–77.6)
Women	318	65.8 % (60.2–71.5)	385	71.8 % (67.0–76.7)	383	64.4 % (59.1–69.6)	219	71.8 % (65.3–78.2)
Men	144	50.5 % (40.8–60.2)	128	53.6 % (43.8–63.3)	109	58.0 % (47.7–68.3)	62	68.8 % (55.7–81.9)
25–44 Total	367	53.8 % (48.2–59.5)	375	56.9 % (51.4–62.4)	252	65.9 % (59.4–72.3)	163	69.2 % (61.5–76.9)
Women	239	60.5 % (53.7–67.3)	251	64.9 % (58.4–71.3)	183	70.4 % (63.0–77.8)	116	73.0 % (64.2–81.7)
Men	121	40.7 % (31.2–50.2)	115	38.2 % (28.6–47.8)	61	52.8 % (39.1–66.5)	41	59.1 % (42.3–76.0)
45+ Total	570	39.5 % (35.0–44.0)	595	41.7 % (37.2–46.2)	424	44.0 % (38.7–49.3)	251	46.1 % (39.1–53.1)
Women	354	44.0 % (38.3–49.8)	381	43.6 % (38.1–49.1)	295	46.8 % (40.4–53.2)	184	46.6 % (38.5–54.6)
Men	211	31.6 % (24.4–38.7)	209	37.0 % (29.5–44.5)	126	36.8 % (27.5–46.2)	64	43.6 % (29.5–57.8)

had ever disclosed); institutional adults (48.3 %); and other known adults (51.8 %). Age group comparison showed higher prevalence of disclosure of CSA by parents/adult family members among those aged 16–24 and 25–44 compared with those aged 45 and over, and higher prevalence of disclosure of CSA by institutional adults by those aged 16–24 compared with the older age groups.

3.5.2. Adolescent perpetrators

Prevalence of lifetime disclosure of CSA by adolescent perpetrator classes varied. Disclosure of CSA by known adolescents (current or former romantic partners) was 58.6 % (95 % CI 46.8–70.3) compared with disclosure of CSA by other known adolescents (non-romantic) (42.1 %; 95 % CI 37.0–47.2 %); and of CSA by unknown adolescents (45.8 %; 95 % CI 27.7–63.8). Age group comparison showed progressive significantly higher prevalence of disclosure of CSA by known adolescents (non-romantic) spanning all three age groups.

4. Discussion

Six major themes emerge from these analyses of participants' lifetime disclosure of CSA.

4.1. Non-disclosure of child sexual abuse across the life-course is common

This study found that almost half (45.2 %) of those who experienced child sexual abuse had never in their lifetime told anyone anything about their experience. This is a higher rate of non-disclosure compared to the findings of other studies in the US (Finkelhor et al., 1990), but is similar to the 49.6 % prevalence of non-disclosure found in the study in Ireland (McGee et al., 2002). The persistence of non-disclosure through the life-course for so many people who experienced CSA is a significant finding of this study. Continuing non-disclosure, particularly among the older age groups, demonstrates the durability of the silencing effect of CSA on disclosure. This is despite the upsurge in national awareness of CSA since the 2000s, through multiple government inquiries into CSA, widespread media coverage of high profile cases, establishment of major agencies devoted to CSA, compensation schemes for CSA in some settings, and historic law reforms (Mathews, 2019). It also indicates other shifts in social awareness about sexual violence more generally, such as that prompted by the 2017 MeToo movement, do not overcome the tendency to non-disclosure of CSA.

Moreover, this finding has substantial implications for public policy, health systems and legal systems. It suggests that further public policy efforts are necessary to support those living with the legacy of CSA, especially if exacerbated by non-disclosure. Health systems likely are dealing with many people who as patients are coping with the associated outcomes of undisclosed CSA, including mental health (Easton, 2019; Easton et al., 2022; Easton & Kong, 2017; Guiney et al., 2022), and as shown by analyses of this sample finding CSA is strongly associated with both mental disorders and health risk behaviours which persist through the lifecourse (Lawrence et al., 2023; Scott et al., 2023), and health service utilisation (Pacella et al., 2023). Civil legal systems have taken steps to amend archaic legal principles denying access to justice (Mathews & Dallaston, 2020); however, this finding suggests a substantial proportion of serious cases of CSA are not resolved by civil or criminal justice system proceedings.

4.2. Men are less likely to disclose

We found that men are substantially less likely to disclose in their lifetime, with two in five men (42.2 %) ever disclosing, compared to three in five women (60.3 %) and over two thirds of gender diverse people (70.7 %). In all three age groups, men were less likely to have disclosed. This lower likelihood of disclosure among men is consistent with other studies (Alaggia et al., 2019; Finkelhor et al., 1990; McGee et al., 2002).

Table 4
Lifetime disclosure of child sexual abuse, by perpetrator class (sub-sample $n = 1640$ participants experiencing sexual abuse by one perpetrator class only) (n, %, CI).

	Lifetime disclosure (n, %, CI)																			
	Parents/adult family members $N = 318$			Institutional caregivers $N = 77$			Other known adults $N = 254$			Unknown adults $N = 180$			Known adolescents (Non-romantic) $N = 588$			Known adolescents (Romantic) $N = 118$			Siblings $N = 54$			Unknown adolescents $N = 51$		
Whole sample	181	54.0 %	(47.5–60.6)	44	48.3 %	(35.3–61.2)	136	51.8 %	(44.3–59.2)	117	66.2 %	(57.9–74.6)	298	42.1 %	(37.0–47.2)	71	58.6 %	(46.8–70.3)	20	33.8 %	(19.5–48.1)	30	45.8 %	(27.7–63.8)
16–24	47	64.4 %	(52.9–75.9)	11	96.5 %	(89.6–100)	41	64.1 %	(51.8–76.4)	37	73.2 %	(59.6–86.9)	180	65.3 %	(59.1–71.5)	47	64.8 %	(53.1–76.4)	4	Np		17	57.1 %	(30.2–83.9)
25–44	61	70.3 %	(60.1–80.6)	7	45.4 %	(16.9–73.9)	33	54.9 %	(40.9–68.9)	37	70.6 %	(57.9–83.3)	72	49.7 %	(40.5–58.9)	18	72.6 %	(53.3–91.9)	8	45.4 %	(17.8–73.0)	7	52.0 %	(20.4–83.6)
45+	73	43.8 %	(35.1–52.4)	26	45.9 %	(30.6–61.1)	62	48.9 %	(39.4–58.5)	43	61.4 %	(48.7–74.1)	46	26.4 %	(19.0–33.7)	6	33.4 %	(9.8–57.0)	8	27.9 %	(10.1–45.7)	6	37.4 %	(8.5–66.3)

These findings highlight a complexity. Women, men and gender diverse people all face large barriers to disclosure. Women experience more sexual abuse in childhood than men, and so there are more non-disclosing women than men in every generation. However, there may be unique barriers to disclosure for men (Easton, 2013; Easton et al., 2014; Gagnier & Collin-Vézina, 2016; Gruenfeld et al., 2017; Holmes & Slap, 1998; O'Leary & Barber, 2008). Added difficulty for men may stem from fewer publicized cases of abused men that create visible models of disclosure, and norms of masculinity that make CSA particularly stigmatizing in its implications of victimhood and fear of being labelled homosexual, and from the pervasive barriers related to boys' and men's intrapersonal experience (e.g., lack of language), and their social milieu (e.g., internalized social stigma, social loss or judgment, and masculine identity dissonance) (Gruenfeld et al., 2017).

These results demonstrate the supreme difficulty the experience of CSA poses for so many individuals in being able to tell even a trusted confidante the barest detail about their experience, much less provide comprehensive information about it to health providers, legal advisors, and law enforcement. As shown by the next two main findings, this has particular salience for those from former generations, and endures in contemporary society.

4.3. Disclosure was, and has remained, particularly difficult for those who experienced child sexual abuse in earlier generations

Disclosure was particularly infrequent for older participants, whose childhood occurred several decades ago. We found that overall, 46.2 % of those aged 45 years and over ever disclosed in their lifetime, compared to 61.9 % of those aged 25–44 years, and 70.5 % of those aged 16–24 years. The lower disclosure by age group was evident for both women and men: women aged 45 and over (50.1 %) were less likely to disclose than women aged 25–44 (70.0 %), and women aged 16–24 (76.1 %), and similarly, men aged 45 and over (37.5 %) were less likely to disclose than men aged 25–44 (45.2 %), and men aged 16–24 (55.8 %).

Those in earlier generations who experienced CSA clearly found disclosure even more difficult than their counterparts in more recent decades. The reasons for lower disclosure by those in older age groups are likely varied. In Australia, as elsewhere, CSA had not entered the scientific domain, policy discourse, or public consciousness, until the 1980s, and only began to receive media attention in the 1990s and 2000s in the wake of high profile institutional coverups (Mathews, 2019). The silence around CSA for so many decades may have contributed to a sense of isolation for victims, many of whom may have lived with the misunderstanding that their experience was uncommon or even unique to them (Easton, 2013; McGee et al., 2002). This would have contributed to self-reproach, guilt and shame, perpetuating the reluctance of older Australians with lived experience to tell anyone about their abuse, especially when they were adolescents or in earlier stages of adulthood.

Equally as significant is that as well as not having disclosed earlier in life, these older Australians have remained silent about their experience even after their mid-40s, and in many cases through their 60s and beyond (i.e., a greater time window to have potentially disclosed). Having more time to disclose is not sufficient to catalyse disclosure. It appears that it remains difficult for older people to disclose the longer they have kept their CSA secret, despite recent increases in societal awareness of CSA generally, and more accurate understanding of the true nature of CSA and its typical perpetration by known adults or adolescents. An explanation for this persistence of silence for older Australians with lived experienced of CSA may lie in the salience of the era within which these participants grew up, and its social discourse, social norms, and state of scientific awareness of CSA (Mathews, 2019). Depending on each participant's precise age, those aged 45 and over were born during the years 1947–1976, with their childhood spanning years between the late 1940s at the earliest and the early 1990s at latest. In this era, there was virtually no social awareness of CSA, with Australian scientific and social awareness of CSA only beginning to develop in the early 1980s alongside other social awakenings in relation to sexual harassment, feminist scholarship, and gender equality (Mathews, 2019; Mathews & Dallaston, 2020). Sociocultural norms promoting individualistic management of adversity may have reinforced this tendency. Accordingly, for those older participants who were unable to disclose early in life, the initial creation of a shell of secrecy may have only hardened with the passage of time and the absence of a knowledgeable and supportive confidante. The initial causal pathways to non-disclosure, together with the traumatising consequences typical of CSA (Finkelhor & Browne, 1985; Noll, 2021), could not be overcome simply through more time. It is plausible that frequent mental disorders associated with CSA, such as major depressive disorder, generalized anxiety disorder, and post-traumatic stress disorder (Scott et al., 2023) contributed to this persistent silence. However, arguably, the impact of CSA on self-esteem and self-attributed blame, and apprehension about the consequences of disclosure, are powerful factors contributing to the continued silence.

4.4. Disclosure is more common in contemporary society, but remains challenging

Our analysis found significantly higher prevalence of lifetime disclosure when comparing each age group. The difference in disclosure of greatest magnitude was evident when comparing those aged 45 years and over (46.2 %) with those aged 25–44 (61.9 %). However, the heightened tendency toward disclosure was also evidenced by comparison between those aged 25–44 (61.9 %) and those aged 16–24 (70.5 %). The difference is even more dramatic than the rates themselves indicate, since those in the younger age groups have had far less time in which to disclose; therefore, their lifetime disclosure rate by age 45 is likely to be even higher. Our logistic regression analysis confirmed this increase was not an artefact of changes in the nature of CSA during these periods of time, with our adjusted model showing that compared to those aged 45 and over, those aged 25–44 were twice as likely to disclose, and those aged 16–24 two and a half times as likely.

The significance of this difference in prevalence of disclosure cannot be overstated. The prevalence of CSA in Australian society remains widespread, as shown by the ACMS finding of prevalence of 25.7 % among those aged 16–24 (Mathews, Pacella, et al., 2023); prevalence among those aged 25–44 was 28.8 %, and among those aged 45+ was 29.1 % (Mathews et al., 2024). For each of these three age groups, prevalence was significantly higher among women than men, with prevalence among women being 36.9 % among those

aged 45 and over, 38.8 % among those aged 25–44, and 35.2 % among those aged 16–24. The higher disclosure by those aged 25–44 and 16–24, and especially by women, means that contextually, tens of thousands of people who experienced CSA in more recent decades in Australian society have been able to tell someone about it, where in former generations they have felt compelled to remain silent. While relatively few of these disclosures will be made to law enforcement agencies or result in civil lawsuits, meaningful numbers of people will do so. More significantly, this increase in disclosure almost certainly means that many more people who experienced CSA in more recent years in Australia will have the opportunity for supportive conversations, healing, and will more likely seek and receive health support.

Several factors likely contribute to these increases in disclosure among the younger age groups. The time period of childhood and adulthood for those aged 16–24 and 25–44 respectively have witnessed major social change and advances in scientific discourse in relation to child sexual abuse. Changes in awareness have occurred both in relation to women's rights and children's rights more generally, and in in relation to child sexual abuse more specifically. The broader social movement in feminism especially from the mid-1970s to the early 1990s created a space in which sexual violence including CSA could be discussed. Justice system reforms from the 1990s, and a proliferation of government inquiries into child sexual abuse in institutions from the late 1990s, sensitised broader society to these experiences. Also during this latter period of the 20th century, school-based CSA prevention programs became widespread, in which children were taught about "good touch" and "bad touch", and about telling trusted people if they experienced abuse (Walsh et al., 2019). Since around 2010, increasingly widespread media coverage of high profile cases, and even more prominent national inquiries including the Australian Government's Royal Commission into Institutional Responses to Child Sexual Abuse, gave even more national prominence to CSA, especially within institutional settings (Mathews, 2019). From around 2017, the awareness of sexual violence was accelerated by the MeToo movement, revelations of widespread CSA by other adolescents (Contos, 2023), and high profile advocacy for criminal justice system law reform including by the 2021 Australian of the Year, Grace Tame (Tame, 2022).

Overall, the dramatically increased public awareness of CSA since the Royal Commission has likely supported increased disclosure by Australians aged 16–24 and 25–44. It is plausible to conclude that for these younger groups, awareness of others' familiarity with CSA has produced greater confidence disclosure will be believed, and they would be supported. However, despite this positive development, our findings show disclosure remains a challenge even for Australians in contemporary society: while seven in ten (70.5 %) of 16–24 year olds who experienced CSA have disclosed, almost one third (29.5 %) have not.

4.5. Disclosure of child sexual abuse is difficult across all sub-types (severity)

This analysis found disclosure was around half across every sub-type, ranging from 47.2 % for non-contact CSA, to 58.2 % for rape. Disclosure of rape was significantly more likely than disclosure of non-contact CSA, and contact sexual abuse by touching.

Similar to the increase in disclosure discussed in Part 4.4, we found significant increase in disclosure of more severe subtypes, especially by women, and over the course of one generation. For women aged 45 and over who experienced competed rape in childhood, more than half (53.4 %) had never disclosed; by comparison, in women aged 25–44, one quarter (27.0 %) had never disclosed. Similarly, for women aged 45 and over who experienced attempted rape in childhood, more than half (53.2 %) never disclosed, compared to almost one third (29.6 %) of women aged 25–44 who never disclosed.

Nevertheless, even among younger women, the demographic who most often disclosed, substantial proportions of victims had never disclosed. Among those aged 16–24, approximately one third of all CSA experiences across all sub-types had never been disclosed to anyone. Even the two most severe forms of CSA showed substantial non-disclosure: attempted rape was not disclosed by 36.8 %; and rape was not disclosed by 27.9 %.

Overall, these data show disclosure of CSA is challenging across all levels of severity, and substantial continued non-disclosure even of severe experiences in contemporary society. This has major implications for health provision, child protection, and law enforcement, and for continued efforts to support disclosure of CSA in all its forms.

4.6. Disclosure of sexual abuse by some perpetrators is more difficult

Across all perpetrator classes, a substantial proportion of CSA was undisclosed. These data demonstrate that regardless of the context, the psychosexual transgression of CSA has a silencing effect distinct from other interpersonal violence due to its particularly intimate nature. Higher disclosure of CSA by unknown adults indicates the impact on non-disclosure of betrayal trauma through CSA inflicted by parents, adult family members, and other known adults (Alaggia et al., 2019; Easton, 2013; Fontes & Plummer, 2010; Smith et al., 2000).

Three domains of increases in disclosure by age group indicate social progress and the impact of prevention programs and societal awareness. First, disclosure of CSA perpetrated by parents and adult family members was higher in the generation aged 25–44 compared to those aged 45 and over, showing a major shift when considering the centuries of silence that has surrounded abuse by these perpetrators. Second, while cell sizes are small, disclosure of CSA perpetrated by institutional offenders has become typical, indicating the impact of awareness and extensive prevention efforts in youth serving organisations (Mathews, 2019). Third, higher prevalence of disclosure of CSA by known adolescents who the child had never been romantically involved with – a contextually large group – indicate the impact of broader social awareness, an understanding by those who experienced this abuse that it was wrongful, and a growing confidence that disclosure will be taken seriously. When considered in the broader context of the longstanding non-disclosure of those who experienced CSA, these developments represent significant shifts, and demonstrate these experiences can, at the individual and population level, be shared and discussed.

Yet, these positive findings are tempered by evidence indicating ongoing challenges to disclosure, especially where the perpetrator

exploits familial or relational power. As shown by the data from 16 to 24 year olds, in contemporary Australia one third of all CSA by parents and adult family members, and by unknown adults, remains undisclosed. In addition, age group comparison showed no increase over time in disclosure of CSA by other known adults (beyond parents and adult family members, and institutional adults), and by unknown adults.

4.7. Limitations

Several limitations of the study can be noted. First, some participants may have forgotten incidents of less severe CSA, or cognitively reframed them; similarly, some disclosures may have been forgotten or reframed. However, the sample was large, and the subset of participants who experienced CSA was large; in addition, two thirds of the upper collapsed age group ($n = 3000$: 45 years and over) were aged 45–64, and CSA is generally an experience of such significance that individuals do not readily forget it, or its disclosure, so such an impact is likely minimal. Second, disclosure is a complex process-related experience with varied manifestations, rather than a simple event-based account (Alaggia, 2010); accordingly, some participants may have narrowly construed the question about disclosure. However, we framed the disclosure question with appropriate breadth, to capture the experience of telling any person anything about the experience. Third, we relied solely on self-report data about CSA experiences and disclosure; however, self-report data responding to behaviourally-specific questions about CSA experiences and disclosure have been shown to provide reliable estimates (Mathews et al., 2020). Fourth, we did not consider perpetrator gender, given very small numbers of female perpetrators (Mathews et al., 2024), and further research could consider its impact (Denov, 2003). Finally, mobile phone administration may exclude hard to reach participants. However, the large diverse sample, and the analysis of sampling bias, indicates any such bias was minimal and unlikely to affect results.

5. Conclusion

This analysis of the prevalence of lifetime disclosure of CSA with a large nationally representative sample represents a significant addition to knowledge. Drawing on the experiences of 2348 Australians who provided information about their experience of CSA through childhood up to age 18, and their lifetime disclosure of these experiences, we have generated a national chronology of CSA disclosure. This has enabled identification of significant trends in Australia over approximately the last 75 years. Additional analysis by gender, severity, and abuse perpetrator, have also added to the international evidence base.

Disclosure of CSA in Australia has been infrequent, with only 54.8 % of all those who experienced CSA ever telling anyone anything about it. Disclosure was more common for women (60.3 %) than men (42.2 %). However, this analysis found a higher prevalence of disclosure in contemporary society by younger people, shown by higher prevalence of disclosure among those aged 16–24 (70.5 %) than those aged 25–44 (61.9 %) and 45 and over (46.2 %). This greater tendency to disclose was particularly evident where the perpetrator was a parent or adult family member, an institutional adult, or a known adolescent with whom the victim had never been romantically involved.

This development has likely been influenced by societal factors in Australia, which have broadened public awareness of CSA and changed social norms. In this context, younger individuals in contemporary Australia appear more able to disclose, and more likely to judge the benefits of disclosure to outweigh potential costs. The forces galvanising this change in Australia may hold significance for other countries which might not yet have experienced some or all of these social shifts.

Despite these positive developments, ongoing challenges remain. Lifetime non-disclosure is common, especially for men, and for those aged 45 years and over, meaning many people experience adverse health and other outcomes without support. Even among younger Australians, continued widespread non-disclosure indicates further efforts are needed to support those with lived experience to seek assistance. Those who receive disclosures – typically peers, parents, and romantic partners – need to be equipped to respond appropriately to best support the person disclosing (Manay & Collin-Vézina, 2021). For those who do and do not disclose, different methods of response may be required by health practitioners and other professionals. While these challenges remain and must be met, recent progress demonstrates change is possible.

CRediT authorship contribution statement

Ben Mathews: Writing – review & editing, Writing – original draft, Visualization, Supervision, Resources, Methodology, Investigation, Funding acquisition, Formal analysis, Conceptualization. **David Finkelhor:** Writing – review & editing, Writing – original draft, Investigation, Funding acquisition, Conceptualization. **Delphine Collin-Vézina:** Writing – review & editing, Writing – original draft, Investigation, Formal analysis, Conceptualization. **Eva Malacova:** Writing – review & editing, Formal analysis, Data curation. **Hannah J. Thomas:** Writing – review & editing, Investigation, Funding acquisition. **James G. Scott:** Writing – review & editing, Investigation, Funding acquisition. **Daryl J. Higgins:** Writing – review & editing, Investigation, Funding acquisition. **Franziska Meinck:** Writing – review & editing, Investigation, Funding acquisition. **Rosana Pacella:** Writing – review & editing, Investigation, Funding acquisition. **Holly E. Erskine:** Writing – review & editing, Investigation, Funding acquisition. **Divna M. Haslam:** Writing – review & editing, Project administration. **David Lawrence:** Writing – review & editing, Investigation, Data curation.

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Appendix A. Supplementary data

Supplementary data to this article can be found online at https://doi.org/10.1016/j.chiabu.2024.107183.

Data availability

The authors do not have permission to share data.

References

Alaggia, R. (2010). An ecological analysis of child sexual abuse disclosure. *Journal of the Canadian Academy of Child and Adolescent Psychiatry, 19*, 32–39.
Alaggia, R., Collin-Vézina, D., & Lateef, R. (2019). Facilitators and barriers to child sexual abuse disclosures: A research update (2000-2016). *Trauma, Violence & Abuse, 20*, 260–283.
Brennan, E., & McElvaney, R. (2020). What helps children tell? A qualitative meta-analysis of child sexual abuse disclosure. *Child Abuse Review, 29*(2), 97–113.
Collin-Vézina, D., De La Sablonniere-Griffin, M., Palmer, A., & Milne, L. (2015). A preliminary mapping of individual, relational and social factors that impede disclosure of childhood sexual abuse. *Child Abuse & Neglect, 43*, 123–134.
Contos, C. (2023). *Consent Laid Bare*. Sydney: MacMillan.
Denov, M. S. (2003). To a safer place? Victims of sexual abuse by females and their disclosures to professionals. *Child Abuse & Neglect, 27*(1), 47–61.
Easton, S., Saltzman, L., & Willis, D. (2014). Would you tell under circumstances like that? Barriers to disclosure of child sexual abuse for men. *Psychology of Men & Masculinity, 15*(4), 460–469.
Easton, S. D. (2013). Disclosure of child sexual abuse among adult male survivors. *Clinical Social Work Journal, 41*(4), 344–355.
Easton, S. D. (2019). Childhood disclosure of sexual abuse and mental health outcomes in adulthood: Assessing merits of early disclosure and discussion. *Child Abuse & Neglect, 93*, 208–214.
Easton, S. D. (2020). Disclosure of child sexual abuse: Directions for breaking new ground. *Child Abuse & Neglect, 99*, Article 104287.
Easton, S. D., & Kong, J. (2017). Mental health indicators fifty years later: A population-based study of men with histories of child sexual abuse. *Child Abuse and Neglect, 63*, 273–283.
Easton, S. D., Kong, J., Gregas, M., Shen, C., & Shafer, K. (2019). Child sexual abuse and depressive symptoms in late life for men: A population-based, longitudinal analysis. *Journal of Gerontology: Social Sciences, 74*(5), 842–852.
Easton, S. D., Kong, J., & McKetchnie, S. M. (2022). Brief report: Child sexual abuse and somatic symptoms in older adulthood for men. *Journal of Child Sexual Abuse, 31*(8), 987–997.
Easton, S. D., & Parchment, T. M. (2021). "The whole wall fell apart, and I felt free for the first time": Men's perceptions of helpful responses during discussion of child sexual abuse. *Child Abuse & Neglect, 112*, Article 104922.
Finkelhor, D., & Browne, A. (1985). The traumatic impact of child sexual abuse: A conceptualization. *American Journal of Orthopsychiatry, 55*(4), 530–541.
Finkelhor, D., Hotaling, G., Lewis, I., & Smith, C. (1990). Sexual abuse in a national survey of adult men and women: Prevalence, characteristics, and risk factors. *Child Abuse & Neglect, 14*, 19–28.
Finkelhor, D., Turner, H. A., Shattuck, A., & Hamby, S. (2015). Prevalence of childhood exposure to violence, crime, and abuse: Results from the national survey of children's exposure to violence. *JAMA Pediatrics, 169*, 746–754. https://doi.org/10.1001/jamapediatrics.2015.0676
Fontes, L., & Plummer, C. (2010). Cultural issues in disclosures of child sexual abuse. *Journal of Child Sexual Abuse, 19*(5), 491–518.
Gagnier, C., & Collin-Vézina, D. (2016). The disclosure experiences of male child sexual abuse survivors. *Journal of Child Sexual Abuse, 25*, 221–241.
Gruenfeld, L., Willis, D., & Easton, S. D. (2017). "A very steep climb": Therapists' perspectives on barriers to disclosure of childhood sexual abuse experiences for men. *Journal of Child Sexual Abuse, 26*(6), 731–751.
Guiney, H., Caspi, A., Ambler, A., Belsky, J., Kokaua, J., Broadbent, J., … Poulton, R. (2022). Childhood sexual abuse and pervasive problems across multiple life domains: Findings from a five-decade study. *Development and Psychopathology*, 1–17.
Haslam, D. M., Lawrence, D., Mathews, B., Higgins, D. J., Hunt, A., Scott, J. G., … Malacova, E. (2023). The Australian Child Maltreatment Study (ACMS), a national survey of the prevalence of child maltreatment and its correlates: Methodology. *Medical Journal of Australia, 218*(S6), S5–S12.
Herman, J. L. (1997). *Trauma and recovery*. New York: Basic Books.
Hietamaki, J., Husso, M., Arponen, T., & Lahtinen, H. (2024). Differences between girls and boys in the disclosure of sexual violence. *Journal of Interpersonal Violence*, 1–24.
Holmes, W., & Slap, G. (1998). Sexual abuse of boys: Definition, prevalence, correlates, sequelae, and management. *JAMA, 280*(21), 1855–1862.
Kogan, S. (2004). Disclosing unwanted sexual experiences: Results from a national sample of adolescent women. *Child Abuse & Neglect, 28*, 147–165.
Landberg, A., Svedin, C. J., & Jonson, L. S. (2022). Patterns of disclosure and perceived societal responses after child sexual abuse. *Child Abuse & Neglect, 134*, Article 105914.
Lawrence, D. M., Hunt, A., Mathews, B., Haslam, D. M., Malacova, E., Dunne, M. P., … Scott, J. G. (2023). Association between child maltreatment and health risk behaviours and conditions throughout life: The Australian Child Maltreatment Study. *Medical Journal of Australia, 218*(6 Suppl), S34–S39.
Manay, N., & Collin-Vézina, D. (2021). Recipients of children's and adolescents' disclosures of childhood sexual abuse: A systematic review. *Child Abuse & Neglect, 116*, Article 104192.
Mathews, B. (2019). *New international frontiers in child sexual abuse: Theory, problems and progress*. Dordrecht: Springer.
Mathews, B., & Collin-Vézina, D. (2019). Child sexual abuse: Toward a conceptual model and definition. *Trauma, Violence & Abuse, 20*(2), 131–148.
Mathews, B., & Dallaston, E. (2020). Reform of civil statutes of limitation for child sexual abuse claims. *University of New South Wales Law Journal, 43*(2), 386–416.
Mathews, B., Finkelhor, D., Pacella, R., Scott, J. G., Higgins, D. J., … Collin-Vézina, D. (2024). Child sexual abuse by different classes and types of perpetrator: Prevalence and trends from an Australian national survey. *Child Abuse & Neglect, 147*, Article 106562.
Mathews, B., Meinck, F., Erskine, H. E., Tran, N., Lee, H., Kellard, K., … Haslam, D. M. (2023). Adaptation and validation of the Juvenile Victimization Questionnaire-R2 for a national study of child maltreatment in Australia. *Child Abuse & Neglect, 139*, Article 106093.

Mathews, B., Pacella, R., Dunne, M., Simunovic, M., & Marston, C. (2020). Improving measurement of child abuse and neglect: A systematic review and analysis of national prevalence studies. *PLoS One, 15*(1), Article e0227884.
Mathews, B., Pacella, R., Scott, J. G., Finkelhor, D., Meinck, F., Higgins, D. J., … Dunne, M. P. (2023). The prevalence of child maltreatment in Australia: Findings from a national survey. *Medical Journal of Australia, 218*(S6), S13–S18.
McElvaney, R. (2013). Disclosure of child sexual abuse: Delays, non-disclosure and partial disclosure. *Child Abuse Review, 24*, 159–169.
McGee, H., Garavan, R., de Barra, M., Byrne, J., & Conroy, R. (2002). *The SAVI report: Sexual abuse and violence in Ireland*. Dublin: Liffey Press.
Nguyen, K., Kress, H., Atuchukwu, V., Onotu, D., Swaminathan, M., Ogbanufe, O., … Sumner, S. A. (2021). Disclosure of sexual violence among girls and young women aged 13 to 24 years: Results from the violence against children surveys in Nigeria and Malawi. *Journal of Interpersonal Violence, 36*(3–4) (NP2188–2204NP).
Noll, J. (2021). Child sexual abuse as a unique risk factor for the development of psychopathology. *Annual Review of Clinical Psychology, 17*(6), 6.1–6.26.
O'Leary, P., & Barber, J. (2008). Gender differences in silencing following childhood sexual abuse. *Journal of Child Sexual Abuse, 17*(2), 133–143.
Pacella, R. E., Nation, A., Mathews, B., Scott, J. G., Higgins, D. J., Haslam, D. M., … Monks, C. (2023). Child maltreatment and health service utilisation: Findings from the Australian Child Maltreatment Study. *Medical Journal of Australia, 218*(6 Suppl), S40–S46.
Pereira, A., Peterman, A., Neijhoft, A. N., Buluma, R., Daban, R. A., Islam, A., … Palermo, T. (2020). Disclosure, reporting and help seeking among child survivors of violence: A cross-country analysis. *BMC Public Health, 20*(1), 1051.
Scott, J. G., Malacova, E., Mathews, B., Haslam, D. M., Pacella, R., Higgins, D. J., … Thomas, H. J. (2023). The association between child maltreatment and mental disorders in the Australian Child Maltreatment Study. *Medical Journal of Australia, 218*(S6), S26–S33.
Sivagurunathan, M., Orchard, T., MacDermid, J. C., & Evans, M. (2019). Barriers and facilitators affecting self-disclosure among male survivors of child sexual abuse: The service providers' perspective. *Child Abuse & Neglect, 88*, 455–465.
Smith, D., Letourneau, E., Saunders, B., Kilpatrick, D., Resnick, H., & Best, C. (2000). Delay in disclosure of childhood rape: Results from a national survey. *Child Abuse & Neglect, 24*(2), 273–287.
Stiller, A., & Hellmann, D. F. (2017). In the aftermath of disclosing child sexual abuse: Consequences, needs, and wishes. *Journal of Sexual Aggression, 23*(3), 251–265.
Stoltenborgh, M., Van Ijzendoorn, M., Euser, E., & Bakermans-Kranenburg, M. (2011). A global perspective on child sexual abuse. *Child Maltreatment, 16*(2), 79–101.
Tame, G. (2022). *The ninth life of a diamond miner: A memoir*. Sydney: MacMillan.
Tener, D., & Murphy, S. B. (2015). Adult disclosure of child sexual abuse: A literature review. *Trauma, Violence & Abuse, 16*(4), 391–400.
Velloza, J., Davies, L., Ensminger, A., Mboshono Theofelus, F., Andjamba, H., Kamuingona, R., … O'Malley, G. (2022). Disclosure and help-seeking behaviors related to sexual and physical violence in childhood and adolescence: Results from the Namibia Violence Against Children and Youth Survey. *Child Abuse & Neglect, 128*, Article 105624.
Walsh, K., Berthelsen, D., Hand, K., Brandon, L., & Nicholson, J. (2019). Sexual abuse prevention education in Australian primary schools: A national survey of programs. *Journal of Interpersonal Violence, 34*(20), 4328–4351.