

Gender Differences in the Context and Consequences of Child Sexual Abuse

Judy Cashmore and Rita Shackel*

Abstract

Child sexual abuse, and particularly the abuse of boys, is now the focus of significant research and attention — especially in light of various inquiries, as many victim-survivors come forward years after their abuse to testify to their abuse by clergy and other institutions. This article examines what the research to date has revealed about gender differences in the dynamics of child sexual abuse and the sequelae for male and female victims. These findings are important in understanding: how males and females experience, respond to and recover from such abuse; and how to protect, prevent, and adequately support both male and female victims of child sexual abuse and their families.

Keywords: child sexual abuse – gender – prevalence – disclosure – sequelae

Introduction

Until quite recently, most of the research and discourse related to child sexual abuse focused on the abuse of girls, with much less attention on boy victims (Finkelhor 1990; Spataro, Moss and Wells 2001). This meant that much of our understanding of child sexual abuse has been, and to some extent still is, seen through the prism of victim as female and perpetrator as male. More recently, with some early beginnings, the sexual abuse of boys has come into increased focus in the literature (see, for example, Briere et al 1988; Black and DeBlassie 1993; Dorahy and Clearwater 2012; Holmes, Offen and Waller 1997; Pierce and Pierce 1985; O’Leary and Gould 2010; Romano and De Luca 2001; Tolin and Foa 2006). As a result of inquiries in a number of countries that have revealed the extent of abuse against boys in church-based institutions and sporting and other recreational settings, it is now clear that boys, like girls, experience child sexual abuse at significant rates. In clergy-perpetrated sexual abuse, for example, the victims are much more likely to be boys than girls (Disch and Avery 2001; John Jay College 2004; Parkinson, Oates and Jayakody 2010).¹ There is also

* Judy Cashmore AO, Associate Professor, Sydney Law School; Rita Shackel, Associate Professor, Sydney Law School. Correspondence: c/- Law Publishing Unit, Sydney Law School, Law Building F10, The University of Sydney NSW 2006, Australia. Email: judith.cashmore@sydney.edu.au or rita.shackel@sydney.edu.au.

¹ In Parkinson, Oates and Jayakody’s (2010) study of reported child sexual abuse from 17 Anglican Church dioceses throughout Australia, 70% (133/191) of the cases involved boys. In the John Jay College of Criminal

evidence that both male and female victims of childhood sexual abuse experience significant difficulties in a range of areas that may include mental health problems across their lifetime, and this article reviews that evidence in a systematic way.

Prevalence estimates of child sexual abuse

Estimating the prevalence of child sexual abuse is not at all straightforward. The main difficulty is the unknown 'dark figure' of those who never disclose their abuse to anyone, including to researchers or in self-reported surveys. Prevalence estimates vary according to when the research was conducted; how sexual abuse is defined; who is targeted; and what type of survey method is used and the way the questions are worded (Bolen and Scannapieco 1999; Pereda et al 2009; Stoltenborgh et al 2011). Table 1 in the Appendix to this article presents the findings of a number of Australian prevalence studies, as well as several systematic reviews and meta-analyses across a number of studies in different countries. Overall, there is a consistent picture of a higher prevalence of sexual abuse against girls than boys, despite the variation across studies and definitions of abuse. A review of five comprehensive studies based on relatively large community samples in Australia since 2001 found, for example, prevalence rates for boys of 1.4–8% for penetrative abuse and 5.7–16% for non-penetrative abuse; for girls, the rates were 4–12% for penetrative abuse and 13.9–36% for non-penetrative abuse (Scott 2013). On the basis of these figures, the *Interim Report* of the national Royal Commission into Institutional Responses to Child Sexual Abuse (2014:99) estimated that 'one in three girls and one in seven boys in Australia have experienced some form of child sexual abuse in their lifetime', on the upper end of the relevant ranges shown in Table 1. It is likely, however, that the figures in Table 1 underestimate the 'real' prevalence because of the reluctance to disclose sexual abuse, especially among males, as outlined later.²

The dynamics of child sexual abuse

Teasing out the gender dimensions is challenging not only because of definitional and methodological variations in child sexual abuse research generally, but also because there is limited research that specifically compares the experiences of male and female victims. We now examine two key issues: first, whether there is evidence that the sexual abuse of boys is qualitatively different to that of girls; second, whether the sexual abuse of boys tends to be seen as less abusive than that of girls. Both have implications for the type and level of support that males and females need and receive.

Justice's (2004) large-scale study of sexual abuse of minors in the United States (US) by Catholic priests and deacons for the period 1950–2002, over 81% of incidents of reported abuse involved boys.

² Evidence from some developing countries and non-Western cultures suggests the prevalence of child sexual abuse may be even higher for boys than girls (Chan et al 2013; Frederick 2010; Immigration and Refugee Board of Canada 2002). These findings highlight the importance of considering the intersection of gender and race, culture and religion in understanding child sexual abuse and victims' lived experiences and needs (Boakye 2009; Lovett 2004).

A qualitative difference in the abuse of boys and girls?

There are several features of the sexual abuse of boys that point to differences with that of girls, and others where the research findings indicate little, if any, difference.

Perhaps the most obvious difference concerns several aspects of sexual identity. For both boys and girls, the perpetrator in reported cases is typically male (Dube et al 2005; Spataro, Moss and Wells 2001). However, although not common and probably under-reported, boys — and especially adolescent boys — are more likely than girls to have a female perpetrator (Romano and De Luca 2001).³ The social construction of gender identity for adolescent boys carries a different meaning for abuse by both male and female perpetrators. Where the perpetrator is female, it may be seen as a ‘rite of passage’, rather than abuse (Peake 1989; Spataro, Moss and Wells 2001). Where the perpetrator is male, the same-sex element of the abuse carries significant meaning for boys, and a body of research indicates that boys may be deeply troubled by the perceived homosexual dimension of same-sex molestation, which may manifest in feelings of guilt, shame and confusion about their sexuality (Crowder 1995; Dhaliwal et al 1996; Dorahy and Clearwater 2012; O’Leary and Barber 2008; Rhodes et al 2011; Romano and De Luca 2001). This has implications, both for the disclosure and impact of the abuse, outlined later.

Other critical aspects of the context are the relationship between the perpetrator and the child, the setting, and aspects of the abusive acts. While girls are more likely to experience abuse involving their biological fathers, step-fathers and other male relatives within the family home, boys are more likely to experience extrafamilial abuse in the offender’s home, institution or in a public place (Faller 1989; Finkelhor 1990; Gold et al 1998; Gordon 1990; Hunter 1991; Kendall-Tackett and Simon 1992; Levesque 1994; Richards 2011; Romano and De Luca 2001). In both intrafamilial and extrafamilial abuse where the perpetrators are trusted members of the family or trusted members of the church or other institutions, the likelihood of disclosure is lessened and the severity of the impact heightened (Brady 2008; Fogler et al 2008; Kendall-Tackett, William and Finkelhor 1993; Romano and De Luca 2001).

Another important aspect of the relationship between the victim and perpetrator concerns the age gap. A number of studies have reported that boys are more often than girls sexually abused by their peers or others closer in age to them, including their siblings, cousins and other relatives, and other residents in institutions (Gordon 1990; Hunter 1991; Romano and De Luca 2001; Thomlison et al 1991). This is important for two reasons. First, it means that prevalence figures that rely on a five-year age gap between the victim and perpetrator are likely to underestimate the abuse of boys by peers and age-mates. Second, sexual activity of this type may cause some confusion as to the ‘abusive’ aspect of those experiences both for the victim, possibly the perpetrator, and also in terms of professional responses to it (Holmes, Offen and Waller 1997; Mohler-Kuo et al 2013; Romano and De Luca 2001). Where is the line to be drawn between abuse and ‘experimentation’ in sexual activity between children and young people?

In terms of age at the onset of the abuse, a number of studies point to most child sexual abuse of boys and girls occurring between the ages of 7 and 10 years of age (Fanslow 2007; Romano and De Luca 2001; Steel et al 2004). The findings as to gender differences are, however, mixed and not definitive, with some studies confounding age of onset with the

³ In Dube et al’s (2005:434) US study, for example, 40% of men (cf 6% of women) reported female perpetration. Similarly, Newcomb, Munoz and Carmona’s (2009) study of high school students found that 53% of male victims of child sexual abuse reported a female perpetrator.

duration of the abuse, and also with age at disclosure or reporting of the abuse.⁴ While there is some indication of a link between the age of onset and the extent of emotional and behavioural disturbance, this needs to be separated from the duration of the abuse, which is also linked to greater psychological distress (Bennett, Hughes and Luke 2000; Crowder 1995; Maikovich-Fong and Jaffee 2010; Rodriguez et al 1998; Romano and De Luca 2001; Steel et al 2004). Girls have been found to be more likely to experience sexual abuse over a longer period of time than boys, possibly related to the opportunities provided both for grooming and continuing contact in intrafamilial abuse (Kendall-Tackett and Simon 1992; Thomlison et al 1991).

In terms of the type of abuse, there is some evidence that the sexual abuse of boys may involve more violence and physical harm, and that adolescent boys are more likely than girls to be victimised by multiple perpetrators (Dhaliwal et al 1996; Fogler et al 2008; Gordon 1990; Maikovich-Fong and Jaffee 2010; Pierce and Pierce 1985; Romano and De Luca 2001; Steever, Follette and Naugle 2001). In some studies, boys have been found to be more likely than girls to experience repeated penetrative acts, oral intercourse, anal-genital contact and masturbation (Bilginer, Hesapçioğlu and Kandil 2013; Coohy 2010; Pierce and Pierce 1985; Romano and De Luca 2001; Thomlison et al 1991). Both the presence of violence or threatened force and abuse involving more invasive acts have been linked to greater psychological distress and more adverse mental health outcomes (Browne and Finkelhor 1986; Cutajar et al 2010; Easton 2014; Kendall-Tackett, William and Finkelhor 1993; Molnar, Buka and Kessler 2001; Romano and De Luca 2001).

These findings indicate that the sexual abuse of boys and girls appears on some indices to be qualitatively different. How these differences might affect male and female victims is more difficult to answer, as the sequelae of child sexual abuse, discussed later, is the result of a complex interaction of a number of factors; the nature and context of the abuse are only part of this. It is clear, however, that many of the abuse characteristics that are common in child sexual abuse perpetrated against boys are linked with adverse outcomes.

Is sexual abuse of boys perceived to be less abusive?

This question is important as a backdrop for research that suggests that males are less likely than females to disclose sexual abuse, take longer to do so, and are less likely to access or be identified by support services (Foster, Boyd and O'Leary 2012). In an early study, Baker and Duncan (1985) found that men were significantly less likely than women to say they had been damaged by their abuse: 4% of men compared with 13% of women stated that the experience had caused permanent damage, and 57% of men stated the experience had no effect compared with 34% of women. Widom and Morris (1997) found men were much more reluctant to label child sexual experiences as 'abuse' than women (16% compared with 64%). Fondacaro, Holt and Powell's (1999) study of male prison inmates also found that 41% of those who met the criteria for contact child sexual abuse did not consider their experiences as 'abusive', though they had higher rates of alcohol problems than those who did; rates of post-traumatic stress disorder (PTSD) and obsessive compulsive disorder were, however, greater for those who saw their experiences as abusive. Other research that has

⁴ Romano and De Luca (2001) have claimed that findings from retrospective studies seem to indicate that the average age for onset of abuse for boys is slightly higher than for girls, whereas data from cases reported to the authorities suggest that the mean age of onset of abuse is lower for boys than girls. The age of onset of abuse by clergy may also be older for boys than girls (John Jay College 2006).

linked men's identification as a survivor of child sexual abuse to higher levels of psychological distress suggests that perceiving early sexual experiences as non-abusive may be a form of protective denial for men shielding them against painful memories (O'Leary and Gould 2010; Steever, Follette and Naugle 2001). This may mean that 'nondisclosure is actually more adaptive for males than is disclosure' (O'Leary and Barber 2008:135). On the other hand, there is evidence that men often repress memories of abuse or resort to substance abuse as a form of denial in order to cope with painful memories and suppress distressing thoughts and feelings (Alaggia and Millington 2008).

The tendency for the sexual abuse of boys to be seen as less serious by male victims, and even as non-abusive, takes several forms. First, for boys, it is argued, sexual experiences with an adult may be culturally defined as an early introduction to sexual prowess and 'manhood' (Holmes, Offen and Waller 1997:76). Accordingly, 'male socialization tends to encourage males to define sexual experiences as desirable', as a 'rite of passage' so long as there is no homosexual involvement. This is consistent with research findings that male victims of child sexual abuse perpetrated by a female tend not to report such experience unless coercion was involved (Allen 1991; Condy et al 1987; Deering and Mellor 2011). There is evidence also that professionals tend to see sexual abuse by female perpetrators as serious, but as 'less damaging, and ... less likely to be considered worthy of intervention, and judicial action than cases involving male offenders' (Mellor and Deering 2010:432).

Second, a boy's physiological reaction during acts of abuse (ie an erection and possible ejaculation), may lead them to view their abuse as something they invited or desired (Holmes, Offen and Waller 1997; Watkins and Bentovim 1992). Feelings of being a willing participant may be exacerbated by 'grooming' processes preceding and throughout the abuse. Grooming is used to cultivate an emotional relationship between the perpetrator and make the victim compliant (Craven, Brown and Gilchrist 2006; Kaufman et al 1998; John Jay College 2006; Smallbone and Wortley 2001; Terry 2008). This may make it difficult for the victim to recognise and/or acknowledge the abusive nature of the relationship (Holmes, Offen and Waller 1997).

Third, cultural notions of 'traditional' masculinity may explain the perception of the sexual abuse of boys as less abusive than that of girls, and even as non-abusive by the victim himself. These norms of masculinity include being in control and proud of sexual prowess; they eschew vulnerability, victimhood and homosexuality (Easton 2014; Spataro, Moss and Wells 2001). These perceptions are also likely to underpin the consistently reported pattern of differences between males and female 'victims' in disclosing sexual abuse.

Disclosure of child sexual abuse

The disclosure of child sexual abuse and the response the victim receives are integral to how a victim experiences the aftermath of abuse, and to their recovery (Lovett 2004). While there are some similarities in the patterns of disclosure for males and females,⁵ most notably

⁵ A consistent finding is that a majority of child sexual abuse victims withhold disclosure (Collings, Griffiths and Kumalo 2005; Hébert et al 2009; Smith et al 2000). Estimates suggest that 60–80% of victims of childhood sexual victimisation never disclose or delay disclosure (Alaggia 2005). Those who do disclose, often do so many years after the abuse and often as adults (Arata 1998; Alaggia 2004, 2005, 2010; Bell and Belicki 1998; Elliot and Briere 1994; Goodman-Brown et al 2003; Lovett 2004; Pipe et al 2007; Priebe and Svedin 2008; Roesler and Wind 1994; Tang, Freyd and Wang 2008). Based on a representative sample of adults from Quebec, Hébert et al (2009) reported that almost 58% of the victims of child sexual abuse delayed disclosure for five years or more, and 20% never disclosed.

a tendency towards non-disclosure and delayed and indirect disclosure, the research also points to some significant gender differences.

The main differences are that males are less likely than females to disclose child sexual abuse at the time of abuse, and that when they do disclose, they take longer to do so, and make fewer and more selective disclosures (Gries, Goh and Cavanaugh 1996; Hébert et al 2009; Hunter 2011; O'Leary and Barber 2008; Priebe and Svedin 2008; Schoen et al 1998).⁶ It is not uncommon for men to take more than 20 years to disclose their abuse or talk to anyone about it (Easton 2013; O'Leary and Barber 2008). O'Leary and Barber (2008), for example, found that nearly two-thirds of the women who had been sexually abused prior to the age of 18 disclosed the abuse at or around the time it occurred, but only one in four of the males did so.⁷ The men also took significantly longer than the women to discuss their sexual abuse experiences, with 45% of men compared with 25% of women taking in excess of 20 years to do so.⁸

Similar patterns are also evident in relation to church-related abuse, with males taking significantly longer than females to disclose their abuse (Parkinson, Oates and Jayakody 2010). Parkinson, Oates and Jayakody (2010) reported a mean average delay in disclosure by men of 25 years (compared with 18 years for women). The majority of men waited until they were in their 30s or 40s to report their childhood victimisation. Indeed, several studies have found that the rate of non-disclosure among boys increases with their age at the time of the abuse (Boudewyn and Liem 1995; Paine and Hansen 2002; Roesler and McKenzie 1994), whereas the opposite is the case for girls (Williams and Banyard 1997).

For those victims who do disclose or attempt to do so in childhood, both boys and girls most commonly disclose to a peer (Priebe and Svedin 2008; Schonbucher et al 2012; Shackel 2009a) or parent (Levesque 1994; Schonbucher et al 2012). However, it has been estimated that up to 80% of victims do not purposefully disclose before adulthood (Alaggia 2005), with women more likely than men to do so purposefully in adulthood. Again, they were more likely to tell a friend, rather than a parent (Hunter 2007; 2010; 2011; Roesler and Wind 1994; Shackel 2009b).

Why might boys and men find it more difficult to disclose their experience of child sexual abuse than girls and women? Various theories of disclosure point to victims balancing the 'risks and rewards' or 'advantages and disadvantages' in their decision to tell or not tell or partly tell, often in a 'carefully measured process' (Alaggia 2005:455), rather than 'a single static event' (Gries et al 2000:33; Lovett 2004; Sorensen and Snow 1991). If the perceived risks/disadvantages of disclosure are deemed to be greater than the benefits/advantages of telling, then disclosure is less likely (Fisher et al 1988). On the one hand, disclosure can serve to bring the abuse to an end and/or help the victim to gain support. On the other hand, disclosure may open the victim up to being disbelieved or blamed and may lead to feelings of shame, embarrassment and guilt (Palmer et al 1999; O'Leary and Barber 2008).

⁶ Hébert et al (2009) reported that more than 20% of women, but only 10.5% of men, disclosed within 24 hours; a further 5.6% of the women and no men disclosed within a month of the abuse.

⁷ The respective figures in this Australian study were 63.6% ($n = 96/151$) of the women, but only 26% ($n = 73/143$) of the males.

⁸ Similarly, Easton's (2013) study of a large purposive sample of 487 male survivors found that, on average, men delayed disclosing abuse for 21.4 years and discussing the abuse for 28.2 years.

While similar factors may come to bear on male and female decisions around disclosure (such as the fear of negative consequences), there appear to be differences between males and females in how they think about, rationalise and weigh up the likely impact of such factors. Men may be especially inhibited by the fear of being labelled 'homosexual' (Alaggia 2005; 2010; Alaggia and Millington 2008), by a belief that boys do not get sexually abused (Alaggia 2005; Easton 2014), and that boys who have been sexually abused are likely to become sexual abusers (Cashmore and Shackel 2013; Richards 2011).⁹ Men's fear of stigmatisation, further victimisation, and of being ostracised by other men and the target of unfair treatment (Alaggia 2010:37) is substantiated by research that reveals that men generally are likely to view victims of child sexual abuse negatively (Harter et al 2009). Men may be further inhibited from disclosing due to concerns that they will not be able to access male-centered support services (Alaggia 2005).

In contrast, girls are more likely to be inhibited in disclosing due to their feelings of responsibility for possible family breakdown and the repercussions for others (Alaggia 2005, 2010; Goodman-Brown et al 2003). They more often fear being blamed (eg for not stopping the abuse) or disbelieved (Alaggia 2005, 2010). All these fears are commonly a source of manipulation by the abuser to silence both male and female child victims (Malloy, Brubacher and Lamb 2011).

There is also reason to think that disclosure may be more beneficial for female than male victims.¹⁰ In general terms, the findings on the impact of disclosure are mixed — some have reported a positive effect (Arata 1998; Gries et al 2000), some a neutral effect (Nagel et al 1997; Ruggiero et al 2004; Sinclair and Gold 1997) and other studies suggest that disclosure may have an adverse effect on the victim's mental health (Berliner and Conte 1995; Elliot and Briere 1994; Lamb and Edgar-Smith 1994; O'Leary and Barber 2008; Roesler and Wind 1994). A confounding factor in much of this research, however, is timing of disclosure, which is generally more delayed for males than females.

A potentially powerful influence on the disclosure experience and the sequelae of child sexual abuse, however, is the reaction of the person to whom disclosure is made and the availability of positive social support and assistance (Arata 1998; McElvaney, Greene and Hogan 2012; Palmer et al 1999; Roesler 2000; Ullman 2003). Girls and women generally receive more positive social reactions and are likely to receive more social support from their families than men (Stroud 1999; Ullman and Filipas 2005). Even when boys do disclose, they are significantly less likely to receive counselling and other professional support on disclosure than girls (Foster, Boyd and O'Leary 2012; Holmes, Offen and Waller 1997). There is also some evidence that it is not uncommon for men's stories of sexual abuse not to be believed or taken seriously, even in therapy (Alaggia and Millington 2008).

⁹ The research reviewed by Cashmore and Shackel (2013:18) indicates:

that *most* victims of child sexual abuse do not go on to offend sexually or in other ways, although the risks are higher than for those in the general population who were not sexually abused. Although the Ogloff et al. (2012) study clearly indicated that victims of child sexual abuse are at greater risk of subsequent offending behaviour, most child sexual abuse victims (77%) did not have a criminal record. (emphasis in original)

¹⁰ The weight of research involving women survivors seems to suggest that disclosure of abuse ultimately is seen as positive by most female victims and tends to have a beneficial effect (Arata 1998; Palmer et al 1999). Arata (1998) reported that women who disclosed had fewer intrusive and avoidant symptoms compared with women who did not disclose. Palmer et al (1999) similarly found, in a study of 384 adults with a history of child sexual abuse, that most women were glad they revealed the abuse. The benefits of disclosure described by women included unloading a burden, resolving inner conflicts, being believed and ending the abuse.

Sequelae of child sexual abuse

A large body of research since the 1980s presents a consistent picture of significant links between a history of child sexual abuse for many victims, irrespective of gender, and a range of adverse outcomes both in childhood and adulthood (Browne and Finkelhor 1986; Cashmore and Shackel 2013; Gershon, Minor and Haywood 2008; Gilbert et al 2009; Mullen and Fleming 1998). These cover social, sexual and interpersonal functioning, as well as mental and physical health outcomes, and poorer economic and educational outcomes (Cashmore and Shackel 2013; Larsen et al 2011; Mullen et al 1993; 1994; Nugent, Labram and McLoughlin 1998; Robst and Smith 2008). Survivors of child sexual abuse, and particularly women, also face heightened risk of re-victimisation of diverse kinds (not just sexual re-victimisation) during their lifetime (Classen, Palesh and Aggarwal 2005; Elliot, Browne and Briere 2004; Spatz, Czaja and Dutton 2008; Messman-Moore and Long 2003; Swanston et al 2002). Not all victims experience these difficulties, however, and determining causality and any mediating links between child sexual abuse and later outcomes is far from straightforward. A range of other factors including other adverse childhood experiences, individual characteristics, subsequent life circumstances, and community and societal attitudes and responses need to be taken into account and may play a role in buffering or boosting the likelihood of adverse outcomes (Fergusson et al 2013; McMillen, Zuravin and Rideout 1995; Russell 1986).

Gender differences in sequelae of childhood sexual abuse

The role that gender may play as a possible mediating or moderating factor in how victims respond to and recover from child sexual abuse is also not straightforward. Gender comparisons are complicated because boys are less likely to disclose abuse in childhood, so the immediate effects of sexual victimisation on boys are more difficult to identify and trace. This means that much of what is known about the impact of child sexual abuse on boys has been revealed through self-reports by adult males of their childhood experiences and adult lives with some of the associated difficulties of retrospective reports (Hardt and Rutter 2004; Holmes, Offen and Waller 1997). Their greater reluctance to disclose may also mean that they tend to do so only when their level of distress is high, and requiring professional intervention; this may then skew the severity of their problems relative to females who disclose more readily (Spataro et al 2004).

Despite these difficulties, there is an increasing body of evidence in more recent rigorous studies and meta-analyses and systematic reviews that provides some useful insights into the commonalities and differences in the lived experience of child sexual abuse and the sequelae for male and female victims (Gold et al 1998; van Roode et al 2009). Table 2 in the Appendix to this article presents the findings of a number of studies in Australia, New Zealand, the United Kingdom (UK), and US, as well as several meta-analyses and systematic reviews¹¹ that have specifically examined whether male and female victims of childhood sexual abuse differ in the extent to which they present with a range of problems,

¹¹ Systematic reviews involve a comprehensive search strategy to reduce bias in the selection and critical appraisal of relevant studies on a particular topic. They may include meta-analysis, a statistical method of pooling the data from individual studies to provide a weighted average or summary effect size (Akobeng 2005). Both types of review, however, rely on their selection processes and the quality of the studies that they include.

both in the short and longer term.¹² The studies that are included in Table 2 provide an indication of the more recent rigorous large-scale studies with strong sampling methodologies that have examined gender differences. These include several longitudinal and twin studies, and a number of meta-analyses and systematic reviews.

Overall, the picture, especially from the meta-analyses, is that for the most part, there is no significant difference or ‘moderating effect’ of gender in the mental health and psychosocial functioning of male and female survivors of childhood sexual abuse.¹³ One, a systematic review of 16 school-based studies, found that the association between child sexual abuse and suicide attempts was considerably stronger for boys than girls across studies in various countries, especially after taking account of a range of related factors (Rhodes et al 2011). Another very controversial meta-analysis by Rind, Tromovitch and Bauserman (1998) found more negative psychosocial outcomes for females than males, with mixed findings for males according to whether the ‘abuse’ was ‘wanted’ or ‘unwanted’.¹⁴ Hillberg, Hamilton-Giachritsis and Dixon (2011:44–5) review of four review studies that included gender comparisons for a range of adult mental health difficulties and psychopathology concluded that ‘[t]he evidence suggests that there is no gender difference between victims’ assessed level’ of adult mental health difficulties’ though ‘female victims of CSA perceived themselves to have suffered greater psychological harm from these experiences than male victims’. As Hillberg, Hamilton-Giachritsis and Dixon (2011:45) point out, ‘[t]hese findings indicate that although the adult victims score within the clinical range’ of adult mental health difficulties, ‘they may not perceive themselves to have been psychologically harmed from the traumatic experiences’. This is consistent with the research (outlined earlier) reporting that some male victims of child sexual abuse in particular do not see themselves as victims, and that disclosure may work very differently for male and female survivors.

¹² These studies were drawn from a systematic search of online databases, reference lists, and particular journals. The search was conducted using the following terms: child sexual abuse (‘CSA’) (child maltreatment, child abuse); impact and effect; adult psychopathology (disorder, mental health difficulties, pathology, etc), gender (gender, male or female) and study type (research study, systematic reviews, meta-analysis). The following electronic sources and databases were searched for the period from 1985 for research and reviews (restricted to English-language publications): Science Direct; PsycINFO; Web of Science (SCI-EXPANDED, SSCI, A&HCI, CPCI-S, CPCI-SSH, CCR-EXPANDED, IC); Social Services Abstracts; Sociological Abstracts; Social Service Information Gateway; Medline; The Campbell Collaboration; The Cochrane Library; and with particular attention to several abuse speciality journals such as *Child Abuse & Neglect*, and *Journal of Child Sexual Abuse*. Studies were included if they (1) appeared in peer-reviewed journals; (2) were published in full; (3) examined the psychological, behavioural, sexual, or other health problems for male and female victims associated with childhood sexual abuse; (4) reported sufficient primary data derived from longitudinal, cross-sectional, case-control, or cohort studies with reliable measures and strong sampling methodology. Hillberg, Hamilton-Giachritsis and Dixon (2011:41) reported that: ‘Only sample size and sample source were consistently found to moderate the relationship between CSA and AMH difficulties in the primary studies that were included in the meta-analyses they reviewed’.

¹³ The finding of no gender differences is important in itself and several of the meta-analyses took account of the ‘so-called “file-drawer effect” (the probability that unpublished null results would eliminate the obtained results: the “fail-safe *N*” (FSN) — see Maikovich-Fonga and Jaffee 2010; Tolin and Foa 2006.

¹⁴ Hillberg, Hamilton-Giachritsis and Dixon (2011) outlined the major issue in the Rind, Tromovitch and Bauserman (1998) controversy:

In terms of the moderating properties of assumed “level of consent,” Rind et al.’s (1998) meta-analysis is highly controversial and has received major criticism. Similar criticism can be made of the earlier meta-analysis by Rind and Tromovitch (1997). In both of the meta-analytical reviews, the authors’ description of information regarding conceptualization of CSA events, in which the victim was considered “willing,” was poor and lacks internal validity as adult victims who reported giving their “consent” to be sexually abused in childhood were never measured in the primary studies included (Dallam et al., 2001; Dallam, 2002; Ondersma, Chaffin and Berliner, 1999; Ondersma et al., 2001).

Looking at some of the individual studies in different countries (Australia, New Zealand, the UK, and the US), male survivors, compared with women survivors and non-abused men, have been reported to be particularly at risk of anxiety-related symptoms and disorders, including increased suicidality (Garnefski and Arends 1998; Garnefski and Diekstra 1997; Martin et al 2004; Molnar, Berkman and Buka 2001; Spataro et al 2004; van Rooode et al 2009). On the other hand, Cutajar et al (2010) found that female sexual abuse victims were at higher risk of suicide and affective and borderline disorders, while men were more likely than women who had been abused to have antisocial disorders. Other studies reported no difference by gender. Dube et al's (2005) retrospective large-scale cohort study of 17,337 adults in the US found that a history of suicide attempts was more than twice as likely among *both* men and women who had a history of child sexual abuse than their non-abused counterparts. Similarly, Nelson's (2002) study of twins in Australia also found a significantly increased risk for suicide for both men and women twins relative to their non-abused twin. So also in the series of articles on the Christchurch prospective longitudinal study in New Zealand, Fergusson and his colleagues (1996, 2003, 2008, 2013) have fairly consistently reported higher rates of various mental health disorders in association with childhood sexual abuse but at rates that were similar for men and women.

Conclusion

It seems clear, then, that male and female victims and survivors of child sexual abuse experience the aftermath of sexual abuse, both in terms of disclosure and the short and longer-term outcomes, in ways that are both similar and different. Sexual abuse occurs in a 'gendered' social context on a number of dimensions (Ullman and Filipas 2005:768). Gender can influence an individual's risk of being sexually abused, by whom, the nature of and circumstances of the abuse, the decision to disclose and the process of telling, and the likelihood of receiving support and counselling. Understanding the differences between the lived experiences and sequelae for males and females affects how as a society we address child sexual abuse and ensure protection and support for both boys and girls, and men and women. In particular, these differences may well be critical in how survivors are supported through the disclosure process, any investigation and prosecution that might follow, and access to appropriate services for those who have and have not told anyone of their abuse. Assumptions about males being less affected by child sexual abuse and in less need of services need to be challenged. However, the focus and type of services for men may need to be quite different from those for women given the gender identity issues that such abuse raises.

Appendix and References follow.

Appendix: Child sexual abuse studies.

Table 1: Prevalence studies of child sexual abuse — Australia and meta-analyses.

AUSTRALIAN STUDIES†					
Author	Study sample and source	Age of respondent	Measure of sexual abuse	Prevalence rates	
Australian Bureau of Statistics (ABS) (2005)	<i>Personal Safety Survey</i> – national survey	Over 15 at time of survey, reporting on abuse before age of 15	Any act, by an adult, involving a child under the age of 15 years in sexual activity.	F: 12.0% M: 4.5%	
Dunne, Purdie, Cook, Boyle and Najman (2003)	N = 1,784 (876 males, 908 females) Community-Electoral	18–59 years	A range of behaviours from non-penetrative (eg, try to sexually arouse you) to vaginal or anal penetration.	F: 33.6% M: 15.9% (non-penetrative) F: 12% M: 4% (penetrative)	
Mamun et al (2007)	N = 2,578 (1273 males, 1305 females) Community-Longitudinal	21 years (Queensland)	A range of behaviours from non-penetrative (e-g., exposure to masturbation) to sexual intercourse.	F: 20.6% M: 10.5% (non-penetrative) F: 7.9% M: 7.5% (penetrative)	
Mazza, Dennerstein, Garamszegi, and Dudley (2001)	N = 362 females Community-Longitudinal	51–62 years	A range of behaviours from non-contact (eg, masturbate in front of child) to contact (eg, fondling of breasts) to penetration.	<i>Females only:</i> 42% (non-contact) 36% (contact) 7% (penetrative)	
Moore, Romaniuk, Olsson and Jayasinghe (2010)	812 males, 933 females Community-Longitudinal	24 years (Victoria)	Range of behaviours from non-contact (eg, exposure) to penetrative (eg, attempting or having sexual intercourse).	F: 13.9% M: 5.7% (non-contact) F: 14.0% M: 4.6% (contact) F: 4.0% M: 1.4% (penetrative)	

Najman, Dunne, Purdie, Boyle, and Coxeter (2005)	1,793 Community-Electoral	18–59 years	A range of behaviours from non-penetrative (eg. try to sexually arouse you) to penetrative (vaginal or anal penetration)	F: 23.0% F: 12.0%	M: 12.0% (non-penetrative) M: 4.0% (penetrative)
META-ANALYSES AND SYSTEMATIC REVIEWS OF PREVALENCE					
Author	Type of study	Age of respondent	Measure of sexual abuse	Prevalence rates	
Finkelhor (1994)	Narrative review of prevalence studies in 21 countries (1985–1992)	Range – school and university students and population samples	Few comparisons among countries are possible because of methodological and definitional differences.	F: 7–36% of women (20% average) M: 3–29% of men (5–10% average)	
Fergusson and Mullen (1999)	Systematic review of 30 studies		A range of behaviours from non-contact, contact to vaginal or anal penetration, Child abuse as under 18 years.	F: 8–62.1% F: 6–45% F: 5–10%	M: 3–29% (non-contact inclusive) M: 3–20% (contact) M: 5–10% (penetrative)
Pereda et al (2009)	Meta-analysis including 65 articles covering 22 countries: 37,904 men and 63,118 women	Average age range from 16–46 years	A range of behaviours from non-contact (broad definition) to contact sexual abuse (narrow). ‘Child’ variously defined as under 15–18 years.	F: 19.7% F: 37.8%	M: 7.9% (overall) M: 13.0% (Australia – 4F, 2M studies)
Stoltenborgh et al (2011)	Meta-analysis including 217 publications (1980–2008), involving 331 independent samples, total of 9,911,748 participants	Adult and child	A range of self-reported and informant experiences, with non-contact, contact, and penetration (US National Incidence Study definition).	F: 18% F: 21.5% F: 17.3% F: 18.4%	M: 7.6% (overall) M: 7.5% (Australia – 12 samples) M: 4.7% (child respondent) M: 8.6% (adult respondent)

† All Australian studies defined ‘child’ as under 16 years at time of abuse. See Scott (2013) Table 5: Prevalence of child sexual abuse in comprehensive contemporary Australian studies.

Table 2: Studies reporting gender differences in outcomes of children who were sexually abused.

META-ANALYSES AND SYSTEMATIC REVIEWS				
Hillberg, Hamilton-Giachritsis and Dixon (2011)	Review of 7 published meta-analyses on the association between CSA and adult mental health difficulties and psychopathology.	CSA found to be a non-specific risk factor in a range of adult mental health difficulties.	No consistent gender difference in adult mental health difficulties but female victims perceived greater mental health consequences.	
Jumper (1995)	Meta-analysis of 23 samples involving 6,878 subjects.	Significant relationship between experience of CSA and difficulties in psychological adjustment, but weaker effect for student samples than for community, clinical, or other samples	Gender not significant moderating effect, suggesting that 'men and women who were sexually abused as children do not differ significantly in terms of subsequent' (Jumper 1995:724).	
Maniglio (2009)	Systematic review of 14 review studies including more than 270,000 subjects from 587 studies on impact of CSA.	'Survivors of childhood sexual abuse are significantly at risk of a wide range of medical, psychological, behavioural, and sexual disorders. Relationships are small to medium in magnitudes and moderated by sample source and size' (Maniglio 2009:647).	'No conclusive agreement' for gender (among other variables such as age when abused, type and severity of abuse, and relationship to the perpetrator) ... 'usually highlighted as potential contributors to the outcomes of child sexual abuse' (Maniglio 2009:648).	
Paolucci, Genuis and Violato (2001)	Meta-analysis of 37 published studies (1981–1995) involving 25,367 people.	Significant association with strong effect sizes between CSA and various adverse outcomes such as PTSD, depression, suicide, sexual promiscuity, victim-perpetrator cycle, and academic performance.	No significant gender effect mediating the association between CSA and mental health outcomes after taking into account socio-economic status, type of abuse, age when abused, relationship to perpetrator, and number of abuse incidents.	

Rhodes et al (2011)	Systematic review of 16 studies involving large-scale cross-sectional self-report surveys of 283,674 students in various countries focused on CSA and suicide-related behaviour.	Significant association between CSA and suicide attempts and deliberate self-harm.	Association between CSA and suicide attempt(s) was stronger for boys than for girls across sample size and study methods.
Rind, Tromovitch and Bauseman (1998)	Meta-analysis of 59 studies (23 unpublished and 36 published papers) based on US college samples (1966 –1995).	No significant differences associated with self-reported CSA after taking account of family environment.	Female victims self-reported more negative psychological outcomes than male victims. Mixed findings for males related to controversial ‘level of consent’ / ‘wanted’ vs ‘unwanted’ abuse (not measured in the primary studies).
Tolin and Foa (2006)	Meta-analysis of 10 comparisons of PTSD in male versus female child sexual abuse victims.	Female participants were more likely than male participants to experience sexual assault and child sexual abuse.	No overall gender difference in PTSD though few significant differences among adults, those not seeking help, and when structured interviews were used.
INDIVIDUAL STUDIES REPORTING GENDER DIFFERENCES IN OUTCOMES OF CHILDREN WHO WERE SEXUALLY ABUSED			
AUSTRALIA			
Authors	Sample / type of study	Findings	Gender differences
Cutajar et al (2010)	Data linkage for cohort of 2759 victims of CSA in forensic medical records 1964–1995 with coronial records up to 44 years later.	Significantly higher rate of suicide or accidental fatal overdose among child sexual abuse victims than in general population.	Female sexual abuse victims had 40 times higher risk of suicide, 88 times higher for fatal overdose; for males, 14 times and 38 times higher respectively. Women more likely to have affective and borderline personality disorders than men who were more likely to have antisocial disorder.

AUSTRALIA continued			
Authors	Sample / type of study	Findings	Gender differences
Martin et al (2004)	Cross-sectional community survey with 2485 adolescents at 27 schools in South Australia.	Strong association between sexual abuse and suicidal ideation and behaviour (plans, threats and attempts), especially for boys -10-fold increased risk for suicidal plans and threats compared with non-abused peers, 15-fold increase for attempted suicide, and 3-fold increase for girls mediated by distress, hopelessness and family functioning.	Prevalence of self-reported child sexual abuse (undefined) was 5.4% for girls and 2% for boys. Stronger association between sexual abuse and suicidality among males.
Nelson et al (2002)	Co-twin: Examined 1991 same-sex pairs of twins (1159 female and 832 male pairs).	Twin reporting CSA had significantly greater risk for all 8 adverse outcomes (major depression, suicide attempt, conduct disorder, alcohol dependence, nicotine dependence, social anxiety, rape after the age of 18 years, and divorce) than their non-abused twin.	Prevalence of child sexual assault of 16.7% for women and 5.4% for men. Significantly increased risk for suicide among both women and men, after taking account of family background. Increased risks also associated with CSA involving intercourse.
Spataro et al 2004	Data linkage cohort study: 1612 children (82% female) reported as sexually abused before age of 16 — linked with Victorian Psychiatric Case Register for treatment as children and as adults.	Both male and female victims of CSA had significantly higher rates of psychiatric treatment during the study period than general population controls (12.4% v. 3.6%). Rates were higher for childhood mental disorders, personality disorders, anxiety disorders and major affective disorders, but not schizophrenia.	Male victims were significantly more likely to have had treatment than females (22.8% v 10.2%). 'Male victims show associations to most adverse mental health outcomes that are just as strong as those shown in females ... at the severe and disabling end of the psychopathology spectrum' (Spataro et al 2004:418–19).

NEW ZEALAND			
Authors	Sample / type of study	Findings	Gender differences
Fergusson, Lynskey and Horwood (1996) Fergusson, Beautrais and Horwood (2003) Fergusson, Boden and Horwood (2008)	Prospective longitudinal cohort study of 1,265 children born in 1977 in <i>Christchurch</i> Health and Development Study.	25-year-olds sexually abused as children (with attempted or completed penetration) had rates of mental health disorders (including suicide ideation and attempts, depression and anxiety, substance dependence) — 2.4 times higher than non-abused peers; effect significant after taking into account various measures of family functioning and socioeconomic status.	Effects of CSA were similar for males and females.
Fergusson et al (2013)	Follow-up at age 30 including over 900 adults who experienced CSA before age 16.	At age 30 CSA was associated with higher PTSD systems, decreased self-esteem, decreased life satisfaction, decreases age of onset of sexual activity, increased no. of sexual partners, medical contacts for physical health problems and welfare dependence.	Effects of CSA were similar for males and females (as above).
van Roode et al (2009)	Large prospective birth cohort longitudinal study (Dunedin) 1972/1973: Contact CSA reported by 30.3% of 465 women and 9.1% of 471 men.	Women: increased rates in number of sexual partners, unhappy pregnancies, abortion, and sexually transmitted infections from age 18 to 21 but then reduced; Men: greater number of partners from age 26–32 and more STD (herpes) age 21–32.	Gender and age are critical when considering the effect of CSA. While the profound early impact of CSA for women appears to lessen with age, abused men appear to carry increased risks into adulthood.

UNITED STATES			
Authors	Sample / type of study	Findings	Gender differences
Colman and Spatz Widom (2004)	Comparison of 676 abused and neglected adults abused as children (substantiated cases 1967–71) with matched controls on gender, age, race, and family socio-economic status — prospective study interviewed 1989–95 with standardised rating scales.	Male and female abuse and neglect victims reported higher rates of cohabitation, walking out, and divorce than controls.	Females less likely to have positive perceptions of current romantic partners and to be sexually faithful.
Coohey (2010)	National US probability sample of children aged 11–14 who were investigated by protective services for child maltreatment with CSA as most serious or only type of maltreatment (127 girls and 31 boys).	Twice as many boys (52%) as girls (24%) were in the clinical range on internalising behaviour problems.	The effect for gender was not altered when the following factors were controlled: abuse characteristics, multiple victimisation, efficacy, relatedness and autonomy.
Dube et al (2005)	Retrospective large-scale cohort study of 17,337 adults.	Contact CSA was reported by 16% of males and 25% of females. 39% of men reported being the victims of female perpetrators cf 6% of women victimised as children. After controlling for exposure to other forms of adverse childhood experiences that co-occur with CSA, history of suicide attempt was more than twice as likely among both men and women who experienced CSA, and a 40% increased risk of marrying an alcoholic, and 40% to 50% increased risk of reporting current marital problems.	Increased risk of adverse outcomes similar for men and women.

<p>Garnefski and Diekstra (1997)</p>	<p>Large representative community sample of adolescents: 745 secondary school students, aged 12–19 with a self-reported history of sexual abuse (151 boys and 594 girls) and 745 matched students without such a history.</p>	<p>Strong association between being sexually abused and the existence of a multiple problem pattern for both males and females.</p>	<p>Sexually abused boys not only reported significantly more emotional problems, behavioural problems, and suicidality than non-sexually abused boys, but they also reported these problems considerably more often than their female counterparts.</p>
<p>Garnefski and Arends (1998)</p>	<p>As above: same community sample.</p>	<p>More emotional problems, behavioural problems, suicidal thoughts and suicide attempts for both male and female victims.</p>	<p>More severe for boys than for girls:</p> <ul style="list-style-type: none"> • use of alcohol/drugs • aggressive/criminal behaviour • truancy • suicidal thoughts and behaviour but 13 times higher incidence for abused cf non-abused boys
<p>Maikovich-Fong and Jaffee (2010)</p>	<p>Longitudinal 'National Survey of Child and Adolescent Well-Being' (NSCAW) — sub-sample of 573 children and adolescents investigated by Child Protective Services (CPS) for alleged sexual abuse.</p>	<p>Girls more likely than boys to have their abuse substantiated and to experience penetrative abuse (though not for adolescents).</p>	<p>Gender of child did 'not moderate the relationship between abuse characteristics and ... emotional and behavioral problems' (Maikovich-Fong and Jaffee 2010:429).</p>
<p>Molnar, Berkman and Buka (2001)</p>	<p>Nationally representative sample of 5,877 Americans aged 15 to 54 years.</p>	<p>Among those sexually abused as children, odds of suicide attempts were 2–4 times higher among women and 4–11 times higher among men, compared with those not abused, after controlling for other adversities.</p>	<p>Prevalence for child rape or molestation for women of 13.5% and 2.5% for men. Reported suicide attempts slightly greater for men (31%) compared with women (27%).</p>

UNITED STATES <i>continued</i>				
Authors	Sample / type of study	Findings	Gender differences	
Nelson and Oliver (1998)	Survey of 923 young adults, 88 reported CSA before age of 16. Follow-up interviews conducted with 18 of those young adults regarding the gender dynamics of abuse.	Gendered constructions of sexuality and dominance make the experience of abuse different for girls and boys.	Girls perceived their contact with men to be harmful abuse. Boys were more likely to have contact with women and interpreted contact as consensual but perceived their contact with men as abusive.	
Newcomb, Munoz and Carmona (2009)	Self-reported survey of 223 Latino and European American high school students aged 16–19.	Sexually abused adolescents reported significantly greater psychological distress than their non-abused peers, regardless of gender or ethnic group.	Prevalence of CSA twice as high for female as for male students; greater psychological symptoms for females, but these differences substantially reduced when prevalence rate taken into account.	
Ullman and Filipas (2005)	Cross-sectional convenience sample of 733 US college students completing a confidential survey	Female college students who delayed disclosure had greater PTSD symptom severity, whereas men's symptoms did not vary by timing of disclosure.	Women were more likely to have disclosed abuse, to have received positive reactions, and to report greater PTSD symptom severity than male counterparts.	

References

- Akobeng A K (2005) 'Understanding Systematic Reviews and Meta-analysis', *Archives of Disease in Childhood* 90, 845–8
- Alaggia R (2004) 'Many Ways of telling: Expanding Conceptualizations of Child Sexual Abuse Disclosure', *Child Abuse & Neglect* 28(11), 1213–27
- Alaggia R (2005) 'Disclosing the Trauma of Child Sexual Abuse: A Gender Analysis', *Journal of Loss and Trauma* 10(5), 453–70
- Alaggia R (2010) 'An Ecological Analysis of Child Sexual Abuse Disclosure: Considerations for Child and Adolescent Mental Health', *Journal of the Canadian Academy of Child and Adolescent Psychiatry* 19(1), 32–9
- Alaggia R and Millington G (2008) 'Male Child Sexual Abuse: A Phenomenology of Betrayal', *Clinical Social Work Journal* 36(3), 265–75
- Allen C (1991) *Women and Men Who Sexually Abuse Children: A Comparative Analysis*, Safer Society Press
- Arata C (1998) 'To Tell or Not to Tell: Current Functioning of Child Sexual Abuse Survivors who Disclosed their Victimization', *Child Maltreatment* 3(1), 63–71
- Australian Bureau of Statistics (ABS) (2005) *Personal Safety Survey Australia* (Reissue), cat no 4906.0 <[http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4906.0Explanatory%20Notes12005%20\(Reissue\)>](http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4906.0Explanatory%20Notes12005%20(Reissue)>)
- Baker A and Duncan S (1985) 'Child Sexual Abuse: A Study of Prevalence in Great Britain', *Child Abuse & Neglect* 9(4), 457–67
- Bell D and Belicki K (1998) 'A Community-Based Study of Well-Being in Adults Reporting Childhood Abuse', *Child Abuse & Neglect* 22(7), 681–5
- Bennett S, Hughes H and Luke D (2000) 'Heterogeneity in Patterns of Child Sexual Abuse, Family Functioning and Long-Term Adjustment', *Journal of Interpersonal Violence* 15(2), 134–57
- Berliner L and Conte J (1995) 'The Effects of Disclosure and Intervention on Sexually Abused Children', *Child Abuse & Neglect* 19, 371–84
- Bilginer C, Hesapçioğlu S and Kandil S (2013) 'Sexual Abuse in Childhood: A Multi-Dimensional [sic] Look from The View Point of Victims and Perpetrators', *The Journal of Psychiatry and Neurological Science* 26(1), 55–64
- Black C and DeBlasie R (1993) 'Sexual Abuse in Male Children and Adolescents: Indicators, Effects and Treatments', *Adolescence* 28(109), 123–33
- Boakye K (2009) 'Culture and Nondisclosure of Child Sexual Abuse in Ghana: A Theoretical and Empirical Exploration', *Law and Social Inquiry* 34(4), 951–79
- Bolen R and Scannapieco (1999) 'Prevalence of Child Sexual Abuse: A Corrective Metanalysis', *Social Service Review* 73, 281–313
- Boudewyn A and Liem J (1995) 'Childhood Sexual Abuse as a Precursor to Depression and Self-Destructive Behavior in Adulthood' *Journal of Traumatic Stress* 8(3), 445–59

- Brady S (2008) 'The Impact of Sexual Abuse on Sexual Identity Formation in Gay Men', *Journal of Child Sexual Abuse* 17(3-4), 359-76
- Briere J, Evans D, Runtz M and Woll T (1988) 'Symptomatology in Men who were Molested as Children: A Comparison Study', *American Journal of Orthopsychiatry* 58(3), 457-61
- Browne A and Finkelhor D (1986) 'Impact of Child Sexual Abuse: A Review of the Research', *Psychological Bulletin* 99(1), 66-77
- Cashmore J and Shackel R (2013) 'The Long-Term Effects of Child Sexual Abuse', *CFCA Paper No 11*, Australian Institute of Family Studies
- Chan K, Yan E, Brownridge D and Ip P (2013) 'Associating Child Sexual Abuse with Child Victimization in China', *The Journal of Pediatrics* 162(5), 1028-34
- Classen C, Palesh O and Aggarwal R (2005) 'Sexual Victimization: A Review of the Empirical Literature', *Trauma, Violence and Abuse* 6(2), 102-29
- Collings S, Griffiths S and Kumalo M (2005) 'Patterns of Disclosure in Child Sexual Abuse', *South African Journal of Psychology* 35(2), 270-85
- Colman R A and Spatz Widom C (2004) 'Childhood Abuse and Neglect and Adult Intimate Relationships: A Prospective Study', *Child Abuse & Neglect* 28(11), 1133-51
- Commonwealth of Australia, Royal Commission into Institutional Responses to Child Sexual Abuse (2014) *Interim Report*, Commonwealth Attorney-General's Department
- Condy S, Templer D, Brown R and Veaco L (1987) 'Parameters of Sexual Contact of Boys with Women', *Archives of Sexual Behavior* 16(5), 379-94
- Coohey C (2010) 'Gender Differences in Internalizing Problems among Sexually Abused Early Adolescents', *Child Abuse & Neglect* 34(11), 856-62
- Craven S, Brown S and Gilchrist E (2006) 'Sexual Grooming of Children: Review of Literature and Theoretical Considerations', *Journal of Sexual Aggression: An International, Interdisciplinary Forum for Research, Theory and Practice* 12(3), 287-99
- Crowder A (1995) *Opening the Door: A Treatment Model for Therapy with Male Survivors of Sexual Abuse*, Brunner/Mazel
- Cutajar M C, Mullen P E, Ogloff J R P, Thomas S D, Wells D L and Spataro J (2010) 'Suicide and Fatal Drug Overdose in Child Sexual Abuse Victims: A Historical Cohort Study', *Medical Journal of Australia*, 192(4), 184-7
- Deering R and Mellor D (2011) 'An Exploratory Qualitative Study of the Self-Reported Impact of Female-Perpetrated Childhood Sexual Abuse', *Journal of Child Sexual Abuse* 20(1), 58-76
- Dhaliwal GK, Gauzas L, Antonowicz DH and Ross RR (1996) 'Adult Male Survivors of Childhood Sexual Abuse: Prevalence, Sexual Abuse Characteristics, and Long-Term Effects', *Clinical Psychology Review* 16, 619-39
- Disch E and Avery N (2001) 'Sex in the Consulting Room, the Examining Room, and the Sacristy: Survivors of Sexual Abuse by Professionals', *American Journal of Orthopsychiatry* 71(2), 204-17
- Dorahy M and Clearwater K (2012) 'Shame and Guilt in Men Exposed to Childhood Sexual Abuse: A Qualitative Investigation', *Journal of Child Sexual Abuse* 21(2), 155-75

- Dube S, Anda R, Whitfield C, Brown D, Felitti V, Dong M and Giles W (2005) 'Long-Term Consequences of Childhood Sexual Abuse by Gender of Victim', *American Journal of Preventive Medicine* 28(5), 430–38
- Dunne MP, Purdie DM, Cook MD, Boyle FM and Najman JM (2003) 'Is Child Sexual Abuse Declining? Evidence from a Population-Based Survey of Men and Women in Australia', *Child Abuse & Neglect* 27(2), 141–52
- Easton S (2013) 'Disclosure of Child Sexual Abuse Among Adult Male Survivors', *Clinical Social Work Journal* 41(4), 344–55
- Easton S (2014) 'Masculine Norms, Disclosure, and Childhood Adversities Predict Long-Term Mental Distress among Men with Histories of Child Sexual Abuse', *Child Abuse & Neglect* 38, 243–51
- Elliot M and Briere J (1994) 'Forensic Sexual Abuse Evaluations of Older Children: Disclosures and Symptomatology', *Behavioral Sciences and the Law*, 12(3), 261–77
- Elliot M, Browne K, and Briere J (2004) 'Child Sexual Assault: Prevalence, Symptomatology, and Sex Differences in the General Population', *Journal of Traumatic Stress* 17(3), 203–11
- Faller K (1989) 'Characteristics of a Clinical Sample of Sexually Abuse Children: How Boys and Girl Victims Differ', *Child Abuse & Neglect* 13(2), 281–91
- Fanslow JL, Robinson EM, Crengle S and Perese L (2007) 'Prevalence of Child Sexual Abuse Reported by a Cross-Sectional Sample of New Zealand Women', *Child Abuse & Neglect* 31, 935–45
- Fergusson D and Mullen P (1999) *Childhood Sexual Abuse: An Evidence Based Perspective*, Sage Publications
- Fergusson DM, Beautrais A and Horwood L (2003) 'Vulnerability and Resiliency to Suicidal Behaviours in Young People', *Psychological Medicine* 33, 61–73
- Fergusson DM, Boden JM and Horwood LJ (2008) 'Exposure to Childhood Sexual and Physical Abuse and Adjustment in Early Adulthood', *Child Abuse & Neglect* 32(6), 607–19
- Fergusson DM, Lynskey MT and Horwood LJ (1996) 'Childhood Sexual Abuse and Psychiatric Disorder in Young Adulthood: II. Psychiatric Outcomes of Childhood Sexual Abuse', *Journal of the American Academy of Child and Adolescent Psychiatry* 34(10), 1365–74
- Fergusson DM, McLeod GFH and Horwood LJ (2013) 'Childhood Sexual Abuse and Adult Developmental Outcomes: Findings from a 30-year Longitudinal Study in New Zealand', *Child Abuse & Neglect* 37(9), 664–74
- Finkelhor D (1990) 'Early and Long-Term Effects of Child Sexual Abuse: An Update', *Professional Psychology: Research and Practice* 21(5), 325–30
- Finkelhor D (1994) 'The International Epidemiology of Child Sexual Abuse', *Child Abuse & Neglect* 18(5), 409–17
- Fisher E, Goff B, Nadler A and Chinsky J (1988) 'Social Psychological Influences on Help-Seeking and Support from Peers' in Gottlieb BH (ed) *Marshalling Social Support: Formats, Processes and Effects*, Sage
- Fogler J, Shipherd J, Clarke S, Jensen J and Rowe E (2008) 'The Impact of Clergy-Perpetrated Sexual Abuse: The Role of Gender, Development and Post Traumatic Stress', *Journal of Child Sexual Abuse* 17(3–4), 329–58

- Fondacaro K, Holt J and Powell T (1999) 'Psychological Impact of Childhood Sexual Abuse on Male Inmates: The Importance of Perception', *Child Abuse & Neglect* 23(4), 361–9
- Foster G, Boyd C and O'Leary P (2012) 'Improving Policy and Practice Responses for Men Sexually Abused in Childhood', *Child Sexual Abuse Wrap* 12, Australian Centre for the Study of Sexual Assault
- Frederick J (2010) *Sexual Abuse and Exploitation of Boys in South Asia: A Review of Research Findings, Legislation, Policy and Programme Responses*, Innocenti Working Paper, UNICEF
- Garnefski N and Arends E (1998) 'Child Sexual Abuse and Emotional and Behavioral Problems in Adolescence: Gender Differences', *Journal of Adolescence* 21(1), 99–107
- Garnefski N and Diekstra RFW (1997) 'Child Sexual Abuse and Emotional and Behavioural Problems in Adolescence: Gender Differences', *Journal of the American Academy of Child Psychiatry* 36, 323–9
- Gershon A, Minor K and Hayward C (2008) 'Gender, Victimization, and Psychiatric Outcomes', *Psychological Medicine* 38, 1377–91
- Gilbert R, Widom CS, Browne K, Fergusson D, Webb E and Janson S (2009) 'Burden and Consequences of Child Maltreatment in High-income Countries', *The Lancet* 373, 68–81
- Gold S, Elhai J, Lucenko B, Swingle J and Hughes D (1998) 'Abuse Characteristics among Childhood Sexual Abuse Survivors in Therapy: A Gender Comparison', *Child Abuse & Neglect* 22(10), 1005–12
- Goodman-Brown T, Edelstein R, Goodman G, Jones D and Gordon D (2003) 'Why Children Tell: A Model of Children's Disclosure of Sexual Abuse', *Child Abuse & Neglect* 27(5), 525–40
- Gordon M (1990) 'Males and Females as Victims of Childhood Sexual Abuse: An Examination of the Gender Effect', *Journal of Family Violence* 5, 321–32
- Gries L, Goh D and Cavanaugh J (1996) 'Factors Associated with Disclosure During Child Sexual Abuse Assessment', *Journal of Child Sexual Abuse* 5(3), 1–19
- Gries L, Goh D, Andrews M, Gilbert J, Praver F and Naierman Stelzer D (2000) 'Positive Reaction to Disclosure and Recovery from Child Sexual Abuse', *Journal of Child Sexual Abuse* 9(1), 29–52
- Hardt J and Rutter M (2004) 'Validity of Adult Retrospective Reports of Adverse Childhood Experiences: Review of the Evidence', *Journal of Child Psychology and Psychiatry* 45, 260–73
- Harter S, Harter G, Atkinson B and Reynolds L (2009) 'College Students' Perceptions of Peers' Disclosures of Histories of Child Sexual Abuse', *Sex Roles* 60, 805–18
- Hébert M, Tourigny M, Cyr M, McDuff P and Joly J (2009) 'Prevalence of Childhood Sexual Abuse and Timing of Disclosure in a Representative Sample of Adults from Quebec', *Canadian Journal of Psychiatry* 54(9), 631–6
- Hershkowitz I, Lanes O and Lamb M (2007) 'Exploring the Disclosure of Child Sexual Abuse with Alleged Victims and their Parents', *Child Abuse & Neglect* 31(2), 111–23
- Hillberg T, Hamilton-Giachritsis C and Dixon L (2011) 'Review of Meta-analyses on the Association between Child Sexual Abuse and Adult Mental Health Difficulties: A Systematic Approach', *Trauma, Violence and Abuse* 12(1), 38–49
- Holmes R, Offen L and Waller G (1997) 'See No Evil, Hear No Evil, Speak No Evil: Why Do Relatively Few Male Victims of Childhood Sexual Abuse Receive Help for Abuse-Related Issues in Adulthood', *Clinical Psychology Review* 17(1), 69–88

- Hunter J (1991) 'A Comparison of the Psychosocial Maladjustment of Adult Males and Females Sexually Molested as Children', *Journal of Interpersonal Violence* 6(2), 205–17
- Hunter S (2007) 'Constructing a Sense of Self-Following Early Sexual Experiences with Adults: A Qualitative Research Project', *Psychotherapy in Australia* 13(4), 12–21
- Hunter S (2010) 'Evolving Narratives about Childhood Sexual Experiences: Challenging the Dominance of the Victim and Survivor Paradigm', *The Australian and New Zealand Journal of Family Therapy* 31(2), 176–90
- Hunter S (2011) 'Disclosure of Child Sexual Abuse as a Life-Long Process: Implications for Health Professionals', *The Australian and New Zealand Journal of Family Therapy* 32(2), 159–72
- Immigration and Refugee Board of Canada (2002), *Sri Lanka: Prevalence of Child Abuse and Sexual Abuse in the Sinhalese Community; Measures Available to Victims; Recourse Available if the Abuser is a Police Officer*, 20 June 2002, LKA38895.E <<http://www.refworld.org/docid/3df4be6414.html>>
- John Jay College of Criminal Justice (2004) *The Nature and Scope of Sexual Abuse of Minors by Catholic Priests and Deacons in the United States, 1950-2002*, United States Conference of Catholic Bishops (USCCB), <www.jjay.cuny.edu/churchstudy/main.asp>
- John Jay College of Criminal Justice (2006) *The Nature and Scope of Sexual Abuse of Minors by Catholic Priests and Deacons in the United States, 1950-2002: 2006 Supplementary Report*, United States Conference of Catholic Bishops (USCCB), <http://www.bishop-accountability.org/reports/2006_03_John_Jay/Supplementary_Data_Analysis.pdf>
- Kaufman K, Holmberg J, Orts K, McCrady F, Rotzien A, Daleiden E and Hilliker D (1998) 'Factors Influencing Sexual Offenders' Modus Operandi: An Examination of Victim-offender Relatedness and Age', *Child Maltreatment* 3(4), 340–61
- Kendall-Tackett K and Simon A (1992) 'A Comparison of the Abuse of Experiences of Male and Female Adults Molested as Children', *Journal of Family Violence* 7(1), 57–62
- Kendall-Tackett K, William L and Finkelhor D (1993) 'Impact of Sexual Abuse on Children: A Review and Synthesis of Recent Empirical Studies', *Psychological Bulletin* 113(1), 164–80
- Jumper SA (1995) 'A Meta-analysis of the Relationship of Child Sexual Abuse to Adult Psychological Adjustment', *Child Abuse & Neglect* 19, 715–28
- Lamb S and Edgar-Smith S (1994) 'Aspects of Disclosure. Mediators of Outcome of Childhood Sexual Abuse', *Journal of Interpersonal Violence* 9(3), 307–26
- Larsen C, Sandberg G, Harper J and Bean R (2011) 'The Effects of Childhood Abuse on Relationship Quality: Gender Differences and Clinical Implications', *Family Relations* 60(4), 435–45
- Levesque R (1994) 'Sex Differences in the Experience of Child Sexual Victimization', *Journal of Family Violence* 9(4), 357–69
- Lovett B (2004) 'Child Sexual Abuse Disclosure: Maternal Response and other Variables Impacting the Victim', *Child and Adolescent Social Work Journal* 21(4), 355–71
- McElvaney R, Greene S and Hogan D (2012) 'Containing the Secret of Child Sexual Abuse', *Journal of Interpersonal Violence* 27(6), 1155–75
- McMillen C, Zuravin S and Rideout G (1995) 'Perceived Benefit from Child Sexual Abuse', *Journal of Counseling and Clinical Psychology* 63(6), 1037–43

- Maikovich-Fong A and Jaffee R (2010) 'Sex Differences in Childhood Sexual Abuse Characteristics and Victims' Emotional and Behavioural Problems: Findings from a National Sample of Youth', *Child Abuse & Neglect* 34(6), 429–37
- Malloy L, Brubacher S and Lamb M (2011) 'Expected Consequences of Disclosure Revealed in Investigative Interviews with Suspected Victims of Child Sexual Abuse', *Applied Developmental Science* 15(1), 8–19
- Mamun AA, Lawlor DA, O'Callaghan MJ, Bor W, Williams GM and Najman JM (2007) 'Does childhood sexual abuse predict young adult's BMI? A birth cohort study', *Obesity* 15(8), 2103–110
- Maniglio R (2009) 'The Impact of Child Sexual Abuse on Health: A Systematic Review of Reviews', *Clinical Psychology Review* 29, 647–57
- Martin G, Bergen HA, Richardson AS, Roeger L and Allison S (2004) 'Sexual Abuse and Suicidality: Gender Differences in a Large Community Sample of Adolescents', *Child Abuse & Neglect* 28(5), 491–503
- Mazza D, Dennerstein L, Garamszegi CV and Dudley EC (2001) 'The Physical, Sexual And Emotional Violence History of Middle-Aged Women: A Community-Based Prevalence Study', *Medical Journal of Australia* 175(4), 199–201
- Mellor D and Deering R (2010) 'Professional Response and Attitudes toward Female-perpetrated Child Sexual Abuse: A Study of Psychologists, Psychiatrists, Probationary Psychologists and Child Protection Workers', *Psychology, Crime & Law* 16(5), 415–38
- Messman-Moore TL and Long PJ (2003) 'The Role of Childhood Sexual Abuse Sequelae in the Sexual Revictimization of Women: An Empirical Review And Theoretical Reformulation', *Clinical Psychology Review* 23, 537–71
- Mohler-Kuo M, Landolt M, Maier T, Meidert U, Schonbucher V and Schnyder U (2014) 'Child Sexual Abuse Revisited: A Population-Based Cross-Sectional Study Among Swiss Adolescents', *Journal of Adolescent Health* 54(3), 304–11
- Molnar B, Berkman L and Buka S (2001) 'Psychopathology, Childhood Sexual Abuse and Other Childhood Adversities: Relative Links to Subsequent Suicidal Behavior in the US', *Psychological Medicine*, 31, 965–77
- Molnar BE, Buka SL and Kessler RC (2001) 'Child Sexual Abuse and Subsequent Psychopathology: Results from the National Comorbidity Study', *American Journal of Public Health* 91, 753–60
- Moore E, Romaniuk H, Olsson C and Jayasinghe Y (2010) 'The Prevalence of Childhood Sexual Abuse and Adolescent Unwanted Sexual Contact among Boys and Girls living in Victoria, Australia', *Child Abuse & Neglect* 23(5), 379–385
- Mullen P and Fleming J (1998) 'Long-Term Effects of Child Sexual Abuse', *Issues in Child Abuse Prevention* No 9, Australian Institute of Family Studies
- Mullen P, Martin J, Anderson J, Romans S and Herbison G (1993) 'Childhood Sexual Abuse and Mental Health in Adult Life', *British Journal of Psychiatry* 163(12), 721–32
- Mullen P, Martin J, Anderson J, Romans S and Herbison G (1994) 'The Effect of Child Sexual Abuse on Social, Interpersonal, and Sexual Function in Adult Life', *British Journal of Psychiatry* 165(1), 35–47
- Nagel D, Pitnam F, Noll J and Trickett P (1997) 'Disclosure Patterns of Sexual Abuse and Psychological Functioning at a 1-year Follow-Up', *Child Abuse & Neglect* 21(2), 137–47

Najman JM, Dunne MP, Purdie DM, Boyle FM and Coxeter PD (2005) 'Sexual Abuse in Childhood and Sexual Dysfunction in Adulthood: An Australian Population-Based Study', *Archives of Sexual Behavior* 34(5), 517–26

Nelson A and Oliver P (1998) 'Gender and the Construction of Consent in Child-Adult Sexual Contact: Beyond Gender Neutrality and Male Monopoly', *Gender and Society* 12 (5), 554–77

Nelson EC, Heath AC, Madden PAF, Cooper ML, Dinwiddie SH, Bucholz KK et al (2002) 'Association between Self-Reported Childhood Sexual Abuse and Adverse Psychosocial Outcomes: Results from a Twin Study', *Archives of General Psychiatry* 59(2), 139–45

Newcomb MD, Munoz DT and Carmona JV (2009) 'Child Sexual Abuse Consequences in Community Samples of Latino and European American adolescents', *Child Abuse & Neglect* 33(2), 533–44

Nugent M, Labram A and McLoughlin L (1998) 'The Effects of Child Sexual Abuse on School Life' *Educational and Child Psychology* 15, 68–78

O'Leary P and Barber J (2008) 'Gender Differences in Silencing Following Childhood Sexual Abuse', *Journal of Child Sexual Abuse* 17(2), 133–43

O'Leary P and Gould N (2010) 'Exploring Coping Factors Amongst Men who were Sexually Abused in Childhood', *British Journal of Social Work* 40(8), 2669–86

Paine M and Hansen D (2002) 'Factors Influencing Children to Self-Disclose Sexual Abuse', *Clinical Psychology Review* 22(2), 271–95

Palmer S, Brown R, Race-Grant N and Loughlin J (1999) 'Responding to Children's Disclosure of Familial Abuse: What Survivors Tell Us', *Child Welfare* 2(78), 259–82

Paolucci EO, Genuis ML and Violato C (2001) 'A Meta-analysis of the Published Research on the Effects of Child Sexual Abuse', *Journal of Psychology* 135 (1), 17–36

Parkinson P, Oates K and Jayakody A (2010) 'Breaking the Long Silence: Reports of Child Sexual Abuse in the Anglican Church of Australia', *Ecclesiology* 6(2), 183–200

Peake A (1989) 'Issues of Underreporting: The Sexual Abuse of Boys', *Educational and Child Psychology* 6, 42–50

Pereda N, Guilera G, Forns M and Gómez-Benito J (2009) 'The Prevalence of Child Sexual Abuse in Community and Student Samples: A Meta-analysis', *Clinical Psychology Review* 29, 328–38

Pierce R and Pierce L (1985) 'The Sexually Abused Child: A Comparison of Male and Female Victims', *Child Abuse & Neglect* 9(2), 191–9

Pipe M, Lamb M, Orbach Y, Steqart H, Sternberg K and Esplin P (2007) 'Factors Associated with Nondisclosure of Suspected Abuse during Forensic Interviews' in Pipe M, Lamb M, Orbach Y and Cederborg A (eds) *Child Sexual Abuse: Disclosure, delay and Denial*, Lawrence Erlbaum, 77–96

Priebe G and Svedin C (2008) 'Child Sexual Abuse is Largely Hidden from the Adult Society. An Epidemiological Study of Adolescents' Disclosures', *Child Abuse & Neglect* 32(12), 1095–1108

Rhodes A, Boyle M, Tonmyr L, Wekerle C, Goodman D, Leslie B, Mironova P, Bethell J and Manion I (2011) 'Sex Differences in Childhood Sexual Abuse and Suicide-Related Behaviours', *Suicide and Life-Threatening Behaviour* 41(3), 235–54

- Richards K (2011) 'Misperceptions about Child Sex Offenders', *Trends & Issues in Crime and Criminal Justice* 429, Australian Institute of Criminology
- Rind B, Tromovitch P and Bauserman R (1998) 'A Meta-analytic Examination of Assumed Properties of Child Sexual Abuse using College Samples', *Psychological Bulletin* 124, 22–53
- Robst J and Smith S (2008) 'The Effect of Childhood Sexual Victimization on Women's Income', *Eastern Economic Journal* 34(1), 27–40
- Rodriguez N, Vande Kemp H and Foy D (1998) 'Posttraumatic Stress Disorder in Survivors of Childhood Sexual and Physical Abuse: A Critical Review of the Empirical Research', *Journal of Child Sexual Abuse* 7(2), 17–45
- Roesler T (2000) 'Adult's Reaction to Child's Disclosure of Abuse will Influence Degree of Permanent Damage', *Brown University Child and Adolescent Behavior Letter* 16(8), 3–5
- Roesler T and McKenzie J (1994) 'Effects of Childhood Trauma on Psychological Functioning in Adults Sexually Abused as Children', *Journal of Nervous and Mental Disease* 182(3), 145–50
- Roesler T and Wind T (1994) 'Telling the Secret: Adult Women Describe their Disclosures of Incest', *Journal of Interpersonal Violence* 9(3), 327–38
- Romano E and De Luca R (2001) 'Male Sexual Abuse: A Review of Effects, Abuse Characteristics, and Links with Later Psychological Functioning', *Aggression and Violent Behaviour* 6(1), 55–78
- Ruggiero K, Smith D, Hanson R, Resnick H, Saunders B, Kilpatrick D and Best C (2004) 'Is Disclosure of Childhood Rape Associated with Mental Health Outcome? Result from the National Women's Study', *Child Maltreatment* 9(1), 62–77
- Russell D (1986) *The Secret Trauma: Incest in the Lives of Girls and Women*, Basic Books
- Schoen C, Davis K, DesRoches C and Shekhdar A (1998) *The Health of Adolescent Boys: Commonwealth Fund Survey Findings*, The Commonwealth Fund
- Schonbucher V, Maier T, Meichun M, Schnyder U and Landolt M (2012) 'Disclosure of Child Sexual Abuse by Adolescents: A Qualitative In-Depth Study', *Journal of Interpersonal Violence* 27(17), 3486–513
- Scott D (2013) *The Prevalence of Child Abuse & Neglect*, Australian Institute of Family Studies, <<http://www.aifs.gov.au/cfca/pubs/factsheets/a144254/>>
- Shackel R (2009a) 'How Child Victims Respond to Perpetrators of Sexual Abuse', *Psychiatry, Psychology and Law* 16(1), S55–S63
- Shackel R (2009b) 'Understanding Children's Medium for Disclosing Sexual Abuse: A Tool for Overcoming Potential Misconceptions in the Courtroom', *Psychiatry, Psychology and Law* 16(3), 379–93
- Sinclair B and Gold (1997) 'The Psychological Impact of Withholding Disclosure of Child Sexual Abuse', *Violence and Victims* 12, 137–45
- Smallbone S and Wortley R (2001) 'Child Sexual Abuse: Offender Characteristics and Modus Operandi', *Trends & Issues in Crime and Criminal Justice* 193, Australian Institute of Criminology
- Smith D, Letourneau E, Saunders B, Kilpatrick D, Resnick H and Best C (2000) 'Delay in Disclosure of Childhood Rape: Results from a National Survey', *Child Abuse & Neglect* 24(2), 273–87

Sorensen T and Snow B (1991) 'How Children Tell: The Process of Disclosure in Child Sexual Abuse', *Child Welfare* 70(1), 3–15

Spataro J, Moss SA and Wells DL (2001) 'Child Sexual Abuse: A Reality for Both Sexes', *Australian Psychologist* 36(3), 177–83

Spataro J, Mullen P, Burgess P, Wells D and Moss S (2004) 'Impact of Child Sexual Abuse on Mental Health', *British Journal of Psychiatry* 184, 416–21

Spatz W, Czaja S and Dutton M (2008) 'Childhood Victimization and Lifetime Revictimization', *Child Abuse & Neglect* 32(8), 785–96

Steel J, Sanna L, Hammond B, Whipple J and Cross H (2004) 'Psychological Sequelae of Childhood Sexual Abuse: Abuse-Related Characteristics, Coping Strategies, and Attributional Style', *Child Abuse & Neglect* 28(7), 785–801

Steever E, Follette V and Naugle A (2001) 'The Correlates of Male Adults' Perceptions of their Early Sexual Experiences', *Journal of Traumatic Stress* 14(1), 189–205

Stoltenborgh M, von Ijzendoorn M, Euser E and Bakermans-Kranenburg M (2011) 'A Global Perspective on Child Sexual Abuse: Meta-Analysis of Prevalence around the World', *Child Maltreatment* 16(2), 79–101

Stroud D (1999) 'Familial Support as Perceived by Adult Victims of Childhood Sexual Abuse', *Sex Abuse* 11, 159–75

Swanston H, Parkinson P, Oates R, O'Toole B, Plunkett A and Shrimpton S (2002) 'Further Abuse of Sexually Abused Children', *Child Abuse & Neglect* 26(2), 115–27

Tang S, Freyd J and Wang M (2008) 'What do we Know About Gender in the Disclosure of Child Sexual Abuse', *Journal of Psychological Trauma* 6(4) 1–26

Terry K (2008) 'Understanding the Sexual Abuse Crisis in the Catholic Church: Challenges with Prevention Policies', *Victims and Offenders: An International Journal of Evidence-based Research, Policy, and Practice* 3(1), 31–44

Thomlison B, Stephens M, Cunes J, Grinnell R and Krysik J (1991) 'Characteristics of Canadian Male and Female Child Sexual Abuse Victims', *Journal of Child and Youth Care* (Special Issue, Fall 1991), 65–76

Tolin DF and Foa EB (2006) 'Sex Differences in Trauma and Posttraumatic Stress Disorder: A Quantitative Review of 25 Years of Research', *Psychological Bulletin* 132(6), 959–92

Ullman S (2003) 'Social Reactions to Child Sexual Abuse Disclosures: A Critical Review', *Journal of Child Sexual Abuse* 12(2), 89–121

Ullman S and Filipas H (2005) 'Gender Differences in Social Reactions to Abuse Disclosures, Post-Abuse Coping, and PTSD of Child Sexual Abuse Survivors', *Child Abuse & Neglect* 29(7), 767–82

van Roode T, Dickson N, Herbison P and Paul C (2009) 'Child Sexual Abuse and Persistence of Risky Sexual Behaviors and Negative Sexual Outcomes over Adulthood: Findings from a Birth Cohort', *Child Abuse & Neglect* 33(3), 161–72

Watkins B and Bentovim A (1992) 'The Sexual Abuse of Male Children and Adolescents: A Review of Current Research', *Journal of Child Psychology and Psychiatry* 33(1), 197–248

Widom C and Morris S (1997) 'Accuracy of Adult Recollections of Childhood Victimization: Part 2. Childhood Sexual Abuse', *Psychological Assessment* 9(1), 34–46

Williams L and Banyard V (1997) 'Gender and Recall of Child Sexual Abuse' in Read JD and Lindsay DS (eds) *Recollection of Traumas*, Plenum, 371–7