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Women Receive More Positive Reactions to Childhood Sexual Abuse Disclosure and Negative Reactions are Associated With Mental Health Symptoms in Adulthood for Men and Women

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Abstract

Although disclosure of sexual abuse has become more socially acceptable for both men and women in recent years, there is much yet to be understood about differences in the disclosure process and associated pathology between men and women. The current study aimed to (a) investigate differences in aspects of the childhood sexual abuse (CSA) disclosure process between adult men and women and (b) explore how timing of disclosure, perceived parental style, and negative social reactions to disclosure relate to various mental health symptoms. Using a cross-sectional, quasi-experimental design, adult men and women in the United States recruited through Amazon's Mechanical Turk ($N = 299$) completed self-report surveys. Women reported disclosing to a significantly greater number of people than men, and were more likely to disclose to parents, while men were more likely to tell friends. Results revealed that women reported receiving significantly more

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positive responses and emotionally supportive responses to their CSA disclosures than men. Negative reactions to disclosure were positively associated with internalizing symptoms and externalizing symptoms, while both negative reactions to disclosure and perceived parental dysfunction were positively associated with substance use symptoms. Results signify a need for resources to aid individuals in supporting survivors of CSA, as reactions have the potential to impact recovery trajectory and for clinicians to consider how disclosure experiences impact survivor cognitions and symptom exacerbation.

Keywords
childhood sexual abuse, disclosure, social reactions, gender

Childhood sexual abuse (CSA) is common; recent data suggests that one in four girls and one in 13 boys experience CSA (Center for Disease Control and Prevention [CDC], 2020). In recent years, there has been an increase in awareness and recognition of CSA, particularly in boys (Easton & Parchment, 2021). Rates of CSA history among men are thought to be underestimated because their rates of disclosure are particularly low compared to women (Schraufnagel et al., 2010). CSA has long-term psychological consequences for many survivors (Hailes et al., 2019). Among men in particular, CSA is associated with substance use, depression, posttraumatic stress symptoms and disorder, suicidality, and poor self-esteem (Easton, 2014; Easton et al., 2013; O'Leary, 2009). Accessing effective treatment for the psychological sequelae of CSA is all too often precluded by lack of disclosure of the event. When survivors do disclose CSA, they are often met with a variety of social reactions, some which may impede recovery from the abuse. Improved understanding of CSA disclosure experiences and associated mental health symptoms, as well as how these phenomena differ between men and women, may improve development of interventions for CSA survivors. Accordingly, the current study had two primary aims: (a) describe CSA disclosure experiences of men and women and (b) link aspects of disclosure (time to disclosure, social reactions, and parental style) to mental health in adulthood.

CSA Disclosure Experiences of Men and Women

Time to disclosure. Delayed disclosure of CSA is common, particularly among men. In a study that explored CSA disclosure experiences of men, Easton (2013) concluded that men, on average, delayed disclosing the abuse for an average of over 21 years. In a sample of 145 males and 151 females who were

sexually abused before the age of 18, O'Leary and Barber (2008) found that 44.9% of males waited more than 20 years to disclose compared to 25.4% of females in the sample.

Delaying CSA disclosure can have harmful psychological outcomes, including negatively impacting sense of self, sense of self-efficacy (Romano et al., 2019), and mental distress (Easton, 2014), suggesting that prompt disclosure facilitates healthy adjustment. Ullman (2007) found that delayed disclosure was a predictor of Posttraumatic stress disorder (PTSD) symptoms among college students who were sexually abused by a family member, along with receiving more negative reactions to disclosure in childhood and engaging in self-blame at the time of abuse. In another study, CSA survivors who never disclosed the abuse or waited more than 5 years to disclose were more likely to report psychological distress and posttraumatic stress compared to adults who had disclosed within a month of the first abusive event during childhood (Hébert et al., 2009). Results also showed that female victims were 3.76 times more likely than male victims to disclose promptly. Thus, it is important to understand how disclosure impacts long-term mental health symptoms, and particularly how men and women may be differentially impacted by the disclosure process.

Social reactions to CSA disclosure. Individuals who choose to disclose their CSA experience are met with a variety of social reactions ranging from positive to negative. Negative reactions to disclosure include distracting the survivor, disbelieving the victim's account, or retaliating in some way following the disclosure (Elliott et al., 2022). On the other hand, positive reactions can range from giving emotional support (being believed, listened to, or comforted) to providing medical or psychological resources to the survivor (Social Reactions Questionnaire [SRQ]; Ullman, 2000). CSA survivors who disclose to multiple people may perceive a variety of reactions from one recipient to the next. Many survivors report receiving both positive (97%) and negative (98%) social reactions when describing personal experiences with disclosure (Filipas & Ullman, 2001). Although some studies suggest men receive at least one positive disclosure reaction in their lifetime, negative disclosure reactions appear to be much more common (Gagnier & Collin-Vézina, 2016).

The disclosure process in the context of familial factors. Numerous factors contribute to delayed CSA disclosure. According to Alaggia et al. (2019), the complexity of barriers to disclosure can best be understood through the lens of a social-ecological perspective, such that individual, familial, contextual, and cultural factors interact to influence a survivor's decision to disclose.

Familial characteristics linked to delayed disclosure include rigidly fixed gender roles and patriarchal attitudes (Alaggia & Kirshenbaum, 2005), power imbalances between victim and perpetrator (Collin-Vézina et al., 2015), and dysfunctional communication and chaos among the family (Alaggia, 2010). Similarly, Priebe and Svedin (2008) found that high school seniors with sexual abuse histories (20% boys) who perceived their parents as either overprotective or uncaring were less likely to disclose compared to sexual abuse survivors who did not perceive their parents to have either of these parenting styles. In a recent study investigating findings from the National Sexual Assault Hotline, Elliott et al. (2022) found that nearly 75% of children in the sample received a negative reaction to their disclosure of sexual abuse that was perpetrated by a family member. The most common recipient of disclosure included other family members; some children disclosed to friends, and even less sought formal support (authorities or school personnel). Negative social reactions to disclosure are more common among intrafamilial CSA survivors compared to extrafamilial CSA survivors (Ullman, 2007). Thus, family environment—as it relates to facets of support—plays an important role in understanding how survivors are impacted when they choose to disclose or why many people wait until adulthood to disclose.

Impact of CSA Disclosure on Mental Health

In addition to the harmful psychological impacts of CSA itself, aspects of the disclosure experience including time to disclosure, social reactions to disclosure, and the familial context appear to be related to deleterious outcomes. In a recent meta-analysis, Dworkin et al. (2019) found that across over 40 studies related to disclosure of sexual abuse, negative social reactions that involved controlling, distracting, or treating the survivor differently were associated with pathology such as PTSD and depression. Unfortunately, they also found that the potential protective function of positive reactions to disclosure appeared to be smaller than the impact of negative reactions on pathology. Some recent studies have even concluded that negative reactions to disclosure can exacerbate several mental health concerns, such as depression (Hakimi et al., 2018) and PTSD (DeCou et al., 2017).

In addition to research examining outcomes of negative social reactions in a broad sense, some studies have examined specific dimensions of negative social reactions. Feiring et al. (2002) found that hostile or non-supportive responses to disclosure can negatively contribute to the shame associated with the abuse and can lead to negative mental health outcomes. In a sample of college women in which 74.6% of abused women disclosed the experience, Orchowski et al. (2013) found that one negative social reaction in

particular—reactions that attempted to control the survivor's decisions—was associated with posttraumatic stress, depression, and anxiety. Also in that study, blaming social reactions were associated with lower self-esteem and less engagement in problem-solving coping strategies. Although most studies exploring mental health symptoms as they relate to negative social reactions have been cross-sectional in nature, a few studies have found associations between negative social reactions to disclosure and PTSD utilizing 6- to 9-month longitudinal designs (Littleton, 2010; Zajac et al., 2015). Literature suggests it is important for survivors to feel autonomous and supported in their recovery process for long-term positive outcomes.

Despite the aforementioned studies that suggest delayed CSA disclosure can be harmful, other evidence suggests prompt disclosure may not always lead to positive outcomes. If a child discloses sexual abuse and the abuse continues, outcomes may be worse than if they had not disclosed the abuse. In a clinical sample of 301 (85.4% women) survivors of childhood sexual trauma, adults for whom abuse continued after disclosure reported higher levels of depression and PTSD intrusion symptoms compared to survivors who did not tell anyone about the abuse while it was occurring (Swingle et al., 2016). This suggests that disclosure in and of itself may not always be a protective factor against the development of mental health symptoms, but rather that the reactions to one's disclosure affect adaptation. Other studies support the idea that delaying disclosure may have benefits. Romano et al. (2019) found in a sample of 253 men with sexual abuse histories that older age at first disclosure was positively associated with a supportive disclosure reaction. It may be that, as adult CSA survivors age and foster new social connections, the probability increases that they will find a supportive person to disclose to (e.g., a spouse instead of a parent). However, results also indicated that longer time until disclosure was associated with externalizing behaviors and substance use. Although men who wait years to disclose CSA may develop mental health problems, they may also experience the benefit of having a more supportive reaction to their disclosure when they do ultimately choose to share their experience.

Research is mixed with regard to the familial context of CSA disclosure as a predictor of mental well-being of CSA survivors. Adolescent CSA survivors who disclosed to their mothers had lower rates of PTSD, substance abuse/dependence, and delinquency compared to non-disclosers and those who disclosed to someone other than their mother (Broman-Fulks et al., 2007). Easton (2013) found that response to first disclosure, maternal support, overall response to disclosure across one's lifetime, and response of most supportive recipient of disclosure predicted less mental distress. Although mothers' reactions may be perceived as supportive, it may not

necessarily be helpful in protecting against development of mental health concerns. Among women who endorsed at least one instance of forcible sexual penetration prior to age 18, PTSD, depression, and substance use did not differ between those who endorsed maternal belief and support and those who did not (Ruggiero et al., 2004). Discrepant findings between Broman-Fulks and colleagues' and Ruggiero and colleagues' studies may indicate that initial benefits of maternal supportive reactions to disclosure may fade over time.

Present Study

To address gaps in the literature, the current study sought to utilize a cross-sectional, quasi-experimental design to compare facets of the disclosure process between men and women since it is unclear if differences exist and to explore how components of the disclosure process relate to mental health symptoms in adulthood. The aim of hypothesis one was to capture the differences in the CSA disclosure process between men and women. It was predicted that (a) there would be greater time to disclosure for men compared to women, (b) women would disclose to a significantly greater number of people compared to men, (c) there would be a significant difference between men and women in the relationship to the first disclosure recipient. Due to the shortage of studies examining gender differences in social reactions to CSA disclosure, particularly with using the SRQ (Ullman, 2000), it was also hypothesized that there would be significant differences (non-directional) between men and women in social reactions to CSA disclosure. Hypothesis two predicted that time to disclosure, negative social reactions to disclosure, and perceived parental dysfunction would be positively associated with internalizing symptoms, externalizing symptoms, and substance use symptoms among both men and women.

Method

Participants

Participants were adults in the United States who were sexually abused in childhood and who had disclosed their CSA to at least one person. Inclusion criteria were as follows: current residence in the United States, being at least 18 years of age, having at least one incidence of sexual abuse that occurred before the age of 18 years, and having told at least one other person about the abuse. Participants were recruited through Amazon's Mechanical Turk (MTurk), a crowdsourcing marketplace that researchers can utilize to gather

information from a large and diverse online population of participants. The original sample consisted of 450 participants; however, a total of 151 participants were not included in analyses due to partial responding or nonsensical responses on open-ended items. Final analyses included 299 participants.

The final sample of participants (M_{age} = 35.9; SD_{age} = 10.52) included slightly more women than men (52.8%) and majority White/European American (77.9%) individuals. Most (98.3%) had at least a high school education and were either heterosexual/straight (79.9%) or bisexual (16.1%). Some participants (29.8%) disclosed within 1 year of the first sexual abuse incident, while 28.8% disclosed within the first 5 years, and 31.8% waited longer than 5 years. See Table 1 for additional sample characteristics.

Procedure

The study was visible on MTurk to users who had Human Intelligence Tasks approval ratings greater than or equal to 95% to reduce the risk of random or "bot" responses (Buhrmester et al., 2018). Participants answered four screener items; although some participants were able to skip the screener or report false information on the screener so they were able to complete the full study for monetary compensation, validity checks and extensive data screening were conducted to eliminate nonsensical or false responders (see Chmielewski & Kucker, 2020). If eligible, participants were then directed to a screen that included an IRB-approved letter of invitation, then to the full study items. Upon completion, participants were provided the phone number for a crisis text line and a website that allowed them to search for mental health resources in their locality. Participants were compensated $1.75 for their participation. All study procedures were approved by the University of South Carolina Review Board (proposal number 00105231).

Measures

Screener. Participants were asked their country of residence, whether they experienced sexual abuse prior to age 18, and whether they had disclosed their sexual abuse to another person. The item that assessed sexual abuse (adapted from McGuire & London, 2020) asked, "Did you ever have any sexual experience before the age of 18 that was unwanted OR with someone 2 or more years older than you OR with any person who forced this experience regardless of their age?" The wording of this question was adapted to include participants who had a sexual experience with someone two or more years older than them.

Table 1. Participant Demographic Characteristics ($N = 299$).

Characteristic	*N*	%
Gender		
Cisgender Woman	156	52.2%
Cisgender Man	139	46.5
Non-binary	3	1.0
Transgender Woman	1	0.3
Age		
18–27	65	21.7
28–37	136	45.5
38–47	51	17.1
48–57	31	10.4
58–67	14	4.7
68+	2	0.7
Race/Ethnicity		
White/European American	233	77.9
Black/African American	25	8.4
Hispanic/Latino	23	7.7
Asian	10	3.3
American Indian/Alaska Native	2	0.7
Native Hawaiian or Other Pacific Islander	1	0.3
Education		
Advanced Degree (Master's, Ph.D., M.D.)	59	19.7
Bachelor's Degree	164	54.8
Associate Degree	26	8.7
Some college, no degree	25	8.4
Trade/Technical Degree	4	1.3
High School Graduate	20	6.7
Did Not Graduate High School	1	0.3
Marital Status		
Married/Domestic Partner	210	70.2
Single/Never Married	73	24.4
Divorced	11	3.7
Separated	5	1.7
Sexual Orientation		
Heterosexual/Straight	239	79.9
Bisexual	48	16.1
Gay	5	1.7
Lesbian	3	0.7
Pansexual	2	0.7
Asexual	1	0.3
Queer	1	0.3
Time to Disclosure		
Within 1 year	89	29.8
Within 5 years	86	28.8
Between 6 and 10 years	43	14.4
More than 10 years	52	17.1

History and disclosure of CSA. Participants completed the sexual abuse items from the Childhood Trauma Questionnaire (Bernstein et al., 2003), using a five-point Likert scale ranging from 1 (*never true*) to 5 (*very often true*). McTavish et al. (2019) noted across 20 studies assessing CSA variables, author-generated items were utilized to assess for disclosure process variables. Thus, the current study utilized disclosure questions pulled from an in-depth literature review of disclosure studies. Questions used in previous disclosure studies that were also used in the present study included asking participants at what age they were first sexually abused, if they ever told anybody about the abuse, and how old they were when they first disclosed to someone. Time until disclosure was calculated by subtracting age of first sexual abuse incident from age of first disclosure (in years).

Perceived parental style. The Measure of Parental Style (MOPS; Parker et al., 1997) is a 30-item self-report measure of perceived parenting style. Participants rated how true a list of 15 statements were as they pertained to their mother/maternal primary caregiver and how true the same statements were as they pertained to their father/paternal primary caregiver during the participants' first 16 years. Participants responded using a four-point Likert scale ranging from 0 (*not true at all*) to 3 (*extremely true*), with higher scores representing higher maltreatment. Participants who did not live with one or both primary caregivers had the option to select that they did not have that specific caregiver and skipped corresponding items, which were coded as missing for analyses. As done by Penjor et al. (2019), the 30 MOPS items were averaged into a single score to represent dysfunctional parenting for analyses. The MOPS was derived from the Parental Bonding Instrument (PBI; Parker et al., 1997) and has demonstrated excellent reliability and convergent validity with the PBI subscales. Cronbach's alpha for the 30 MOPS items in the present sample was excellent (.96).

Reactions to disclosure. The SRQ (Ullman, 2000) is a 48-item, self-report measure of positive and negative social reactions to sexual abuse disclosure. Respondents were asked to report their experiences with disclosure using a five-point Likert scale ranging from 0 (*never*) to 4 (*always*). The SRQ includes three general scales (Turning Against, Unsupportive Acknowledgement, and Positive Reactions) and seven specific scales (Victim Blame, Treat Differently/Stigma, Taking Control of the Survivor's Decision, Distraction, Egocentric Reactions, Tangible Aid, and Emotional Support). The Positive Reactions scale includes items such as "encouraged you to seek counseling" and "helped you get information of any kind about coping with the experience." The Emotional Support scale includes items such as "told you it was

not your fault" and "told you that you were not to blame," all of which are included in the Positive Reactions scale. Items from the Turning Against and Unsupportive Acknowledgment scales were combined to create a Negative Reactions scale (Ullman, 2000). Scale scores were calculated using the average of the items in each scale (for the three general scales, seven specific scales, and the Negative Reactions scale), with higher scores indicating greater endorsement of each construct. In three samples (community volunteers, college students, and victims contacting mental health agencies) of sexually assaulted women, Ullman (2000) found good reliability and validity, such that alphas for the seven subscales ranged from .77 (Egocentric Reactions) to .93 (Emotional Support). Cronbach's alpha for the 48 SRQ items in the present sample was excellent (.96).

Mental health symptoms. The Global Appraisal of Individual Needs Short Screener (GAIN-SS; Dennis et al., 2006) is a 20-item, brief self-report measure of various mental and behavioral health symptoms; it was created as a way to quickly and consistently identify clinical problem areas in clients and research participants that could benefit from treatment for behavioral health disorders. Participants responded by indicating whether they experienced each statement *in the past month* (3), *2 to 12 months ago* (2), *one or more years ago* (1), or *never* (0). The GAIN-SS includes four five-item subscales that are scored separately: internalizing symptoms, externalizing symptoms, substance use symptoms, and crime/violence. The scores used in data analyses were the total number of 3 (*past month*) and 2 (*2 to 12 months ago*) responses in the internalizing, externalizing, and substance use scales. A score of three to five on any of the subscales indicates a high probability of a diagnosis, while a score of one to two indicates a possible diagnosis. Dennis et al. (2006) found good internal consistency (alpha of .96 on the total screener) and that the GAIN-SS was highly correlated ($r = .84$ to .94) with the 123-item GAIN Individual Severity Scale. Cronbach's alpha for the internalizing scale, externalizing scale, and the substance use scale in the present sample were good (.71, .75, and .80 respectively).

Data Analysis

SPSS was utilized to conduct all analyses with the final sample of 299 participants; an alpha level of .05 was used to determine statistical significance. Model assumption checks revealed that all variables met assumptions for normality. However, an initial correlation matrix revealed significant correlations among some MOPS subscales: maternal caregiver total abuse and maternal caregiver total Indifference ($r = .835$, $p < .01$) and paternal caregiver

total abuse and paternal caregiver total Indifference ($r = .819$, $p < .01$). Thus, due to multicollinearity (Field, 2018), the MOPS maternal and paternal caregiver items were combined to capture an average parental dysfunction score for analyses (Penjor et al., 2019).

To explore differences in aspects of the disclosure process between men and women (Women/Transgender Women = 1; Men = 2; Nonbinary = excluded) in hypothesis one, independent samples *t* tests and chi-square analyses were utilized. Additionally, a multivariate analysis (one-way MANOVA) was conducted to examine gender differences in social reactions to CSA disclosure for hypothesis one, with gender as the independent variable (Women/Transgender Women = 1; Men = 2; Nonbinary = excluded) and each SRQ scale (three general scales, seven specific scales, and the Negative Reactions scale) as dependent variables. For hypothesis two, three hierarchical linear regressions were utilized (one for each of the dependent variables: past-year internalizing symptoms sum, past-year externalizing symptoms sum, and past-year substance abuse sum). For all three regressions, the three independent variables were entered in the following order based on hypothesized predictive ability: time until disclosure (block one), SRQ negative reactions average (block two), and MOPS parental dysfunction average (block three).

Results

Aim 1: Gender Differences in CSA Disclosure Process Variables

Hypothesis one, which was partially supported, predicted that (a) there would be greater time to disclosure for men compared to women, (b) women would disclose to a significantly greater number of people compared to men, (c) there would be a significant difference between men and women in the relationship to the first disclosure recipient.

An independent samples *t* test revealed that there was not a significant difference between men ($M = 5.92$ years, $SD = 8.21$) and women ($M = 5.36$ years, $SD = 6.91$) on time until disclosure, $t(265) = -0.607$, $p = .272$. Another independent samples *t* test revealed that women ($M = 4.74$, $SD = 4.90$) disclosed their CSA to a significantly larger number of people compared to men ($M = 3.48$, $SD = 3.75$), $t(291) = 2.456$, $p = .007$. A chi-square test of independence revealed a significant relationship between participant gender and relationship to the first disclosure recipient, χ^2 (3, $N = 299$) = 9.25, $p = .026$, Cramer's $V = .176$. Women were more likely to disclose to parents compared to men, and men were more likely to tell friends compared to women.

Hypothesis one also predicted there would be significant differences between men and women in social reactions to CSA disclosure. Using

Pillai's trace, results partially supported hypotheses and revealed that there was not a difference in overall social reactions (all items on the SRQ) to CSA disclosure between men and women, $V = .05$, $F(8, 285) = 1.91$, $p = .059$, partial $\eta^2 = .05$. However, separate univariate analyses revealed significant differences between men and women in reactions classified as positive ($F[1, 292] = 4.61$, $p = .033$, $\eta_p^2 = .02$), and Emotionally Supportive ($F[1, 292] = 4.83$, $p = .029$, $\eta_p^2 = .02$). Women reported receiving more positive reactions and more emotionally supportive responses than men. There were no differences between men and women on the other SRQ scales (Turning Against, Unsupportive Acknowledgement, Tangible Aid, Blame, Stigma/Treated Differently, Control, Egocentric, Distract, Negative Reactions).

Aim 2: Factors Predicting Mental Health Outcomes

Hypothesis two, which predicted that time to disclosure of CSA, negative social reactions to disclosure of CSA (SRQ Negative Reactions), and perceived parental dysfunction (MOPS) would be positively associated with internalizing mental health symptoms, externalizing mental health symptoms, and substance use symptoms, was partially supported.

As hypothesized, the average of SRQ Negative Reactions predicted internalizing issues, accounting for 2.6% of the variance ($\beta = .165$, $\Delta r^2 = .026$, $p = .011$). Contrary to hypotheses, however, time until disclosure ($\beta = .036$, $\Delta r^2 = .001$, $p = .572$) and MOPS parental dysfunction ($\beta = .166$, $\Delta r^2 = .001$, $p = .073$), did not account for a significant amount of additional variability in internalizing problems.

As hypothesized, the average of SRQ Negative Reactions predicted externalizing issues ($\beta = .345$, $\Delta r^2 = .118$, $p < .001$). SRQ Negative Reactions accounted for 11.8% of the variability in externalizing problems. Contrary to hypotheses, time until disclosure ($\beta = .034$, $\Delta r^2 = .001$, $p = .591$) and MOPS parental dysfunction ($\beta = .348$, $\Delta r^2 = .002$, $p < .001$) did not account for a significant amount of variability in externalizing problems.

Consistent with our hypothesis, SRQ Negative Reactions predicted substance use problems, accounting for 11.0% of the variance ($\beta = .335$, $\Delta r^2 = .110$, $p < .001$). The hypothesis that MOPS parental dysfunction would predict substance use issues was also supported, though parental dysfunction accounted for only 1.9% of the variance in substance use issues ($\beta = .363$, $\Delta r^2 = .019$, $p < .001$). Contrary to our hypothesis, time until disclosure ($\beta = .043$, $\Delta r^2 = .002$, $p = .493$) did not account for a significant amount of additional variability.

Discussion

Easton (2013) and Gagnier and Collin-Vézina (2016) noted that when CSA disclosure studies have included men in their samples, the numbers were often so small that their experiences became downplayed. The present study addressed this limitation by collecting data online resulting in similar sample sizes of men and women with self-reported CSA histories. This enabled the exploration of gender differences in disclosure process variables, such as social reactions to CSA disclosure. Further, a social-ecological model of barriers to disclosure (Alaggia et al., 2019) provided a foundation in which the present study investigated familial (parental style) and contextual (social reactions) factors as they relate to internalizing, externalizing, and substance use symptoms in adult CSA survivors that disclosed CSA to at least one person.

Although previous research has found that men wait longer to disclose CSA compared to women, the present study did not find this difference. O'Leary and Barber (2008) found that a higher percentage of men in their sample waited more than 20 years to disclose while Easton (2013) found that men delayed disclosure for an average of over 21 years. In the present MTurk sample, however, men waited an average of 5.92 years to disclose and also had a younger mean age (35 years) compared to Easton's (2013) sample which had an average age of 50 years. It could be because of changes that have occurred in society since these studies were conducted, including the voice that social media has given to victims of sexual abuse and high profile legal cases, have resulted in more open discussion of sexual abuse and shorter timeframes for disclosure. To further explore the potential of a cohort effect, future studies could examine whether men, and women, are now disclosing at younger ages than in the past.

To explore other facets of the disclosure process, the current study also hypothesized that women would disclose to a significantly greater number of people compared to men, and there would be a significant difference between men and women in the relationship to the first disclosure recipient. Women did report disclosing to a significantly greater number of people than men. This is somewhat related to previous findings that indicate women report higher rates of disclosure compared to men (Okur et al., 2020; Tang et al., 2008). Romano et al. (2019) found that men disclosed sexual abuse to approximately 2.3 individuals in their sample of male CSA survivors, whereas men in the current sample disclosed to 3.48 individuals; since the mean age of the present sample (35.9 years) and the Romano et al. (2019) sample (39.5 years) was similar, this difference for a lower number of people

disclosed to could be explained by the participant recruitment method, as Romano et al. recruited men from sexual abuse survivor websites. It is plausible that men utilizing such websites have had a more difficult time finding social support within their family or friends, and thus have disclosed to a lesser number of people. Although Easton (2013) found that half of the participants (all male sample) first disclosed to a spouse/partner (27%) or to a mental health professional (20%), men in the present sample were more likely to disclose to friends (compared to women in the sample and also compared to parents, relatives, or nonrelative adults). Additionally, women were more likely to disclose to parents compared to men in the present sample. Consistent with the present study, Romano et al. (2019) found that men were most likely to first disclose to a friend (44.7%). Taken together, women may more readily access supportive disclosure responses if they tend to disclose to a greater number of people than men, based on the likelihood of receiving a positive response merely by disclosing to more people. Further, more investigation into barriers to disclosure within the familial context, particularly for men, is warranted.

Hypothesis one also predicted that men and women would report different social reactions to their initial CSA disclosure. Women reported more positive reactions and more emotionally supportive reactions to disclosure. Positive reactions include items like "told you that you were not to blame" or "held you or told you that you are loved." Emotionally supportive reactions include "told you it was not your fault" or "showed understanding of your experience." Women and men in the present sample were also just as likely to receive negative reactions to CSA disclosure. These findings are consistent with the Ullman and Filipas (2005) study finding that women reported more positive reactions than men, but there was no difference in negative reactions. On a related note, Romano et al. (2019) found that although the majority of men in their sample reported receiving a positive response to their first disclosure, over 30% reported receiving negative responses such as being blamed, ignored, or not believed.

The results of the present study also highlight stigma regarding victimhood being perceived as more consistent with the identity of women, whereas victimhood for men implies weakness (Alaggia, 2010; Sorsoli et al., 2008), making it more likely that women receive positive responses compared to men. Orchowski et al. (2013) utilized the SRQ in a sample of women and found that reactions that attempted to control the survivor's decision and blaming reactions were associated with anxiety, depression, and maladaptive coping. However, more research is needed to understand the extent to which men and women receive different social reactions from different support sources and the impact of various types of reactions. Future studies could examine the

differential impact of reactions to disclosure on mental health outcomes among men and women and how results of the present study replicate across various populations, particularly those collected through different means.

Hypothesis two sought to examine the extent of the influence of time until disclosure, negative social reactions, and perceived parental dysfunction on internalizing, externalizing and substance use symptoms. Negative reactions to disclosure were predictive of all three outcomes and accounted for a moderate amount of the variance of externalizing symptoms and substance use symptoms and a small amount of internalizing symptoms in the present sample. Some previous research has examined the impact of negative reactions to disclosure on internalizing disorders. Ruggiero et al. (2004) found that college women with sexual abuse histories had more PTSD symptoms if they received more negative reactions to disclosure in childhood, while Bhuptani et al. (2019) found that victim-blaming responses to disclosure were associated with greater depressive symptoms. The present study, however, indicates that negative reactions have a more substantial impact on the development of symptoms of externalizing and substance use disorders. Given the high rates of sexual abuse and the impact negative reactions to disclosure appear to have on mental health outcomes, an important next step would be to provide individuals with tools regarding how to respond when someone in their life discloses CSA. Initiation of resources to aid individuals in providing supportive responses to survivors who disclose (Start by Believing, 2011) are underway and signify an important step forward in the recovery process for survivors.

Perceived parental dysfunction was related to substance use symptoms, but not to internalizing or externalizing symptoms. One explanation for this finding is that parents higher in dysfunction may have higher rates of substance use symptoms, which could in turn increase their offspring's risk for substance use via heritability factors and vicarious learning (Hawkins et al., 1992). Additionally, parental dysfunction can serve as a risk factor for adulthood substance use (Substance Abuse and Mental Health Services Administration [SAMHSA], 2019). Due to the lack of research investigating the role of parental relationships and functioning as they relate to disclosure and subsequent mental health outcomes in samples including both men and women, more research is needed to further understand how dysfunctional parenting impacts CSA disclosure and recovery, particularly as it relates to substance use.

Strengths and Limitations

The results of the current study should be interpreted in light of its limitations. First, it cannot be concluded that reactions to disclosure or timing of

disclosure cause negative mental health outcomes or substance use due to the cross-sectional nature of data collection. MTurk provided quick access to a range of participants in terms of age and gender—significant efforts were made to ensure reliable data via inserting validity checks, using a screener, and deleting nonsensical responses in light of Chmielewski and Kucker's (2020) research exploring the validity of data collected through MTurk. MTurk workers may also differ from other CSA survivors in some way since workers are willing to answer surveys online for monetary compensation and thus may have different motivations for reporting their experiences compared to other CSA survivors. On this note, it is plausible that MTurk workers differ from CSA survivors identified through the justice or legal system, who likely have very different experiences with CSA disclosure. An additional limitation is the self-report nature of the data as no efforts to confirm the reports of experiences that occurred many years ago were attempted.

To address one aspect of diversity, another limitation of the current study is that sexual orientation of participants was not incorporated into our understanding of the disclosure process, despite approximately 20% of the sample reporting an orientation other than heterosexual. Considering higher rates of sexual abuse among individuals in the LGBTQ community (Rothman et al., 2011), the sexual abuse disclosure process for this population may include additional complexities, such as internalized negative attitudes related to sexual orientation, greater relationship conflict, and engagement in risky sexual behaviors (Frost & Meyer, 2009; Nappa et al., 2022) that could be related to how and when these individuals disclose sexual abuse. Future research would benefit from exploring barriers of the sexual abuse disclosure process for sexual minorities that were not captured in the present study, as this could shed light on challenges relevant to a particularly at-risk population.

Strengths of the present study include that the sample was nearly half men and half women. Many researchers have noted the need for studies that compare the disclosure experiences of men and women in the same study given that most studies have not done so. Additionally, the SRQ (Ullman, 2000) has not been commonly used in samples of men to the authors' knowledge. Therefore, the present study marks a significant contribution to our understanding of disclosure experiences for male CSA survivors, and how their experiences compare to women's. The present study yielded significant differences between men and women in two SRQ scales (positive reactions, emotional support). This has implications for future research that examines reactions to CSA disclosure, such that the measure may be capable of revealing differences in reactions that aid in our understanding of how to provide

better support to men (and women) survivors when they do decide to disclose. Future research may also consider utilizing the SRQ separately for participants to describe their reactions from particular recipients. For example, useful implications may result from participants rating their mother, father, or spouse reactions to disclosure.

Conclusions and Implications

In sum, the present study found that there are some differences in social reactions to CSA disclosure between men and women, and negative social reactions are positively associated with internalizing, externalizing, and substance use symptoms for both men and women. Men and women may be similar in when they disclose but may not both receive positive reactions. Thus, instead of timing of disclosure being most related to mental health outcomes, a larger part of the picture may be the type of reactions men and women receive when they do disclose. Further, negative reactions to disclosure, regardless of survivor gender, may increase risk for internalizing, externalizing, and substance use symptoms in CSA survivors. It would be helpful for clinicians working with CSA survivors to explore the reactions their clients have received to disclosure and the impact such reactions have had on their beliefs about the abuse, themselves, and the world. Treatments have been designed to address such trauma-related cognitions, such as Cognitive Processing Therapy for PTSD (Resick et al., 2017). This treatment identifies and addresses the "stuck points" of survivors which often include self-blame for the abuse. There remains much to be understood about the disclosure process for men and women and how reactions to disclosure differentially impact mental health outcome trajectory and whether changes in the societal views of CSA will lead to more positive responses to disclosure and, ultimately, better outcomes for survivors.

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