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Disclosing Sexual Assault to Parents

The Influence of Parental Messages About Sex

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Without frank discussion of what sex is, women may not learn what sex is not and what experiences constitute sexual assault. This qualitative study explores the relation between parental discussion and messages about sex and women's decisions of whether to disclose sexual assault to parents. Participants were 18 women from diverse ethnic backgrounds. Data were analyzed using a grounded theory approach. Findings indicate that women more often disclosed sexual assault to parents who discussed sex with them in a frank and positive manner. In addition to the role of disclosure in recovery, implications for sex and parent education are discussed.

Keywords: *disclosure; grounded theory; sexual assault*

Women are sexually assaulted at disturbingly high rates. Estimates from the 1995-1996 National Violence Against Women Survey (NVAWS) indicate that in the United States, 1 in 6 women experience completed or attempted rape in their lifetime (Tjaden & Thoennes, 2006). The effect of rape and sexual assault on individuals may manifest as posttraumatic stress disorder (PTSD), sexual dysfunction, reduced self-esteem, and other social and emotional disruptions (see Koss, 1985; Resick, 1993). High school and college victims may experience reductions in school attendance (Choquet, Darves-Bornoz, LeDoux, Manfredi, & Hassler, 1997) or drop

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out altogether in response to the emotional impact of the incident or the fear of seeing or being confronted by the perpetrator.

Disclosing the sexual assault to others may create opportunities for increased understanding of the incident and social support, which may mitigate the negative effects of the experience (Campbell, Ahrens, Sefl, Wasco, & Barnes, 2001); however, many women do not disclose the assault to those with whom they are close. A number of studies shed light on reasons women may not disclose to anyone, particularly to police (Campbell et al., 2001; Neville & Pugh, 1997; Washington, 2001). At the same time, a striking gap exists in the literature regarding why young women do not often disclose to informal sources of support, specifically parents, even though NVAWS findings indicated that 54% of female victims were sexually assaulted *before* they reached age 18 (Tjaden & Thoennes, 2006). Closing this gap is important because studies support the positive influence of parental support on adolescents' and young adults' general well being (Helsen, Vollebergh, & Meeus, 2000; van Wel, ter Bogt, & Raaijmakers, 2002). For example, the parent-child relationship is salient in cases of child sexual abuse in which maternal support may be instrumental in victims' recovery (Johnson & Kenkel, 1991; Morrison & Clavenna-Valleroy, 1998). Exploring the potential role of parental support in sexual assault recovery may highlight intervention opportunities. This qualitative study explored the issue of nondisclosure to parents among 18 women who experienced attempted and completed sexual assault.

The Complex Nature of Rape Disclosure

Disclosure may ameliorate the detrimental outcomes that often occur after a traumatic experience (e.g., Greenberg, Wortman, & Stone, 1996; Pennebaker & O'Heeron, 1984); however, sexual assault is qualitatively different compared with many other traumatic events (e.g., natural disaster, armed robbery), which may feel less personal and less stigmatizing to divulge. The level of intimate detail, social stigma, potential for blame or disbelief, and the widespread acceptance of rape myths inhibit many women from disclosing their experience of sexual assault.

A host of complicated factors play a role in whether women talk about the assault and if the consequences of the disclosure are positive. First, characteristics of the assault and the ways in which victims interpret the incident influence disclosure decisions. Disclosure is more common when the assailant is a stranger (vs. an acquaintance), when injury or emotional distress results, when self-blame is low, and when the assault was completed (vs. attempted; Boudreaux, Kilpatrick, Resnick, Best, & Saunders, 1998; Golding, Siegel, Sorenson, Burnam, & Stein, 1989; Starzynski, Ullman, Filipas, & Townsend, 2005; Ullman, 1996a). Furthermore, when the victim interprets the incident as an assault (and crime), disclosure is more likely, but in cases of acquaintance rape, women frequently do not define their experience as rape (Koss, 1985; Schwartz &

Leggett, 1999). Data from the National College Women Sexual Victimization study showed that in 86 incidents of rape, only 47% ($N = 40$) of women defined their experience as rape (McKay, Fisher, Maticka-Tyndale, & Barrett, 2001). Defining the experience can be difficult for victims of acquaintance rape because they are often confused about what actually occurred (e.g., bad date vs. rape) and who is responsible for what happened (Cook & Koss, 2005). For instance, women often find it difficult to perceive themselves as victims when their perpetrators treat the incident as sexual, romantic, and normal (Sudderth, 1998). Therefore, characteristics of and subjective responses to the assault significantly contribute to the likelihood of disclosure.

Second, anticipated and actual responses from others can play a powerful role in whether victims disclose. Many women may delay or avoid disclosure out of fear of negative reactions from others, such as being blamed, not believed, or discriminated against (Boudreaux et al., 1998; Washington, 2001), especially if they were not physically injured in the assault (Ullman & Filipas, 2001). Women may receive a mixture of helpful (e.g., listening, believing her) and hurtful (e.g., blaming, patronizing) responses, all of which may affect their adjustment (Campbell et al., 2001). Although positive support may be helpful in facilitating recovery, some suggest that receiving no support may be better for victims than support that feels hurtful (Campbell et al., 2001), which may result in increased psychological symptoms and poorer recovery (Ullman, 1996b).

Finally, cultural and societal factors may also influence women's perception of the incident and their decisions to disclose. Western society is saturated with sexualized images of girls and women in the entertainment industry, magazine articles, and advertisements, which contribute to the sexual objectification of women. If these depictions of women are regarded as normative (Swift & Ryan-Finn, 1995; Tolman & Diamond, 2001), victims may question the occurrence of an assault or minimize its seriousness, which might influence whether and how they talk about it with others.

Adolescents' Support-Seeking and Disclosure Patterns

To better understand the disclosure patterns of adolescent victims, it is helpful to review typical support-seeking strategies among teens. The general help-seeking tendencies of adolescents are linked to gender, age, and type of problem. Female adolescents use social support more often than males. Older adolescents turn to friends more often compared to younger adolescents, who generally prefer their parents. And adolescents choose support sources depending on the type of problem (Boldero & Fallon, 1995; Seiffge-Krenke, 1993), but they are strategic in choosing who is most appropriate. Adolescents often prefer assistance from their peers when faced with interpersonal problems, and from their parents for school-related situations and health problems (Sullivan, Marshall, & Schonert-Reichl, 2002). Moreover,

adolescents evaluate their support options according to who is likely to have the most expertise about the problem at hand and who will provide nurturance (Wintre, Hicks, McVey, & Fox, 1988). After experiencing sexual assault, female adolescents may believe that the best source of support will come from peers, from those who can “relate to what they are going through.”

Following sexual assault, victims often disclose to elicit support rather than advice (Frazier & Burnett, 1994) and seek such support from those they believe will be the most helpful (Golding et al., 1989). Given these motivations, adult survivors more often disclose to a friend compared to other potential support sources (McKay et al., 2001), and this pattern is consistent among younger victims. In a recent study of 50 female adolescent (age 14-19) rape victims, 62% disclosed to a friend within 48 hours, and only 10% disclosed to a parent (Rickert, Wiemann, & Vaughan, 2005). Another study (Kogan, 2004) examined disclosure among female children and adolescents and found that compared to younger victims (age of onset, 7-10), older female adolescents (age of onset, 14-17) were more likely to disclose an unwanted sexual experience to their peers than to adults. If the assault was committed by a peer, victims were 3.4 times more likely to tell a peer than an adult. However, in cases in which penetration occurred or they believed their lives were in danger, victims were more likely to tell an adult than to not disclose at all.

On the basis of adolescent help-seeking patterns, we might expect younger victims to disclose to a peer or friend and only to parents when the situation is perceived as critical. However, the social stigma of sexual assault and generally negative climate around sexuality discussions may make disclosing to parents very difficult. For that reason, a critical question is how the climate of discussing sexuality with parents influences sexual assault disclosure.

Climate of Discussing Sexuality With Parents

Examining the climate of sexual discourse in the homes of young women may provide information about factors that influence the likelihood of disclosing sexual assault to a parent. Studies of parent-teen communication on topics of sexuality (e.g., Nolin & Petersen, 1992) confirm what most already know; many (if not most) parents find sexuality a challenging topic to discuss with their adolescent children. Likewise, adolescent boys and girls are often reluctant to engage in the discussion with their parents (Jaccard, Dittus, & Gordon, 2000). One study of African American and Latina girls and their mothers found that adolescent girls avoid the topic with their mothers in response to perceived cues that it would feel uncomfortable and embarrassing for their parents (O’Sullivan, Meyer-Bahlburg, & Watkins, 2001). Nevertheless, if parents do not initiate the conversation, many young women may not have the opportunity to openly discuss important sexual topics during a time when they may begin encountering sexual situations.¹

Teens’ preferences for discussing sexuality and their experiences are mixed. Although many adolescent females do not prefer their parents as important sources

of information on topics such as sexual desire and satisfaction, many do believe it is important for parents, especially mothers, to discuss relationships, how to handle unwanted sexual pressure, and safe sex (Rosenthal & Feldman, 1999). However, such discussions often do not occur. In a study of 530 male and female students, 59% reported never having a meaningful discussion about sex with either parent, with their primary reasons being embarrassment and that sex was an unacceptable topic to discuss in the home (King & Lorusso, 1997). Many parents may assume that sexuality will be sufficiently covered in sex education courses. However, a recent Kaiser poll of parents and teens in the United States revealed that 55% of teens and 97% of parents believe that sex education courses should provide information about what to do if raped, but only 59% of students (7th-12th grades) reported that their sex education courses cover this topic (Kaiser Family Foundation, 2000). Unfortunately, the avoidance of discussing sexuality inevitably leaves adolescent girls few appropriate sources to consult with their questions and concerns, concerns that will likely arise in spite of parents' discomfort and nonreadiness to acknowledge them.

Without an appropriate setting for young women to discuss their sexuality, any dialogue about sexual coercion is silenced as well (Sudderth, 1998). A potentially important question that has received little attention in the rape literature is how earlier discussions of sexuality with parents may influence later disclosure of an unwanted sexual experience. Inadequate or incomplete discussions of sexuality may prevent some women from recognizing sexual abuse. In Washington's (2001) qualitative study of 12 African American female sexual assault survivors, some participants spoke about having indirect and inadequate discussions of sexuality with their parents. Based on the women's statements, Washington suggested that the absence of constructive conversation may have prevented some women from interpreting an incident as sexual abuse and contributed to their delay or avoidance in disclosing it. Hence without frank discussion of what sex *is*, how do young women learn what sex *is not*?

The Present Study

Based on the literature, we know very little about why women often do not disclose sexual assault to parents. Early experiences of sexuality discussions with parents may play a role in disclosure of sexual assault to parents. In an effort to probe this complicated issue, we conducted a qualitative study and examined the relationship between disclosure of sexual assault and the climate of parental discussions of sexuality as experienced by a sample of 18 college women. The primary research question used to guide the analyses was whether parental messages about sex influence women's disclosure of sexual assault to their parents. This question emerged from two broader research questions:

Research question 1: What is the role of culture and upbringing in disclosure?

Research question 2: What motivates women to disclose and what factors discourage disclosure?

Method

Participants

This study was conducted at a large, urban, southeastern university. All procedures and instruments were approved by the university institutional review board. Participants were recruited from the Psychology subject pool (students enrolled in the introductory psychology course) and screened with a survey containing demographics, experience of sexual assault, history of other traumatic life events, and psychological measures to assess self-concealment tendencies (Larson & Chastain, 1990), social anxiety (Leary, 1983), and social desirability (Reynolds, 1982). Eligibility requirements were female; 18 years of age or older; and experience of at least one attempted or completed act of oral, anal, or vaginal sex since age 13 and under at least one of the following conditions: (a) perpetrator threatened her with physical harm; (b) perpetrator used physical force, such as holding her down or ripping her clothes; (c) victim was incapacitated from alcohol or drugs and could not object or consent. In addition, at least 1 year must have passed since the incident. Of the 144 initially screened, 49 (34%) women qualified for the interview, 34 (69%) expressed interest in participating, and 20 were ultimately interviewed. The remaining 14 participants were not interviewed because the PI was unable to contact them; they were unable to schedule an interview within the study time frame; they changed their mind and no longer wanted to participate; or they did not meet the study criteria (i.e., the incident occurred within a year's time) in which case the interview was terminated.

Screening Instrument

The revised Sexual Experiences Survey (SES; Koss & SES Collaborative, 2004) served as the primary screening instrument with which to screen for sexual assault. The revised SES measures sexual behavior with varying degrees of coercion, threat, and force. The original instrument is both reliable and valid in assessing sexual assault victimization (Koss, 1985). The revised version used in this study contains 30 victimization items and differs from previous versions in its detail and organization. The survey is divided into two sections, attempted and completed acts. Within each section, questions are organized by the type of penetration (oral, anal, vaginal), each containing 5 questions that assess the strategies of coercion, threat, and force (similar to the original version). For example, the item assessing vaginal penetration by force is "someone inserted their penis, their fingers, or an object into my vagina after they used some degree of physical force such as holding me down or ripping my clothes off."

Compared to earlier versions, the revised measure also includes an item for assaults that occurred while the victim was incapacitated because of alcohol or drugs. Also instead of a *yes* or *no* format, the revised instrument asks respondents for

the number of times the act occurred during a specific time period (past 12 months, since age 14). For this study, we revised the instrument to acts that occurred since age 13 and excluded the question for number of times an act occurred in the past 12 months.

In recruiting our sample, we excluded women who experienced verbally or emotionally coerced sex and instead focused on those who experienced rape or sexual assault. The SES items that assess rape and sexual assault include the following: completed or attempted oral sex, vaginal sex (using penis, fingers, or object), anal sex (using penis, fingers, or object), under at least one of the following conditions: the victim was either incapacitated because of alcohol or drugs and could not object or consent, threatened with some degree of physical harm, or physically forced, such as being held down or having her clothes ripped off.

Sample Description

Participants were diverse across age, ethnicity, and religion. The majority ($N = 10$) of the women identified as White, three were African American, and five identified as other racial groups (Asian/Pacific Islander, Hispanic, multiracial, and other). The women's ages ranged from 18 to 34 with a mean age of 22 ($SD = 5.14$) and median of 20. Most of the women were single ($N = 17$), 2 were married, and 1 was divorced. The majority ($N = 11$) belonged to Christian-affiliated religions (Protestant, Catholic, Orthodox Christian), and the remaining seven belonged to Hindu, other religions, or no religion.

Given the aims of this study, two participants who otherwise met study criteria were excluded from analyses resulting in a final sample of 18. These women fell into different cohorts compared to the other participants. In one case, extensive time had passed since the woman's assault (25 years). In the other case the assault occurred at age 26, whereas other women in the sample experienced their assaults during adolescence or traditional college-age years. It may be argued that women in their mid-20s are often independent from parents and this factor might influence their disclosure decisions.

Procedure

Screening Procedure

Participants were recruited from those enrolled in the university's introductory psychology course. Screening procedures were conducted by an advanced undergraduate research assistant. Participants were asked to complete a screening survey and read an attached description of the follow-up interview study. On the description page, they were asked to indicate if they were interested in participating in the interview and, if so, to provide their contact information. Last, they were instructed to

separate this page from the survey so the process did not identify anyone as a victim. After completing the screening questionnaire, all participants were given 1 hr of research participation credit for class. Eligibility for the interview was determined by their responses to the screening survey and verified by the PI (lead author).

Interview Procedure

All interviews were conducted by the lead author (SS) in an assessment room in the university's psychology clinic. We chose this location to ensure the emotional safety of the participants, as licensed clinical psychologists were available if participants became distressed during the interviews.

After obtaining consent, we began by discussing each response to the SES to ensure that participants understood the questions' intent and verified their answer choices. We then examined the sexual incidents that met criteria for the interview (i.e., met criteria for sexual assault). The PI was careful to not verbally label the incident in any way (e.g., rape, sexual assault) during the conversation. Of those incidents, participants identified the one(s) that occurred at least 1 year prior to the interview. If there was more than one, participants were asked to identify the incident that was most stressful. The PI attempted to focus the interview on this incident but allowed participants to talk about other incidents if they came up naturally or seemed appropriate to discuss.

Next, participants were given a brief introduction about the interview focus and asked for their permission to audiotape the interview session. To protect their identities, participants provided consent by checking a box on the consent form rather than signing their names.

The interview itself was guided by a series of open-ended questions that focused on the overall process of disclosure. To place the interview questions within a specific context, participants were asked to briefly describe the sexual incident (or set of incidents) identified at the start of the interview. Following an interview guide, the PI asked general questions related to the participants' experiences of disclosing (and not disclosing) the incident to others and the recipients of their disclosures, including why they did and did not disclose to specific individuals. In addition, participants were asked to describe their cultural and developmental experiences as they pertained to disclosure, including the messages they received about sex while growing up, especially from parents, and their comfort level with discussing sexuality topics with parents and family.

Given the sensitive topics discussed during the interview, the PI made efforts to check in with the participants (e.g., "How are you feeling talking about this?") to acknowledge and address any distress they might have been experiencing. In the few cases in which participants exhibited visible distress, we stopped the interview and debriefed for a few minutes. These participants were given the option to speak to a clinical psychologist before continuing with the interview. The few participants who

exhibited visible distress declined the opportunity to speak with a psychologist and resumed the interview within 5 min.

The interviews lasted 1 to 1.5 hr. At the conclusion of the interview, participants were debriefed and given a resource sheet of local psychological services. Participants were informed about the university's counseling services in case they were interested in discussing their experiences in greater depth. Participants were thanked for their participation and given US\$20 compensation and 2 additional research participation hours.

Analytic Approach

Analyses were conducted using a grounded theory approach (Strauss & Corbin, 1998). The focus of this approach is theory development, in contrast to phenomenology, for example, which focuses on understanding the meaning or essence of a concept or phenomenon. The strength of the grounded theory approach is that theory is generated inductively from the data upward. This is accomplished through a process of identifying categories and relationships among the categories within the data, which ultimately results in a theory that outlines the conditions and consequences of a phenomenon (Creswell, 1998).

Data Analyses

All interviews were transcribed by the PI and one research assistant. The PI was responsible for all of the coding. Data were organized and managed with the qualitative analysis program, ATLAS.ti 5.0. Analyses commenced with open coding in which transcripts are analyzed at a micro level. Codes were applied to passages that were relevant to the research questions.

Concurrently, while locating quotations and assigning codes, each code was described with the use of *memos*, defined as a "record of analysis, thoughts, interpretations, questions, and directions" about the data (Strauss & Corbin, 1998, p. 110). Next, coded data were reduced and grouped into distinct categories. During this phase, codes were closely examined for their similarities, differences, and interactions and placed into larger categories that represented their characteristics.

In the next level of coding, axial coding, the codes were analyzed and subcategories were created that provided information about the larger categories. This phase involved an iterative process of coding, recoding, and repeatedly examining the categories for their accuracy in describing the dimensions within the data, and ended when the data were saturated (i.e., no other codes or categories were observed in the data).

Verification and Reliability Check

Verification of the codes and categories was conducted by 5 independent raters in collaboration with the PI. The raters were female graduate students in psychology

with previous research experience in the area of violence against women. Initially, raters were informed about the larger purpose of the study (i.e., disclosure of sexual assault) and were trained in locating and coding major themes within an interview transcript. Raters were provided a list of tentative themes and instructed to read a sample of the transcripts and (a) decide if the themes reflected the content in the transcript; (b) decide if the category names were appropriate descriptors of the codes within; and (c) note and recommend additional themes that were excluded from the theme list. Results from this step confirmed that all categories were appropriately named, represented in the data, and relevant to the research questions. No additional major categories were discovered.

The group assessed the reliability of the codebook on 5 full transcripts. Raters were each given 2 transcripts and instructed to assign codes to highlighted text segments. Each transcript also included 4 to 5 randomly selected text segments to be coded as *no code*. The PI coded each of the 5 transcripts concurrently with the raters. After coding was completed, the PI met with the raters to discuss disagreements. In the cases in which consensus could not be reached the text segment was marked as a disagreement.

To compute reliability, simple agreement was computed (as described by Shaughnessy, Zechmeister, & Zechmeister, 2003). In some studies, the Kappa coefficient is used to calculate reliability because it controls for chance agreement. For this study, the final 30 codes were not mutually exclusive, and multiple codes could be applied to a single text segment, so the likelihood of chance agreement was extremely low. Given these factors, the simple agreement method was chosen to calculate reliability. Reliability was computed in groups of 3 raters, using the criterion of 2/3 agreement to represent initial agreement. Agreement ranged from 40%-100% across all codes using the 2/3 criterion and increased to 80%-100% after discussion of discrepancies (i.e., full consensus across all 3 raters). On completion of reliability analyses, the PI recoded the full set of transcripts. Average agreement ranged from 58%-83% across the two codes when using the 2/3 criterion and increased to 97%-100% after discussion of discrepancies (i.e., full consensus).

Coding Scheme

Two primary codes were used, *Communication* and *Sex and Dating*, both of which were categorized under the major category of *Culture and Upbringing*. The code for *communication* was applied to statements about the amount of openness in communication within a participant's family or culture, topics that were viewed as inappropriate, and whether she was encouraged or discouraged to talk to others when seeking advice or attempting to solve problems. In the following quote, the participant described the restrictions she experienced in discussing sexual topics with her parents:

I couldn't talk about anything sexual with my mother 'cause she is very traditional so she never talked about sex, it's always, you know, that's just, when you grow up you know about those things and how you [sic] supposed to know about them is your business, I don't talk about it. You know, and of course I'm not gonna talk about it with my father.

To illustrate the coding process, the content of this quote reflects messages and experiences she received during her upbringing (*Culture and Upbringing* category). More specifically, the participant describes the restrictions she felt in discussing sexual topics within her family (*communication* code).

The *sex and dating* code was applied to segments that reflected what the participant learned about sex and reproduction, sexuality, dating and relationships and their associated norms, and the appropriateness of discussing sexual situations or topics with others. To illustrate, when asked what messages she received at home about sex, one participant responded, "Don't do it, it's bad, women don't have sex, stay a virgin until you get married, the very classic, you know [pause], very old traditional, keep your legs crossed [laughs]." Here again, the quote reflects experiences during the participant's upbringing (*Culture and Upbringing* category), and more specifically, the messages she received about women's sexuality (*sex and dating* code).

Results

Differences Among Qualifying Participants

Independent samples *t* tests were conducted between the women who volunteered for the interview and those who did not to test for differences in their potential for disclosure. In other words, given that the participants were self-selected, we wanted to determine if those who volunteered also scored higher on disclosure measures than those who declined participation. Groups were tested for differences in self-concealment tendencies, social anxiety, and social desirability. Significant differences were not found between the two groups.

Assault Characteristics

This study focused on teen and adult sexual assault that occurred since age 13. The assaults varied in their severity, ranging from various forms of sexual assault to rape. All of the incidents were committed by someone at least casually known to the participant; however, the level of familiarity varied. In 12 of the incidents, the women knew the perpetrator as a boyfriend or date; 8 were acquaintances, often having just met on the day of the assault; 2 were friends. These totals reflect statements of victims who reported multiple perpetrators. For women who were victims of multiple assaults, we focused on the one assault that they felt was most stressful. The

Table 1
Disclosure Recipients

Participant Disclosed to at Least One Person	<i>n</i>	Percentage
Friend	11	61
Intimate partner	8	40
Parent	4	22
Other family member	3	17
Acquaintance or coworker	3	17
Therapist	3	17

Note: Participants may have disclosed to more than one person.

average time since the assault was approximately 5.4 years (median = 4.5); on average, the women were approximately 17 years old at the time of the assault.

Disclosure Recipients

The majority ($N = 15$) of participants did disclose their assault to at least one person (see Table 1), and some disclosed to multiple individuals. Three of the 18 women stated that they had never disclosed the assault prior to participation in the interview.

Messages Received About Sexual Behavior

To protect the identities of participants, pseudonyms are used, but their racial or ethnic identity and age at the time of the interview are provided in parentheses. The discussions between parents and participants about sex and reproduction varied.

Restricted discussions about sex. With few exceptions, participants spoke about how the discussion of sexual behavior was largely minimized or ignored, delayed, and treated uncomfortably in their families. Maria (33, African Hispanic) described the issues that prevented discussion of sexuality with her mother:

I couldn't talk about anything sexual with my mother 'cause she is very traditional so she never talked about sex, it's always, you know, that's just, when you grow up you know about those things and how you [sic] supposed to know about them is your business, I don't talk about it. You know, and of course I'm not gonna talk about it with my father. And all my knowledge was through TV, reading magazines, talking to peers and all the misinformation you get from talking to people who doesn't [sic] really know either.

In some cases, parents delayed the discussion of sexual behavior, but participants felt the timing of the discussion was too late. Karla (19, White) described her experience with her father:

I didn't get one of those conversations ever. And then after I had already had sex, my Dad told me that I shouldn't have sex until I get married [slight laugh], but it was a little late after that, so.

In Jaina's (21, Southeast Asian) case, her father's talk took place years after the assault:

Back then they didn't really talk to me about it a lot because they didn't even think that stuff like this could start happening at such an early age. They started talking to me about this type of stuff like, "oh if you ever get with the wrong guy or if you ever come home pregnant or if there's anything that ever happens, you need to come talk to me first. I don't care what happens." My dad always said that, but he started saying that when I was 17 and 18, not when I was 14, 15, or 16. He never talked about stuff like that with me. . . . They did talk—they talked to me, but they just—like you could say they were a lot more innocent. . . . They would not have imagined that I would be getting myself into trouble like that. They talked to my younger brother a lot more about these things at an earlier age than they did with me. And my sister too, she's like—I was like, "Did mom and dad ever talk to you about sex or something like that?" She was like, "No, never."

Sometimes discussions were delivered in a manner that reflected the parents' discomfort with the topic. Carrie (18, White) spoke about the quick and technical approach her parents used when discussing sex and reproduction with her and her sibling:

Carrie: You know, in my house, and I guess it's not too uncommon, it's just you know, you don't talk about sex. I mean, they [laughs], my parents gave my sister and I the sex talk from their medical textbooks that they had from college, right before they'd let us watch a PG-13 movie. . . . It was all done with medical, you know, medical terms, and we never really talked about what actually happens when you have sex, you know it's just, this goes in there, and then they have a baby, and you know the little swimmy things, you know.
PI: So how do you think that you learned that sex was something, a topic that couldn't be discussed?

Carrie: Well, I mean I guess the way it was introduced, you know, here's all the pictures, you know this does this and this does this. Okay, watch the movie, and don't talk to us about it [laughs]. You know, it's, it was the way that it was sort of hastily done at the first opportunity so that they didn't have to ever have to do it again.

Other times, the messages and discussions focused on customs and values. A common point of emphasis from parents was not to engage in sex until married, as Megan (20, White) described

PI: What kind of messages did you get growing up about sex?

Megan: Don't do it, it's bad, women don't have sex, stay a virgin until you get married, the very classic, you know [pause], very old, traditional, keep your legs crossed [laughs].

Finally, some parents gave warnings about specific situations. Anna described the conversation with her father regarding the real intentions of boys and men: “He would say things like . . . boys are—they’re never gonna like you for your mind. They’re gonna be, you know, just looking out for one thing.”

Positive or open discussions about sex. In contrast, a minority of the sample spoke about the open and positive context of sexual behavior discussions. Keisha (21, Multiracial) described the initial conversation between her and her mother:

My mom, like um, from early on, she was like, “Well you know, this is where babies come from.” She educated me very early on, but I was [slight laugh], I was such a tomboy, I’m like, who’s thinking about boys? You know, I’m not worried about that. She was like, “Well, if something else comes up I don’t want you to feel embarrassed about sex. Sex is something that’s beautiful that’s shared between people who really love or care for each other and it’s not something that should be shared with everybody, that’s something special.” And so my mom enforced that in me very early.

Some participants made comparisons between the experience with their families and of others. Amanda (20, White) described the openness within her family:

I think my upbringing definitely was different than a lot of the middle-class White females [laughs] that I know—maybe their parents didn’t want to talk to them about things like that and it was viewed as wrong and you know, that you should be ashamed. My house was not like that at all. . . . I told my mom I lost my virginity the week of [laughs]. . . . We just—I always knew I could go to them about anything.

Similarly, Christa (18, White) described the contrast between her and others’ experiences in the messages received and the degree of openness within the family:

I feel like as far as my family, I can tell them anything, and as sex was, I mean I know some people that, that grew up in families where sex was a horrible, dirty, awful thing unless within the confines of marriage and I never got that message in my whole life.

The Impact on Disclosure

Some participants described how the earlier discussions and messages about sexual behavior may have influenced their later disclosure or nondisclosure of sexual assault.

Negative impact on disclosure. In some cases, negative messages may negatively affect women’s disclosure decisions. Anna (24, Hispanic), whose assault was committed by a boyfriend with whom she had previously engaged in sexual activity, explained why she never disclosed the assault:

PI: It never occurred to you to talk to somebody about it?

Anna: Mm, mm. Not really, probably because like again, going back to like my family and upbringing, sex is just not something you talk about, at all. So that is just something that is just there and everyone has sex but we don't talk about it [laughs], you know, so that's where it comes from.

Anna continued, explaining her family's and religion's views of premarital sex, how it created a context for self-blame and influenced her nondisclosure:

I mean it's just not stuff that should happen, so you don't talk about it because it shouldn't be happening. In a Catholic family, I mean really you shouldn't be having those problems, you shouldn't be having sex. You should wait 'til you're married, so why are you having those problems?

In addition, some women may receive what feels like mixed messages regarding what is appropriate or not to disclose. Although it was not systematically assessed, some participants disclosed childhood sexual abuse during the interviews. Two participants who were molested or touched inappropriately by nonfamily members recalled having received education and warnings from parents about sexual abuse. Megan (20, White) described the talk she received

I was very young. Mom sat my sister and I down and said, "You know, nobody touches you here, nobody touches you there, and if they do, you tell me." You know, so I was informed from being very young.

However, both women also received negative messages about sex in general. Ultimately, both disclosed to parents their early sexual abuse experiences, but neither of the women disclosed the sexual assaults that occurred as teenagers.

Positive impact on disclosure. In contrast, parental and family openness may positively affect the disclosure decisions of women. For instance, Amanda (20, White), who did disclose to her mother, describes how the openness in her home influenced her behavior with others:

I think maybe since my parents, since we did talk about everything, I probably told more than I should've [laughs] to friends and what not, because I was just used to that, being able to talk about anything. So I think, if anything, it made me talk more, and possibly more than I should have [laughs], 'cause I was used to being able to do that in my home.

Christa (18, White) spoke about the openness in her family and explained how even though she did not disclose to them, she felt like she could have

I was really lucky in that respect where um, there was nothing that I couldn't say, and there was nothing that I shouldn't talk about. But my parents were pretty outspoken, pretty extroverted and, and uh, loud, so [laughs]. . . . Even though I didn't talk to, you know, any of my family about it, I know that I could've.

Interaction Between Societal Messages and Those at Home

Last, messages received in the home may moderate the impact of negative messages received more broadly. Colleen (22, White), who reported open discussion with her mom and did disclose to her, described her feelings after the assault which she suspects were influenced by society and the media:

You know how they say—at least the media does, well not the media—but there's a shame about rape? And, I never thought it was something for a girl to be shameful over, 'cause no matter what the court cases say, it had never seemed well, oh she was asking for it. It had never been a valid excuse in my mind. And so I never thought that a girl had anything to be ashamed over, yet somehow I'm ashamed of this and that's the conflict that I have is that. But then you get to arguing with yourself [about] why I am ashamed of this because I didn't do anything, so . . . The media might have shaped [it]—but I don't think how me always thinking that there's nothing to be ashamed of and then finding out that [I] actually am ashamed is something that, I don't know—*that*, I think is more [due to] society.

Similarly, negative messages received in both the home and community appear to doubly inhibit women from disclosing, as in the case of Lacy (31, White), who did not disclose to her parents:

I come from a very fundamentalist, Baptist background, and the particular church that I was raised in sort of kind of had the view that sex is dirty and as a woman you're supposed to kind of do everything in your power to not appear sexual to men.

Relationship Between Messages Received and Disclosure to Parents

These findings suggest a relationship between the quality of sexuality messages received and disclosure to parents. To explore this further, the authors conducted a secondary analysis. First, we identified two categories of messages: those that promote discussion and those that inhibit discussion. We defined *promoting* messages as those that were positive and affirming (e.g., sex is beautiful) or encouraged open discussion about the subject. For instance, the following quote was coded as promoting. The participant described the content of sexuality messages she received from her mother:

She was like, “Well, if something else comes up I don’t want you to feel embarrassed about sex. Sex is something that’s beautiful that’s shared between people who really love or care for each other and it’s not something that should be shared with everybody, that’s something special.”

We defined *inhibiting* messages as those that were negative or condemning (e.g., sex is wrong, dirty), or if discussions felt uncomfortable, were delayed, avoided, minimized or restricted (e.g., remain a virgin until married), or did not occur. For example, the following quote was coded as inhibiting. The participant described her mother’s discomfort in discussing sexual topics and the alternate strategies she used instead:

She, if she wanted you to know anything I guess what she, her tactic would be to like leave some of my father’s magazines [laughs] laying around the house, you know where they know we gonna [sic] see them and kind of like, they can figure out the rest, so they don’t have to sit there and talk to us about it, especially her, she really was, is uncomfortable with that, and still is.

Last, we categorized the participants’ previous sexuality discussion experiences with their parents and calculated how many within each category disclosed the assault to at least one parent (or caregiver). Of the 18 participants, 4 described their sexuality discussion with parents in language that promoted discussion. Interestingly, 3 of these women disclosed the assault to at least one parent or caregiver. In contrast, 13 out of 14 participants who received inhibiting messages did not disclose to their parents. The one exception was a participant whose assault resulted in pregnancy.

Discussion

The behaviors and attitudes of parents around discussing sexuality create a powerful climate that may influence what, if anything, young women reveal to their parents about their sexual experiences, including rape. Multiple studies have identified the common recipients of rape disclosure and nondisclosure (e.g., Golding et al., 1989), and the circumstances in which women disclose to formal and informal sources of support (e.g., Starzynski et al., 2005). However, we know much less about why victims prefer one source over another, particularly within the informal network such as friends versus family. This qualitative study sought to fill a major gap by investigating the inhibiting factors that deter young women from disclosing sexual assault to their parents. Specifically, we examined early messages received about sexuality and their impact on later disclosure of sexual assault to parents.

Findings suggest a relationship between the quality of sexuality messages and disclosure of sexual assault, specifically messages that promote or inhibit discussion.

Women who received inhibiting messages generally did not disclose to parents. Inhibiting messages were conveyed in a variety of ways, such as talking about sex in restricted ways (e.g., do not engage in sex until married); expressing condemning beliefs (e.g., sex is wrong, dirty); providing information on the biology of sex, but little else; and delaying or ignoring the topic of sexuality. In some cases, parents were apparently uncomfortable providing even rudimentary information about sex and reproduction. These messages, both verbal and nonverbal, may have inhibited women from seeking support from their parents after they were sexually victimized. In contrast, the majority of women who received promoting messages about sexuality disclosed their assault to at least one parent or caregiver.

In addition, the sexuality messages received in the home may moderate the impact of community or societal level messages, and future research should explore this possibility. Promoting or positive messages in the home may influence disclosure more than negative societal messages about sexuality. Likewise, if young women receive inhibiting or negative sexuality messages in the home, this coupled with negative societal messages may further diminish women's desire to disclose to parents or others. For instance, a study of Puerto Rican victims of child abuse discussed how the cultural value of virginity and taboos against discussing sexuality in Puerto Rican families may have inhibited disclosure in sexually abused women (Fontes, 1993).

Findings herein support those found by Washington (2001) as well as assertions made by Sudderth (1998) and Fine (1988) that the absence of a comfortable context in which to discuss sexuality may deter women from disclosing sexual assault. Consequently, women who do not disclose rape may use alternate coping strategies that could undermine their recovery, such as avoidance, which may result in increased psychological symptoms (Ullman, 1996b). On the other hand, victims often have questions about their safety and rights, pregnancy and sexually transmitted diseases, and whether they should report the incident to police. Disclosing to parents may encourage disclosure to formal sources (e.g., rape crisis counselors, health services, and police) that could provide other types of assistance and support.

Previous studies have emphasized the powerful impact of reactions to sexual assault disclosure (e.g., Campbell et al., 2001). Naturally, if women anticipate a negative response, they are unlikely to disclose, and this may be in their best interest (see Campbell et al., 2001 for a discussion of the impact of negative social reactions on recovery). However, many parents may believe they would react supportively after a disclosure of rape, but if they have avoided discussing sexuality or conveyed awkward or negative feelings about the subject, they could inadvertently send a message to their daughters that discussing not only sex, but also rape, will elicit an unsupportive response. Findings from this study have strong implications for determining and creating the conditions that may facilitate of disclosure and recovery. If parents provide a positive context in which their daughters feel comfortable discussing sexuality, this may result in a greater likelihood of disclosure to parents if

these young women are raped. Disclosure can presumably facilitate recovery by lessening the isolation that may occur from not telling others.

Other Factors Related to Disclosure to Parents

This article explored the influence of sexuality messages on disclosure; however, we acknowledge that several factors may act in concert to determine whether young women disclose to parents. Participants spoke about other reasons that inhibited their disclosure to parents, such as not feeling close to the parent; fear of alarming reactions from parents (e.g., calling police, retaliating in some way); “getting in trouble” for behavior that preceded the assault (e.g., drinking, socializing with boys or others when she was not allowed); others in the family or community finding out; coping reasons (e.g., wanting to forget about it); or the desire to protect their parents. Women may sense that disclosing will cause their parents grief, and in an attempt to protect them from these feelings or from blaming themselves in any way, they may be reluctant to disclose.

Conversely, women may elect to disclose in spite of their fears and any negative sexuality messages that were received. Kogan’s (2004) study revealed that adolescent girls were more likely to disclose to an adult if they experienced fear of being killed or penetration during the assault, which may have led to overt signs that are likely to be questioned by adults such as injury, posttraumatic stress, STDs, or pregnancy. Kogan’s findings were supported here in the case of one participant who received negative sexuality messages, but did disclose to parents when needing medical treatment.

An additional point to consider is the age at which women may feel less need to seek support from parents, even if a supportive response could be assured. Certainly, this factor may deter some women from disclosing to their parents, especially if they have access to resources and other reliable supports. In this sample, the age at the time of victimization ranged from early teens into the traditional college-age years. Although some participants were 18 or older at the time of the assault, we contend that this is a period when young people are often still dependent on their parents. However, for some, older age and independence from parents may not be an inhibiting factor in disclosing sexual assault to parents.

Finally, it is important to consider how family dynamics and functioning affect disclosure. Two participants disclosed having had abusive experiences with a parent, and another participant spoke about being molested by a family friend but was not believed by her parents. It stands to reason that such experiences could deter victims from disclosing sexual assault to parents. Other important factors to consider are general interactional patterns, openness, and tension within a family, which are shown to influence other sensitive disclosures (Forrest et al., 2003).

Limitations and Future Research

The present study is exploratory; therefore, findings should be viewed with caution. Future investigations should be conducted with larger samples and comprehensively examine the factors that inhibit women from disclosing to parents; the influence of family, cultural, and societal level messages about sexuality; and potential moderators of the negative impact of such messages. In addition, this sample was comprised of college students who may differ significantly from victims in the general community. Nonetheless, this sample was quite ethnically diverse and included a number of nontraditional students. Future studies should not only recruit community samples who are demographically diverse (e.g., age, ethnicity) but also vary in their assault characteristics as these factors may highlight patterns in disclosure to parents.

The findings raise a number of points that deserve attention. First, although sex and rape are not the same thing, rape occurs all too often in the context of sexual activity. Increased efforts should be made to educate the general public about the characteristics and context of acquaintance rape, especially in teaching young women and men how to distinguish between sex and rape and to reject rape myths. Relatedly, efforts to prevent rape from occurring should include comprehensive education about how to engage in healthy dating relationships, including how to effectively communicate about personal boundaries and consent, and where youth can turn for help in their communities if they are experiencing a sexually coercive or abusive relationship. Programs designed to address these issues have shown promise for reducing sexual violence perpetration (Foshee et al., 1998).

Finally, the findings emphasize the importance of positive parent-child communication to promote the likelihood that young people will seek parental support when needed. Although it may be an uncomfortable topic for many, it is imperative that parents engage in both responsible and nurturing conversation about sexuality with their children. As this study confirmed, what *is not* said is as powerful an influence as what *is* said.

Major media campaigns encourage parents to talk to their teens about smoking, alcohol, and drugs, but few to none encourage parents to discuss the possibility of sexual assault, especially by acquaintances. Future efforts should focus on building the skills of parents to talk with their teens about both healthy sexual relationships and unhealthy ones. We acknowledge that such discussions are not easy. However, it may not be necessary for parents to engage in open discussions of sexuality. Instead, it may be sufficient for parents to initiate discussions of unwanted sexual attention, consent, personal boundaries, and what to do if those boundaries are violated, such as explicitly recommending that parents be informed, even if victims are worried about the consequences, such as "getting in trouble."

In conclusion, it is essential that women expect positive and supportive responses to disclosure of rape. The climate for discussing sexuality may have far-reaching

consequences and may influence disclosure and what, if any, support women receive. An important first step is to establish a comfortable context for discussing these important issues, such that a positive climate becomes the norm instead of the exception.

Note

1. Results from a recent meta-analysis of sexual behavior and attitudes (Wells & Twenge, 2005) indicate that prior to 1970 the average age of women's first intercourse was 19 and had dropped to age 15 by the late 1990s.

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