International Journal of Child and Adolescent Resilience
Revue internationale de la résilience des enfants et des adolescents

Paths to Disclosure: Variability in Adolescent Child Sexual Abuse Reporting Across Instruments

Lori HAZEL[1], Michael BÉGIN[2], Marissa WAIS[1], Béatrice MATTE-BRETON[1], Camille ZINOPOULOS[1], Amilie PARADIS[1], Carla SHARP[3], and Karin ENSINK[1]

1 Department of Psychology, Laval University
2 Department of Psychology, Sherbrooke University
3 Department of Psychology, University of Houston

Corresponding Author: Lori Hazel, M.A., Department of Psychology, Laval University, 2325 Rue des Bibliothèques, Québec, QC G1V 0A6. Phone number: (581) 688-5151.
Email: lohaz1@ulaval.ca.

Abstract

Objectives: This study compared rates of childhood sexual abuse (CSA) disclosure across three commonly used assessment instruments in a clinical adolescent sample: the Child Attachment Interview (CAI), the Computerized Diagnostic Interview Schedule for Children (C-DISC), and the Childhood Trauma Questionnaire (CTQ).

Methods: Participants ($N = 421$) completed one or more of the instruments. CSA disclosure rates were calculated for each, and McNemar's tests were used to compare rates of disclosure between each pair of tools.

Results: The CAI yielded the highest overall percentage of CSA disclosures (18.8%), followed by the C-DISC (13.1%), and the CTQ (12.9%). However, McNemar's test revealed that while the CAI elicited significantly more disclosures than the C-DISC, it did not differ significantly from the CTQ. The CAI and CTQ each identified unique cases not captured by the other, while the C-DISC consistently elicited the fewest disclosures.

Implications: Findings suggest that different instruments may facilitate disclosure for different subgroups of adolescents. The CAI's narrative relational format may support disclosure for some youth, while the CTQ's private self-report format may do so for others. The C-DISC's structured symptom-based format may limit reflective processing. These results underscore the need for multi-method assessment strategies to more fully capture CSA experiences.

Keywords: Adolescence; child sexual abuse; disclosure; assessment instruments; mentalization.

Introduction

Accurately estimating the prevalence of child sexual abuse (CSA) is crucial given its profound potential consequences, including psychiatric disorders, psychosocial difficulties, and physical health problems in adulthood (Hailes et al., 2019). Yet, reported prevalence rates vary widely across studies, reflecting differences in definitions, samples, and assessment methods (Mathews & Collin-Vézina, 2019; Mathews et al., 2020; Moody et al., 2018). This inconsistency hampers efforts to evaluate the true impact of CSA and develop effective interventions.

Adolescence represents a particularly important developmental window for examining CSA disclosure. Compared to younger children, adolescents are more likely to disclose abuse, possibly due to advances in cognitive development, greater autonomy, and increased access to trusted adults outside the family (Alaggia et al., 2019; Morrison et al., 2018). Furthermore, adolescence is marked by emerging identity formation and self-reflection, which may shape how abuse experiences are interpreted and reported (Martin-Gagnon et al., 2023). At the same time, adolescence is associated with heightened sensitivity to social evaluation and stigma (Blakemore, 2018), which may discourage disclosure of abuse. Fears of being blamed and police/court involvement may further suppress adolescents' willingness to disclose (McGill & McElvaney, 2023).

Methodological challenges further complicate the assessment of CSA during adolescence. Prospective approaches (e.g., child protection records, parental reports) provide longitudinal data but are costly and often miss intra-familial abuse (Gayer-Anderson et al., 2020). Even when abuse is officially documented, many youth do not disclose or self-label their experiences when later assessed (Langeland et al., 2015). Retrospective self-report methods, while more feasible in both research and clinical contexts, rely heavily on memory, willingness to self-identify, and perceived safety during disclosure — factors that may also impact disclosure (Alaggia et al., 2019).

Beyond developmental and methodological considerations, psychological processes related to trauma may also contribute to underreporting of CSA. In adolescents, abuse memories may be fragmented or incompletely recalled, influenced by trauma-related defensive processes such as dissociation or suppression (Reed et al., 2024). These processes can limit conscious access to distressing experiences, complicating retrospective reporting and contributing to recall bias — the inaccuracy in remembering past events (Andolo-Kathungu et al., 2022). Additionally, coping strategies, such as avoidance, may further reduce adolescents' willingness to disclose abuse (Abdul Latiff et al., 2024).

Against this backdrop, researchers must carefully consider the instruments used to assess CSA. The Childhood Trauma Questionnaire (CTQ; Bernstein et al., 2003) is widely used and psychometrically robust, but provides limited contextual details. For instance, the CTQ also does not ask about the victim's relationship to the perpetrator — an important omission, given that victims of stranger-perpetrated assault are more likely to seek help and to do so more quickly (Zinzow et al., 2021).

In contrast, the Child Attachment Interview (CAI; Shmueli-Goetz, 2014) is a narrative-based assessment that allows adolescents to reflect on interpersonal experiences, though disclosure may depend on narrative capacity and comfort with open-ended questioning (Ensink et al., 2017). Finally, the Computerized Diagnostic Interview Schedule for Children (C-DISC; Shaffer et al., 2000) uses highly standardized questions aligned with the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) criteria, prioritizing diagnostic consistency over contextual elaboration.

Together, these instruments — CTQ, CAI, and C-DISC — represent distinct methodological approaches with complementary strengths and vulnerabilities. Agreement across methods is often modest in trauma research, and adolescents may disclose differently depending on the format, relational context, and perceived anonymity. The current study directly compared CSA disclosure across these three tools in a clinical adolescent sample, with the aim of clarifying how measurement format influences reporting.

Method

Participants and Procedures

The sample consisted of 421 adolescents (268 girls, 153 boys), aged 12 to 17 years ($M = 15.35$ years, $SD = 1.4$), admitted to a psychiatric hospital's adolescent unit in Quebec, Canada. All participants completed at least one of the three instruments assessing CSA. Most identified as White (87.7%), with others identifying as Hispanic or Latinx (4.8%), Asian (3.3%), African American (2.8%), or multiracial/other (5.5%).

Participants were receiving care for mental health disorders, involving severe behavioural, emotional, or comorbid issues resistant to prior interventions. Exclusion criteria included schizophrenia, an IQ below 70, and/or active psychosis to ensure comprehension of study materials. Upon admission, families were approached for parental consent, followed by adolescent consent. Assessments included self-report questionnaires and structured clinical interviews, conducted by doctoral clinical psychology students, certified clinicians, and trained clinical research assistants.

Measures

A total of 421 participants completed at least one of the three CSA measures: the CTQ (n = 139), the CAI (n = 421), and the C-DISC (n = 383).

Childhood Trauma Questionnaire (Bernstein et al., 2003). The CTQ is a 28-item self-report instrument measuring five types of childhood maltreatment: emotional abuse, physical abuse, sexual abuse, emotional neglect, and physical neglect. Participants completed the questionnaire independently as part of a broader battery of self-report measures. The sexual abuse subscale contains five items rated from 1 ("never true") to 5 ("always true"). In this study, a score of 6 or higher on the sexual abuse subscale was used to indicate CSA, consistent with prior validation studies (Bernstein et al., 2003). This cut-off balances sensitivity and specificity for identifying clinically significant abuse experiences.

Child Attachment Interview (Shmueli-Goetz, 2014). The CAI is a semi-structured interview designed to assess attachment representations in children and adolescents. In the present study, CSA was assessed using a single dichotomous item previously employed in research settings (Jardin et al., 2017): "Have you ever been touched sexually by someone when you did not want them to do it?". Responses were coded as "yes" or "no". Although the full CAI includes follow-up questions and reflective functioning probes, only this binary CSA item was used for the purposes of the current analyses.

Computerized Diagnostic Interview Schedule for Children (Shaffer et al., 2000). The C-DISC is a fully structured, computer-assisted diagnostic interview assessing DSM-IV Axis 1 psychiatric disorders in youth aged nine to 17 years. In this study, the C-DISC was administered by trained research staff following a fixed script, with no probing or clinical interpretation permitted. CSA was evaluated using the PTSD module item: "Have you ever been very upset by someone forcing you to do something sexual that you really didn't want to do?". Responses were coded as "yes" or "no". Although the C-DISC is technically an interview, its highly standardized and computerized format involves minimal interpersonal exchange, which distinguishes it from semi-structured or clinician-led interviews and may render it less personal from the participant's perspective.

Data Analytic Plan

All analyses were conducted using IBM SPSS Statistics, Version 29 (IBM Corp., 2022). The primary objective was to compare CSA disclosure rates across the three instruments using McNemar's tests. Due to variation in measure completion, pairwise deletion was applied. Each McNemar's test included only participants who completed both instruments in the relevant comparison (e.g., CAI versus CTQ, CAI versus C-DISC, CTQ versus C-DISC), resulting in varying sample sizes across analyses.

Results

CSA disclosure rates were calculated based on the percentage of participants who endorsed abuse on each instrument. Disclosure was highest on the CAI (18.8%), followed by the C-DISC (13.1%), and the CTQ (12.9%).

McNemar's tests compared rates between instruments. The magnitude of the effect (odd ration; OR) represent the ratio of the number of participants disclosing CSA on one instrument divided by the number of participants disclosing CSA only on the other instrument. The OR is crucial information that the test is based on. The discordance rate is the percentage of participants reporting inconsistent information on both instruments. While this information is interesting, it is not considered in the test itself.

For the CAI versus C-DISC (n = 383), 14.6% of discordance rate was identified. In addition to the participants who disclosed CSA on both instruments, 37 disclosed on the CAI only, while 19 participants disclosed CSA on the C-DISC only, for an OR of 1.95. This difference was significant, $\chi^2(1, N = 383) = 5.25$; $p = .022$, indicating a higher disclosure rate on the CAI than on the C-DISC. For the CAI versus CTQ (n = 139), in addition to the participants who disclosed CSA

on both instruments, 9 disclosed on the CTQ only, and 10 disclosed on the CAI only, indicating a 13.7% discordance rate and an OR of 1.11. This difference was not statistically significant, $\chi^2(1, N = 139) = 0.053$; $p = .819$. For the C-DISC versus CTQ ($n = 125$), the discordance rate was 9.6%, and 10 participants disclosed on the CTQ only and 2 disclosed on the C-DISC only, for and OR of 5.00. This difference was statistically significant, $\chi^2(1, N = 125) = 4.46$; $p = .039$, with a higher disclosure rate on the CTQ than on the C-DISC.

Discussion and Implications

This study compared CSA disclosure across three assessment instruments in a clinical adolescent sample and revealed meaningful differences in disclosure patterns. The CAI yielded the highest proportion of disclosures, followed by the C-DISC, and the CTQ. However, statistical comparisons indicated a more nuanced pattern: while the CAI elicited significantly more disclosures than the C-DISC, its disclosure rate did not differ significantly from the CTQ. Overall, these findings challenge the assumption that either interview-based or standardized self-report tools alone can provide accurate or complete accounts of adolescents' CSA histories. Importantly, the CAI and the CTQ each captured disclosures not identified by the other, suggesting that they may facilitate disclosure differently. Thus, the observed differences in disclosure are unlikely to reflect variation in underlying CSA prevalence and instead point to how adolescents engage with distinct assessment contexts. To clarify these findings, interpretations are organized across three levels: instrument characteristics, trauma-related psychological processes, and meaning-making and social evaluation. These interpretations are offered cautiously, as disclosure mechanisms were not directly assessed.

Instrument Characteristics May Shape What Can Be Expressed

At the most basic level, the instruments differ in what they structurally allow adolescents to express. The CAI permits open-ended narrative elaboration within a relational context, allowing adolescents to describe experiences in their own words and sequence events meaningfully (Ensink et al., 2017; Shmueli-Goetz et al., 2014). In contrast, the CTQ restricts disclosure to written endorsement of predefined items, capturing the presence of sexual victimization but offering limited opportunity for contextual elaboration (Badenes-Ribera et al., 2024). The C-DISC operationalizes CSA narrowly as a diagnostic criterion using standardized, closed-ended questions aligned with DSM-IV definitions, prioritizing reliability and diagnostic classification over narrative detail (Shaffer et al., 2000). These structural differences alone may produce divergent disclosure patterns, independent of adolescents' internal states. The finding that the CAI and CTQ each captured disclosures missed by the other suggests that neither narrative interviews nor self-report formats are inherently superior; rather, they may provide non-overlapping opportunities for disclosure, a pattern observed in recent trauma assessment research comparing interview-based and questionnaire-based methods (Cagney et al., 2025).

Trauma-Related Psychological Processes May Shape Access to Memory

At the individual level, trauma-related processes may influence whether CSA experiences are accessible for reporting. Dissociation can fragment trauma representations and limit conscious access to distressing material (Anderson et al., 2023; Ensink et al., 2017), while avoidant coping strategies, including emotional distancing, have been linked to reduced recognition and reporting of trauma in youth (Patronick et al., 2025). These processes may interact with assessment format. For instance, narrative interviews such as the CAI may support gradual access to fragmented material through guided self-reflection, as it invites discussion of thoughts and feelings within close relationships (Ensink et al., 2015). In contrast, private self-report formats like the CTQ may allow disclosure for adolescents for whom interpersonal engagement intensifies avoidance (Danga et al., 2025). The highly structured C-DISC may offer fewer avenues for navigating dissociative or avoidant responses (Lavoie et al., 2021).

Meaning-Making and Social Evaluation May Shape Willingness to Label

Beyond memory access, adolescents must interpret and label experiences as reportable abuse. Semantic differences across instruments may influence how adolescents respond: the CAI asks about unwanted sexual touching, the C-DISC uses stronger language such as "forced," and the CTQ refers more generally to "sexual contact." Adolescents may avoid endorsing terms that feel misaligned with their lived experiences, particularly when concerns about stigma, identity, or anticipated negative social reactions are salient (McPherson et al., 2025).

Further, these social and cognitive considerations may intersect with the relational context of the assessment. The CAI's semi-structured, narrative format may support disclosure through perceived empathy, validation, and guidance in articulating experiences, consistent with prior research showing that interview-based assessments can

facilitate reporting of sensitive experiences (Dianiska et al., 2024; Lavoie et al., 2021). In contrast, the CTQ provides a private, self-administered format, which may reduce perceived social risk and support disclosure for adolescents who experience mistrust of adults or social anxiety, as questionnaires that reduce interpersonal presence and potential embarrassment tend to increase reporting of sensitive experiences in youth (Herrera et al., 2017). Conversely, the C-DISC combines highly structured, closed-ended questions with minimal interpersonal engagement, providing neither relational scaffolding nor the perceived privacy of self-report. Empirical work on sensitive topic assessment suggests that structured interview contexts with limited anonymity or interpersonal support can yield lower reporting of socially sensitive behaviors (Gomes et al., 2022), which may also help explain why the C-DISC elicited the lowest CSA disclosure rates in our sample.

Overall, our findings indicate that using only one assessment method may overlook cases of CSA, underscoring the need to carefully consider how assessment format influences disclosure in adolescents. We further suggest that differences in disclosure across the CAI, CTQ, and C-DISC may reflect an interaction among instrument characteristics and expression, trauma-related psychological processes and memory, and meaning-making and willingness to label. Importantly, while there is a substantial body of research on trauma disclosure in adult populations, comparatively fewer studies have specifically examined the unique developmental and contextual factors influencing CSA disclosure in adolescents — particularly within clinical samples (e.g., Alaggia et al., 2019). Adolescent disclosure processes differ from adult patterns due to developmental changes in cognition, identity, and social evaluation, underscoring the need for focused research in this age group (Blakemore, 2018; Martin-Gagnon et al., 2023). By focusing on a clinical adolescent sample, the present study contributes to this important area of inquiry and offers findings directly relevant to practitioners working with trauma-exposed youth.

Despite these strengths, several limitations must be acknowledged. A key limitation concerns differential completion rates across instruments: all participants completed the CAI, most completed the C-DISC, but only 139 completed the CTQ. This discrepancy limits direct comparability and may bias observed disclosure rates, threatening internal validity. At the same time, differential completion may offer insight into instrument acceptability or feasibility in clinical adolescent populations. Lower completion of the CTQ could reflect factors such as perceived burden, engagement, or comfort with written self-report, highlighting practical considerations for clinicians and researchers when selecting assessment tools for sensitive topics.

An additional methodological consideration concerns differences in how CSA disclosure was operationalized across instruments. The CAI and C-DISC rely on single binary items assessing the presence or absence of unwanted sexual experiences, whereas the CTQ identifies CSA based on a subscale cut-off reflecting cumulative endorsement of multiple items. As a result, these measures differ not only in format but also in threshold for classification. Binary items may capture more immediate or salient experiences but can be less sensitive to ambiguity, uncertainty, or lower-frequency events (Andolo-Kathungu et al., 2022; Patronick et al., 2025). In contrast, the CTQ's subscale approach may detect patterns emerging across multiple experiences but requires adolescents to self-label and consistently endorse abuse-related statements, potentially raising the threshold for disclosure (Hagborg et al., 2022). These differences may contribute to partial non-overlap in identified cases and underscore that the present findings reflect variability in disclosure occurrence rather than differences in underlying CSA prevalence.

Future research should examine whether similar variable disclosure patterns emerge when other forms of trauma (e.g., physical abuse, emotional abuse, neglect) are assessed using comparable instruments. In addition, studies that directly measure processes such as mentalization, dissociation, emotional repression, and self-labeling would be needed to test whether these factors help explain why adolescents disclose in some assessment contexts but not others. Clarifying these mechanisms could inform the development of multi-method assessment strategies designed to improve identification of CSA and other trauma exposures in adolescent populations.

Conclusion

This study demonstrates that CSA disclosure rates in adolescents vary depending on the assessment instrument used. While the CAI yielded the highest overall percentage of disclosures, it missed cases captured by the CTQ. In contrast, the C-DISC consistently elicited the fewest disclosures, possibly due to its symptom-driven structure. Findings suggest that no single method fully captures the breadth of adolescents' CSA experiences, and a multi-method approach may be necessary to maximize disclosure.

Funding

This research received no specific grant from any funding agency.

Conflict of interest

The authors have no conflict of interest to disclose.

References

Abdul Latiff, M., Fang, L., Goh, D. A., & Tan, L. J. (2024). A systematic review of factors associated with disclosure of child sexual abuse. *Child Abuse & Neglect, 147*, Article 106564. https://doi.org/10.1016/j.chiabu.2023.106564

Alaggia, R., Collin-Vézina, D., & Lateef, R. (2019). Facilitators and barriers to child sexual abuse (CSA) disclosures: A research update (2000-2016). *Trauma, Violence, & Abuse, 20*(2), 260-283. https://doi.org/10.1177/1524838017697312

Anderson, K., Hillman, S., Zhong, W., & Cross, R. (2023). Exploring looked-after adolescents' reports of their dissociative experiences. *European Journal of Trauma & Dissociation, 7*(3), Article 100334. https://doi.org/10.1016/j.ejtd.2023.100334

Andolo-Kathungu, E., Meresia, S. A., & Christine, W. (2022). Dissociation and traumatic memory in adolescents with physical disabilities. *International Journal of Special Education and Information Technologies, 8*(1), 1–9. https://doi.org/10.18844/jeset.v8i1.7986

Badenes-Ribera, L., Georgieva, S., Tomás, J. M., & Navarro-Pérez, J. J. (2024). Internal consistency and test-retest reliability: A reliability generalization meta-analysis of the Childhood Trauma Questionnaire – Short Form (CTQ-SF). *Child Abuse & Neglect, 154*, Article 106941. https://doi.org/10.1016/j.chiabu.2024.106941

Bernstein, D. P., Stein, J. A., Newcomb, M. D., Walker, E., Pogge, D., Ahluvalia, T., Stokes, J., Handelsman, L., Medrano, M., Desmond, D., & Zule, W. (2003). Development and validation of a brief screening version of the Childhood Trauma Questionnaire. *Child Abuse & Neglect, 27*(2), 169-190. https://doi.org/10.1016/S0145-2134(02)00541-0

Blakemore, S.-J. (2018). Avoiding social risk in adolescence. *Current Directions in Psychological Science, 27*(2), 116-122. https://doi.org/10.1177/0963721417738144

Cagney, J., Gakidou, E., Chandan, J. S., Knaul, F. M., Metheny, N., & Garcia-Moreno, C. (2025). Women's retrospective reports of childhood sexual abuse in cross-sectional household surveys: A multi-country secondary analysis of two data collection methods. *The Lancet Global Health, 13*(12), e2071-e2081. https://doi.org/10.1016/S2214-109X(25)00332-8

Danga, S. D., Adebiyi, B. O., Koegler, E., Joseph, C., & Roman, N. V. (2025). Traumatic experience and coping among adolescent refugees: A scoping review. *Journal of Child & Adolescent Trauma*. Advanced online publication. https://doi.org/10.1007/s40653-025-00760-8

Dianiska, R. E., Simpson, E., & Quas, J. A. (2024). Rapport building with adolescents to enhance reporting and disclosure. *Journal of Experimental Child Psychology, 238*, Article 105799. https://doi.org/10.1016/j.jecp.2023.105799

Ensink, K., Bégin, M., Normandin, L., Godbout, N., & Fonagy, P. (2017). Mentalization and dissociation in the context of trauma: Implications for child psychopathology. *Journal of Trauma & Dissociation, 18*(1), 11-30. https://doi.org/10.1080/15299732.2016.1172536

Ensink, K., Normandin, L., Target, M., Fonagy, P., Sabourin, S., & Berthelot, N. (2015). Mentalization in children and mothers in the context of trauma: An initial study of the validity of the Child Reflective Functioning Scale. *British Journal of Developmental Psychology, 33*(2), 203-217. https://doi.org/10.1111/bjdp.12074

Gayer-Anderson, C., Reininghaus, U., Paetzold, I., Hubbard, K., Beards, S., Mondelli, V., Di Forti, M., Murray, R. M., Pariante, C. M., Dazzan, P., Craig, T. J., Fisher, H. L., & Morgan, C. (2020). A comparison between self-report and interviewer-rated retrospective reports of childhood abuse among individuals with first-episode psychosis and population-based controls. *Journal of Psychiatric Research, 123*, 145-150. https://doi.org/10.1016/j.jpsychires.2020.02.002

Gomes, H. S., Farrington, D. P., Krohn, M. D., Cunha, A., Jurdi, J., Sousa, B., Morgado, D., Hoft, J., Hartsell, E., Kassem, L., & Maia, Â. (2022). The impact of modes of administration on self-reports of offending: Evidence from a methodological experiment with university students. *Journal of Experimental Criminology, 20*(1), 207-227. https://doi.org/10.1007/s11292-022-09531-z

Hagborg, J. M., Kalin, T., & Gerdner, A. (2022). The Childhood Trauma Questionnaire-Short Form (CTQ-SF) used with adolescents — Methodological report from clinical and community samples. *Journal of Child & Adolescent Trauma, 15*(4), 1199-1213. https://doi.org/10.1007/s40653-022-00443-8

Hailes, H. P., Yu, R., Danese, A., & Fazel, S. (2019). Long-term outcomes of childhood sexual abuse: An umbrella review. *The Lancet Psychiatry, 6*(10), 830-839. https://doi.org/10.1016/S2215-0366(19)30286-X

Herrera, A. V., Benjet, C., Méndez, E., Casanova, L., & Medina-Mora, M. E. (2017). How mental health interviews conducted alone, in the presence of an adult, a child or both affects adolescents' reporting of psychological symptoms and risky behaviors. *Journal of Youth and Adolescence, 46*(2), 417-428. https://doi.org/10.1007/s10964-016-0418-1

Jardin, C., Venta, A., Newlin, E., Ibarra, S., & Sharp, C. (2017). Secure attachment moderates the relation of sexual trauma with trauma symptoms among adolescents from an inpatient psychiatric facility. *Journal of Interpersonal Violence, 32*(10), 1565-1585. https://doi.org/10.1177/0886260515589928

Langeland, W., Smit, J. H., Merckelbach, H., de Vries, G., Hoogendoorn, A. W., & Draijer, N. (2015). Inconsistent retrospective self-reports of childhood sexual abuse and their correlates in the general population. *Social Psychiatry and Psychiatric Epidemiology, 50*(4), 603-612. https://doi.org/10.1007/s00127-014-0986-x

Lavoie, J., Wyman, J., Crossman, A. M., & Talwar, V. (2021). Meta-analysis of the effects of two interviewing practices on children's disclosures of sensitive information: Rapport practices and question type. *Child Abuse & Neglect, 113*, Article 104930. https://doi.org/10.1016/j.chiabu.2021.104930

Martin-Gagnon, G., Normandin, L., Fonagy, P., & Ensink, K. (2023). Adolescent mentalizing and childhood emotional abuse: Implications for depression, anxiety, and borderline personality disorder features. *Frontiers in Psychology, 14*, Article 1237735. https://doi.org/10.3389/fpsyg.2023.1237735

Mathews, B., & Collin-Vézina, D. (2019). Child sexual abuse: Toward a conceptual model and definition. *Trauma, Violence, & Abuse, 20*(2), 131-148. https://doi.org/10.1177/1524838017738726

Mathews, B., Pacella, R., Dunne, M. P., Simunovic, M., & Marston, C. (2020). Improving measurement of child abuse and neglect: A systematic review and analysis of national prevalence studies. *PloS ONE, 15*(1), Article e0227884. https://doi.org/10.1371/journal.pone.0227884

McGill, L., & McElvaney, R. (2023). Adult and adolescent disclosures of child sexual abuse: A comparative analysis. *Journal of Interpersonal Violence, 38*(1-2), NP1163-NP1186. https://doi.org/10.1177/08862605221088278

McPherson, L., Gatwiri, K., Graham, A., Rotumah, D., Hand, K., Modderman, C., Chubb, J., & James, S. (2025). What helps children and young people to disclose their experience of sexual abuse and what gets in the way? A systematic scoping review. *Child & Youth Care Forum, 54*(2), 515-544. https://doi.org/10.1007/s10566-024-09825-5

Moody, G., Cannings-John, R., Hood, K., Kemp, A., & Robling, M. (2018). Establishing the international prevalence of self-reported child maltreatment: A systematic review by maltreatment type and gender. *BMC Public Health, 18*(1), Article 1164. https://doi.org/10.1186/s12889-018-6044-y

Morrison, S. E., Bruce, C., & Wilson, S. (2018). Children's disclosure of sexual abuse: A systematic review of qualitative research exploring barriers and facilitators. *Journal of Child Sexual Abuse, 27*(2), 176-194. https://doi.org/10.1080/10538712.2018.1425943

Patronick, J., Molloy, K. R., Bothwell, S. J., & Wade, S. L. (2025). Applying the cognitive model of post-traumatic stress to examine the role of appraisals, trauma memory, and coping strategies following pediatric injury: A systematic review. *Journal of Child & Adolescent Trauma, 18*(2), 331-348. https://doi.org/10.1007/s40653-025-00695-0

Reed, J., Meiser-Stedman, R., Dalgleish, T., Goodall, B., Wright, I., Boyle, A., Burgess, A., Murphy, F., Hitchcock, C., Schweizer, S., Travers-Hill, E., Dixon, C., Mul, C., Smith, P., Newby, J., & McKinnon, A. (2024). Trauma memory characteristics and neurocognitive performance in youth exposed to single-event trauma. *Research on Child and Adolescent Psychopathology, 52*(6), 997-1008. https://doi.org/10.1007/s10802-024-01171-3

Shaffer, D., Fisher, P., Lucas, C. P., Dulcan, M. K., & Schwab-Stone, M. E. (2000). NIMH Diagnostic Interview Schedule for Children Version IV (NIMH DISC-IV): Description, differences from previous versions, and reliability of some common diagnoses. *Journal of the American Academy of Child & Adolescent Psychiatry, 39*(1), 28-38. https://doi.org/10.1097/00004583-200001000-00014

Shmueli-Goetz, Y. (2014). The Child Attachment Interview (CAI). In S. Farnfield & P. Holmes (Eds.), *The Routledge handbook of attachment: Assessment* (pp. 119-132). Routledge/Taylor & Francis Group. https://doi.org/10.4324/9781315770666