MATERNAL PERCEPTIONS OF AND RESPONSES TO CHILD SEXUAL ABUSE
MATERIN POGLED IN ODZIV NA SPOLNO ZLORABO OTROKA

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ABSTRACT

Background. Several researches indicate that most child victims delay disclosing of sexual abuse for significant periods of time. There are numerous reasons as to why children are avoiding the disclosure of the abuse. The aim of this study was to determine how a mother’s response to a child’s allegations impacts the child’s willingness to disclose sexual abuse.

Methods. We conducted a retrospective quantitative and qualitative analysis of 73 court-referred cases of child sexual abuse which have been disclosed in Slovenia in the last ten years. All the child victims included in the study were female and the perpetrators adult male persons. The expert opinions were made by the same expert.

Results. We realized that, at the occurrence of abuse, the child victims were from 4 to 15 years old and their mean age was at 11.5 years. About two-thirds of children were victims of the intra-familial type (61.6%) and a little more than one third of extra-familial type of sexual abuse (38.4%). The group of victims with the support of their mothers needed about 9 months to disclose the secret, while the delay of the disclosure in the cases without the support of mothers was much longer (M=6.9 years).

Conclusions. For female child victims of sexual abuse the perceived protective attitude of their mothers is very important. Especially when the sexual abuse happened in the family, the mother’s support can attribute to stop the ongoing abuse, eliminate its immediate effects and decrease its likely negative long-term outcome.

IZVLEČEK

Izhodišča. Raziskave kažejo, da otroci, ki so žrtve spolne zlorabe, dolgo časa ne spregovorijo o svojih doživetjih. Za to obstajajo številni razlogi. Naš namen je bil ugotoviti, kako se razkritje kaže na Slovenskem, predvsem pa, kako na razkritje vpliva materin odziv na otrokove obtožbe.

Metode. Retrospektivno smo izvedli kvantitativno in kvalitativno analizo 73 sodnih mnenj o sumih storjenih spolnih zlorab, opravljenih v zadnjih 10 letih. V raziskavo smo vključili žrtve ženskega spola, storilec pa je bil v vseh primerih odrasel. Izvedenec, ki je o sodnih primerih podal mnenje, je bil v vseh primerih ista oseba.

Rezultati. Pokazalo se je, da so žrtve spolne zlorabe stare od 4 do 15 let, v povprečju pa 11,5 leta. Okrog dve tretinje teh deklik sta zlorabo doživeli v družini (61,6%), nekaj več kot tretjina pa zunaj družine (38,4%). Žrtve, ki so bile deležne maternine opore in pomoči, so potrebovalis okrog 9 mesecev, da so razkrile zlorabo, tiste, ki podpore materine niso bile deležne, pa so imele večje težave in so o zlorabi spregovorile šele po nekaj letih (M=6,9 leta).

Zaključek. Za dekliko, ki je žrtev spolne zlorabe, je izrednega pomena, da v materi prepozna zaupanje vredno osebo. Posebno, če se zloraba pojavi v družini, lahko maternina podpora pripomore k prekinitvi zlorabe, omilil njene travmatske učinke in zmanjša njene dolgotrajne negativne posledice.
1 INTRODUCTION

A child’s self-disclosure of sexual abuse contributes to the cessation of abuse, as well as to the restriction of posttraumatic stress disorders, negative long-term consequences on the victim’s psychological/physical health, and alterations in social functioning. But it was estimated that from 30% to even 80% of victims do not purposefully disclose their misuse before adulthood. This suggests that many children may endure sexual trauma throughout the course of their childhood and adolescence without receiving important support or without necessary interventions (1).

Telling someone is the primary mechanism by which child victims are identified, since typically no one else is witness to the abuse, and offenders rarely come forward on their own (2). As the disclosure of abuse is, due to the nature and dynamics of child sexual abuse (hereinafter in text referred to as CSA), for children exceedingly difficult, the occurrence of sexual abuse in childhood is still a greatly underreported offense (1, 3).

Disclosures are often tentative, involve some telling and then retracting, can be partial or full, and occur over time. Age, gender, the type and duration of abuse, relationship to the perpetrator, family dynamics, availability of support, especially from one’s mother, importantly impact a child’s ability to self-disclose sexual abuse (4). Children under the age of 6 appear more likely to disclose abuse accidentally, but their reports tend to be vague (1). Sorenson and Snow (1) found that among children aged from 3 to 9 abuse was usually discovered through the child’s inappropriate statement or sexualized behaviour (28% and 17%, respectively). Kogan found that purposeful disclosure increases with age, with female victims aged between 7 and 13 more likely to tell an adult, and with older adolescents aged from 14 to 17 years more likely to tell a peer. From a cognitive perspective, older children are, due to increased cognitive abilities and social experience, better able to report abuse; at the same time, they are also more aware of costs and benefits of the disclosure (1).

With regard to gender, it has been proposed that boys are less likely to disclose abuse than girls for varied reasons, including the increased risk of stigmatization. As they were abused by males, the fears of being labelled homosexual are blocking them (1).

Arata found an inverse relationship between the disclosure and severity of abuse. Subjects reporting contact sexual abuse were significantly less likely to disclose it than those reporting non-contact sexual abuse (5).

The duration of sexual abuse has a significant impact on its disclosure - the longer children are abused, the more hesitant they may be to disclose their abuse (1, 6-8).

Victim-perpetrator relationship is another reason why some child victims do not disclose. Wyatt and Newcomb found that the more closely victims are related to the perpetrator the less likely they are to disclose (3). Burgess and Holmstrom noted that children abused by a close family member are less likely to report their abuse than those abused by a stranger (3). Because perpetrator’s strategies are oriented towards the maintenance of child’s compliance and silence, child is inhibited to disclose abuse (1, 8). As child’s relationship with perpetrator is often an emotionally significant one, in which important needs are met for the child, many victims report ambivalent feelings for their perpetrators and do not disclose them (1). It was also found that the delay of disclosure is nearly twice as long when perpetrator is physically violent toward victim or other members of family (1).

An important factor which can impair child’s willingness to disclose sexual abuse is the perceived mother’s support (9). In this case mother’s support can be defined as her willingness to accept the possibility that her child was sexually victimized, and the absence of evidence of punishing or pressuring the child to deny abuse (1). It was established that sexually abused children whose caretakers were supportive disclosed at a rate of 3.5 times more frequently than those whose caretakers were non-supportive (63% and 17%, respectively). According to Elliott and Briere (1), children whose mothers were non-supportive were significantly more likely to recant their initial disclosure of abuse than children whose mothers were supportive (15.4% and 3.3%, respectively).

Researches consistently indicated that most child victims delay disclosing for significant periods of time and that many child victims do not disclose their abuse when it is discovered in some manner (1). It was found that less than one in four victims of CSA disclose immediately. Most children delay reporting their sexual victimization for months and years. According to some studies, latency of disclosure can range from 3 to 18 years, or even much longer (1).

Due to various reasons children sometimes withdraw their accusations. Sorenson and Snow found that children recanted their allegations in proximately 22% of the cases. However, 92% of those who recanted subsequently reaffirmed their allegations. While some children moved from denial to tentative and then active disclosure in one session, this process took months to occur for others (1).

We aimed to verify the occurrence of sexual abuse of children in Slovenia. We set up the following hypotheses:

H1: Children with learning-related disabilities are significantly more frequently victims of CSA, and are also frequently re-victimized;

H2: Victims of CSA come from specific living environments;
H3: CSA is more likely to occur in the family than outside it;
H4: Most victims of CSA entrust their experience of abuse to their mothers;
H5: If CSA occurs within the family, the victim has greater difficulties to disclose his or her experience;
H6: The duration of CSA is prolonged if the victim perceived that she or he does not have mother’s support.

2 METHODS

2.1 Participants
There were 73 judicially processed cases of CSA that had occurred in Slovenia in last ten years included in the study. All victims were female and the offenders were adult males. Boys as victims of CSA (3%) and false allegations of CSA (8.75%) were excluded from the study, as defined according to the professional criteria and judicial proceedings (10, 11).

2.2 Procedure
We analysed a sample of forensic psychological opinions, done by the same expert soon after the victim’s disclosure, or at the beginning of judicial processing of suspected sexual abuse offenses. Some concepts, such as the family functioning and the mother’s support, were preliminary defined according to the generally accepted theoretical approach (4, 5, 12, 13).

2.3 Instruments
Semi-structured interviews; psycho-diagnostic assessment instruments; child developmental, behavioural, familial and social data (obtained from kinder-garden, school, social and law enforcement institutions).

2.4 Data Analysis
The data were processed with statistical program IBM SPSS. Descriptive statistics was used to gain a basic insight in the sample of CSA. Then the hypotheses were verified with Pearson’s chi-square test, ANOVA test, Chi-Square Test of Independence (14).

3 RESULTS
The results of the analysis of our sample of CSA are presented in Tables 1, 2, and 3.

From Table 1 can be seen basic characteristics of victims of CSA: their age, learning capacity, living environment, and their relationship with their offender. Victims aged from 4 to 15 years (the average of 11.5 years), among them 4% of children, have demonstrated learning difficulties, and half of them were sexual re-abused. Most of CSA, almost two-thirds - 61.6% of all CSA - occurred within family and nearly one-third occurred outside family - in 38.4% of all. Intra-familial abuse appeared most often in step-parent families - 34.2%; functional family - 27.4%, dis-functional family - 19.2%; and in a single-parent family - 19.2%.

Table 1. The basic characteristics of the CSA victims (N=73).

| Victim’s age | range = 4-15 years | M±SD = 11.5 ±2.79 |
|--------------|--------------------|--------------------|
| Victim’s learning capacity | f | % |
| Appropriate | 62 | 83.6 |
| Learning difficulties | 12 | 16.4 |
| Victim’s living environment | f | % |
| Step-father family | 25 | 34.2 |
| Normal functional family | 20 | 27.4 |
| Dis-functional family | 14 | 19.2 |
| Single-parent family | 14 | 19.2 |
| Offender of CSA | f | % |
| Intra-familial abuser | 45 | 61.6 |
| Incestuous abuser | 19 | 26 |
| Relative, close family friend | 14 | 19.2 |
| Incest | 12 | 16.4 |
| Extra familial abuser | 28 | 38.4 |

f= frequency; %= percentage; M=mean; SD=Standard Deviation

Most offenders in the intra-familial type of CSA were discovered among stepfathers or current mother’s partners - 26% of all offenders. They are followed by victim’s relatives or family close friends - 19.2% and 16.4%, respectively, and by biologically most closely related, biological fathers or brothers (13.7 % and 2.7%, respectively).

Table 2 shows the delay of victim’s disclosure, also in the relation to the type of CSA and mother’s response to child’s allegations. First, we can see that only 15% of all CSA victims were able to disclose their abuse immediately. Qualitative analysis showed that immediate reports appeared only in the cases when abuse was a unique child’s experience, when the perpetrator was a stranger, and, in particular, when mother’s support was evident. Other victims, 85% of them, had major difficulties to disclose sexual abuse: in 35.62% of victims the latency of disclosure was within one year; in 34.2% of victims the latency of disclosure was from 1 to 6 years; 15.01% of victims needed from 7 to 20 years to disclose abuse, in one case the latency of disclosure was even 25 years.

Interviews with victims revealed that those with major trouble to disclose interrupted the silence mostly
accidentally. Adolescents, particularly those who were victims of incest or an incestuous form of sexual abuse, interrupted silence after a severe conflict with father, step-father or mother’s current partner as a perpetrator. Most victims, 35.6%, disclosed abuse to their mothers, 30.1% of victims trusted a class teacher, social worker, or other professional person at school. Moreover, 13.7% of CSA victims disclosed sexual abuse to friends; while 13% of them reported abuse to a sibling, grandmother, father, or to a foster parent; 7% of older victims, meanwhile, disclosed abuse to their boyfriends.

Almost half of mothers, 47.9%, believed, supported and protected their children from further abuse. But more than half of them, 52.1%, did not give support to their children. They were ambivalent in believing and supporting their children, or even put pressure on a child to withdraw her allegations (32.9% and 19.2%, respectively). We can see that those victims whose mothers supported their partners, or reacted ambivalently to child’s allegations, mostly delayed the disclosure of CSA. In the case of complete opposition, the average of latency was more than three times longer than in the case of victims with mother’s support (M±SD=3.65±2.13 years); in the case where mothers showed an ambivalent attitude to child’s allegations, the average of latency of disclosure is even nearly seven times longer in comparison to victims with support, and nearly twice as long as in the case when mothers were in the complete opposition (M±SD=6.93±7.82 years).

Problems occur when abuse happens within the family. Table 3 shows that 75.6% of victims who have experienced abuse within the family were looking for understanding and support somewhere outside the family. Conversely, the victims who have experienced sexual abuse outside the family disclosed the abuse in almost equal measure to mothers and other persons (53.6% and 46.4% respectively).

Thus, the first four hypotheses were partially or fully confirmed.

Our first hypothesis (H1) that children with learning difficulties are significantly frequently victims of CSA is not completely confirmed. It holds only partially in the assumption of a high risk for re-abuse.

Both the second hypothesis (H2) - that most victims of CSA come from a specific living environment - and the third hypothesis (H3) - that CSA is more likely to occur in the family than outside of it - are confirmed. In fact, abuse most frequently occurred within the family, either in a step-parent family, a dysfunctional family, or a single parent family.

The fourth hypothesis (H4) that most victims of CSA entrust their experience of abuse to their mothers is not fully confirmed. Mother is a confidential person to her child, especially when abuse happened outside the family.

| Table 2. The delay of CSA victims’ disclosure. |
|-----------------------------------------------|
| Latency (month/year) | f | % | M±SD |
|----------------------|---|---|------|
| Immediately report   | 11 | 15.01 | 0.0±0 |
| 1-12 months          | 26 | 35.62 | 0.4±0.35 |
| 1-6 year             | 25 | 34.25 | 3.4±1.35 |
| 7-25 years           | 11 | 15.01 | 14.1±6.28 |

| Type of CSA | f | % | Delay M±SD (year) |
|-------------|---|---|------------------|
| Extra-familial type | 28 | 38.4 | 1.9±5.18 |
| Intra-familial type | 14 | 19.2 | 3±4.15 |
| Incest and incestuous type | 31 | 42.5 | 5±5.65 |

| The trustworthy person | f | % |
|------------------------|---|---|
| Mother                 | 26 | 35.6 |
| Professionals at school | 22 | 30.1 |
| Schoolfellow/friend    | 10 | 13.7 |
| Familial member        | 10 | 13 |
| Boyfriend              | 5  | 7  |

| Maternal response/disclosure | f | % | Delay M±SD (year) |
|------------------------------|---|---|------------------|
| Support                      | 35 | 47.9 | 0.75±1.11 |
| Ambivalence                  | 24 | 32.9 | 6.93±7.82 |
| Resistance                   | 14 | 19.2 | 3.65±2.13 |
| No support                   | 38 | 52.1 |      |

f= frequency; %= percentage; M=mean; SD=Standard Deviation

| Table 3. The venue of CSA occurrence and the victim’s choice of a trustworthy person. |
|-----------------------------------------------|
| Victim’s choice of a trustworthy person |
| Mother | Other person|
|-------|----------|
| Extra-familial type | 15 | 53.6 | 13 | 46.4 |
| Intra-familial type | 11 | 24.4 | 34 | 75.6 |

f= frequency; %=percentages

When abuse occurred in the family, children more often looked for a trustworthy person outside the family.

The fifth hypothesis (H5) that the victims of the intra-familial type of CSA have greater difficulties to disclose their experiences than victims of the extra-familial type of CSA is confirmed with Pearson’s chi-square test. The results confirmed a significant correlation between these two variables \( \chi^2 (1)=6.386, p<0.005 \). The delay of disclosure in the extra-familial type of CSA is shorter than
in the intra-familial type, and especially, in the form of incest and incestuous CSA.

The sixth hypothesis (H6) that the duration of CSA is prolonged when the victims of CSA do not perceive the support of their mothers was confirmed with ANOVA test. The comparison of groups with different kinds of mothers' responses (supportive response, ambivalent response and strict resistance) and their latency of disclosure shows that the differences between the victims are statistically significant $[F(2.70)=12.714; \ p=0.000]$. The shortest delay of disclosure was found in the group of victims whose mothers believed and supported them. Table 3 shows that victims with perceived mother's support need about 9 months to disclose the abuse, while those with mother's ambivalent response need 6 years and 11 months, which is even longer than those with mother's strict resistance, who need 3 years and 8 months.

With Chi-Square Test of Independence we examined the relationship between the type of mother's respond and victim's relationship with the perpetrator of CSA, and we found that it is statistically significant $[\chi^2 (2.73)=34.11, \ p<.05]$. The test results indicate that mother's response to child's allegations was significantly different when perpetrator was the victim's biological father, brother, stepfather or mother's current partner, than when perpetrator was a distant relative or close family friend, which case mother's support was significantly more frequent. In the case when the perpetrator was someone outside the family (0% and 45%, respectively). In the case where the perpetrator was a neighbor, an acquaintance, or a stranger, mother more often believed and supported abused child.

4 DISCUSSION

Since the sample analysis of forensic psychological opinions has given us an insight into the occurrence of CSA in Slovenia, it can be concluded that the aim of the study has been achieved. In general, the data on victims' age, living environment, form and type of CSA, victim-perpetrator relationship, mother's response to disclosure and the delay of disclosure are, with only two derogations, well comparable with the data of already published surveys (15-18). First, we have anticipated that children with learning disabilities are more likely to become victims of sexual abuse (19, 20). However, in our study, significant differences in the incidence of CSA between children with learning disability and those without them were not found. That can be explained in terms of the difference in the used methodology of data recording and registration, as well as in terms of barriers in the sense that the question is whether such cases of CSA ever achieved a judicial treatment, as disabled children are less likely to disclose, it is less likely that someone will carefully listen to their allegations and more likely that the abuse will be minimised or brushed aside.

As we expected, nearly two-thirds of our sample of CSA happened within the family and only a little over a third outside the family. Regardless, if CSA happened in a step-parent family, dysfunctional familial environment or in single-parent family, common to all those types of families with CSA occurrences were signs of family boundary dissolution, especially as loss of boundaries and family roles-reversal (e.g., who is a parent and who is a child). In this respect, especially in dysfunctional family, we observe that the presence of psychopathological disorders was higher in the form of low resistance to stress, non-productive coping strategies, mental disorders, substance use, and spousal violence - in one of the parents, or even in both.

According to other research (15-18), the most common offenders of CSA in domestic environments are victim's stepfather, but surprisingly often - in comparison with other studies - also victim's biological father. A higher incidence of father-daughter incest in our sample is the second derogation, mentioned previously. In comparison with other research data, mostly obtained through interviews of adult women, our data were obtained during judicial proceedings and are also much higher than the following data indicating father-daughter incest: Finkelhor, USA, 1978, 1.5% among female students; Russell, USA, 1983, 4.5%; Sariola and Uutela, Finland, 1996, 2%; Yildirim et al., Turkey, 34.9% in forensic sample (21, 22). Of course, we have to ask ourselves what such high incidence of father-daughter incest means and says about the functioning of families for a society as a whole, but it should also be taken into account that getting reliable data on father-daughter incest incidence is still hard, because, worldwide, this type of incest is still most persistently silenced domestic mystery, which is, therefore, very difficult to detect. It is true that incest gets more often reported recently, but it is often not very clear if published data are due to the different methodological approach and, as such, comparable to the other data at all.

Major problems to disclose CSA when it occurred in the family are understandable. Abuse by a stranger or an acquaintance is easier to report because there are fewer “costs” than by disclosing abuse when the perpetrator comes from the domestic environment, and in which case the victim is inhibited with guilt and fear of consequences to oneself and her family. Therefore, for young children it may be also easier to define sexual activity as wrong when perpetrator is a stranger than in the case when child is abused by a close family member.
Victim’s barriers to disclose abuse offenses in family can be well understood through Summit’s concept of Child Sexual Abuse Accommodation Syndrome (23) and its five stages. Perpetrator, through strategies of intimidation (“If you tell anyone, I’ll kill your dog;” “The family will be broken up;”), isolation from the other family members (“Don’t tell your mother, she will hate you;”), stigmatization (“Nice children don’t talk about things like that;”), and strategies to strengthen child’s feelings of helplessness (“Nobody will believe you.”) maintained victim’s compliance and secrecy. If the child in such situation did not receive immediate protective intervention, there is no further option to stop the abuse and the child is learning to accommodate to the reality. After this, disclosure is possible only at an eventual breakdown of accommodation mechanisms.

Our interviews with victims have confirmed this theoretical concept. A long kept secret was disclosed at the moment of victim’s emotional outbreak at adolescence, at the time when a child becomes more capable to comply with the requirements of an independent life and begin to challenge the authority of parents. Usually, it was triggered by a severe conflict with the perpetrator as a parent.

Quantitative analysis has confirmed that the delay of the disclosure of CSA that happened within the family is significantly associated with mother’s response to child’s allegations, as well as with her relationship with the perpetrator.

Unpredictable maternal behaviour, her ambivalence regarding believing and supporting an abused child had even worse effects on the victim’s ability of resistance against the exploitation than mother’s constant rejection of child’s allegations. It keeps young victim in the state of permanent uncertainty and restrains her in the position of further overlap of abuse. According to victims’ storytelling, many of them warned their mothers of what was happening, even though in vain, at least once before the disclosure of abuse.

Like Knott and Fabre who have highlighted that mother’s response to child’s disclosure of sexual abuse depends on her relationship with the perpetrator (24), we found that mother’s support was either missing, or provided, but changeable more frequently when the perpetrator was her spouse or a current sexual partner. There are several possible explanations, but they are all more or less speculative. One of the more likely explanations is that there is an emphasized maternal existential/emotional dependence on the offender.

There are some specificities of the mother-daughter relationship when incest and the incestuous form of CSA is present in the family. In cases of father-daughter incest, the mother-daughter boundary dissolution in the form of role reversal was manifested as parentification: the daughter took on emotional/instrumental caregiving responsibilities which were excessive and developmentally inappropriate, and are typically expected of the mother (We have a sick, depressed, non-autonomous mother and a daughter who leads the household, takes care of the younger siblings, etc.). In the case of the incestuous form of CSA, the role reversal in the parent-child relationship was more complex, but, still, adultification prevailed: the daughter assumed developmentally inappropriate expectations or responsibilities, her relationship with her mother resembled a relationship between peers, friends, and the daughter’s role was also that of a protective adult.

Forensic psychological opinions carried out on the basis of various sources of information give us a fairly reliable insight into posttraumatic stress disorders and possible consequences of CSA, but they were primary focused on questions concerning victims, while later aims and hypothesis requested a much broader approach, whereby some of the data has not been registered. In the future research, in such a case, it is better to identify the subject of research in advance, and collect data simultaneously (e.g., what maternal characteristics are associated with mother’s unconditional belief, disbelief, affective and behavioural support, temporal dimension of her response, her initial and her enduring response, etc.). It saves time, effort and improves the reliability of the data.

5 CONCLUSION

Sexual abuse of children is not only a matter of the perpetrator and victim. When it occurs in the family, especially in the form of incest or incestuous abuse, it reflects the whole complexity of family dynamics, and it is a problem of all its members. From the perspective of potentially serious consequences for victims even in adulthood, it is desirable that the occurrence of CSA is disclosed and stopped as soon as possible.

According to this, maternal attitude and reaction to child’s allegations are crucial. Personnel in social institutions, which are, in the moments of disclosure of CSA, in practice, mainly confronted with mother’s sometimes rigid system of defence mechanisms, should be able to view and respond to such problems in a professional way. With the aim to foster more supportive maternal responses to the abused child, it is desirable we become more familiar with the basic principles of motivational interviewing, adopt active and empathic listening, and other techniques for engaging “resistant” families.

CONFLICTS OF INTEREST

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The presented analysis was not an object of any financial interest.

ETHICAL APPROVAL

This study of the cases of court opinion CSA was completed according to the Section 19 (The Offenses against Sexual Integrity) of Criminal Code of the Republic of Slovenia (KZ-1, 2008), and to the Council of European Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse, 2007. With the Guidelines of the Committee of Ministers of the Council of Europe on Child-friendly Justice, 2010, the public has been excluded. In all the procedures before a court, the expert witness was bound to secrecy and respect of human rights. With the publication of the present analysis, these principles are not violated in any way.

REFERENCES

1. Paine ML, Hansen David HJ. Factors influencing children to self-disclose sexual abuse. Clinic Psychol Rev 2002; 22: 271-95.
2. Hanson RF, Kievit LW, Saunders BE, Smith DW. Correlates of adolescent reports of sexual assault: findings from the National Survey of Adolescents. Child Maltreat 2003; 8: 261-72.
3. Goodman-Brown TB, Edelstein RS, Goodman GS, Jones DPH, Gordon DS. Why children tell: a model of children’s disclosure of sexual abuse. Child Abuse Negl 2003; 27: 525-40.
4. Alaggia R. Disclosing the trauma of child sexual abuse: a gender analysis. J Loss Trauma 2005; 10: 453-70.
5. Arata CM. To tell or not to tell: current functioning of child sexual abuse survivors who disclosed their victimization. Child Maltreat 1998; 3: 63-71.
6. Wolfe VV. Child Sexual Abuse. In: Mash EJ, Barkley RA, editors. Assessment of childhood disorders. New York: Guildford Press, 2007: 685-748.
7. DiPietro EK, Runyan DK, Fredrickson DD. Predictors of disclosure during medical evaluation for suspected sexual abuse. J Child Sex Abuse 1997; 6: 133-42.
8. Spiegel J. Sexual abuse of males: the SAM theory and practice. New York: Brunner-Roudledge, 2003.
9. Bussey K. The role of promises for children’s trustworthiness and honesty. In: Rotenberg KJ, editor. Interpersonal trust during childhood and adolescence. Cambridge: Cambridge University Press, 2010: 155-99.
10. Elliott DM, Briere J. Forensic sexual abuse evaluations of older children: disclosures and symptomatology. Behav Sci Law 1994; 12: 261-77.
11. Ney T. True and false allegations of child sexual abuse: assessment and case management. New York: Brunner/Mazel, 1995.
12. Trocmé N, Bala N. False allegations of abuse when parents separate: Canadian incidence study of reported abuse and neglect. Child Abuse Negl 2005, 29: 1333-45.
13. Moos R, Moos B. Family environment scale manual: development, applications, research. 3rd ed. Palo Alto: Consulting Psychologist Press, 1994.
14. Brown SL, Manning WD. Family boundary ambiguity and measurement of family structure: the significance of cohabitation. Demography 2009, 46: 85-101.
15. Field A. Discovering statistics using SPSS. London: Sage Publications, 2005.
16. Finkelhor D. The international epidemiology of child sexual abuse. Child Abuse Negl 1994; 18: 409-17.
17. Putman FW. Ten-year research update review: child sexual abuse. J Am Acad Child Psy 2003; 42: 269-78.
18. Rice ME, Harris GT. Men who molest their sexually immature daughters: is a special explanation required? J Abnorm Psychol 2002; 111: 329-339.
19. Lalor K, McElvaney R. Overview of the nature and extent of child sexual abuse in Europe. Strasbourg: Council of Europe, 2010.
20. Manders JE, Stoneman Z. Children with disabilities in the child protective services system: an analogue study of investigation and case management. Child Abuse Negl 2009; 33: 229-37.
21. Brown H. Sexual abuse of children with disabilities. In: Protecting children from sexual violence: a comprehensive approach. Strasbourg: Council of Europe Publishing, 2010: 103-18.
22. Hansen TL. An investigation of object relations, reality testing, erotophobia, and defences in mothers of incest victims: a dissertation. San Diego: Faculty of California School of Professional Psychology, 1996. Available April 5, 2015 from: http://www.drtayehansen.com/Media/Dissertation.pdf.
23. Yildirim A, Ozter E, Bozkurt H, Ozzos O, Erginyurt O, Evcuman D. et al. Evaluation of social and demographic characteristics of incest cases. Med Sci Monit 2014; 20: 693-7.
24. Summit RC. The child sexual abuse accommodation syndrome. Child Abuse Negl 1983; 7: 177-93.
25. Knott T, Fabre A. Maternal response to the disclosure of child sexual abuse: systematic review and critical analysis of the literature. IPT Iss Child Abuse Accusations 2014; 20: 1-7.