

Comparing intra and extra-familial child sexual abuse in a forensic context

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Abstract

Background: Child sexual abuse continues to be a problem aggravated by difficulty of detection. The aim of this study was to compare intra-familial (IF) and extra-familial (EF) child sexual abuse cases in search of differential variables that may allow for better intervention and prevention. **Method:** A sample of 221 forensic/legal cases (44.8% IF and 55.2% EF) dealing with children between 3 and 18 years of age (75% female) was analysed. **Results:** IF sexual abuse was significantly more likely to occur more than once ($p = .000$; OR = 6.353), with greater delay in its revelation (>1 year OR = 8.132), and with younger victims (9.05 vs. 11.45; $p = .000$). Intellectual disability was more prevalent among EF victims ($p = .017$; OR = 3.053). There was a higher proportion of reconstructed families, more legal records, and more histories of domestic violence among IF sexual abuse families. Even among EF cases, 78% of abusers were known to the victims, and in around 80% of all cases the abuse was reported by a family member. **Conclusion:** Results point to the need for further development of detection programs in schools, police or health contexts since reporting by professionals is scarce.

Keywords: Child sexual abuse, intrafamilial sexual abuse, extrafamilial sexual abuse, legal context, risk factors.

Resumen

Comparación de abusos sexuales infantiles intra y extrafamiliares en contexto forense. Antecedentes: el abuso sexual infantil (ASI) sigue siendo un problema agravado por dificultades de detección. Este estudio compara casos de ASI intrafamiliar (IF) y ASI extrafamiliar (EF) en busca de variables diferenciales que permitan una mejor intervención y prevención. **Método:** se analizó 221 casos forenses (55,2% EF) relacionados con menores entre 3 y 18 años (75% mujeres). **Resultados:** el abuso IF fue significativamente más probable que ocurriera de forma repetida ($p = .000$; OR = 6,353), con mayor retraso en su revelación (>1 año OR = 8,132) y con víctimas más jóvenes (9,05 vs. 11,45 años; $p = .000$). La discapacidad intelectual fue más frecuente entre las víctimas de abuso EF ($p = .017$; OR = 3,053). Se encontró mayor proporción de familias reconstruidas, más antecedentes judiciales y más historia de violencia doméstica entre los abusos IF. De forma llamativa, incluso entre los casos EF el 78% de los abusadores eran conocidos y, entre ambos tipos de abuso, en torno al 80% de las veces un familiar fue quien denunció. **Conclusiones:** los resultados señalan la necesidad de mejorar los protocolos de detección en las escuelas, la policía o los contextos de salud ya que el informe de profesionales es escaso.

Palabras clave: abuso sexual infantil, abuso intrafamiliar, abuso extrafamiliar, contexto forense, factores de riesgo.

Child maltreatment includes different forms of physical, sexual or psychological abuse, neglect or abandonment. Child sexual abuse (CSA) is also a general term describing a wide range of events that vary in characteristics such as the victim's age, relationship to the perpetrator, or type of abuse (Ventus, Antfolk, & Salo, 2017). According to the World Health Organization –WHO– definition (2003; p. 75) “Child sexual abuse is the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society”. A classical reference about the prevalence of CSA is that of Finkelhor (1994), who

found rates from 7% to 36% for women and 3% to 29% for men. An update of this work (Pereda, Guilera, Forns, & Gómez-Benito, 2009a) found similar distributions, however, with some prevalence rates higher than 50% and more prevalence rates of 10%-20% in men in some new studies. The analysis of non-clinical samples noted that 7.9% of men and 19.7% of women may suffer some form of sexual abuse prior to the age of eighteen (Pereda, Guilera, Forns, & Gómez-Benito, 2009b). Stoltenborgh, van IJzendoorn, Euser, & Bakermans-Kranenburg (2011) meta-analyzed data of 217 works published between 1980 and 2008, and estimated a global prevalence of CSA of 11.8%. A later update (Stoltenborgh, Bakermans-Kranenburg, Alink, & IJzendoorn, 2015) estimated a prevalence of CSA at 7.6% for boys and 18% for girls. They also concluded that only a fraction of self-reports is officially recorded by the police or agencies.

From the review of research (Gekoski, Davidson, & Horvath, 2016) it can be concluded that majority of CSA is Intra-Familial (IF). These cases have worse consequences and stronger correlation with the cycle of violence. In IF-CSA, girls are more likely to be

victims, and although families can be of all socio-economic types, research usually describes dysfunctional families. A relevant research topic on child sexual abuse has been the description of differences according to the type of offender: mainly IF (i.e. incest, and sibling sexual abuse), and Extra-Familial (EF) (sexual abuse by known and unknown people, as well as authorities or child care workers). Some of the first work on this subject was done by Russell (1983) who surveyed a sample of 930 adult women residents of San Francisco (United States). In this sample, 16% reported an experience of IF-CSA before the age of 18, and 31% EF-CSA. She found a very low prevalence of reporting to police, even lower for IF-CSA (2%) than for EF-CSA (6%) cases. For the full sample, 11% were total strangers, 29% were relatives, and 60% were known to the victims but unrelated to them. Even in the EF group, only 15% of the perpetrators were strangers, while 42% were acquaintances, and 41% had some type of relationship with the victim (friendship, romantic relationship). EF-CSA was coded more often as more serious than IF-CSA (23% of all incidents of IF-CSA were classified as 'very serious' compared to 53% among EF cases). In both types of sexual abuse, only 4% of the perpetrators were female.

The same year, De Jong, Hervada, & Emmett (1983) reviewed 566 cases of children ranging from 6 months to 16 years of age evaluated in a hospital of the United States for alleged sexual assault. Though some sociodemographic variables related to the type of hospital might represent a bias (most cases involved black inner-city children of lower socioeconomic status), they reported that younger children presented a higher proportion of histories of multiple episodes. Moreover, these children had been assaulted less often by strangers (26% vs. 69%) and more often either by relatives (36% vs. 10%) or acquaintances (37% vs. 22%). Significantly more trauma was found in victims of strangers, but multiple assaults before revealing the abuse was significantly more prevalent in sexual abuse by relatives or acquaintance. Although the result was not significant, males were more likely than females to be assaulted by strangers (50% vs. 46%) or acquaintances (35% vs. 29%). Less than 1% of offenders were female and 53% of all cases knew their assailants.

Another research developed in a Canadian hospital (Mian, Wehrspann, Klajner-Diamond, Lebaron, & Winder, 1986) found a prevalence of 60% of IF-CSA in a sample of 125 sexually abused children up to 6 years old. IF-CSA was more prevalent among preschoolers (72.5%) while school-age children (6 years old) were commonly abused by EF offenders (73%). Preschoolers were 1.7 times more likely to be sexually abused by a family member. There were slightly but not significantly more females in EF-CSA cases (73% vs. 80%). Regarding duration, sexual abuse lasting more than one year occurred only among IF cases (in a 16% of cases, but with 61% of missed values), and purposeful disclosure was significantly more prevalent in EF-CSA (74% vs. 51%).

Also in Canada, with 1,037 police archives (Fischer & McDonald, 1998), a 44% prevalence of IF-CSA was described. This work indicated earlier onset and longer duration of this type of abuse. IF-CSA victims (6.98 years) were younger than EF-CSA victims (9.88 years) at the time of first abuse. Furthermore, only 23.5% of IF-CSA cases involved a single incident, whereas 62.4% of EF-CSA cases were limited to one incident. Regarding disclosure and surrounding abuse circumstances, there was a greater proportion of victims who did not disclose (17.7% vs. 10.9%), more family resistance to disclosure (10% vs. 3%), and

less presence of witnesses (17% vs. 30%) among IF-CSA. There were no differences regarding sex of the victim (45% of the boys and 43% of the girls were assaulted by IF-CSA offenders).

A comparison of IF-CSA and EF-CSA analyzing 1,054 medico-legal reports of complainants under 18 years of age in Portugal concluded that 40% were IF-CSA cases (Magalhães et al., 2009). Complainants were mostly female (81.6%), and abusers were mostly male (99.4%). Comparing profiles, IF-CSA victims were younger (9.43 vs. 11.7), their alleged abusers had higher rates of previous sexual abuse (42.5% vs. 12.7%), the suspected abuses were less intrusive physically, with less physical but more psychological violence, and the delay between the last abuse and the medico-legal examination was greater. A delay period of three days or less between the alleged abuse and the examination was significantly more common in EF-CSA cases (40.3% vs. 14.1%) while periods longer than 30 days were more prevalent in IF-CSA cases (29.5% vs. 15.7%). There was no difference in sex distribution, with most victims being females (83% IF vs. 84.7% EF). In IF-CSA, the father or stepfather was the alleged abuser in 54% of cases, and strikingly, the majority of EF abusers were people known to the victim (67.9%). Fondling was significantly more prevalent in IF-CSA cases (45.8% vs. 23.3%).

In a recent meta-analysis developed with 62 empirical works and a total sample of 14,494 victims (Ventus et al., 2017), it was concluded that IF-CSA is associated with an earlier onset, and this age is associated with sexual abuses that are more frequent and last longer, which makes them more forceful and physically intrusive (the more abusive episodes that occur, the more it becomes likely that these will involve force and/or contact). Seto, Babchishin, Pullman, & McPhail (2015) also meta-analyzed 78 independent samples comparing IF-CSA and EF-CSA offenders. IF-CSA offenders had less antisocial tendencies and sexual deviance, and were less likely to espouse offense-supportive attitudes. EF-CSA offenders showed significantly higher risk of recidivism on the Static-99, as well as greater denial and minimization of their sexual offenses. Demographically, EF-CSA offenders were younger and committed their first sexual offense at a younger age. Besides, significant differences in sexual recidivism have been described, lower among IF-CSA (6.3%-7.3%) than EF-CSA (20%-30%) in population-based cohort and clinic-referred groups (Nilsson et al., 2014). Turner et al. (2016) also confirmed that IF-CSA offenders recidivate less (2.4%) than abusers working with children (13.5%) or EF-CSA offenders (25.8%).

Broadly speaking, it can be asserted that there is less disclosure or more problems related to revelation among IF-CSA cases. IF-CSA lasts longer and there is a larger delay between onset of abuse and official knowledge. There are many differences in the type of disclosure. Global estimates (London, Bruck, Wright, & Ceci, 2008) show that about 55%-66% of victims do not reveal their childhood sexual victimization to anyone, and only 5%-13% report to authorities. Lahtinen, Laitila, Korkman, & Ellonen (2018) found a revelation rate of 86% in a survey conducted in Finland with 11,364 sixth and ninth grade participants (with a 2.4% prevalence of abuse). However, only 26% had disclosed to adults, and 12% to authorities. They stressed that if child victims only discuss these issues with peers (48%), it is very likely that the sexual abuse will persist and intervention will not come quickly. It has been reported (Lev-Wiesel & First, 2018) that the more severe the CSA, the lower the willingness to disclose, and that boys are more reluctant to disclose any form of abuse (see also McElvaney, 2015).

The aim of the present study was to compare IF-CSA and EF-CSA by exploring judicial cases from victim profiles and police reports. Based on previous findings, it was expected that: 1) IF-CSA cases will occur in greater proportion repeatedly; 2) IF-CSA will take longer to be disclosed; 3) victims of IF-CSA will be younger; 4) no differences will be found in the victims' sex; 5) almost all abusers will be males, and most will be known to the victim even among EF-CSA cases; 6) EF-CSA offenders are expected to be younger; and 7) there will be less detection/revelation by professionals compared to family members in both groups.

Method

Participants

The sample was composed of 221 children of ages between 3 and 18 years ($M = 10.16$; $SD = 3.3$) assessed in a public forensic psychology context in courthouse in Barcelona (Spain). All cases were assessed as a part of a judicial procedure, previous to the trial, for a crime of sexual abuse (following the WHO definition). Three fourths were female ($n = 166$; 75.1%), and 66.5% of families were Spanish. In Spain, the age of sexual consent was 13 years of age before 2015, and has been 16 years since 2015. Offenders had a mean age of 41 years (range = 11-88; $SD = 16.6$), and all except one in both groups were male. Inclusion criteria were: 1) the existence of a victim assistance program; 2) being an alleged victim of sexual abuse; 3) being under 18 years of age; 4) victim testimony being assessed as credible. The assessment of the testimony (credibility) was carried out with forensic criteria using a methodology including a forensic interview, the Statement Validity Analysis (SRA), and the list of reality criteria Criteria Based Content Analysis (CBCA) (see Arce, 2017 for a review). A total 340 cases were discarded for not meeting these criteria. From the selected cases, 122 were EF-CSA cases (55.2%), and 99 IF-CSA cases (44.8%). Regarding the type of sexual abuse, 96.4% suffered fondling/touching, 36.7% penetration (30.3% both fondling and penetration), and 11.8% pornography related abuse (with or without other sexual abuse).

Instrument

The variables were extracted from a database belonging to the criminal justice system and from police reports (available at the case profile). Files mainly included information about the victims (age, sex, intelligence quotient –normal or under 70 according to psychological assessment–) and their family (history of problems), as far as they were the target of the forensic report, as well as information about the sexual abuse (frequency –once vs. more than one–, time until disclosure –years elapsed between first sexual abuse and disclosure or forensic intervention–, type of abuse –legal coding–, and person/service reporting the abuse). Some variables regarding offenders (gender, age, relationship with the victim, and prior convictions) were collected from police reports available at the same case profile.

Procedure

After obtaining authorization by the Criminal Technical Advisory Team of Barcelona, a retrospective review of all cases attended by the same service between 2013 and 2016 was

conducted. The data was treated anonymously guaranteeing the special protection of information required when dealing with minor victims. A list of possible cases was obtained, to which the first two inclusion criteria were applied. The judicial file and expert report of the cases that met these criteria were then analyzed in order to evaluate the two remaining inclusion criteria. The judicial file and the psychological report of the final selected cases were analyzed, and the variables were codified by one of the authors (N. B.), a trained forensic psychologist.

Data analysis

Data were analyzed using the SPSS 22 statistical package, with descriptive statistics, chi-square frequency comparison, and odds ratio to calculate the risk in case of statistically significant differences.

Results

The sexual abuse characteristics are shown in Table 1. Repeated abuse was present in 70.6% of the overall sample. Abuse occurring more than once was significantly ($p = .000$) more prevalent among IF-CSA (88.9%) than among EF-CSA victims (55.7%). Repeated abuse was 6.3 times more likely in IF-CSA cases. The time elapsed between first sexual abuse and disclosure or forensic intervention was significantly ($t = 6.757$; $p = .000$) greater in IF-CSA ($M = 3$ years; $SD = 3.02$) than EF-CSA ($M = 0.7$ years; $SD = 1.72$). Seventy-one percent of IF-CSA cases lasted more than one year, while 76% of EF-CSA cases lasted less than one year. Time until disclosure greater than one year was 8.1 times more likely in IF-CSA. Twenty-four percent of IF-CSA cases lasted more than 4 years (range = 0-10), compared to 5.8% of EF-CSA (range = 0-9). Indeed, a 10% of IF abuses lasted more than nine years). There were no differences in the type of sexual abuse, and in both groups the main informer/complainant was a family member (mainly the mother or the father). There were no differences in detection by professionals (14.1% vs 15.6%) or family/friends (85.9% vs 84.4%) between groups.

In Table 2 characteristics of the victim, family and offender are compared. IF-CSA victims ($M = 9.05$; $SD = 3.06$) were significantly ($t = -4.718$; $p = .000$) younger than EF-CSA victims ($M = 11.45$; $SD = 3.40$). Among IF-CSA cases, 42.4% of victims were under nine years of age and 76.7% were under 12. Almost fifty percent of EF-CSA victims were 12 or older. Thus, IF-CSA victims were younger at the time of abuse, and the older the victim, the less prevalent the IF-CSA. Although the prevalence of females was slightly higher among IF-CSA cases, the difference was not statistically significant. A low IQ was significantly more prevalent among EF-CSA victims.

Regarding family background, in IF-CSA cases, there were significantly more legal records, issues of domestic violence and sexual abuse history. Families were similar in both groups regarding histories of mental health, drug abuse, and economic problems, but there were more reconstituted families among IF-CSA and more child care among EF-CSA. Almost all offender were males, with no differences in age among IF-CSA ($M = 39.38$; $SD = 15.57$; range = 11-88) and EF-CSA offenders ($M = 42.93$; $SD = 17.20$; range = 14-86). In both groups, most offenders did not have any prior convictions. In IF-CSA, offenders were close relatives in 21.1% of cases. Among EF-CSA, 20.7% of offenders were unknown and 79.3% were acquaintances.

Table 1
Characteristics of the abuse among IF and EF abuse

		IF abuse (n = 99)	EF abuse (n = 122)			
		% (n)	% (n)	χ^2	<i>p</i>	<i>OR</i>
Frequency of sexual abuse	Once	11.1% (11)	44.3% (54)	28.930	<.001	6.353*
	More than once	88.9% (88)	55.7% (68)			
Time until disclosure	<1 year	28.3% (28)	76.2% (93)	50.713	<.001	8.132*
	>1 year	71.7% (71)	28.3% (29)			
Type of sexual abuse	Fondling/touching	98% (97)	95.1% (116)	1.315	.302	–
	Penetration	42.4% (42)	32.0% (39)	2.574	.124	–
	Pornography	10.1% (10)	13.1% (16)	0.478	.535	–
	Education/health system	8.2% (8)	6.6% (8)			
Reported by	Social/child care services	3.1% (3)	5.7% (7)			
	Police	2.0% (2)	3.3% (4)	1.454	.835	–
	Family	81.6% (80)	78.7% (96)			
	Friends	5.1% (5)	5.7% (7)			

Table 2
Characteristics of the victim, the family and the offender

		IF abuse (n = 99)	EF abuse (n = 122)			
		% (n)	% (n)	χ^2	<i>p</i>	<i>OR</i>
VICTIM						
Age	3-5	14.1% (14)*	4.1% (5)*	19.957	.001	–
	6-8	28.3% (28)	19.7% (24)			
	9-11	34.3% (34)	27.9% (34)			
	12-14	19.2 (19)*	32.0% (39)*			
	15-18	4.0% (4)	16.4% (20)			
Sex	Male	20.2% (20)	28.7% (35)	2.106	.162	–
	Female	79.8% (79)	71.3% (87)			
Intellectual disability	Yes	7.1% (7)	18.9% (23)	6.466	.017	3.053
	None	35.8% (34)	36.0% (40)			
	PTSD	30.5% (29)	33.3% (37)			
Psychological symptomatology	Anxiety	21.1% (20)	26.1% (29)	7.244	.124	–
	Depression	5.3% (5)	0.0% (0)			
	Anxiety & depression	7.4% (7)	4.5% (5)			
VICTIM'S FAMILY						
Type of family	Traditional	38.5% (37)	51.2% (62)	27.147	<.001	–
	Reconstituted	38.5% (37)*	10.7% (13)*			
	Single-parent	21.9% (21)	28.9% (35)			
	Child care	1.0% (1)*	9.1% (11)*			
Nationality	Spanish	62.6% (62)	69.7% (85)	1.218	.270	
	Non-Spanish	37.4% (37)	30.3% (37)			
Mental health issues	Yes	33.3% (33)	29.5% (36)	.372	.542	–
Drug abuse	Yes	34.3% (34)	23.0% (28)	3.514	.071	–
Legal records	Yes	24.2% (24)	7.4% (9)	12.238	.001	.249
Domestic violence	Yes	26.3% (26)	11.5% (14)	8.062	.005	.356
Sexual abuse	Yes	20.2% (20)	9.0% (11)	5.670	.010	.391
Economic problems	Yes	30.3% (30)	24.6% (30)	.902	.342	–
OFFENDER						
Sex	Male	99.0% (98)	99.2% (121)	.022	.882	–
	Female	1.0% (1)	0.8% (1)			
Age	<18	10.1% (10)	11.5% (14)	.107	.744	–
	>18	89.9% (89)	88.5% (108)			
Prior conviction	Yes	14.1% (14)	13.1% (16)	.049	.846	–
Prior sexual conviction	Yes	2.0% (2)	4.1% (5)	.770	.464	–
* These proportions are significantly different						

Discussion

The aim of this research was to compare IF-CSA and EF-CSA cases in a legal context. This is the first approach to this comparison in a sample of Spain improving the knowledge in our context. Regarding the concept of CSA, cases not only included minors under the age of sexual consent in Spain (13 before 2015, and 16 from 2015), but minors under 18 years of age, as has been done in prior research (e.g., Magalhães et al., 2009). Some results of this paper are consistent with previous research. First, IF-CSA cases were significantly more likely to be repeated (De Jong et al., 1983; Fischer & McDonald, 1998; Mian et al., 1986; Ventus et al., 2017), and there was a longer delay between the abuse and revelation/legal action (Magalhães et al., 2009; Ventus et al., 2017). Almost 90% of IF-CSA were repeated and 71% last more than one year until disclosure (24% lasting five or more years, with even a 10% lasting more than nine years). The delay in the disclosure seems to be common, and sometimes revelation takes place during adulthood, or never occurs at all (Paine & Hansen, 2002). Circumstances surrounding IF-CSA seem to make it more difficult to reveal.

Victims of IF-CSA were younger. This is a consistent finding across studies (De Jong et al., 1983; Fischer & McDonald, 1998; Magalhães et al., 2009; Mian et al., 1986; Ventus et al., 2017), and is due to the time spent at home by children (the older the child, the less time spent in the house). Besides, very young children usually are under the supervision of a relative, making it more difficult to be abused by unknown people. Confirming past works (De Jong et al., 1983; Fischer & McDonald, 1998; Magalhães et al., 2009), we did not find statistically significant differences in sex of the victim, although males were more likely to be abused in an EF-CSA context. A significantly higher prevalence of females in incest was described by Tzeng & Schwarzin (1990). The type of abuse did not vary between contexts. We were not able to measure the severity of the sexual abuse, only the criminal coding, so we cannot compare results. For instance, other work has argued that authority figures are those most likely to engage in less serious kinds of sexual abuse (Russell, 1983). The only thing we had was the alleged psychological symptomatology, which were the same in both groups. We cannot contrast different hypotheses due to the absence of the relevant indicators. One possibility would be that both forms of abuse seem to be equally harmful with respect to symptoms indicators that were available, EF-CSA may be intrusive and reaches the same consequences of the IF-CSA or that the IF being more repeated causes the same trauma as an assault in a EF context.

Offenders were of similar age in both groups (the most common age group was 30-39), so we cannot confirm the result of Seto et al. (2015) regarding younger age of EF-CSA offenders. Indeed, in our sample EF-CSA offenders were older. There was only one female in each group, and even in the EF-CSA cases 78% of abusers were known to the victim, a finding similar to those of Russell (1983). There were no differences regarding prior convictions, which were absent for around 85% of both samples. Only 2% of IF-CSA offenders and 4% of EF-CSA offenders had records for sexual violence. Therefore, sexual violence risk assessment would be impossible. Moreover, despite the characteristics of offenders, the main person detecting the abuse or being the complainant was a family member, in around 80% of all cases. This is also a

common finding in prior research, and highlights the low detection or reporting by schools or health systems (González-García & Carrasco, 2016).

Before addressing the implications, we must take into account some limitations. First of all, the sample is official and only representative of cases assessed in a forensic psychology context. Moreover, the variables are collected on a day-to-day basis with work objectives, not for research. Therefore, important information about offenders were missing since the main target of the service was the victim. Future research should include also information regarding the follow-up of the victims and the consequences. Furthermore, more risk factors regarding offenders would be also of interest.

Some of the described differences are supposed to be related to worse consequences for IF-CSA victims, although we were unable to confirm differences. More secrecy and less visibility allows sexual abuse to be more continuous, delaying their disclosure, and making it difficult for third parties to be discovered (Magalhães et al., 2009). IF-CSA lasts longer due to easier access to the victim (Mian et al., 1986). According to previous research, the fact that the victim often suffers more instances of abuse makes IF-CSA cases potentially more harmful, explaining the consequences not because of the relationship (and the betrayal) but for the quantity and duration of abuse (Fischer & McDonald, 1998; Ventus et al., 2017). The differences identified (duration, frequency and reporting) justify the adoption of strategies that allow for detection of IF-CSA in a more rapid manner. In addition, knowing the differences between victims would facilitate the target of resources. All of this should be a future target of research in the Spanish context, as well as the identification of risk groups or profiles of polivictimization that would require greater prevention (Loinaz, Echeburúa, & Irureta, 2011). Legal-forensic action may be hampered by the delay in reporting and by the lesser severity of family sexual abuse, affecting proof of abuse (Magalhães et al., 2009). This is of vital importance because in many cases the only proof will be the testimony of the victims who must be subjected to assessments of their credibility. For this purpose, it is necessary to improve clinical or actuarial instruments used to detect child sexual abuse in health and forensic systems, since, according to van der Put, Assink, & Stams (2016), professionals face difficulties in both the selection of most relevant risk factors as well as in the determination of their weighting.

Lemaigre, Taylor, & Gittoes (2017) noted that school-based programs reducing responsibility, self-blame, guilt and shame are needed to facilitate disclosure. These programs should involve family members, friends and professionals in the identification of the sexual abuse, even explicitly asking about it and minimizing feelings of guilt and fear. Research has pointed out the importance of professionals asking children and young people about possible CSA experiences using non-directive questions to avoid contamination in the narration (McElvaney, 2015). Disclosure may be influenced by different factors, and professional should avoid persistent questioning of children who are 'reluctant disclosers'. In turn, it is also necessary to use strategies that make it easier to reveal the sexual abuse to an adult figure, especially for younger victims, who often reveal the situation of abuse only to their peer group (Lahtinen et al., 2018). This tends not to lead to official investigations, which increases the likelihood that sexual abuse persists (Bottoms et al., 2016).

References

- Arce, R. (2017). Análisis de contenido de las declaraciones de testigos: evaluación de la validez científica y judicial de la hipótesis y la prueba forense [Content analysis of the witness statements: Evaluation of the scientific and judicial validity of the hypothesis and the forensic proof]. *Acción Psicológica*, *14*, 171-190. doi: 10.5944/ap.14.2.21347
- Bottoms, B.L., Peter-Hagene, L.C., Epstein, M.A., Wiley, T.R.A., Reynolds, C.E., & Rudnicki, A.G. (2016). Abuse characteristics and individual differences related to disclosing childhood sexual, physical, and emotional abuse and witnessed domestic violence. *Journal of Interpersonal Violence*, *31*(7), 1308-1339. doi: 10.1177/0886260514564155
- De Jong, A.R., Hervada, A.R., & Emmett, G.A. (1983). Epidemiologic variations in childhood sexual abuse. *Child Abuse & Neglect*, *7*(2), 155-162. doi: 10.1016/0145-2134(83)90067-4
- Finkelhor, D. (1994). The international epidemiology of child sexual abuse. *Child Abuse & Neglect*, *18*(5), 409-417. doi: 10.1016/0145-2134(94)90026-4
- Fischer, D.G., & McDonald, W.L. (1998). Characteristics of intrafamilial and extrafamilial child sexual abuse. *Child Abuse & Neglect*, *22*(9), 915-929. doi: 10.1016/S0145-2134(98)00063-5
- Gekoski, A., Davidson, J.C., & Horvath, M.A.H. (2016). The prevalence, nature, and impact of intrafamilial child sexual abuse: Findings from a rapid evidence assessment. *Journal of Criminological Research, Policy and Practice*, *2*(4), 231-243. doi: 10.1108/JCRPP-05-2016-0008
- González-García, F., & Carrasco, M.A. (2016). Evaluación del perfil psicossocial en menores víctimas de abuso sexual: diferencias por sexo y edad [Assessment of the psychosocial profile in a sample of sexually abused children: Sex and age differences]. *Revista de Psicología Clínica con Niños y Adolescentes*, *3*(2), 87-98.
- Lahtinen, H.-M., Laitila, A., Korkman, J., & Ellonen, N. (2018). Children's disclosures of sexual abuse in a population-based sample. *Child Abuse & Neglect*, *76*, 84-94. doi: 10.1016/j.chiabu.2017.10.011
- Lemaigre, C., Taylor, E.P., & Gittoes, C. (2017). Barriers and facilitators to disclosing sexual abuse in childhood and adolescence: A systematic review. *Child Abuse & Neglect*, *70*, 39-52. doi: 10.1016/j.chiabu.2017.05.009
- Lev-Wiesel, R., & First, M. (2018). Willingness to disclose child maltreatment: CSA vs other forms of child abuse in relation to gender. *Child Abuse & Neglect*, *79*, 183-191. doi: 10.1016/j.chiabu.2018.02.010
- Loinaz, I., Echeburúa, E., & Irueta, M. (2011). Trastornos mentales como factor de riesgo de victimización violenta [Mental disorders as a risk factor for violent victimization.]. *Psicología Conductual*, *19*(2), 421-438.
- London, K., Bruck, M., Wright, D.B., & Ceci, S.J. (2008). Review of the contemporary literature on how children report sexual abuse to others: Findings, methodological issues, and implications for forensic interviewers. *Memory*, *16*(1), 29-47. doi: 10.1080/09658210701725732
- Magalhães, T., Taveira, F., Jardim, P., Santos, L., Matos, E., & Santos, A. (2009). Sexual abuse of children. A comparative study of intra and extra-familial cases. *Journal of Forensic and Legal Medicine*, *16*(8), 455-459. doi: 10.1016/j.jflm.2009.05.007
- McElvaney, R. (2015). Disclosure of child sexual abuse: Delays, non-disclosure and partial disclosure. What the research tells us and implications for practice. *Child Abuse Review*, *24*(3), 159-169. doi: 10.1002/car.2280
- Mian, M., Wehrspann, W., Klajner-Diamond, H., Lebaron, D., & Winder, C. (1986). Review of 125 children 6 years of age and under who were sexually abused. *Child Abuse & Neglect*, *10*(2), 223-229. doi: 10.1016/0145-2134(86)90083-9
- Nilsson, T., Carlstedt, A., Baudin, C., Jakobsson, C., Forsman, A., & Anckarsäter, H. (2014). Intra- and extra-familial child sexual abusers and recidivism in Sweden: A 10- to 15-year follow-up study. *The Journal of Forensic Psychiatry & Psychology*, *25*(3), 341-361. doi: 10.1080/14789949.2014.911945
- Paine, M.L., & Hansen, D.J. (2002). Factors influencing children to self-disclose sexual abuse. *Clinical Psychology Review*, *22*(2), 271-295. doi: 10.1016/S0272-7358(01)00091-5
- Pereda, N., Guilera, G., Forns, M., & Gómez-Benito, J. (2009a). The international epidemiology of child sexual abuse: A continuation of Finkelhor (1994). *Child Abuse & Neglect*, *33*(6), 331-342. doi: 10.1016/j.chiabu.2008.07.007
- Pereda, N., Guilera, G., Forns, M., & Gómez-Benito, J. (2009b). The prevalence of child sexual abuse in community and student samples: A meta-analysis. *Clinical Psychology Review*, *29*(4), 328-338. doi: 10.1016/j.cpr.2009.02.007
- Russell, D.E.H. (1983). The incidence and prevalence of intrafamilial and extrafamilial sexual abuse of female children. *Child Abuse & Neglect*, *7*(2), 133-146. doi: 10.1016/0145-2134(83)90065-0
- Seto, M.C., Babchishin, K.M., Pullman, L.E., & McPhail, I.V. (2015). The puzzle of intrafamilial child sexual abuse: A meta-analysis comparing intrafamilial and extrafamilial offenders with child victims. *Clinical Psychology Review*, *39*, 42-57. doi: 10.1016/j.cpr.2015.04.001
- Stoltenborgh, M., Bakermans-Kranenburg, M.J., Alink, L.R.A., & IJzendoorn, M.H. (2015). The prevalence of child maltreatment across the globe: Review of a series of meta-analyses. *Child Abuse Review*, *24*(1), 37-50. doi: 10.1002/car.2353
- Stoltenborgh, M., van IJzendoorn, M.H., Euser, E.M., & Bakermans-Kranenburg, M.J. (2011). A global perspective on child sexual abuse: Meta-analysis of prevalence around the world. *Child Maltreatment*, *16*(2), 79-101. doi: 10.1177/1077559511403920
- Turner, D., Rettenberger, M., Yoon, D., Klein, V., Eher, R., & Briken, P. (2016). Risk assessment in child sexual abusers working with children. *Sexual Abuse*, *28*(6), 572-596. doi: 10.1177/1079063214564390
- Tzeng, O.C.S., & Schwarzin, H.J. (1990). Gender and race differences in child sexual abuse correlates. *International Journal of Intercultural Relations*, *14*(2), 135-161. doi: 10.1016/0147-1767(90)90002-E
- van der Put, C.E., Assink, M., & Stams, G.J.J.M. (2016). The effectiveness of risk assessment methods: Commentary on "Deciding on child maltreatment: A literature review on methods that improve decision-making". *Child Abuse & Neglect*, *59*, 128-129. doi: https://doi.org/10.1016/j.chiabu.2016.06.009
- Ventus, D., Antfolk, J., & Salo, B. (2017). The associations between abuse characteristics in child sexual abuse: A meta-analysis. *Journal of Sexual Aggression*, *23*(2), 167-180. doi: 10.1080/13552600.2017.1318963
- World Health Organization (2003). *Guidelines for medicolegal care for victims of sexual violence*. Geneva: WHO.