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Slávka Karkošková
Judicial Academy of the Slovak Republic

Acquiring courage to face the truth: shifts in attitudes toward child sexual abuse

Nabieranie odwagi w prawdzie: zmiany postawy wobec seksualnego wykorzystywania dzieci

Abstract:
In science, culture and morality, from a historical point of view, we can see gradual changes in attitudes toward the child sexual abuse phenomenon. While by the end of the 19th and the beginning of the 20th century scholars as well as laypeople had a strong tendency to deny and minimize this socio-pathological phenomenon, by the end of the 20th century, thanks to scientific progress and public awareness raising, the society began to accept the cruel truth about child sexual abuse. This topic is no longer such a big taboo and people are able to speak more openly about it (especially through the media, social networks and nongovernmental organizations). Readiness to act - the courage to intervene, help victims and hold perpetrators accountable - is also changing.

Keywords: *Child Sexual Abuse (CSA), denial, intervention.*

Abstrakt:
W nauce, kulturze i moralności, z historycznego punktu widzenia, obserwujemy stopniowe zmiany postaw wobec zjawiska wykorzystywania seksualnego dzieci. O ile pod koniec XIX i na początku XX wieku uczeni, a także laicy usilnie skłaniali się ku zaprzeczaniu i minimalizowaniu tego zjawiska społeczno-patologicznego - do końca XX wieku, dzięki postępowi naukowemu i podnoszeniu świadomości społecznej, społeczeństwo zaczęło ak-

ceptować okrutną prawdę o wykorzystywaniu seksualnym dzieci. Ten temat nie jest już tak wielkim tabu jak wcześniej, ludzie są w stanie mówić o tym coraz więcej (szczególnie za pośrednictwem mediów, sieci społecznościowych i organizacji pozarządowych). Gotowość do działania - odwaga, by interweniować, pomagać ofiarom i pociągać sprawców do odpowiedzialności - również się zmienia.

Słowa kluczowe: *Child Sexual Abuse (CSA) wykorzystywanie seksualne dzieci, odrzucenie, interwencja.*

Introduction

The area of sexual activity and children used to evoke strong responses. When people are confronted with the topic of child sexual abuse (CSA)[1], their responses are often more or less close to denial or minimization of the problem. This kind of reactions, although psychologically understandable (as psychological defense mechanisms against cruel reality), hinder the process of intervention and prevention of this serious crime and trauma. But the fact is that individuals as well as society as a whole are not able to face the cruel truth at once; the acceptance of this truth comes rather gradually. The process of coming to terms with this reality seems to be marked by the following stages: stage of avoidance, recognition, acceptance and integration (Cohen 2003).

1. Stage of avoidance

The typical sign of this stage is deep social denial that such a problem exists, and that it is quite prevalent. The attitudes of people are influenced by general myths about CSA (e.g. they believe that CSA is rare, committed by a stranger, it is a one-time event, involving violence and it has to do with lower social classes). These myths, of course, allow denial to continue. In the stage of avoidance, every sub-group in society denies the existence of CSA within itself, but points to its counterpart. Professionals who try to speak about the problem are rejected by the rest of professional community. General professional attitudes can be characterized by the lack of knowledge regarding CSA and disinterest; maintaining

[1] This term is used to describe the involvement of dependent, developmentally immature children or adolescents in sexual activities, which they do not truly comprehend, and so they are unable to give their informed consent to these activities. The internationally accepted acronym "CSA" will be used hereafter.

emotional distance and denial. The unfortunate result of such attitudes is ignoring signs and symptoms of CSA, thus, allowing abuse to continue; understanding and interpreting CSA as victim's fantasy basing it on psychoanalytic theory, or accusation of a child victim with seducing the perpetrator. Victims of CSA, thus, feel professional isolation, alienation and lack of support.

There is no doubt that people are appalled and outraged by CSA, by the mere thought of such actions. For centuries, its existence was so unthinkable that is was not even admitted into our conscious thought. No one believed that children were telling the truth (Rossetti 1990, p. 9). The first recognition of the prevalence of CSA in society and its damaging effects on the developing psyche were noted by Sigmund Freud in his paper "Aetiology of Hysteria" in 1896. He found out that many of his patients had been sexually abused as children by an adult person and concluded that their neurotic symptoms are consequences of such traumatic experiences. Freud believed that CSA was a widespread phenomenon of which few were aware. His opinions, however, were met with "indignation" (Miller 1986, p. 308). In 1897 he already recanted his theory and stated: "surely such widespread perversions against children are nor very probable" (Freud 1986, p. 264). Unfortunately, he himself was not yet able to accept the cruel truth about reality of CSA. Subsequent studies and prevalence rates for several decades underestimated the percentage of children being sexually abused and minimized the extent of psychological trauma caused to the victims (Rossetti 1996, p. 2–3).

Suzanne M. Sgroi, an American pioneer in studying the problem of CSA, recalls that in early 1975 there was the first national child abuse conference (sponsored by the newly established National Center on Child Abuse and Neglect) in the United States of America. No workshop on CSA was scheduled for the two-day program and there was no reference to CSA in any of the presentations. It was as if the problem did not exist! A year later, in 1976 she offered a workshop on CSA where she met with great social barriers. At the beginning of the workshop the room was nearly empty. People began to trickle in after the opening. However, no one in the audience was willing to ask questions or participate in any dialogue about the subject (Sgroi 2000, p. 5–6).

According to Sgroi (2000, p. 6), one of the greatest barriers to effective discovery, reporting and investigation of complaints of CSA was the stigma attached to the problem. CSA was a taboo topic that rarely was addressed by the media and not covered in most graduate education programs. Many professionals felt too inhibited by embarrassment and shame to speak directly about adult-child sexual interactions and lacked the vocabulary to do so. Others feared that they would be viewed as prurient or abnormal if they verbalized their concerns that

a child was being sexually abused by an adult. Avoidance and denial were often encountered by professionals who did speak up and attempt to report suspected CSA or facilitate protective interventions.

The lack of knowledge and understanding unfortunately marked (and still marks) human reactions to the problem of CSA. In this regard it has to be said that just four decades ago, public and professional awareness about CSA was extremely low. Little was known about the motivations of sexual offenders against children and the types of sexual behavior that took place during CSA scenarios. Physicians and law enforcement personnel tended to assume that CSA always involved penile penetration of vulvovaginal or anal openings and would likely cause physical injuries that could be detected by medical examination[2]. So, investigation of CSA usually consisted of medical examination of the alleged victim. If medical evidence was absent, the complaint was assumed to be false. The misperception that physicians were vastly knowledgeable about human sexuality reinforced the belief that physicians were better qualified than other professionals to evaluate the credibility of CSA complaints (Sgroi 2000, p.6). At the same time, social workers, psychologists or police investigators did not know how to question the child and his/her parent effectively, and made most of the common interviewing errors (communicating their own anxiety, interviewing the child and the parent together instead of separately, using professional jargon, and asking accusatory questions) (Giardino et al. 1992, p. ix–xi).

2. Stage of recognition

This stage is characterized by the process of raising public awareness, usually through the mass media. In the western world the attitude of strong denial began to change in the late 1970s. There was a rapid rise in the number of official CSA reports in the USA along with considerable nation-wide media coverage (Rossetti, 1996, p. 4). The willingness of media executives to publish and broadcast information about CSA began around 1980. A spate of reports on television and radio and in the popular press describing disclosed cases of CSA could be seen in those times. Those cases attracted enormous media coverage and captured public attention across various countries. Films that openly and sensitively portrayed father-daughter incest and other forms of CSA also appeared. Publication of jour-

[2] We now know that the sexual behavior most commonly reported in child sexual abuse cases is fondling (which is unlikely to cause physical injury) and that medical evidence is often absent even when abusers admit to engaging sexual penetration of young victims. Professionals suggest that up to 83 percent of girls and 82 percent of boys who are examined for sexual abuse have normal physical findings (Bays and Chadwick 1993).

nal articles and professional and self-help books about CSA, previously a rarity, began to accelerate exponentially in the late 1980s (Sgroi, 2000, p.5–10).

Increased understanding that medical evidence may be lacking in most cases led to the awareness that determining the validity of the complaint may hinge on verbal information elicited from the alleged victim. In the absence of published guidelines or standards, the focus of interviewing children for sexual abuse complaints during the 1970s and early 1980s was on overcoming barriers to disclosure such as shame or fear retaliation. There was a prevailing perception that it was extremely difficult for children to tell investigators about incidents of sexual abuse, and little attention was paid to avoidance of leading or contaminating questioning techniques. During the 1980s, some professionals believed, since many child victims of sexual abuse display symptoms of distress, that behavioral symptomatology alone could be used to validate complaints in some cases (Sgroi, 2000, p. 5–10).

Another sign of this stage is developing pressure of advocacy groups in order to change existing laws by: introducing the need for mandated reporting by professionals[3]; examining and amending existing categorizations in the criminal code; pressure of juridical system for heavier punishment or even introducing a required minimum sentencing. The stage of recognition is characterized also by demands for increased budget for professional training in recognizing the problem and familiarizing them with the process of reporting as part of prevention. However, there is also some tendency, especially among defense lawyers and sometimes among journalists, to blame the victim (she did not resist, she "seduced"). Possible misuse of the media (a kind of "social pornography" in a way of presentation of some CSA cases) can also appear here.

Responses by the professionals at this stage are complicated. Differential responses and emphasis among the various sectors which deal with CSA create tension and disagreements and half a process of adequate intervention. This state of affairs is due to: differential emphasis of various professionals in their training and socialization process; different social/legal frameworks within which different professionals work; the main groups of clients that various professionals come to contact with; personal/emotional issues. Responses to the revelation of CSA are on the two extremes of a continuum: under activity (continuing with complete denial or with avoidance) or over activity (demands for an immediate solution, often blaming other sectors for not doing their job). These responses

[3] Annual documented reports of child sexual abuse now are vastly higher than in 1970. Since 1967, every state in the US has had a child abuse reporting law mandating teachers, health and mental-health personnel, and many other types of human services professionals to report suspected sexual abuse of children to civil authorities or law enforcement (Sgroi, 2000, p. 7).

are usually a result of the crisis an individual professional feels upon exposure of CSA, and his/her personal ways of coping with the crisis. In this stage professionals are gradually recognizing that exposure and reporting may become an additional traumatic event for the child victim and family (Cohen 2003).

3. Stage of acceptance

This stage is characterized by general concentration on the social function of prevention, detection, reporting and initial intervention. Public rage leads to the tendency to focus on the offender and not on the needs of child victims. This tendency can be seen in a public debate on the question of hard versus lenient punishment; strict requirement for hard evidence for the criminal process; and pressure to develop alternatives to imprisonment of the offenders (Cohen 2003).

New budget allocations to police, to legal and juridical system as well as developing new programs for child victims and their families during these processes can appear in this stage. However, after exposure, reporting and criminal processes, child victims may find themselves with no adequate support (care). That is why there is a strong need for continual services for victims (Cohen 2003).

Among professional responses there can be seen frustration in light of lack of adequate services for child victims and family after reporting/criminal process. Professionals come to understanding of the inherent situational tension which results from reporting CSA: adults are interested in the past (what exactly happened), while the child is anxious about the future (what will happen). Professionals are realizing that a reporting process may become traumatic for the child because exposure is often accidental or a result of detection by an adult; and investigation means talking about very specific details of the sexual acts (with a stranger, and sometimes with more than one person). Professionals also come to realization of a variety of CSA forms, including sexual abuse of male children, sexual abuse of very young children, female CSA, sibling incest, child-to-child sexual abuse (Cohen 2003).

At this stage mandated reporting and/or the required hard evidence of the criminal process create many issues and dilemmas for professionals, especially for those involved in detection. These questions and dilemmas regard: confidentiality (where are the limits?); uncertainty (what if I got it wrong?); personal safety (fear of reprisals, threat to personal practice, potential libel suit); concerns regarding consequences of reporting CSA for child victim and family; par-

tial or complete lack of understanding of the child protection system; mistrust of other professionals; interface with a legal process (will I have to give testimony to court?) (Cohen 2003).

4. Stage of integration

This stage is characterized by public realization that the criminalization of CSA is not the only solution and not always the best one. Developing alternative ways of intervention (e.g. professional's exempt from reporting, involving religious or elderly leaders in a community) and working towards minimizing public stigma for the victims appear here.

A professional field is characterized by the development of a common language and common understanding among all professionals who deal with the problem (e.g. victim – abused child – survivor; perpetrator – abuser – offender) as well as by institutionalization of inter-disciplinary teams on the local/regional level. The development of new group therapy models for age related victims, for non-offending parents, for children and non-offending parents, family therapy, etc. can also be seen in this stage. An important part of this stage is establishing academic courses on CSA, growing academic research on its various aspects and mandated continuing professional education (Cohen 2003).

Conclusion

During the last decades much has changed regarding the state of knowledge about CSA and the state of intervention and prevention activities. Since the 1970s a number of research projects and training activities for professionals have been implemented in this area. As a result, professional awareness of CSA increased dramatically. More effective investigative and treatment approaches to sexual abuse cases, including guidelines for investigative interviewing of children were developed[4]. Sexual abuse prevention programs in schools became common. The general public awareness about CSA has been raised also through various na-

[4] The most significant progress in the development of such guideline is the so-called NICHD Protocol (*National Institute of Child Health and Human Development: NICHD Protocol*). This protocol was developed based on international cooperation between USA, Israel, England, Scotland, Canada and Sweden. Extensive research was conducted to develop the Protocol (using a sample of more than 40,000 forensic interviews). Finally, this was a field research and not a lab research as before. The Protocol has been translated into many languages. It has influenced a number of other protocols implementing its components in the interview structure (Faller, 2015).

tional campaigns often conducted by women's movement and children's protection movement organizations that have fought (and still fight) for the rights of women and children (Finkelhor 1982).

We have a substantial amount of professional literature about every aspect of CSA intervention, and today it is common knowledge that CSA frequently occurs. Different research projects offer different results regarding the occurrence of CSA cases. There are obvious discrepancies in their findings as there is disparity between what adults are willing to disclose in an anonymous phone survey versus official reporting of suspected abuse to police or child protective services (Sgroi 2000, p. 7). Research within Europe reveals that about twenty percent of children became victims of some form of sexual abuse before they reached adulthood (Council of Europe 2012). The pervasive climate of fear, social taboo and myth silences victims so effectively, however, that close to ninety percent of incidents do not get reported (Cheit and Freyd 2005).

As the state of the art in CSA investigations has improved, a higher level of case-by-case intervention has become more possible. Factors contributing to this improvement include joint investigation approaches, case review by multidisciplinary teams, and the establishment of child advocacy centers[5] that allow investigative interviews and medical examinations of children to be performed by specially trained personnel in one location. The important change includes the use of audio-taping or videotaping during investigation, which significantly reduced the number of child interviews required for appropriate interventions (Sgroi 2000, p. 9).

Research shows that there is no single symptom or a complex of symptoms that can be detected in a majority of children who are known to have a history of sexual abuse. On the contrary, there are no empirical data to support the existence of a diagnostic CSA syndrome that is a pattern of psychological symptomatology that proves a child has been sexually abused (Kendall-Tackett et al. 1993). Expert evidence concerning psychological signs of CSA is therefore a controversial topic (Hoyano and Keenan 2010, p. 884–885).[6]

[5] The first CAC in Slovakia was established in 2016. It is operated by the NGO Náruč – Pomoc deťom v kríze (Embrace – Help for Children in Crisis) and is located in Žilina.

[6] Using a psychological sworn expert's examination outcome as "diagnostic evidence" to confirm or overturn whether CSA took place or not is rather problematic. It is based on the premise that CSA victims show foreseeable behavioral/mental characteristics that may be accurately profiled. Research has shown, however, that there is no behavior or symptom observable in all or in most CSA child victims, there is not a single constellation of psychological symptoms or behavioral indicators that would be able to confirm that CSA took place. It was found that more than a third of actual CSA victims at least at the time of assessment do not show any external trauma symptoms. Nevertheless, the presence of certain behaviors and symptoms may provide some evidence that may justify the clinical opinion that the child was sexually abused. More reliable, however, are such symptoms that occur more frequently in CSA victims than in victims of other

Historically, some attempts to validate complaints of CSA included the use of psychological or physiological measures to prove or disprove that an individual is an abuser. However, now we know that there are no available measurements, tests, or scales that can differentiate reliably between abusers and non abusers (Sgroi 2000, p. 9). The child molester is most commonly a respectable, otherwise law-abiding person, who may escape detection for exactly that reason (Lanyon 1986). In addition, we know that most CSA cases (70–85%) are committed by a relative or someone known to the child, not by strangers or celebrities (Cheit and Freyd 2005; Council of Europe 2012).

The social change in dealing with CSA is significant but this does not mean there is no need for further improvement. Still, there is a continuing need for professional and public education as well as research. There is an unacceptably high rate of burnout and staff turnover in child protective services and law-enforcement agencies that must respond to reports. Statutory agencies must address this problem in two ways: by improving working conditions to make these jobs less stressful and more rewarding for employees; and by paying constant attention to recruitment and training to improve the quality of investigative services. Lastly, more and better resources are needed for treatment and long-term intervention for victims, abusers, and their families in this new millennium (Sgroi 2000, p. 9–10).

Despite a number of positive changes with regard to dealing with CSA, we must remember that the highest level of reached change has not touched automatically the practice all over the world. We cannot say that the world in general has already gone through the stage of avoidance, recognition and acceptance and reached the stage of integration. There are still nations, regions, communities and individuals that stick to denial, partial recognition or acceptance. We abhor CSA in the abstract, but as a society we fail to act against it (Cheit and Freyd 2005). Recent research reveals that misconceptions about CSA are still quite common both among laymen and professionals (Calvert and Munsie-Benson 1999; Benton et al. 2006; Rubin and Berntsen 2007; Legault and Laurence 2007; Magnussen et al. 2010; Antrobus et al. 2012; Magnussen and Melinder 2012; Houston et al. 2013; Buck et al. 2014; French and Ost 2016). Misconceptions, including inappropriate expectations toward primary and secondary CSA victims[7] can seriously endanger the process and result of investigation.

traumas, mainly sexualized behavior in combination with other symptoms. It must be remembered that in a forensic context, overestimation of the presence or absence of a certain behavior may lead to false positive or false negative conclusions (Hoyano and Keenan 2010, 884–885).

[7] Research literature and professional guidelines in this regard point to the phenomenon of counterintuitive behaviour. This term refers to the reactions that do not correspond with the expectations of the average person concerning how a victim should correctly or logically react. Re-

Denial, minimization and misconceptions of CSA have to be seen as permanent danger. People have a strong tendency to deny perpetrator's behavior; attack the accuser; and reverse the roles of victim and offender. This strategy allows a truly guilty perpetrator to morph into "a victim of false accusations." The handful of highly publicized cases in which defendants were wrongly accused fuels a potent and destructive myth that any similar allegations also must be false. Two still common forms of denial are "It didn't happen" (or the similar "It rarely happens") and "It wasn't harmful." Put together these can take the form: "It didn't happen, but if it did, it wasn't that bad" or "It rarely happens, but when it does it isn't harmful." Such claims should raise red flags when made in defense of CSA allegations (Cheit and Freyd 2005). Sex between adults and children has many negative consequences that can touch biological, psychological, social or spiritual aspect of living. While many victims eventually recover, entrenched societal denial thwarts the healing process and leaves other children vulnerable to predators.

If we are to eliminate denial, minimization and misconceptions regarding CSA, certain measures need to be continually applied, especially:

awareness raising campaigns aimed at the general public – e.g. radio and television spots[8];

prevention programs aimed at young adults who have the potential to spread the culture of zero tolerance to sexual violence – e.g. bystander intervention programs[9];

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actions of CSA victims are highly justified in relation to the context of the situation and trauma mechanisms, but the average person (both laymen and professionals) lacks the knowledge about the specificities of CSA trauma, and therefore is biased in assessing the CSA case. A frequent determinant of the failure in the process of clarification, investigation and prosecution of CSA cases is the focus on the investigation of the credibility of the victim without a due consideration of the so-called counterintuitive reactions. The most frequent forms of counterintuitive reactions include mainly the following: 1) "passiveness" of the victim, 2) a delay in the disclosure, 3) inconsistent testimony, 4) recantation of the testimony, 5) positive attitude to the perpetrator, 6) absence of trauma symptoms and 7) inconsistent reactions on the hand of the protective parent (Karkošková 2015).

[8] In Slovakia, first national campaign against sexual victimization of children was launched in November 2015. TV and radio spots were used to educate both children and adults about the reality of violence and importance of its disclosure (http://detstvobeznasilia.gov.sk/index.php/kampane/chranme-deti-pred-nasilim-spoty/). In 2016 national campaign focused especially on encouragement of children to disclose violence (http://detstvobeznasilia.gov.sk/index.php/kampane/hrdina-o-nasili-nemlci/). In 2017 EUROPOL's video entitled "Say No!" as well as Council of Europe's video entitled „Tell Someone You Trust" were shared (http://detstvobeznasilia.gov.sk/index.php/kampane/kampan-zamerana-na-zvysovanie-povedomia-o-problematike-nasilia-na-detoch/) as a part of Slovak national campaign. First Slovak national campaign against sexual victimization of adults (entitled „Because I say no") was launched in April 2017. Two TV spots were created to educate general public about the myth of stranger danger and about the importance of consent regarding sex (http://www.zastavmenasilie.gov.sk/pretoze-hovorim-nie/).

[9] The recipients of these programs (usually university students) are guided to: (1) understand what motivates or prevents people from intervening in certain situations; (2) understand the whole spectrum of inappropriate behavior and attitudes that contribute to a culture sexual vio-

continuous education and supervision of professionals from various disciplines –particularly those who play a crucial role in the process of investigation and assessment of CSA cases[10];
multidisciplinary cooperation and interagency case management – the purpose of which is to "exchange information and to assess the child's needs through different perspectives – medical, psychological, judicial/legal and social. All these perspectives need to be taken into account in order to make a comprehensive plan, which places the child's best interests at the center of all services whilst ensuring that legal requirements for any legal proceedings are met. The professional contacts made during the meetings and the joint ownership of the interagency case plan also serve as a foundation for continued cooperation and follow-up of each specific case" (O'Donnell & Wenke 2017);[11]
research on various aspects of CSA – e.g. CSA prevalence and consequences; or factors influencing CSA assessment (including bias).

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lence tolerance; (3) expand their ideas on how many different opportunities for the intervention exist; and (4) adopt strategies they can use in different situations to help change the culture that promotes sexual violence. The research results show that students who completed such preventive programs have significantly better attitudes towards sexual violence and are more likely to intervene actively when an opportunity arises (Coker et al. 2011; Gidycz et al. 2011; Garrity 2011).

[10] For instance, in regard to the need of ongoing training of forensic interviewers Poole (2016) remarks that the path to expertise is slow and difficult. Those who went through basic training are usually not able to use newly acquired knowledge in relevant situations. In addition, there is no button to delete old habits from memory. Bruck et al. (1998) stated that training is needed for professionals working with CSA in order to correct some of their false beliefs, but that the training needs to be extensive; based on scientific research and involving practical rehearsal and feedback.

[11] According to Everson & Sandoval (2011) „a "team" approach to assessment that emphasizes diversity in professional position or discipline, gender, and experience level is likely to be useful in providing alternative perspectives to counterbalance individual biases. "

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