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The traumatic impact of socio-judicial procedures and risk of second victimization on sexually abused children

Abdul Rahman Rasho¹, Cinzia Guarnaccia², Loick Villerbu³

Abstract

This study is aimed to deepen the perception of the professionals involved in infant protection and care regarding the consequences of the disclosure of child sexual abuse (CSA) and the impact of socio-judicial procedures. In particular, we were interested in identifying indicators and risks associated with secondary child victimization, as well as factors that may protect against it. The results showed that professionals were aware of the risk of secondary victimization; they identified indicators of negative feelings, psychological disease and problematic behaviors in the child. The risks are related to the procedures of the child's reception and the multiple interventions during which the child is obliged to repeat the story of his/her aggression, the constraints of the forensic examination and the duration of the proceedings with the possibility that the professional(s) working with the child might be replaced. They also identified protection factors, or interventions that are effective to limit this risk. In particular, the child must be supported, surrounded by his/her family or another protective person. It is also important during these socio-judicial procedures to sensitize the child to the procedure and prepare him/her to face all stages. The consequences are not the same for all children: they react according to their personality and the actions they undergo, but also according to maturity and age. Similarly, the effects of socio-judicial procedures on child victims are not identical; rather, each case is unique.

Keywords: *child sexual abuse, traumatic impact, secondary victimization, procedures, professionals.*

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Introduction

Child sexual abuse (CSA) is a widespread public health problem that appears in all societies and historical eras and can affect all family environments (Conte, 1994; Fergusson & Mullen, 1999; Perry & Di Lillo, 2007; Wolfe, 1999; Stoltenborgh, Van Ijzendoorn, Euser & Bakermans-Kranenburg, 2011). The systemic underreporting of CSA has long impeded the ability of researchers and clinicians to estimate its prevalence and characterize its impacts (Hugill, Berry & Fletcher, 2017), despite the recent advances in terms of research and legal issues. It is therefore necessary to focus on the factors and conditions that may constitute risks for the emergence of this situation and the strongly negative effects that impact the life of the victim (Gabel, 1992; Sanjeevi, Houlihan, Bergstrom, Langley & Judkins, 2018; Tyrod & Bourcet, 2001).

CSA is indeed a real traumatism that will impact the physical or psychological health of child victims (Cohen, Deblinger, Mannarino & Steer, 2004; Finkelhor, 1987; 1990; Williams, 1993), who may feel overwhelmed by various emotions at puberty, during adolescence and later, further into adulthood (Gauthier, 1994; Hayez & De Becker, 1997; Haesevoets, 2000).

This work focuses on the impact of sexual abuse resulting from aggression, as well as on the consequences of disclosure and the possible negative impact that the judiciary procedures may have on the child.

The direct impact of CSA in the short and long term

Research on CSA indicates a large range of physical, psychological and interpersonal problems among those who have been sexually abused during childhood (Neumann, Houskamp, Pollack, & Briere, 1996; Paolucci, Genuis, & Violato, 2001).

The consequences of sexual abuse can occur in the short term. From the physical point of view, researchers have shown that children

with a history of CSA report higher somatization symptoms and more negative perceptions of overall physical health than participants without such a history (Najman, Nguyen, & Boyle, 2007; Springs & Friedrich, 1992; Zlotnick, Zakriski, Shea, Costello, Begin, Pearlstein & Simpson, 1996), with the presence of permanent symptoms of discomfort, significant physical pain, gastrointestinal diseases and gynecological consequences such as chronic pelvic pain, as well as the possibility of sexually transmitted infection or, for girls, pregnancy caused by rape (Irish, Kobayashi & Delahanty, 2009).

Moreover, according to different specialists, the child victim of sexual abuse is in a complex psychological state. The child will develop feelings of shame, guilt, loneliness, anxiety and insecurity (Rosenthal, Hall, Palm, Batten & Follette, 2005), which can lead to emotional illness and psychological disease. Initial reactions to victimization involving post-traumatic stress disorder (PTSD), disruptions of normal psychological development, painful emotions, depression, anxiety and cognitive distortions (Briere, 1994; Chaffin, Silovsky & Vaughn, 2005; Horassius, 2004; Hayez & De Becker, 2010; Haesevoets, 2003; Spataro, Mullen, Burgess, Wells & Moss, 2004; Swanston, Plunkett, OToole, Shrimpton, Parkinson & Oates, 2003). Symptoms of PTSD (Guelfi & Crocq, 2004) and traumatic issues can appear immediately after the event or after a latency period that can vary (a few days, months or even sometimes a few years), with traumagenic dynamics that include traumatic sexualization, betrayal, stigmatization and powerlessness (Briere, 1992; Finkelhor & Browne, 1985; Vila, Porche & Mouren-Siméoni, 1998; Polusny & Follette, 1995), as well as distorting the child's self-concept, relational and affective capacities.

More in the long term, the victims can show sexual dysfunction or sexual disturbance with the appearance of sexualized behaviors during childhood and before puberty or with the annulment of all sexual relations during adolescence until adulthood (Rouyer & Thouvenin,

1994). Other long-term sequelae are an increased risk of revictimization, symptoms of anxiety and depression, personality disorders, eating disorders and obesity, or alcohol and substance abuse, as well as difficulties in couple relationships and disorders of attachment and parental function (Anda, Felitti, Bremner, Walker, Whitfield, Perry, & Giles, 2006; Beitchman, Zucker, Hood, Da Costa, Akman & Cassavia, 1992; Banyard, Williams & Siegel, 2001; DiLillo, Tremblay & Peterson, 2000; Dolan & Whitworth, 2013; Dube, Anda, Whitfield, Brown, Felitti, Dong & Giles, 2005; Elzy, 2011; Godbout, Briere, Sabourin, & Lussier, 2014; McLean & Gallop, 2003; Testa, Hoffman, & Livingston, 2011).

All of this research has shown us the profoundly disorganizing impact of this aggression on the physical and psychological well-being of the child because of his/her own psychological structure, his/her stage of maturity and the nature of the aggression. As Ferenczi (1932) pointed out, "*Children feel psychologically and morally defenseless, their personality is still too weak to protest, even in thought ... If the child is recovering from such aggression, he feels an enormous confusion*".

The indirect impact of CSA disclosure: the second victimization

The consequences of CSA are certainly due to the aggression but also derive from the procedure to which the child is submitted from the moment of the disclosure of the aggression, first with his/her family, then at the different phases of socio-judicial investigation and support (Besnard, 1999; De Becker & Hayez, 1999, 2010; Gauthier & Van Gijseghem, 1992; Haesevoets, 1997, 1999; Somer & Szwarcberg, 2001; Wolf, 1994). For a long time, the word of the child was not heard; children were assumed to speak nonsense because the appreciation of the truth was evaluated only in terms of accuracy according to exclusively cognitive criteria and from an adult point of view (Durif-Varembont, 2009). In most cases, the voice of the child victim is the only source of information, but because of

his/her more or less limited ability to communicate, the extent of his/her vocabulary according to age, his/her cognitive abilities and his/her psychological vulnerability, it is necessary to adapt judicial treatment. It is necessary to take into account the particular way in which children express themselves and the confusions inherent in their age, reinforced by the confusions of the body image due to sexual aggression (Alaggia, Collin-Vézina & Lateef, 2017).

For professionals, this implies the effort of conducting an intellectual, emotional and medical assessment of the child victim's abilities in his/her family and social environment as soon as the sex offense is revealed (Besnard, 1999; Gauthier, & Van Gijseghem, 1992). The role of the family and family dynamics are essential throughout the process. By taking the child's word seriously and believing it, the parents establish a climate of trust between them and the child that helps the child to reveal all the details of the aggression because he/she is in a situation in which he/she needs listening and support; on the contrary, by not taking the word of the child into account, parents install a climate of deep distrust (Alaggia & Kirshenbaum, 2005; Graham, Rogers & Davies, 2007). Caregivers have described the time following disclosure of CSA as distressing and report a range of emotions, including guilt about their parenting role and concerns about the investigation and legal processes (Davies, Seymour & Read, 2001; Hill, 2001; McCourt, Peel & O'Carroll, 1998; Paillat, Rasho, Guarnaccia, *in press*). According to specialists, the maternal position (in the case of a non-abusive mother) is essential in cases of sexual abuse (Beaune & Mabire, 1998; Bigourdan, 1989; Gabel, 1992; Knott & Fabre, 2004; Plummer, 2006; Villerbu, 1995).

During the socio-judicial procedures, the child is obligated to repeat the details concerning the abuse, in a system of constraint all the more disorganizing, according to his/her age and maturity, which makes him/her relive the facts (Ceci & Bruck, 1998; Haesevoets, 2000; Martin, 1992).

Because of children's vulnerability and the intensity of traumatic events, it is necessary to receive their words with great care and caution, taking into account age and abilities, to understand and communicate with them. The trauma of CSA can be a significant element throughout a child's life; it may take a severe form because of the secondary victimization due to judicial procedures, sometimes stronger than the impact of the aggression itself: *"Judicial procedures can create stress and confusion for children, so that the quality of their testimony may be greatly affected"* (Gauthier & Van Gijsegem, 1992).

For these reasons, in France, the Law of 17 June 1998, on the prevention and punishment of sexual offenses and protection of children, provides that the hearing of a child victim "should be the subject of a sound or audiovisual recording to avoid multiple repetitions". According to this law, the child may be the subject of a medical-psychological examination to assess the nature and extent of the harm suffered and to establish the necessary treatment or appropriate care. This law also provides the designation of an ad hoc administrator when the protection of the child's interests is not fully ensured by his/her legal representatives or by one of them.

Despite these measures, the professionals working with the child victim during the proceedings, as well as the victim support associations, testify to this extra suffering. Some believe that criminal justice intervention can sometimes be unfit to help victims. Justice is thus criticized for being the source of a second victimization (Gaudreault, 2004). We define secondary victimhood as *"the situation of doubt in which the child may be exposing sexual abuse, on the one hand because of the way the family reacts at the disclosure of CSA (support, complicity, pressure or rejection for example), on the other hand because of the socio-judicial procedures with a possibility to reactivate additional psychological suffering"* (Rasho, 2009).

This work aims to analyze the risks, as perceived by the professionals, that the socio-judicial procedures can overstimulate a child who is already victim of a sexual abuse. We

will study the conditions of emergence of this secondary victimization and the factors likely to provoke it through the discourse of the professionals and the elements that they identify as likely to activate this process instead of protecting the child victim.

Methods

Participants

This qualitative research, using an exploratory approach, is based on interviews with 19 professionals working in various structures related to evaluation and support of sexually abused children. These professionals voluntarily agreed to a face-to-face interview to discuss their perception of the risk of secondary victimization for minor victims.

The group was composed of 42% men and 58% women, whose ages ranged from 25 years to 60 years old and who were from different professional categories (3 family assistants, 4 social workers, 5 educators, 3 police officers and 4 psychologists). With regard to professional experience, 50% of our sample had more than 10 years of experience, 30% had between 5 and 10 years of experience and 20% had less than 5 years of experience.

Procedures and data analysis

Research participants, during non-directive interviews, answered a series of questions regarding the following: (1) the impact of socio-judicial procedures on the child victim; (2) the elements that may cause difficulty for the child during the socio-judicial process; and (3) the elements that may constitute protective factors for the child victim. All participants were informed of the research objectives and signed an informed consent form for participation, guaranteeing the anonymity and confidentiality of the data collected.

All interviews were recorded and transcribed verbatim (with appropriate harmonization and explanation of acronyms and simplification of repetitions, without changes in content). The texts of the transcriptions thus obtained were

the subject of a qualitative content analysis with the objective of extracting the themes more frequently associated with the axes of the interview and, thus, of defining their specificities. The evaluations were carried out by two independent evaluators, who then compared their results to obtain a common categorization.

Results

The impact of the socio-judicial procedure on the child victim

The content of the interviews highlights the existence of repercussions on the child victim related to the various socio-judicial interventions.

In the view of some professionals, these are negative psychological and behavioral repercussions that make the child's situation more complex (Table 1).

Table 1. *The impact of the socio-judicial procedure on the child victim – frequency of themes identified by professionals*

<i>Professionals</i>	<i>Themes</i>	Feelings of shame	Feeling of guilt	Sense of betrayal	Fear, anguish	Conflict of loyalty	Psychosomatic symptoms	Regressive behaviors	Aggressiveness	Silence, refusal to speak and withdrawal	Fugue	School failure	Excessive and / or inappropriate sexuality	Relief and release
Family Assistants (n = 3)		2	1		1		1	1	1				2	2
Social Workers (n=4)			2			2	1		3	2			1	2
Educators (n = 5)		2	3	1	2	3			1	2	1	1	1	1
Police Officers (n= 3)					1	2				1				1
Psychologists (n=4)		1	2	1		3			2	2				

In particular, professionals identified the possibility that the child may experience a sense of shame (“... *what a shame! Tell all this in front of people in every detail, it's really hard*”, “*To question the child several times for different reasons is a real aggression; which may explain regressive behavior, psychosomatic symptoms, etc. Feelings of shame*

and guilt are greater after the revelation ...”), show aggression toward others and get angry, but also refuse to speak afterward and turn back on oneself (“... *the feeling of anger increased because she became aware of what happened*”). The child may be caught in a conflict of loyalty to his/her parents in cases of incest, feel guilty for speaking or reporting

a loved one, or feel betrayed: *“I was abused, but my parents love me, I love them too.”* Professionals identified signs and symptoms of the child related to this feeling, especially fear, anxiety before going to appointments (interviews, hearings), psychosomatic symptoms and changes in the child’s habitual behaviors in everyday life (school failure, running away, inappropriate sexual behavior). According to other professionals, the repercussions of the socio-judicial procedures on the child victim can be positive; the child can indeed experience a feeling of liberation after having spoken and feel a therapeutic effect, a relief: *“... but also sometimes a relief: relief to have been able to say the facts at first ...”*. The child no longer feels guilty and also experiences no longer being alone in his/her feelings: *“... the child speaks, it is a moment of liberation in a certain way ...”*.

Risk factors for secondary victimization

According to the professionals, the factors that can cause difficulty for the child victim in the socio-judicial procedures are numerous and depend on the personality of the child victim, his/her age, the nature of the facts, the family positions toward him/her and conditions related to the procedures (Table 2). The analysis of the contents associated with this theme showed that professionals underline the risk of placing the child outside of his/her family in certain cases: *“... it is the*

placement, the most touching, the most fragile.” On the contrary, there is the risk of leaving the child with his/her family in the case of incest: *“...When the child is not placed in a childcare community ...”*.

Many professionals identified the risks associated with the presence/absence of family members, especially in cases of intra-familial abuse. Denouncing one’s parents or another family member is a risk that is often associated with the absence of family support.

Other difficulties were related to the length and complexity of the procedure, which involved the child meeting with many unknown persons and the difficulty of talking about the aggression with the various professionals: *“... It was very difficult to talk about his intimacy and to reveal himself to strangers who asked him very intimate questions.”* The impact of the different procedures is different depending on the age of the child; the professionals said that the procedures are less complicated with young children and more difficult with adolescents.

The minor may experience difficulties in relation to the conditions of reception and listening to his/her testimony; he/she may feel disbelieved based on the way questions are asked, or he/she may interpret the reactions of professionals as a questioning of his/her statements. Finally, the confrontation with the aggressor, especially without preparation, can be experienced as unbearable and create new trauma for the child.

Table 2. Risk factors for secondary victimization—frequency of themes identified by professionals

<i>Themes</i>	Multiple interventions (repetition)	Separation of the family environment	Non - Separation of the family environment	Poor reception conditions	Confrontation with the perpetrator	Length of procedures and changes of professionals	The medical examination	Questioning the child's say	The age of the child	Meeting of unknown persons	Non recognition of the facts / absence of conviction	Absence of family support / family pressure	Denunciation of a relative	Lack of preparation for procedures	Presence of a family member during the testimonies
Family Assistants (n = 3)	1	1		1			1			1	1		1		
Social Workers (n=4)	4	1				1			1	3			1		
Educators (n = 5)	5	1			1	1	1		1	2		1			
Police Officers (n= 3)	1		1					1				2	1	2	1
Psychologists (n=4)	4	3		1	1	1			1		1	1	2		

Factors that can protect the child victim

The last thematic focus identified through our content analysis concerns factors that may be helpful to the child victim in socio-legal proceedings. According to the professionals involved in our research, the identification of these factors is a better response to the needs of children and the need to minimize the impact of procedures on children, but also to procedural needs, and therefore becomes essential to ensure a better justice process.

Among these factors (Table 3), professionals identified the importance of prior psychological support and preparation, in a context of multidisciplinary care, at the different stages of socio-judicial procedures (hearing, medical examination, deposition, etc.) and the possibility of the child being accompanied by a

neutral professional in whom the child has confidence, or even in some cases, one of his/her parents: “... *Non-offending parents, a member of his family, a social worker or an ad hoc administrator can support the child ...*”

A further protective factor is the child feeling heard, believed, understood and protected, especially by family members, particularly the mother, when she is not involved in the abuse. Professionals stress the importance of good reception conditions for the child victim, the use of appropriate scientific techniques, well-trained teams, a suitable room, the use of different means for the child to express himself/herself and, finally, the need to let him/her speak spontaneously and not ask closed questions.

Table 3. *Factors that can protect the child victim–frequency of themes identified by professionals*

<i>Professionals</i> \ <i>Themes</i>	Preparation and psychological support	Presence of a person of trust / neutral	Emotional support	Good reception conditions by professionals	Specific protocol and follow-up	Filming and recording the child
Family Assistants (<i>n</i> = 3)			2			
Social Workers (<i>n</i> =4)		2	2	1	1	
Educators (<i>n</i> = 5)		1	2	1	1	2
Police Officers (<i>n</i> = 3)	1	1		2		
Psychologists (<i>n</i> =4)	2	1				

Discussion

This study aimed to deepen the perception of the various health professionals involved in the care of minors who are victims of sexual abuse regarding the impact of the socio-judicial procedure on the child. In particular, we were interested in identifying presence indicators and risks associated with secondary child victimization, as well as factors that may protect against it.

The results showed that professionals recognize a risk of psychological, psychosomatic and behavioral suffering in child victims of sexual assault, related to the general conditions of the aggression suffered and the socio-judicial procedures initiated.

This suffering may relate to factors related to the sexual abuse suffered and the conditions of the abuse, such as the personality of the abuser, the return of guilt to the child, the recognition of the facts, the personality of the child victim, fragility and feelings of guilt (or lack thereof), as well as to the age of the child,

the nature and duration of the facts and the type of relationship with the aggressor. We also highlighted factors related to family conditions, such as parental reactions, the complicity of a family member or family members with the abuser, or other risk factors related to family dynamics (separation of parents, placement). Finally, we identified factors related to the socio-judicial procedures, in particular the “bad conditions” of the child’s reception and words; the multiple interventions that force the child to relive the aggression, “to say and to repeat the story of his aggression”; the constraints of the forensic examination and the length of the procedures with the possibility of changes of professionals during the procedure (judge, investigators, etc.).

These various factors will reinforce certain defensive arrangements that already exist in the child victim as a result of the abuse suffered (for example, linked to feelings of shame and guilt due to having spoken) and will create other defensive arrangements for the child, specifically related to socio-judicial procedures: hesitations and feeling of doubt in

the child due to different interventions, fear or stress before going to each appointment. There may be a conflict of loyalty in the child with his/her parents in the case of domestic aggression; the child may feel responsible for what has happened to his/her family (Sorensen & Snow, 1991; Summit, 1983).

The results of this study show that professionals are aware of the risk of secondary victimization in CSA cases. They also identified ways to limit this risk. In particular, according to them, the child must be supported, surrounded by family and relatives; in the case of domestic aggression, someone else may be asked to accompany the child. It is also important, in the course of these socio-judicial procedures, to make the child aware of the procedures and to prepare him/her to face all its stages.

According to the professionals interviewed, the consequences of sexual assault are not the same for all children: they react according to their personality and the acts they undergo, but also according to maturity and age. As a result, the consequences are not always immediate: they may appear later, when the maturity of the child will enable him/her to understand the reality and gravity of the act. Similarly, the effects of socio-judicial procedures on child victims are not identical, but although each case is unique, there are some constants.

Despite the importance of maintaining interest in the consequences of CSA and in the theoretical development of secondary victi-

mization studies, this study presents important methodological limitations. These limitations are mainly related to the small size of the sample and the territorial limitation of data collection. Another important limitation is related to the difficulty of access to professionals, who often keep quiet about this topic for fear of questioning their work.

Indeed, secondary victimhood as we understand it is a reality, but it is not systematic, and socio-judicial procedures can have both negative and positive effects on the child.

Numerous research and clinical proposals inform us of the need for the child welfare system to become increasingly trauma informed, effective trauma screening and assessment protocols are needed at every level (Henry, 1997; Ko, Ford, Kassam-Adams, Berkowitz, Wilson, Wong & Layne, 2008). It is essential to be able to implement, with ever more dissemination, the protocols finalized for the protection of the child with respect to the risks related to the procedure (Bernet, Canter & Reiman, 2009; Newlin, Steele, Chamberlin, Anderson, Kenniston, Russell & Vaughan-Eden, 2015; Muñoz, González-Guerrero, Sotoca, Terol, González & Manzanero, 2016) like “Melanie” or NICHD protocols. Evaluating the effectiveness of these procedural adjustments and the impact on CSA revelations as well as on investigations is essential to identify the best conditions that protect the child, his/her family and those around him/her and reduce the risk of secondary victimization.

References

- Anda, R. F., Felitti, V. J., Bremner, J. D., Walker, J. D., Whitfield, C. H., Perry, B. D., & Giles, W. H. (2006). The enduring effects of abuse and related adverse experiences in childhood. *European archives of psychiatry and clinical neuroscience*, 256(3), 174-186.
- Alaggia, R., & Kirshenbaum, S. (2005). Speaking the unspeakable: Exploring the impact of family dynamics on child sexual abuse disclosures. *Families in Society*, 86(2), 227-234.
- Alaggia, R., Collin-Vézina, D., & Lateef, R. (2017). Facilitators and barriers to child sexual abuse (CSA) disclosures: A research update (2000–2016). *Trauma, Violence, & Abuse*. (1), 1-24.
- Banyard, V. L., Williams, L. M., & Siegel, J. A. (2001). The long-term mental health consequences of child sexual abuse: An exploratory study of the impact of multiple traumas in a sample of women. *Journal of traumatic stress*, 14(4), 697-715.

- Bernet, W., Canter, J., & Reiman, B. (2009). Child sexual abuse. *Wiley Encyclopedia of Forensic Science*, 1-14.
- Beaune, D., & Mabire, M. J. (1998). *L'enfant abusé sexuellement: du dépistage à l'intervention*. Montreal: G. Morin.
- Beitchman, J. H., Zucker, K. J., Hood, J. E., DaCosta, G. A., Akman, D., & Cassavia, E. (1992). A review of the long-term effects of child sexual abuse. *Child abuse & neglect*, 16(1), 101-118.
- Besnard, C. (1999). Expertise et clinique psychopathologique. In Raoult, P.A. *Souffrance et violence : psychopathologie des contextes familiaux*. Paris: L'Harmattan
- Bigourdan, P. (1989). *Viol à domicile: la loi du silence*. Paris: Delachaux et Niestlé.
- Briere, J. N. (1992). *Child abuse trauma: Theory and treatment of the lasting effects*. Sage Publications, Inc.
- Briere, J. N., & Elliott, D. M. (1994). Immediate and long-term impacts of child sexual abuse. *The future of children*, 54-69.
- Ceci, S. J., & Bruck, M. (1998). *L'enfant-témoin: une analyse scientifique des témoignages d'enfants*. Paris: De Boeck Supérieur.
- Chaffin, M., Silovsky, J. F., & Vaughn, C. (2005). Temporal concordance of anxiety disorders and child sexual abuse: Implications for direct versus artifactual effects of sexual abuse. *Journal of Clinical Child and Adolescent Psychology*, 34(2), 210-222.
- Cohen, J. A., Deblinger, E., Mannarino, A. P., & Steer, R. A. (2004). A multisite, randomized controlled trial for children with sexual abuse-related PTSD symptoms. *Journal of the American Academy of Child & Adolescent Psychiatry*, 43(4), 393-402.
- Conte, J. R. (1994). Child sexual abuse: awareness and backlash. *The Future of Children*, 224-232.
- Davies, E., Seymour, F., & Read, J. (2001). Children's and primary caretakers' perceptions of the sexual abuse investigation process: A New Zealand example. *Journal of Child Sexual Abuse*, 9(2), 41-56.
- De Becker, E., & Hayez, J. Y. (1999). Du discours du mineur d'âge sur l'abus sexuel. Faux positifs et non-crédibilité. *Louvain Médical*, 118, 497-507.
- DiLillo, D., Tremblay, G. C., & Peterson, L. (2000). Linking childhood sexual abuse and abusive parenting: The mediating role of maternal anger. *Child Abuse & Neglect*, 24(6), 767-779.
- Dolan, M., & Whitworth, H. (2013). Childhood sexual abuse, adult psychiatric morbidity, and criminal outcomes in women assessed by medium secure forensic service. *Journal of child sexual abuse*, 22(2), 191-208.
- Dube, S. R., Anda, R. F., Whitfield, C. L., Brown, D. W., Felitti, V. J., Dong, M., & Giles, W. H. (2005). Long-term consequences of childhood sexual abuse by gender of victim. *American journal of preventive medicine*, 28(5), 430-438.
- Durif-Varembont, J. P. (2009). Children speaking in Justice. *Droit et Cultures*. (55), 201-219.
- Elzy, M. B. (2011). Examining the relationship between childhood sexual abuse and borderline personality disorder: does social support matter?. *Journal of Child Sexual Abuse*, 20(3), 284-304.
- Ferenczi, S. (1932). Confusion of the tongue between adults and the child (the language of tenderness and the language of [sexual] passion). Appendix C. JM Masson & I. Loring (Trans.), *The assault on truth: Freud's suppression of the seduction theory*, 291-303.
- Fergusson, D. M., & Mullen, P. E. (1999). *Childhood Sexual Abuse: An Evidence Based Perspective (Developmental Clinical Psychology and Psychiatry Series)*. Thousand Oaks: Sage Publications.

- Finkelhor, D. (1987). The trauma of child sexual abuse: Two models. *Journal of Interpersonal Violence*, 2(4), 348-366.
- Finkelhor, D. (1990). Early and long-term effects of child sexual abuse: An update. *Professional psychology: Research and practice*, 21(5), 325.
- Finkelhor, D., & Browne, A. (1985). The traumatic impact of child sexual abuse: A conceptualization. *American Journal of orthopsychiatry*, 55(4), 530-541.
- Gabel, M. (1992). *Les enfants victimes d'abus sexuels*. Paris: PUF.
- Gaudreault, A. (2004). Victimization secondaire. In Lopez, G. & Tzitzis S. *Dictionnaire des sciences criminelles*. Paris: Dalloz, 260-263.
- Gauthier, D. (1994). *L'enfant victime d'abus sexuels*. Paris: PUF.
- Gauthier, L., & Van Gijsegem, H. (1992). *L'enfant mis à nu: L'allégation d'abus sexuel: la recherche de la vérité*. Montréal: Éditions du Méridien.
- Godbout, N., Briere, J., Sabourin, S., & Lussier, Y. (2014). Child sexual abuse and subsequent relational and personal functioning: The role of parental support. *Child abuse & neglect*, 38(2), 317-325.
- Graham, L., Rogers, P., & Davies, M. (2007). Attributions in a hypothetical child sexual abuse case: Roles of abuse type, family response and respondent gender. *Journal of Family Violence*, 22(8), 733-745.
- Guelfi, J., & Crocq, M. (2004). *DSM-IV-TR manuel diagnostique et statistique des troubles mentaux (4th édition.)*. Issy-les-Moulineaux: Masson.
- Haesevoets, Y. (1999). Les allégations d'abus sexuel chez l'enfant: Entre le doute et la conviction absolue. *L'Evolution Psychiatrique*, 64(2), 337-348.
- Haesevoets, Y. H. (1997). *L'enfant victime d'inceste. De la séduction traumatique à la violence sexuelle. Réflexions théorico-cliniques sur la psychopathologie de l'inceste*. Bruxelles: De Boeck Université
- Haesevoets, Y. H. (2000). *L'enfant en questions*. Bruxelles: De Boeck Université.
- Haesevoets, Y. H. (2003). La souffrance des familles maltraitantes à l'épreuve de l'intervention: Vers une éthique de l'intervention médico-psycho-sociale. *L'Evolution psychiatrique*, 68(4), 509-529.
- Hayez, J., & De Becker, E. (2010). *La parole de l'enfant en souffrance*. Paris: Dunod.
- Hayez, J.-Y., & De becker, E. (1997). *L'enfant victime d'abus sexuel et sa famille*. Paris: PUF.
- Henry, J. (1997). System intervention trauma to child sexual abuse victims following disclosure. *Journal of Interpersonal Violence*, 12(4), 499-512.
- Hill, A. (2001). 'No-one else could understand': Women's Experiences of a Support Group run by and for Mothers of Sexually Abused Children. *British Journal of Social Work*, 31(3), 385-397.
- Horassius, N. (2004). Conséquences des maltraitances sexuelles: les reconnaître, les soigner, les prévenir. *L'Information Psychiatrique*, 80(2), 131-131.
- Hugill, M., Berry, K., & Fletcher, I. (2017). The association between historical childhood sexual abuse and later parenting stress: a systematic review. *Archives of women's mental health*, 20(2), 257-271.
- Irish, L., Kobayashi, I., & Delahanty, D. L. (2009). Long-term physical health consequences of childhood sexual abuse: A meta-analytic review. *Journal of pediatric psychology*, 35(5), 450-461.
- Knott, T., & Fabre, A. (2014). Maternal response to the disclosure of child sexual abuse: systematic review and critical analysis of the literature. *Issues in Child Abuse Accusations*, 20(1), 1-6.

- Ko, S. J., Ford, J. D., Kassam-Adams, N., Berkowitz, S. J., Wilson, C., Wong, M., & Layne, C. M. (2008). Creating trauma-informed systems: child welfare, education, first responders, health care, juvenile justice. *Professional Psychology: Research and Practice*, 39(4), 396.
- Martin, M. J. (1992). Child sexual abuse: Preventing continued victimization by the criminal justice system and associated agencies. *Family Relations*, 330-333.
- McCourt, J., Peel, J. C., & O'carroll, P. (1998). The effects of child sexual abuse on the protecting parent(s): Identifying a counselling response for secondary victims. *Counselling psychology quarterly*, 11(3), 283-299.
- McLean, L. M., & Gallop, R. (2003). Implications of childhood sexual abuse for adult borderline personality disorder and complex posttraumatic stress disorder. *American Journal of Psychiatry*, 160(2), 369-371.
- Muñoz, J. M., González-Guerrero, L., Sotoca, A., Terol, O., González, J. L., & Manzanero, A. L. (2016). The forensic interview: obtaining cognitive indicia in children who are the alleged victims of sexual abuse. *Papeles del Psicólogo*, 37(3), 205-216.
- Najman, J. M., Nguyen, M. L. T., & Boyle, F. M. (2007). Sexual abuse in childhood and physical and mental health in adulthood: An Australian population study. *Archives of Sexual Behavior*, 36(5), 666-675.
- Neumann, D. A., Houskamp, B. M., Pollock, V. E., & Briere, J. (1996). The long-term sequelae of childhood sexual abuse in women: A meta-analytic review. *Child maltreatment*, 1(1), 6-16.
- Newlin, C., Steele, L. C., Chamberlin, A., Anderson, J., Kenniston, J., Russell, A., & Vaughan-Eden, V. (2015). Child forensic interviewing: Best practices (pp. 1-20). US Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- Paillat, C., Rasho, A., Guarnaccia, C. (in press) Family face to extra-familial violence: emotions and victimization through the narrative of parents and children in UMJ. *Pratiques Psychologiques*.
- Paolucci, E. O., Genuis, M. L., & Violato, C. (2001). A meta-analysis of the published research on the effects of child sexual abuse. *The Journal of psychology*, 135(1), 17-36.
- Perry, A. R., & DiLillo, D. K. (2007). Child sexual abuse. In *The Encyclopedia of Domestic Violence*, Nicky Ali Jackson, editor. New York & London: Routledge, 147-156.
- Plummer, C. A. (2006). Non-abusive mothers of sexually abused children: The role of rumination in maternal outcomes. *Journal of child sexual abuse*, 15(2), 103-122.
- Polusny, M. A., & Follette, V. M. (1995). Long-term correlates of child sexual abuse: Theory and review of the empirical literature. *Applied and preventive psychology*, 4(3), 143-166.
- Rasho, A. (2009). *Le processus de victimité secondaire chez l'enfant victime d'agression à caractère sexuel: double approche, victimologie clinique, psychologie judiciaire appréhension par le discours de professionnels du parcours socio-judiciaire*. Thèse de doctorat en psychologie, Université de Haute-Bretagne, Rennes
- Rosenthal, M. Z., Hall, M. L. R., Palm, K. M., Batten, S. V., & Follette, V. M. (2005). Chronic avoidance helps explain the relationship between severity of childhood sexual abuse and psychological distress in adulthood. *Journal of Child Sexual Abuse*, 14(4), 25-41.
- Rouyer, M., & Thouvenin, C. (1994). *Ce qu'il peut advenir des femmes victimes d'inceste dans l'enfance: La maltraitance*. Les Cahiers du CTNERHI, (61), 13-23.
- Sanjeevi, J., Houlihan, D., Bergstrom, K. A., Langley, M. M., & Judkins, J. (2018). A Review of Child Sexual Abuse: Impact, Risk, and Resilience in the Context of Culture. *Journal of child sexual abuse*, 27(6), 622-641.
- Somer, E., & Szwarcberg, S. (2001). Variables in delayed disclosure of childhood sexual abuse. *American Journal of Orthopsychiatry*, 71(3), 332-341.

- Sorensen, T., & Snow B. (1991). «How children tell: The process of disclosure of child sexual abuse ». *Child Welfare*, (70), 3-15.
- Spataro, J., Mullen, P. E., Burgess, P. M., Wells, D. L., & Moss, S. A. (2004). Impact of child sexual abuse on mental health: prospective study in males and females. *The British Journal of Psychiatry*, 184(5), 416-421.
- Springs, F. E., & Friedrich, W. N. (1992, June). Health risk behaviors and medical sequelae of childhood sexual abuse. In *Mayo Clinic Proceedings* (Vol. 67, No. 6, pp. 527-532). Elsevier.
- 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.
- Summit, R. C. (1983). The child sexual abuse accommodation syndrome. *Child abuse & neglect*, 7(2), 177-193.
- Swanston, H. Y., Plunkett, A. M., O'Toole, B. I., Shrimpton, S., Parkinson, P. N., & Oates, R. K. (2003). Nine years after child sexual abuse. *Child abuse & neglect*, 27(8), 967-984.
- Testa, M., Hoffman, J. H., & Livingston, J. A. (2011). Intergenerational transmission of sexual victimization vulnerability as mediated via parenting. *Child abuse & neglect*, 35(5), 363-371.
- Tyrode Y., Bourcet S. (2001). *Sérvices sur mineurs*, Paris: Ellipses édition Marketing.
- Vila, G., Porche, L. M., & Mouren-Siméoni, M. C. (1998). *L'enfant victime d'agression: état de stress post-traumatique chez l'enfant et l'adolescent*. Paris: Elsevier Masson.
- Villerbu L. (1995). Stratégies criminelles du secret dans l'abus fait à l'enfant. In Viaux, J.L., *Victime: Actes et silences, Psychologie légale clinique*, Publications de l'université de Rouen (204), 87-96.
- Williams, M. B. (1993). Assessing the traumatic impact of child sexual abuse: What makes it more severe? *Journal of Child Sexual Abuse*, 2(2), 41-59.
- Wolf, A. (1994). « La parole et la souffrance de l'enfant victime d'abus sexuels ». In Cahiers, *Droits de l'enfant et de la famille*, (39/2), 215-222.
- Wolfe, D. A. (1999). *Child abuse: Implications for child development and psychopathology* (Vol. 10). Thousand Oaks: Sage Publications.
- Zlotnick, C., Zakriski, A. L., Shea, M. T., Costello, E., Begin, A., Pearlstein, T., & Simpson, E. (1996). The long-term sequelae of sexual abuse: Support for a complex posttraumatic stress disorder. *Journal of traumatic stress*, 9(2), 195-205.