

Spanish Women's Experiences of Child Sexual Abuse

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Abstract

Background: Child sexual abuse (CSA) is a type of maltreatment that women appear to be at higher risk of. In Spain, studies are scarce and outdated. The objective of this study was to analyze the experiences of CSA in a sample of Spanish women. Method: The sample comprised 968 women (M = 39.82 years, SD = 12.71). Participants completed an anonymous online survey about their childhood experiences. Results: The prevalence of CSA ranged from 9.8% to 53.1%, and most commonly involved being rubbed against or fondled. The first episode most frequently occurred between 6 and 12 years old, and the perpetrator was commonly a man, either a family member or stranger. Half of the women told someone about the experience, usually their mother or a peer. The earlier the first experience, the higher the number of different types of sexual abuse, with more physical contact and more perpetrators. Generation Z (age 18-23) reported the fewest instances of CSA. Conclusions: Women reported high rates of CSA experiences, although the youngest generation seems to be more protected. The paper discusses the experiences reported, the women's age at the time of the first episode, the relationship to the perpetrator, and generational differences, as well as the importance of providing up-to-date information about CSA.

Keywords: Child sexual abuse; women; generations; maltreatment.

Resumen

Experiencias de Abuso Sexual Infantil en Mujeres Españolas. Antecedentes: el abuso sexual infantil (ASI) es un tipo de maltrato en el que las muieres tienen mayor riesgo. En España, los estudios son escasos y no están actualizados. El objetivo fue analizar las experiencias de ASI en una muestra de mujeres españolas. Método: 968 mujeres (M = 39.82 años, DT = 12.71) completaron una encuesta anónima online sobre sus experiencias en la infancia. Resultados: se encuentra una prevalencia entre 9,8% y 53,1%, siendo más frecuente el haber sido rozada o manoseada. El primer episodio ocurrió más frecuentemente entre los 6 y 12 años, siendo el perpetrador masculino, familiar o extraño. La mitad de las mujeres contaron su experiencia habitualmente a su madre o a un igual. Cuanto más temprana fue la experiencia, más abusos diferentes se experimentaron, con más contacto físico, y más perpetradores. La generación Z (nacidas a partir de 1997; edad 18-23) fue la que menos ASI informó. Conclusiones: se encuentra alta prevalencia de ASI, donde la generación más joven parece más protegida. Se comentan los resultados relativos a estas experiencias, la edad del primer episodio, la relación con el perpetrador y las diferencias generacionales, así como la importancia de proveer de información actualizada sobre ASI.

Palabras clave: abuso sexual infantil; mujeres; generaciones; maltrato.

Child sexual abuse (CSA) is considered a traumatic form of maltreatment and a serious infringement of a child's rights to health and protection, and importantly it is both widespread and hidden (Save The Children, 2012a). CSA is defined by the World Health Organization (WHO) as:

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. CSA is evidenced by this activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person (WHO, 2003, p. 75).

The above WHO definition of CSA includes acts that both do and do not involve physical touching or physical force, including (16 years old in Spain), all sexual acts between an adult and an underage child (even with child assent) are, by definition, CSA.

Research indicates that about 90% of CSA victims knew their abuser, who in approximately 30% of cases was a family member.

Outside the family, about 60% of CSA victims were abused by someone who was known to and trusted by the family (Finkelhor & Shattuck, 2012; Ullman, 2007). Regarding the age of victims,

children between the ages of 7 and 13 are most at risk for suffering

sex acts, abusive sexual touching, and non-contact forms of assault such as harassment, threats or forced exposure to pornography

(Murray et al., 2015). Because a legal age is required for consent

sexual abuse, with a mean age of 9 years for the first episode (Finkelhor, 1994).

It is estimated that only one third of victims disclose the abuse while still a child (London et al., 2003; Ullman, 2007), and of those who do, 40% talk to a peer rather than to an adult or someone in authority (Broman-Fulks et al., 2007). These results highlight the difficulty of analyzing this type of maltreatment, especially with official data, since a high percentage of child sexual abuse incidents are never reported to authorities (Finkelhor et al., 2012).

Research has documented multiple and varied consequences of CSA. The impact on victims may vary depending on variables

Received: August 23, 2020 • Accepted: February 24, 2021 Corresponding author: Marta Ferragut Facultad de Psicología Universidad de Málaga 29071 Málaga (Spain) e-mail: mferragut@uma.es such as the context, the age of the victim, who the perpetrator was, and the frequency and duration of abuse (Hornor, 2010). These consequences appear to be different for males and females (Hornor, 2010; Mullers & Downing, 2008). Especially among women, a history of sexual abuse has been associated with an increased risk of sexual revictimization in adolescence and adulthood (Fillipas & Ullman, 2006), as well as a higher risk of suicidal ideation (Cantón-Cortés et al., 2020).

Prevalence studies of CSA suggest that approximately one in five females suffered the experience of sexual abuse in childhood (WHO, 2016). Research has systematically found that the prevalence of CSA is higher in females the world over (Chiu et al., 2013; Collin-Vézina et al., 2013; Pereda et al., 2009a; Sight et al., 2014; Stoltenborgh et al., 2011; WHO, 2016).

A recent meta-analysis by Pan et al. (2020) examined 48 articles that analyzed the prevalence of CSA using the Childhood Trauma Questionnaire (CTQ-SF), covering 22,224 women from 16 countries and including clinical and nonclinical samples. They found a pooled overall rate of CSA of 24%, higher than that reported in previous meta-analyses (Pereda et al., 2009a, 2009b). Prevalence appears to vary depending on the techniques used for data collection. For example, Stoltenborgh et al. (2011) found lower prevalence when using informants rather than self-report measures of CSA, although they also noted that self-reported rates may be influenced by various procedural factors such as sample size, the definition of CSA, the type of instrument used, or the number of questions asked. A further factor to consider is that there are a large number of different instruments for assessing traumatic events during childhood (Ordóñez-Camblor et al., 2016), including specific items about sexual abuse. The fact that each questionnaire inquiries about the same construct in a different way may also contribute to the variability in prevalence rates, leading some authors to recommend that CSA be assessed by asking multiple behaviorally specific questions (Stoltenborgh et al., 2011), as a number of researchers have done (Dunne et al., 2003; Gil, 2014; Guziak, 2020; Mohler-Kuo et al., 2014; Ullman, 2007).

In Spain, the results likewise vary depending on the victims' gender, the sample characteristics, and the data collection procedure used (Pereda, 2016). Four studies have obtained retrospective reports from Spanish adults about their childhood experiences, reporting an overall CSA prevalence of 19% (López et al., 1995), 17.9% (Pereda & Forns, 2007), 13.4% (De Paúl et al., 1995), and 9.5% (Cantón & Justicia, 2008). These rates were consistently higher in females than in males. For example, López et al. (1995) found a prevalence of 15% for males and 22% for females, with similar figures being reported by Pereda and Forns (2007). As regards the age at which abuse occurred, children around 13 appear to be at higher risk (Cantón & Justicia, 2008; Pereda et al., 2016). More recent publications in Spain have examined the prevalence of CSA in child or adolescent samples (Játiva & Cerezo, 2014; Pereda et al., 2016; Pereda et al., 2014; Soler et al., 2012), reporting higher rates in females and in specific populations such as individuals with mental health problems, offenders, etc. (Pereda, 2016).

Since publication of the United Nations Convention on the Rights of the Child in 1989, society has evolved and there is now greater awareness worldwide of children's rights and need for care (World Vision, 2019). Accordingly, in Spain, educational and prevention programs and resources have now been developed through various associations and by regional governments (Save The Children,

2012b). One recent study found that female undergraduates in Spain had more accurate knowledge about CSA and were less prone to some of the common myths about it (Ferragut et al., 2020). Considering these changes in society, an interesting topic of research would be to explore generational differences with respect to CSA in Spain. A study of this kind in Australia by Dunne et al. (2003) found significant differences in CSA rates, with decreasing prevalence in the youngest generations. The authors suggested that effective prevention programs, increased public awareness, and more stringent legal regimes may underpin this decrease. To our knowledge, there are no published studies in Spain that have analyzed differences between generations of adults reporting CSA, although meta-analyses that have compared results obtained in different time periods have found broadly similar prevalence rates (Pereda et al., 2009a, 2009b).

The aim of this study was to analyze retrospectively the prevalence and nature of CSA in a sample of Spanish females by asking them to complete an anonymous online survey about their childhood experiences. More specifically, we sought to analyze the different abuse experiences, the victim's age at the time of the first such experience, the relationship to the perpetrator, and whether they talked to anyone about these experiences at the time, and if so to whom. In addition, we aimed to examine whether there are differences across different age groups in the experiences of CSA. To this end, we considered four cohorts of individuals born at a similar time (Generation Z, millennials, Generation X, and boomers).

Method

Participants

Participants were 968 Spanish women aged between 18 and 80 years (M = 39.82, SD = 12.71). In terms of education, 8.2% had only a primary level, 21.7% secondary education, and 70.1% a university qualification.

Instruments

A Child Sexual Abuse Questionnaire (CSAQ) was developed for the present study and gathered both demographic information (gender, age, educational level, and nationality) and information related to experiences of child sexual abuse. It was designed by the authors following a comprehensive review of the literature on the subject, and specifically by considering previous instruments that assess different kinds of CSA experiences (Dunne et al., 2003; Mohler-Kuo et al., 2014; Ullman, 2007). The questions were formulated according to established rules for writing items (Muñiz & Fonseca-Pedrero, 2019), such as clarity, brevity, simplicity, specificity, relevance, and comprehensibility. The questionnaire was then submitted for further focus group discussion by a panel of three experts who were involved in studying CSA. Participants were asked to focus on abusive experiences that occurred 1) when they were still a legal minor (less than 18 years old), 2) with an adult or with a child at least five years older, and 3) which caused them discomfort or distress. The general question, which considered six events, was whether an adult or an older child had ever (yes, no): rubbed their private parts against you, fondled any part of your body, touched your private parts, showed you pornographic material, showed you his/her genitals, or asked you

to touch their private parts. If a participant answered yes for any of these six experiences, she was then asked to specify her age at the time of the first episode (response options were: younger than 6; between 6 and 12; 13 to 18; I'm not sure/don't know) and to indicate the perpetrator's gender and her relationship to him/her (family member/relative; teacher, instructor, baby-sitter, etc.; acquaintance such as a friend or neighbor, etc.; or a stranger). Participants could indicate more than one option. Finally, participants were asked to state whether they had talked to anyone about these experiences while still a minor (yes, no) and, if so, whom they had talked to (mother; father; schoolmate or peer of same age; an adult relative; teacher or instructor) and whether this person had believed them (yes, no). At the end of the questionnaire, there was a space for participants to add any further comments they wished to make.

Procedure

The study procedures were carried out in accordance with the Declaration of Helsinki and were approved by the Research Ethics Committee of the University of Málaga, Spain, number 18-2020-H. A snowball sampling strategy was used to recruit participants, who were first informed about the aims of the study. Prior to their completing the online survey, all participants signed a declaration confirming that they were over 18 years of age, that they had been informed about the purpose of the study, and that they were agreeing to participate voluntarily and anonymously. The survey took around 10 minutes to complete and was available online from January to July 2019, with a call for respondents being made through social media platforms and mass emailing.

Data Analysis

To analyze the prevalence of CSA, we computed percentages for each of the six types of sexual abuse, which were also analyzed as a function of participants' age. Four cohorts of individuals born at a similar time were considered, applying the criteria of the Pew Research Center (Dimock, 2019): Generation Z (born since 1997; n=125; aged 18-23; M=20.92, SD=1.56), millennials (born 1981-1996; n=385; aged 24-39; M=33.10, SD=4.61), Generation X (born 1965-1980; n=318; aged 40-55; M=46.01, SD=4.80), and boomers (born 1946-1964; n=143; aged 56-74; M=61.12, SD=4.35). Only three participants belonged to the silent generation (born 1928-1945; aged 75 or older), and for the purposes of this study they were considered as boomers. The prevalence of all the aforementioned variables within each generation was then examined using the χ^2 test and logistic regression in order to obtain the odds ratio for comparisons between generations.

To analyze CSA experiences, we computed percentages for the age when sexual abuse first occurred, the gender of and relationship to the perpetrator, and whether or not they reported the incident to somebody else, to whom, and whether they were believed. We also computed the following variables:

- 1) The number of different types of sexual abuse, by summing yes responses for the six types of sexual abuse and classifying this on three levels: 1, 2-3, or 4 or more;
- 2) Whether the sexual abuse involved physical contact, which we categorized on three levels: without physical contact (a yes response for being shown the perpetrator's genitals and/ or pornography), with physical contact (yes response for any other type of sexual abuse), or both;
- 3) The number of different perpetrators, by summing yes responses for different relationships to the perpetrator and classifying this on two levels: 1, 2 or more;
- 4) The CSA experiences when considering a family perpetrator as the reference category and pooling the other possibilities, which yields three levels: perpetrator was a family member (yes response for family member/relative as the perpetrator), perpetrator was not a family member (yes response for any other relationship to the perpetrator), or both;

Table 1

Number of participants, percentages for total sample and by generation, chi square statistics, and odds ratio (OR; Generation Z as reference) for sexual abuse experiences

Types of sexual abuse (yes)		N %	%	Z	Millennials	X	Boomer	χ^2
Rubbed against by perpetrator		514	53.1	32.0	52.5	58.5	61.4	30.02***
	OR				2.35***	2.99***	3.38***	
Fondled any part of victim's body		439	45.4	28.0	47.0	50.6	44.3	19.25***
	OR				2.28***	2.64***	2.04**	
Touched victim's private parts		309	31.9	10.4	31.4	41.2	31.4	39.28***
	OR				3.95***	6.04***	3.95***	
Was asked to touch the perpetrator's private parts		183	18.9	7.2	21.3	21.4	17.1	14.16**
	OR				3.49**	3.51**	2.67*	
Perpetrator showed his/her genitals		300	31.0	15.2	32.7	35.2	30.7	17.72***
	OR				2.71***	3.03***	2.47**	
Shown pornographic material by perpetrator		95	9.8	9.6	11.4	10.1	5.0	4.83
1 81	OR				1.22	1.05	0.50	

Note: Generation Z (born from 1997); millennials (born 1981-1996); Generation X (born 1965-1980); and Boomers (born 1946-1964). *** p < .001; ** p < .01; ** p < .05

5) The CSA experiences when considering 'perpetrator was a stranger' as the reference category and pooling the other possibilities, which yields three levels: perpetrator was a stranger (yes response for stranger), perpetrator was a known person (yes response for any other relationship to the perpetrator) or both.

The scores on these variables and their association with the age of the victim at the time of the first episode was then analyzed by means of the χ^2 test. Finally, we analyzed the relationship between the two broad categories of perpetrator (i.e., family member as reference category and stranger as reference category) and the number of sexual abuse types and whether physical contact was involved.

Results

Prevalence of child sexual abuse is shown in Table 1. Overall, the prevalence for CSA ranged from 9.8% to 53.1%. The most frequently reported experiences involved being rubbed against or fondled by the perpetrator, while the least common type of abuse was being shown pornographic material. Regarding differences by generation, the percentages of sexual abuse in general were consistently lower in Generation Z. The odds ratio indicated that Generation Z was less likely to suffer CSA than were the other generations, except for being shown pornography.

Table 2 displays percentages for CSA experiences. In terms of the age at the time of the first episode, this was most commonly between 6 and 12 years old. Most perpetrators were male, whether a family member or a stranger. Approximately half the participants had talked to someone about their experience at the time, mainly with their mother or a schoolmate/peer of the same age. The majority of participants said that they had been believed.

Table 3 shows percentages for the number of different types of sexual abuse, physical and no physical contact, the number of perpetrators, and who the perpetrator was, as well as the relationship between these variables and the victim's age at the time of the first episode. The results show that women most commonly experienced more than one type of sexual abuse, in most cases involving physical contact, and that it was most frequently perpetrated by a single person who was known to but not a member of the family. The percentage of women who stated that their first experience of sexual abuse occurred before the age of 6 increased as the number of sexual abuse types increased. Abuse before this age was also more likely to involve physical contact and to be perpetrated by a family member or known person. Abuses by two or more perpetrators was also more frequently reported by women whose first experience was before age 6.

Table 4 shows the relationship between the identity of the perpetrator and the number of different types of sexual abuse and whether physical contact was involved. As the number of types of sexual abuse experienced by victims increased, so did the likelihood that this was perpetrated either by a family member or by someone known to the family. Abuse by a family member or by a known person was also more likely to involve physical contact. The same pattern of results was observed when considering the percentage of women who reported being abused by both a known perpetrator and a stranger, regardless of whether the reference category was family member or stranger.

Discussion

The aim of this study was to analyze data about CSA experiences in a sample of Spanish females. We analyzed different types of CSA, the victim's age at the time of the first abusive experience, the relationship to the perpetrator, and whether the victim talked to anyone about these experiences while still a minor, and if so to whom. We explored generational differences in CSA experiences.

Overall, the prevalence for CSA ranged from 9.8% to 53.1%, depending on the type of experience: being rubbed against by the perpetrator, 53.1%; being fondled, 45.4%; having one's private parts touched, 31.9%; being shown the perpetrator's private parts, 31%; being asked to touch the perpetrator's private parts, 18.9%; and being shown pornography, 9.8%. These percentages are much higher than those obtained by previous studies conducted in Spain, which reported a CSA prevalence in women of 22% (López et al., 1995), 19% (Pereda & Forns, 2007), 14.8% (De Paúl et al., 1995), and 9.9% (Cantón & Justicia, 2008).

The higher prevalence rates obtained here may be due to differences in data collection procedure. The results from some of the previous Spanish studies are based on general questions about CSA rather than an analysis of specific experiences, and research has found that prevalence tends to be lower when these kinds of questions are used (Fricker et al., 2003). In addition, our data were collected using an online survey that was answered

Number of participants and percentage for variables related to sexual abuse experiences					
Variables	N	%			
Age at time of first episode					
<6	116	18.0			
6-12	316	49.0			
13-18	177	27.4			
I don't know	36	5.6			
Perpetrator's gender					
Male	390	60.5			
Female	11	1.7			
Not stated	244	37.8			
Relationship to the perpetrator					
Family/relative	241	37.4			
Teacher, instructor, etc.	67	10.4			
Acquaintance	159	24.7			
Stranger	283	43.9			
Not stated	31	4.8			
Talked to someone					
Yes	309	47.9			
No	300	31.0			
Not stated	36	3.7			
Who did you talk to?					
Mother	125	40.5			
Father	10	3.2			
Schoolmate or peer (same age)	133	43.0			
Relative	27	8.7			
Teacher or instructor	9	2.9			
Not stated	5	1.6			
Did they believe you?					
Yes	248	80.3			
No	47	15.2			
Not stated	14	4.5			

Table 3 Number of participants and percentages for the sexual abuse variables according to age at the time of the first episode Age at time of the first episode Variables N % 6-12 13-18 χ^2 < 6 Number of sexual abuse types 84.31*** 24.8 43 160 18 4 367 2-3 264 40.9 32.8 43.7 47.5 221 34.3 62.9 38.0 15.8 4 or more Physical contact (yes/no) 10.7 39.39*** 46 7 1 17 66 No physical contact 314 48 7 31.0 58.2 With physical contact 45.6 285 44.2 67.2 47 8 Both 311 Number of perpetrators 1 495 80.6 72.4 79.7 87.6 10.63** 2 or more 119 19.4 27.6 20.3 12.4 Identity of perpetrator (family member: yes/no) 373 60.7 31.0 59.0 819 77 66*** Not a family member Family member 169 27.5 50.9 27.6 13.0 Both 72 11.7 18.1 13.3 5.1 Identity of perpetrator (stranger: yes/no) Stranger 201 32.7 10.3 27.0 55.9 75.78*** Known person 331 53.9 74.1 58.7 33.9 Both 82 134 15.5 14 3 10.2 *** p < .001; ** p < .01; * p < .05

Table 4 Percentages for the sexual abuse variables according to who the perpetrator was								
Variables	Not family	Family	Both	χ^2	Stranger	Known Person	Both	χ^2
Number of types of sexual abuse								
1	30.6	10.1	1.4	82.18***	43.8	12.1	4.9	112.42***
2-3	45.8	37.3	37.5		42.3	42.9	41.5	
4 or more	23.6	52.7	61.1		13.9	45.0	53.7	
Physical contact (yes/no)								
No physical contact	10.2	2.4	0	39.12***	16.9	2.4	0.0	65.09***
With physical contact	52.3	40.8	33.3		50.2	48.3	32.9	
Both	37.5	56.8	66.7		32.8	49.2	67.1	

individually, ensuring the women's anonymity. This procedure offered participants the possibility of responding while alone in the privacy of their own homes, thus increasing the likelihood of honest responses. The fact that we used snowball sampling could also be a factor, as women who had suffered some kind of CSA may have been more likely to self-select, leading us to overestimate the prevalence of CSA. It is worth noting that a recent study conducted by Guziak (2020) in Poland with a similar procedure to that used here (i.e., asking about specific experiences through an online survey) also found higher prevalence than reported previously. The figures reported by this author, namely a total prevalence of 39.7% (46.7% for women) and more than 40% for CSA with physical contact, are close to those obtained in our study. A final possibility to consider is that increased information

and public awareness of CSA is leading more women to describe their childhood experiences in these terms. It is important to add that our participants had the opportunity to include their own comments at the end of the questionnaire. Notably, many of the women commented that this was the first time they had disclosed the abuse. Ullman (2007) noted that the vast majority of victims wait until adulthood to reveal the sexual abuse they suffered, and some never talk about their experience to anyone. It is possible that certain social changes such as the recent *Me Too* movement have raised awareness in this respect and have encouraged women to speak out about their experiences. Further research is needed to analyze the impact of different data collection procedures on prevalence rates, as well as to explore how social changes may be influencing the perception of CSA.

Regarding the different types of sexual abuse, most studies differentiate between contact and non-contact abuse, and the latter is frequently found to be more prevalent (Barth et al., 2013; Mohler-Kuo et al., 2014; Singh et al., 2014). This tendency was not observed in our study. Approximately half of the participants had been rubbed against sexually or fondled when they were a child, and this percentage is only comparable with the results obtained in Spain by López et al. (1995), where half of the women who reported some CSA event had been touched by the perpetrator.

In relation to differences between the four generations, results indicated that the lowest prevalence for all CSA types (with the exception of being shown pornography) was in Generation Z, a cohort in which CSA was also most likely to have been experienced at an older age (13-18 years old) and with a stranger as the perpetrator. No previous studies have specifically examined differences between generations in Spain. Instead, prevalence meta-analyses are usually limited to confirming or replicating data across different decades (Pereda et al., 2009a). Although the percentages of CSA experiences we observed in Generation Z remain alarming, the lower comparative rates may suggest that this new generation of women is more protected against such events, as described in research in other countries (Dunne et al., 2003). This could be the result of social changes, prevention programs, or increased societal awareness about CSA (Save The Children, 2012b; World Vision, 2019).

In our sample the first episode most frequently occurred between the ages of 6 and 12 years, a finding consistent with previous studies indicating that children under the age of 13 are most vulnerable to sexual abuse (Pereda & Forns, 2007). Also in line with previous studies, the perpetrator was in most cases a male who was known to the victim (Mohler-Kuo et al., 2014). However, the percentages for abuse by a stranger were also high. Previous studies suggest that the relationship to the perpetrator may differ depending on the age of the victim (Finkelhor & Shattuck, 2012), and we will return to this issue below. Approximately half of participants talked to someone about their experiences, mainly with their mother or a schoolmate/peer of the same age. Although this percentage is slightly higher than reported previously (London et al., 2003; Ullman, 2007), the fact that half of the women in our sample did not disclose the abuse highlights the need for continued efforts (e.g., through prevention programs) to raise awareness about the importance of speaking out and seeking help, especially given the known psychological impact of non-disclosure (Broman-Fulks et al., 2007).

Different variables in relation to age at the time of the first episode are analyzed. The results showed that when sexual abuse first occurs before the age of 6 years, it more frequently involves different types of abuse and more physical contact, and the perpetrator is more likely to be a family member or known person. This is consistent with other studies which found that the younger the victim, the more likely it was that the abuser was a family member or acquaintance (Pereda & Forns, 2007). This suggests that the victim's age when abuse begins and the relationship to

the perpetrator are key variables to consider when analyzing CSA. Victims under 6 years of age and perpetrators who are known persons appear to be factors that predict a more complex abuse context and experience, since early abuse experiences with a known or family perpetrator are associated with having suffered more different types of sexual abuse and events involving physical contact.

This study has certain limitations that must be acknowledged. First, the use of a non-random sampling method may restrict the generalizability of the findings to the general population. Furthermore, the fact that participants were recruited by snowball sampling means that our data are susceptible to self-selection bias. Second, although an online data collection method can help to ensure anonymity, it allows researchers less control. Another issue to consider here is that older women with less experience of or limited access to the internet may have been discouraged from participating. Finally, our data may be affected by recall bias due to retrospective reporting. Further research is required to obtain prevalence data from representative samples in Spain, including men.

Despite these limitations, the present study extends knowledge by providing up-to-date information of CSA in the Spanish context. Here we gathered data from a large sample of Spanish women by means of an online questionnaire, thus ensuring anonymity. The results show that CSA is a serious problem in our country, with high rates of different CSA experiences. Importantly, differences between generations were examined for the first time in Spain, showing a lower prevalence of CSA among the youngest generation of adult women. We also explored whether the relationship to the perpetrator differed depending on the age of the victim at the time of the first episode.

Overall, our results highlight the important and complex problem that our society is facing. In recent decades, public campaigns and programs have raised societal awareness about CSA (Tabachnick & Dawson, 2000). However, although research suggests that society today is more concerned about this kind of abuse, our understanding of some of its characteristics and how best to tackle the problem remains unclear (Kleban & Jeglic, 2012). What is clear is that we need to adopt a multidisciplinary and multifaceted approach, encompassing policy, legislation, organizational practices, community education, and programs for improving individual skills (McCartan et al., 2014). Researchers have an important role to play in communicating the scientific findings, including as regards the extent of the problem. We encourage researchers to continue investigating the problem of CSA in all its complexity, obtaining representative data and examining generational differences in order to expand knowledge.

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References

- Barth, J., Bermetz, L., Heim, E., Trelle, S., & Tonia, T. (2013). The current prevalence of child sexual abuse worldwide: A systematic review and meta-analysis. *International Journal of Public Health*, 58, 469-483. http://doi.org/10.1007/s00038-012-0426-1
- Broman-Fulks, J. J., Ruggiero, K. J., Hanson, R. F., Smith, D. W., Resnick, H. S., Kilpatrick, D. G., & Saunders, B. E. (2007). Sexual assault disclosure in relation to adolescent mental health: Results from the National Survey of Adolescents. *Journal of Clinical Child and Adolescent Psychology*, 36, 260-266. http://doi.org/10.1080/15374410701279701
- Cantón, D., & Justicia, F. (2008). Afrontamiento del abuso sexual infantil y ajuste psicológico a largo plazo [Coping with child sexual abuse and long-term psychological adjustment]. *Psicothema*, 20, 509-515.
- Cantón-Cortés, D., Cortés, R., & Cantón, J. (2020). Child sexual abuse and suicidal ideation: The differential role of attachment and emotional security in the family system. *International Journal of Environmental* Research and Public Health, 17, 3163. http://doi.org/10.3390/ ijerph17093163
- Chiu, G. R., Lutfey, K. E., Litman, H. J., Link, C. L., Hall, S. A., & McKinlay, J. B. (2013). Prevalence and overlap of childhood and adult physical, sexual, and emotional abuse: A descriptive analysis of results from the Boston Area Community Health (BACH) survey. *Violence and Victims*, 28, 381-402. http://doi.org/10.1891/0886-6708.11-043
- Collin-Vézina, D., Daigneault, Î., & Hébert, M. (2013). Lessons learnt from child sexual abuse research: Prevalence, outcomes and preventive strategies. *Child Adolescence Psychiatry Mental Health*, 7, 22. http:// doi.org/10.1186/1753-2000-7-22
- De Paúl, J., Milner, J. S., & Múgica, P. (1995). Childhood maltreatment, childhood social support, and child abuse potential in a Basque sample. *Child Abuse & Neglect*, 19, 907-920.
- Dimock, M. (2019). Defining generations: Where Millennials end and Generation Z begins. Pew Research Center. https://pewrsr.ch/2szqtJz
- Dunne, M. P., Purdie, D. M., Cook, M. D., Boyle, F. M., & Najman, J.M. (2003). Is child sexual abuse declining? Evidence from a population-based survey of men and women in Australia. *Child Abuse & Neglect*, 27, 141-152. http://doi.org/10.1016/s0145-2134(02)00539-2
- Ferragut, M., Rueda, P., Čerezo, M. V., & Ortiz-Tallo, M. (2020). What do we know about child sexual abuse? Myths and truths in Spain. *Journal of Interpersonal Violence*, 1-19. http://doi. org/10.1177/0886260520918579
- Fillipas, H. H., & Ullman, S. E. (2006). Child sexual abuse, coping responses, self-blame, post-traumatic stress disorder and adult sexual revictimization. *Journal of Interpersonal Violence*, 21, 652-672. http://doi.org/10.1177/0886260506286879_
- Finkelhor, D. (1994). The international epidemiology of child sexual abuse. Child Abuse & Neglect, 18, 409-417.
- Finkelhor, D., Ormrod, R., Turner, H. A., & Hamby, S. L. (2012). Child and youth victimization known to school, police, and medical officials in a national sample of children and youth. Juvenile Justice Bulletin (No. NCJ 235394). United States Department of Justice, Office of Juvenile Justice and Delinquency Prevention.
- Finkelhor, D., & Shattuck, A. (2012). Characteristics of crimes against juveniles. Crimes against Children Research Center.
- Fricker, A. E., Smith, D. W., Davis, J. L., & Hanson, R. F. (2003). Effects of context and question type on endorsement of childhood sexual abuse. *Journal of Traumatic Stress*, 16, 265-268.
- Guziak, M. A. (2020). Child sexual abuse among Polish adult population: Prevalence and abuse characteristics. *The Lost Childhood Association*, 1-19. http://doi.org/10.13140/RG.2.2.22674.27844
- Hornor, G. (2010). Child sexual abuse: Consequences and implications. Journal of Pediatric Health Care, 24, 358-364. http://doi.org/10.1016/j. pedhc.2009.07.003
- Játiva, R., & Cerezo, M.A. (2014). The mediating role of self-compassion in the relationship between victimization and psychological maladjustment in a sample of adolescents. *Child Abuse & Neglect*, 38, 1180-1190. http://doi.org/10.1016/j.chiabu.2014.04.005
- Kleban, H., & Jeglic, E. (2012). Dispelling the myths: Can psychoeducation change public attitudes towards sex offenders? *Journal of Sexual Aggression*, 18, 178-193. https://doi.org/10.1080/13552600.2011.552795

- London, K., Bruck, M., Ceci, S., & Shuman, D. (2003). Disclosure of child sexual abuse: What does the research tell us about the ways that children tell? *Psychology, Public Policy, and Law, 11*, 194-226. http:// doi.org/10.1037/1076-8971.11.1.194
- López, F., Carpintero, E., Hernández, A., Martín, M. J., & Fuertes, A. (1995). Prevalencia y consecuencias del abuso sexual al menor en España [Prevalence and consequences of child sexual abuse in Spain]. Child Abuse & Neglect, 19, 1039-1050.
- McCartan, K. F., Kemshall, H., & Tabachnick, J. (2014). The construction of community understandings of sexual violence: Rethinking public, practitioner and policy discourses. *Journal of Sexual Aggression*, 21, 100-116. https://doi.org/10.1080/13552600.2014.945976
- Mohler-Kuo, M., Landolt, M. A., Maier, T., Meidert, U., Schönbucher, V., & Schnyder, U. (2014). Child sexual abuse revisited: A population-based cross-sectional study among Swiss adolescents. *Journal of Adolescence Health*, *54*, 304-311. http://doi.org/10.1016/j.jadohealth.2013.08.020
- Mullers, E. S., & Dowling, M. (2008). Mental health consequences of child sexual abuse. *British Journal of Nursing*, 17, 1428-1433. http://dx.doi.org/10.12968/bjon.2008.17.22.31871
- Muñiz, J., & Fonseca-Pedrero, E. (2019). Diez pasos para la construcción de un test [A ten-step guide to test construction]. *Psicothema*, 31, 7-16. https://doi.org/10.7334/psicothema2018.291
- Murray, L. K., Nguyen, A., & Cohen, J. A. (2015). Child sexual abuse. Child and Adolescent Psychiatric Clinics of North America, 23, 321-337. http://doi.org/10.1016/j.chc.2014.01.003
- Ordóñez-Camblor, N., Fonseca-Pedrero, E., Paino, M., García-Álvarez, L., Pizarro-Ruiz, J.P., & Lemos-Giráldez, S. (2016). Assessment of early traumatic experiences in adults. *Papeles del Psicólogo*, 37, 36-44.
- Pan, Y., Lin, X., Liu, J., & Zhang, S. (2020). Prevalence of childhood sexual abuse among women using the Childhood Trauma Questionnaire: A worldwide meta-analysis. *Trauma, Violence, & Abuse*, 1-11. http://doi. org/10.1177/1524838020912867
- Pereda, N. (2016) ¿Uno de cada cinco?: Victimización sexual infantil en España [One in five? Child sexual victimization in Spain]. *Papeles del Psicólogo*, 37, 126-133.
- Pereda, N., Abad, J., & Guilera, G. (2016). Lifetime prevalence and characteristics of child sexual victimization in a community sample of Spanish adolescents. *Journal of Child Sexual Abuse*, 25, 142-158. https://doi.org/10.1080/10538712.2016.1123791
- Pereda N., & Forns, M. (2007). Prevalencia y características del abuso sexual infantil en estudiantes universitarios españoles [Prevalence and characteristics of child sexual abuse in Spanish university students]. Child Abuse & Neglect, 31, 417-426. http://doi.org/10.1016/j.chiabu.2006.08.010
- Pereda, N., Guilera, G., & Abad, J. (2014). Victimization and polyvictimization of Spanish children and youth: Results from a community sample. *Child Abuse & Neglect*, 38, 640-649. http://dx.doi.org/10.1016/j.chiabu.2014.01.019
- 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, 331-342. http://doi. org/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, 328-338. http://doi. org/10.1016/j.cpr.2009.02.007
- Save The Children (2012a). La justicia española frente al abuso sexual infantil en el entorno familiar. Un análisis de casos a la luz de los estándares internacionales de derechos humanos [The Spanish judiciary and child sexual abuse in the family environment: An analysis of cases in the light of international human rights standards]. Save The Children. https://www.savethechildren.es/sites/default/files/imce/docs/informe_justicia_esp_abuso_sexual_infantil_vok-2.pdf
- Save the Children (2012b). Guía de recursos para la prevención y atención del abuso y la explotación sexual infantil [Resource guide for the prevention and care of child sexual abuse and exploitation]. Save The Children. https://www.savethechildren.es/sites/default/files/imce/docs/guia_de_recursos_prevencion_abuso_sexual_infantil_2012_v2.pdf

- Singh, M. M., Parsekar, S. S., & Nair, S. N. (2014). An epidemiological overview of child sexual abuse. *Journal of Family Medicine and Primary Care*, *3*, 430-435. http://doi.org/10.4103/2249-4863.148139
- Soler, L., Paretilla, C., Kirchner, T., & Forns, M. (2012). Effects of polyvictimization on self-esteem and post-traumatic stress symptoms in Spanish adolescents. *European Child & Adolescent Psychiatry*, 21, 645-653. http://doi.org/10.1007/s00787-012-0301-x
- Stoltenborgh, M., Van Ijzendoorn, M. H., Euser, E., & Bakermans-Kranenburg, M. (2011). A global perspective on child sexual abuse: Meta-analysis of prevalence around the world. *Child Maltreat*, 16, 79-101. http://doi.org/10.1177/1077559511403920
- Tabachnick, J., & Dawson, E. (2000). Stop it now! Vermont: A four-year program evaluation (1995-1999). Offender Programs Report, 1, 49.
- Ullman, S. E. (2007). Relationship to perpetrator, disclosure, social reactions, and PTSD symptoms in child sexual abuse survivors. *Journal of Child Sexual Abuse*, 16, 19-36. http://doi.org/10.1300/J070v16n01_02
- World Health Organization (2003). *Guidelines for medicolegal care for victims of sexual violence*. World Health Organization. https://apps.who.int/iris/bitstream/handle/10665/42788/924154628X.pdf?sequence=1
- World Health Organization (2016). Child maltreatment. World Health Organization. http://www.who.int/mediacentre/factsheets/fs150/es/
- World Vision (2019). *Child rights: History, facts & how to protect them.* https://www.worldvision.com.au/child-rights