

What Do We Know About Child Sexual Abuse? Myths and Truths in Spain

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Abstract

Child sexual abuse (CSA) is a terrible type of maltreatment that can have serious physical and psychological consequences for victims. These consequences include shame and are often taboo in conversation, which makes CSA very difficult to see. Therefore, multiple myths exist about CSA that can lead to misperceptions regarding issues such as its context, prevalence, and consequences. What is unknown cannot be addressed; therefore, the aim of this work was to investigate Spanish participants' knowledge about CSA as well as examine gender and educational level differences. A 10-item questionnaire comprising myths and truths about CSA was developed, taking into account existing literature. Participants ($N = 1,540$) had to rate their level of agreement with the statements. Some important aspects of CSA remain unclear, particularly in terms of the background of the victims (e.g., gender, educational level, CSA prevalence). Significant differences in the perception of CSA between men and women and among those with various educational levels were found: Men and people with lower levels of education held more myths about CSA. In conclusion, better knowledge about CSA is needed to get people involved

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in its prevention. We must consider the myths and truths about CSA when designing prevention programs and tailor educational programs to the target population.

Keywords

child sexual abuse, myths, childhood, maltreatment, gender

Introduction

Child sexual abuse (CSA) is a terrible type of mistreatment of children. It is defined as a situation where a child is used as a sexual stimulus by a person with whom they maintain an asymmetric relationship, that is, there exists inequality in age, maturity, or authority (Lameiras et al., 2008). "Children do not fully comprehend this situation and cannot give consent, so that violates the laws or social taboos of society" (World Health Organization [WHO], 1999, p. 15).

CSA is a global problem that affects children, families, communities, and society. It has serious consequences for the victims, not only in their childhood but also throughout their lives. Victims of CSA can suffer physical, emotional, behavioral, and sexual disorders, especially disorders related to posttraumatic stress (Hornor, 2010; Lameiras et al., 2008; Münzer et al., 2016).

The prevalence of CSA is a difficult issue to address because of the nature of the problem. The perpetrator is usually a person with authority, dominion, and closeness to the victim. UNICEF (2017) estimates that 85% of cases of CSA occurs within the family. Many victims and their families are reluctant to disclose CSA because of the tremendous shame experienced. Some victims do not recognize that their experience was CSA until adulthood. Thus, CSA is difficult to identify and expose.

Research in the area of CSA in Spain is scarce (Pereda et al., 2016), and the majority of the studies are vague, old, and largely carried out only with university students in a small sample size. Also, there is no consistency in the way CSA is identified and assessed, making it difficult to reach supported conclusions about the topic. The secrecy and silence surrounding CSA and the lack of explicit scientific information has led to the persistence of myths and mistaken beliefs about the nature of CSA, its prevalence, and the victims (Echeburúa & Guerricaechevarría, 2000).

The lack of research and common erroneous beliefs can skew the measured prevalence of CSA. Furthermore, this misinformation plays a negative role in CSA prevention since the causes of CSA are misattributed to factors

that are not really associated with the problem, such as the characteristics of the victim, the psychopathology of the aggressor, and low socioeconomic status (Cromer & Goldsmith, 2010). Myths and the absence of rigorous scientific information diminish the knowledge of CSA and make it difficult to provide resources to help the victim disclose and report the experience of sexual abuse (Somer & Szwarcberg, 2001). In addition, these popular myths hinder two processes: the disclosure of the victim's abuse and the credibility of the report for others, thus exacerbating the problem and its consequences (Cromer & Freyd, 2007, 2009).

It is important to investigate the knowledge and myths of today's society to have a better understanding of this topic. A real and accurate knowledge about CSA may help to bring to light the secrets around this topic. With an accurate understanding of CSA, it is possible to develop effective policies to address and prevent the problem.

Some authors have contributed to the scientific literature regarding CSA by developing scales such as the Child Sexual Abuse Myths Scale (Collings, 1997) and by carrying out popular myths meta-analyses (Cromer & Goldsmith, 2010). However, every study employs a different methodology to collect data. Studies published in Spain on CSA are scarce and have analyzed small samples of university students (Pereda et al., 2012; Rosado et al., 2016). New studies are needed, utilizing larger samples of the Spanish population, to examine the current myths about CSA in Spain.

Prior research on myths and facts of CSA demonstrate commonalities and consistencies in research findings across studies conducted in different geographic areas. This study aimed to examine the most commonly accepted myths and truths.

First, myths about the victims' characteristics and aspects related to childhood have been identified in previous studies. It is generally believed that children should not know much about sexuality, as it may negatively affect them, scare them, or tarnish "childhood innocence" (Chen & Chen, 2005; Walsh et al., 2012; Wurtele, 2009). The taboo against talking with children about sexuality makes the tasks of prevention programs challenging and discourages sexually abused children from disclosing their abuse (WHO, 2016).

Second, another myth about CSA is that the victims are exclusively female. Although studies show a higher prevalence of CSA among girls, boys also experience sexual abuse (Chapleau et al., 2008; Chen et al., 2007; Cromer & Goldsmith, 2010; Self-Brown et al., 2008). Furthermore, false beliefs about men who have been victims of CSA are still very prevalent. For instance, it is believed that men who have been victims of CSA are homosexual in orientation (Putnam, 2003), even reported in scientific literature an association between childhood maltreatment and same-sex sexuality in

adulthood (Roberts et al., 2013). These results and ideas have been hardly refuted, demonstrating that these are erroneous conceptions and that this “abuse model” is incorrect (Rind, 2013).

Third, a myth that has been identified in previous studies states that CSA only occurs in low sociocultural environments. Traditionally, a low sociocultural level is known to be a risk factor in the study of child maltreatment (Morris et al., 2019; Zaldívar et al., 1998), which may support the myth that CSA only occurs in families with specific characteristics (e.g., low income, disorganized, unstable). However, evidence shows that the CSA can occur irrespective of socioeconomic status and sociocultural level (Echeburúa & Guerricaechevarría, 2000; Finkelhor, 1993).

In fourth place, another myth that is very popular in a legal context (e.g., during divorce or litigation between adults) is the belief that children can invent the story of abuse. This myth focuses on the idea that children (in most cases with their mother’s influence) make up abuse stories, particularly in cases of marital breakdowns (Brown et al., 2001; Collings, 1997; Cromer & Goldsmith, 2010). However, scientific data state that false allegations of CSA are found only in 2% of the complaints in court (Oates et al., 2000; Trocme et al., 2003). There are also some myths related to the belief that children sometimes behave in a “seductive” manner or even enjoy the sexual contact with the adult, which serve to diffuse the responsibility of the perpetrator (Cromer, 2006; Cromer & Goldsmith, 2010).

It has been found that a high percentage of people think that CSA is extremely rare or does not occur close to them (Cromer & Goldsmith, 2010; Lau et al., 1999). This belief is widespread, although recent studies show that the population is becoming increasingly aware about the real percentages of abused victims (Márquez-Flores et al., 2016). This myth has been refuted through various meta-analysis researches that concluded that about 8% of men and 20% of women report experiences of sexual abuse during their childhood (Finkelhor, 1993; Pereda et al., 2009; WHO, 2016). These findings reveal that CSA is not at all rare. It would be important to clarify to what extent the general population in Spain is aware of the prevalence of CSA.

Common misperceptions and stereotypes about abuser, for example, thinking about the abuser as a “dirty strange man,” prevail in society (Cromer & Goldsmith, 2010). Traditionally, adults view a perpetrator as a male stranger who has psychological problems or difficulties with impulse control (Chen et al., 2007; Collings, 1997; Pereda et al., 2012) and assume that abusers were abused in their childhood (Leach et al., 2016). These myths about the abusers perpetuate the belief that children hate the abuser and that abuse is easy for other adults to detect. In contrast, scientific literature shows that abuser profiles can vary, and that they are a heterogeneous group without a specific psychopathology (Cromer & Goldsmith, 2010). Furthermore, perpetrators of

sexual abuse are usually adults with authority and closeness to the victim, whom the victim loves and trusts (WHO, 2016). Statistics also support the fact that being sexually abused in childhood does not make one any more likely to become a perpetrator of sexual abuse (Leach et al., 2016).

As seen previously, popular knowledge about CSA may include most of the myths described. Research examining gender differences informs us that women are more sensitized than men about CSA, are more likely to have discussions about sexual abuse, are more likely to be part of the prevention programs, and are less likely to believe myths about CSA (Chen et al., 2007; Tang & Yan, 2004; Wurtele et al., 1992). Furthermore, other studies show differences in CSA knowledge between educational levels. The results in this area are controversial; however, a number of studies point to an association of better, more accurate knowledge about CSA in people with a higher level of education (Pereda et al., 2012; Xenos & Smith, 2001).

We live in the “information-era.” Never, in the history of mankind, has information and knowledge been so accessible. However, CSA remains unknown or misunderstood due to shame, pain, or fear. In light of the scientific literature concerning myths and beliefs about this topic, we aimed to gain knowledge about the current state of myths and truths in Spain by asking these questions: What myths about CSA are still held among the people of Spain? Are there differences between men and women regarding their knowledge about CSA? And also, are there differences between the educational level in the CSA knowledge? Based on the literature review, we hypothesized that Spanish adults still believe some myths about CSA. In line with previous research, we hypothesized that women and people with a higher educational level have more accurate knowledge.

Method

Participants

Participants included 1,540 adults between 18 and 85 years ($M = 43.52$; $SD = 13.11$). Of these, 77.1% were women ($N=1,187$). According to the educational levels, 73.1% had completed university studies, 8.5% had completed school studies, and 18.4% fell in the category of other studies. The nationality of all participants was Spanish.

Instruments

To answer the questions proposed, we created an online questionnaire comprising myths and truths about CSA. A deep literature review about CSA

was carried out. Different scientific instruments to assess myths were examined to include the most relevant aspects about CSA. Ten issues regarding CSA were selected and included in our survey after this analysis of previous studies. This decision was made based on previous questionnaires developed a long time ago, with no published version in Spanish. Therefore, the first aim was to develop a Spanish survey about the prominent myths and truths about the CSA.

Our questionnaire included 10 affirmations reflecting facts on CSA that, according to scientific literature, remain unclear to most people (see Table 1). This questionnaire was online between July and December 2018. The questions were about the prevalence of CSA (Item 3), characteristics of the victims (Items 1, 2, 4, 7, 9), characteristics of the abusers (Items 5, 6, 10), what CSA is, and what it is not (Item 8). Participants responded to the questions using a Likert-type scale ranging from 0 to 5 (0 = *absolutely disagree*; 5 = *absolutely agree*). Seven of the items referred to CSA myths, so the higher the score, the greater the belief in these myths (Items 1, 2, 4, 7, 8, 9, 10). The remaining three items referred to truths about CSA (Items 3, 5, 6), where a high score indicated better knowledge about CSA. An adequate knowledge of the questions would be indicated by high percentages of disagreement with the myths and agreement with the truths.

Demographic questions about age, gender, educational level, and nationality were also asked. Privacy and confidentiality were assured; no name or any other identifiable information was asked.

Procedure

The data collection was done through online platforms, and we obtained anonymous and voluntary responses. Requests for collaboration in the survey with a link was sent via mass email and forwarding, and the responses were stored in a Google Doc form. To assure the participants' anonymity, no sign in or personal information was required to respond. The platforms used to send the survey were email and social networks (Facebook, WhatsApp, and Twitter). A total of 1,561 responses were collected in 6 months through the open survey, up until the time of the statistical analysis. The data were transferred to the statistical package SPSS for analysis. Twenty-one participants were excluded from the analysis, as they did not meet the inclusion criteria. The inclusion criteria were that participants had to (a) be over 18 years old and (b) respond to all the questions in the survey.

Table 1. Myths and Truths About CSA Assessed.

Item	Myths	Truths	M (SD)	References
1	<i>Children should not know much about sexuality or abuse because they can get scared</i> (Children's knowledge)		1.55 (0.98)	Chen and Chen (2005) Walsh et al. (2012) World Health Organization (WHO, 2016) Wurtele (2009)
2	<i>Abuse victims are always girls</i> (Gender)		1.79 (1.16)	Chapleau et al. (2008) Chen et al. (2007) Cromer and Goldsmith (2010) Self-Brown et al. (2008)
3		<i>About 20% of population have suffered CSA</i> (Prevalence)	3.43 (1.16)	Cromer and Goldsmith (2010) Finkelhor (1993) Lau et al. (1999) Pereda et al. (2009) WHO (2016)
4	<i>CSA is more common in families with low socioeconomic level</i> (Socioeconomic status)		2.31 (1.23)	Echeburúa and Guerricaechevarria (2000) Finkelhor (1993) Morris et al. (2019) Zaldivar et al. (1998)
5		<i>Abusers do not have to be mentally ill</i> (Abuser's health)	4.05 (1.32)	Chen et al. (2007) Collings (1997) Pereda et al. (2012)
6		<i>The person who abuses a child is usually someone close to them</i> (Abuser relationship)	4.26 (0.92)	Cromer and Goldsmith (2012) WHO (2016)
7	<i>Children sometimes make up stories of abuse</i> (Children's inventions)		1.86 (0.95)	Brown et al. (2001) Collings (1997) Oates et al. (2000) Trocmé et al. (2003)
8	<i>If the child enjoys the sexual contact, it is not considered an abuse</i> (Children's enjoyment)		1.27 (0.80)	Cromer (2006) Cromer and Goldsmith (2010)
9	<i>Children who have suffered CSA always hate the adult who has abused them</i> (Hate abuser)		2.78 (1.36)	Cromer and Goldsmith (2010) WHO (2016)
10	<i>Children who suffer abuse become abusers in adulthood</i> (Future abuser)		2.06 (1.12)	Leach et al. (2016)

Note. The table describes studies' references about each item and descriptive statistics (means and standard deviations) for each item ($N = 1,540$; minimum = 1, maximum = 5). In myths, the lower the media obtained, the better the knowledge about CSA. In truths, the opposite, the higher the media, the better the knowledge. CSA = child sexual abuse.

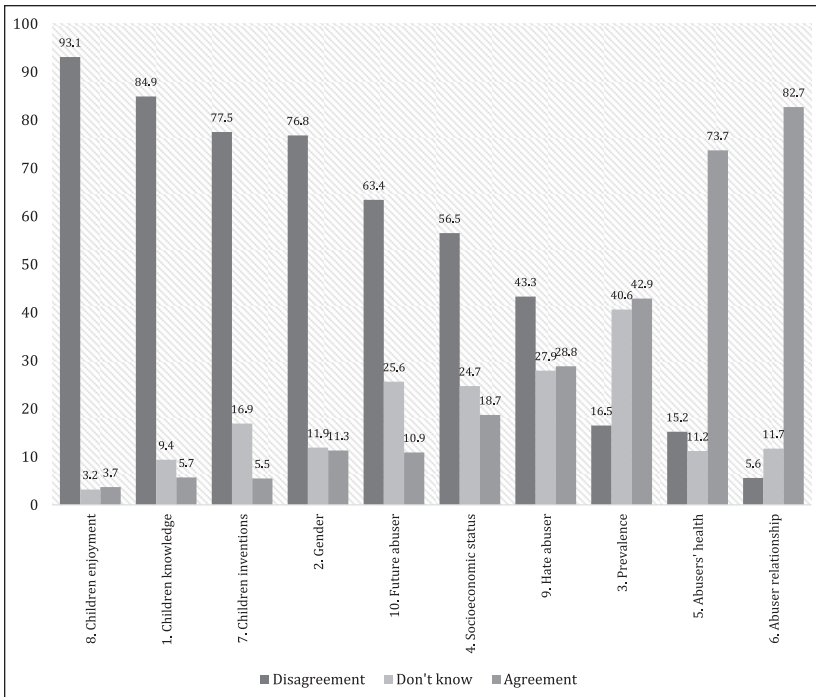


Figure 1. Percentages of agreement, disagreement, and “don’t know” answers for each item.

Results

Descriptive data obtained for each item are shown in Table 1.

Among the *myths*, the one that obtained a low score was “if the child enjoys the sexual contact, it is not considered an abuse.” Among the *truths*, the one that most participants agreed with was “the person who abuses a child is usually someone close.” Both of the scores indicated adequate knowledge held by the participants.

In general, the participants obtained scores indicating that they have realistic information in terms of some of the questions, as we can see in the following items (percentages data can be seen in Figure 1):

Myths

- 93.1% disagree or strongly disagree with Item 8: “If the child enjoys the sexual contact, it is not considered an abuse.”
- 84.9% disagree or strongly disagree with Item 1: “Children should not know much about sexuality or abuse because they can get scared.”

- 77.5% disagree or strongly disagree with Item 7: “Children sometimes make up stories of abuse.”
- 76.8% disagree or strongly disagree with Item 2: “Abuse victims are always girls.”

Truths

- 82.7% agree or strongly agree with Item 6: “The person who abuses a child is usually someone close to them.”
- 73.4% agree or strongly agree with Item 5: “Abusers do not have to be mentally ill.”

On the other hand, there are some items that are not known or remain unclear, thus showing a higher variability in the answers:

Myths

- 63.4% disagree or strongly disagree with item 10: “Children who suffer abuse become abusers in adulthood,” and 25.6% of the participants answered “don’t know.”
- 56.5% of participants disagree or strongly disagree with Item 4: “CSA is more common in families with low socioeconomic level,” and 24.7% answered “don’t know.”
- 43.3% disagree or strongly disagree with Item 9: “Children who have suffered CSA always hate the adult who has abused them,” and 27.9% answered “don’t know.”

Truths

- 40.6% of the participants responded “don’t know” to Item 3: “About 20% of population have suffered CSA,” and 42.9% agree or strongly agree.

Due to the great difference in the number of men and women, to perform comparisons between genders, a randomized sample of women ($N = 338$) was extracted using a SPSS procedure. The descriptive statistics are shown in Table 2 for each group. Demographic variables are equated on each category. Ten analyses of variance (ANOVAs) 2×3 were performed (one for each of the items) being gender and educational level (school studies, university, and others) factors. The dependent variables were the items of the survey (see Table 3).

The items referring to myths that showed a statistically significant effect were as follows:

- For Item 1 “Children should not know much about sexuality or abuse because they can get scared,” the analysis showed a statistically significant effect for gender, $F(1, 685) = 10.43$; $p = .001$,

Table 2. Sample's Descriptive Statistics for Comparison Between Men and Women.

Demographic Variables	Men (N = 353)	Women (N = 338)
Age		
M	44.97	42.81
SD	14.79	12.65
Educational level (%)		
School	9.9	8.3
University	74.5	74.3
Others	15.6	17.5

Table 3. Means (Standard Deviations) of Each ANOVA Analysis for the Significant Items.

Variables	School	University	Others	Total
Item 1: Children's knowledge				
Men	2.31 (1.57)	1.62 (0.99)	1.80 (1.14)	1.71 (1.10)*
Women	1.75 (1.32)	1.38 (0.82)	1.54 (1.02)	1.44 (0.91)*
Total	2.06 (1.48)*	1.50 (0.92)	1.67 (1.09)	1.58 (1.02)
Item 2: Gender				
Men	2.31 (1.41)	1.76 (1.12)	1.84 (1.26)	1.83 (1.18)
Women	1.93 (1.12)	1.66 (1.08)	1.75 (1.18)	1.70 (1.10)
Total	2.14 (1.29)*	1.71 (1.10)*	1.79 (1.21)	1.76 (1.14)
Item 4: Socioeconomic status				
Men	2.77 (1.37)	2.56 (1.21)	2.69 (1.34)	2.60 (1.25)*
Women	2.25 (1.24)	2.22 (1.20)	2.46 (1.38)	2.26 (1.24)*
Total	2.54 (1.33)	2.39 (1.22)	2.57 (1.36)	2.43 (1.25)
Item 7: Children's inventions				
Men	2.03 (1.10)	2.21 (0.98)	1.89 (0.90)	2.14 (0.99)*
Women	1.61 (0.99)	1.78 (0.86)	1.73 (0.78)	1.76 (0.86)*
Total	1.84 (1.07)	2.00 (0.95)	1.81 (0.84)	1.95 (0.95)
Item 8: Children's enjoyment				
Men	1.49 (0.78)	1.40 (0.95)	1.33 (0.82)	1.40 (0.92)*
Women	1.11 (0.31)	1.23 (0.75)	1.14 (0.60)	1.20 (0.70)*
Total	1.32 (0.64)	1.32 (0.86)	1.23 (0.72)	1.30 (0.82)
Item 9: Hate abuser				
Men	3.77 (1.16)	2.79 (1.21)*	3.15 (1.45)	2.95 (1.28)
Women	3.18 (1.31)	2.46 (1.30)*	3.51 (1.26)	2.70 (1.36)
Total	3.51 (1.26)	2.63 (1.27)*	3.33 (1.36)	2.83 (1.32)

Note. Factors: gender and educational level. ANOVA = analyses of variance.

*Means with statistical significant differences.

where men scored higher than women, and for educational level, $F(1, 685) = 8.55$; $p < .001$, the school studies group achieved a higher score. However, the interaction between gender and educational level did not show statistical significance.

- Item 2 “Abuse victims are always girls” presented a statistically significant difference between the educational levels, $F(1, 685) = 3.70$; $p = .02$, and those in the school studies category scored higher than those in university studies one.
- Item 4 “CSA is more common in families with low socioeconomic level” showed a significant effect in terms of gender, $F(1, 685) = 7.24$; $p = .007$, where men obtained a higher score.
- For Item 7 “Children sometimes make up stories of abuse,” significant differences were seen between men and women, $F(1, 685) = 11.07$; $p = .001$, and men scored higher on this item.
- Item 8 “If the child enjoys the sexual contact, it is not considered an abuse” showed a significant effect in terms of gender, $F(1, 685) = 7.66$; $p = .006$, with men obtaining higher scores.
- Item 9 “Children who have suffered CSA always hate the adult who has abused them ” obtained significant differences in terms of educational level, $F(1, 685) = 23.31$; $p < .001$, and also in the interaction of gender with educational level, $F(1, 685) = 4.17$; $p = .016$. In the men’s group, the group who obtained higher scores was the school studies group, followed by “other studies” group, and finally the university studies group. Regarding women, those with the highest agreement were the “other studies” group, followed by the school studies group, and finally the university studies group. In general, the university graduates group were the ones with lowest scores.

Discussion

Talking about CSA is not easy. It is a taboo topic surrounded by shame, fear, and pain. However, it is a reality that not only exists, but occurs more frequently than we think. The European Council estimates that in the European Union, one in five children experience sexual abuse (Lalor & McElvaney, 2011). These numbers indicate how important it is to enhance the visibility of this problem in society, to prevent and help the victims. To work on this topic through research and prevention, we considered it imperative to first investigate the current level of awareness about CSA among the public, because a lack of knowledge coupled with misperceptions about the topic can be an obstacle to involving people in its prevention.

People hold beliefs because that gives them a feeling of control in their environment and a sense of security in knowing how the world functions (Beck & Freeman, 1995). Sometimes these beliefs are false and widespread among the population, thus becoming “myths.” Through the present study, we aimed to examine myths and truths about CSA held among people in Spain. To achieve this goal, we created a survey including both myths and truths. The myths included the gender and socioeconomic level of the victims of CSA, the child’s hatred toward the person who perpetuates the abuse, the child’s enjoyment of the sexual contact, the vitality of sex-education in childhood, and the possibility that the victim becomes an abuser when he or she grows up. The truths included the prevalence of CSA, the prevalence of mental illness among perpetrators of abuse, and the relationship between abuser and victim.

In general, we found that respondents have adequate knowledge about CSA. This was demonstrated by the level of disagreement with the myths and the agreement with the truths. There is still some clarity to be achieved, specifically in myths regarding the socioeconomic level of the families in which CSA occurs (people falsely think that it is more common among families with a low socioeconomic status), the child’s hatred toward the abuser (the more frequent situation is the one where the child loves or simultaneously loves and hates the abuser), and the future of the victim (victims of CSA rarely become abusers when they grow up). In line with the existing literature, the most doubts occurred regarding the prevalence of CSA. Almost half of the participants did not know that the percentage of CSA victims is around 20% (Cromer & Goldsmith, 2010; Finkelhor, 1993; Lau et al., 1999; Pereda et al., 2009; WHO, 2016).

These results were derived from all participants who met the inclusion criteria, which was the general sample. Our analyses aimed to clarify different understandings of CSA based on gender differences and whether these beliefs were associated with educational levels. We did find differences between the genders in terms of the myths held. Men more frequently believed the myths about *children should not know much about sexuality or abuse because they can get scared*, also in the item *CSA is more common in families with low socioeconomic level*, the sentence *children sometimes make up stories of*, and the myth related to the children’s enjoyment of the sexual contact: *if the child enjoys the sexual contact, it is not considered an abuse* (Figure 2).

Not many differences in beliefs were found in relation to levels of education (Figure 3). In fact, these differences were found only for myths about the gender of the victims and the knowledge children should have about sexuality. People with school studies often responded that the victims of CSA are

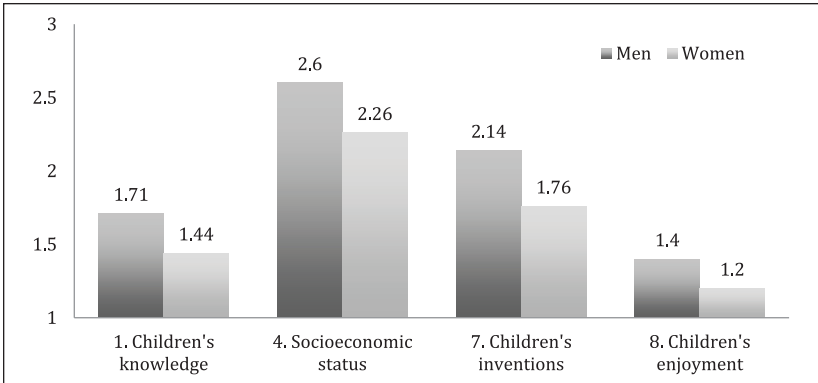


Figure 2. Mean scores of men and women on items with significant gender differences.

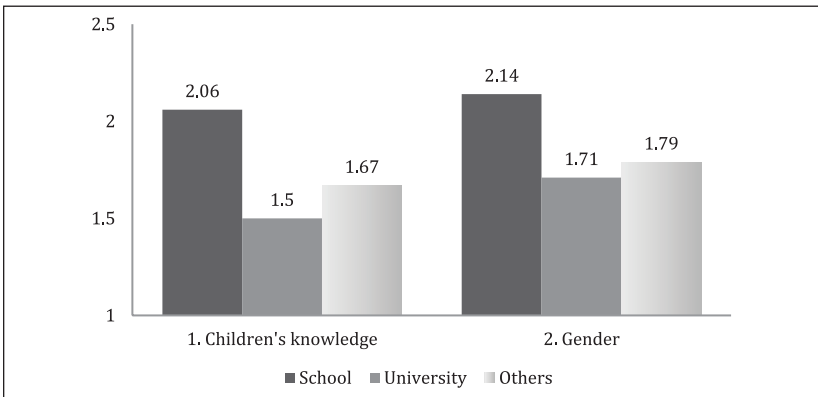


Figure 3. Mean scores for each educational level on significant items.

only girls and that children should not have much information about sexuality because of the fear it may cause. Finally, only the myth regarding the child's hatred toward the abuser was influenced by an interaction of gender and educational level. Women with university degrees disagreed most with this myth (see Figure 4).

An overview of these results reflects that, although respondents have accurate knowledge in terms of some of the assessed ideas about CSA, education and awareness are vital for the aspects that still lack clarity. It is crucial that society knows the real prevalence of this mistreatment of children to become involved in its prevention. CSA is a social problem that

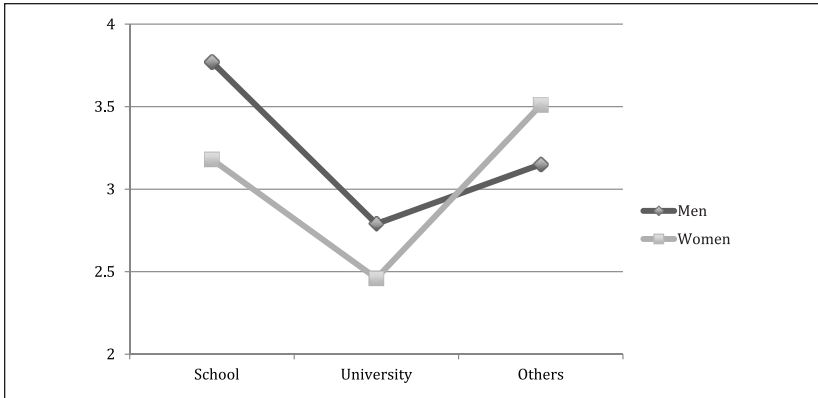


Figure 4. Mean scores for each educational level for men and women separately on the significant interaction on Item 9: Hate abuser.

involves terrible physical and psychological consequences for victims, which prevail throughout their lifetime (Cummings et al., 2012; Shukla & Nair, 2017). The more we know about this matter, the better we can prevent and help the victims.

Our study results demonstrate that women's notions about CSA are more accurate than men's, which is in line with previous studies (Chen et al., 2007; Tang & Yan, 2004; Wurtele et al., 1992). Although further research is needed, we can conclude that this finding may be due to a higher level of sensibility regarding the topic among women. This could be because CSA is more frequent among girls than among boys. We should also consider that women are reported to have a higher tendency to ask for psychological help and are more social and thus show a high interest in other's and in childhood difficulties (Dovidio et al., 2012).

Although our study has some limitations, we would like to place emphasis on the sample size of this study as a strength. To our knowledge, there are no studies to date with such a large number of participants. An important limitation, however, is the small number of male participants in comparison with the female participants, which conditioned the analyses. This issue may be cause for a future research question: Why has it been difficult to collect men's responses about CSA voluntarily? Our experience was that men did forward the survey link but were more reticent to send their response. However, no analyses on this observation have been done. Another possible limitation is the use of a self-report method. However, it was the most appropriate method to use in this case, as we intended to examine people's knowledge about a specific topic. In addition, the different types of sexual abuse

have not been defined, and no information to participants was given previously; so, subjective interpretations of sexual abuse could also be a limitation of this study.

Our study shows that further psychoeducation on CSA is needed to have a society that fully understands this problem and can get involved in its prevention. Based on our results, the efforts should be focused specially on informing and involving men, and making sure that this information reaches all educational levels, with emphasis on the school context. Inviting fathers specifically to programs or workshops carried out in their children's schools can be a first step toward getting them more involved. The beliefs that still lack a sense of clarity (especially to men and people with basic education) are related to the prevalence of CSA, the adults' fear of children's knowledge about sexuality, the stereotypes of lower socioeconomic level families, children's inventions about CSA, and the idea that girls are the only victims. To address these aspects, formal meetings with the families in which information about CSA could be discussed would be desirable. We strongly believe that education is a keystone in the prevention of CSA.

This study aimed to create a platform to examine target issues to address and improve the design of educational prevention programs for adults. Both adults and children need to be prepared and informed. We are currently working on one such program that involves parents, teachers, and children. We discuss the most relevant aspects about CSA through talks and workshops with adults. We work with children in two ways: through a theater play and workshops. The play uses music and fantasy to teach them what CSA is and how it can be prevented. For example, identifying when something makes them feel uncomfortable, understanding that their body is theirs and no one can touch it, and learning how to seek help from an adult. After they see the play, we reinforce the lessons in workshops and work to improve their emotional knowledge.

In the future, designing prevention programs that comprise psychoeducation of society (especially for parents and in the academic context) will be very valuable. It would also be interesting to examine the knowledge about CSA in other countries. International studies would be of interest in this concern and may help to design prevention programs with a better understanding of what specific target populations know and believe. Providing children coping resources for CSA is not sufficient in prevention. Responsible adults have to be conscious of this problem and must possess accurate information. Understanding the real situation regarding education and information should be the first step for every prevention issue.

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References

- Beck, A., & Freeman, A. (1995). *Terapia cognitiva de los trastornos de personalidad* [Cognitive therapy of personality disorders]. Paidós.
- Brown, T., Frederico, M., Hewitt, L., & Sheehan, R. (2001). The child abuse and divorce myth. *Child Abuse Review, 10*, 113–124. <http://dx.doi.org/10.1002/car.671>
- Chapleau, K., Oswald, D., & Russell, B. (2008). Male rape myths: The role of gender, violence, and sexism. *Journal of Interpersonal Violence, 23*, 600–615. <http://dx.doi.org/10.1177/0886260507313529>
- Chen, J. Q., & Chen, D. G. (2005). Awareness of child sexual abuse prevention education among parents of Grade 3 elementary school pupils in Fuxin City, China. *Health Education Research, 20*, 540–547. <http://doi.org/10.1093/her/cyh012>
- Chen, J. Q., Dunne, M. P., & Han, P. (2007). Prevention of child sexual abuse in China: Knowledge, attitudes, and communication practices of elementary school children. *Child Abuse & Neglect, 31*, 747–755. <https://doi.org/10.1016/j.chiabu.2006.12.013>
- Collings, S. T. (1997). Development, reliability, and validity of the Child Sexual Abuse Myth Scale. *Journal of Interpersonal Violence, 12*, 665–674.
- Cromer, L. D. M. (2006). Factors that influence the believing of child sexual abuse disclosures. *Dissertation Abstracts International: Section B. Sciences and Engineering, 67*, 4101.
- Cromer, L. D. M., & Freyd, J. J. (2007). What influences believing Child Sexual Abuse disclosures? The roles of depicted memory persistence, participant gender, trauma history, and sexism. *Psychology of Women Quarterly, 31*, 13–22. <https://doi.org/10.1111/j.1471-6402.2007.00327.x>
- Cromer, L. D. M., & Freyd, J. J. (2009). Hear no evil, see no evil? Associations of gender, trauma history, and values with believing trauma vignettes. *Analyses of Social Issues and Public Policy, 9*(1), 85–96. <https://doi.org/10.1111/j.1530-2415.2009.01185.x>

- Cromer, L. D. M., & Goldsmith, R. E. (2010). Child sexual abuse myths: Attitudes, beliefs, and individual differences. *Journal of Child Sexual Abuse, 19*(6), 618–647. <https://doi.org/10.1080/10538712.2010.522493>
- Cummings, M., Berkowitz, S. J., & Scribano, P. V. (2012). Treatment of childhood sexual abuse: An updated review. *Current Psychiatry Reports, 14*(6), 599–607. <https://doi.org/10.1007/s11920-012-0316-5>
- Dovidio, J. F., Pillavin, J. A., Schroeder, D. A., & Penner, L. A. (2012). *The social psychology of prosocial behavior*. Psychology Press.
- Echeburúa, E., & Guerricaechevarría, C. (2000). *Abuso sexual en la infancia: víctimas y agresores* [Sexual abuse in childhood: Victims and aggressors]. Ariel.
- Finkelhor, D. (1993). Epidemiological factors in the clinical identification of child sexual abuse. *Child Abuse & Neglect, 17*(1), 67–70. [https://doi.org/10.1016/0145-2134\(93\)90009-T](https://doi.org/10.1016/0145-2134(93)90009-T)
- Hornor, G. (2010). Child sexual abuse: Consequences and implications. *Journal of Pediatric Health Care, 24*, 358–364. <https://doi.org/10.1016/j.pedhc.2009.07.003>
- Lalor, K., & McElvaney, R. (2011). Overview of the nature and extent of child sexual abuse in Europe. In Council of Europe (Ed.), *Protecting children from sexual violence—A comprehensive approach* (pp. 13–43). Council of Europe.
- Lameiras, M., Carrera, M. V., & Failde, J. M. (2008). Abusos sexuales a menores: estado de la cuestión a nivel nacional e internacional [Sexual abuse of minors: State of affairs at national and international level]. *Revista d'Estudis de la Violència, 6*, 1–23.
- Lau, J. T. F., Liu, J. L. Y., Yu, A., & Wong, C. K. (1999). Conceptualization, reporting and underreporting of child abuse in Hong Kong. *Child Abuse & Neglect, 23*, 1159–1174. [http://dx.doi.org/10.1016/S0145-2134\(99\)00075-7](http://dx.doi.org/10.1016/S0145-2134(99)00075-7)
- Leach, C., Stewart, A., & Smallbone, S. (2016). Testing the sexually abused-sexual abuser hypothesis: A prospective longitudinal birth cohort study. *Child Abuse & Neglect, 51*, 144–153. <http://dx.doi.org/10.1016/j.chiabu.2015.10.024>
- Márquez-Flores, M., Márquez-Hernández, V., & Granados-Gámez, G. (2016). Teachers' knowledge and beliefs about child sexual abuse. *Journal of Child Sexual Abuse, 25*(5), 538–555. <https://doi.org/10.1080/10538712.2016.1189474>
- Morris, M. C., Marco, M., Maguire-Jack, K., Kouros, C. D., Im, W., White, C., Bailey, B., Rao, U., & Garber, J. (2019). County-level socioeconomic and crime risk factors for substantiated child abuse and neglect. *Child Abuse & Neglect, 90*, 127–138. <https://doi.org/10.1016/j.chiabu.2019.02.004>
- Münzer, A., Fegert, J. M., & Goldbeck, L. (2016). Psychological symptoms of sexually victimized children and adolescents compared with other maltreatment subtypes. *Journal of Child Sexual Abuse, 25*, 326–346. <http://dx.doi.org/10.1080/10538712.2016.1137667>
- Oates, R. K., Jones, D. P., Denson, D., Sirotnak, A., Gary, N., & Krugman, R. D. (2000). Erroneous concerns about child sexual abuse. *Child Abuse & Neglect, 24*, 149–157.
- 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., Arch, M., Guerra-González, R., Llerena, G., Berta-Aleman, M., Saccinto, E., & Gascón, E. (2012). Conocimientos y creencias sobre abuso sexual infantil en estudiantes universitarios españoles. [Knowledge and beliefs of child sexual abuse in Spanish University students]. *Anales de Psicología*, 28, 524–531. <http://dx.doi.org/10.6018/analesps.28.2.148801>
- Pereda, N., Guilera, G., Forns, M., & Gómez-Benito, J. (2009). The prevalence of child sexual abuse in community and student samples: A meta-analysis. *Clinical Psychology Review*, 29, 328–338. <https://doi.org/10.1016/j.cpr.2009.02.007>
- Putnam, F. W. (2003). Ten-year research update review: Child sexual abuse. *Journal of the American Academy of Child & Adolescent Psychiatry*, 42, 269–278. <https://doi.org/10.1097/00004583-200303000-00006>
- Rind, B. (2013). Homosexual orientation—From nature, not abuse: A critique of Roberts, Glymour, and Koenen (2013). *Archives of Sexual Behavior*, 42, 1653–1664. <https://doi.org/10.1007/s10508-013-0080-6>
- Roberts, A. L., Glymour, M. M., & Koenen, K. C. (2013). Does maltreatment in childhood affect sexual orientation in adulthood? *Archives of Sexual Behavior*, 42, 161–171. <https://doi.org/10.1007/s10508-012-0021-9>
- Rosado, J., Garrido, M. A., & Cantón Cortés, D. (2016). University student's beliefs and opinions about sexual aggressions and child sexual abuse. *Archivos de Criminología, Seguridad Privada y Criminalística*, 43(3), 75–90.
- Self-Brown, S., Rheingold, A. A., Campbell, C., & Arellano, M. A. (2008). A media campaign prevention program for child sexual abuse: Community members' perspectives. *Journal of Interpersonal Violence*, 23, 728–743. <http://dx.doi.org/10.1177/0886260507313946>
- Shukla, A., & Nair, A. S. (2017). Mental health disorders in survivors of child sexual abuse. *Global Journal of Advanced Research*, 4, 16–22.
- Somer, E., & Szwarcberg, S. (2001). Variables in delayed disclosure of childhood sexual abuse. *American Journal of Orthopsychiatry*, 71, 332–341. <http://dx.doi.org/10.1037/0002-9432.71.3.332>
- Tang, C. S., & Yan, E. C. (2004). Intention to participate in child sexual abuse prevention programs: A study of Chinese adults in Hong Kong. *Child Abuse & Neglect*, 28, 1187–1197. <http://doi.org/10.1016/j.chiabu.2004.06.008>
- Trocme, N., Tourigny, M., MacLaurin, B., & Fallon, B. (2003). Major findings from the Canadian incidence study of reported child abuse and neglect. *Child Abuse & Neglect*, 27, 1427–1439. <http://dx.doi.org/10.1016/j.chiabu.2003.07.003>
- UNICEF. (2017). *A familiar face: Violence in the lives of children and adolescents*. <https://data.unicef.org/resources/a-familiar-face/>
- Walsh, K., Brandon, L., & Chirio, L. (2012). Mother-child communication about sexual abuse prevention. *Journal of Child Sexual Abuse*, 21, 399–421. <https://doi.org/10.1080/10538712.2012.675424>
- World Health Organization. (1999). *Report of the consultation on child abuse prevention*. Violence and Injury Prevention Team & Global Forum for Health Research. <https://apps.who.int/iris/handle/10665/65900>

- World Health Organization. (2016). *Child maltreatment: Fact sheet*. <https://www.who.int/en/news-room/fact-sheets/detail/child-maltreatment>
- Wurtele, S. K. (2009). Preventing sexual abuse of children in the twenty-first century: Preparing for challenges and opportunities. *Journal of Child Sexual Abuse, 18*, 1–18. <http://dx.doi.org/10.1080/10538710802584650>
- Wurtele, S. K., Kvaternick, M., & Franklin, C. F. (1992). Sexual abuse prevention for preschoolers: A survey of parents' behaviors, attitudes, and beliefs. *Journal of Child Sexual Abuse, 1*, 113–128. http://dx.doi.org/10.1300/J070v01n01_08
- Xenos, S., & Smith, D. (2001). Perceptions of rape and sexual assault among Australian adolescents and young adults. *Journal of Interpersonal Violence, 16*, 1103–1116. <https://doi.org/10.1177/088626001016011001>
- Zaldívar, F., Rubio, V. J., Morales, J. M., & Zunzunegui, M. V. (1998). Factores de riesgo del maltrato infantil: un estudio de casos y controles en el área metropolitana de Madrid. [Risk factors of the child maltreatment: a cases and controls study in metropolitan area of Madrid]. *Journal of Health Psychology, 10*, 53–76.

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