



Evidence-based recommendations for partners and friends of adult survivors of child sexual abuse

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ABSTRACT

Background: Adult disclosure of child sexual abuse (CSA) is often addressed to partners and friends. The risk of negative reactions is high due to the stigma associated with CSA, however receiving social support is a protective factor. Therefore, educating the environment on how to face disclosure becomes crucial. Most education recommendations are focused on young victims, and the few addressed to adults are not evidence-based.

Objective: Our aim was to develop an evidence-based guide of action for adult CSA survivors' relatives.

Methods: First, we conducted a survey with individuals who had never received a disclosure to identify their concerns if they received a testimony of sexual abuse in their environment. The participants here were individuals who had never received a disclosure (N=9, 66.7% female; mean age: 39, SD: 17.63). Next, we elaborated a semi-structured interview based on these concerns to request recommendations from survivors on how to approach them during disclosure plus including questions about how their own disclosure flowed and which emotional needs they had. Finally, we conducted in-depth interviews with CSA survivors, collected their answers and performed a content-based analysis. The participants here were 12 CSA survivors (91.67%, female; mean age: 37.58, SD: 12.42).

Results: In general, disclosure appears to benefit from respecting five principles: (1) respecting survivors' timelines, including not reporting to the police until they feel ready for it (if adults, in case of children immediate report must be done instead); (2) letting them have control over the recipients of their victimization; (3) not associating their victimization with their identity; (4) asking them about their emotional experience rather than about the criminal act and (5) empathizing with each individual's need for forgiveness in three dimensions: themselves (self-blaming), the environment (lack of protection) and the abuser (aggression).

1. Introduction

Child sexual abuse (CSA) is present in all countries. (Cantón-Cortés & Cortés, 2015; Pereda, 2009) with devastating figures: one in five women and one in thirteen men disclose having suffered CSA (World Health Organization (WHO), 2023). However, only 15 % of

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cases of abuse are reported (Ubrich, Ardila, & Bartolomé, 2017) because survivors¹ tend to disclose in adulthood rather than soon after the abuse (Jonzon & Lindblad, 2004; WHO, 2003; Ubrich et al., 2017; Unicef, 2014). Indeed, disclosing during adulthood is not an easy task. Theory on general societal stigma (Kennedy & Prock, 2018) explains that survivors may experience feelings ranging from self-blame and shame to anticipatory stigma and negative social reactions upon disclosure. In the end, disclosure is inherently a dyadic process involving both the survivor, who narrates their experience, and the listener, whose personal experiences, beliefs, religious views, or cultural stereotypes may shape their listening approach. That is why research (Pijlman, Eichelsheim, Pemberton & de Waardt, 2023) has delineated three primary barriers to seeking help: intrapersonal factors, including feelings of shame; interpersonal challenges, such as anticipating negative social responses; and broader sociocultural factors, like community-specific stereotypes about sexual violence. Moreover, the emotional intensity of the information received, its connection to the person's intimate sphere, and the lack of specialized knowledge of trauma and its associated responses may lead listeners to struggle to process disclosures in a supportive manner, potentially causing additional distress to both the survivor and themselves.

However, while the stigma surrounding sexual violence significantly influences a survivor's decision to disclose, it is crucial to note that one of the protective factors against the psychological consequences of sexual abuse during adulthood is precisely an appropriate reaction to disclosure by the survivors' community (Cantón-Cortés & Cortés, 2015; Cortés, Cantón-Cortés, & Cantón, 2011; Echeburúa & De Corral, 2006; Pereda & Sicilia, 2017). However, negative social reactions such as denial or victim blaming are frequent (Pereda, 2011a) due to the aforementioned strong stigma associated with CSA. (Pereda, 2011b; Pereda & Sicilia, 2017) and are related to greater psychopathological symptoms, whereas offering emotional support and information is related to a better psychological state in the survivor (Pereda & Sicilia, 2017) and facilitates psychological adjustment (Marivate & Madu, 2007). Therefore, the victim's symptoms may not only derive from the abusive events, but also from the reaction of the those around them upon disclosure. A cost-effective way of preventing the negative psychological impact of CSA is therefore to educate society on how to respond to disclosure. In other words, investing effort and economic resources into creating guidelines that teach appropriate behaviors, or disseminating information about these issues on widely accessible platforms is necessary for individuals who face the complex situation of responding to unexpected and painful disclosure as well as for survivors, who will face prepared individuals that will facilitate their recovery. This effort has been undertaken with success in emergency situations, such as how to respond to cardiac arrest or stroke, with popular, widely disseminated initiatives of various kinds (e.g., songs to help remember the rhythm of chest compressions; mnemonic devices).

However, recommendations for action upon disclosure are more common for young victims (Child Welfare Information Gateway, 2019; Pereda, 2011b) and fewer focus on adult CSA survivors and his or her primary interlocutors, namely, friends, therapists (Ullman, 2002) and partners (Ruiz, 2001). One adult CSA survivor interviewed in Pereda and Sicilia (2017) said: "I would not say that my partner has supported me... no, I would not say that. He loves me and doesn't treat me badly when I talk, but he hasn't supported me in this...I don't even know if he knows how to do it" (p. 134). There are some resources for adult survivors on blog posts from psychology centers (Vínculo Centro de Psicología, 2019) and from organizations against sexual violence (Rainn, n.d.), and in newspaper articles (Pariente, 2020), books (Davis, 1991; Graber, 1991; Levine, 1996), and guidelines (Doyle & Napier-Hemy, 2008; Taasa.org, 2014). However, those guidelines were not developed after systematically interviewing survivors and their communities to learn about their specific needs and circumstances. Therefore, this study aims to develop evidence-based guidelines for the adult CSA survivor's community to support survivors' psychological well-being.

2. Methodology

2.1. General procedure

The Ethics Committee of the authors' university approved the study. We followed a two-step procedure. First, we interviewed close people who had never received a disclosure to gather information about the concerns and doubts they would have if confronted with such situation. Then, based on their responses, and the literature review of the scientific literature on symptoms and experiences of adult disclosure of child sexual victimization, we formulated questions to build a final 41-questions-interview to be ultimately administered to adult survivors.

2.1.1. First step: gathering close people's concerns about adult disclosure

a) Participants: We approached adults within our reach (i.e., family members, colleagues and friends) from diverse academic backgrounds (i.e., Engineer, Psychologist) who reported never facing a disclosure ($N = 9$, 66.67 % women; mean age: 39 years, min. = 24, max. = 61 years. SD: 17.63).

b) Instrument: We formulated a single open-ended question: "What doubts would you have if your friend or partner disclosed that he/she had suffered from CSA?". If needed, we helped them by raising some topics. For example, "Once that person disclosed, would you revisit the topic at some point in the future?"

c) Procedure: the question was asked face to face in an individual setting by one of the authors of the study. Each interview took around 15 min.

c) Results: Most of the persons consulted reported not knowing how to act with CSA survivors (Subject 1: "I would not know how to act"; Subject 9: "I would not know how to act or what to say") and indicated various concerns (e.g., "While she is telling me, I would not

¹ We do not consider the terms "victim" and "survivor" synonymous. We use "victim" when talking about people who have suffered CSA and emphasizing that harm. On the other hand, we use "survivor" to highlight the resilience of these individuals and the process of coping achieved with the passage of time and personal and social resources.

know if having physical contact, such as giving her a hug, would be appropriate or not,” and “I don’t know if once she tells me, should I bring it up again or should it be her”). These concerns were transformed into questions for the adult survivor’s interview (see SM, questions 8, 10, 12, 15, 16, 17, 18, 19, 22, 25).

2.1.2. Second step: adult survivors of child sexual abuse’s interviews

a) Participants: The sample of survivors consisted of 12 adults ($n = 11$ women, 91.67 %; $n = 1$ man, 8.33 %) aged 25–62 years (mean age: 37.58; SD: 12.42) with a history of CSA. Most participants were from Spain (9, including the man) and the rest were from Spanish-speaking countries (Argentina ($n = 1$), Colombia ($n = 1$) and Venezuela ($n = 1$)). The search for participants was carried out through a non-probabilistic snowball sampling technique from May to December 2021 in Spanish-speaking associations linked to CSA, psychotherapy centers and through recruitment messages posted on social networks. The contact protocol with survivors consisted of sending an e-mail explaining the objectives of the study and attaching the informed consent form, where the participants chose the form in which they wanted to be referred (full name, initials or anonymous); the preferred place for the interview (university or online); whether they wished to have a companion during the interview and their consent to recording the interview to facilitate its correct transcription later on.

The inclusion criteria were to be older than 18 with a history of sexual abuse by an adult before the age of 16 and to be healed at the present time, as defined by being able to talk about the abuse without risk of victimization and having gone to and completed psychological therapy. This last criterion was emphasized in the contact messages. We asked three additional screening questions before interviews (1) To what extent do you believe you have overcome the past abuse? Rate it from 1 (not overcome) to 10 (completely overcome); (2) How confident do you feel when talking about this topic? Rate it from 1 (not confident at all) to 10 (completely confident); (3) Once the interview is over, do you have trusted people you can talk to about this? Yes/No; see Supplementary Material, SM, for further details). Only when the answers exceeded an average of 7 out of 10 for questions (1) and (2) and were positive for question (3), did we continue interviews. All 12 participants in the sample met these requirements.

b) Instrument: The ad-hoc interview consisted of 41 questions (3 control questions, 37 research questions (10 questions coming from the screening interview we did in the first step with adults who had never received a disclosure, and 17 questions adapted from results found in the literature related to adult disclosure of child sexual victimization and psychological impact (e.g., Alaggia, 2004, 2005; Sorsoli, Kia-Keating & Grossman, 2008; Tener & Murphy, 2015), plus 1 final open-ended question so that the interviewee could contribute other issues of interest, see SM). Nineteen questions were closed-ended and 22 were open-ended. We divided the final interview into three blocks: (1) “General suggestions on disclosure”; (2) “Specific suggestions for friends”; and (3) “Specific suggestions for partners.” Importantly, an expert in revictimization reviewed the draft interview protocol to avoid formulations of questions that might cause interviewees emotional harm and we made the adjustments she suggested.

c) Procedure: All interviews were conducted individually. They were audio or video recorded and fully transcribed into Spanish, as it was the native mother language of all the participants. Eight of them were conducted online, by one or both authors of the study, after screening their initial psychological state with the three screening questions. The average time for each interview was one hour and fifty-three minutes (min = 60 min; max = 171 min). Participants commented that this was one of the few times they had been asked emotional questions about their story and were grateful for this. This provided reassurance about the interview questions and decreased the concern about participants being re-victimized. The quotes found throughout the manuscript were translated from Spanish into English by both authors and revised by a native English translator.

Three days after the interview, we sent a message to check on the participant’s state of mind and to give the possibility of expanding on some of their answers. All survivors reported feeling well and two expanded on their testimony.

2.2. Data analysis

We carried out a qualitative methodology based on content and thematic analysis and category creation (following Braun & Clarke, 2022 and Graneheim & Lundman, 2004). First, the first author transcribed all interviews. Then, the interviews were read several times by both authors to identify the themes that recurred most frequently in the participants’ responses. Subsequently, each author independently created a list that could group the most common themes among the participants and a proposed grouping by categories. They then met to discuss and agree on the list of themes and the categories. We repeated the process a second time and reached unanimous agreement. The results presented below, therefore, have 100 % agreement among the authors.

3. Results²

We extracted fifteen categories (10 recommendations and 6 psychological processes to consider when talking to a CSA survivor) organized in two sections: the first (“Recommendations for action for partners and friends”) gathers attitudes to be encouraged or avoided by the community and corresponds to the answers given in the second and third blocks of the interview (“Specific suggestions for friends” and “Specific suggestions for partners”); while the second section (“Processes and needs of survivors”) gathers psychoemotional dynamics that survivors experience and that are relevant to take into account in the context of a disclosure. These dynamics have been extracted from responses given throughout the interviews, regardless of the block in which they were found. To facilitate

² Participants will then be named with an “S” for survivor followed by a randomly assigned identification number.

Table 1

Do's and Don'ts in the context of adult survivor of child sexual abuse disclosure.

Do's	Don'ts
Talk about CSA as if the listeners were survivors	Do not ask "Why didn't you report?"
Leave the survivor the control of the story	Do not blame the victim
Respect the survivor's timeframe	Do not let the identity of the survivor be defined by the abuse
Reinforce the survivor	Do not minimize
Bring up the subject	Do not define abuse as genitally centered

discussion, each category is accompanied by a brief discussion of the relevant literature, so that the conclusion of this manuscript summarizes these 15 categories into five general principles to facilitate further dissemination.

i) Recommendations for partners and friends

Recommendation 1: Talk about CSA as if the listener were a victim of CSA

For a disclosure to take place, the survivor must first decide with whom to share his or her traumatic experience. Survivors often observe a person before disclosing their experience to them. This allows survivors to scrutinize the potential recipient's sensitivity and to anticipate how they will react (S10 in question 11: "*I always do that scan (...) because if I am going to tell someone and I anticipate that the response is going to be horrendous, I don't tell them*"). Therefore, because CSA is so pervasive in the population, adopting a posture of presumption of abuse may help our discourse to be empathetic and sensitive enough for survivors to judge us as good recipients of disclosure. Survivors describe choosing empathetic recipients, who can understand and attend to the harm suffered (S9 in question 20, referring to her siblings: "*They have always recognized the magnitude of the problem [of sexual abuse in society], especially my older sister*"), or who have had similar experiences (S11 in question 32: "*The only time I have told a male friend was this summer and he told me that he had been in a dangerous situation*"). By contrast, some other characteristics that discourage survivors to disclose are excessive rationality (S12 in question 8: "*My father (...) sometimes gives me the feeling that he is too rational when it comes to... talking about this*") or religion (S3 in question 8: "*My family is super Catholic Christian and we hardly... talk about sex, let alone about [sexual abuse]*"; S11 in question 5: "*I ended up hating religion (...). I remember my grandmother telling me (...): 'Don't worry honey, these are tests from the Lord'*"). However, it is worth noting that the religiosity of the community seems to be independent of the survivor's own spirituality, which may be central to the coping process (S2 in question 10: "*I have come, from a religious point of view, to give it meaning, (...) to think that without this I would not be the person I am*").

Discussion: The tendency of participants to observe the attitudes of potential recipients to try to predict their reaction coincides with the phased process of disclosure [Tener and Murphy \(2015\)](#) described: adult CSA survivors often disclose certain parts of the event first, and if the recipient shows a positive reaction, they begin to share more significant aspects. Therefore, it is necessary to understand disclosure not as a single moment, but as a series of events that will occur if the listener's attitudes are supportive.

In terms of specific characteristics of the recipients, empathy was also valued by survivors interviewed in other studies ([Rodríguez et al., 2004](#)). Likewise, many participants reported being comfortable with other survivors, in line with findings by [Crempien and Martínez \(2010\)](#), along with an accompanying absence of shame and stigma, which is why group therapy among CSA survivors seems to be so effective. In fact, this special understanding among survivors also leads some to volunteer ([Warner, Draucker, Martsoff, & Paisley, 2012](#)). With respect to religion, when survivors perceive it in others, it may interfere with disclosure, while several studies indicate that practicing a religion can help in the process of overcoming CSA ([Dale & Daniel, 2011](#); [Valentine & Feinauer, 1993](#)).

Recommendation 2: Leave the control of the story to the survivor

When survivors disclose CSA they usually feel "relief" and "liberation" (question 10, $n = 7$, 58 % of the sample). However, they also express other emotions related to the uncertainty that the person around them to whom they have disclosed will, in turn, tell their story to third parties: fear of being harmed (S1), distrust in the other (S10 and S11) or shame (S3: "*There was a little embarrassment (...). That my family knew about it and so on, fine, but that the whole damn town found out (...)*" [The person to whom I disclosed] *was showing me around like a monkey at a fair*"; S10 in question 8: "*If my story got to a third party, I would be angry*"). They also find it painful that the community instrumentalizes the CSA story in family arguments (S7 in question 19: "*I don't want them to use my suffering to attack someone else*"). Therefore, it is essential for CSA survivors to have control and choice over whom they tell, in order to avoid negative emotions. Therefore, it is important to explicitly state after a disclosure that the story will not be shared without consent.

Discussion: CSA-related trauma generates feelings of helplessness, according to [Finkelhor and Browne \(1985\)](#) and other studies ([Echeburúa & Guerricaechevarría, 2011](#)). As a result, the sense of control and self-efficacy are distorted and survivors may develop a need to at least control their narrative ([Porter and Long, 1999](#); [Valentine & Feinauer, 1993](#)), which seems adaptive. It is therefore appropriate for the community to foster this sense of control ([The Survivors Trust, 2018](#); [Ullman & Townsend, 2008](#)). The Finkelhor and Browne model can also explain feelings of betrayal if a partner discloses abuse to a third party. [Finkelhor and Browne \(1985\)](#) write that survivors consider the betrayal the fault of the aggressor, if the abuse was committed by a person they trusted, and/or of the community, because the family failed to protect the survivor. This may result in survivors being less trusting, including of their partners ([Dilillo & Long, 1999](#); [Echeburúa & Guerricaechevarría, 2011](#); [Intebi, 2012](#)). Therefore, survivors may adopt an even greater bias toward distrust if they observe that someone to whom they have disclosed their story shared it with other people without permission, thus reinforcing the feeling of lack of control over their story.

Recommendation 3: Respect the survivor's timeframe

One of the common questions from recipients of disclosure that survivors find uncomfortable is why they did not disclose the abuse earlier (question 29, $n = 8$, 66.67 % of the sample, taking into account that 16.67 % ($n = 2$) did not respond). However, survivors reported various reasons: they felt they could not (S5: “Because I could not. (...) I was fully aware that I had been abused, but at the same time I had not assimilated it”); they did not remember (S6: “I did not remember”); they had not yet detected that it was abuse (S7: “I had not said anything, (...) because I had that childish feeling that it was not bad”); the aggressor and/or the community treated it normally (S12: “All my life I was sold the story that this was a relationship I had with a 24-year-old person, but I was 14”); they foresaw that they would not be protected by the community (S6: “I don’t think there would have been anyone willing to do anything if I told, so maybe I protected myself so as not to get that reaction”); they suffered threats from the abuser (S12: “He had threatened me, subtly, he told me that if I opened my mouth: ‘Your parents will find out’) or they felt guilty. In addition, child sexual abuse most often occurs in the child’s close and trusted environment, which may involve family members, thus making disclosure even more difficult (research by Roesler & Wind, 1994 explored the variables influencing disclosure of incest, such as the timing of disclosure, the chosen confidant, and the subsequent reactions, finding that disclosure to a parent was found at an early age and associated with more negative reactions, whereas disclosure at a later age was frequently done to a therapist and found more validation and support); on the other hand, societal initiatives and cyber movements like #MeTooIncest have facilitated disclosure of incest and survivor’s positive feelings such as being believed, protected, and supported, according to Idoiaga Mondragon, Eiguren Munitis, & Belasko Txertudi (2022). Therefore, it seems necessary for the community to be aware of the enormous diversity of reasons that survivors have for not immediately disclosing abuse. In addition, the question “Why didn’t you tell sooner?”, instead of being directed at the problem the survivor discloses, is directed at the survivor him/herself, which survivors may experience as recrimination. Instead, it seems more advisable to respect the survivors’ timeframes (S5 in question 38: “One thing I would say to family and friends is: zero pressure [when telling] (...). There were two words that helped me a lot (...): ‘Give yourself time’ [Date tiempo in the original Spanish]), even to raise the issue of initiating legal proceedings (S7: “If (...) I say: ‘You have to go report it’, I don’t know how that person might react, so [it is better to say]: ‘You have all my support with the process you want to do right now.’”).

Discussion: Other studies emphasize that respecting the survivor’s timeframe is necessary (Royo & Gálvez, 2020). There are different reasons that may have prevented disclosure. The reasons stated by the subjects coincide with those shown in the literature: not feeling emotionally prepared, fear of being blamed, not remembering it (Easton, Saltzman, & Willis, 2014; Tamarit, Abad, & Hernández-Hidalgo, 2015) or anticipating that they will not be protected by their community. In this regard, Pereda, Greco, Hombrado, Segura, and Gómez-Martín (2018) found that, when they are young, survivors may find it difficult to identify a person who can protect them, whereas in adulthood they have more capacity to seek support. Younger survivors may sometimes employ coping mechanisms such as dissociation or denial to protect themselves and overcome the traumatic event (Echeburúa & Guerricaechevarría, 2011) which make it difficult to be aware of what happened and to disclose and denounce the event during childhood (Alaggia, 2004; Hunter, 2011; Tamarit et al., 2015; Valentine & Feinauer, 1993).

Recommendation 4: Reinforce the survivor for overcoming and surviving the damage

Survivors seem to benefit from the community validating and reinforcing their resilience and strength after the CSA (S4 in question 6: “It empowered me to hear them say, ‘We would never have thought you would have gone through something like this because of the way you carry yourself (...), you are strong’”; S7: “You have been a very brave person”), expanding also to their symbolic act of self-validation. For example, a participant (S8) wore a sweater with a superhero ‘S’ to represent her identity as a survivor and to bolster her confidence before sharing her traumatic experience during the interview. This underscores the importance of recognizing the psychological strategies that survivors employ to cope with adversity and to affirm their resilience.

Discussion: Indeed, validation of survivor resilience and strength are empowerment techniques used in the treatment of victims of sexual offenses (Ullman & Townsend, 2008) and CSA (Naples, 2003). Other sources also recommend this approach (Bryant-Davis, 2011; The Survivors Trust, 2018).

Recommendation 5: Bring up the subject

After years of accumulated silence, study participants experienced their disclosures as a moment of visibility (S2: “Let them see you even more, because I have been invisible”) and many of them express the need that, after the revelation, the community continue bringing up the subject at later times because it seems that the community avoids talking (S9 in question 9: “My father told me, ‘You have to turn the page now, you wallow too much in irrelevant things’”), which is painful for them because after the effort made to disclose they expect the receiver to take the baton and ask them about their feelings (question 14, S6: “No one ever asks me anymore, I always have to go and tell it myself. I would like to be asked”). The most appropriate way to approach is through open-ended and general questions (S11: “How are things with you?”) formulated naturally (S3: “How are you handling the process?” (...) I mean, like you would ask about anything else”), in an intimate setting (S12: “[My brother-in-law] was bringing it up at inappropriate times and you don’t know how it might be affecting my parents or me too”), in the thread of the conversation being held (S8: “That it make sense in the conversation you are already having”) or by asking directly if it is a good time to talk about it (S7: “Let him say, ‘Hey, I’d like to know such and such, can we talk about it now?’ and I don’t answer him if I don’t want to.”).

Specifically, there are some questions that, despite addressing sensitive topics, several participants did not consider uncomfortable: how their family reacted after the disclosure (question 28, $n = 5$, 41.67 % of the sample; S9: “When I tell how I was treated I vent”); how is their current relationship with the abuser (question 27, $n = 5$, 41.67 % of the sample, taking into account that 33.33 % ($n = 4$) did not respond. S11: “I put myself in the situation if it were a relative [the abuser] and I would understand [the question] (...) as a concern towards me”) or how the CSA has influenced their domestic relationships. However, it is relevant to consider the intimacy and trust with the survivor before asking about these issues (S5 in question 28: “It also depends on the degree of trust the person has. If a friend asks me, then of course I explain.”). Moreover, for most of the participants, it does not represent an inconvenience for these questions to be asked by someone of the same sex as the abuser (question 32, $n = 8$, 66.67 % of the sample, given that one survivor did not respond). It even

stands out that some female survivors found greater understanding and comfort precisely with male rather than female relatives or friends (S3: *"I think the ones I have talked about it with the most are my male friends"*. S8: *"I have a lot of male friends and I find even more understanding [among them]"*).

Likewise, half of the participants agreed in positively valuing that the people to whom they disclose share their own emotional reaction to the CSA story ($n = 6$, 50 % of the sample, S3: *"If it has affected you, it is another form of support (...). Maybe we both need to cry and not both be strong, but two strong people talking about something that is even stronger."*). They pay attention to the facial expressions during disclosure and do not want to see reactions such as surprise, horror, disgust or disbelief (S9: *"The worst ones are the horrified faces because, besides, nobody is horrified because I did not have help, they are horrified by what someone did to me"*). As for physical contact during the disclosure (questions 22 and 23), it seems that the most appropriate thing is to be guided by the survivor's previous personality (S9: *"I am not very given to physical contact in general.... Not in those moments: if I just want to talk, I just want to talk"* vs. S10: *"I welcome [physical contact]... I am a person who shows love a lot with physicality"*).

Discussion: These questions focus on the emotional and relational experience of the survivor, so they may be perceived as supportive and caring reactions. However, the reported comfort with friends of the opposite sex is not in line with previous research that points to fear, distrust or hatred of men as one of the main psychological consequences of CSA (e.g., [Echeburúa & De Corral, 2006](#)). Therefore, further studies are needed to understand whether this is due, for example, to the trusting relationship previously established with these friends.

Recommendation 6: Avoid the question, "Why didn't you report?"

People receiving disclosure of a CSA could pose this question to show support by validating the injustice the survivor has suffered and indicating that they understand that CSA is a crime and should be reported, however, participants report that it creates discomfort and unease for them to hear it because they feel that the responsibility is placed on them to defend themselves at a time of vulnerability and immaturity when the emotional impact was high (S5 in question 12: *"Why not report before (...)?"*, they say. *Well, because (...) it was enough for the person to survive*). In addition, it is worth taking into account some difficulties perceived by survivors with regard to initiating legal proceedings, such as the possibility of being revictimized (S6 in question 13: *"I think that maybe (...) when you talk about all this (...) you feel victimized again"*; S12 in question 12: *"20 years later I still have people who are telling me: 'We are going to take your statement'"*) or not having sufficient proof that would make it easier for them to be believed (S6 in question 13: *"it is difficult to prove it; you expose yourself to not being believed..."*; S8 in question 12: *"I never considered reporting it, because by the time I realized what had happened, many years had already passed and I had no way of proving it."*). The study participants said it is essential that their community understands these difficulties beforehand so that they do not ask. It seems advisable to encourage reporting, but to respect the survivor's decision about whether or when to do so (S5 in question 12: *"It is important to say: 'It is good to report, but if you do not report, you are not to blame for anything'"*).

Discussion: The difficulties perceived by survivors regarding legal proceedings are consistent with previous findings ([Echeburúa & Guerricaechevarría, 2021](#); [Tamarit et al., 2015](#)) and with the phenomenon of secondary victimization ([Guerra & Bravo, 2014](#); [Sosa, Montes, Camaron, & Vieyto, 2010](#)) which gives rise to psychopathological consequences ([Echeburúa & De Corral, 2006](#); [Pereda, 2009](#)). Likewise, the passage of time frustrates survivors, as they have fewer expectations of success in any judicial process and perceive that it loses meaning to initiate it, which may be related to feelings of anger and exhaustion expressed by having to testify years later ([Tamarit et al., 2015](#)). Therefore, it is advisable that partners and friends understand the difficulties and psychological consequences for the survivor to initiate legal proceedings and respect the decision not to denounce, even if they consider that an injustice has been committed.

Recommendation 7: Do not blame the victim

During the interviews, self-blaming phrases appeared, attributed to various reasons: not protecting other victims: S12 in question 5: *"Sometimes I have felt complicit for seeing things and not pulling the curtain [to prevent him from abusing other people], (...), it hurts me a lot to blame myself"*; not having told it before: S4 in question 5: *"In my case [I feel] very guilty for not having told and that it [the abuse] has gone on time and time again."* Along with self-blaming, there were also reactions of blaming the community (psychologists, police, religious) (S10 in question 5: *"At some point someone told me that I had allowed all this to happen"*; S12, referring to her first psychologist: *"She told me: be clear that you are going to look for this kind of guys (...)"* [That psychologist made me responsible, as if to say:] *"you are the one who is choosing wrong"*).

Discussion: Feelings of guilt in survivors and originating from the community have also been identified by other authors (e.g., [Echeburúa & Guerricaechevarría, 2011](#); [Finkelhor, 1979](#); [Lange et al., 1999](#); [Monzón, 2013](#); [Pereda & Sicilia, 2017](#)). In addition, these types of reactions on the part of the family can impede the recovery of survivors and even exacerbate their symptoms ([Echeburúa & Guerricaechevarría, 2011](#)). In fact, [Cantón-Cortés and Cortés \(2015\)](#) comment on the possible mediating role of guilt attributions between abuse and subsequent psychological adjustment, so they agree to avoid blaming, as suggested by other sources ([Ladry, 1991](#); [Pereda, 2011b](#); [Rainn, n.d.](#); [The Survivors Trust, 2018](#)).

Recommendation 8: Do not let the identity of the survivor be defined by the abuse.

Half of the survivors preferred their community to treat them normally after the disclosure (question 26, $n = 6$, 50 % of the sample, taking into account that 16.67 % ($n = 2$) did not answer), because they do not want to be labeled as victims (S2, reports that a priest, after the disclosure of the abuse in confession, told him: *"I identify you with lepers"*) or that their life is associated with CSA (S7: *"I don't want to be 'the person who was abused', I want to be what I am now"*; S2: *"It is not a thing that belongs to my being, it is a circumstance that I went through."*). However, sometimes they comment that within their coping process they did need some time they called their "right to be a victim" to assimilate the fact of the abuse and learn to manage their emotions (S5 in question 14: *"The basis of my therapeutic work was that I had (...) the right to be a victim, the right to have hatred (...)"*). Therefore, it seems appropriate to validate her victimization but without expressing pity (S9: *"I don't want to be [treated] as if I were crippled"*).

Discussion: Pereda and Sicilia (2017) found that sometimes the community acts with excessive caution toward survivors, as if they were weak and vulnerable people, which reinforces feelings of stigma, weakness and helplessness. Therefore, it is important to avoid attitudes that involve reducing the survivor's identity to just the fact of their abuse, such as pity (McLean, Steindl, & Bambling, 2017). In addition, it is possible that when the adult CSA survivor discloses he or she may be dissociated, i.e., in the process of reintegrating his or her identity (Everill & Waller, 1995) and a negative reaction from their community confuses their identity (Lange et al., 1999).

Recommendation 9: Avoiding minimization reactions

Minimizing reactions seem to be quite widespread (question 30, $n = 8$, 66.67 % of the sample, given that 16.67 % ($n = 2$) did not respond). These reactions may consist of downplaying the importance of the survivor's suffering (S3 in question 1: "I don't understand people's fucking mania of saying: 'You want to attract attention'"; S9: "People tend to say: (...) 'Well, woman, you're fine, look at you, it could be worse, there are children who remain stunted forever'"), downplaying the abuse if there was no penetration (S6: "What I am asked several times (...) is whether there was penetration or not (...). It would seem that if there was no (...) penetration, it was not so serious"); reducing the aggressor's responsibility (S5 in question 30: "They told me: 'Maybe he got confused'") or the current emotional impact if interaction with the abuser is no longer possible (S10 in question 5: "Well, since he is [deceased], you no longer have anything to worry about", as if the problem was that it would happen again. No, the problem is that it has happened"). Most participants agreed that these types of reactions do not favor the psychological well-being of survivors ($n = 10$, 83.33 % of the sample, given that 16.67 % ($n = 2$) did not respond; S11 in question 31: "I have spent half my life in therapy because of this fucking shit, please don't minimize my story.").

Discussion: Indeed, the literature finds the presence of minimization reactions from the community of CSA survivors (Ullman, 2002), which has been referred to as "social reaction of distraction" (Pereda & Sicilia, 2017) and recommend avoiding minimization (Intebi, 2012; Ladry, 1991) as it causes psychological distress in survivors. It is indeed one of the main barriers to help-seeking found in the literature (e.g., Mennicke et al., 2021; Piljman et al., 2023). Baita and Moreno (2015) collect some preconceived social ideas, such as minimizing CSA according to the frequency or type of abuse, or whether or not there was penetration. Coito-centrism in sexual relations could explain the erroneous association between abuse and penetration (Galdeano, 1995; Vargas-Trujillo, 2007) and, therefore Baita and Moreno (2015) argue that one way to put an end to these prejudices is to educate people that abuse is usually an escalating process and does not always involve non-consensual sexual intercourse with penetration. Feminist discourses on CSA have been insisting on this recommendation as early as the 1980s (Angelides, 2004). However, it seems relevant to continue to insist on educating society on this as well as the psychological consequences of CSA (Echeburúa & De Corral, 2006; Pereda, 2009, 2010).

Recommendation 10: Avoid a genitality-centered definition of abuse

Despite the community's need to know the facts, survivors report that questions about specific details of the abuse, in particular physical and sexual aspects, are uncomfortable (S9 in question 1: "My mother asked me for very... explicit details"; S7 in question 17: "I think it is not necessary to go into so much detail"). Instead, survivors prefer questions focused on their emotional experience (S11 in question 28: "Many times you focus a lot on the more scatological details (...) and in the end the emotional level is more important than the physical level of what happened"; S10 in response to question 20: "It has helped me (...) to be asked how I am [not how it was]").

Discussion: Misinformation about the after-effects of CSA and the coito-centric view of society may explain why the community asks questions focused on the physical and sexual aspects of CSA rather than the survivor's emotional experience. Nevertheless, encouraging the emotional expression of survivors seems appropriate in psychotherapeutic contexts as it allows, among others, for emotional venting and improved psychological and interpersonal functioning (Luterek, Orsillo, & Marx, 2005). Cortés et al. (2011) also conclude that survivors who live in a family context that encourages the expression of positive emotions present more resistance to anxiety and are more likely to increase their self-esteem. Therefore, it may be beneficial for partners and friends to also try to encourage emotional expression in survivors.

See below Table 1 with a summary of these recommendations in a do/don't format, to facilitate its dissemination.

ii) Survivor processes to be considered by partners and friendships

Process 1: The survivor may feel compelled to disclose the CSA

Some survivors have felt forced to disclose their victimization when they did not yet wish to do so, either to favor affective-sexual interaction with their partners (S7 in question 1: "When we had our first sexual intercourse (...) I had to tell him [in case it made intercourse difficult], not because I wanted to"), or to increase the well-being of another person in their community (S1 in question 9: "If I told my husband's family, he could talk to his parents and unburden himself a little"), thus prioritizing other people before their own needs.

Discussion: The tendency of some survivors in the sample to disclose their CSA to further other people's recovery processes resembles the disclosure triggered by precipitating events described in young survivors (Nagel, Putnam, Noll, & Trickett, 1997) and to adult disclosure (Alaggia, 2004). However, further studies are needed to determine whether the feeling reported by the participants fits into these categories. In any case, it is desirable for the community to be aware of this dynamic and to understand that disclosure is a complicated process and not preferred and desired by all survivors (Tener & Murphy, 2015).

Process 2: Need to protect the community

Survivors seem to show concern of protecting others. At times, they tend to protect their community from the pain or discomfort that hearing their account of CSA may generate (S5: "The more the person loves you, the more they suffer when you tell them, then your way of telling them is also going to change"; S7 in question 8: "I told my mother about it in a way that didn't hurt her"), which may cause them not to disclose the abuse to certain people (S4 in question 9: "In the case of my father [I didn't tell him] because of how it would make him feel, because (...) when he read [about CSA] (...) he would say, 'How lucky that it hasn't happened to my daughters (...). In the case of my siblings, I don't know, I guess [that I didn't tell them to] protect them'") or that they disclose the abuse in less detail, in a superficial way (S4 in question 11: "I always worry a lot about how it will make others feel (...) and, of course, that stops me from saying a lot of things"). In questions

9 and 24, S9: “As you get a little further away from the more nuclear circle, it is easier to go without filters. As you get closer, you use more filters”; “With people you know (...) you tend to protect them so that they don’t know details”), with less emotional intensity (S5 in question 11: “What I never want is for the other person to go home with a bad impact. (...) So I try to say it in a totally neutral tone (...) and, moreover, I always try (...) to take away the emotional density”) or downplaying the seriousness of the abuse (S7 in question 8: “Attenuate in the family what has happened, which I think has also been a problem, not giving it importance”), which paradoxically can often cause the community not to perceive the true seriousness of the facts or tend to minimize them, as we have seen above. The community must, therefore, understand that the impact of the abuse may be great even if the survivor does not provide detailed information about it.

On other occasions, some participants extend this protection to proxy, trying to prevent new victims by getting involved in prevention activities (i.e., participating in research, volunteering in civil society groups, or reporting child abuse material).

Discussion: Participants’ behaviors related to protecting their community and taking different measures to prevent CSA from happening again have been found in other studies (Gagnier & Collin-Vézina, 2016; Hunter, 2011; Tamarit et al., 2015). Similar results have been found in victims of sexual violence, who develop or enhance altruistic helping behaviors after victimization (Warner et al., 2012). This desire to protect the community may prevent the survivor from disclosing to certain people to avoid causing pain (Crisma, Bascelli, Paci, & Romito, 2004; Hunter, 2011) or they do not feel that at liberty to tell them because, if they accuse someone in the community, they could expose them and cause family conflicts (as an example, in a compilation of testimonies of adult CSA survivors carried out by Bass & Thornton, 1983, one can read: “One night her grandfather molested her. Because she loves her grandmother deeply and wanted to protect her, she did not tell anyone,” p. 117). Therefore, it is important for the community to be informed about this circumstance and to show that it can cope with the disclosure and that it will adopt non-judgmental attitudes.

Process 3: Rage for not having received protection

On the other side of the coin, together with the need for protection, several participants reported situations in which the community knew about the existence of the abuse but did nothing (S12 in question 1: “I argue against several adults who consented for me, [because they knew about it and did nothing, such as] (...) friends of him [aggressor] (...), and also a mother of another student”; S3 in question 13: “He said (...): ‘Ah, they didn’t tell you anything? I divorced him because he abused my two nephews’. (...) The whole family knew”; S1 in question 1: “Everyone knew, but everyone kept quiet”). Perceived silence and a lack of protection as adults may generate in CSA survivors feelings of anger toward that passive community (S1 in question 1: “Believe it or not, it took me much longer to work on my anger against my mother than against my father [the abuser]”) or difficulties in disclosing the CSA because it may portray failure to act (S1 in question 9, referring to disclosing the CSA to her husband’s family: “It was hard mainly because I was embarrassing my mother”). Survivors may exhibit ambivalent attitudes as a result of this situation, torn between the desire to protect their environment and the resentment they may feel toward those who could have intervened but did not. This ambivalence stems from the fear of causing harm to their loved ones and the simultaneous belief that they have been betrayed.

Discussion: Unfortunately, the lack of community protection has been found in previous research (Crisma et al., 2004; Echeburúa & De Corral, 2006; Echeburúa & Guerricaechevarría, 2011) and is often linked to the ‘law of silence,’ a characteristic of intrafamilial CSA (Rodríguez, 2003; Villanueva Sarmiento et al., 2011). However, parental support after the disclosure is essential for survivors to recover or maintain their degree of adjustment (Echeburúa & De Corral, 2006) otherwise, symptoms may worsen (Echeburúa & Guerricaechevarría, 2011). However, if this support does not exist, adult survivors may blame and become angry with those figures who should have detected the abuse and protected them (Echeburúa & Guerricaechevarría, 2011; Monzón, 2013). Therefore, in addition to including personal work on the aggression among the objectives of the therapeutic intervention, it is also sometimes necessary to include systemic work with the community.

Process 4: Importance of naming the CSA

Survivors seem to benefit from naming the CSA and using appropriate words with all those aspects and feelings that surrounded it, including finding words for the emotions felt, for the abuser, for the abuse, and for themselves (S1 in question 8: “It has been part of my healing, to be able to verbalize it and tell it”; S8 in question 1: “The moment I verbalized it out loud I realized (...) how serious it had been”). In this sense, survivors may find it useful to read or write about CSA (S8 in question 37: “I am a writer, I have a blog of stories (...) [Writing] is a way of channeling”), whether that’s the topic in general or their own experience; as well as to share it publicly on social networks or in talks. Likewise, hearing about CSA or watching material about CSA can help (S12: “There is a movie (...), precisely about a story of abuse, which helps me to handle all this a little bit better”).

However, it is important to pay attention to the terms chosen (question 16), with the words “abuse” being preferred to refer to the events suffered ($n = 6$, 50 % of the sample, taking into account that 33.33 % ($n = 4$) indicated that they had no preference). To refer to themselves, the word that seems more appropriate is “survivor,” which emphasizes recovery, rather than “victim,” which focuses on the harm suffered. To refer to the abuser, especially when he is part of the close community, they prefer to use the term that defines their relationship with him (father, teacher, their mother’s husband...) ($n = 8$, 66.67 % of the sample. S2: “Your father”, throws [impacts] me less”). In fact, when reacting after disclosure, it is necessary to take into account the possible dual role relationship (daughter and abuse survivor) that the survivor may have with the abuser to avoid certain comments towards the abuser that may generate discomfort or pain (S1 in question 8, referring to the reaction of her partners when she disclosed that she was a victim of CSA: “They all reacted first by saying that he was a son of a bitch (...). It hurt me at first that they said that about my father.”).

Discussion: Sharing the history of abuse and being listened to by the community allows survivors to start putting words to the events, which is the first step to work on and overcome the traumatic event (Losada & Saboya, 2013).

In the process of putting words to CSA, we observed the importance of using the appropriate terms. “Survivor” in contrast to “victim” is considered more appropriate to reinforce this population in their coping process, given its association with the capacity for resilience (Newsom & Myers-Bowman, 2017; Beyebach & Herrero De Vega, 2005; but see De Roos & Jones, 2022). Most survivors indicated preferring the term that defined their relationship with the abuser, and some reflected that they were uncomfortable with the

use of offensive words, which may be explained by the dual role and conflicting loyalties (the aggressor is a person who does harm and at the same time someone close to the survivor).

Lack of information about what constitutes sexual abuse also makes it difficult for survivors to disclose, especially when abusers employ subtle masking strategies (Crisma et al., 2004). Therefore, CSA-focused prevention plans would benefit from including “naming, blaming, claiming” information (Felstiner, Abel, & Sarat, 1980). The “Naming, blaming, claiming” type of information: describing behaviors and examples that help the person to identify that he/she has suffered a harm and to be able to name it (naming), which can help him/her to correctly attribute the origin of the harm and not to blame himself/herself (blaming) and even to initiate, if desired, a process of claiming for damages (claiming). Its usefulness may also be reflected in the accounts of the survivors interviewed, as several noted that hearing about or watching material on CSA helped them realize what happened and reveal their history of abuse, an approach that is consistent with other research (Bryant-Davis, 2011; Gagnier & Collin-Vézina, 2016; Warner et al., 2012).

Process 5: Difficulties in affective-sexual interactions

One of the participants mentioned the lack of tools and the lack of knowledge of partners of CSA survivors (S1: “My husband (...) now that I am well, he told me: ‘I had no fucking idea where to go, I saw you crying... and I didn’t know what to do’”). In this regard, survivors indicated that after disclosure they needed from their partners attitudes of care, understanding, listening and availability (question 35, S11: “I expect not a special behavior, but a dimension of understanding”), as well as other more concrete reactions such as validating that the survivor is deserving of partner care (S6: “He [my partner] hugs me and many times tells me: ‘It’s me and this is okay, you deserve to get hugs’”); sharing the emotional impact of learning about the CSA situation (S8: “I was hoping he would talk to me about what this meant to him emotionally”) or explicitly asking what the survivor needs (S12 in question 8: “He [my partner] does something very good, (...) if in some case he doesn’t know what he needs to do, he asks (...). ‘What can I do to help you?’”). Similarly, it seems convenient to talk about the affective-sexual area before starting the interaction and not during the interaction (question 36, $n = 10$, 83.33 % of the sample), as it may cause the survivor to connect with the CSA and not enjoy the intimate moment (S5 in question 37: “Let them talk about it before, because (...) if you bring up the subject in the middle of sexual intercourse then it is true that it indirectly makes you remember the abuse”; S10 in question 37: “If you ask during the sexual interaction, I start to think (...): ‘Hey, I was abused’ and then I don’t feel like having sex anymore.”).

The most uncomfortable reactions participants found in their partners were disbelief (S4 in question 1: “I was not able to tell much [to a boy I was seeing] because he looked like he didn’t believe me”); showing difficulty in accepting that the abuse existed (S4 in question 3: “[To] my husband. (...) He had a hard time accepting that it had happened”) or interpreting the CSA’s disclosure as sexual role-playing (S6 in question 8: “When we finished the sexual encounter (...) he told me: ‘You told me about the guy to turn me on, right?’ (...).”).

Discussion: Several studies have identified problems in the functioning of partners when one of the partners is a CSA survivor, such as emotional disconnection (Anderson & McCarthy, 2005) poorer communication and less trust (Dilillo & Long, 1999) or sexual difficulties (Berthelot, Godbout, Hébert, Goulet, & Bergeron, 2014; Echeburúa & Guerricaechevarría, 2011), including, indeed, triggering memories of abuse in survivors during affective-sexual interaction (Anderson & McCarthy, 2005) which causes many partners uncertainty about how to act (Bacon & Lein, 1996).

Process 6: Forgive oneself and forgive the other

It seems that the experiences of forgiveness, both to themselves (S4 in question 10: “The first step to disclosure is (...) to have forgiven yourself”) and to the aggressor (S5 in a free-form answer: “For me forgiveness helped a lot (...) because for the first time in a long time I was the one who was on top emotionally: ‘I forgive you’”) and to the most immediate community (S1 in question 2, referring to her mother: “I have forgiven her”) are present in the process of overcoming. In any case, it is essential to understand and respect individual needs to forgive (S12: “I don’t want to forgive, which is my right”), as they may vary according to the survivor and the phase in which he/she is in the recovery process.

Discussion: Forgiveness in victimized people has shown psychological benefits: it facilitates the processing and emotional and cognitive reworking of the traumatic event, which allows it not to influence the present so negatively (Echeburúa & Amor, 2019). In adult CSA survivors, forgiveness of others and self is related to greater life satisfaction later in life (Morton, Tanzini, & Lee, 2019). Given this evidence, specific forgiveness-focused interventions have been developed for CSA survivors and other types of abuse (Lee & Enright, 2014; Walton, 2005). However, it should be clarified that forgiving the abuser does not imply forgetting or accepting the abusive behavior, but instead helps survivors free themselves from the pain (Echeburúa & Amor, 2019). Therefore, it is appropriate for the survivors’ community to respect their decisions regarding forgiveness, whether members of the community wish to grant it or not.

4. Conclusion

The difficulties in the process of disclosure of CSA experienced by young survivors often result in disclosure occurring in adulthood. There is a lack of clear, evidence-based recommendations for the community to support this population, considering the specific psychological processes and needs that survivors typically experience. The aim of this study was to develop an evidence-based guide with recommendations and processes to be considered by the community of adults who disclose having been victims of childhood sexual abuse. To this end, we conducted a qualitative interview with adult survivors, using questions based on the scientific literature on symptoms of adult CSA survivors and on the doubts expressed by a group of adults who had never received a disclosure. Significantly, for many survivors, this was the first time they had disclosed their experience of abuse outside their immediate circle. We therefore approached this task with the utmost care, establishing a protocol grounded in the ethical principle of *primum non nocere*. This involved reviewing interviews to ensure questions did not cause further harm, including control questions to assess the participant’s psychological state during the interview, and following up with participants in the days after the interview to monitor their well-being and offer the opportunity to provide additional information. This careful approach led participants to express gratitude for the empathetic manner in which the topic was handled. We therefore encourage future studies not only to consider our findings but

also to prioritize the well-being of participants by adopting rigorous methodological approaches. In this way, we can collectively strive to ensure the well-being of individuals who have already suffered harm, particularly after experiencing such a complex emotional situation, as our attitudes may contribute to the negative societal attitudes they have previously encountered.

The results obtained from first-person testimonies are in line with findings in previous literature (e.g., [Anderson & McCarthy, 2005](#); [Easton, Saltzman & Willis, 2014](#); [Felstiner, Abel & Sarat, 1980](#); [Morton et al., 2019](#); [Piljman et al., 2023](#)). Survivors go through an ordeal of emotions, doubts, uncertainties and responsibilities that are added to the psychological and physical consequences of the abuse: they fear that their disclosure will generate family conflicts; pain those who listen; that their privacy will be divulged to third parties and their identity will be marked; that after overcoming their fears to disclose the event they will not be believed or their community will not dare to ask again; that they will be exposed to uncomfortable questions, and that their relational and sexual sphere will be diminished, among others. All this generates an extra emotional burden for the survivor that in many cases the community does not know about or does not imagine.

Thus, this study demonstrates that the emotional consequences of a CSA are not only limited to those caused by the aggressor but also to the response of the community to disclosure, in a way that highlights the collective responsibility we have as a society to be informed and prepared to welcome a disclosure. In general, disclosure appears to benefit from respecting five key points: (1) respecting survivors' timelines, including not reporting to the police until they feel ready for it (if adults, in case of children immediate report must be done instead); (2) letting them decide to whom they disclose their victimization; (3) not associating their victimization with their identity; (4) asking them about their emotional experience rather than about the criminal act and (5) empathizing with each individual's need for forgiveness in three dimensions: themselves (self-blaming), the community (lack of protection) and the abuser (aggression). Hopefully, this study will serve to generate informative material that will help educate the population to accompany the pain of adult survivors, so that partners and friends can offer sensitive and appropriate support to adult CSA survivors, since the right accompaniment can favor CSA survivors' psychological well-being.

4.1. Limitations

To conduct this study, we chose an exploratory study with a qualitative method, since it allows an in-depth study of new questions ([Ugalde & Balbastre, 2013](#)) but it is subject to limitations. Among them, the small sample size stands out. Several challenges impeded our ability to recruit a larger sample. These included the underreporting of abuse within the population (e.g., [Scurich, 2020](#)), the limited number of individuals with a history of abuse who seek and complete psychological treatment (e.g., [Carretta, Burges & De Marco, 2015](#); [Piljman et al., 2023](#)), and the difficulties associated with locating and engaging potential participants matching the inclusion criteria and their willingness to participate. However, given the sensitive nature of the topic, we considered it essential for participants in this preliminary study to meet these criteria to ensure their well-being. Indeed, other studies on CSA survivors have been conducted with similar sample sizes (e.g., [Gagnier & Collin-Vézina, 2016](#); [Luterek et al., 2005](#); [Newsom & Myers-Bowman, 2017](#); [Pereda et al., 2018](#); [Pereda & Sicilia, 2017](#); [Valentine & Feinauer, 1993](#)). This approach enabled participants to engage in a reflective and solution-oriented process regarding past traumatic experiences, such as those involving partners or family members. However, our conclusions should be further investigated with a community-centered approach, since cultural factors mediate both how people disclose abuse and how recipients react and therefore could be refuted (see [Aronson Fontes & Plummer, 2010](#), who provide some guidelines in pages 510–512 about how to take ethnicity and religion into account during interviews with people with history of sexual abuse; [Sanjeevi et al., 2018](#)). Moreover, in a sample composed mostly of women, the influence of gender bias cannot be ruled out, although, as seen in the discussion, there is empirical evidence that largely supports our results. In any case, the difficulty in accessing a sample of healed adult CSA survivors and the absence of previous evidence-based guidelines give special relevance to this work.

CRedit authorship contribution statement

Laura Tamés Carranza: Investigation, Formal analysis, Data curation, Writing – review & editing, Writing – original draft. **Nereida Bueno-Guerra:** Supervision, Resources, Project administration, Methodology, Investigation, Funding acquisition, Formal analysis, Data curation, Conceptualization, Writing – review & editing.

Declaration of generative AI and AI-assisted technologies in the writing process

During the preparation of this work the authors used Gemini in order to translate some Spanish paragraphs into English for better phrasing. After using this tool, the authors reviewed and edited the content as needed and take full responsibility for the content of the publication.

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Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.chiabu.2025.107271>.

Data availability

Data will be made available on request.

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