

Integrative review addressing the effectiveness of child sexual abuse preventive interventions

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Abstract

This integrative review addresses primary prevention programs to prevent child sexual abuse focusing on children and adolescents and professionals. We used PubMed, Biblioteca Virtual em Saúde (BVS), Scientific Electronic Library Online (SciELO), Scopus, and PsycInfo, with the following keywords: “personal safety education” or “protective behaviors” or “personal body safety” or “child assault prevention” or “protection education” associated with the term “child sexual abuse”. Sixteen trials were included, nine interventions addressed children and adolescents, and seven, adults. The preventive interventions implemented among children and adolescents improved self-protection behaviors and knowledge regarding child sexual abuse. However, the interventions aimed at adults presented methodological variations that hinder generalization of the results.

Keywords: review, child sexual abuse, primary prevention, child abuse, prevention

REVISÃO INTEGRATIVA SOBRE A EFETIVIDADE DE INTERVENÇÕES PREVENTIVAS DO ABUSO SEXUAL INFANTIL

Resumo

A presente revisão integrativa versa sobre intervenções preventivas primárias do abuso sexual infantil, direcionadas para crianças e adolescentes e para profissionais. Para isso, foram revisadas as seguintes bases de dados: PubMed, Biblioteca Virtual em Saúde (BVS), Scientific Electronic Library Online (SciELO), Scopus e PsycInfo, utilizando as seguintes palavras-chave: “personal safety education” ou “protective behaviors” ou “personal body safety” ou “child assault prevention” ou “protection education” associadas à expressão “child sexual abuse”. Incluíram 16 ensaios, sendo nove intervenções com crianças e adolescentes e sete com adultos. As intervenções preventivas direcionadas às crianças e aos adolescentes aumentavam os comportamentos autoprotetivos e o conhecimento sobre abuso sexual infantil. Por sua vez, as intervenções com adultos apresentaram variedades metodológica e de amostragem que dificultam a generalização dos resultados.

Palavras-chave: revisão, abuso sexual infantil, prevenção primária, maus-tratos infantis, prevenção

REVISIÓN INTEGRADORA DE LA EFECTIVIDAD DE INTERVENCIONES PREVENTIVAS PARA ABUSO SEXUAL INFANTIL

Resumen

Este estudio tuvo como objetivo llevar a cabo una revisión bibliográfica integradora sobre las intervenciones preventivas primarias del abuso sexual infantil, centradas en niños y adolescentes y profesionales. Se utilizaron las siguientes bases de datos: PubMed, Biblioteca Virtual em Saúde (BVS), Scientific Electronic Library Online (SciELO), Scopus y PsycInfo, usando las palabras clave en los metadatos de los encabezados de temas médicos, a saber: “educación de seguridad personal” o “comportamientos de protección” o “seguridad del cuerpo personal” o “prevención de agresión infantil” o “educación de protección” asociada con el término “abuso sexual infantil”. Se incluyeron dieciséis ensayos, con nueve

intervenciones con niños y adolescentes y siete con adultos. Las intervenciones preventivas dirigidas a niños y adolescentes lograron aumentar las conductas de autoprotección y el conocimiento sobre el abuso sexual infantil. Las intervenciones con adultos presentaron variaciones metodológicas que perjudican la generalización de los resultados.

Palabras clave: revisión, abuso sexual infantil, prevención primaria, malos tratos, prevención

Child sexual abuse (CSA) is one of the most severe forms of violence against children and adolescents (O'Leary et al., 2015). It is a worldwide phenomenon that affects children of any age, social status, ethnicity, or gender. For this reason, measures against it are required in all spheres: family, social, health, education, political, and legal (Soma & Williams, 2014). The World Health Organization (WHO) and the International Society for the Prevention of Child Abuse and Neglect (Ispcan) (2006) consider CSA a phenomenon involving a child or adolescent in sexual activity, which they are not prepared for and cannot or are unable to consent to. This definition also implies that the perpetrator is in a more advanced development stage than the victim, with unbalanced power, physical strength, responsibility, and/or trust.

Obtaining accurate epidemiological data concerning sexual violence against children and adolescents is challenging due to a lack of systematized information and methodological differences between studies and behaviors considered abusive in different contexts (Mathews et al., 2020). However, CSA rates are similar among studies from several countries, i.e., approximately 15% to 32% of women and 5% to 16% of men experienced at least one episode of sexual abuse during childhood (Kim & Kang, 2017).

CSA causes symptoms and consequences in the short and long term. Long-term effects occur two years after exposure to an abusive event. The main signs and psychological conditions after CSA include post-traumatic stress disorder (PTSD), depression, low self-esteem, guilt, self-injurious behavior, sexualized behavior, aggressiveness, unsatisfying or dysfunctional sexuality during adulthood, risky sexual behavior, adolescent pregnancy, prostitution (Hailes et al., 2019).

Mostly, sexual abuse against children and adolescents is perpetrated intrafamily by caregivers (Mathews et al., 2020). In addition, perpetrators generally prefer vulnerable and insecure victims with low self-esteem and affectively needy, characteristics that prevent children from identifying potential abuse (Mathews et al., 2020, Hailes et al., 2019).

To deal with CSA, primary prevention programs teach children and adolescents self-protective skills and knowledge to protect themselves from abuse (Walsh et al., 2015). These programs are mainly based on psychoeducation and focused on children (Rudolph et al., 2017) with two main approaches: 1. teaching children and adolescents to prevent, recognize, and avoid abuse (Walsh et al., 2015); and 2. guiding adults (parents, teachers, professionals working with children, among others) to play the essential role of protectors, so that they can help children and adolescents to be less likely exposed to abuse and more capable to appropriately respond to and disclose it (Rudolph et al., 2017).

Recently, a systematic review selected papers published up to 2013 and identified CSA preventive programs in developed countries (Walsh et al., 2015) – Latin America was not included. The results indicate that the programs effectively improve and maintain children's protective behavior and knowledge regarding CSA. Besides, the studies show that participating in these programs may cause fear and anxiety among the children exposed to the preventive

interventions, although the results were not statistically significant (Walsh et al., 2015). Therefore, this study's objective was to revise the literature to verify the effectiveness of CSA preventive interventions from 2013 to September 2021, with papers published in the PubMed, Biblioteca Virtual em Saúde (BVS), Scientific Electronic Library Online (Scielo), Scopus, and PsycInfo databases, considering the peculiarities of the Latin American context.

Method

PICO – Problem or Patient, Intervention, Control or Comparison, and Outcome (Camargo et al., 2017) was used to establish the research question and seek evidence: P – children and adults, I – preventive intervention programs, C – baseline comparison, and O – CSA knowledge and self-protective behaviors. Studies addressing CSA were identified in the PubMed, BVS, SciELO, Scopus, and PsycInfo databases in September 2021, using keywords extracted from Walsh et al. (2015): “personal safety education” or “protective behaviors” or “personal body safety” or “child assault prevention” or “protection education” associated with the specific term “child sexual abuse”. Only in PubMed, the term “child sexual abuse” was replaced by the descriptor provided by the Medical Subjects Headings (Mesh): “child abuse, sexual”. The inclusion criteria were: 1. empirical and quantitative studies addressing the effect of CSA preventive interventions; 2. pre- and post-intervention measures (quasi-experimental and experimental); 3. having been published between 2013 and September 2021; and 4. be written in English, Portuguese, Spanish, or German. Clinical studies not addressing CSA preventive measures (comprehensive interventions addressing abuse or post-abuse), case studies not addressing the effectiveness of interventions, protective behaviors, or CSA knowledge outcomes were excluded.

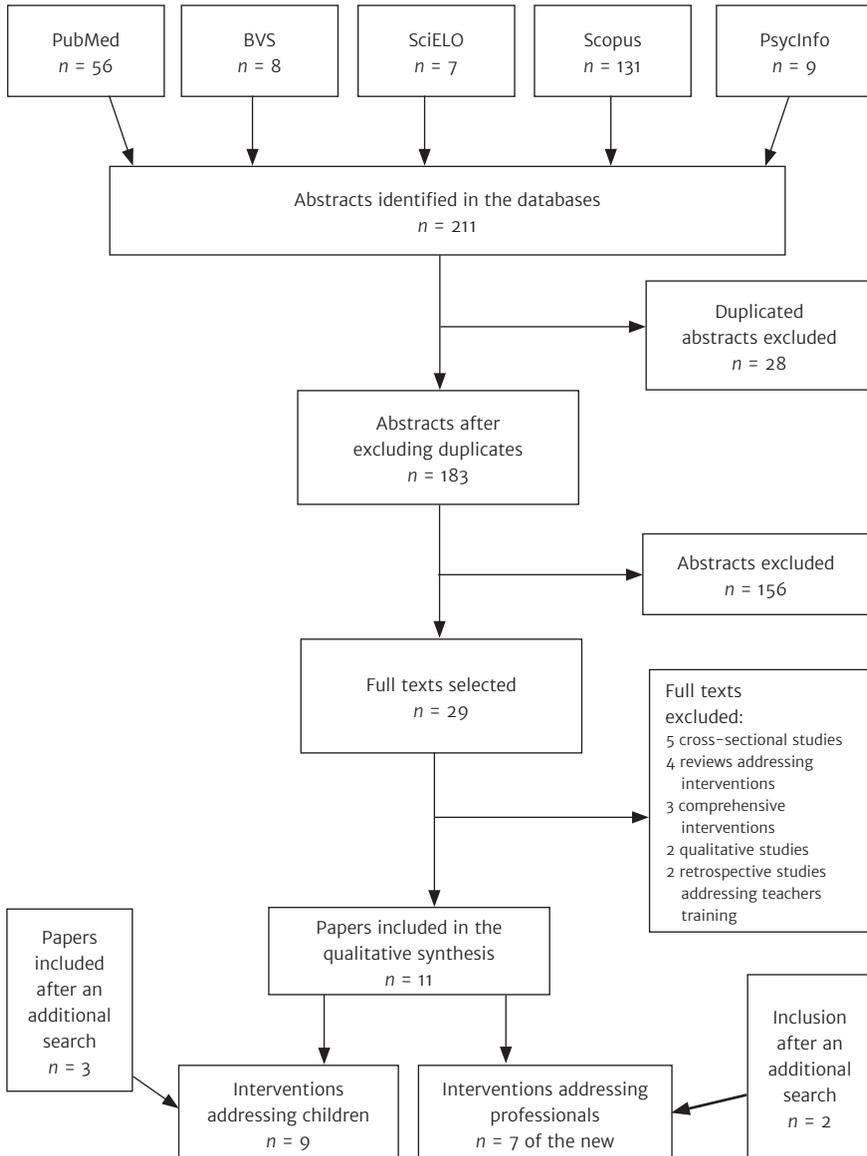
Initially, 211 abstracts were identified in the PubMed, BVS, SciELO, Scopus, and PsycInfo databases. Considering the most frequent language in SciELO, a search was performed in Portuguese, and the term equivalent to “intervention” was associated with “child sexual abuse”. Then, six abstracts were found. After this initial stage, duplicated interventions and 156 studies in which the abstracts showed they did not meet the inclusion criteria were excluded. Next, the full texts of the remaining papers were read. Those that did not report the intervention methodology were removed. Hence, 11 studies remained – six concerned interventions addressing children; and five, adults, that is, parents or professionals working with children. Two psychologists assessed all the trials. Studies that met methodological criteria but were not identified in the search were included due to their particularity and innovation, e.g., Firnges and Amann (2016), written in German. The selection process of the PRISMA studies is presented in Figure 1.

Two independent judges assessed the documents identified in the search considering the titles and abstracts according to eligibility criteria. Whenever doubts or disagreements emerged, the full text was consulted. Finally, the full texts were read individually, with particular

attention to the description of the interventions and results. The authors developed a table to aid this analysis. Potential problems and methodological limitations were also assessed.

Figure 1

PRISMA diagram with the methodology used to select preventive interventions



Results

First, the results of the interventions directed to professionals and those focused on children are presented. In general, the papers that address interventions concerning CSA primary prevention present their methodologies, assess results, and report effective practices, as well as difficulties faced in the training processes.

Preventive programs focused on children and adolescents

Nine studies address training aimed at children and adolescents. All the CSA training programs were implemented at schools. Table 1 describes the interventions that focused on CSA prevention with children, and Table 2 presents interventions for adults that work or live with children and adolescents.

The Red Flag, Green Flag People program (RFGFP) is intended to teach children the distinction between good and bad touches and self-protective skills based on three behaviors, called “red flags and green flags,” namely: refusing, leaving the situation, and reporting the incident to a trusted adult (Wood & Archbold, 2015). The training program has two main strategies. The first concerns the beginning of the training, when the instructors present and discuss the topic in two sessions of 45 minutes over two days. The second strategy is giving the children a 28-page booklet, which the instructors use as a visual guide. While the instructor presents the material, the students fill in the brochure with green flags for appropriate touching and red flags for inappropriate ones. In addition, the booklet provides instructions about which behavior to adopt whenever facing the risk of CSA (for example, refuse, run, and report). Two-year post-tests showed that 75% of the students recalled at least one of the three behaviors, and 65% understood they should not keep secrets concerning an abusive situation. The post-test also suggests that the knowledge acquired by the children over time declined, so that the content must be addressed continuously.

In turn, Morris et al. (2017) assessed the *Safe@Last*, a program, implemented in the United States, that addressed sixth-grade students. The program trained children to distinguish between safe and unsafe people, acquire problem-solving capacity, assertiveness, and learn disclosure methods. The strategies involved training skills, rehearsals, and role-play. The results, assessed through knowledge tests, revealed significant improvement in all the domains. This study also showed that the community's income level and abuse reports influenced the effect of the intervention.

Table 1*Interventions addressing children and adolescents to prevent CSA*

Study	Participants	Study design	Instrument to assess effectiveness
Wood and Archbold (2015)	<ul style="list-style-type: none"> • 366 children from eight elementary schools in (North Dakota, USA) • 2nd grade students 	<ul style="list-style-type: none"> • Single group • Follow-up after two years 	Knowledge retention text with a questionnaire developed by the authors.
Morris et al. (2017)	<ul style="list-style-type: none"> • 1,177 students from kindergarten to the 6th grade from the United States 	<ul style="list-style-type: none"> • Pre- and post-test with a control group (non-randomized waiting list) 	Knowledge retention test addressing CSA prevention.
Firnges and Amann (2016)	<ul style="list-style-type: none"> • 639 children between eight and 12 years old • Living in Germany • 3rd to 6th grade students 	<ul style="list-style-type: none"> • Single group • Pre- and post-test 	Researchers constructed a questionnaire with 134 items to assess knowledge and four vignettes with abusive situations to assess the acquisition of self-protective behaviors and one neutral vignette.
Kim and Kang (2017)	<ul style="list-style-type: none"> • 89 children from three public schools in the city of Chuncheon, South Korea • 5th grade students 	<ul style="list-style-type: none"> • Intervention and control groups • Pre- and post-test 	A questionnaire with 16 multiple choice-questions with four alternatives of answers, ten addressing CSA knowledge and six addressing self-protective behaviors.
Jin et al. (2017)	<ul style="list-style-type: none"> • 565 children (183 in the control group, 190 in the group taught by parents, and 192 in the group taught by teachers) 	<ul style="list-style-type: none"> • Experimental design 	<ul style="list-style-type: none"> • Questionnaires developed for the study. • Assessment of Knowledge to Prevent CSA. • Self-protective Skills.
Kucuk et al. (2017)	<ul style="list-style-type: none"> • 15 children with moderate intellectual disabilities. 	<ul style="list-style-type: none"> • Pre- and post-test (without a control group) 	Knowledge concerning the content of the training (assessment of correct answers).
Khoori et al. (2020)	<ul style="list-style-type: none"> • 56 Iranian girls and their mothers (28 in each group) 	<ul style="list-style-type: none"> • Face-to-face groups composed of mothers • Experimental design (randomized) 	<ul style="list-style-type: none"> • <i>Personal Safety Questionnaire</i> (PSQ). • <i>“What If” Situations Test</i> (WIST).
Tunc et al. (2018)	<ul style="list-style-type: none"> • 83 children from Turkey (40 in the intervention group and 43 in the control group) 	<ul style="list-style-type: none"> • Experimental design 	<ul style="list-style-type: none"> • <i>Personal Safety Questionnaire</i> (PSQ). • <i>“What If” Situations Test</i> (WIST).
Kang et al. (2020)	<ul style="list-style-type: none"> • 100 children aged between ten and 11 (50 in the intervention group and 50 in the control group with regular classes addressing CSA) 	<ul style="list-style-type: none"> • Experimental design (hybrid training) 	<ul style="list-style-type: none"> • Assessment of CSA preventive knowledge. • Self-protective behaviors (self-report), based on Kim and Kang (2017). • Scale to assess satisfaction with training

Table 2*Interventions directed to adults working or living with children and adolescents*

Study	Participants	Study design	Instrument to assess effectiveness
Fathers and mothers			
Guastaferro et al. (2020)	• 110 parents (63 in the control group with usual training and 47 in the intervention group)	• Quasi-experimental (cluster randomization)	• <i>Alabama Parenting Questionnaire</i> • <i>Assessment of Smart Parent's Knowledge (ASK)</i>
Professionals			
McMahon and Reimers (2013)	• 123 American professionals • Employees of a social work service assisting children and youths that experienced sexual violence	• Online • Intervention and control groups pre and post-test application	• <i>Situational Empathy with Direct Implication (SEDI)</i> • <i>Situational Empathy Without it (SEWDI)</i> • <i>Situational Coping (SCop)</i>
ManGing et al. (2015)	• 42 Italian professionals (aged between 24 and 69 years) • Primary school teachers, psychologists, social workers, non-governmental organizations (ONGs) representatives, and police officers	• Online • Single group • Pre- and post-test	Beliefs regarding victims; knowledge concerning the scope and demand; knowledge and risk factors; knowledge regarding the victims' behavior; laws and services; willingness and knowledge to make proper referrals; a questionnaire regarding the definition and identification of Commercial Sexual Exploitation of Children
Nurse (2018)	• 500 adults, sports coaches in contact with children (at churches, youth centers, and schools)	• Face-to-face training with pre- and post-test	The study's scale assesses adults' knowledge, trust, and preventive behavior
Gushwa et al. (2018)	• 134 teachers (61 in the intervention group and 73 in the control group)	Face-to-face training with pre- and post-test	Assessment of knowledge and impact on the identification of violation of rights and reporting of suspect cases in the future
Lipson et al. (2019)	• 13,007 school employees	Pre- and post-test	Self-evaluation of knowledge and awareness of school employees regarding poor sexual behavior and their perceptions of the training program
Altundağ (2020)	• 87 teacher training students	Face-to-face training with pre- and post-test (no control group).	A questionnaire with closed-ended questions addressing CSA

Theater plays are the central axis of the *Trau Dich!* ("Be brave!", free translation to English) training, developed by Firnges and Amann (2016) in Germany. This preventive program was intended to improve children's repertoire of protective behaviors, enabling them to recognize potentially harmful situations, distinguish between good and bad secrets, good and bad touches, and memorize a hotline to report the violation of rights. Hence, four stories were enacted at the school, after which training was pedagogically applied by the teachers, who also underwent training (Firnges & Amann, 2016).

The Child Sexual Abuse Prevention Education (CSAPE) preventive program was developed in South Korea. It was composed of six 40-minute sessions addressing two main topics, CSA knowledge and preventive behavior (Kim and Kang, 2017). CSA concepts, good and bad feelings, identifying unsafe situations and potential abusers, coping skills, proper behaviors in an abusive situation, and actions against CSA were addressed during sessions. The program adopted active methodologies, such as role-play, modeling, cases, videos, discussions, group studies, and true or false games. Significant differences were found between the control and intervention groups, the latter presenting a larger repertoire of self-protective behaviors. However, no advancement was found regarding CSA knowledge.

More recently, a hybrid application of the CSAPE (CSAPE-H) was compared to its traditional format (Kang et al., 2020). The same content of the traditional CSAPE version was applied during six sessions over a week, and two sessions were held online with interactive instruction (using videos and tasks via an application). The results showed that CSAPE-H promotes CSA knowledge as much as the traditional version, but higher effects were found for protective behaviors. Besides, the students were more satisfied with this version than with the traditional one.

The effectiveness of the *Body Safety Training* (BST) (Wurtele, 2007) was assessed by studies conducted in China (Jin et al., 2017), Turkey (Tunc et al., 2018), and Iran (Khoori et al., 2020). In general, this program adopts a textbook and role-play technique to address topics such as mastering your own body, locating and naming private parts, determining appropriate and inappropriate touches, the secret syndrome, and decreasing guilt (Wurtele, 2007). In addition to cultural differences, the studies reported different procedures when implementing the BST, among which, whether parents or teachers were the instructors and the duration of application.

The study conducted by Jin et al. (2017) compared a control group to two intervention groups that underwent the BST, one led by teachers and the other, by parents. In the first intervention group, the teachers were instructed to provide three 30-minute sessions over a 15-day interval. The second group, composed of parents, received a textbook to be used at home with the children. The results revealed that those children who received BST, regardless of who implemented it, improved their general knowledge regarding CSA and protective behaviors compared to the control group. Furthermore, the effect of the intervention was

more intense among younger children trained by teachers. Note that the behavior “saying no” was specifically analyzed, and it remained stable, indicating the low effectiveness of the BST to improve resistance in ongoing CSA cases.

In the study conducted by Khoori et al. (2020), BST was applied by the mothers to their daughters. The mothers were trained for two days about the importance of preventing CSA and received the BST didactic material to teach their daughters. The general rule was that it is inappropriate for an adult to touch or look at a child’s intimate parts. The results showed that the trained children significantly improved their knowledge and self-protective behaviors measured by Personal Safety Questionnaire – Persian (PSQ-P) and ‘What If’ Situations Test – Persian (WIST-P). Finally, in the study conducted by Tunc et al. (2018), teachers implemented training at schools using a specific textbook. The training was applied to groups of children – with six to ten participants – and lasted 20 to 25 minutes. It addressed general topics regarding safety and body safety. The results measured by the same instruments showed improved CSA knowledge and self-protective skills.

At last, Kucuk et al. (2017) adopted illustrated stories to teach self-protective behavior to children aged between ten and 14 with moderate intellectual disabilities. Face-to-face and individual sessions addressed topics such as intimate parts, appropriate and inappropriate touch, and disclosure. The assessment of the post-test content revealed that these children benefited from the intervention. It was implemented in a rehabilitation center and involved tasks performed at home with their parents.

Knowledge retention was assessed in two studies carried out by Kim and Kang (2017) and Wood and Archbold (2015). Kim and Kang (2017) reported that the influence of the program’s duration on retention was not very clear, while Wood and Archbold (2015) reported that sociodemographic data, such as sex, family composition, and income, influenced the educational level and knowledge retention, taking into account that girls usually retain knowledge better and single-parent children and children from single-income families retain less knowledge. Wood and Archbold (2015) also pointed out that the knowledge that children acquire in preventive programs generally does not last more than a year. They suggest that the effects of CSA interventions are restricted, and learning needs to be regularly reinforced. However, they note that active methodologies improve the retention of the knowledge and self-protective skills, thus ensuring that children in the RFGFP program retain information up to two years after the intervention.

The participation of children in primary prevention programs may cause anxiety and fear. Two studies assessed the presence of adverse consequences. Wood and Archbold (2015) reported that the positive results overcame the negative ones. In turn, Firnges and Amann (2016) presented non-abusive vignettes in their programs to assess the behaviors of children in a neutral situation and realized that some children reported self-protective behaviors in

these circumstances. The authors ensure that the adverse effects were no longer evident in the two- and six-month follow-ups.

In general, focusing on children and adolescents is effective for them to acquire knowledge and behavior repertoire. At least two programs, the CSAPE and BST, had more than one study reporting evidence of their effectiveness and can be excellent tools to be adopted in other contexts.

Interventions addressing parents and workers

Seven studies focused on adults and addressed training, sensitization, monitoring signs of sexual abuse, and appropriate behavior when dealing/working with children. Most of the studies focused on professionals ($n = 6$), and only one study addressed fathers and mothers.

A lack of interventions addressing parents is primarily because the studies addressing parents investigated outcomes among children. Also, a considerable number of the studies addressing parents involve comprehensive interventions that were not the focus of this study and did not address the dynamics of intrafamily CSA. In this sense, a study verified the feasibility of the *Smart Parents Safe and Healthy Kids* (SPSHK) program, focused on CSA, to include an additional session to a well-established training for parents (Guastaferrero et al., 2020). SPSHK addressed child sexual health, parental communication about sex and sexual behavior, and protective behaviors of parents regarding CSA. The training was based on role-playing and tasks intended to enhance learning (Guastaferrero et al., 2020). As a result, readiness and awareness of protective behavior were observed among children.

Among the professions that were the focus of the interventions, there were social workers (McMahon & Reimers, 2013), teachers and school personnel (Gushwa et al., 2018; Lipson et al., 2019), sports coaches (Nurse, 2018), teacher training students (Altundağ, 2020), and other professionals working with children (ManGing et al., 2015).

One example was a training program provided in the United States to social workers, named *Commercial Sexual Exploitation of Children* (CSEC) (McMahon & Reimers, 2013). It involved online training that consisted of a 90-minute lecture, in addition to live and interactive training for the workers of an agency assisting children exposed to commercial sexual exploitation in the country. The purpose was to assess and improve the knowledge and beliefs of these workers. In addition, federal child protection laws, United States' data, risk factors, and services available to victims were addressed. The pre-intervention assessment showed that the participants did not show strong negative beliefs toward the victims, were well informed victim's behaviors, and could identify correctly the different types of commercial sexual exploitation of children and risk factors. However, most workers were not aware of the laws and services provided to CSEC victims, and slightly more than half were willing and/or apt to refer the victims to specialized services. No significant increase in distorted beliefs or

improvement in general knowledge of scope or demand was found after the intervention. Hence, the results were somewhat limited.

The training provided by ManGing et al. (2015) in Italy was intended to improve the identification of CSA through empathy indirectly. In this sense, empathy was analyzed as a cognitive and affective ability that would encourage protective behavior toward children suspected of having experienced CSA. The intervention was implemented online in five modules, with five learning units each. Each unit's structure was based on a diary and a CSA case detection process with tasks to be completed. The participants followed a theoretical study, in which fictitious cases involving a girl and two boys were presented. CSA was discussed considering different aspects and from different perspectives. At the end of each module, the participants completed a multiple-choice form. This form was applied before the program and six months after the intervention. The results did not confirm that more empathic professionals presented more protective behaviors than their peers.

Nurse (2018) presented a program that addressed abusive dynamics, identification of CSA signs, and reporting of suspect behavior. Hence, a three-hour program was implemented presenting films and discussing them with mediators. This study specifically verified whether sports coaches were as efficient as parents and community members in the identification of CSA. The results showed that the coaches improved their self-confidence and knowledge to identify and manage suspect CSA cases. Regarding behavior changes, no considerable changes were found in reporting suspect cases to parents or teachers or directly talking to children, but this variable depends on identifying CSA signs. The results concerning coaches were similar to the general training. Another important matter is that, regardless of being a coach, the results show differences between genders in identifying and reporting CSA signs.

Gushwa et al. (2018) provided a one-hour interactive training at school for employees. The employees could choose whether to take a one-hour session or three segments of 20 minutes each. The program presented two cases that portrayed a teacher dealing with a potential CSA: 1. they ignore the signs and are concerned with retaliation and potential consequences; 2. they are concerned with changes in the student's performance and emotional condition. The results showed that the teachers improved their knowledge of CSA dynamics and awareness of its signs.

A very different approach was adopted in the *Making Right Choices* program. It focused on avoiding inappropriate sexual behavior among more than 13,000 school employees (Lipson et al., 2019). Protection, in this case, would come from regulating adult behavior. Adult individuals received a purposefully anonymous 50-minute online training. The results presented improved awareness of CSA and satisfaction and change of attitudes.

Altundağ (2020) adopted an innovative approach among undergraduate students, future elementary school teachers. This 40-minute intervention was implemented in a classroom to improve the students' awareness. Supporting tools involved projected readings

and discussions. The results showed the students' increased awareness of CSA, highlighting the importance of sensitizing society regarding children's rights and the violence perpetrated against them.

The training programs implemented among adults were very brief. Most of them adopted only one session, and some adopted the online modality. Specific CSA interventions were usually implemented at schools and were focused on the transmission of knowledge. The results show that interventions involving interactive tasks and experiential activities were more effective.

Discussion

This integrative review included intervention studies addressing CSA primary prevention, including samples of children and adolescents and family adults (parents) or individuals working with children (school teachers and employees). The analysis revealed methodological limitations in interventions intended to qualify adults to protect children (ManGing et al., 2015; McMahon & Reimers, 2013) and the effectiveness of self-protective behaviors toward CSA in interventions aimed at children and adolescents.

Regarding preventive interventions aimed at children and adolescents, CSA preventive programs are intended to provide knowledge and skills, enabling children to adopt protective behaviors and avoiding sexual violence. The programs aimed at parents and professionals address learning and psychoeducation. Even though these tools are important to sensitize workers regarding this phenomenon, they cannot be the only strategy adopted. Events such as burnout, stress, and resilience among these workers may affect their judgment and decision-making when facing violence against children and adolescents. Hence, future programs should address these aspects (Gushwa et al., 2018; Priolo Filho et al., 2020).

CSA preventive programs started to be implemented in different countries considerably long ago, and, for this reason, these programs have been described in the literature with satisfactory results (Walsh et al., 2015). A common characteristic of these training programs is that active methodologies provide greater knowledge retention and self-protective behaviors. Active methodologies are described by Kim and Kang (2017), such as role-play, group discussions, and quizzes, confirming that these are more effective educational methods to promote discussions among the participants, as opposed to passive strategies, in which participants only listen to explanations, that is, when traditional didactic methods are adopted (Walsh et al., 2015).

The studies assessed knowledge retention over time (Firnges & Amann, 2016; Wood & Archbold, 2015). Firnges and Amann (2016) discuss decreases in the indexes of knowledge and self-protective behaviors and indicate the need for continuous educational monitoring, ensuring the need to reinforce the content children and adolescents learn about sexual abuse prevention. Wood and Archbold (2015) state that knowledge and self-protective behaviors

may be retained for two years when the interventions adopt active methodologies. As it was the case with most interventions focused on professionals, interventions that use psychoeducation strategies can favor a paradigm change.

Rudolph et al. (2017) suggest that CSA intervention programs should adopt more comprehensive approaches involving parents and the community so that not only the children are responsible for their protection. A frequent criticism of including children in preventive programs concerns potential adverse consequences. However, as Firnges and Amann (2016) argued, the positive aspects overcome potentially harmful effects due to the possibility of identifying and protecting a larger number of children at risk. Two studies conducted in Australia assessed and showed the effectiveness of the *Learn to be Safe with Emmy and Friends*TM program, designed to promote self-protective knowledge. This program does not meet the criteria established for this review (CSA intervention and outcomes). However, as it comprehensively addresses personal safety notions, it may also impact the prevention of different types of abuse, including sexual abuse. The program focuses on two approaches: 1. identifying physiological signs that represent danger, and 2. telling a trusted adult when these signs are identified. Both studies present robust experimental methods and large samples, presenting positive effects measured by the identification of vignettes portraying risk situations and the *Observed Protective Behaviors Test*. Another study tested the addition of an independent session to train disclosure competencies and found that a single session could improve the intention of disclosure or enhance prior training, compared to the control group. Additionally, no differences were found regarding anxiety levels, suggesting the program is not iatrogenic.

This review intended to revise the literature to verify the effectiveness of CSA preventive interventions in different countries, including those from Latin America. However, no studies from this region were found. A non-systematic search revealed interventions conducted by Brazilian authors, such as a program to prevent CSA aimed at teachers, professionals, and adolescents, implemented in the school context (Brino & Williams, 2008); and the adoption of preventive strategies presented by Soma and Williams (2014), who assessed children's books with a preventive approach to deal with CSA. Even though these studies are not included in this review's scope, they present viable alternatives to implement interventions with potential social impact in the Brazilian context. Brazilian researchers must try to unify aspects of sexual abuse investigation – such as the National Institute of Child Health and Human Development (NICHD) protocol (Williams et al., 2014) – with prevention, improving the protection of children and adolescents.

This study's limitations include the fact that a limited number of databases was used, as well as a limited number of keywords, selecting only the studies published in the last eight years. Nonetheless, the results show positive elements of CSA preventive programs focusing on children and adolescents and presented alternatives to address professionals in future

studies. Given this situation, there is a need for investment in training professionals working with children and adolescents to effectively deal with CSA situations. Regarding the primary CSA preventive programs aimed at children and adolescents, there are national and international studies that describe different efficient methodological models. Therefore, this study is expected to encourage and support preventive programs to protect children and adolescents from sexual violence. As this is a topic seldom investigated in Latin American countries, the aspects and peculiarities of this population need to be explored in empirical studies adapting and creating specific programs specific to the Brazilian context, respecting the individuals' heterogeneity and their cultural and social aspects.

Final considerations

This review indicated that CSA preventive programs implemented among children and adolescents are effective. Programs focused on adults, in turn, have diverse objectives and present very heterogeneous results. There is a lack of studies addressing CSA preventive programs in both cases, especially in the Brazilian context. CSA has consequences that may affect victims throughout their lives. Therefore, Brazilian psychology research should focus on preventing and intervening in CSA, and the first step to it is understanding prior experiences reported in the literature. Understanding the main successful strategies can support developing and implementing new CSA interventions and adapting them to the Brazilian context. Finally, civil society, academia, and governmental agencies must work together to promote the development of interventions and the well-being of children and adolescents (Priolo Filho & Rodrigues, 2019). This relationship between science, services, and professionals can protect many children and adolescents.

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