

Programs for the Prevention of Sexual Violence Against Children and Adolescents: A Systematic Review of the Literature

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Abstract

Sexual violence against children and adolescents is a serious social and public health problem. Prevention programs have demonstrated efficacy in developing self-protection skills, as well as in preventing and reporting such cases. This study aimed to describe and analyze the main methodologies and intervention strategies used in these programs. Conducted in accordance with PRISMA guidelines and registered with PROSPERO (ID CRD42021258458), the review used the PICOS strategy to guide the research in the MEDLINE (PubMed), BVS, SciELO, and PsycINFO databases. Studies with experimental or observational designs were included, while systematic reviews were excluded. There were no restrictions regarding date or language. Of the 1,207 articles initially identified, 23 met the eligibility criteria. An increase in publications was observed starting in 2014, peaking in 2019. Most studies were conducted in the United States (43.5%), highlighting differences in program content between countries and the need for cultural adaptations. Twenty-six categories of educational objectives were identified, with an emphasis on developing self-protection skills (73.91%), recognizing risky situations (56.52%), and differentiating between appropriate and inappropriate touches (52.17%). Overall, the programs increased the likelihood of reporting sexual violence among participants. The absence of specific literature in Brazil underscores the need for research to evaluate the efficacy and adaptability of these programs to the national context. The expansion of evidence-based interventions is recommended as a protective measure for children and adolescents.

Keywords: sexual violence, childhood, adolescence, primary prevention, educational objectives

PROGRAMAS DE PREVENÇÃO DA VIOLÊNCIA SEXUAL CONTRA CRIANÇAS E ADOLESCENTES: REVISÃO SISTEMÁTICA DA LITERATURA

Resumo

A violência sexual contra crianças e adolescentes é um grave problema social e de saúde pública. Programas de prevenção têm demonstrado eficácia no desenvolvimento de habilidades de autoproteção, bem como na prevenção e denúncia desses casos. Este estudo teve como objetivo descrever e analisar as principais metodologias e estratégias de intervenção utilizadas nesses programas. Conduzida em conformidade com as diretrizes PRISMA e registrada no PROSPERO (ID CRD42021258458), a revisão utilizou a estratégia PICOS para orientar a pesquisa nas bases de dados MEDLINE (PubMed), BVS, SciELO e PsycINFO. Foram incluídos estudos com desenhos experimentais ou observacionais, enquanto revisões sistemáticas foram excluídas. Não houve restrições quanto a data ou idioma. Dos 1.207 artigos inicialmente identificados, 23 atenderam aos critérios de elegibilidade. Observou-se aumento nas publicações a partir de 2014, com pico em 2019. A maioria dos estudos foi realizada nos Estados Unidos (43,5%), destacando diferenças nos conteúdos programáticos entre os países e a necessidade de adaptações culturais. Foram identificadas 26 categorias de objetivos educacionais, com ênfase no desenvolvimento de habilidades autoprotetivas (73,91%), reconhecimento de situações de risco (56,52%) e diferenciação entre toques apropriados e inapropriados (52,17%). De modo geral, os programas aumentaram a probabilidade de denúncia de violência sexual entre os participantes. A ausência de literatura específica no Brasil ressalta a necessidade de pesquisas para avaliar a eficácia e adaptabilidade desses programas ao contexto nacional. Recomenda-se a expansão de intervenções baseadas em evidências como medida de proteção para crianças e adolescentes.

Palavras-chave: violência sexual, infância, adolescência, prevenção primária, objetivos educacionais

PROGRAMAS DE PREVENCIÓN DE LA VIOLENCIA SEXUAL CONTRA NIÑOS Y ADOLESCENTES: REVISIÓN SISTEMÁTICA DE LA LITERATURA

Resumen

Violencia sexual contra niños y adolescentes es un grave problema social y de salud pública. Programas de prevención han demostrado ser eficaces en el desarrollo de habilidades de autoprotección, en la prevención y denuncia de estos casos. Este estudio tuvo como objetivo describir y analizar las principales metodologías y estrategias de intervención utilizadas en dichos programas. La revisión, realizada de conformidad con las directrices PRISMA y registrada en PROSPERO (ID CRD42021258458), utilizó la estrategia PICOS para guiar la investigación en las bases de datos MEDLINE (PubMed), BVS, SciELO y PsycINFO. Se incluyeron estudios con diseños experimentales u observacionales, excluyendo revisiones sistemáticas. No hubo

restricciones en cuanto a la fecha o idioma. De los 1.207 artículos identificados, 23 cumplieron con los criterios de elegibilidad. Se observó aumento en las publicaciones a partir de 2014, con pico en 2019. La mayoría de los estudios se realizaron en Estados Unidos (43,5%), lo que destaca diferencias en los contenidos programáticos entre países y la necesidad de adaptaciones culturales. Se identificaron 26 categorías de objetivos educativos, con énfasis en el desarrollo de habilidades de autoprotección (73,91%), reconocimiento de situaciones de riesgo (56,52%) y diferenciación entre toques apropiados e inapropiados (52,17%). En general, los programas aumentaron la probabilidad de denuncia de violencia sexual entre los participantes. La falta de literatura específica en Brasil subraya la necesidad de investigaciones que evalúen la eficacia y adaptabilidad de estos programas al contexto nacional. Se recomienda la expansión de intervenciones basadas en evidencia para proteger a niños y adolescentes.

Palabras-clave: violencia sexual, infância, adolescência, prevenção primaria, objetivos educativo

Sexual violence against children and adolescents (here as SVCA) refers to any situation in which the victim is forced to participate in or witness sexual acts, such as carnal intercourse, obscene acts, or exposure of the body in photographs or videos, either electronically or by other means (Brazil, 2017). This type of violence is a serious social and public health problem, causing significant harm not only to the victims, but also to their families, communities, and society as a whole (Fang et al., 2012).

In Brazil, between 2011 and May 2022, 250,302 complaints of sexual violence against children and adolescents (SVCA) were reported, representing an annual average of 22.7 thousand complaints and 2,019 cases per month (Ministry of Social Development, 2018; Ministry of Women, Family and Human Rights, 2022). However, this phenomenon is largely underreported (Gaspar & Pereira, 2018). It is estimated that, for each registered case, nine others are not accounted for in government statistics (Unicef, 2021). This underreporting may be related to the fact that most acts occur in the family environment (Ministry of Health, 2018), with the aggressors, in many cases, being close to the family or who play having the role of caregivers of the victim (Mathews et al., 2020).

Statistics also point out that, every hour, five children and adolescents suffer sexual violence in Brazil (Unicef, 2021). There is a growing curve of cases that starts in the age group of 7- to 9-year-olds and predominates between the age of 15 and 17 (Ministry of Women, Family and Human Rights, 2022). Among children, most victims are female (75.29%) and are in the age group of 1- to 5-year-olds (51.2%). Among adolescents, the predominant profile is girls (92.4%) aged between 10 and 14 (67.8%) (Ministry of Health, 2018). From the emotional aspect, these children and adolescents tend to be more vulnerable, presenting low self-esteem, insecurity, and affective deprivation, factors that make it difficult to discriminate between gestures of affection and possible situations of violence (Mathews et al., 2020; Hailes et al., 2019).

The experience of sexual violence can result in short- or long-term psychological consequences, and the long-term effects can manifest up to two years after exposure to the situation of violence (Hailes et al., 2019). The main symptoms include post-traumatic stress disorder, depression, anxiety, low self-esteem, feelings of guilt, self-injurious conduct, cognitive impairments, sexualized behaviors, aggressiveness, risky sexual behaviors, teenage pregnancy, sexual exploitation and, in adulthood, unsatisfactory and dysfunctional sexuality, with the possibility of involvement in prostitution (Hailes et al., 2019).

Nonetheless, the intensity of symptoms and psychopathologies can vary between victims (Hohendorff & Patias, 2017). This variation depends on the combination of subjective factors, such as temperament, response to the level of neuropsychological development and resilience, and the existence of protective factors, such as family dynamics, social support network and public policies (Habigzang et al., 2006; Sanderson, 2005).

SVCA prevention programs can be an effective alternative to address this complex and multifaceted social phenomenon (Pelisoli & Piccoloto, 2010). Such interventions have the potential to reduce or avoid both short- and long-term sequelae and consequences for

individuals, as well as promote an educational approach in the social sphere and offer low-cost solutions to the public system (Williams, Padilha & Brino, 2013).

Interventions can be addressed in two ways: first, to children and adolescents, with the aim of teaching them to recognize, prevent, and avoid abuse (Walsh et al., 2015); second, to adults, such as parents, teachers and other professionals who work with children, aiming to enable them to play a protective role. This dual approach helps to reduce the likelihood of sexual violence and to prepare children and adolescents to respond appropriately if they face such situations (Rudolph et al., 2017).

Viewed in this way, it is highlighted that the school plays an important role in preventing and increasing knowledge about SVCA (WHO, 2014; Roca et al., 2020). The school environment offers an ideal context to address basic information about the problem, implement effective prevention actions, develop methods for the detection and management of cases of sexual abuse, and reach a large number of children and adolescents at a reduced cost (Walsh et al., 2015).

At an international level, over the last three decades, there has been significant investment in prevention programs within schools, ranging from kindergarten to high school (Roca et al., 2020). Although there are difficulties associated with monitoring and longitudinally evaluating the effects of these interventions, many countries invest in this model due to the positive results observed over the years (Kenny & Wurtele, 2012). However, the main challenge remains overcoming cultural and ideological barriers, which still hinder the implementation of accessible, respectful, and effective sex education (Roca et al., 2020).

In the Brazilian context, the protection network against sexual violence against children and adolescents faces several challenges. The lack of personnel and financial resources, combined with the inadequacy of the physical infrastructure, negatively affects the operation and efficiency of this network (Macedo et al., 2019). Furthermore, the lack of articulation and integration between the different services represents an obstacle to integrated and intersectoral actions (Santos & Costa, 2011; Silva et al., 2018). Another factor that exacerbates the situation is the insufficiency in the services provided (Deslandes & Campos, 2015) and the lack of specific preventive actions (Faraj et al., 2016), which hinders the implementation of effective protection and intervention strategies.

To address this issue, it is essential that the State develops coordinated initiatives and policies aimed at the prevention, protection, and care of victims (Brazil, 2021). In this sense, strategies at three levels of prevention are recommended: primary prevention, which aims to prevent the occurrence of violence through education and awareness; secondary prevention, which seeks to identify and make an early intervention in cases of risk; and tertiary prevention, which offers treatment and support to victims after abuse, with the aim of minimizing the consequences and preventing recidivism (Letourneau, Eaton et al., 2014; Russell et al., 2024).

Thus, it is highlighted that the development and implementation of evidence-based preventive programs are essential to ensure the safety and protection of children and adolescents against sexual violence (Australian Human Rights Commission, 2018; Keeping Children Safe,

2014; Saul & Audage, 2007). In order to contribute to the advancement of discussions on this issue, this study conducted a systematic review of the literature with the objective of describing and analyzing methodologies and intervention strategies used in SVCA prevention programs.

Method

Characterization of the study

This is a systematic review of the literature that used PICOS strategy, which is an acronym for **P**atient or **P**roblem; **I**ntervention; **C**ontrol or **C**omparison; **O**utcomes; and **S**tudy Design (type of study) for the construction of the research question (Stone, 2002; Santos, Pimenta & Nobre, 2007; Galvão & Pereira, 2014). Ergo, the following question was elaborated: “*What are the characteristics of primary prevention programs for sexual violence against children and adolescents?*”, in which **P** corresponds to sexual violence against children and adolescents; **I** to primary prevention programs; **O** to characteristics and **S** to randomized and non-randomized experimental studies, as well as cross-sectional observational and cohort studies. The control element (**C**) was not contemplated in the problem question, since the research object prioritized the characteristics of prevention programs, and not the results of these interventions.

For the description of the review, the guidelines of the *Preferred Reporting Items for Systematic Reviews and Meta-Analyses* (PRISMA) (Moher et. al., 2009) were used, but no previous submission of a protocol was executed. This study is registered in the international database of systematic review protocols PROSPERO, under Id CRD42021258458 and title “*Content in child sexual abuse prevention and education programs: a systematic review*”. The base is maintained by the *Centre for Reviews and Dissemination* (CRD) at the University of York, with financial support from the *National Institute for Health Research* (NIHR).

Search Tools

A systematized electronic search was carried out to identify articles published up to July 2021 in the MEDLINE (PubMed), VHL, SciELO, and PsycINFO databases. For each database, a specific search strategy was developed, using descriptors and synonyms combined with Boolean operators, in order to ensure a comprehensive coverage of studies appropriate to the scope of this review. The search strategies used in each database are detailed in Table 1, including the terms used and the combination logic applied to optimize the identification of articles relevant to the theme of the review.

Table 1
Systematic review search strategy

Electronic base	Search Strategy	No. of studies
MEDLINE (Pubmed) https://www.ncbi.nlm.nih.gov/pubmed/	((((((((((CHILD ABUSE, SEXUAL[MeSH Terms]) OR (SEXUAL CHILD ABUSE[Text Word])) OR (MOLESTATION, SEXUAL, CHILD[Text Word])) OR (CHILD MOLESTATION, SEXUAL[Text Word])) OR (MOLESTATION, SEXUAL CHILD[Text Word])) OR (SEXUAL CHILD MOLESTATION[Text Word])) OR (SEXUAL ABUSE, CHILD[Text Word])) OR (CHILD SEXUAL ABUSE[Text Word])) OR (SEXUAL ABUSE OF CHILD[Text Word])) OR (((((((CHILD ABUSE[MeSH Terms]) OR (ABUSE, CHILD[Text Word])) OR (CHILD MISTREATMENT[Text Word])) OR (MISTREATMENT, CHILD[Text Word])) OR (CHILD MALTREATMENT[Text Word])) OR (MALTREATMENT, CHILD[Text Word])) OR (CHILD NEGLECT[Text Word])) OR (NEGLECT, CHILD[Text Word])) OR ((CHILD SEXUAL ASSAULT[Title/Abstract])) AND (((((((PRIMARY PREVENTION[MeSH Terms]) OR (DISEASE PREVENTION, PRIMARY[Text Word])) OR (DISEASE PREVENTIONS, PRIMARY[Text Word])) OR (PRIMARY DISEASE PREVENTION[Text Word])) OR (PRIMARY DISEASE PREVENTIONS[Text Word])) OR (PREVENTION, PRIMARY[Text Word])) OR (PRIMORDIAL PREVENTION[Text Word])) OR (PREVENTIONS, PRIMORDIAL[Text Word])) OR (PRIMORDIAL PREVENTIONS[Text Word])) OR (PREVENTION, PRIMORDIAL[Text Word])) OR (((((((SEX EDUCATION[MeSH Terms]) OR (EDUCATION, SEX[Text Word])) OR (FAMILY PLANNING TRAINING[Text Word])) OR (TRAINING, FAMILY PLANNING[Text Word])) OR (FAMILY PLANNING EDUCATION[Text Word])) OR (EDUCATION, FAMILY PLANNING[Text Word])) OR (FAMILY PLANNING INSTRUCTORS[Text Word])) OR (FAMILY PLANNING INSTRUCTOR[Text Word])) OR (INSTRUCTOR, FAMILY PLANNING[Text Word])) OR (INSTRUCTORS, FAMILY PLANNING[Text Word])) AND (((((((((((PREVENTION IN EDUCATION[All Fields]) OR (CHILD MALTREATMENT PREVENTION[All Fields])) OR (CHILD SEXUAL ABUSE PREVENTION[All Fields])) OR (PROGRAMS PREVENTION[All Fields])) OR (VICTIMIZATION PREVENTION[All Fields])) OR (SCHOOL -BASED PREVENTION[All Fields])) OR (PUBLIC HEALTH APPROACH[All Fields])) OR (PROGRAMMING[All Fields])) OR (PROGRAM DEVELOPMENT[All Fields])) OR (CHILD SAFETY EDUCATION[All Fields])) OR (SCHOOL HEALTH EDUCATION[All Fields])) OR (SEXUAL EDUCATION[All Fields])) OR (INTERVENTION[All Fields])) OR (INTERVENTION DEVELOPMENT[All Fields])) OR (CHILD SEXUAL ABUSE PREVENTION PROGRAMS[All Fields]) OR (CHILD SAFETY[All Fields]))	239
LILACS/VHL https://lilacs.bvsalud.org/	(tw:(Child Abuse Sexual OR Child Abuse)) AND (tw:(Primary Prevention OR Sex Education)) AND (tw:(Program OR Intervention))	636
PsycINFO https://www.apa.org/pubs/databases/psycinfo	Any Field: Child Abuse Sexual OR Any Field: Child Abuse AND Any Field: Primary Prevention OR Any Field: Sex Education AND Any Field: Program OR Any Field: Intervention	316
SciELO https://scielo.org/	((abuso sexual infantil) AND (prevenção))	16

Source: prepared by the authors

Inclusion and Exclusion Criteria

For this study, specific inclusion and exclusion criteria were established to ensure the relevance and quality of the selected studies.

Inclusion Criteria

- Type of study: Randomized, non-randomized, observational experimental (case-control, cross-sectional, and cohort) studies.
- Participants: Studies with participants between the age of 0 and 12.
- Intervention: Primary prevention programs for child and adolescent sexual abuse.
- Outcomes: Characteristics of the syllabus, including methodology, instruments and strategies used in the interventions.
- Publication Date: No date restriction.
- Language: No language restriction.

Exclusion Criteria

- Relevance of the topic: Articles that did not specifically deal with primary prevention programs for child and adolescent sexual abuse.
- Study design: Non-experimental or non-observational studies.
- Limited access: Articles without access to full text.
- Type of article: Systematic review studies or other types of review.

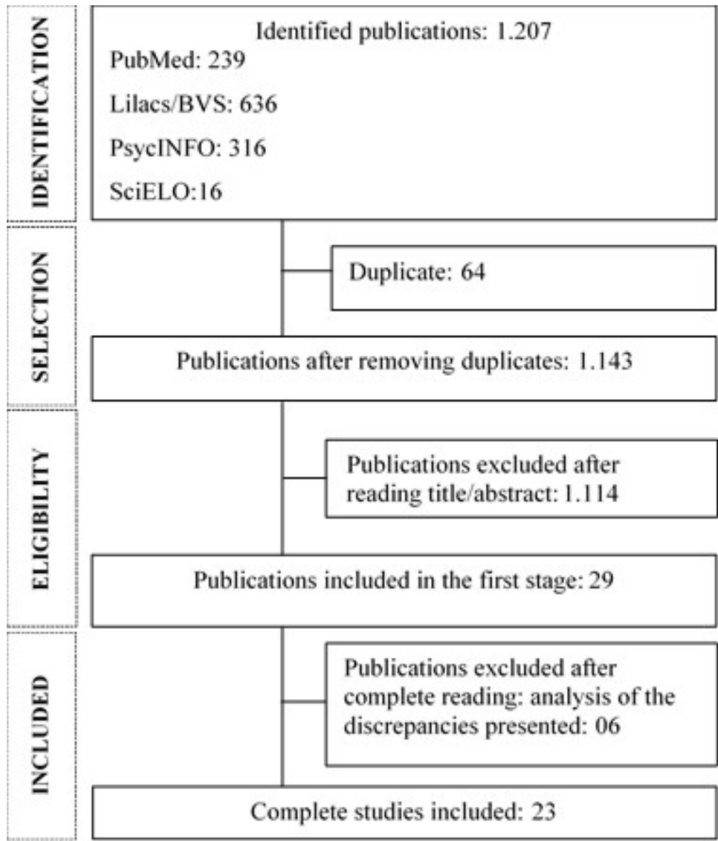
Article selection procedure

From the search strategies presented, 1207 articles were identified to compose the database. The publications were gathered in the Rayyan® free-to-use software (Ouzzani, Hammady, Fedorowicz, & Elmagarmid, 2016) for screening, eligibility, and inclusion of articles. In the first stage, 64 articles were excluded due to duplicity. Subsequently, two reviewers (D and E) independently read the titles and abstracts of the 1143 selected articles.

At the end of this second stage, 1114 articles were excluded, leaving 29 articles for complete reading. Of these, 17 presented conflicts in relation to the inclusion criteria. The disagreements were resolved by means of a deliberative committee composed of the two reviewers (D and E) and a third reviewer (P). After reading the full texts and discussing the points of divergence, 6 more articles were excluded, totaling 23 articles selected for analysis.

The flowchart of the search and selection stages of the articles is shown in Figure 1.

Figure 1
Flowchart of the selection of studies for the systematic review



Source: prepared by the authors

Risk of Bias Assessment

The aim of this systematic review was to describe and analyze the characteristics of SVCA prevention programs. For this reason, the risk of bias assessment was not performed.

Data Extraction

Data extraction was performed using a standardized form in the Excel software, covering variables for comprehensive and detailed analysis of the selected studies. The data collected included:

- Study: identification and title of the study, allowing categorization and easy reference to the analyzed works.

- Authors: names of lead authors and contributors, facilitating proper attribution and recognition of individual contributions.
- Year of publication: year in which the study was published, used to analyze the temporal distribution of publications.
- Country of publication: place where the study was conducted or published, helping to identify the geographic distribution of research.
- Objectives: statement of the objectives and hypotheses of the study, providing the context and purpose of each research.
- Type of study: classification of the study design, allowing methodological analysis.
- Participants: description of the sample, including age group and demographic characteristics, to understand the profile of the subjects involved.
- Sample size (N): number of subjects participating in the study, to assess the robustness of the results.
- Average age of participants: average age of participants in the study, offering perspective on the demographics of the samples.
- Intervention protocol: detailed description of the prevention program implemented, including the methodology applied.
- Intervention category: classification of the type of intervention to categorize the different approaches of interventions.
- Contents covered: themes and materials used in the interventions, allowing the analysis of the components used.
- Instruments: tools and methods used for data collection and measurement.
- Results: main findings and conclusions of the study, providing a summary of the effects and effectiveness of the interventions.
- Limitations: gaps identified by the authors of the study which are important to understand the restrictions and potential biases of the studies analyzed.

The standardization of the form helped in data collection allowing a systematic and comparative analysis of the studies. This facilitated the evaluation and synthesis of the results, in addition to contributing to the elaboration of the conclusions.

Data analysis

The collected variables were examined in terms of frequency and percentage, using Excel and Jamovi software. The analysis included the temporal distribution of publications (year of publication), the geographic distribution of studies (country of origin), and the categorization of participants according to age group and social role (children, parents/guardians, teachers/caregivers). The sample size (N) and the prevention strategies adopted in the studies (intervention protocols) were also evaluated.

The main crosses performed were:

- Year of publication vs. intervention protocol: to identify changes and trends in prevention strategies over time.
- Country of publication vs. educational objectives: to detect geographic variations in the approaches of prevention programs.
- Age group and social role x intervention strategy: to compare the approaches used in different age groups and social roles.
- Year of publication x educational objectives: to analyze the evolution of the themes and materials used in the interventions over the years.
- Country of publication x age group x social role: to understand how different countries target their interventions to different age groups and social roles.

These analyses contributed to a more in-depth view of the trends and practices in SVCA prevention programs found in the literature.

Results

Of the 23 studies considered in this systematic review (Table 2), 7 were located in the PubMed database and 16 in the LILACS/VHL. It is important to highlight that, even with the inclusion of the Brazilian database SciELO, no articles were identified that addressed this theme in the national context or that were written in Portuguese.

Table 2
Publications selected for systematic review

Authors	Study	Year	Country
Wolfe et al..	Evaluation of a brief intervention for educating school children in awareness of physical and sexual abuse.	1986	USA
Sigurdson et al.	What do children know about preventing sexual assault? How can their awareness be increased?	1987	USA
Kleemeier et al.	Child sexual abuse prevention: evaluation of a teacher training model.	1988	USA
Hazzard et al..	Child sexual abuse prevention: evaluation and one-year follow-up.	1991	USA
Wurtele et al.	Sexual abuse prevention education for young children: A comparison of teachers and parents as instructors	1992	USA
Briggs & Hawkins	Follow-up data on the effectiveness of New Zealand's national school-based child protection program.	1994	New Zealand
MacIntyre & Carr	Evaluation of the effectiveness of the stay safe primary prevention programme for child sexual abuse.	1999	Ireland
Kenny & Wurtele	Children's abilities to recognize a "good" person as a potential perpetrator of childhood sexual abuse.	2010	USA
Kenny et al.	Evaluation of a personal safety program with Latino preschoolers.	2012	USA
Hurtado et al.	Children's Knowledge of Sexual Abuse Prevention in El Salvador.	2014	El Salvador
Rheingold et al.	Child sexual abuse prevention training for childcare professionals: an independent multi-site randomized controlled trial of Stewards of Children.	2014	USA

Table 2*Publications selected for systematic review*

Authors	Study	Year	Country
Martin & Silverstone	An Evidence-Based Education Program for Adults about Child Sexual Abuse ("Prevent It!") That Significantly Improves Attitudes, Knowledge, and Behavior	2016	Canada
Dale et al.	Empowering and protecting children by enhancing knowledge, skills and well-being: A randomized trial of Learn to BE SAFE with Emmy.	2016	Australia
Jin et al.	Evaluation of a sexual abuse prevention education program for school-age children in China: a comparison of teachers and parents as instructors.	2017	China
Moon et al.	Sexual Abuse Prevention Mobile Application (SAP_MobAPP) for Primary School Children in Korea.	2017	South Korea
Tunc et al.	Preventing Child Sexual Abuse: Body Safety Training for Young Children in Turkey.	2018	Turkey
Feldmann et al.	ReSi: Evaluation of a Program for Competency Training and Prevention of Sexual Abuse in Kindergarten	2018	Germany
Tutty et al.	The "Who Do You Tell?"™ Child Sexual Abuse Education Program: Eight Years of Monitoring	2019	Canada
Nickerson et al.	Randomized controlled trial of the Child Protection Unit: Grade and gender as moderators of CSA prevention concepts in elementary students.	2019	USA
Gushwa et al.	Advancing Child Sexual Abuse Prevention in Schools: An Exploration of the Effectiveness of the Enough! Online Training Program for K-12 Teachers.	2019	USA
Bustamante et al.	"I have the right to feel safe": Evaluation of a school-based child sexual abuse prevention program in Ecuador	2019	Ecuador
Martin et al.	A sex education program for teachers of preschool children: a quasi-experimental study in Iran.	2020	Iran
Cirik et al.	Educating children through their parents to prevent child sexual abuse in Turkey.	2020	Turkey

Temporal and geographical analysis

The analyses identified SVCA prevention programs that ranged from 1986 to 2020. From 2014 onwards, there was a significant increase in the number of studies on the subject, totaling 14 publications. The year 2019 stood out as the most productive, with 17.4% of the studies included (Tutty et al., 2019; Nickerson et al., 2019; Gushwa et al., 2019; Bustamante et al., 2019). There were no records of studies found in 2021.

Geographically, the United States led the scientific production in this area, with 9 of the 23 studies analyzed, followed by Canada, with three (Sigurdson et al., 1987; Tutty et al., 2019; Martin & Silverstone, 2016), and Turkey, with two studies (Tunc et al., 2018; Cirik et al., 2020). Although, Latin America had a limited participation, represented by one study from El Salvador (Hurtado et al., 2014) and another one from Ecuador (Bustamante et al., 2019), Brazil was not present among the countries with publications on the subject.

Methodologies and samples

The main methodological designs were analyzed in relation to the objectives of the studies on the prevention of SVCA. Randomized studies (Wurtele et al., 1992; Tutty et al., 2019) evaluated the effectiveness of prevention programs by comparing intervention groups with control groups. Randomized controlled trials (Nickerson et al., 2019) analyzed the impact of child protection programs, exploring variables such as age and gender of participants. Quasi-experimental studies (Kenny et al., 2012) focused on comparing acquired knowledge and skills between different groups without the use of complete randomization. Experimental studies (Wolfe et al., 1986) evaluated educational effects and changing attitudes towards SVCA.

The samples of the studies analyzed varied significantly, with the largest study involving 6,198 participants (Tutty et al., 2019) and the smallest 45 participants (Kleemeier et al., 1988; Moon et al., 2017). In total, the studies addressed 13,969 participants, 12,939 children and adolescents and 1,030 parents, teachers and caregivers.

Most of the interventions were aimed at school-age children and adolescents, with an average age of 9.4 and a predominant age range between 6 and 12. The interventions included both kindergarten children, aged between 3 and 5 (Kenny et al., 2012), and elementary school adolescents, up to 14 years old (Hurtado et al., 2014). Some interventions had a greater amplitude, contemplating participants with ages ranging from 4 to 12 years old (Nickerson et al., 2019).

Seven studies aimed at parents, teachers and carers were identified. In these interventions, the main objectives were the training of caregivers to identify and prevent situations of sexual violence (Rheingold et al., 2014), the training of educators to strengthen preventive practices in schools (Gushwa et al., 2019), parental education (Wurtele et al., 1992) and the implementation of sex education programs in school settings (Martin et al., 2020).

Interventions and innovations

Structured programs were the predominant approach for the prevention of SVCA, and 16 intervention protocols were identified. Among the ones most widely used were the Body Safety Training Program (BST) (Wurtele et al., 1992; Jin et al., 2017; Tunc et al., 2018; Kenny & Wurtele 2010; Kenny et al., 2012) and Feeling Yes, Feeling No (Sigurdson et al., 1987; Hazzard et al., 1991). Non-directive materials were also used, such as skits and focal discussions (Wolfe et al., 1986) and playful materials (Feldmann et al., 2018). The training and education modality was mainly aimed at the orientation of parents and the training of teachers and caregivers (Cirik et al., 2020; Kleemeier et al., 1988). The study by Moon et al. (2017) attracted attention for its innovation in using mobile applications as a tool for the prevention of SVCA.

Prevention protocols and educational objectives

SVCA prevention protocols presented a variety of educational objectives, aimed at the development of skills and knowledge in children, their caregivers and educators. These objectives, in general, aim to enable these groups to recognize, prevent and react appropriately to situations

of sexual violence. Table 3 presents the frequency with which these objectives were addressed in the reviewed studies, highlighting the main topics, which were grouped into 26 categories resulting from collaborative analyses among the researchers.

Table 3
Frequency of educational objectives in SVCA prevention programs

Content	Frequency	%
Child's self-protective abilities	17	73.91
Situations of risk and/or sexual abuse of children and adolescents	13	56.52
Appropriate touches and inappropriate touches	12	52.17
Body and private parts	11	47.83
Support and protection network	9	39.13
Autonomy and body awareness	6	26.09
Blaming the victim	6	26.09
Types of aggressors	5	21.74
Socio-emotional skills	5	21.74
Protective interpersonal relationships	4	17.39
Prevention of child and adolescent sexual abuse	4	17.39
Signs of child and adolescent sexual abuse	3	13.04
Types of secrets	3	13.04
Sexual development	3	13.04
Reference adult protective skills	3	13.04
Secret types and secret reporting	2	8.70
Protective behaviors in different contexts/situations	2	8.70
Victim profile	1	4.35
Teacher training and sex education	1	4.35
Appropriate and inappropriate sexual behaviors	1	4.35
Moral harassment	1	4.35
Sex education	1	4.35
Teacher training and gender identity	1	4.35
Gender identity	1	4.35
Sex and masturbation	1	4.35
Teacher training and child protection network	1	4.35
Total	117	

Source: prepared by the authors

Self-protective skills

The development of self-protective skills was one of the most addressed educational objectives in the studies. The literature demonstrated that the combination of practical instruction, assertiveness, and recognition of dangerous contexts strengthened the capacity for self-defense in children and adolescents. In this sense, an SVCA prevention program should, at a minimum, teach how to identify and avoid inappropriate touching (Wurtele et al., 1992), recognize potential abusers (Kenny & Wurtele, 2010) and reinforce the importance of assertiveness in saying 'no' and seeking help in risky situations (Bustamante et al., 2019).

Situations of risk and/or sexual violence

Awareness of risk situations and sexual violence was addressed through interactive and practical methods for self-protection in different phases of a threat. Problem-solving activities were carried out (Hazzard et al., 1991), simulations for the practice of responses in a controlled environment (Tunc et al., 2018) and role-plays to simulate real scenarios and the practice of assertive responses (Tutty et al., 2019).

Appropriate and inappropriate touches

The distinction between appropriate and inappropriate touches was related to the ability of children and adolescents to react and seek help in situations of risk. In the literature, prevention programs have addressed this issue by differentiating between touches that are necessary for hygiene and medical care purposes and abusive touching, such as caresses or touching of private parts without consent (Wurtele et al., 1992). The need to react and the right to refuse any uncomfortable touch were emphasized as central aspects for self-protection (Hurtado et al., 2014). In general, the programs taught a chain of self-protective behaviors as an essential strategy to deal with inappropriate touching: say 'no', get out of the situation and report it to a trusted adult (Jin et al., 2017).

Body and private parts

The concept of body protection was developed through the combination of anatomical knowledge (body) and understanding of privacy (private parts). In this context, the correct naming of private parts was worked on so that discomfort in situations of violence could be adequately expressed (Kenny & Wurtele, 2010). In addition, the notion of personal space was addressed, with a focus on recognizing and reacting to violations of personal boundaries (Dale et al., 2016). That way, it was reinforced that private parts are private and must be protected against unwanted touching (Jin et al., 2017).

Support and protection network

The literature highlighted the importance of creating and strengthening a support and protection network for children and adolescents against sexual violence. Ensuring that these

victims know who to turn to and adequately preparing reference adults to act and protect them is essential. In this sense, prevention programs have taught children and adolescents to identify trusted adults (Bustamante et al., 2019) and to persist in reporting until they are heard (Hazzard et al., 1991). In addition, teacher training was implemented to respond appropriately to revelations of abuse and strengthen the support and protection network in educational contexts (Gushwa et al., 2019).

Autonomy and body awareness

To strengthen the ability of children and adolescents to protect themselves and reinforce their self-esteem and security, topics related to autonomy and body awareness were addressed. The activities explored the concept of personal space and signs of discomfort, proposing that children and adolescents recognize and react to situations that violate their limits (Kenny & Wurtele, 2010 e Dale et al., 2016). Additionally, skills were developed to identify inappropriate sexual behaviors, highlighting the importance of autonomy over one's own body (Moon et al., 2017).

Blaming the victim

Victim-blaming was related to deconstructing stigma and empowering children and adolescents to feel safe when reporting situations of sexual violence. The interventions addressed this theme in different ways: reinforcing that the blame falls on the aggressor, not on the victim (Hazzard et al., 1991); encouraging children and adolescents to report sexual violence without fear of being held accountable (Tunc et al., 2018); and working on issues of self-esteem and self-confidence, in addition to the recognition of support figures and the construction of a safety net in the school and family environment (Bustamante et al., 2019)

Socio-emotional skills

Socio-emotional skills contributed to the management of emotions and the reporting of situations of sexual violence among children and adolescents. The literature has shown an evolution in the way this topic has been approached over time. Initially, the interventions focused on strategies for dealing with the emotional pressure associated with keeping secrets (Wurtele et al., 1992). More recently, studies have begun to emphasize the identification and articulation of specific feelings, the recognition and assertive expression of emotions (Dale et al., 2016), including emotional regulation in the reporting of situations of violence and the strengthening of the capacity for self-protection (Feldmann et al., 2018).

Other objectives

Although less frequent, the literature pointed to other important educational objectives for the prevention of SVCA. These include recognizing and reporting signs of sexual abuse, types of secrets and reporting of secrets, and sexual development. These topics help identify and

respond to situations of sexual violence. In addition, the protective skills of reference adults are essential for parents, teachers and caregivers to know how to protect children and adolescents from sexual violence.

Other topics such as protective behaviors in different contexts, understanding the victim's profile and teacher training in areas such as sex education, gender identity and protection network reinforce the need to prepare professionals in the area of childhood and youth to deal with situations of risk and sexual violence. Issues related to appropriate and inappropriate sexual behaviors, moral harassment, sex and masturbation are also necessary for a multifaceted approach to the theme.

Specifics

The Iranian study evaluated the effects of a sex education program for preschool teachers (Martin et al., 2020). The program covered topics such as sex education, stages of sexual development, sexual identity, privacy, and self-protection from sexual violence, as well as including topics such as child masturbation and information about the sexual act. Regarding educational objectives, this study excelled for being the only one to deal directly with issues related to sexual practice. Moreover, it showed that each context has its specificities, which leads to the need for socially and culturally adapted interventions to ensure their effectiveness.

Instruments and effectiveness

After reading and analyzing the studies, the instruments used to conduct the research were organized into four main categories: demographic questionnaires, questionnaires to assess knowledge, specific scales and measures, and situational and hypothetical tests. Among those, demographic questionnaires were the most used, collecting essential data to contextualize the results of the interventions. The knowledge assessment questionnaires measured the participants' level of understanding on the subject allowing the effectiveness of the interventions to be verified. In addition, specific scales and measures were used to identify behavioral and attitudinal changes resulting from the interventions, as well as situational and hypothetical tests, which simulated risk situations to assess the knowledge acquired by the participants.

Regarding effectiveness, the programs demonstrated a significant increase in self-protective knowledge and skills with emphasis on the ability to recognize and refuse inappropriate touches (Wurtele et al., 1992; Kenny et al., 2012; Hurtado et al., 2014). The interventions also promoted attitudinal and behavioral changes (Martin & Silverstone, 2016; Cırık et al., 2020), along with demonstrating a retention of acquired knowledge (Gushwa et al., 2019; Bustamante et al., 2019). Demographic differences, such as age, gender, and socioeconomic status, influenced the results with younger children and children from higher socioeconomic classes obtaining greater benefits from the interventions (Briggs & Hawkins, 1994; MacIntyre et al., 1999). In the school context, the studies pointed to improvements in the relationships between students and teachers and contributed to the construction of a safer environment (Nickerson et al., 2019).

Study limitations

The studies analyzed indicated, in their conclusions, limitations in relation to the research implemented. Thus, the notes were organized into five categories: sample, generalization, methodology, content and implementation. Problems related to size, selection, number of participants, absence of control groups, and lack of randomness in participant selection may have compromised the robustness and validity of the results (Moon et al., 2017; Apaydın Cırık et al., 2020).

Specific populations (Hurtado et al., 2014; Gushwa et al., 2019), geographic limitation, and the demographic homogeneity of the samples (Jin et al., 2017) constrained the generalization of the findings to a wider population. Methodologically, the absence of longitudinal follow-up and the reliance on self-reports made it difficult to assess knowledge retention and long-term behavioral changes (Martin et al., 2016; Nickerson et al., 2019). Regarding content and implementation, the lack of detail in the interventions, culturally adapted interventions, and the difficulty in large-scale application were identified as challenges for the replicability and effectiveness of the interventions (Wurtele et al., 1992; Dale et al., 2016).

Discussion

The studies included in this systematic review identified key trends and practices in SVCA prevention programs over the past four decades, with publications ranging from 1986 to 2020. The results allowed us to describe and analyze the methodologies and intervention strategies used in these programs, understanding how those approaches have evolved and which ones have proven to be more effective in protecting children and adolescents against sexual violence.

Furthermore, the results showed a significant correlation with the theories that underlie the area, evidencing both the advances and challenges to be overcome in order to ensure the effectiveness of the interventions. On that account, the discussion was organized around five categories of analysis: scientific production and global representativeness; effectiveness and impact of prevention programs; innovation and educational objectives; methodology and limitations of the studies, and gaps and future needs. Each category sought to discuss essential aspects of the prevention of SVCA pointing out the main trends and challenges identified in the reviewed studies.

The significant increase in the number of publications on the prevention of SVCA, especially since 2014, reflects a greater international investment in the area (Roca et al., 2020; Kenny & Wurtele, 2012). However, the absence of Brazilian studies and the limited participation of Latin America reveal a limitation and inequality in global representation (Roca et al., 2020). The predominance of research conducted in the United States indicates that progress in scientific production is not being distributed equitably among different regions of the world, especially those in development. Thus, it is essential to advance in the elaboration of studies that are appropriate and culturally adapted to different social contexts.

Prevention programs have been shown to be associated with a reduction in the sequelae of SVCA and an increase in knowledge and self-protection skills among children and adolescents (Pelisoli & Piccoloto, 2010; Williams, Padilha & Brino, 2013). The interventions implemented in school settings have not only contributed to the creation of safer environments, but also to the strengthening of relationships between students and teachers (Walsh et al., 2015; OMS, 2014a). However, the lack of studies that perform long-term follow-up has limited the understanding of the durability of the effects of these interventions (Kenny & Wurtele, 2012). Consequently, performing longitudinal and continuous monitoring of interventions emerges as the main methodological challenge for present and future researches.

Innovation in prevention methodologies, including the use of mobile technologies, presents itself as a promising approach to increase the effectiveness of programs (Australian Human Rights Commission, 2018). Nevertheless, it is important that these innovations are carefully adjusted to different cultural contexts, considering factors such as digital literacy, technological availability, and cultural acceptance. Also, the security and privacy of users, especially in risk situations, must be carefully treated in this type of intervention.

Many programs still focus on traditional educational goals, such as the development of self-protective skills, failing to address contemporary issues, such as gender identity and sexual development (Higgins & Russell, 2024). To maximize the impact of prevention programs, it is critical to expand educational objectives and integrate innovative approaches that address the specific needs of different populations. In this context, intersectionality must be taken into account as factors such as gender, race, and social class create distinct experiences of vulnerability. That way, interventions must be developed and implemented in a way that addresses these inequalities, training professionals to address social complexities and ensuring that prevention programs are both equitable and effective.

The methodological challenges observed in the studies, such as small sample sizes, lack of control groups, and lack of randomness, as suggested in the literature, compromised the generalization of the results (Macedo et al., 2019; Santos & Costa, 2011; Silva et al., 2018). In addition, the lack of methodological detail reduces the applicability and reproduction of interventions in different contexts (Deslandes & Campos, 2015). To overcome those barriers, scientific rigor alone is not enough. Greater investment in human and financial resources is also needed to conduct more robust research.

The absence of research on SVCA in Brazil reveals a significant gap in the literature, which should be addressed to improve the representativeness and effectiveness of prevention programs (Macedo et al., 2019). Although the need for evidence-based prevention programs in the national context is evident, it is essential to consider the campaigns, projects, programs, and services that exist in the Unified Health System (SUS) and in the Unified Social Assistance System (SUAS). Those government initiatives can provide practical prevention experiences, contributing to the validation of more robust scientific knowledge applicable to the Brazilian reality.

This systematic review demonstrates that while advances in SVCA prevention are significant, there are still important challenges to be overcome. The correlations between the theoretical foundation, the literature review and the results of the interventions indicate the need for a more inclusive approach, which takes into account cultural and regional particularities, in addition to adopting judicious and updated methodologies that ensure the effectiveness of the interventions in different social contexts.

Final Considerations

SVCA impacts the development of victims, both physically and psychologically, and entails significant costs to government coffers. The consequences of this violence are long-lasting and require effective interventions in both prevention and harm reduction. Educational prevention programs stand out as an important strategy to strengthen the self-protection capacity of children and adolescents, guide adults and professionals about this problem, and form a robust and interconnected system that acts proactively against sexual violence.

Most of the studies reviewed in this study presented adequate methodological quality contributing to a detailed characterization of educational methodologies and strategies for the development of self-protective skills. 26 categories of educational objectives related to the following chain of behavior were observed: recognize an adult's inappropriate approach, discriminate risk and resist inducements, react quickly to get out of the situation, and report the situation to someone they trust.

However, some limitations were identified, such as the absence of longitudinal follow-up and culturally adapted interventions. In addition, as many databases have only recently become electronic, some relevant work may have been excluded. Regarding this review, the absence of a risk of bias assessment and the exclusion of gray literature are highlighted as methodological limitations, which may have led to the loss of relevant studies. Contemplating that, it is recommended that new studies be performed, considering different descriptors, other databases and new categories of analysis.

While preventive programs have shown benefits, it is essential to consider the specific characteristics of the population and social context to better understand the effectiveness of these interventions. In this sense, the absence of studies carried out in the Brazilian context or in Portuguese highlights the need for national research. Such research would be key to developing evidence-based and culturally adapted intervention protocols for the primary prevention of SVCA in Brazil. Overall, this review may provide important data for practice by professionals involved in the prevention of SVCA, such as psychologists, social workers, and educators as well as contributing to the implementation of evidence-based and culturally adapted prevention programs.

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