RESUMO

Objetivo: avaliar as evidências científicas disponíveis na literatura para entender a importância e o alcance de programas construtivos de educação escolar na prevenção do abuso sexual infantil com ênfase em programas que englobam crianças, adolescentes, professores e pais. Método: literatura integrativa de artigos publicados entre 2010 e 2017, escritos em inglês, português e espanhol. Os bancos de dados de PsychINFO, PubMed/Medline e SciELO foram pesquisados usando os descritores: Ofensas sexuais; Criança; Adolescente; Prevenção primária; Programas; Educação sexual; Escolas. Resultado: houve 18 estudos elegíveis; dos quais seis foram desenvolvidos nos EUA, dois no Canadá e dois no Brasil, e oito estudos em oito países diferentes. Estudos selecionados revelaram a importância do envolvimento dos pais e professores na detecção precoce de abuso sexual em crianças e adolescentes, aumento positivo das habilidades de comunicação e aumento da autoestima. Conclusão: esta revisão indica que os programas de prevenção podem ser efetivos se estiverem bem planejados e executados adequadamente. Descritores: Delitos Sexuais; Criança; Adolescente; Prevenção Primária; Educação Sexual.

ABSTRACT

Objective: assessing available scientific evidence in the literature to understand the importance and scope of constructive school-based education programs in preventing child sexual abuse with emphasis on programs that encompass both children, adolescents, teachers, and parents. Method: it is an integrative literature of articles published between 2010 and 2017 written in English, Portuguese and Spanish. PsychINFO, PubMed/Medline databases, and SciELO were searched using descriptors: Sex Offences; Child; Adolescent; Primary prevention; Programs; Sexual education; Schools. Result: 18 eligible studies; of which 6 were developed in the USA, 2 studies each from Canada and Brazil, and 8 studies from 8 different countries. Selected studies revealed the importance of parents and teachers' involvement in early detection of sexual abuse in children and adolescents, positive increase in communication skills and increased self-esteem. Conclusion: This review indicates that the prevention programs could be effective if it is well planned and adequately executed. Descriptors: Sex Offences; Child; Adolescent; Primary Prevention; Sexual Education.

INTEGRATIVE REVIEW ARTICLE

CHILD SEXUAL ABUSE PREVENTION: INTEGRATIVE REVIEW
PREVENCIÓN DEL ABUSO SEXUAL EN LA INFANCIA: REVISIÓN INTEGRATIVA
PREVENCIÓN DE LA ABUSO SEXUAL EN LA INFANCIA: REVISIÓN INTEGRADORA

Adetola Ibiwumi Ogunjimi1, Wanderlei Abadia de Oliveira2, Eliane Maria Ribeiro de Vasconcelos3, Marta Angelica Iossi Silva4

RESUMEN

Objetivo: evaluar la evidencia científica disponible en la literatura para entender la importancia y el alcance de programas constructivos de educación escolar en la prevención del abuso sexual infantil con énfasis en programas que engloban a niños, adolescentes, profesores y padres. Métodos: literatura integrativa de artículos publicados entre 2010 y 2017, escritos en inglés, portugués y español. Los bancos de datos de PsychINFO, PubMed/Medline y SciELO fueron pesquisados usando los descritores: Ofensas sexuales; Niño; Adolescente; Prevención primaria; Programas; Educación sexual; Escuelas. Resultado: hubo 18 estudios elegibles; de los cuales seis fueron desarrollados en EUA, dos en Canadá y dos en Brasil, y ocho estudios en ocho países diferentes. Los estudios seleccionados revelaron la importancia del involucramiento de los padres y profesores en la detección precoz del abuso sexual en niños y adolescentes, aumento positivo de las habilidades de comunicación y aumento de la autoestima. Conclusión: Esta revisión indica que los programas de prevención podrían ser eficaces si están bien planificados y ejecutados adecuadamente. Descriptores: Delitos Sexuales; Niño; Adolescente; Prevención Primaria; Educación Sexual.
INTRODUCTION

Sexual violence remains a complex phenomenon in the global public health area regardless of age and gender. Child sexual abuse has been regarded as a life experience that can create a negative long impact in affected children and adolescents. The relationship between the victim and the offender can be a form of power imbalance that makes one overpower the other. The act of sexually abusing children and adolescents were considered rare and culturally tabooed with little or no importance attached to it some centuries back, but the rate of its increase and occurrences in recent time within the society, socioeconomic group, social class, religious group and ethnic group is alarming. Therefore, it is important to understand the current trends of scientific information on child sexual abuse, its consequences and ways to avoid or reduce it.

World Health Organization estimated that over 150 million children and adolescents under 18 years old have experienced sexual violence in one form or another. Child sexual abuse is a global health and human right problem and has been reported to commonly affect girls more than boys; about 1 in 4 girls and 1 in 10 boys have experienced sexual violence. It is a gross violation of children’s right with global realities across all countries and social groups describing it as a form of domestic terrorism which kills faster but silently than international terrorism. Sexual violence in children and adolescents occur through two major behaviors; contact and non-contact behaviors such as sexual touch, attempted sex, pressured/coerced sex or forced sex, oral-genital contact, pornography, children exposure to adult sexual activities, child marriage and prostitution of young children. Diverse risk factors have been shown to increase sexual violence, such as gender, age, disabilities, socioeconomic status, race or ethnicity and family constellation. Its immediate and long term effect mentally, physically, psychologically, sexually, and in terms of social well-being cannot be over emphasized. Long term psychiatric conditions clinically associated with sexual abuse include depression, post-traumatic stress disorder, personality disorder, eating disorder and dissociative identity disorder. Also, there are links between sexualized behavioral problems and child sexual abuse, including overtly sexualized behavior, sexually transmitted diseases like HIV and unwanted pregnancies. Other consequences include suicide and murder.

Prevention of child sexual abuse has taken different shapes and forms, advocated by health sectors and individuals in the society. It is believed that the responsibility of preventing child sexual abuse in the society should not only be the target of health sector but the target of everyone and all sectors including education, legal and media. Different preventive programs have been used in spreading sexuality education include media awareness, house to house awareness, workshops, conferences on child sexual abuse, community-based programs, and school based programs. This is done with the aim of creating and improving skills, knowledge, and ability to identify and avoid sexual risk situations while eliminating reoccurrence of such situations. It also helps in creating autonomy in potential victims and bystanders.

This is a quasi-experimental study of an evidence-based adult education program about child sexual abuse is one of the recent educational programs developed to prevent child sexual abuse. The aim is to change adult behavior, increase their knowledge and attitude towards child sexual abuse. A comprehensive evidence-based education program involved 366 adults, 23 workshops, a 3-month follow up the program and a post-test. Appreciating the outcome of the education program, a pre-test measurement was conducted to test the attitude, behavior, and knowledge of selected adult about child sexual abuse and after which the program workshop was administered and then followed up by a 3-month follow-up session. The follow-up program was reported to be highly statistically significant in improving behavior, attitude and knowledge of child sexual abuse. There was increased percentage of participants who actively took steps to protect children, with a shift from 25% at baseline to 48% at follow-up, while subjects who will actively look for child sexual abuse evidence increased from 46% to 81%.

Another study of 248 children who visited a museum showed an improvement in sexual abuse knowledge through administered questionnaire after visiting the museum than the administered questionnaire before visiting the museum. Many children responded yes to the question “I would say nothing or wouldn’t tell anyone until later” when asked about disclosure of strange touch before entering the museum; while those administered questionnaires after visiting the museum were ready and willing to disclose any form of strange touch. Meta-analysis of 27 studies
also supported the fact that children who participated in school-based child abuse programs performed higher than the control group children in outcomes measured.15

However, irrespective of all the various approaches directed towards reducing and improving knowledge about child sexual abuse, there has been continuous surge in child sexual abuse cases within the society leading to the desire to provide pertinent answers to the questions like “what exactly are the impact of this school-based education programs in preventing child sexual abuse and promoting health among school-age children and adolescents”.

Therefore, this study aimed at assessing available scientific evidence in the literature to understand the importance and scope of constructive school-based education programs in preventing child sexual abuse with emphasis on programs that encompasses both children, adolescents, teachers, and parents.

METHOD

An integrative review is the most comprehensive methodological approach of evidence-based practice (EBP) with the inclusion of all study types for a better understanding of a phenomenon, synthesis of knowledge and better applicability of significant study results.16 This study is divided into six (6) stages. The stages used for the elaboration of the analysis are: 1. establishment of objective and research questions 2. Bibliography literature search 3. Categorization of data collected 4. Critical evaluation of selected studies 5 Analysis and interpretation of the result 6. Presentation of the review.

The research question was established using the SPIDER (S - Sample, P - Phenomenon of Interest, D - Design, E - Evaluation and R - Research type) strategy. SPIDER strategy is an alternative search strategy tool to PICO (Population, Intervention, Comparison and Outcome) but having the same adaptation method. It was chosen because of its suitability of accommodating both qualitative and mixed research methods addressing health behaviors and interventions in a more timely and sensitive manner.17 However, the guided question for the review was “what is the impact of school-based sexuality education programs in preventing sexual abuse and promoting health among school age children and adolescents?” In this scenario, Sample ‘S’ is school children and adolescents, parents and school-teachers; Phenomenon of Interest ‘P’ is school-based sexual education program; Design ‘D’ is all research designs; Evaluation ‘E’ is the impact of this program and the study; Research type ‘R’ is all research types.

Inclusion and Exclusion criteria of selected articles are clearly stated in Figure 1 below including the search terms used. Selected scientific articles included in the full-text format available in PsychINFO, PubMed/ Medline databases and SciELO - Scientific Electronic Library Online while articles’ survey was done in May 2017.

<table>
<thead>
<tr>
<th>Search Terms</th>
<th>Inclusion Criteria</th>
<th>Exclusion Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child sexual abuse</td>
<td>Research study published between January 2010 and May 2017</td>
<td>Not related to identifying victims e.g. adult victims of any form of sexual violence</td>
</tr>
<tr>
<td>Adolescents sexual abuse</td>
<td>Written in English, Portuguese, and Spanish</td>
<td>Study focus on prevalence and sequelae of child sexual abuse</td>
</tr>
<tr>
<td>Sexual abuse prevention</td>
<td>With the purpose of preventing and reducing sexual abuse in children and adolescents</td>
<td>Reviewed articles and Grey literature and unpublished reports e.g dissertations</td>
</tr>
<tr>
<td>Sexual abuse education programs</td>
<td>No country restriction so far it meets language criteria</td>
<td>Of different study purpose of sexual education program such as preventing sexually transmitted diseases</td>
</tr>
<tr>
<td>School-based sexual abuse programs</td>
<td>All field of study</td>
<td></td>
</tr>
</tbody>
</table>

Figure 1. Inclusion and exclusion criteria. Ribeirão Preto (SP), 2017, Brazil.

Selection of eligible studies was done using a 4 stages flowchart: (1) Identification of studies (2) Selection (3) Eligibility (4) Final inclusion (Figure 1).

The articles were selected and a validated data collection instrument was used to critically appraise the selected articles.18 The level of evidence of the articles were classified into 7 categories: I - systematic reviews or meta-analysis of relevant clinical trials; II - evidence derived from at least one well-delineated randomized controlled trial; III - well-delineated clinical trials without randomization; IV - well-delineated cohort and case-control studies; V - systematic review of descriptive and qualitative studies;
The selected articles were thereafter arranged in a Figure under the following headings: author, title/year, data collection method, type of study/research method, objective/result and level of evidence.

A total of 18 published articles met the inclusion criteria and were analyzed accordingly. Descriptive analysis of the articles which explored the structure, research methods, and analysis of the data used was first completed. A qualitative analysis which explored the research question content using a validated critical appraisal tool for questions summarization and classification was thereafter carried out.

RESULTS

Of the 18 selected articles, 12 were published in English, 2 in Portuguese and 4 in Spanish. The highest number of publication (5) was in 2014, followed by year 2015 and 2012 with 3 articles each, 2016, 2013 and 2011 have 2 articles each while 2010 has the least number of articles (1). However, no article published in 2017 was included as none of the studies met the inclusion criteria. Out of 11 countries where studies were conducted, United State of America has the majority number of studies (6), Canada and Brazil have 2 articles each and other 8 countries have 1 article each. Meanwhile, the only study conducted in Sub-Sahara Africa involved 5 countries namely: Swaziland, Namibia, Kenya, Nigeria, and Senegal. Figure 2 summarizes the selected study characteristics while Figure 3 gives an overview of the methodological aspects and summary of the studies.
The sample size ranged from 20 participants to 2,877 participants, with an average of approximately 1448.5. Precisely, 2 studies had a sample size below 50, 13 studies between 51 and 1000 participants, 1 study between 1001 and 2000, and 1 study above 2000 while 1 study did not indicate the sample. Few studies specify the gender of participants while others only described the population such as students, parents, and teachers. Among the 4-theoretical framework identified in the studies, behavioral change theory has the highest number of 6, followed by social cognitive theory with 2 studies, social learning theory and hierarchy model have 1 study each, 2 studies used more than one theory and the rest of the studies reviewed did not specify the theoretical aspect. All selected studies used primary data, with majority data collected with a questionnaire (9 studies), interview (4 studies), narrative method (1 study) and 4 studies used more than one data collection method.

With the results presented, 7 articles showed their level of evidence to be qualitative or descriptive study, 5 studies were of controlled trial without randomization, 3 studies were categorized under the systematic review of qualitative or descriptive studies, 2 articles were of randomized controlled trial and the study with
the least of evidence level was case control or cohort study. 100% of the studies recognize child sexual abuse as a violence and preventing measures were identified as important in reducing and avoiding it.

<table>
<thead>
<tr>
<th>No</th>
<th>Author/Year</th>
<th>Title</th>
<th>Data collection Method</th>
<th>Type of study</th>
<th>Objective/Result</th>
<th>Level of Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Martin, E. K., &amp; Silverstone, P. H. (2016)</td>
<td>An Evidence-Based Education Program for Adults about Child Sexual Abuse (&quot;Prevent It!&quot;) That Significantly Improves Attitudes, Knowledge, and Behavior.</td>
<td>Questionnaire</td>
<td>Longitudinal</td>
<td>Described the development of an evidence-based education program for adults about child sexual abuse (CSA), called Prevent It! The results suggest it is highly effective and support its widespread use.</td>
<td>IV</td>
</tr>
<tr>
<td>3</td>
<td>Letourneau, E. J., Nietert, P. J., &amp; Rheingold, A. A. (2016)</td>
<td>Initial Assessment of Stewards of Children Program Effects on Child Sexual Abuse Reporting Rates in Selected South Carolina Counties.</td>
<td>Reported cases</td>
<td>Cross-sectional</td>
<td>Determined whether the Stewards of Children prevention program is associated with increased CSA reporting. The findings suggest that the Stewards prevention intervention may be associated with increased CSA allegations</td>
<td>III</td>
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</tbody>
</table>
on sexual
health
communication
with
adolescent
children in
Nunavut: "It's
kinda hard for
me to try to
find the
words".

6 Hurtado, A.,
Katz, C. L.,
Ciro, D.,
Guttfreund, D.,
& Nosike, D.
(2014)
Children's
knowledge of
sexual abuse
prevention in
El Salvador.

7 Costa, M. C.
O., Carvalho,
R. C. D.,
Santana, M. A.
O. D., Silva, L.
M. S. D., &
Silva, M. R. D.
(2010)
Evaluation of
the National
Program of
Integrated and
Referential
Actions (PAIR)
to confront
the child and
adolescent’s
sexual
violence, in
Feira de
Santana, Bahia
State, Brazil.

8 Banfield, M.,
McGorm, K., &
Sargent, G.
(2015)
Health
promotion in
schools: a
multi-method
evaluation of
an Australian
School Youth
Health Nurse
Program.

9 Schutte, L.,
Meertens, R.
M., Mevissen,
Long Live Love.
The implementatio

perspectives on
sharing
knowledge with
teenage children
about sexual
health and
relationships.
Findings show
that they
desired to share
their knowledge
but need
emotional
support to
achieve it.

Evaluated the
effectiveness of
a child sexual
abuse (CSA)
prevention
exhibit at a
children’s
museum.
Children's
knowledge
scores on CSA
prevention
significantly
improved after
visiting the
exhibit

Presented the
evaluation of
PAIR actions
implemented in
Feira de Santana
city, Brazil. The
results of the
three segments
of the
community
suggest the need
for a social
Network
integration as
strategies to
face the sexual
violence in Feira
de Santana

Described the
evaluation of a
pilot School
Youth Health
Nurse (SYHN)
Program, which
aims to
integrate a
Registered Nurse
into school
communities to
deliver health
promotion
through group
education and
individual
sessions.
Findings suggest
that the program
was feasible and
accepted by the
students and
schools involved
in the pilot.

Studied factors
that promote or
impede each
<table>
<thead>
<tr>
<th>Reference</th>
<th>Title</th>
<th>Methodology/Design</th>
<th>Findings/Comments</th>
</tr>
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<tbody>
<tr>
<td>Ogunjimi AI, Oliveira WA de, Vasconcelos EMR de et al.</td>
<td>Child Sexual Abuse prevention: integrative...</td>
<td>Interview/Cross-sectional</td>
<td>stage of the diffusion process in the school setting using the sex education program Long Live Love (LLL). Results showed that teacher curriculum-related beliefs were associated with all stages of the diffusion process.</td>
</tr>
<tr>
<td>F. E., Schaalma, H., Meijer, S., &amp; Kok, G. (2014)</td>
<td>Non of a school-based sex-education program in The Netherlands.</td>
<td>Interview/Cross-sectional</td>
<td>Examined II whether school sexual education randomized controlled trial of 9th-grade students can be extended into 10th grade of two middle. Additional high school sexual education was suggested to delay sexual initiation and reduce other sexual risk behaviors in later high school years.</td>
</tr>
<tr>
<td>Markham, C. M., Peskin, M. F., Shegog, R., Baumlter, E. R., Addy, R. C., Thiel, M., ... &amp; Tortolero, S. R. (2014)</td>
<td>Behavioral and psychosocial effects of two middle school sexual health education programs at tenth-grade follow-up.</td>
<td>Interview/Cross-sectional</td>
<td>Investigated IV whether school sexual education randomized controlled trial of 9th-grade students can be extended into 10th grade of two middle. Additional high school sexual education was suggested to delay sexual initiation and reduce other sexual risk behaviors in later high school years.</td>
</tr>
<tr>
<td>García, G. M., Cañadas-de la Fuente, G. A., González-Jiménez, E., Fernández, C. R., &amp; García-García, I. (2011)</td>
<td>[Education about healthy sexual behaviors among high school students].</td>
<td>Group dynamic/Questionnaire/Cross-sectional</td>
<td>Described VI the knowledge of students about sexuality and the implementation of a sexual education project. It improved the practical</td>
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<tr>
<td></td>
<td>Authors and Year</td>
<td>Study Title</td>
<td>Study Type</td>
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<tr>
<td>14</td>
<td>Baker, C. K., Naai, R., Mitchell, J., &amp; Trecker, C. (2014)</td>
<td>Utilizing a train-the-trainer model for sexual violence prevention: Findings from a pilot study with high school students of Asian and Pacific Islander descent in Hawai‘i.</td>
<td>Questionnaire</td>
</tr>
<tr>
<td>15</td>
<td>Senn, C. Y. (2013)</td>
<td>Education on resistance to acquaintance sexual assault: the preliminary promise of a new program for young women in high school and university.</td>
<td>Questionnaire</td>
</tr>
<tr>
<td>16</td>
<td>Higareda-Almaraz, M. A., Higareda-Almaraz, E., Higareda-Almaraz, I. R., Barrera-de León, J. C., Gómez-Llamas, M. A., &amp; Benites-Godínez, V. (2011)</td>
<td>Parental aptitude to prevent child sexual abuse after a participatory education intervention</td>
<td>Questionnaire</td>
</tr>
<tr>
<td>17</td>
<td>Mantilla Uribe, B. P., Hakspiel Plata, M. C., Rincón Méndez, A. Y., Smith Hernández, D., &amp; Hernández Quirama, A. (2012)</td>
<td>Promotion of sexual and reproductive rights in adolescents of Bucaramanga, Floridablanca and Lebrija - Colombia.</td>
<td>Interview/ focus group discussion</td>
</tr>
</tbody>
</table>
Prevention of child sexual abuse is strategic in nature and needs an organized procedure because of the characteristics of the subjects mostly involved in this type of sexual abuse. Children and adolescent can be easily controlled and managed if right and correct steps are taken. As such a well-articulated child sexual abuse prevention program could go a long way in attenuating both the menace and the long term psychological effects of the act.

In the selected articles, prevention programs are mostly school-based focusing on not only the students (children or adolescents) but also focused on the teachers. Majority of the prevention programs also identified the place of parents and community in promoting sexual health of children and adolescents. Reducing the risk of child sexual abuse needs the intervention of public health, with the aim of targeting the population and addressing warning signs or red flags to look for in any strange situation. Prevention strategies are classified into 3 which are discussed below.

**Primary Prevention:** is any intervention that prevents sexual abuse before its occurrence. It involves understanding signs and taking actions before a sexual assault occur. This teaches children to respect the physical boundaries of others and refrain from unwanted touching. In this part, children are made to understand the part of their body and how it functions in relation to sexual abuse and red flags or warning signs. Critical review of preventive educational programs shows a clear evidence of improved safety skills, promote disclosure, reduce self-blame and increase the knowledge of children about sexual abuse. A clustered-randomized evaluation of 492 elementary school children shows an increase in children’s knowledge of inappropriate touch after a preventive program.

**Secondary Prevention:** approach is regarded as the immediate response to put a stop to an abuse after its occurrence and to respond to its short-term consequences. Due to the previous occurrence of sexual abuse, victims are prone to fall victim of such risk again or even become an offender “abusing other people”. However, this approach offers intervention in a non-stigmatizing way, to help solve victim’s problem by letting them know that the abuse wasn’t their fault; helping them to exercise the power to say NO, talk and report abuse cases, get rid of shame and guilt after an abuse, and build confidence and self-esteem. A quasi-experimental study of “steward of children” child sexual abuse program in 6 selected South Carolina counties did report efficiency in increasing knowledge, positive child protective change behavior and increase in sexual abuse allegation reports over time in the selected counties.

**Tertiary Prevention:** is a strategy that tackles long term response to sexual abuse by addressing its lasting consequences. It engages all sectors around the victim in healing and treatment process, promotes child rights to psychosocial well-being, development, protection, and care. Desai reported some tertiary prevention approaches for psychosocial intervention. They include advocating interventions for restorative justice, case management for children and their families and psycho-educational group work for children and abusers.

School-based Sexuality Education Program is a potential intervention to reduce sexual abuse of children and adolescents by introducing sex education program for school age children and adolescents. Sexuality educational programs involve processes used
in promoting health both in school and at home. These strategies are mostly carried out by educators, health professionals, parents, and guardians by directly teaching school children and school adolescent to identify and respond to potential abuse situations and build up the courage to inform trusted adults around. It creates an opportunity to develop reinforce skills, increase knowledge and understand nature of sexual abuse, favors the development of high self-esteem while helping to build a positive personal power and a changed community attitude towards sexual abuse.²⁷

Attitude change and behavioral change are the major targets of sexuality education because education can change the attitude or increase sexual knowledge. The result of this decreases falling sexual abuse victims or offenders. However, it also helps in the prevention of other health problems among school-age children and adolescent by promoting communication and human rights.

Other aims of sexuality education target creation of a positive personal power in each child and adolescent. Positive personal power is used by an educator in building strong self-esteem in children and adolescents and educating school children and adolescents on how to protect themselves against possible future occurrence of sexual abuse. It helps to set personal boundaries, recognize danger (red flags), identify warning signs of unsafe situations, and create confidence and the power to say "NO". In addition, knowing when to get help and raise a voice when something goes wrong is included in sexuality education strategy. Another element of sexuality education is making the children and adolescents to understand communication styles and connecting it to personal safety. Because child and adolescent sexual abuse occur in all social-economic levels, teaching young children the ability to protect themselves with personal power before help comes from others is of great advantage.

The place of school is very important in promoting health especially for spreading sexual abuse prevention programs. This is because the school is a conducive teaching environment with the ability to reach as many as possible children and adolescent at a time as well as giving autonomy to school age children and adolescent. With its mission to develop teaching and learning processes, it also plays a fundamental role in the children’s performance and formation in all areas of social life. World Health Organization argued in support of school health promotion by developing the concept and initiating the plans. It is believed to be a multifactorial approach that involves the development of competence in the classroom in addition to the transformation of the physical and social environment of the school.²⁸ In school activities, the use of videos, in-classroom activities, video games and parent education material will generally be of great advantage. The involvement of parents with school programs will increase communication and good working relationships between parents, guardians and school teachers.

The school based sexuality program should incorporate intersectoral and interdisciplinary style of promoting positive health in the sense that all party that can make a positive impact in the sexuality program should be involved, including school students (both children and adolescents), out of school adolescents as they have high impact in influencing their peers, parents and guardians, and teachers of the school age children and adolescent. This will generally help to strengthen and increase their knowledge, motivate them to protect and educate children on sexual abuse, improve parental awareness, increase child’s disclosure of sexual abuse and lowers the high rate of such crime in the society. In addition, some other strategies that can be included in the school-based sexual education program are:

**Child education program** solely focuses on children skills of understanding what a risk situation is, the ability to improvise a self-protective response and taking right steps in getting the necessary help from adults.

**Parenting educational classes** is one of the most important programs that can be very effective in reducing and avoiding the risk of sexual abuse among children and adolescents. Due to the nature of the relationship between parents and children, parents can detect strange behavior and decode when their children are in danger. The skills acquired during such classes will strengthen protection against the abusive act and identify when a potential future offender is growing. A non-randomized control study of long term effect of combined intervention of parent education, teachers training, and social competence training on reducing violence and risk behavior showed a positive influence in reducing violent behavior.²⁹

**Home visiting programs** approach works together or separately with parent educational classes by improving skills and knowledge of parents who are at risk or overwhelmed with sexual abuse issues. If it is well planned and managed, it can help in identifying new cases since most sexual abuse
in children and adolescent occurs victims’ neighborhood. The strategy creates confidence in victims and helps potential future offenders seek help in time.

**Teacher Training sessions** are important because of the teaching-learning relationship between teachers and students, school children easily abide with most instructions given to them by their teachers. High-quality teacher’s training session may play an important role in primary prevention of child and adolescent sexual abuse.

Finally, after the successful completion of a school-based sexual education program, evaluation is of importance in measuring the result of a training program. This is with a view to assessing the impact of training and provide an avenue to have feedbacks on other ways of improving such training strategies.

**CONCLUSION**

This review provided a critically appraised integrative review of selected child sexual abuse prevention studies. Currently, there is an inadequate representation of child sexual abuse prevention programs globally, especially in the under-developed and developing countries, therefore a need of more evidence-based research in these areas will be of great advantage to the field of public health. The result of this review indicates that the prevention programs could be effective if it is well planned and adequately executed. This review lays the foundation for a wide array of unanswered questions that remain regarding child sexual abuse prevention programs. However, future investigations should pay more attention to both genders because most studies concentrated more on young girls and adolescent’s girls, and in recent times, male victims of child sexual abuse are becoming more rampant in the society. Also, consideration should be given to methodological procedures for investigating such cases.

**REFERENCES**


