



Review

The Current Preventing of Child Sexual Abuse: A Scoping Review

Tetti Solehati ^{1,2,*} , Auliya Ramanda Fikri ² , Cecep Eli Kosasih ² , Yanti Hermayanti ² and Henny Suzana Mediani ²

¹ Doctoral Study Program, Faculty of Medicine, Universitas Padjadjaran, Bandung 45363, Indonesia

² Faculty of Nursing, Universitas Padjadjaran, Bandung 45363, Indonesia

* Correspondence: tetti.solehati@unpad.ac.id

Abstract: Child sexual abuse (CSA) is a global social problem that has a negative impact throughout the victim's life; therefore, it is necessary to prevent CSA as a protection for children. The study aimed to identify the literature on CSA prevention interventions as a method for preventing child sexual abuse, specifically to determine the types of studies that have been conducted, the purposes of the programs, the types of methods used, the duration of intervention, the place of intervention implementation, the effectiveness of the programs, and the study improvement recommendations. This review followed the Systematic Reviews and Meta-Analysis for Scoping Review (PRISMA-ScR) guidelines. Articles were searched using the PsycINFO database, CINAHL (EBSCO), ScienceDirect, MEDLINE (EBSCO), Scopus, Google Scholar, and manual searching with search engines. The inclusion criteria were focused on CSA prevention intervention programs, published between 2011 and 2021, published in English, using RCT/quasi-experiment/mixed method designs, and involving human subjects (children, parents, teachers, and caregivers). As many as 36 articles were selected for inclusion. Based on the results of the scoping review, it was found that three main thematic categories were identified, namely: (1) implementation of CSA prevention; (2) the effectiveness of CSA prevention; (3) research improvement recommendations. There are three main topics of CSA's promising prevention strategy focused on the target of strengthening protective factors that can be used by community service organizations providing services to children, policy-makers, and researchers. Preventive action requires strong collaboration between children, parents, teachers, and the surrounding community and must be supported by the use of innovative media that is adapted to the times. More evaluative research is needed to establish which strategies might be effective in CSA prevention practices.

Keywords: child sexual abuse; children; current; intervention; prevention



Citation: Solehati, Tetti, Auliya Ramanda Fikri, Cecep Eli Kosasih, Yanti Hermayanti, and Henny Suzana Mediani. 2022. The Current Preventing of Child Sexual Abuse: A Scoping Review. *Social Sciences* 11: 508. <https://doi.org/10.3390/socsci11110508>

Academic Editor: Nigel Parton

Received: 3 August 2022

Accepted: 31 October 2022

Published: 4 November 2022

Publisher's Note: MDPI stays neutral with regard to jurisdictional claims in published maps and institutional affiliations.



Copyright: © 2022 by the authors. Licensee MDPI, Basel, Switzerland. This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution (CC BY) license (<https://creativecommons.org/licenses/by/4.0/>).

1. Introduction

Child sexual abuse (CSA) is sexual activity with a child (person less than 18 years old) by an adult, adolescent, or older child, or a more powerful person, that violates the laws or social taboos of society, where the child does not fully comprehend, does not consent to, is unable to give informed consent to, or is not developmentally prepared for giving consent (CDC 2022; Greijer and Doek 2016; Prevent Child Abuse North Carolina 2022). CSA has short- and long-term adverse effects on its victims (World Health Organization 2017), such as biopsychosocial health problems (Alzoubi et al. 2018; Padmanabhanunni and Gqomfa 2022), bad behavior and personality problems, cognitive impairment, and academic failure (Al-rasheed 2017; Fergusson et al. 2013). According to the Independent Inquiry into Child Sexual Abuse (2017), the impact of CSA is adverse outcomes in all areas of survivors and victims' lives, including adverse physical health, emotional well-being, mental health and internalizing behaviors, externalizing behaviors, interpersonal relationships, socioeconomics, religious and spiritual beliefs, and vulnerability to revictimization. These

adverse outcomes are not just experienced over the short or medium term following sexual abuse but even can extend over survivors and victims' lifetimes (Fisher et al. 2017). CSA can also adversely affect their families, such as personal relationships, employment, and financial stability, over the medium to long term (Fisher et al. 2017). Global meta-analyses suggest that estimates of the prevalence of CSA are nearly 24% for female children (Qu et al. 2022) and 3%–17% for boys (Barth et al. 2013). The phenomenon of CSA events is like an iceberg, where the prevalence is likely to be higher than reported, due to the stigma and implications for the safety of children, as well as being undetected (Basilyous and Durgampudi 2016); so, many cases go unrevealed (Finkelhor et al. 2014). Parents, teachers, and all communities have an essential role in protecting the safety of children (Finkelhor 2009). Unfortunately, in general, people do not understand CSA prevention. Therefore, preventive efforts are needed to overcome the problem of CSA.

Prevention of CSA in this study is primarily prevention targeting the entire population and aims at preventing children from becoming victims or preventing people from committing violence (Horn et al. 2015). It is better to deal with CSA problems with primary prevention (Levine and Dandamudi 2016). The primary prevention approach's benefit is preventing children from becoming victims of CSA, because primary prevention is implemented before the initial incident occurs (Knack et al. 2019; World Health Organization 2006). Forms of sexual abuse include contact and non-contact abuse (Kloppen et al. 2016; Mathews and Collin-Vézina 2019). Therefore, studying CSA prevention is necessary to reveal all about CSA.

There are many studies of reviews related to CSA prevention interventions (Walsh et al. 2018). Previous reviews of the CSA prevention literature have focused more on developed countries, investigating prevalence rates (Barth et al. 2013; Mathews et al. 2016), while other studies in developing countries have reviewed the nature of CSA interventions and identified the types of CSA prevention initiatives implemented and their effectiveness (Russell et al. 2020). Other studies review school-based CSA prevention alone (Fryda and Hulme 2015; Topping and Barron 2009; Walsh et al. 2015), focusing on knowledge about sexual harassment and the concept of sexual harassment prevention as well as skills for protective behavior (Walsh et al. 2015), the state of the science in school-based CSA prevention programs (Fryda and Hulme 2015), and primary, tertiary, and secondary prevention related to harmful sexual behavior (McKibbin 2017). Then, there are other studies on the relationship between sexual abuse and other forms of abuse (Choudhry et al. 2018; Solehati et al. 2021), the literature about online sexual activity (OSA) involving webcams (Koops et al. 2018), the difference between CSA in the home and extra-familial abuse (Choudhry et al. 2018; Solehati et al. 2021), and the relationship between gender, age, perpetration, and sexual abuse (Babatsikos 2010; Choudhry et al. 2018; Solehati et al. 2021). The gaps in this research are: (1) many research teams are conducting CSA prevention interventions to address CSA problems with school-based child populations, rarely in the community; (2) various methods of CSA prevention interventions are being developed, especially for children, but are still rare for adults or people who care for children; (3) previous studies found some limitations, are still fragmentary, or have not been fully reviewed; (4) preliminary feasibility studies are promising but need the identification of particular interventions to prevent CSA, including the type of intervention, the length of time required for the intervention, the place of implementation, and real evidence of the effect of successful intervention in reducing the prevalence of CSA. Based on the gaps above, a literature review is needed to comprehensively map CSA's overall prevention. So, in the current study, we will include CSA prevention interventions in all countries (developed and developing countries) that are school- and community-based and focus on gaining the knowledge of and skills for protective behavior and all relevant aspects. This scoping review aimed to identify the literature on CSA prevention interventions as a method for preventing child sexual abuse, specifically to determine the types of studies that have been conducted, the purposes of the program, the types of methods used, the duration of intervention, the place of intervention implementation, the effectiveness of the

program, and the study improvement recommendations. The review question is: how are CSA prevention interventions, as a method to prevent child sexual abuse, presented in the literature?

2. Materials and Methods

This scoping review follows the JBI methodology, using the Preferred Reporting Items for Systematic Review checklist guidelines and the Meta-Analysis Extension for Scope Review (PRISMA-ScR) as writing guidelines (see Figure 1).

2.1. Eligibility Criteria

The criteria in this study based on the PCC framework are:

- Participants: children (age ≤ 18 years) and adults (age ≥ 19 years).
- Concept: intervention to prevent sexual abuse in children aged ≤ 18 years is intended for children, parents, teachers, professionals, or others.
- Context: child sexual abuse at school or in the community.
- Types of Sources: the sources considered in this scoping review consist of: (1) focus on the CSA prevention intervention program; (2) published between 2011 and 2021; (3) published in English; (4) full text; (5) quantitative studies: RCT, quasi-experiment, and mixed method; (6) not dissertation papers, conference proceedings, literature reviews, editorials, books, or book chapters; (7) respondents involve children, parents, teachers, nurses, doctors, and child caretakers as research subjects.

2.2. Search Strategy

A search strategy was undertaken to identify the primary sources of evidence and publications. The search strategy consisted of three stages based on the JBI methodology. The first stage was a limited initial search conducted on six online databases. Then, the title and abstract of the article with the relevant topic were analyzed. The second stage consisted of performing a search using all identified keywords and index terms across all included databases. The third stage was a reference list of identified reports and articles sought for additional sources. Search of articles used English electronic databases, such as: PsycINFO, CINAHL (EBSCO), ScienceDirect, MEDLINE (EBSCO), Scopus, and Google Scholar. Searches were conducted using keywords such as: “prevention” OR “interventions” AND “sexual abuse” OR “sexual violent” OR “sexual assault” AND “child” OR “teenager” OR “children”. We also took articles related to CSA prevention by manual searching with search engines.

2.3. Data Collection and Analysis

All researchers participated in the study selection process. All authors selected articles by following the PRISMA flow chart: (1) screening of duplicates; (2) screening of titles and abstracts; (3) full-text availability. Data were extracted manually from the study using the tabulation method. T.S. designed the study and provided the concept, selection study, screening, methods, original draft, data extraction, data analysis, review, editing, and manuscript writing. C.E.K. and A.R.F. extracted the data and wrote the manuscript. Y.H. and H.S.M. collected and analyzed the data. T.S., H.S.M., and Y.H. revised the manuscript for important intellectual contents.

2.4. Data Extraction

The data extracted from the studies were included in the scoping review by T.S., A.R.F., and C.E.K. using data extraction tools developed by the reviewers for data charting. The extracted data consisted of authors, years of publication, study locations, research objectives, designs, sample, intervention setting, length of intervention, follow-up period post-intervention, methods and media, control/comparative group, impact of intervention, and recommendation. The data extraction tool was modified and revised as necessary by the authors.

Ethics: no ethical approval was required for the study, because it is a review of existing published studies. However, ethically, researchers tried to use official sources in this study.

Figure 1 summarizes a flowchart of the scoping review and article-selection process in this study, which follow PRISMA (Moher et al. 2009).

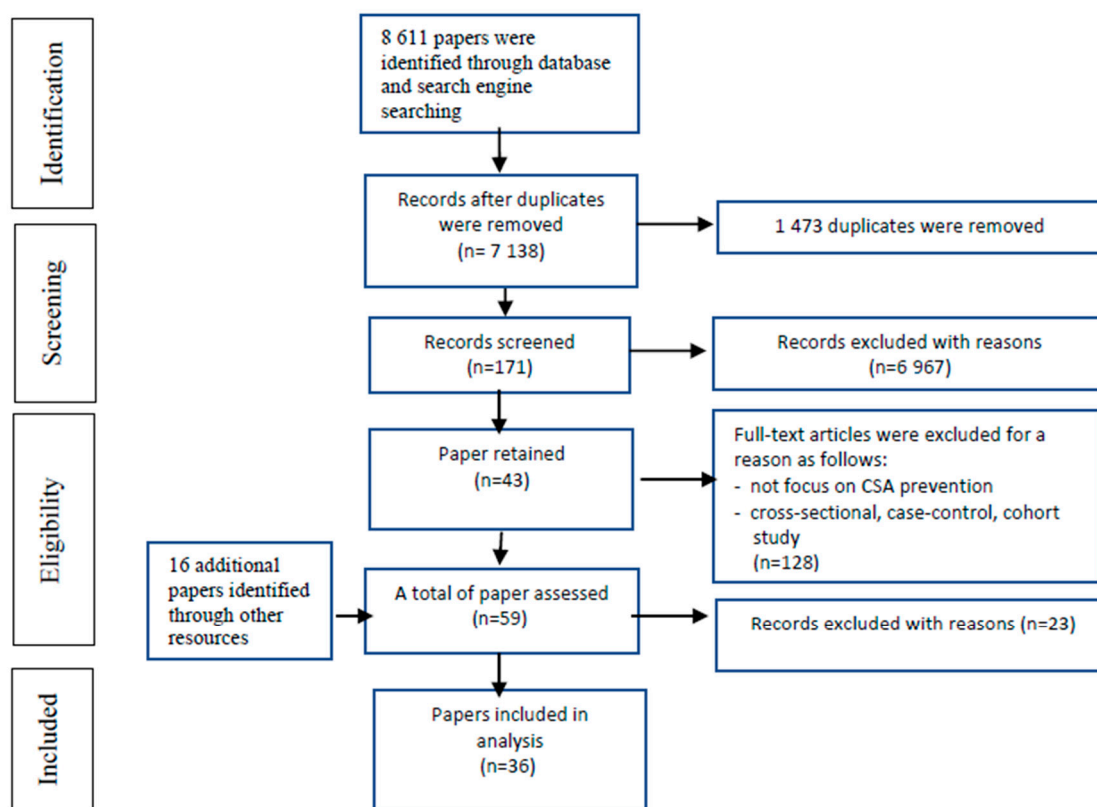


Figure 1. PRISMA flowchart of the review process.

3. Results

3.1. Study Selection

An initial search of the database returned 8611 articles. After correction for duplicates, 7138 remained. Of these, 6967 were excluded after title and abstract screening. All titles and abstracts from each database search were checked and matched against the inclusion criteria. The remaining 171 articles were taken for full-text review. Of these, 128 articles were excluded, and the reasons for their exclusion were noted. The remaining 43 articles were retained. Researchers identified 16 additional papers, received via email from manual search engines, totaling 59 papers being assessed. After applying the assessment to the 59 papers, 23 papers were excluded because of reasons such as the study's relevance and the sample size being inadequate to justify the study's conclusion. Finally, 36 papers were recruited, consisting of 27 papers from databases and 9 papers from search engine manual searching that met the inclusion criteria and were, thus, included in this review (Figure 1 summarizes PRISMA and Table 1).

Table 1. Selection results of interventions for prevention of child sexual abuse.

Authors, Year, and Place	Research Objectives	Design	Intervention Setting	Sample	Duration (week)	Follow-Up Period	Methods and Media	Control Group	Impact	Recommendation
Rowe et al. (2015) , USA	Knowing the effect of the CSA prevention skills practice program among adolescent girls	RCT	School	78 children 14–18 years old IG = 42, CG = 36	12	Every month for 3 months	Discussion, role play, stimulation	Yes	Yes	MVMC program is good for teenage girls to avoid violent male-to-female relationships
Nickerson et al. (2019) , USA	Knowing the effect of the program on increasing knowledge of CSA prevention, ability to recognize/report/reject unsafe touch, and perception of teacher-student relationships	RCT	School	2.172 children, 4–12 years old IG = 1.151 CG = 1.021	6	NA	Discussion, picture, video, doll, sketch	Yes	Yes	Teachers need support in a variety of areas if they are to successfully apply classroom lessons on CSA
Rheingold et al. (2015) , USA	Knowing the effect of the program on increasing the knowledge, attitudes, and behavior of CSA	RCT	Community	352 childcare professionals, aged 18–65 old IGIp = 115, IGWb = 115, CG = 112	2	NA	Web videos that can be watched online	Yes	NDIC	Short training for childcare professionals will have an impact on CSA prevention efforts
Dale et al. (2016) , Australia	Knowing the effect of the program on increasing children’s interpersonal safety knowledge and skills related to CSA	RCT	School	245 children, grade 1, aged 5–7 years old IG = 131, CG = 114	24	NA	Application web	Yes	Yes	This study can assess future policies related to the prevention of CSA
Chen et al. (2012) , Taiwan	Knowing the effect of the program on increasing knowledge and ability to protect oneself from CSA	RCT	School	46 children, grades 1–6, aged 6–13 years old IG = 23, CG = 23	NA	NA	Lectures, Q&A, illustration, roleplay	Yes	PS	Future research should modify the content of the program by targeting better knowledge about sexuality and safety
Morris et al. (2017) , USA	Knowing the influence of the program on CSA knowledge	RCT	School	1117 children, grades 1–6	4	NA	Lectures, Q&A, online training videos	Yes	Yes	School-based prevention of CSA requires modification in communities with high rates of child abuse and neglect

Table 1. Cont.

Authors, Year, and Place	Research Objectives	Design	Intervention Setting	Sample	Duration (week)	Follow-Up Period	Methods and Media	Control Group	Impact	Recommendation
Pulido et al. (2015) , USA	Knowing the effect of the program on increasing knowledge of CSA prevention	RCT	School	492 children, grades 2–3 IG = 195 (Me = 8.26 years) CG = 242 (Me = 8.41 years)	from 2012–2014	NA	Role-play book, a doll	Yes	Yes	Future research should explore the success of CSA prevention programs in children
Gushwa et al. (2019) , USA	Test effectiveness program on awareness, knowledge, reporting responsibilities and responses to allegations of CSA for teachers	RCT	School	134 teachers (Me 30–39 years old) IG = 61 CG B = 55, CG C = 18	NA	NA	Interactive online training course	Yes	Yes	The need to further test the effectiveness of Enough! programs (and similar programs) more broadly so that educators are better equipped to protect against the threat of CSA and deviant sexual behavior
Espelage et al. (2013) , USA	Evaluating the effect of the program in reducing CSA, peer aggression, victimization, homophobic name-calling	RCT	School	3616 6th grade students IG = 1940, CG = 1676	15	12 months	Lessons, DVD, video demonstrations	Yes	PS	The SS-SSTP program is effectively implemented to reduce physical aggression in adolescents
Navaei et al. (2018) , Iran	Testing the effectiveness of group counseling on self-efficacy, knowledge, attitudes, and communication practices of parents in preventing CSA in children aged 2–6 years	RCT	School	62 parents IG = 31 people, CG = 31 people	3	Before, immediately after, and one month after intervention	Counseling with the GATHER method (Greet, Ask, Tell, Help, Explain, and Return) consulting steps	Yes	Yes	Awareness of CSA and its prevention must be raised in the community through effective training programs
Nickerson et al. (2018) , USA	Evaluating program effectiveness in increasing knowledge, motivation, and self-reported conversations about CSA for parents	RCT	Community	438 parents who have children aged 3–11 years old	NA	At 2 months	Video	Yes	Yes	Further research using and involving fathers, involving parents of high risk and diverse economies, cultures, and ethnicities

Table 1. Cont.

Authors, Year, and Place	Research Objectives	Design	Intervention Setting	Sample	Duration (week)	Follow-Up Period	Methods and Media	Control Group	Impact	Recommendation
Bustamante et al. (2019) , Ecuador	Evaluating the immediate and medium-term impact of the program on children's self-protection knowledge from CSA	RCT	School	4932 children aged 7–12 years old	24	At 6 months	Workshop	Yes	Yes	Further research should evaluate the potential suitability of school-based train-the-trainer prevention programs in LMICs
White et al. (2018) , Australia	Examining the effectiveness of the program to improving interpersonal safety knowledge and parent-rated interpersonal safety skills	RCT	School	611 children, grade 1 (5–7 years old) IG = 375, CG = n = 236	5	At 6 months	Scenarios, drawings	Yes	PS	Future research needs to evaluate the effect of further parent and teacher integration into training program to more effectively target specific disclosure intentions and skills
Holloway and Pulido (2018) , USA	Evaluated the effectiveness of CSA prevention exhibit at a children's museum in increasing knowledge	RCT	School	411 children, grades 2–3	5	Post 4 weeks	Curriculum, interactive workshop, culturally appropriate puppets, role-play scenarios	NA	Yes	A more detailed review of results is needed when creating, evaluating, and reporting on the effectiveness of a CSA prevention program. Needed to adequately assess the impact of CSA prevention programs across different populations
Horn et al. (2015) , UK	Prevent CSAs by using a free anonymous helpline preventing CSA that provides information, advice, and direction regarding CSA	Pre-experiment	Community	3265 participants of various ages	48	12 months	Website, helpline preventing CSA, Q&A	No	Yes	It is hoped to expand the effect of the Stop It Now! in reducing the incidence of CSA
Man-Ging et al. (2015) , Germany	Studying increased empathy in child care professionals	Pre-experiment	Community	42 experienced professionals (teachers, psychologists, social workers, pastoral), 24–69 years old	24	NA	E-learning curriculum modules	No	Yes	Further research is recommended to include more male samples

Table 1. Cont.

Authors, Year, and Place	Research Objectives	Design	Intervention Setting	Sample	Duration (week)	Follow-Up Period	Methods and Media	Control Group	Impact	Recommendation
Kim (2016), South Korea	Evaluate program effectiveness on CSA prevention skills for children with intellectual disabilities	Pre-experiment	Community	3 elementary school children, aged 11–13 years old, with mild to moderate intellectual disabilities	NA	At 10 weeks	Role-playing scenarios, Power Point	No	Yes	More research is needed to assess generalizability with individuals the children know
Brown (2017), USA	Assess the effectiveness of The Safer, Smarter Kids kindergarten sexual abuse prevention curriculum in meeting its educational objectives of increasing children's knowledge of safety risks and self-protection strategies	Pre-experiment	School	1169 kindergarten students	6	30 days post-intervention	Video material, structured learning, class exercises, parent newsletters, class materials/handouts, skill-based scenarios, homework for the children, DVD, flash drive, curriculum	No	Yes	Further research should randomize field experiment using a pretest–posttest control group design, using statewide cluster sampling to enhance generalizability, study design using incorporate qualitative and quantitative data collection from various sources
Neherta et al. (2017), Indonesia	Evaluating the effectiveness of the intervention on the knowledge and assertive behavior of elementary school-aged children	Quasi-experiment	School	1.112 elementary school children IGN = 362, IGT = 385, CG = 365	12	At 3 months	Visual auditory kinesthetic (movies, presentation, role-play, discussion using pictorial sketch story, leaflets, local-language song)	Yes	Yes	The model can be used as a primary prevention model for CSA elementary school age
Nurse (2017), USA	Evaluating programs on adult knowledge and behavior change regarding CSA	Quasi-experiment	Community	Teachers, coaches, and other school or church staff (Me = 39 years old) IG = 503, CG = 53	24	At 6 months	Online (web) film	Yes	Yes	Further research uses random samples into control and experimental groups and uses minority populations

Table 1. Cont.

Authors, Year, and Place	Research Objectives	Design	Intervention Setting	Sample	Duration (week)	Follow-Up Period	Methods and Media	Control Group	Impact	Recommendation
Yıldız and Cavkaytar (2017) , Turkey	Knowing the influence of the program on mothers' attitudes regarding their child's sexuality education and their perceptions of social support	Quasi-experiment	Community	44 mothers with intellectual disabilities IG = 22, CG = 22	NA	NA	Audio visual, printed books, applications, PowerPoint, social story writing, phantom model	Yes	Yes	Participants are advised to involve a sample of the father/both parents; new teaching modules can be added to the program and are more comprehensive
Citak Tunc et al. (2018) , Turkey	Knowing the effect of the program on CSA prevention knowledge and self-protection skills in children	Quasi-experiment	School	83 preschool children, aged 36–72 months old IG = 40, CG = 43	1	After 1 month	Picture books, narration	Yes	Yes	It is recommended that the BST program be included in the preschool curriculum, and that information and training on the BST program be provided to all professionals working with children, parents, communities, and relevant public institutions
Shin-Jeong and Kyung-Ah (2017) , South Korea	Knowing the influence of the program on knowledge and self-protective behavior of prevention of CSA	Quasi-experiment	School	89 children, aged 9–11 years old IG = 39, CG = 50	6	NA	Presentation, group discussion, game, role play, video	Yes	PS	School nurses can encourage many professional groups to participate and play an important role in the prevention of CSA
Czerwinski et al. (2018) , Germany	Knowing the effect of the program on increasing children's knowledge, attitudes, and skills in protecting themselves from CSA	Quasi-experiment	School	291 3rd grade children, aged 8–9 years old, and 328 parents IG1 = 151, IG2 = 60, CG = 80	NA	At 3 months	Lectures, Q&A, discussion, group discussion, video theater	Yes	Yes	It is suggested that the program can be applied more broadly to primary schools. Suggested flexible implementation by trained teachers who are supported with the help of all the necessary materials
Barron and Topping (2013b) , Scotland	Knowing the effect of the program on increasing knowledge of CSA prevention skills	Quasi-experiment	School	390 children, aged 12–14, grades 6–8 IGT = 205, CG = 185	NA	NA	Discussion, debate, dice roll game	Yes	PS	Further research is suggested to involve a larger sample size

Table 1. Cont.

Authors, Year, and Place	Research Objectives	Design	Intervention Setting	Sample	Duration (week)	Follow-Up Period	Methods and Media	Control Group	Impact	Recommendation
Baker et al. (2014) , USA	Knowing the effect of the program on the effectiveness of the CSA prevention curriculum on knowledge, attitudes, and self-efficacy	Quasi-experiment	School	136 high school students IG = 63, CG = 73	24	NA	Lecture, curriculum, role models	Yes	Yes	The train-the-trainer model is good for dealing with sensitive health topics
Moon et al. (2017) , South Korea	Develop and evaluate the effect of interventions on CSA prevention awareness and skills	Quasi-experiment	School	45 children, grade 2, aged 10 years old IG = 15, CG A = 15, CG B = 15	4	After 4 weeks	Mob_APP application, textbook-based	Yes	NDIC	SAP_MobAPP can help discover the educational perspective of primary school CSA; therefore, schools have more opportunities to apply it
Zhang et al. (2014) , China	Testing the feasibility of a sexual abuse prevention education on sexual abuse prevention knowledge and self-protection skills gains in preschool children	Quasi-experiment	School	150 preschool children, aged 3–5 years old IG = 78, CG = 72	1	NA	Stories (each story has an accompanying picture/pictures)	Yes	Yes	Children, parents, teachers, social workers, policy makers, and general public need to be educated and empowered with knowledge and skills related to CSA prevention to combat CSA successfully
Weatherley et al. (2012) , Malaysia	Examines a personal safety curriculum offered to provide children information about their body, safe-unsafe situations, building a support system, and to impart safety strategies and skills	Quasi-experiment	School	261 primary school students (mostly nine years old) IG = 261, CG = 184	6	At 2 months	Games and role-play	Yes	PS	Adequate additional training and strengthening time is needed for a minimum of two additional sessions, and repeated exposure training is needed to expand and maintain the child's knowledge and skills of self-protection; elements of an age-appropriate personal safety curriculum should start at the age of three; strong support and leadership are needed from the Ministry of Education

Table 1. Cont.

Authors, Year, and Place	Research Objectives	Design	Intervention Setting	Sample	Duration (week)	Follow-Up Period	Methods and Media	Control Group	Impact	Recommendation
Daigneault et al. (2012) , Canada	Knowing the effectiveness of a school-based sexual abuse prevention workshop on increasing knowledge, the ability to offer behavioral responses, peer victimization, sense of safety, empathy, self-efficacy, and support	Quasi-experiment	School	160 students, grades 3–6 IG = 70, CG = 90	96	At 2 years	Workshop, role-plays	Yes	PS	Additional sessions for all sexual harassment prevention workshops are required to be four to five sessions; it is recommended to adapt the workshop to include aspects that are relevant to the different cultures of the respondents
Ogunfowokan and Fajemilehin (2012) , Nigeria	Knowing the effectiveness of the program in increasing knowledge and attitude of sexual abuse prevention	Quasi-experiment	School	200 high school girls, 13–24 years old IG = 91, CG = 109	28	NA	Lecture, discussion, written materials, newspaper materials that reported CSA experiences	Yes	PS	Correction of sexual abuse myths in the wider society is needed to promote attitudes that support sexual abuse prevention
Müller et al. (2014) , Germany	Knowing the effectiveness of the program on knowledge, behavioral intentions, emotional awareness in elementary school age	Quasi-experiment	School	286 children, 8 to 11 years old IG = 137, CG = 149	4 weeks	NA	Web-based training, film clips, stories, tasks, games	Yes	Yes	Online CSA prevention be able to either be an effective alternative when there is no face-to-face program available, or be able to a repetition that can be implemented sometime after a face-to-face prevention program
Kenny et al. (2012) , USA	Evaluated a personal safety educational program in enhanced ability to recognize inappropriate touches, learned correct genital terminology, recognize the inappropriateness of touch, personal safety skills, and learned general safety rules	Quasi-experiment	School	123 children at preschool/daycare centers IG = 78, CG = 45	10 one-hour sessions	At 3 months	Psychoeducation, role-playing, showing of movie, reading of book, workbook, curriculum	Yes	Yes	Efforts are needed to involve children and parents in the prevention of CSA

Table 1. Cont.

Authors, Year, and Place	Research Objectives	Design	Intervention Setting	Sample	Duration (week)	Follow-Up Period	Methods and Media	Control Group	Impact	Recommendation
Hudson (2018), UK	Knowing the effect of the program in increasing knowledge and awareness in the prevention of CSA	Mixed methods	Community	252 parents, caregivers, and professionals, at least 16 years old	12	NA	Q&A, Internet	Yes	PS	Implications for increasing parental and professional attendance in educational programs and raising awareness of CSA prevention Stop it Now! Wales
Goldman and Grimbeek (2014), Australia	Testing content for teachers on CSA interventions	Mixed-Method	School	321 student teachers, aged 20–52 years, from various levels of education units	13	NA	lectures, Q&A	No	Yes	Can be applied to guide teachers and educators in designing child sexual abuse intervention curricula
Neherta et al. (2015), Indonesia	Establish a promotion and prevention intervention model that can be used as primary prevention of CSA in primary schools	Mixed-Method	School	170 elementary school teachers and students	48	Initial evaluation, post 1 evaluation, third post 2, and post 3	Film, lectures, role play, local language song, pictorial sketch stories, leaflets	Yes	Yes	“Neherta” model is an important intervention model for the promotion and prevention of ASD to be applied to primary school children

NA = not available, IPV = intimate partner violence, CSA = child sexual abuse, IG = intervention group, CG = control group, IGA = intervention group A, IGB = intervention group B, IG1 = intervention group-1, IG2 = intervention group-2, IGIp = IG-in-person, IGWb = IG-web-based, NDIC = no difference between the intervention group and the control group, PS = partially successful, Me = median age, IGN = intervention group nurse intervention, IGT = intervention group teacher intervention, Q&A = question and answer.

3.2. Characteristics of Study

A total of 36 studies were included in this scoping review. The research was carried out in 16 countries with the majority of studies in the USA ($n = 13$), Germany ($n = 3$), Australia ($n = 3$), South Korea ($n = 3$), the UK ($n = 2$), Turkey ($n = 2$), Indonesia ($n = 2$), Taiwan ($n = 1$), Iran ($n = 1$), Ecuador ($n = 1$), Scotland ($n = 1$), China ($n = 1$), Malaysia ($n = 1$), Canada ($n = 1$), and Nigeria ($n = 1$). The year of publication ranges from 2012–2019, the majority in 2017 ($n = 7$) and in 2018 ($n = 7$).

3.3. Characteristics of Sample

The study found that, in terms of sample characteristics, the majority of the studies involved a sample of children ($n = 25$), professionals ($n = 5$), parents ($n = 3$), parents and professionals ($n = 1$), teachers and students ($n = 1$), and sample of various ages ($n = 1$). The characteristics of the samples showed that the sample size varied from 3–4932 for children and from 44–503 for adults and was 3265 for various ages. This study showed that for all the articles analyzed, the sample population was children aged 3–18 years and adults aged 19–69 years.

3.4. Findings

Based on Table 1, the results of the CSA preventive intervention research analysis can be seen as follows: there were three main themes identified, namely: (1) implementation of CSA prevention; (2) the preventive effect of CSA; (3) research improvement recommendations.

3.4.1. First Theme: Implementation of CSA Prevention

(1) Purposes

Thirty-six studies on the prevention of CSA have been identified. The research objectives varied. The results of the review found that the research objectives varied, as follows:

- The majority ($n = 25$) increased knowledge (Brown 2017; Bustamante et al. 2019; Citak Tunc et al. 2018; Czerwinski et al. 2018; Daigneault et al. 2012; Dale et al. 2016; Gushwa et al. 2019; Hudson 2018; Müller et al. 2014; Morris et al. 2017; Navaei et al. 2018; Neherta et al. 2015, 2017; Ogunfowokan and Fajemilehin 2012; Rheingold et al. 2015; Weatherley et al. 2012; Chen et al. 2012), skills ($n = 13$) (Barron and Topping 2013b; Citak Tunc et al. 2018; Czerwinski et al. 2018; Dale et al. 2016; Kim 2016; Moon et al. 2017; Ogunfowokan and Fajemilehin 2012; Rowe et al. 2015; Chen et al. 2012), and attitude ($n = 7$) (Baker et al. 2014; Boduszek et al. 2019; Czerwinski et al. 2018; Müller et al. 2014; Navaei et al. 2018; Rheingold et al. 2015; Yıldız and Tanrıverdi 2018).
- A small proportion were to improve communication practices, motivation, self-efficacy, the ability to resist touch, perception, or self-awareness, to test the content of CSA prevention, or to lower CSA.

(2) Methods of intervention

When viewed from the type of intervention method for providing information, there were multi-method types ($n = 29$) and single-method types ($n = 7$). Of the two types of methods, the methods that researchers widely used were role-playing ($n = 11$), discussion ($n = 8$), and question and answer lectures ($n = 8$). The media that researchers widely used were video films ($n = 9$) and video games ($n = 5$).

- Interventions in children aged 12–18 years can be carried out using several methods such as lectures, role models, stimulation discussions, debates, dice-roll games, role-playing scenarios, curriculum, written materials, newspaper materials that reported sexual abuse experiences, and question and answer with media tools such as Power-Point, website, a helpline preventing CSA, and other tools (Baker et al. 2014; Barron and Topping 2013a; Horn et al. 2015; Kim 2016; Ogunfowokan and Fajemilehin 2012).

- School-age children (6–12 years) can use lectures, discussion/group discussions, game lessons, workshops, role-plays, video demonstrations, visual auditory kinesthetics, presentations, illustrations, role-play books, question and answer, online training videos methods, Mob_APP application, textbooks, pictures, videos, dolls, sketches, theatres, websites, curriculum, interactive, culturally appropriate puppets, web-based trainings, film clips, stories, tasks, and a helpline preventing CSA (Bustamante et al. 2019; Czerwinski et al. 2018; Espelage et al. 2013; Horn et al. 2015; Moon et al. 2017; Morris et al. 2017; Neherta et al. 2017; Nickerson et al. 2019; Pulido et al. 2015; Shin-Jeong and Kyung-Ah 2017; Chen et al. 2012).
- In pre-school-aged children (4–6 years), the methods used can be narration, question and answer lectures, discussions, media tools such as web applications, picture books, reading of story books, videos/movies, dolls, sketches, websites, scenarios, drawings, structured learning, class exercises, parent newsletters, class materials, handouts, skill-based scenarios, homework, DVDs, flash drives, curriculum, workbook psychoeducation, role-playing, and a helpline preventing CSA (Citak Tunc et al. 2018; Dale et al. 2016; Horn et al. 2015; Nickerson et al. 2019).
- Prevention intervention of CSA for parents can be provided using counseling with the GATHER method's consulting steps, question and answer with media tools such as the Internet, videos, audiovisuasl, printed books, applications, PowerPoint, social story writing, the phantom model, websites, and a helpline preventing CSA (Horn et al. 2015; Hudson 2018; Navaei et al. 2018; Nickerson et al. 2018; Yildiz and Cavkaytar 2017).
- Prevention intervention of CSA for teachers can be provided using interactive online training courses, the Internet, lectures, question and answer lectures, role-plays, songs with media tools such as local-language songs, pictorials, sketch stories, leaflets, and films (Goldman and Grimbeek 2014; Gushwa et al. 2019; Horn et al. 2015; Neherta et al. 2015; Nurse 2017).
- Prevention intervention of CSA for professionals and caregivers can be provided using e-learning, question and answer lectures, and media tools such as online web videos, curriculum modules, websites, and a helpline preventing CSA (Horn et al. 2015; Man-Ging et al. 2015; Rheingold et al. 2015).

(3) Duration of implementation

The duration of intervention varied, ranging from one-hour sessions–96 weeks, but the majority were 24 weeks ($n = 6$) (Baker et al. 2014; Bustamante et al. 2019; Dale et al. 2016; Man-Ging et al. 2015; Nurse 2017); however, seven studies did not mention the duration. To evaluate the output of the study, the researchers carried out a follow-up with a period that varied from 12 days–2 years; the majority were one-month post-intervention ($n = 7$), and a few were after the intervention ($n = 1$), 2 months post-intervention ($n = 1$), 3 months post-intervention ($n = 4$), 6 months post-intervention ($n = 3$), 12 months post-intervention ($n = 2$), and 24 months post-intervention ($n = 1$), but most studies did not mention when the effect of the intervention occurred ($n = 17$).

(4) Place of implementation

The CSA prevention program was based on the place of implementation; most were school-based ($n = 28$), and there were a small number of community-based programs (8). School-based CSA prevention programs were carried out starting from play group–high school level, such as:

- Pre-school school-age children (Brown 2017; Citak Tunc et al. 2018; Dale et al. 2016; Kenny et al. 2012; White et al. 2018; Zhang et al. 2014).
- Play group and elementary-school-age children (Dale et al. 2016; Nickerson et al. 2019).
- School-age children (Boduszek et al. 2019; Bustamante et al. 2019; Czerwinski et al. 2018; Daigneault et al. 2012; Espelage et al. 2013; Holloway and Pulido 2018; Müller et al. 2014; Moon et al. 2017; Morris et al. 2017; Neherta et al. 2017; Pulido et al. 2015; Shin-Jeong and Kyung-Ah 2017; Weatherley et al. 2012; Chen et al. 2012).

- Children of junior high school age ([Barron and Topping 2013b](#); [Rowe et al. 2015](#)).
- Children of high school age ([Baker et al. 2014](#); [Ogunfowokan and Fajemilehin 2012](#)).
- Teachers of all school levels ([Goldman and Grimbeek 2014](#); [Gushwa et al. 2019](#)).
- Teachers and elementary school children ([Neherta et al. 2015](#)), and parents ([Navaei et al. 2018](#)).

3.4.2. Second Theme: Effectiveness of CSA Prevention

(1) Types of studies

Most studies were quasi-experimental ($n = 15$), and several were RCT ($n = 14$), pre-experimental ($n = 4$), or mixed method ($n = 3$). Most of the studies used a control group and an intervention group ($n = 30$), some only used an intervention group ($n = 5$), and others did not make this information available ($n = 1$). The majority of studies used a control group and an intervention group, where the control group was used as a comparison for the intervention group on the results of the interventions carried out, while the remaining studies only used the intervention group, so there was no comparison of the research results.

(2) Effectiveness of the program

Almost all of the CSA prevention interventions in this literature have impacted the achievement of their research goals. All CSA prevention programs had a significant effect ($n = 25$). However, there were studies showing that the program had partial effectiveness, where the intervention was only effective in part of the research objectives ($n = 11$), namely:

- In Rheingold et al., there was no significant difference in the knowledge and behavior in the web-based intervention group because the intervention was given briefly, so that it was substantially insufficient to achieve knowledge in the long term. Meanwhile, the attitudes and behaviors in the in-person stewards intervention group showed significant results because of the “contamination effect” ([Rheingold et al. 2015](#)).
- In Moon et al., there was no significant difference between CSA prevention awareness and skills between groups because the material that the researchers presented tended to be forgotten, if only given at school ([Moon et al. 2017](#)). The use of this application requires an alternative to being used at home, by repeating lessons for one month after presentation of the primary material, so parents must be aware that CSA education is very important in school ([Rudolph et al. 2018](#)).
- In Shin-jeong and Kyung-A, there was no significant difference in the aspect of knowledge because the education was only given for six weeks, so the C-SAPE intervention should be given for a longer time in order to produce better results. Besides, the study of the C-SAPE program was only given to children ([Shin-Jeong and Kyung-Ah 2017](#)).
- In Yi-Chen et al., there was no increase in the knowledge or ability to protect themselves, possibly because the time provided by the two sessions of the prevention program ranging from 100 minutes was not enough for children to understand the information ([Chen et al. 2012](#)). In addition, parents feel sensitive to the topic of sexual abuse, so they have less interest in including their children in this study ([Chen et al. 2012](#)).
- In Barron and Topping, there was no difference in the knowledge of CSA prevention skills for Grade 7/8 because there is a difference in the duration of the intervention between Grade 6 and Grade 7/8 ([Barron and Topping 2013a](#)). This is also related to the cognitive, social, and emotional changes that occur during the adolescent transition period, so a conceptual abstract program is needed ([Tutty 2000](#)).
- Hudson’s Welsh study found that parents felt that the education provided was quite challenging to accept ([Hudson 2018](#)), failing to increase the confidence of parents in providing education to their children because the parents felt that the education provided was quite challenging to accept (as it is still considered taboo).
- Espelage et al. reported that there was no success in reducing the behaviors or victims of bullying and sexual abuse. This is because the students were not exposed to specific

content related to sexual harassment, experiences of sexual assault and homophobic ridicule were rarely reported, the number of schools intervened was small compared to other RCT studies, and the interventions that were carried out only depended on individual reporting, thereby increasing mono-informant bias (Espelage et al. 2013).

- Daigneault et al.'s program had an impact on the ability to offer behavioral responses, peer victimization, sense of safety, empathy, self-efficacy, and support but had no impact on sexual harassment knowledge or the brief reinforcement sessions to make children remember the material (Daigneault et al. 2012).
- Ogunfowokan et al.'s program only had an impact on increasing knowledge but had less of an impact on attitudes (Ogunfowokan and Fajemilehin 2012).
- White et al.'s program had an impact on improving interpersonal safety knowledge and parent-rated interpersonal safety skills but had no impact on children's disclosure intentions, safety identification skills, or interpersonal safety skills (White et al. 2018). This is because some of the concepts taught in the program may have been covered in the standard Australian school curriculum.
- Weatherley et al. found that the length of time spent in the six-session curriculum was not enough for children's practice or reinforcement.

3.4.3. Third Theme: Research Improvement Recommendations

Each study provides various recommendations, which are divided into six themes, namely: (1) importance of using research programs for the self-protection of adolescent girls and children, guiding teachers and educators in designing CSA prevention curricula for sensitive health topics, and application in schools; (2) need for support for teachers, the need for training for professional childcare, and the need for backup of helpline contacts and all materials; (3) need for modification of program content by targeting knowledge and security, modification of research in community settings, and modification of teaching modules to be more comprehensive; (4) improvement of the quality of the program by testing the program more broadly and expanding its effects; (5) sample, where it is recommended to apply research using a larger sample size, a sample that is known to children (involving a variety of economies, cultures, and ethnicities), using parents and professionals, using a random sample, involving more male samples, and involving a sample of the father/parents; (6) evaluation, where the researcher recommends that awareness of CSA, its prevention should be raised in the community through the program, and the potential suitability of train-the-trainer prevention programs and assesses policies are evaluated.

4. Discussion

This review aimed to identify the literature on CSA prevention interventions as a method for preventing child sexual abuse. Many experts have studied CSA prevention interventions, but the techniques vary. Giving the proper intervention is expected to reduce CSA problems significantly, not only for research purposes.

The results of the review found that most of the sample was children. The target of CSA prevention research is more focused on children and rarely on adults, such as parents and adults who work with children professionally, even though it is essential to educate parents, professionals, and the public about CSA (Kenny and Wurtele 2012). Involving parents in educating children about CSA prevention effectively supports children in applying self-protection skills (Babatsikos 2010; Nickerson et al. 2018). Prevention programs will be more effective and provide great potential if they involve adults such as parents and adults who work with children professionally (Rheingold et al. 2012). This can be the basis for further research to prevent CSA by involving adults such as parents and adults who work with children professionally.

Most of the countries that studied CSA were developed countries. As such, research on the prevention of CSA is still rarely carried out in developing countries, even though the incidence of CSA is high not only in developed countries but also in developing countries. Nowadays, research on CSA prevention interventions has focused on Western

and developed countries, whereas CSA levels are consistently higher in developing and non-Western countries (Russell et al. 2020). Research on CSA is needed in developing countries as an evidence base to create a targeted CSA prevention program. This research is needed because it is the first step toward developing health policies to be more research-oriented and focused (Russell et al. 2020).

Most of the research increases knowledge, skills, and attitude. For future research, it is necessary to improve communication practices, motivation, self-efficacy, the ability to resist touch, perception, and self-awareness to become a comprehensive unit, so that children are not only equipped with the knowledge, attitudes, and skills about the prevention of CSA. Awareness is essential because it is a crucial success factor in avoiding harmful situations, recognizing signs of CSA, and listening to a child's problems without skepticism (Babatsikos 2010). Perception is also important to study because it will affect a person's actions. Mothers' perceptions of CSA are fundamental because they may affect their understanding of CSA and their actions to protect their children (Alzoubi et al. 2018). Parents and adults responsible for children also need high self-efficacy to increase their confidence in preventing CSA, one of which is counseling. Counseling effectively increases parents' self-efficacy regarding CSA (Navaei et al. 2018). Next are communication practices, since children often are curious about something new, including sexual problems. The refusal of parents to correctly answer questions from a child can reduce their interest in the future (Navaei et al. 2018), so that children do not get adequate information. To protect children from CSA, it is essential for parents to convey the message that their genitals should not be seen or touched by others. However, many parents do not give such a notice, instead telling their children to stay away from strangers to avoid kidnapping (Navaei et al. 2018). One attempt of the measures to counteract the possibility of CSA is the development of self-protection skills and other strategies, such as children's ability to resist touch (Wulandari et al. 2020), so that children can distinguish between appropriate and inappropriate touch.

Adequate CSA prevention knowledge in children is essential for children not to become victims (Solehati et al. 2022). This can be done by increasing their knowledge, attitudes, behavior, self-efficacy, and skills practice, through the prevention intervention of CSA. Child safety must be supported by parents, teachers, professionals, and the caregivers who play a role in protecting children from CSA, by increasing their knowledge, skills practice, awareness, self-efficacy, attitudes, motivation, empathy, behavior, perceptions, communication practices, and reporting responsibilities and responses to allegations of CSA. Parents and teachers significantly contribute to CSA prevention information (Solehati et al. 2022). Various CSA prevention intervention methods, both single-method and multi-method, can be carried out according to the age of children and adults. This is so that the material provided is right on target. The review results showed that most intervention methods used multi-method types of education rather than single-method. The single method was practical and did not cost much. At the same time, multi-method types have the advantage that informants can utilize the power of visual and verbal forms of expression to increase understanding. Participants can learn more deeply from designed multimedia messages than from more traditional media (Mayer 2003). Based on the results of this review, in general, the methods that are widely used, both multi-method and single-method, are discussion, role-play, and question and answer lectures. They did not explain why they used these methods in their research. Basically, the effectiveness of providing information on CSA prevention depends on the structure and method of providing information, which must follow the target age (Martyniuk and Dworkin 2011). The media that researchers widely used were video films and video games. Video media was a passive medium, but many children loved it. In principle, several techniques can be applied in a CSA prevention program, namely encouraging children as passive and active participants. Children as active participants mean that children are engaged in the learning process, whether physically, verbally, or both; passive participation means not encouraging

children to participate physically or verbally (Martyniuk and Dworkin 2011; Walsh et al. 2015).

Various sexual crimes threaten children, one of which is online crime, which needs to be considered, given that all people of various ages today use the Internet to find information. Online sexual activity could implicate violations of sexual boundaries, ranging from minor issues to severe forms of sexual abuse (Koops et al. 2018). Therefore, the prevention of CSA through the Internet is very appropriate. Unfortunately, the Internet and related applications have not been widely used in the results of this review. Internet-based methods have several advantages, such as easy access to information during education (Paranal et al. 2012) and can be utilized anywhere and by anyone. Social media applications are currently interesting for people who are Internet-literate. Social media was described as a great personal and promotional tool (Okazaki and Taylor 2013), which has a significant effect on and is part of a new revolution in communication (Patino et al. 2012). This method would be better if packaged in a mobile application where messages are conveyed through an interesting multi-method approach.

The implementation duration varied, with the majority being 24 weeks. To evaluate the output of the study, the researchers carried out a follow-up with a period that varied, with the majority being 2–6 months. There was no explanation from the researchers regarding the time used in their studies. Thus, it is necessary to carry out further studies on the implementation duration of an intervention. There needs to be a study of the duration and frequency of time necessary to carry out an intervention, to be right on target. In this study, the researchers assessed the program's effects at different times; single studies each took place after the intervention and two months post-intervention, one-month post-intervention, and six months post-intervention, but most of the 25 studies did not mention when the effect of the intervention occurred. To evaluate the research output, some researchers conducted a follow-up with varying periods of time. Unfortunately, most of the researchers did not mention any follow-up. A follow-up activity on the results was important for understanding the progress of the results conducted by the respondents, especially whether they survived or not. It is necessary to research how long the intervention and follow-up are effective, so that the gold standard amount of time can be found for the implementation of CSA.

Regarding the place of implementation, most were school-based, while a few were community-based. A school-based CSA prevention program was an essential primary prevention program, where the approach system can be universally implemented with relatively small costs and risks (Wurtele and Kenny 2010); such a program can be adapted to the school health curriculum (Walsh et al. 2013) and was promising because it involved several prevention strategies in the schools' community groups such as teachers, students, parents, and the environment around the school (Neherta et al. 2015). Most children spend their time in school, so they can easily access school-based CSA prevention programs. However, this type of program cannot be followed by home-schooled children or children who have dropped out of school. Therefore, prevention programs can also be implemented in community settings.

There were several community-based prevention programs, such as CSA prevention that targets childcare professionals (Rheingold et al. 2015); parents and professional careers (Hudson 2018); mothers with intellectual disabilities (Yildiz and Cavkaytar 2017); general participants of all ages (Horn et al. 2015); children with intellectual disabilities (Kim 2016); parents (Nickerson et al. 2018); teachers, coaches, and other school or church staff (Nurse 2017); and teachers, psychologists, social workers, and pastoral (Man-Ging et al. 2015). Providing education about CSA to people involved in child care, especially parents, in a community-based approach was found to be essential, as it gives them a unique position to recognize the signs of CSA and to teach and talk to their children about prevention of CSA (Babatsikos 2012) and its consequences (David et al. 2018). There were many advantages to the prevention of CSA, both school-based and community-based. With these advantages, it would be better if the settings and target participants of this program were combined,

being carried out in schools and communities on an ongoing basis, so that the results can be expected to be maximized.

The review results showed that most of the study designs were quasi-experimental. Quasi-experimental research is widely used in intervention research, but it would be better to use an RCT design. RCTs are considered the “gold standard” in evidence-based research (Hamer and Collinson 2014), producing reliable evidence of cause and effect (Polit and Beck 2012). Experimenters (RCTs) can be relatively confident in the authenticity of causal relationships because they are observed under controlled conditions and usually meet the criteria for establishing causality. Accurate experimental research will offer the most convincing evidence of the effect of one variable on another (Polit and Beck 2012). In this review, it was also found that the majority of studies used a control group and an intervention group, where the control group was used as a comparison for the intervention group on the results of the interventions carried out.

Most of the CSA prevention interventions in this literature have impacted the achievement of research goals. The intervention was impactful, perhaps because the techniques used in the intervention were quite interesting, such as the existence of modules that were packaged according to the child’s learning modalities (Neherta et al. 2015); counseling conducted in groups, so that it was easier to absorb information better (Navaei et al. 2018); short training sessions, often providing opportunities for participants to practice skills frequently; using role-play as an instructional strategy that allows individuals to be actively involved; intervention models that were tailored to the characteristics of children and used folk songs that were easy to understand (Neherta et al. 2017); programs using easy communication techniques about CSA (Bustamante et al. 2019); programs that can cover a diverse range of participants and achieve cross-group learning (Nurse 2017); and professional experience with and the enhancement of learning processes and empathic skills (Man-Ging et al. 2015). In addition, the contribution of parents in providing support to the program (Kim 2016), the convenience of watching online can help parents overcome the obstacles associated with attending a CSA prevention program in person (Love et al. 2013), and distributing CSA materials widely (Nickerson et al. 2018). However, this study also found that several studies did not impact the achievement of research objectives. This is possible because of several things, such as the lack of the time duration needed for an intervention to achieve its goals, the intervention materials only given in one place, the lack of involvement of adults in research, the topic of sexual violence being considered sensitive by parents, the difficulty of the acceptance of information related to sexual abuse, and the topic being considered unimportant because there is no known incident of CSA in the surrounding environment.

Prevention programs will be more effective and provide greater potential if they involve adults such as parents and adults who work with children professionally (Rheingold et al. 2012). Children need repeated exposure to maintain self-protection knowledge and skills (Weatherley et al. 2012).

This review also resulted in six themes of recommendations for CSA prevention interventions from the researchers. The primary purpose of the recommendation was to identify gaps and inform research priorities that will drive theory about planning and implementation intentions intervention in the health context going forward (Hagger et al. 2016). A helpful recommendation for researchers, funders, and policy-makers to consider in future research starts with broadening the meaning of intervention, reviewing the aspects relevant to formative work, intervention planning, recruitment, retention, implementation, evaluation, and analysis (Stevens et al. 2017), in order to solve problems effectively and on target.

There are several ways to consider preventing CSA. First is adequate CSA prevention knowledge for the children. Adequate CSA prevention knowledge is essential, so children do not become victims (Solehati et al. 2022). This can be accomplished by improving their knowledge, attitudes, behaviors, self-efficacy, and skills practice through the prevention intervention of CSA. Child safety must be supported by parents, teachers, professionals,

and the caregivers who play a role in protecting children from CSA by increasing their knowledge, skills practice, awareness, self-efficacy, attitudes, motivation, empathy, behaviors, perceptions, communication practices, and reporting responsibilities and responses to allegations of CSA. CSA prevention is primarily the task of parents and those responsible for children (Navaei et al. 2018). Parents and teachers significantly contribute to CSA prevention information (Solehati et al. 2022). Second is by stopping the perpetrator's actions. Namely by (1) more severe punishment for and increased monitoring of sex offenders; (2) designing and implementing of evidence-informed policy, such as how to motivate CSA prevention; (3) developing community policies to expand the notion of what constitutes abuser accountability, encouraging community responsibility and healing, and providing safety, restitution, healing, and avenues for input for victims; (4) integrating what is known about perpetration into prevention programs, public education, and victim services (Tabachnick and Klein 2011). Third is selecting sexual information contained online. Modern information-communication technology such as the Internet plays a vital part in everyday life (Koops et al. 2018). The government has the right to block information related to sexual harassment online. There are some ways to systematically improve the prevention and responses to online child sexual exploitation and abuse in LMICs (Unicef 2021): move toward a comprehensive and integrated approach to tackling CSA and child sexual exploitation; move from project-based to system-strengthening through legal bodies; invest in evidence-based policy-making advocacy; strengthen multisectoral and national collaboration; facilitate cross-border-regional-international collaboration; strengthen children's digital skills including online safety; promote children's participation and agency (Unicef 2021). Fourth is involving parents, professionals, community services, the general public, and policy-makers in creating and implementing CSA prevention programs. Efforts in CSA prevention are needed to improve surveillance systems and data collection for monitoring CSA, increase understanding of the risk and protective factors for CSA perpetration and victimization, reinforce the existing evidence-based policies–programs–practices for the primary prevention of CSA and develop new ones, and increase the spread and implementation of evidence-based strategies of CSA prevention (CDC 2022). The importance of starting early school-based (Nickerson et al. 2019) and community-based CSA prevention efforts should be noted.

In addition, for further research, it is necessary to look at the effect of intervention on reducing the incidence of CSA, so that more tangible benefits can be found in solving the CSA problem. This will take quite a bit of time. Therefore, it is important to cooperate with policy-makers in conducting research and evaluation related to the prevention of CSA in the future. Evaluation of the efficacy of government-led or broader community-wide CSA prevention interventions is needed to reduce the actual prevalence of CSA (Russell et al. 2020).

Moreover, all information related to sexual violence in this study needs to be understood comprehensively, so as not to misunderstand that when sexual violence is disclosed, it is, therefore, prevented or not imitated.

5. Limitations

This study has limitations. All the articles included in the study were written in English. It may not be able to generalize the actual results because there may be additional articles on preventing CSA, written using a non-English language, which were filtered out in this study. Another limitation is that this study does not include publications from the gray literature that is not peer-reviewed, which might lead to much of the policy on CSA prevention.

6. Conclusions

The review identifies three main thematic categories in the evidence base: implementation of CSA prevention, CSA prevention effects, and research recommendations. Through this mapping, it becomes clear that there are three main topics of promising prevention

strategies that can be used by community service organizations providing services to children, policy-makers, and researchers. This CSA prevention initiative focuses on targeting and strengthening the protective factors. Combining school-based and community-based CSA prevention intervention methods may be better for dealing with CSA problems. Action must be taken to prevent CSA wherever children are, whether at school or in the community. The prevalence of CSA that has occurred so far reflects children's intense vulnerability, so they need adult protection. Preventive action requires strong collaboration between children, parents, teachers, and the surrounding community. In addition, it must be supported by innovative media adapted to the times, so more evaluative research is needed to determine which strategies may be effective in preventing CSA.

Author Contributions: Conceptualization, T.S., H.S.M. and Y.H.; data curation, T.S., C.E.K. and A.R.F.; formal analysis, T.S., C.E.K. and A.R.F.; methodology, T.S., C.E.K. and H.S.M.; supervision and writing—original draft, T.S., H.S.M. and Y.H.; writing—review and editing, T.S., C.E.K., H.S.M. and Y.H.; supervision, H.S.M. and Y.H. All authors have read and agreed to the published version of the manuscript.

Funding: The study was funded by Universitas Padjadjaran's Doctoral Dissertation Research Grant Scheme number 1427/UN6.3.1/LT/2020.

Informed Consent Statement: Not applicable.

Data Availability Statement: All data generated or analyzed during this study are included in this published article.

Acknowledgments: The researchers would like to thank the director of Research and Community Services Universitas Padjadjaran and the Library of Universitas Padjadjaran, Bandung, Indonesia, for providing access to databases for this research. Thanks to Elizabeth Sarah A, Euis Anih Siti A, Irma Mawarni P, Lia Yuliana R, Noviyanti Nurrahmah, Toharudin, Upit Pitriani, and Yupira Dera S, who have assisted with the numerator.

Conflicts of Interest: The authors declare no conflict of interest.

References

- Al-rasheed, Malak. 2017. Child Sexual Abuse Prevention Programs for Kindergartners: A Survey of Public Actions, Attitudes, and Beliefs in Kuwait. *Child & Adolescent Social Work Journal* 34: 361–68. [\[CrossRef\]](#)
- Alzoubi, Fatmeh Ahmad, Reem Ahmad Ali, Intesar Hussein Flah, and Ahlam Alnatour. 2018. Mothers' knowledge & perception about child sexual abuse in Jordan. *Child Abuse & Neglect* 75: 149–58. [\[CrossRef\]](#)
- Babatsikos, Georgia. 2010. Parents' knowledge, attitudes and practices about preventing child sexual abuse: A literature review. *Child Abuse Review* 19: 107–29. [\[CrossRef\]](#)
- Babatsikos, Georgia. 2012. Child sexual abuse prevention programs for parents: Beyond protective behaviors. *Child abuse: Indicators, Psychological Impact, and Prevention*, 53–69.
- Baker, Charlene K., Rachel Naai, Jennifer Mitchell, and Christine Trecker. 2014. 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. *Asian American Journal of Psychology* 5: 106–15. [\[CrossRef\]](#)
- Barron, Ian G., and Keith J. Topping. 2013a. Survivor experience of a child sexual abuse prevention program: A pilot study. *Journal of Interpersonal Violence* 28: 2797–812. [\[CrossRef\]](#)
- Barron, Ian G., and Keith J. Topping. 2013b. Exploratory Evaluation of a School-Based Child Sexual Abuse Prevention Program. *Journal of Child Sexual Abuse* 22: 931–48. [\[CrossRef\]](#)
- Barth, Jurgen, Lilian Bermetz, Eva Heim, Sven Trelle, and Thomy Tonia. 2013. The current prevalence of child sexual abuse worldwide: A systematic review and meta-analysis. *International Public Health Journal* 58: 469–83. [\[CrossRef\]](#)
- Basilyous, Lamese, and Praveen Durgampudi. 2016. Child sexual abuse in Saint Lucia. *International Public Health Journal* 8: 365–70.
- Boduszek, Daniel, Agata Debowska, Adele D. Jones, Minhua Ma, David Smith, Dominic Willmott, Ena Trotman Jemmott, Hazel Da Breo, and Gillian Kirkman. 2019. Prosocial video game as an intimate partner violence prevention tool among youth: A randomised controlled trial. *Computers in Human Behavior* 93: 260–66. [\[CrossRef\]](#)
- Brown, Donna. 2017. Evaluation of Safer, Smarter Kids: Child Sexual Abuse Prevention Curriculum for Kindergartners. *Child & Adolescent Social Work Journal* 34: 213–22. [\[CrossRef\]](#)
- Bustamante, Gabriela, María Soledad Andrader, Caley Mikesella, Clara Cullena, Pablo Endaraa, Verónica Burneo, Paola Yépeza, Soledad Avila Saavedrac, Paulina Poncec, and Michelle Grunauerac. 2019. "I have the right to feel safe": Evaluation of a school-based child sexual abuse prevention program in Ecuador. *Child Abuse & Neglect* 91: 31–40. [\[CrossRef\]](#)

- CDC. 2022. Fast Facts: Preventing Child Sexual Abuse. Available online: <https://www.cdc.gov/violenceprevention/childsexualabuse/fastfact.html> (accessed on 15 September 2022).
- Chen, Yi-Chuen, Beverly L. Fortson, and Tseng Kai-Wen. 2012. Pilot Evaluation of a Sexual Abuse Prevention Program for Taiwanese Children. *Journal of Child Sexual Abuse* 21: 621–45. [CrossRef] [PubMed]
- Choudhry, Vikas, Radhika Dayal, Divya Pillai, Ameeta S. Kalokhe, Klaus Beier, and Vikram Patel. 2018. Child sexual abuse in India: A systematic review. *PLoS ONE* 13: e0205086. [CrossRef] [PubMed]
- Citak Tunc, Gulseren, Gulay Gorak, Nurcan Ozyazicioglu, Bedriye Ak, Ozlem Isil, and Pinar Vural. 2018. Preventing Child Sexual Abuse: Body Safety Training for Young Children in Turkey. *Journal of Child Sexual Abuse* 27: 347–64. [CrossRef]
- Czerwinski, Fabian, Emily Finne, Jana Alfes, and Petra Kolip. 2018. Effectiveness of a school-based intervention to prevent child sexual abuse-Evaluation of the German IGEL program. *Child Abuse & Neglect* 86: 109–22. [CrossRef]
- Daigneault, Isabelle, Martine Hébert, Pierre McDuff, and Jean-Yves Frappier. 2012. Evaluation of a Sexual Abuse Prevention Workshop in a Multicultural, Impoverished Urban Area. *Journal of Child Sexual Abuse* 21: 521–42. [CrossRef]
- Dale, Rebecca, Dianne C. Shanley, Melanie J. Zimmer-Gembeck, Katrina Lines, Kaye Pickering, and Codi White. 2016. Empowering and protecting children by enhancing knowledge, skills and well-being: A randomized trial of Learn to BE SAFE with Emmy™. *Child Abuse & Neglect* 51: 368–78. [CrossRef]
- David, Nkiruka, Oliver Ezechi, Agatha Wapmuk, Titilola Gbajabiamila, Aigbe Ohihoin, Ebieri Herbertson, and Kofoworola Odeyemi. 2018. Child sexual abuse and disclosure in South Western Nigeria: A community based study. *African Health Sciences* 18: 199–208. [CrossRef]
- Espelage, Dorothy L., Sabina Low, Joshua R. Polanin, and Eric C. Brown. 2013. The impact of a middle school program to reduce aggression, victimization, and sexual violence. *Journal of Adolescent Health* 53: 180–86. [CrossRef]
- Fergusson, David M., Geraldine F. H. McLeod, and L. John Horwood. 2013. Childhood sexual abuse and adult developmental outcomes: Findings from a 30-year longitudinal study in New Zealand. *Child Abuse & Neglect* 37: 664–74. [CrossRef]
- Finkelhor, David. 2009. The prevention of childhood sexual abuse. *The Future of Children* 19: 169–94.
- Finkelhor, David, Anne Shattuck, Heather A. Turner, and Sherry L. Hamby. 2014. The lifetime prevalence of child sexual abuse and sexual assault assessed in late adolescence. *Journal of Adolescent Health* 55: 329–333. [CrossRef] [PubMed]
- Fisher, Cate, Alexandra Goldsmith, Rachel Hurcombe, and Claire Soares. 2017. *The Impacts of Child Sexual Abuse: A Rapid Evidence Assessment*. Bedfordshire: IICSA Research Team.
- Fryda, Candice M., and Polly A. Hulme. 2015. School-based childhood sexual abuse prevention programs: An integrative review. *The Journal of School Nursing: The Official Publication of the National Association of School Nurses* 31: 167–82. [CrossRef] [PubMed]
- Goldman, Juliette D. G., and Peter Grimbeek. 2014. Child sexual abuse and mandatory reporting intervention preservice content preferred by student teachers. *Journal of Child Sexual Abuse* 23: 1–16. [CrossRef] [PubMed]
- Greijer, Susanna, and Jaap Doek. 2016. *Terminology Guidelines for the Protection of Children from Sexual Exploitation and Sexual Abuse*. Luxemburg: ECPAT International.
- Gushwa, Melinda, Jetta Bernier, and David Robinson. 2019. Advancing Child Sexual Abuse Prevention in Schools: An Exploration of the Effectiveness of the Enough! Online Training Program for K-12 Teachers. *Journal of Child Sexual Abuse* 28: 144–59. [CrossRef] [PubMed]
- Hagger, Martin S., Aleksandra Luszczynska, John de Wit, Yael Benyamini, Silke Burkert, Pier-Eric Chamberland, Angel Chater, Stephan U. Dombrowski, Anne van Dongen, David P. French, and et al. 2016. Implementation intention and planning interventions in Health Psychology: Recommendations from the Synergy Expert Group for research and practice. *Psychology & Health* 31: 814–39. [CrossRef]
- Hamer, Susan, and Gill Collinson. 2014. *Achieving Evidence-Based Practice: A Handbook for Practitioners*. Philadelphia: Elsevier Health Sciences.
- Holloway, Jacqueline L., and Mary L. Pulido. 2018. Sexual Abuse Prevention Concept Knowledge: Low Income Children Are Learning but Still Lagging. *Journal of Child Sexual Abuse* 27: 642–62. [CrossRef]
- Horn, Joan Van, Mara Eisenberg, Carol McNaughton Nicholls, Jules Mulder, Stephen Webster, Caroline Paskell, Ashley Brown, Jeantine Stam, Jane Kerr, and Natalie Jago. 2015. Stop It Now! A Pilot Study Into the Limits and Benefits of a Free Helpline Preventing Child Sexual Abuse. *Journal of Child Sexual Abuse* 24: 853–72. [CrossRef]
- Hudson, Kirsty. 2018. Preventing child sexual abuse through education: The work of Stop it Now! Wales. *Journal of Sexual Aggression* 24: 99–113. [CrossRef]
- Independent Inquiry into Child Sexual Abuse. 2017. The Impacts of Child Sexual Abuse: A Rapid Evidence Assessment. Available online: <https://www.iicsa.org.uk/reports-recommendations/publications/research/impacts-csa/research-findings/1-impacts-csa-victims-and-survivors> (accessed on 15 September 2022).
- Kenny, Maureen C., and Sandy K. Wurtele. 2012. Preventing childhood sexual abuse: An ecological approach. *Journal of Child Sexual Abuse* 21: 361–7. [CrossRef]
- Kenny, Maureen C., Sandy K. Wurtele, and Laura Alonso. 2012. Evaluation of a personal safety program with Latino preschoolers. *Journal of Child Sexual Abuse* 21: 368–85. [CrossRef]
- Kim, Yu-Ri. 2016. Evaluation of a Sexual Abuse Prevention Program for Children with Intellectual Disabilities. *Behavioral Interventions* 31: 195–209. [CrossRef]

- Kloppen, Kathrine, Siren Haugland, Carl Göran Svedin, Magne Mæhle, and Kyrre Breivik. 2016. Prevalence of child sexual abuse in the Nordic countries: A literature review. *Journal of Child Sexual Abuse* 25: 37–55. [CrossRef]
- Knack, Natasha, Belinda Winder, Lisa Murphy, and J. Paul Fedoroff. 2019. Primary and secondary prevention of child sexual abuse. *International Review of Psychiatry* 31: 181–94. [CrossRef] [PubMed]
- Koops, Thula, Arne Dekker, and Peer Briken. 2018. Online sexual activity involving webcams—An overview of existing literature and implications for sexual boundary violations of children and adolescents. *Behavioral Sciences the Law* 36: 182–97. [CrossRef] [PubMed]
- Levine, James A., and Krishna Dandamudi. 2016. Prevention of Child Sexual Abuse by Targeting Pre-Offenders Before First Offense. *Journal of Child Sexual Abuse* 25: 719–37. [CrossRef]
- Love, Susan M., Matthew R. Sanders, Carol W. Metzler, Ronald J. Prinz, and Elizabeth Z. Kast. 2013. Enhancing Accessibility and Engagement in Evidence-Based Parenting Programs to Reduce Maltreatment: Conversations with Vulnerable Parents. *Journal of Public Child Welfare* 7: 20–38. [CrossRef]
- Müller, Anna R, Mandy Röder, and Michael Fingerle. 2014. Child sexual abuse prevention goes online: Introducing “Cool and Safe” and its effects. *Computers & Education* 78: 60–65.
- Man-Ging, Carlos Ignacio, Bettina Böhm, Katharina Anna Fuchs, Susanne Witte, and Eckhard Frick. 2015. Improving Empathy in the Prevention of Sexual Abuse Against Children and Youngsters. *Journal of Child Sexual Abuse* 24: 796–815. [CrossRef]
- Martyniuk, Hallie, and Emily Dworkin. 2011. *Child Sexual Abuse Prevention: Programs for Children*. National Sexual Violence Resource Center: Available online: https://www.nsvrc.org/site/default/files/Publication_NSVRC_Guide_Child-Sexual-Abuse-Prevention-Program-for-Children.pdf (accessed on 15 September 2022).
- Mathews, Ben, Kerryann Walsh, Michael Dunne, Ilan Katz, Fiona Arney, Daryl Higgins, Olivia Octoman, Samantha Parkinson, and Shona Bates. 2016. *Scoping Study for Research into the Prevalence of Child Abuse in Australia: Prepared for the Royal Commission into Institutional Responses to Child Sexual Abuse*. (SPRC Report 13/16). Sydney: Social Policy Research Centre.
- Mathews, Ben, and Delphine Collin-Vézina. 2019. Child Sexual Abuse: Toward a Conceptual Model and Definition. *Trauma, Violence, & Abuse* 20: 131–48. [CrossRef]
- Mayer, Richard. 2003. The promise of multimedia learning: Using the same instructional design methods across different media. *Learning and Instruction* 13: 125–39. [CrossRef]
- McKibbin, Gemma. 2017. Preventing Harmful Sexual Behaviour and Child Sexual Exploitation for children & young people living in residential care: A scoping review in the Australian context. *Children & Youth Services Review* 82: 373–82. [CrossRef]
- Moher, David, Alessandro Liberati, Jennifer Tetzlaff, and Douglas G. Altman. 2009. RESEARCH METHODS & REPORTING-Preferred reporting items for systematic reviews and meta-analyses: The PRISMA statement-David Moher and colleagues introduce PRISMA, an update of the QUOROM guidelines for reporting systematic reviews and meta-analyses. *BMJ* 338: 332.
- Moon, Kyoung Ja, Kyung Min Park, and Yunsick Sung. 2017. Sexual Abuse Prevention Mobile Application (SAP_MobAPP) for Primary School Children in Korea. *Journal of Child Sexual Abuse* 26: 573–89. [CrossRef] [PubMed]
- Morris, Matthew C., Chrystyna D. Kouros, Kim Janecek, Rachel Freeman, Alyssa Mielock, and Judy Garber. 2017. Community-level moderators of a school-based childhood sexual assault prevention program. *Child Abuse & Neglect* 63: 295–306. [CrossRef] [PubMed]
- Navaei, Marzieh, Mahnaz Akbari-Kamrani, Sara Esmaelzadeh-Saeieh, Malihe Farid, and Maryam Tehranizadeh. 2018. Effect of Group Counseling on Parents’ Self-Efficacy, Knowledge, Attitude, and Communication Practice in Preventing Sexual Abuse of Children Aged 2–6 Years: A Randomized Controlled Clinical Trial. *International Journal of Community Based Nursing & Midwifery* 6: 285–92.
- Neherta, Meri, Rizanda Machmud, Rita Damayanti, and Afrizal. 2015. Development and Testing of Intervention Model for Child Sexual Abuse Prevention on Primary School Children in Padang City, 2014. *Indian Journal of Community Health* 27: 473–78.
- Neherta, Meri, Rizanda Machmud, Rita Damayanti, and Afrizal. 2017. The difference in intervention of sexual abuse prevention by two variance professions on primary school children in Padang. *Indian Journal of Community Health* 29: 118–22. [CrossRef]
- Nickerson, Amanda B., Jennifer A. Livingston, and Kimberly Kamper-DeMarco. 2018. Evaluation of second step child protection videos: A randomized controlled trial. *Child Abuse & Neglect* 76: 10–22. [CrossRef]
- Nickerson, Amanda B., Jenine Tullidge, Margaret Manges, Samantha Kesselring, Timothy Parks, Jennifer A. Livingston, and Melissa Dudley. 2019. Randomized controlled trial of the Child Protection Unit: Grade and gender as moderators of CSA prevention concepts in elementary students. *Child Abuse & Neglect* 96: 104101. [CrossRef]
- Nurse, Anne M. 2017. Knowledge and Behavioral Impact of Adult Participation in Child Sexual Abuse Prevention: Evaluation of the Protecting God’s Children Program. *Journal of Child Sexual Abuse* 26: 608–24. [CrossRef]
- Ogunfowokan, Adesola A., and Reuben B. Fajemilehin. 2012. Impact of a school-based sexual abuse prevention education program on the knowledge and attitude of high school girls. *The Journal of School Nursing* 28: 459–68. [CrossRef] [PubMed]
- Okazaki, Shintaro, and Charles R. Taylor. 2013. Social media and international advertising: Theoretical challenges and future directions. *International Marketing Review* 30: 56–71. [CrossRef]
- Padmanabhanunni, Anita, and Nondumiso Gqomfa. 2022. The Ugliness of It Seeps into Me: Experiences of Vicarious Trauma among Female Psychologists Treating Survivors of Sexual Assault. *International Journal of Environmental Research and Public Health* 19: 3925. [CrossRef] [PubMed]
- Paranal, Rechelle, Kiona Washington Thomas, and Christina Derrick. 2012. Utilizing online training for child sexual abuse prevention: Benefits and limitations. *Journal of Child Sexual Abuse* 21: 507–20. [CrossRef] [PubMed]

- Patino, Anthony, Dennis A Pitta, and Ralph Quinones. 2012. Social media's emerging importance in market research. *Journal of Consumer Marketing* 29: 233–37. [CrossRef]
- Polit, Denise F., and Cheryl Tatano Beck. 2012. *Nursing Research: Generating and Assessing Evidence for Nursing Practice*. Philadelphia: Lippincott Williams & Wilkins.
- Prevent Child Abuse North Carolina. 2022. About Child Sexual Abuse. Available online: <https://www.preventchildabusenc.org/resource-hub/about-child-sexual-abuse/> (accessed on 15 September 2022).
- Pulido, Mary L., Sarah Dauber, Brenda A. Tully, Paige Hamilton, Michael J. Smith, and Katherine Freeman. 2015. Knowledge Gains Following a Child Sexual Abuse Prevention Program Among Urban Students: A Cluster-Randomized Evaluation. *American Journal of Public Health* 105: 1344–50. [CrossRef]
- Qu, Xianguo, Xin Shen, Ruihong Xia, Ji Wu, Yilei Lao, Min Chen, Yong Gan, and Chunming Jiang. 2022. The prevalence of sexual violence against female children: A systematic review and meta-analysis. *Child Abuse & Neglect* 131: 105764. [CrossRef]
- Rheingold, Alyssa A., Kristyn Zajac, Jason E. Chapman, Meghan Patton, Michael de Arellano, Benjamin Saunders, and Dean Kilpatrick. 2015. Child sexual abuse prevention training for childcare professionals: An independent multi-site randomized controlled trial of stewards of children. *Prevention Science* 16: 374–85. [CrossRef]
- Rheingold, Alyssa A., Kristyn Zajac, and Meghan Patton. 2012. Feasibility and Acceptability of a Child Sexual Abuse Prevention Program for Childcare Professionals: Comparison of a Web-Based and In-Person Training. *Journal of Child Sexual Abuse* 21: 422–36. [CrossRef]
- Rowe, Lorelei Simpson, Ernest N. Jouriles, and Renee McDonald. 2015. Reducing Sexual Victimization Among Adolescent Girls: A Randomized Controlled Pilot Trial of My Voice, My Choice. *Behavior Therapy* 46: 315–27. [CrossRef]
- Rudolph, Julia, Melanie J. Zimmer-Gembeck, Dianne C. Shanley, and Russell Hawkins. 2018. Child Sexual Abuse Prevention Opportunities: Parenting, Programs, and the Reduction of Risk. *Child Maltreatment* 23: 96–106. [CrossRef] [PubMed]
- Russell, Douglas, Daryl Higgins, and Alberto Posso. 2020. Preventing child sexual abuse: A systematic review of interventions and their efficacy in developing countries. *Child Abuse & Neglect* 102: 104395.
- Shin-Jeong, Kim, and Kang Kyung-Ah. 2017. Effects of the Child Sexual Abuse Prevention Education (C-SAPE) Program on South Korean Fifth-Grade Students' Competence in Terms of Knowledge and Self-Protective Behaviors. *Journal of School Nursing* 33: 123–32. [CrossRef]
- Solehati, Tetti, Iqbal Pramukti, Yanti Hermayanti, Cecep Eli Kosasih, and Henny Suzana Mediani. 2021. Current of Child Sexual Abuse in Asia: A Systematic Review of Prevalence, Impact, Age of First Exposure, Perpetrators, and Place of Offence. *Open Access Macedonian Journal of Medical Sciences* 9: 57–68. [CrossRef]
- Solehati, Tetti, Iqbal Pramukti, Cecep Eli Kosasih, Yanti Hermayanti, and Henny Suzana Mediani. 2022. Determinants of Sexual Abuse Prevention Knowledge among Children's Schools in West Java Indonesia: A Cross-Sectional Study. *Social Sciences* 11: 337. [CrossRef]
- Stevens, June, Charlotte Pratt, Josephine Boyington, Cheryl Nelson, Kimberly P. Truesdale, Dianne S. Ward, Leslie Lytle, Nancy E. Sherwood, Thomas N. Robinson, Shirley Moore, and et al. 2017. Multilevel Interventions Targeting Obesity: Research Recommendations for Vulnerable Populations. *American Journal of Preventive Medicine* 52: 115–24. [CrossRef]
- Tabachnick, Joan, and Alisa Klein. 2011. Reasoned Approach: Reshaping Sex Offender Policy to Prevent Child Sexual Abuse. Available online: <https://calio.dspace.direct.org/handle/11212/5321> (accessed on 21 September 2022).
- Topping, Keith J., and Ian G. Barron. 2009. School-based child sexual abuse prevention programs: A review of effectiveness. *Review of Educational Research* 79: 431–63. [CrossRef]
- Tutty, Leslie M. 2000. What children learn from sexual abuse prevention programs: Difficult concepts and developmental issues. *Research on Social Work Practice* 10: 275–300. [CrossRef]
- Unicef. 2021. *Ending Online Child Sexual Exploitation and Abuse: Lessons Learned and Promising Practices in Low- and Middle-Income Countries*. New York: United Nations Children's Fund. Available online: <https://www.unicef.org/media/113731/file> (accessed on 18 September 2022).
- Walsh, Kerryann, Donna Berthelsen, Jan M. Nicholson, Leisa Brandon, Judyann Stevens, and Jerome N. Rachele. 2013. Child sexual abuse prevention education: A review of school policy and curriculum provision in Australia. *Oxford Review of Education* 39: 649–80. [CrossRef]
- Walsh, Kerryann, Karen Zwi, Susan Woolfenden, and Aron Shlonsky. 2015. School-based education programmes for the prevention of child sexual abuse. *The Cochrane Database of Systematic Reviews*, CD004380. [CrossRef]
- Walsh, Kerryann, Karen Zwi, Susan Woolfenden, and Aron Shlonsky. 2018. School-based education programs for the prevention of child sexual abuse: A Cochrane systematic review and meta-analysis. *Research on Social Work Practice* 28: 33–55. [CrossRef]
- Weatherley, Richard, A. B. Siti Hajar, O. Noralina, Mettilda John, Nooreen Preusser, and Madeleine Yong. 2012. Evaluation of a school-based sexual abuse prevention curriculum in Malaysia. *Children and Youth Services Review* 34: 119–25. [CrossRef]
- White, Codi, Dianne C. Shanley, Melanie J. Zimmer-Gembeck, Kerryann Walsh, Russell Hawkins, Katrina Lines, and Haley Webba. 2018. Promoting young children's interpersonal safety knowledge, intentions, confidence, and protective behavior skills: Outcomes of a randomized controlled trial. *Child Abuse & Neglect* 82: 144–55. [CrossRef]

- World Health Organization. 2006. *Preventing Child Maltreatment: A Guide to Taking Action and Generating Evidence*. Geneva: WHO.
- World Health Organization. 2017. *Responding to Children and Adolescents Who Have Been Sexually Abused*. Geneva: WHO clinical guidelines.
- Wulandari, Murfiah Dewi, Fattah Hanurawan, Tutut Chusniyah, and Sudjiono. 2020. Children's Knowledge and Skills Related to Self-Protection from Sexual Abuse in Central Java Indonesia. *Journal of Child Sexual Abuse* 29: 499–512. [[CrossRef](#)]
- Wurtele, Sandy K., and Maureen C. Kenny. 2010. Primary prevention of child sexual abuse: Child-and parent-focused approaches. In *The Prevention of Sexual Violence: A Practitioner's Sourcebook*. Holyoke: NEARI Press, pp. 107–19.
- Yıldız, Erman, and Derya Tanrıverdi. 2018. Child neglect and abuse: A global glimpse within the framework of evidence perspective. *International Nursing Review* 65: 370–80. [[CrossRef](#)] [[PubMed](#)]
- Yıldız, Gizem, and Atilla Cavkaytar. 2017. Effectiveness of a sexual education program for mothers of young adults with intellectual disabilities on mothers' attitudes toward sexual education and the perception of social support. *Sexuality and Disability* 35: 3–19. [[CrossRef](#)]
- Zhang, Wenjing, Jingqi Chen, Yanan Feng, Jingyi Li, Chengfeng Liu, and Xiaoxia Zhao. 2014. Evaluation of a sexual abuse prevention education for Chinese preschoolers. *Research on Social Work Practice* 24: 428–36. [[CrossRef](#)]