

Effectiveness of Personal Safety Education Program On Knowledge Regarding Prevention Of Sexual Abuse Among School Children.

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ABSTRACT

Background: Child sexual abuse is a significant public health problem, one that causes toxic stress and results in multiple long-term health consequences, astronomical costs (both human and financial), and a host of systemic social problems. The personal safety for school children is a comprehensive approach to provide children with practical empowerment and assertiveness skills in order to minimize their risk of abuse. **Methods:** The study was conducted by adopting a pre-experimental one-group pre-test post-test design. Fifty school children in a selected school, who fulfilled the inclusion criteria, were selected by a simple random sampling technique. A structured questionnaire was administered by interview method to the school children to assess the pre-test level of knowledge on the prevention of sexual abuse, followed by a personal safety education program. A post-test was conducted to assess the level of knowledge with the same questionnaire provided in the pre-test. **Results:** Analysis revealed that the paired 't' test value of 18.58 was very highly significant at the $p < 0.001$ level. Thus, it indicates the effectiveness of the personal safety education program and the level of knowledge regarding the prevention of sexual abuse among school children at selected schools. **Conclusion:** The study results concluded that various awareness programs are essential to inculcate knowledge in children for the effective prevention of sexual abuse among children...

Keywords: Effectiveness, Personal safety education program, Knowledge, Sexual abuse, School children....

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INTRODUCTION

Child sexual abuse is a universal problem with grave lifelong outcomes. The World Health Organization defines child sexual abuse as "the involvement of a child in sexual activity that he or she does not fully comprehend and is unable to give informed consent to, or for which the child is not developmentally prepared, or else that violates the laws or social taboos of society." Sexual abuse of children and adolescents is a shocking reality worldwide, affecting millions across diverse communities [1].

Contrary to the misperception that child sexual abuse primarily targets girls by male strangers in impoverished urban areas, it commonly impacts boys and girls in all community sizes, cultures, and socioeconomic groups. Global prevalence estimates indicate about 7.9% for males and 19.7% for females, with underreporting common due to definitional variations and stigma. Perpetrators include men and women, family members, trusted acquaintances, and strangers, spanning all orientations and backgrounds [2].

Child sexual abuse links to psychosocial issues, psychiatric disorders, self-harm, physical health problems like STIs and obesity, and increased risks later in life. Protective factors such as family support and strong parent-child bonds can mitigate some effects through prevention efforts. These outcomes persist globally, underscoring the need for comprehensive interventions [2][3].

Child sexual abuse involves sexual activity between a child

and an adult (or another child in a position of power, trust, or responsibility) intended to gratify the perpetrator's needs, often including coercion into unlawful acts, exploitation in prostitution, or use in pornographic materials [2]. This aligns closely with definitions from PubMed/PMC-indexed sources, such as Murray (2014), which describes child sexual abuse (CSA) as encompassing sexual assault, rape, incest, and commercial exploitation, explicitly including "the inducement or coercion of a child to engage in any unlawful sexual activity; the exploitative use of a child in prostitution or other unlawful sexual practices; and the exploitative use of children in pornographic performances and materials [4]."

Child sexual abuse survivors often exhibit PTSD symptoms, including nervousness, nightmares, and reenactment of trauma through play, alongside regressive behaviors like bedwetting or thumb-sucking in young children. Some display age-inappropriate sexual behaviors, such as seductiveness or poor boundaries, while others show externalizing issues like cruelty or running away, particularly in boys. Internalizing responses include depression, withdrawal, or self-harm in older children and teens [5,6].

Sexual exploitation of children by adults has persisted across history, but significant public and legal scrutiny emerged in recent decades, particularly post-1970s. Society now views it as unacceptable due to its devastating psychological and physical impacts on children. This shift

reflects broader recognition in high-impact journals of its prevalence and co-occurrence with other maltreatment forms. Focusing on adult responsibility is crucial, including enhanced parental monitoring, community education, and institutional safeguards like workforce training. Teaching children bodily autonomy, help-seeking skills, and safety behaviors complements these efforts without shifting blame. Evidence supports multilevel interventions—primary awareness campaigns, secondary risk reduction, and tertiary victim support—as effective in curbing incidence [7].

NEED FOR THE STUDY

Child sexual abuse (CSA) remains a pervasive public health crisis in India, with reported cases surging 8.7% to 162,000 in 2022, including 38,911 child rapes, amid rampant underreporting due to stigma and fear [8]. A landmark Ministry of Women and Child Development study across 13 states found 53% of children experienced sexual abuse, affecting boys and girls equally, often by known perpetrators in trusted settings like schools and families. Schools, where children spend significant time, emerge as critical intervention sites, yet baseline knowledge gaps persist: many children cannot identify unsafe touches, private body parts, or reporting channels, heightening vulnerability. Systematic reviews confirm school-based programs effectively boost knowledge (SMD improvements), skills like assertiveness, and attitudes toward disclosure, with quasi-experimental designs showing large effects in children aged 8+ via interactive methods such as videos and flashcards. This study addresses these gaps by evaluating a personal safety education program for 9-10-year-olds in Chennai schools, where pre-existing inadequate knowledge (84% in similar cohorts) demands evidence-based interventions to empower children with body ownership concepts, safe/unsafe touch differentiation, and help-seeking skills. Despite laws like POCSO Act, conviction rates hover at 3%, highlighting prevention over reaction. Integrating such programs into curricula can reduce risks, foster resilience, and inform policy for scalable child protection, aligning with global meta-analyses advocating multi-session, developmentally tailored approaches [8].

AIM OF THE STUDY

The aim of this study is to evaluate the effectiveness of a personal safety education program in enhancing school children's knowledge on preventing sexual abuse. It employs a pre-experimental one-group pretest-posttest design with 50 children aged 9-10 years from a selected Chennai school. The intervention focuses on teaching body ownership, safe/unsafe touches, assertiveness, and reporting mechanisms through videos and flashcards.

METHODOLOGY

Research Approach

The research approach adopted for the study was a quantitative research approach.

Research Design

Pre-experimental one-group pretest-posttest design was used in this study to assess the knowledge regarding the prevention of sexual abuse among school children.

Experimental group	O ₁	X	O ₂
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O₁ – Assessment of knowledge regarding prevention of sexual abuse before a personal safety education program among school children.

X – Personal safety education program on knowledge regarding the prevention of sexual abuse

O₂ – Assessment of knowledge regarding prevention of sexual abuse after personal safety education program among school children.

Research Variables

Dependent variable: It refers to the knowledge regarding the prevention of sexual abuse.

Independent variable: It refers to the personal safety education program regarding the prevention of sexual abuse

Setting of The Study

The study was conducted in DS Selvam Matriculation School, Avadi. It was started in the year 2002. The school has up to standard X, and it comprises about 2000 students, and there are about 100 girls and 50 boys in the age group of 9 to 10 years. The school provides an excellent opportunity for curricular and extracurricular activities.

Population

The population includes all school children aged between 9 to 10 years of the selected school in Chennai.

Sample

The sample consists of school children of the age group between 9 to 10 years who fulfilled the inclusion criteria.

Sample Size

In this study, the sample consists of 50 school children of age group between 9 to 10 years.

Sampling Technique

A simple random sampling technique was used to select the samples.

Criteria For Sample Selection

Inclusion criteria

School children studying in a selected school.

School children in the age group between 9 to 10 years.

Exclusion criteria

School children who were not willing to participate in the study.

Description Of The Instruments

The tool consists of three parts

Part – I: The demographic variables includes age, gender, type of family, primary caretaker, educational status of the mother, educational status of the father, occupational status of the mother, occupational status of the father, family monthly income, number of siblings, area of residence, mode of transport, internet accessibility, left alone after school hours, previous knowledge of sexual abuse and previous experience of unsafe touch.

Part- II: Assessment of knowledge regarding the prevention of sexual abuse among school children with a standard questionnaire. It consists of 25 multiple-choice questions regarding sexual abuse. The correct response carries one mark, and the wrong response carries no mark. The score was interpreted as follows

Adequate knowledge	-	76-100%
Moderately adequate knowledge	-	51-75%
Inadequate knowledge	-	≤ 50%

Part-III: It consists of a personal safety education program of about 40 minutes, in which a video was played regarding the awareness of sexual abuse for 15 minutes, which emphasizes body ownership (My body belongs to me), identification of private parts, the difference between safe, unsafe, and confusing touches, being assertive during unsafe touches, and proper channels of reporting. Picture communication through flash cards was done for 25 minutes, which identified the clear differentiation between safe and unsafe touches.

Validity

The content validity of the instrument was obtained from the experts in the field of pediatrics. The expert suggested simplification of language, reduction, and reorganization of certain items. Appropriate modification was made accordingly, and the tool was finalized.

Reliability

The study was conducted to assess the effectiveness of a personal safety education program on knowledge regarding the prevention of sexual abuse among school children in selected schools, Chennai. Reliability was measured by the test-retest method. The correlation coefficient value was found to be 0.80 so the tool was considered highly reliable to conduct this study.

Ethical Considerations

The study was conducted after the approval of the ethical committee. Formal written permission was obtained from the correspondent of DS Selvam Matriculation School in Chennai. The children were informed about the study's purpose. The usual assurance of anonymity and confidentiality was obtained.

Data Collection Procedure

The investigator used a questionnaire method to assess the knowledge regarding sexual abuse and its prevention. A formal written permission was obtained from the correspondent of DS Selvam Matriculation School, Chennai. The data were collected for a period of one month from 01.12.2017 to 31.12.2017. The study was carried out with 50 samples, which were selected based on the inclusion criteria through a simple random sampling technique, by lottery method. A pre-test was conducted with the questionnaire by the interview method for the first two days. The students were grouped into five groups, for each group personal safety education program was implemented for three days, and a post-test was conducted on the 7th day for each group separately with the same questionnaire by interview method.

Plan For Data Analysis

The data was analyzed using both descriptive and inferential statistics on the basis of the objectives and hypotheses of the study. Results were presented in the form of tables, graphs, and diagrams. Paired t-test was used to evaluate the effectiveness of the personal safety education program on post-test on the level of knowledge regarding prevention of sexual abuse. Chi-square test was used to analyze the association of demographic variables and post-test knowledge regarding prevention of sexual abuse among school children.

RESULTS

Demographic data

The frequency and percentage distribution of demographic variables among school children are studied. With respect to the age of school children, 10 (20%) were in the age group of 9 years, and 40 (80%) were in the age group of 10 years.

Considering the gender among school children, 14 (28%) were males, and 36 (72%) were females. Regarding the type of family among school children, 27 (54%) of them lives in nuclear family and 23(46%) of them live in joint family.

Regarding the primary caregiver, 38 (76%) of the children were taken care of by their mother, 3 (6%) of the children were taken care of by their fathers, and 9 (18%) were taken care of by their grandparents. Considering the educational status of the mother, 4 (8%) of the children's mothers had completed primary education, 21(42%) of the children's mothers had completed middle school, 16 (32%) of the children's mothers had completed higher secondary, and 9(18%) of the children's mothers were graduates. Considering the educational status of the father, 3(6%) of the children's fathers had completed primary education, 21(42%) of the children's fathers had completed middle school, 15 (30%) of the children's fathers had completed higher secondary, and 11 (22%) of the children's fathers were graduates.

Considering the occupational status of the mother, 30 (60%) of the children's mothers were housewives, 12 (24%) of the

children's mothers were working as a coolie, 4(8%) of the children's mothers had been working in a professional sector, and 4 (8%) of the children's mothers own a business. Regarding the occupational status of the father, 30 (60%) of the children's fathers were working as a coolie, 7 (14%) of the children's fathers had been working in a professional sector, and 13 (26%) of the children's fathers own a business. Considering the family's monthly income, 3 (6%) of the children belong to family who gets income less than Rs.10, 000 per month, 13 (26%) of the children belong to family who gets income between Rs.11000-Rs.15000 per month and 34 (68%) of the children belong to family who gets income above Rs.15000 per month. Regarding the number of siblings, 3 (6%) of the children were only children of the family, 36 (72%) of the children had one sibling, and 11(22%) of the children had two siblings. Considering the areas of residence, all of the children were coming from the urban population, and none of them were coming from the rural population. Considering the mode of transport, 30 (60%) of the children were using a school vehicle as a mode of transport, 2 (4%) of the children were using a private vehicle as a mode of transport, and 18 (36%) of the children were using their own vehicle as a mode of transport. Regarding internet accessibility, 14 (28%) of the children had internet accessibility, and 36 (72%) of the children had no accessibility to internet.

Regarding the left alone after school hours, 6 (12%) of the children had been left alone after school hours, and 44 (88%) of the children had been accompanied after school hours. Regarding the previous knowledge of sexual abuse, none of the children had previous knowledge of sexual abuse. Regarding the experience of unsafe touch, none of the children had experienced unsafe touch.

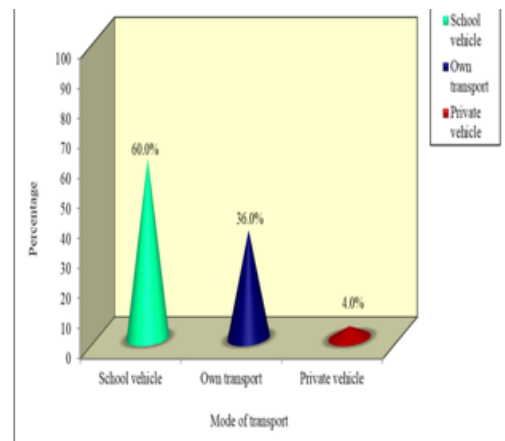
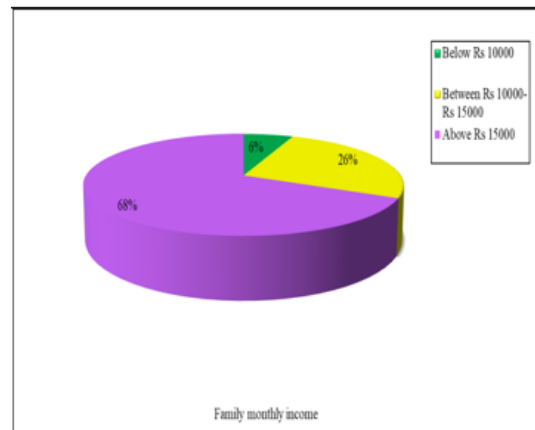
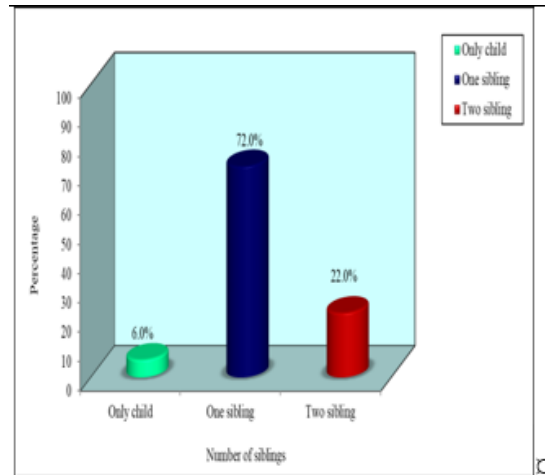
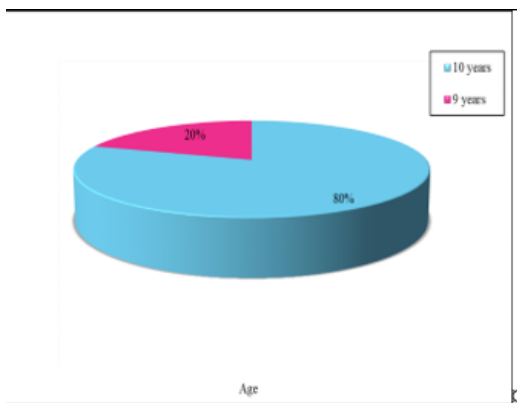


Fig. 1: Distribution of selected demographic and background characteristics of school children

Table 1: Frequency and percentage distribution of pre-test level of knowledge regarding prevention of sexual abuse among school children

N=50

Level of knowledge	Frequency	Percentage
Inadequate	42	84

Moderately adequate	8	16
Adequate	0	0

Table 1 represents the frequency and percentage distribution of pre-test level of knowledge regarding prevention of sexual abuse among school children. In pre-test 42 (84%) of school children had inadequate knowledge, 8 (16%) of them had moderately adequate knowledge, and none of them had adequate knowledge.

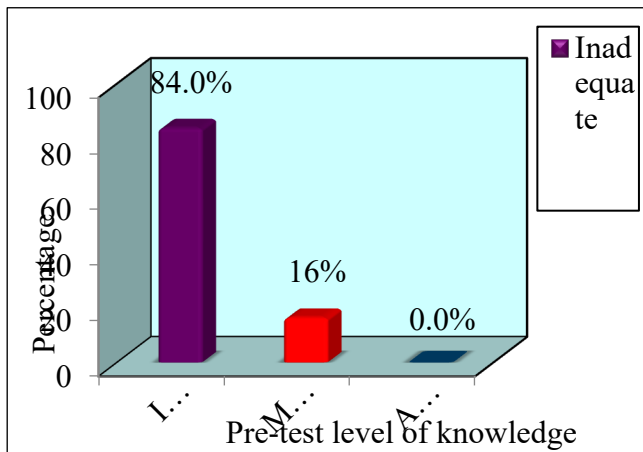


Fig. 2: Percentage distribution of pre-test level of knowledge regarding prevention of sexual abuse among school children

Table 2: Frequency and percentage distribution of post-test level of knowledge regarding prevention of sexual abuse among school children.

N=50

Level of knowledge	Frequency	Percentage
Inadequate	0	0
Moderately adequate	10	20
Adequate	40	80

Table 2 represents the frequency and percentage distribution of post-test level of knowledge regarding the prevention of sexual abuse among school children. In the post-test, almost 40 (80%) of them demonstrated adequate knowledge, 10 (20%) had moderately adequate knowledge, and none had inadequate knowledge.

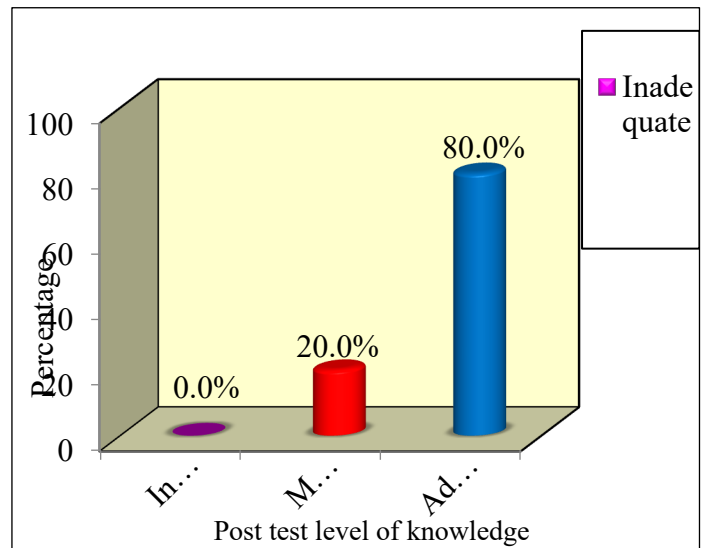


Fig. 3: Percentage distribution of post-test level of knowledge regarding prevention of sexual abuse among school children

Table 3: Comparison between pre-test and post-test levels of knowledge regarding prevention of sexual abuse among school children N=50

Level of knowledge	Pre-test		Post-test	
	Frequency	Percentage	Frequency	Percentage
Inadequate	42	84	0	0
Moderately adequate	8	16	10	20
Adequate	0	0	40	80

Table 3 represents the comparison between pre-test and post-test levels of knowledge regarding the prevention of sexual abuse among school children. In pre-test 42 (84%) of school children had inadequate knowledge, 8 (16%) of them had moderately adequate knowledge, and none of them had adequate knowledge. Whereas in post-test, almost 40 (80%) of them had adequate knowledge, 10 (20%) of them had moderately adequate knowledge, and none of them had inadequate knowledge.

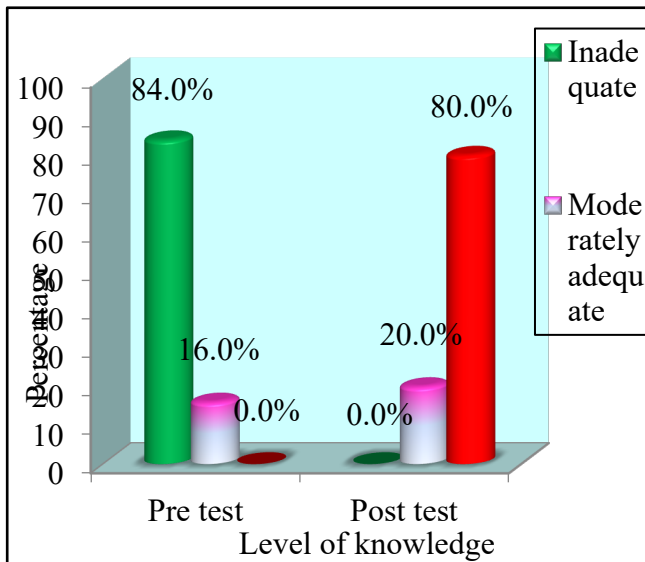


Fig. 4: Comparison between pre-test and post-test levels of knowledge regarding the prevention of sexual abuse among school children

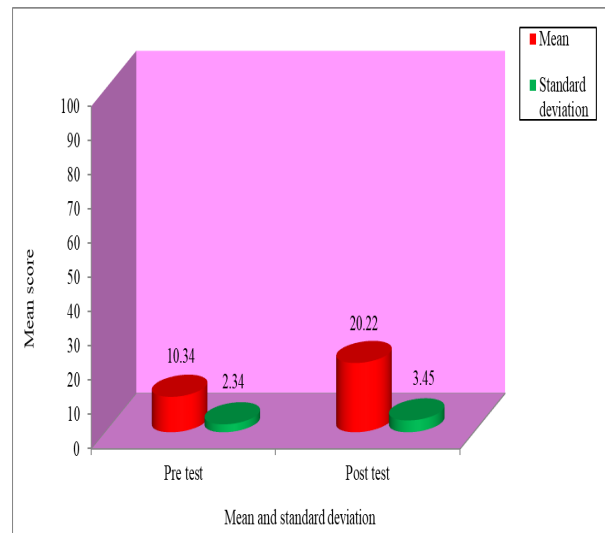


Fig. 5 Comparison of mean and standard deviation between pre-test and post-test levels of knowledge regarding prevention of sexual abuse among school children

Table 4: Comparison of mean and standard deviation between pre-test and post-test levels of knowledge regarding prevention of sexual abuse among school children N=50

Assessment	Mean	Standard deviation	Paired 't' value
Pre-test	10.34	2.31	18.58***
Post-test	20.22	3.45	

*** p<0.001

Table 4 depicts the comparison of mean and standard deviation between pre-test and post-test levels of knowledge regarding the prevention of sexual abuse among school children. The mean score was increased from 10.34 to 20.22, which showed a marked difference of 9.88, and the standard deviation was increased from 2.31 to 3.45 after the administration of the personal safety education program. The paired 't' test value of 18.58, was very highly significant at p<0.001 level. It indicates the effectiveness of a personal safety education program on increasing the level of knowledge regarding the prevention of sexual abuse among school children.

The above figure shows the association of post-test level of knowledge regarding prevention of sexual abuse among school children with their selected demographic variables. The chi-square value of 4.21 showed that there was a significant association between the gender of school children and post-test level of knowledge after a personal safety education program at the level of p<0.04. The chi-square value of 6.52 showed that there was a significant association between the type of family and post-test level of knowledge after the personal safety education program at the level of p<0.01. The chi-square value of 8.45 showed that there was a significant association between the educational status of the children's mothers and post-test level of knowledge after the personal safety education program at the level of p<0.04.

The chi-square value of 13.24 showed that there was a significant association between the educational status of the children's fathers and post-test level of knowledge after the personal safety education program at the level of p<0.01. The

Chi-square value of 6.57 showed that there was a significant association between the number of siblings and post-test level of knowledge after the personal safety education program at the level of p<0.03.

There was no significant association found with other demographic variables such as age, primary caregiver, occupational status of the parents, family monthly income, area of residence, mode of transport, internet accessibility, left alone after school hours, previous knowledge of sexual abuse, and experience of unsafe touch.

DISCUSSION

The present study demonstrates the substantial effectiveness

of a personal safety education program in enhancing knowledge on preventing sexual abuse among school children aged 9-10 years in Chennai, with pre-test inadequate knowledge levels dropping from 84% to 0% post-intervention and mean scores rising significantly from 10.34 to 20.22 (paired $t=18.58$, $p<0.001$). These findings align with systematic reviews confirming that school-based child sexual abuse (CSA) prevention programs reliably improve children's knowledge, skills, and attitudes toward recognizing unsafe situations, identifying private body parts, and assertive reporting, particularly through interactive methods like videos, flashcards, and age-appropriate modules [9,10]. School-based child sexual abuse (CSA) prevention has been extensively examined, with convergent evidence that structured personal safety education significantly enhances children's protective knowledge and skills across diverse settings [11]. Large meta-analyses of randomized and quasi-experimental trials show that classroom programs produce moderate to large gains in factual and applied CSA knowledge, as well as self-protective skills, with effects often retained at follow-up [12,13]. Programs are most effective when delivered in multiple sessions, tailored to developmental level (typically from 8 years upward), and use interactive methods such as role-play, stories, and audiovisual materials to reinforce concepts of body ownership, private parts, unsafe situations, and help-seeking. Realist reviews highlight empowerment and competence as core mechanisms: repeated exposure, positive feedback, and train-the-trainer models (teachers or school nurses) strengthen children's confidence to say "no", leave risky situations, and disclose abuse [12,14,15]. Recent systematic reviews confirm that such interventions improve not only knowledge and skills but also attitudes toward CSA, with particularly strong standardized mean differences for quasi-experimental school studies and for younger age groups, suggesting schools are optimal universal platforms for primary prevention. At the same time, cross-sectional studies in India and other low- and middle-income contexts reveal substantial baseline knowledge gaps, with many school children unable to distinguish safe from unsafe touch, unaware of places where abuse can occur, and unfamiliar with legal protections such as the POCSO Act, underscoring the urgency of curricular integration [16,17].

CONCLUSION

From this study, the researcher found that the school children have gained knowledge regarding the prevention of sexual abuse through a personal safety education program. Thus, it is the responsibility of a health care provider to create awareness regarding sexual abuse and the ways to prevent it; these programs have to be implemented in schools as well as in community settings.

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