



# Sex education reduces child abuse: is this the right way forward?

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Sexual violence against children is defined as any sexual act or game with the intension of stimulation to be used to obtain sexual satisfaction (1). A study on child sexual violence in Brazil reports that the ages with higher rates of sexual abuse are 12 to 14 years (28%) and three to five years (20%), predominantly affecting girls (85%) and with recurrence in 36.6% of cases (1). The authors concluded that the main abusers within the family are fathers and stepfathers and the main abusers outside the family are boyfriends (1).

A sexual preference for children is considered a mental disorder described in the Diagnostic and Statistical Manual of Mental Disorders but is a punishable offense in Brazil as well as other countries (1). Pedophilia encompasses a set of criminal conducts linked to the dissemination of child pornography via the internet (1).

The occurrence of sexual violence during the formative process of the brain can alter neuronal development, leading to severe consequences, such as cognitive, emotional, behavioral and social problems (1). Sexual violence in childhood activates the neuronal stress response system; victims can develop mood, anxiety, eating and dissociative disorders, attention deficient and hyperactivity, post-traumatic stress, enuresis and encopresis (1). Behavioral changes included oversexualized conduct, substance abuse, social isolation, self-destructive behavior, cognitive problems (poor concentration), feelings of guilt and emotional problems related to fear, shame, sadness, anger and irritability (1).

The prevention of sexual abuse against children and adolescents should occur at school due to the close contact with teachers. Professionals aware of their duties in cases of abuse are fundamental to the detection of such situations. Sex education should be part of the school routine, giving teachers and administrators the confidence to know what

stance to take in cases of sexual abuse (2).

Despite laws and policies directed at preventing unacceptable sexual conduct on the part of school employees, one out of every ten American students suffers sexual abuse or unacceptable conduct at the hands of a school employee (3).

This discussion requires a greater scope, as sex education is the function of parents, educators and the community and child sexual abuse is a global problem (4,5). In a systematic review of studies with a total of 5802 participants, some authors concluded that self-protection skills and knowledge can be enhanced in children through participation in programs for the prevention of sexual abuse at school (4,5). It is likely that such interventions would be useful as part of broader community and family initiatives to promote child safety, the content, processes and results of which should be clearly defined and rigorously measured (5).

The prevention of child sexual abuse is widely based on child-centered education, teaching children to identify, avoid and report sexual abuse (6). Parents should be the protectors of their children through supervision, monitoring and involvement as well as the promotion of the self-efficacy, wellbeing and self-esteem of their children (6). Despite the growing body of evidence regarding the role parents can play in reducing the risk of child sexual abuse, the inclusion of parents in studies and investments in prevention training are scarce (6).

In conclusion, sex education in childhood should be the responsibility of the community, family and school. These components should be instrumentalized regarding how to work with each age group in a continuous manner so that children feel safe and protected when reporting abuse, knowing that their voices will be heard. With this, the reduction in the occurrence of sexual abuse will be possible.

Considering the severity of sexual abuse and its negative impact on the quality of life of children, scientific studies are needed. As most abusers are close relatives and others are found in the school setting, the challenge involves sex education.

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### References

1. da Conceição Sanches L, de Araujo G, Ramos M, et al. Violência sexual infantil no Brasil: uma questão de saúde pública. *Rev Iberoam Bioét* 2019;(9):1-13.
2. de Sá CMQ, Ramos FMC, da Silva MRF, et al. Uso de tecnologia educativa entre professores para identificação de casos de violência sexual contra crianças e adolescentes: relato de experiência. *Mostra Interdiscipl Curso Enferm* 2019;3:1-5.
3. Grant BJ, Heinecke W. K-12 School Employee Sexual Abuse and Misconduct: An Examination of Policy Effectiveness. *J Child Sex Abuse* 2019;28:200-21.
4. Walsh K, Zwi K, Woolfenden S, et al. School-based education programmes for the prevention of child sexual abuse. *Cochrane Database Syst Rev* 2015;16:CD004380.
5. Walsh K, Zwi K, Woolfenden S, et al. School-based education programs for the prevention of child sexual abuse: A Cochrane systematic review and meta-analysis. *Res Social Work Pract* 2018;28:33-55.
6. Rudolph J, Zimmer-Gembeck MJ, Shanley DC, et al. Child Sexual Abuse Prevention Opportunities: Parenting, Programs, and the Reduction of Risk. *Child Maltreat* 2018;23:96-106.

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