

Effectiveness of intervention for awareness of sexual abuse among school-aged adolescents

Efetividade da intervenção para conhecimento de abuso sexual entre adolescentes escolares

Eficacia de la intervención para la sensibilización sobre el abuso sexual entre adolescentes escolares

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Abstract:

Objective: to evaluate the effectiveness of an educational intervention on the knowledge of sexual violence among school-aged adolescents. **Methods:** a randomized, controlled, open-label clinical trial was conducted in a public school in Jundiaí/SP, Brazil, with classes in Secondary Education, in which students were randomly divided into test and control groups (two classes per group). The educational intervention on sexual violence was carried out only in the test group. Knowledge assessment questionnaires were used for both groups, administered 15 days before and after the intervention. Statistical analysis used McNemar's and Chi-square tests ($p < 0.05$) using SPSS 20.0 software. **Results:** 114 students participated: 61 in the test group and 53 in the control group, predominantly female, 16 years old, and of mixed race. There was an increase in knowledge in the test group, with statistical significance for the items "how to report" from 63.9% to 91.8% ($p < 0.001$), "knowing the services offered at the UBS" from 23% to 77% ($p < 0.001$), and "services of the Social Assistance Reference Center" from 47.5% to 82% ($p < 0.001$). Knowledge about the Child Protective Council showed a statistical difference between the test and control groups on the second day ($p = 0.036$). **Conclusion:** the educational intervention showed a significant increase in adolescents' knowledge about sexual abuse, mainly in relation to the Primary Health Care Unit and the Social Assistance Reference Center, highlighting the importance of awareness for the protection of adolescents and the mitigation of sexual violence.

Keywords: Sex offenses; Adolescent; Knowledge; Health education.

Resumo:

Objetivo: avaliar a efetividade de uma ação educativa sobre o conhecimento do tema da violência sexual em adolescentes escolares. **Método:** ensaio clínico randomizado, controlado e aberto, realizado em uma escola pública de Jundiaí-SP, com turmas do ensino médio, nas quais os alunos foram divididos aleatoriamente como grupo teste e controle (duas turmas cada grupo). A intervenção educativa sobre violência sexual foi realizada apenas no grupo teste. Para os dois grupos foram utilizados questionários de avaliação do conhecimento com intervalo de 15 dias, antes e depois da intervenção. A análise estatística utilizou testes de McNemar e Qui-Quadrado, ($p < 0,05$), através do software SPSS 20.0. **Resultados:** participaram 114 alunos: 61 no grupo teste e 53 no controle, com predominância do sexo feminino, de 16 anos e cor da pele parda. Houve aumento no conhecimento no grupo teste, com significância estatística dos itens "como denunciar" de 63,9% para 91,8% ($p < 0,001$), "conhecer os serviços oferecidos na UBS", de 23% para 77% ($p < 0,001$) e "serviços do Centro de Referência de Assistência Social", de 47,5% para 82% ($p < 0,001$). Saber sobre o conselho tutelar apresentou diferença estatística entre o grupo teste e controle no segundo dia ($p = 0,036$). **Conclusão:** a intervenção educativa mostrou aumento significativo do conhecimento dos adolescentes sobre abuso sexual, principalmente em relação à Unidade Básica de Saúde e ao Centro de Referência de Assistência Social, destacando a importância da conscientização para a proteção dos adolescentes e a mitigação da violência sexual.

Palavras-chave: Delitos sexuais; Adolescente; Conhecimento; Educação em saúde.

Resumen:

Objetivo: evaluar la eficacia de una intervención educativa sobre el conocimiento del tema de la violencia sexual en adolescentes escolares. **Método:** ensayo clínico aleatorizado, controlado y abierto, llevado a cabo en un centro de enseñanza secundaria pública de Jundiaí (Estado de São Paulo), con clases de secundaria, en las que los alumnos fueron divididos aleatoriamente en un grupo de intervención y un grupo de control (dos clases por grupo). La intervención educativa sobre violencia sexual se llevó a cabo únicamente en el grupo de prueba. Para ambos grupos se utilizaron cuestionarios de evaluación de conocimientos con un intervalo de 15 días, antes y después de la intervención. El análisis estadístico utilizó las pruebas de McNemar y chi-cuadrado ($p < 0,05$), mediante el software SPSS 20.0. **Resultados:** participaron 114 alumnos: 61 en el grupo de intervención y 53 en el de control, con predominio de mujeres, de 16 años y de piel parda. Se observó un aumento de los conocimientos en el grupo de intervención, con significación estadística en los ítems "cómo denunciar", del 63,9% al 91,8% ($p < 0,001$), "conocer los servicios ofrecidos en la UBS", del 23% al 77% ($p < 0,001$) y "servicios del Centro de Referencia de Asistencia Social", del 47,5% al 82% ($p < 0,001$). El conocimiento sobre el Consejo Tutelar presentó una diferencia estadística entre el grupo de intervención y el de control en el segundo día ($p = 0,036$). **Conclusión:** la intervención educativa mostró un aumento significativo del conocimiento de los adolescentes sobre el abuso sexual, principalmente en relación con la Unidad Básica de Salud y el Centro de Referencia de Asistencia Social, lo que pone de relieve la importancia de la sensibilización para la protección de los adolescentes y la mitigación de la violencia sexual.

Palabras clave: Delitos sexuales; Adolescente; Conocimiento; Educación en salud.

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INTRODUCTION

Sexual violence, according to the Brazilian Penal Code¹, is defined as a violation of human rights, characterized primarily by the attempt or consummation of sexual acts by the aggressor against the victim, through the use of threats or violence, without consent. This type of violence requires a comprehensive response to care for the victim. The prevention and combating of sexual abuse require a multidisciplinary and intersectoral approach, which may include educational actions in schools, where adolescents spend a large part of their time.

This perspective of comprehensive care is not limited to the national level, but also engages with international commitments. Among these commitments, the goal of eliminating all forms of violence and torture against children, including abuse, exploitation, and trafficking, stands out as part of the Millennium Development Goals for 2030, making it of paramount importance to invest in actions in this direction of gender equality for the promotion of peace and justice²⁻³.

According to the United Nations Children's Fund – UNICEF (2021)⁴, between 2016 and 2020, 35,000 children and adolescents aged 0 to 19 were victims of violent death in Brazil, while from 2017 to 2020 there were 180,000 cases of sexual violence (an average of 45,000 per year). In the city of Jundiaí/SP, from January 2018 to December 2021, 740 reports of sexual violence were filed in the municipality, most of which were related to children and adolescents⁵.

The topic represents a significant challenge in terms of prevention and intervention, and raises profound reflections on its consequences for the individuals affected. These consequences encompass various aspects of the human condition, including biological, social, psychological, emotional, behavioral, affective, and relational dimensions⁶. In early childhood, the impact includes profound traumas in the individual's development. Children who suffer sexual abuse often react somatically, experiencing sensations that are not typical for their age, due to new experiences that disrupt their perception of the world⁶.

Adolescence is a critical period of development, making these young people vulnerable to external influences, requiring schools to implement effective educational programs to increase this group's knowledge about sexual abuse, its forms, consequences, and prevention strategies, which fosters a safer and more welcoming school environment⁷. Studies⁸⁻⁹ have shown that preventing child sexual abuse in schools through educational programs has proven effective, as they play an essential role in disseminating information, building protective skills, and teaching recognition strategies, protection, and help-seeking, and these actions can be replicated in the adolescent public. Well-designed programs can generate significant changes in the attitudes and behaviors of young people, increasing knowledge about sexual abuse and

fostering a safer and more welcoming school environment, so that students feel empowered to face situations of abuse¹⁰. In addition to schools, spaces such as health units are fundamental for preventive approaches and assistance to victims, along with a support network that includes the Child Protective Council and the Social Assistance Reference Center (*Centro de Referência de Assistência Social - CRAS*)¹¹.

The relevance of prevention work from childhood shows a positive assessment in the development of self-protection skills and knowledge of children who participated in school programs for the prevention of sexual abuse¹². In older age groups, a study describes that intervention programs on adolescent violence in relationships can reduce the risk of emotional, physical and sexual abuse, as well as emotional and physical victimization¹³.

A systematic review spanning three decades reinforced the relevance of addressing this topic in the school context, focused on prevention and the healthy development of sexuality¹⁴. Thus, this study aims to evaluate the effectiveness of an educational action on sexual violence among school adolescents.

METHODS

This is a randomized controlled clinical trial conducted in a state public school, in Year 2 classes of Secondary Education, in a neighborhood of the municipality of Jundiaí during the period from October 2023 to March 2024.

The sample size calculation was performed using an odds ratio (OR) of 5.71, statistical power of 80%, and a 95% confidence interval¹⁵, considering an estimated prevalence of knowledge of 31% in the control group, resulting in a minimum sample size of 51 participants in each group.

The school, chosen for convenience, indicated that the intervention should be carried out with Year 2 students of Secondary Education, considering the target age of this research (15 to 19 years). In the school, there were four Year 2 classes, which were randomly allocated to the test and control groups. The decision to randomly select the class and not the individuals was to minimize the effects of the intervention on the control group. Thus, randomization occurred through a draw using the *sorteios.com* application from the four rooms, with the first two rooms drawn being defined as the *test group* (Year 2 A and Year 2 B) and the two remaining rooms classified as the *control group* (Year 2 C and Year 2 D).

Data collection was carried out using a questionnaire developed from a previous study¹⁶, supplemented by new questions adapted to the regional context of the population studied. The questionnaire was organized into three main blocks, each with specific variables:

- Demographics: sex (female/male), age (over 15 years), race (white, black, mixed, other or did not answer), do your legal guardians work (yes/no/did not answer), what is your occupation (only working/only studying/workyng and studying/did not answer), are you religious (Evangelical/Christianity/Umbanda/Muslim/Spiritist/did not answer) and who do you live with (father and mother/only with father or only with mother/neither with father nor with mother/did not answer);

- General knowledge: Have you ever attended a lecture on the topic of "sexual violence?" (yes/no/did not answer), do you know what sexual abuse is? (yes/no/did not answer), do you know how to report it? (yes/no/did not answer), do you know what Child Protective Council is for? (yes/no/did not answer), do you know the services offered at the UBS? (yes/no/did not answer), do you know what the CRAS is? (yes/no/did not answer);

- Identification of cases of sexual abuse: has this happened to you? (yes/no/did not answer), do you trust your parents? (yes/no/did not answer), do you trust anyone? (yes/no/did not answer), have the abuses ended? (yes/no/did not answer), would you have liked to report it? (yes/no/did not answer), age it started (4 to 16 years/adolescence/does not remember/did not answer) and age it ended (5 to 17 years/does not remember/did not answer), person you trust (friend / grandmother / grandfather / babysitter / counselor / stranger / sister / brother / godmother / mother / half-sister / boyfriend / no answer / stepfather / father / pastor / priest / acquaintance, but not a friend / cousin / teacher / nephew / niece / aunt / uncle / I have no one I can trust) and who was the abuser (friend / grandfather / babysitter / brother-in-law / stranger / no answer /I was never abused / acquaintance, but not a friend / cousin / teacher / uncle / uncle of a friend / neighbor / sister / mother / half-brother / stepfather / a friend of my uncle).

The intervention consisted of an educational activity and was conducted in two stages: the first in October and November 2023 and the second in February and March 2024. In both stages, all classrooms sequentially received an explanation about the project and the Informed Assent Form (IAF), in addition to the application of the initial questionnaire, with information on the characterization of the sample and knowledge about the proposed topic. After initial data collection, the test group received the educational intervention. After 15 days, the questionnaire was reapplied to all groups. After the end of data collection for the study, the educational activity was also applied to the control group to ensure equity and opportunity for knowledge.

The educational activity was carried out by two 4th year medical students. The students were trained by a senior researcher and a folder with information on the topic was prepared

by them, after prior study and research. There was guidance to clarify the topic addressed in the activity, as well as to respond to different resulting outcomes. Prior to the training, a meeting was held with the Primary Health Care (PHC) team of the municipality and with the Social Assistance Coordination to understand the referral and care flow in cases of sexual abuse.

The material used in the intervention consisted of a brochure and an expository lesson on the topic of sexual abuse, what it is, how to report it, and where to seek help. The material was developed by the students under the supervision of a researcher and was validated by the Basic Health Unit (*Unidade Básica de Saúde - UBS*) and the CRAS in the school's territory. Concurrently with this preparation, some institutions in the municipality were aligned regarding any potential demand that might arise after the intervention, such as the CRAS, the Child Protective Council, and the UBS, which were the services indicated as places where people could seek help, in addition to reporting to the hotline 100. Only individuals who answered the questionnaire at the initial and final moments (before and after the intervention) were considered.

Descriptive analyses were performed, and the McNemar Test for repeated measures and frequency was used to compare the time before and after the intervention in the test and control groups. The Chi-square test was used to compare the test and control groups separately at each time point. The variables used to measure the intervention were: knowledge about sexual abuse, ability to report, ability to use support services (UBS, the Child Protective Council and the CRAS) and previous experience of sexual abuse. The analyses were performed using SPSS software, version 20.0.

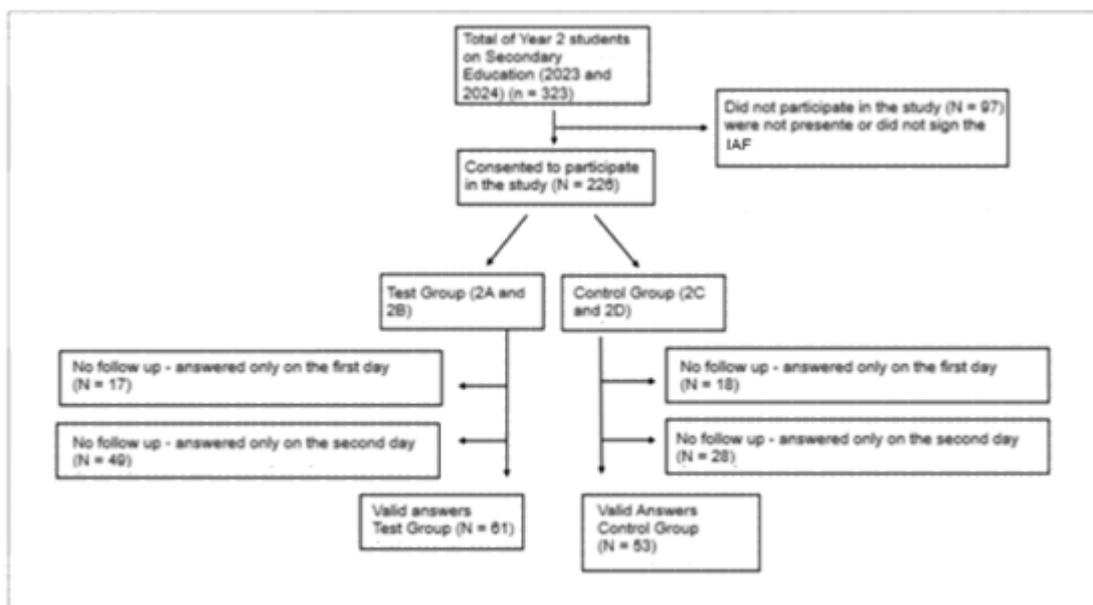
All students who participated in the research signed the IAF, in duplicate, one copy for the researchers and the other for the participants. The waiver of the Informed Consent Form (ICF) by the parents was duly justified to the Ethics and Research Committee (*Comitê de Ética e Pesquisa - CEP*). The research ensured the confidentiality and anonymity of the participants and was approved by the Ethics and Research Committee on September 27, 2023, under opinion number 6.328.062, and protocol in the Brazilian Registry of Clinical Trials - REBEC (RBR-9qb8wsx), registered on October 31, 2025.

RESULTS

Of the 326 students enrolled, 226 were eligible for both groups (test and control). There was a loss of 35 participants in the sample on the first day compared to the second (17 in the test group and 18 in the control group). On the second day, despite the gain of 77 new

respondents (49 in the test group and 28 in the control group), the data were excluded, since they were not present on the first day of data collection, as shown in Figure 1.

Figure 1. Secondary Education students surveyed. Jundiaí-SP, 2023/2024, Brazil.



A total of 114 valid responses were considered, with 61 responses from the Test group and 53 from the Control group. The majority were female in the Test group ($n=36$, 59%) and in the Control group ($n=28$, 52.8%); and 16 years old in the Test group ($n=39$, 63.9%) and in the Control group ($n=33$, 62.3%). Most of the participants' legal guardians worked, being 93.4% ($n=57$) in the Test group and 90.6% ($n=48$) in the Control group. Most considered themselves mixed-race in the Test group ($n=28$, 45.9%) and white in the Control group ($n=20$, 37.7%), and lived with both parents. The main occupation of the students in the Test group was *studying* ($n=31$, 50.8%) and in the Control group it was *working and studying* ($n=23$, 43.4%) (Table 1).

After the intervention, the test group showed a significant increase in knowledge of how to report abuse, from 63.9% to 91.8% ($p<0.001$), knowledge about the functions of the Child Protective Council, from 85.2% to 95.1% ($p=0.036$), knowledge about services offered by the UBS, from 23% to 77% ($p<0.001$), and knowledge about the CRAS, from 47.5% to 82% ($p<0.001$). In the Control group, the changes were not significant in relation to the same items evaluated, except for the item "knowing how to report abuse", which also showed a statistical difference. There was a statistical difference between the Test and Control groups on day 2 (after the intervention) for knowledge in all variables analyzed except for knowing what sexual abuse is (Table 2).

Table 1. Sociodemographic profile of participants (n=114), Jundiaí, SP, 2023/2024, Brazil.

CATEGORIES	VARIABLE	TEST		CONTROL	
		n	%	n	%
Sex	Female	36	59.0	28	52.8
	Male	24	39.3	24	45.3
	Did not answer	1	1.6	1	1.9
Age	15	3	4.9	3	5.7
	16	39	63.9	33	62.3
	17	15	24.6	13	24.5
	18	1	1.6	1	1.9
	Did not answer	3	4.9	3	5.7
Race	White	25	41.0	20	37.7
	Black	5	8.2	12	22.6
	Mixed	28	45.9	18	34.0
	Other	3	4.9	2	3.8
	Did not answer	0	0.0	1	1.9
Do your legal guardians work?	Yes	57	93.4	48	90.6
	No	3	4.9	4	7.5
	Did not answer	1	1.6	1	1.9
What is your occupation?	Only studying	31	50.8	18	34.0
	Working and studying	25	41.0	23	43.4
	Did not answer	0	0.0	3	5.7
Are you religious?	Yes	44	72.1	38	71.7
	No	15	24.6	13	24.5
	Did not answer	2	3.3	2	3.8
What religion?	Evangelical	17	27.9	13	24.5
	Christianity	22	36.1	19	35.9
	Umbanda	2	3.3	1	1.9
	Muslim	0	0.0	1	1.9
	Spiritist	0	0.0	1	1.9
	Did not answer	20	32.8	18	34.0
Who do you live with?	Father and mother	33	54.1	30	56.6
	Just father or just mother	22	36.1	16	30.2
	Not with father nor with mother	4	6.6	4	7.5
	Did not answer	2	3.3	3	5.7

Note: The variable "What is your occupation?" does not add up to 100% because the category "Only working" was excluded, since the study was conducted in a school with enrolled students.

In the Test group, the proportion of those who reported having experienced sexual abuse was more significant. In both groups, the majority reported trust in someone and a desire to have reported the abuse (Table 3).

Table 4 shows that the most trusted person by participants in both groups is the mother, with 36 mentions in both the Test and Control groups. Furthermore, friends constituted the second reference of trust, with 31 mentions in the Test group, compared to 17 mentions in the Control group. Most had never suffered abuse, but those who had suffered this type of violence reported strangers (n=6) in the Test group and cousins (n=5) in the Control group as the main perpetrators, in addition to uncles (n=3) in the Test group and (n=2) in the Control group.

Table 2. General knowledge about sexual violence among Secondary Education students (n=114). Jundiaí-SP, 2023/2024, Brazil.

		DAY 1					DAY 2					*Test Day 1 and 2 p	**Control Day 1 and 2 p
		TEST		CONTROL		p***	TEST		CONTROL		p****		
		n	%	N	%		n	%	n	%			
Have you ever been to a lecture?	Yes	21	34.4	19	35.8	0.673	46	75.4	27	50.9	0.009	<0.001	0.508
	No	24	39.3	18	34.0		14	23.0	24	45.3			
	Did not answer	16	26.2	16	30.2		1	1.6	2	3.8			
Do you know what is sexual abuse?	Yes	58	95.1	50	94.3	0.355	58	95.1	49	92.5	0.134	1.000	0,125
	No	1	1.6	0	0.0		1	1.6	4	7.5			
	Did not answer	2	3.3	3	5.7		2	3.3	0	0.0			
Do you know how to report it?	Yes	39	63.9	34	64.2	0.829	56	91.8	41	77.4	0.025	<0.001	0.021
	No	20	32.8	19	35.8		4	6.6	11	20.8			
	Did not answer	2	3.3	0	0.0		1	1.6	1	1.9			
Do you know what Child Protective Council is for?	Yes	52	85.2	46	86.8	0.775	58	95.1	44	83.0	0.036	0.070	0.453
	No	8	13.1	6	11.3		3	4.9	9	17.0			
	Did not answer	1	1.6	1	1.9		0	0.0	0	0.0			
Do you know what services are offered at the UBS?	Yes	14	23.0	24	45.3	0.008	47	77.0	28	52.8	0.004	<0.001	0.774
	No	42	68.9	24	45.3		13	21.3	25	47.2			
	Did not answer	5	8.2	5	9.4		1	1.6	0	0.0			
Do you know what is CRAS?	Yes	29	47.5	28	52.8	0.561	50	82.0	28	52,8	0.001	<0.001	1.000
	No	31	50.8	24	45.3		11	18.0	25	47.2			
	Did not answer	1	1.6	1	1.9		0	0.0	0	0.0			

*Comparison of the test group between day 1 and 2 using the McNemar test; **Comparison of the control group between day 1 and 2 using the McNemar test; p*** Comparison between Test group and Control group on day 1 using the chi-square test; p**** Comparison between Test group and Control group on day 2 using the chi-square test; significance p < 0.05.

Table 3. Identification and characterization of cases of sexual abuse among Secondary Education students (n=114), Jundiai, SP, 2023/2024, Brazil.

		DAY 1				DAY 2				
		TEST		CONTROL		TEST		CONTROL		
		n	%	n	%	n	%	n	%	
Did this ever happened to you?	Yes	19	31.1	10	18.9	23	37.7	9	17.0	
	No	39	63.9	40	75.5	36	59.0	43	81.1	
	Did not answer	3	4.9	3	5.7	2	3.3	1	1.9	
Did you suffer abuse According to sex	Female	15	24.5	10	18.9	18	29.5	9	17.0	
	Male	4	6.6	0	0.0	5	8.19	0	0.0	
	Did not suffer abuse or did not answer	42	68.8	43	81.2	38	62.3	44	83.0	
Do you trust your parents?	Yes	43	70.5	43	81.1	45	73.8	43	81.1	
	No	13	21.3	6	11.3	9	14.8	9	17.0	
	Did not answer	5	8.2	4	7.5	7	11.5	1	1.9	
Do you trust someone?	Yes	51	83.6	44	83.0	56	91.8	47	88.7	
	No	4	6.6	5	9.4	1	1.6	5	9.4	
	Did not answer	6	9.8	4	7.5	4	6.6	1	1.9	
Is the abuse over?	Yes	16	26.2	7	13.2	16	26.2	9	17.0	
	No	1	1.6	3	5.7	4	6.6	5	9.4	
	Did not answer	44	72.1	43	81.1	41	67.2	39	73.6	
Would you like to have reported it?	Yes	26	42.6	18	34.0	27	44.3	23	43.4	
	No	9	14.8	9	17.0	10	16.4	8	15.1	
	Did not answer	26	42.6	26	49.1	24	39.3	22	41.5	
Age when it started	4	1		0		1		0		
	5	1		1		1		0		
	6	1		3		1		2		
	7	2		1		2		2		
	8	0		1		1		1		
	9	1		0		2		0		
	10	3		0		3		1		
	11	3		0		1		0		
	12	0		0		1		1		
	13	3		0		3		0		
	14	1		0		0		0		
	15	0		0		3		1		
	16	2		1		0		1		
	During adolescence	1		0		0		0		
	Does not remember	1		0		1		0		
	Did not answer	43		46		43		45		
	Age when it ended	5	1		0		1		0	
		6	1		2		1		1	
		7	0		0		0		1	
		8	2		1		1		0	
		9	0		0		1		1	
10		0		1		1		1		
11		2		1		2		1		
12		0		0		0		1		
13		0		0		2		1		
14		2		1		2		0		
15		2		0		3		1		
16		2		0		0		0		
17		0		1		0		1		
Does not remember		1		0		1		0		
Did not answer		48		46		46		44		

Table 4. Trusted person and abuser – Secondary Education students (n=114). Jundiaí-SP, 2023/2024, Brazil.

	“TRUSTED PERSON”	TEST	CONTROL
Friend	31		17
Grandmother	7		6
Grandfather	1		1
Babysitter	1		0
Counselor	1		1
Stranger	1		0
Sister	11		11
Brother	11		4
Godmother	1		1
Mother	36		36
Half-sister	1		1
Boyfriend	5		2
Did not answer	4		3
Stepfather	3		0
Father	19		26
Pastor	2		3
Priest	0		1
Acquaintance, but not friend	1		1
Cousin	9		2
Teacher	5		2
Niece/Nephew	2		0
Aunt	9		8
Uncle	7		3
I have no one I can trust	0		4
	“ABUSER”		
Friend	2		1
Grandfather	0		1
Babysitter	1		1
Brother-in-law	1		0
Stranger	6		3
Did not answer	5		1
I was never abused	36		40
Acquaintance, but not friend	5		3
Cousin	3		5
Teacher	1		1
Uncle	3		2
Uncle of a friend	1		0
Neighbor	1		0
Sister	0		1
Mother	0		1
Half-brother	0		1
Stepfather	0		2
Friend of uncle	0		1

DISCUSSION

The study allowed us to observe significant changes in the participants' general knowledge level after the educational intervention, even though it was a one-off action. The results showed awareness of sexual abuse, including information on reporting, the network of services available from the public sector for support, and the importance of reporting.

The data from the descriptive analysis, together with those obtained through statistical

analysis, allow us to interpret that in the first moment of data collection, that is, before the application of the lecture, the groups are homogeneous and started from the same level of knowledge about the proposed topic.

In the second moment, after the application of the intervention to the test group, it was possible to observe that in most of the questions about general knowledge there was a statistical difference between the groups in relation to knowing how to report, about the Child Protective Council, CRAS and UBS, and an increase in the knowledge of the test group after the educational action. These findings are consistent with research that reinforces the importance of educational strategies to broaden knowledge about specific topics in school populations, which point to the effectiveness of interventions in raising awareness in the fight against violence^{9-10,12-13}.

The relevance given to the topic brought by this study is in line with others that attempt, in various ways, to quantify and intervene in the level of knowledge of children and adolescents about the topic of "sexual abuse"^{9-10,14,17-18}. There are studies that show that interventions in sex education generate significant attitudes in terms of preventing the occurrence of sexual violence in adolescents¹⁴, as well as the acquisition of knowledge in children who participated in school programs on the topic of sexual violence¹². Other studies^{9-10,17-18} have demonstrated that health education interventions lead to student empowerment, with the acquisition of tools that enable their self-protection in the face of these situations.

Another study also demonstrates the effectiveness of an educational intervention¹⁹, however, with community health workers in primary health care and with multiple meetings. Thus, the importance of carrying out interventions with professionals is also highlighted, as they deal with situations of child sexual abuse in the health service²⁰.

It is essential to involve health professionals in this training, ensuring that they are prepared to identify cases and provide adequate care to victims. This type of intervention has demonstrated effectiveness, enabling an increase in the level of knowledge and the engagement of individuals in discussions involving this topic²⁰⁻²¹. Therefore, considering the similarities and particularities between the studies, it is understood that there is relevance in educational practice in different contexts, to significantly increase the population's knowledge about the topic of "sexual abuse"²².

Regarding the family environment, it is observed that most of the caregivers work. With regard to religion, there was a predominance of self-declared Christian, differing from another study²³ in which the majority were Evangelical. Regardless of religion, religiosity can represent a point of security for adolescents, being a relevant aspect to be explored in future research, especially regarding its potential role as a protective factor as found in the aforementioned study.

High knowledge was found about what 'sexual abuse' is, which shows the high dissemination and discussion of this topic in society in the last four decades due to the need for knowledge about this problem, especially in environments where children and adolescents are present²⁴.

Although most adolescents claim to understand the concept of sexual abuse, many may restrict this definition only to sexual acts without consent. Although this is also the correct description, it does not encompass all the possibilities that can constitute sexual abuse. As highlighted by ABRAPIA²⁵, sexual abuse occurs when:

"In a child or adolescent, it is used for the sexual gratification of an adult or even an older adolescent, based on a power relationship that can include anything from caresses, manipulation of the genitals, breasts or anus, sexual exploitation, voyeurism, pornography and exhibitionism, to sexual intercourse with or without penetration, with or without physical violence"^{8:8}.

In terms of reporting capacity, most students reported having this knowledge. However, despite an increase in reported cases, as described in the Epidemiological Bulletin of the Ministry of Health²⁶, there is a history of underreporting of cases of child sexual violence. Data from the Brazilian Ministry of Health from 1998 show that less than 10% of cases reach police stations, a scenario that generates great concern and demands effective public actions²⁷. This underreporting may be associated with the fact that the aggressors are, in many cases, people from the family circle or close acquaintances, such as cousins, uncles, stepfathers or brothers-in-law, which makes reporting difficult due to the maintenance of daily contact²⁸. This proximity, added to the occurrence of cases involving neighbors and acquaintances, contributes to the silence of the victims and to the low formalization of official records.

Despite increased reflection in society, there are still few instruments that generate conversation about sexual abuse, and actions are needed in schools to raise awareness about what abuse is, how to report it, and where to seek help, describing services and public bodies available to address cases of sexual violence²⁹.

As in the present study, most were unaware of the services offered by the UBS and CRAS. A low level of knowledge was noted among students regarding the support networks available for reporting cases of sexual abuse, especially the UBS (next to the school), which is poorly recognized for its services.

The care networks in this scenario need to strengthen the articulation between health and social assistance services, ensuring more effective and accessible care for victims³⁰. The lack of articulation between health and social assistance networks can compromise both the effectiveness in addressing cases of sexual abuse and the dissemination of information necessary

for the population to appropriate these services as a right³¹.

The CRAS, although little known in the present study, due to its described attributions, plays a broad role in assisting the population³², because its scope also includes guidance on social benefits, which broadens its visibility to perceived attributions. According to social protection policy, cases of violence and sexual abuse should be referred primarily to the Specialized Center for Social Assistance Reference (*Centro de Referência Especializado de Assistência Social - CREAS*), as it is a situation of rights violation³³.

The Child Protective Council should also be considered as a support network. Studies emphasize that, since its origin, resulting from the advent of the Statute of the Child and Adolescent (*Estatuto da Criança e do Adolescente - ECA*), the Child Protective Council has the function of guaranteeing and ensuring protection, acting as a central body in the articulation between society and the State, ensuring that this population is distributed in the best way within a larger structure of public policies aimed at protecting these victims³⁴.

The greater the knowledge about the responsibilities of the Child Protective Council, the greater the prevention of sexual abuse, since it broadens the population's perception of the possibility of reporting and appropriate referral, strengthening the protection network and reducing barriers to access. By focusing on a single assistance network, the population finds a point of contact that articulates the other networks, which enhances its effectiveness.

In the family environment, parents represented the main support network, with greater reliability attributed to the mother compared to the father. The mother is the most frequent protective figure among the registered cases, and, consequently, the one responsible for most of the reports forwarded to the competent bodies³⁵.

Regarding the profile of the victims, another study⁵ describes the profile of cases of sexual violence in the municipality of Jundiaí and demonstrated that there was agreement in the findings, with most of the abuses occurring with the female population and, regarding the profile of the aggressors, people close to the victim and/or their family predominated.

CONCLUSION

The educational intervention contributed to expanding adolescents' knowledge about ways to report sexual abuse and the available support services, such as primary health care units, social assistance centers, and the Child Protective Services, considering the initial misinformation identified among the participants.

Limitations of the study include: the open-ended nature of the intervention, since the researchers were aware of which participants received the intervention and which did not, which

may have influenced the results. Practical difficulties were also observed during implementation, such as low student engagement in the activities, and possible information bias due to social desirability.

The study follow-up was conducted over a period of 15 days, which demonstrates immediate knowledge retention, but not long-term retention. Thus, the results should be interpreted in light of the limitations presented, without generalizing the results. However, the importance and scarcity of intervention studies on this subject should be highlighted, given the difficulty in obtaining acceptance for studies of this scope.

However, this study showed that bringing the subject into the students' daily lives through educational activities was a strategic way to stimulate debate, which is still scarce, and thus promote increased knowledge among the studied population. The findings reinforce the relevance of educational strategies aimed at adolescents and the expansion of knowledge about the topic and the protection network for reporting and care in cases of sexual abuse.

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