



Advances in the Application of the 'Knowledge for the Detection of Child Sexual Abuse' Instrument: Scope in other Studies

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Abstract

Objective: To socialize the work carried out in the construction of the Scale of Knowledge, Attitudes and Beliefs regarding child sexual abuse.

Methodology: It was developed through a cross-sectional observational study, where a review of the literature and child protection protocols was carried out, obtaining a bank of items, grouped into five categories. We also applied tests of apparent and content validity. For the analysis and collection of data, 22 experts, both clinical and academic in the area of child sexual abuse, were used. For data processing, descriptive statistics, ratio index tests and content tests were carried out with a score criterion greater than ≥ 0.58 .

Results: In the face validity, 30 items were obtained with a percentage range greater than or equal to 75% to 100%, nine items with 75% of acceptability and five items were eliminated because their percentage value was less than 65%.

For the second measurement with content validity tests, the scale obtained a content index > 0.58 for 35 items and a satisfactory overall validity index of 0.88, and three items were eliminated due to low content indexes.

Conclusion: To expand its use and confirm the validity and reliability of the scale, it is being applied in other contexts and to other population groups in the identification of possible cases of child sexual abuse.

Introduction

In addressing the issue of sexual abuse it is important to define what we mean by sexual violence, for this I refer to the concept provided by the United Nations Children's Fund (2025) which defines it as “Any deliberate, unwanted and non-essential act of a sexual nature, completed or attempted, perpetrated against a child, including for exploitative purposes, that results in or has a high likelihood of causing injury, pain or psychological suffering”. It also classified it into two types of sexual violence (including rape and sexual assault) and non-contact sexual violence (according to the International Classification of Violence against Children; UNICEF, 2025). The latter, despite the fact that there is no contact, is affecting the physical and mental health of children and adolescents, because it reinforces the abuse of power (subordination and

manipulation), generating physical disorders such as sleep disorders, appetite, headaches, and mental disorders such as fear, anguish, threat, punishment, shame, anxiety and insecurity (Ruiz, M. 2023).

For this reason, within child violence, one of the most devastating aspects is sexual abuse (CSA), which is one of the main forms of violence because it seriously violates children's rights and is prolonged throughout life; it affects all countries in different societies, ethnicities, cultures and social classes (Dos Santos Baptista, N. 2023); it is recognized as a public health problem because, beyond health, it generates socioeconomic aspects that impact on the conditions of children and adolescents and society itself (Noreña-Herrera and Rodríguez, 2022). An example is the USA where the lifetime costs of non-fatal child sexual abuse is \$282,734 per female victim and the costs of fatal CSA are much higher than those mentioned above for both sexes (Pan American Health Organization, 2022). In addition to this, it is a problem that is not reported for fear of social stigma, or guilt or economic dependence on the aggressor, as well as preferring to remain silent, addressing the symptoms and leaving aside the causes and consequences (Gutiérrez-López and Lefevre, 2019).

Thus, by consulting world statistics we have that 650 million (1 in five) girls and women alive today have been victims of sexual violence when they were children. Between boys and men, we have 410 and 530 million (about 1 in seven) suffered sexual violence in childhood (United Nations Children's Fund-UNICEF, 2024). In addition, sexual violence against children is widespread and crosses geographical, cultural and economic boundaries; The largest number of victims of sexual assault and rape is registered in Sub-Saharan Africa, with 79 million girls and women affected (22%), followed by East and Southeast Asia with 75 million (8%), Central and South Asia with 73 million (9%), Europe and North America with 68 million (14%), Latin America and the Caribbean with 45 million (18%), North Africa and West Asia with 29 million (15%) and Oceania with 6 million victims (34%) (UNICEF, 2024). (UNICEF, 2024).

Regarding Colombia, which ranks third in population in Latin America, after Brazil and Mexico, the population in 2024 is estimated at 52,695,952 inhabitants, with a projection for 2025 of 53,110,609. Of these, 27.19 million will be women (51.2%) and 25.92 million will be men (48.8%) (Departamento Administrativo Nacional de Estadística - DANE, 2024). According to data provided by the National Institute of Health (INS, 2021), in relation to the types of violence, neglect and abandonment are recorded as the main indicators, with 86%, followed by sexual abuse with 78.1%. In this context, the non-family aggressor represents 54.8%, while the family aggressor reaches 45.2%. By 2023, reported victims of sexual violence in minors reached 81.17% of medicolegal assessments, highlighting that 63.31% of affected males were between 5 and 14 years old, and 74.13% of females, between 5 and 17 years old. As for the rate of alleged sexual crimes per 100,000 inhabitants in children and adolescents (NNA), the highest rate is found in the 10 to 14 years age group, with 262.83 (10,424 cases) for both sexes.

Against this backdrop, it is crucial to understand what is meant by child sexual abuse. According to UNICEF, it refers to actions mediated by an unequal power relationship, which occur when an adult or peer exercises these acts on a child or adolescent (UNICEF, n.d.). In addition, child sexual abuse constitutes a violation of the human rights of minors, especially affecting: the right to decide about their own body and sexuality; the right to privacy and intimacy; and the right to live free of violence (UNICEF, n.d.).

Based on this definition, it is relevant to point out that child sexual abuse leaves an indelible mark throughout life. The physical, psychological, emotional, cognitive and behavioral sequelae have a significant negative impact on the comprehensive development of children and adolescents (NNA), interfering with their ability to establish relationships with their environment, often leading to social isolation, weakness in their support networks and, ultimately, to the overall deterioration of their quality of life (Falcón, 2019; Ali et al., 2024).

First of all, the front-line professional must be knowledgeable and well-prepared for the management and counselling of these cases of sexual abuse. In addition to this, they must have an attitude of listening, not interrupting, allowing the child or adolescent to express the situation spontaneously and not carrying out interrogations; understanding and not judging; nor re-victimising, and providing assistance and protection (UNICEF, 2017). It is therefore crucial to highlight the role of health professionals in identifying the individual, family and socio-cultural factors that may expose children and adolescents to this vulnerability (Alaggia, Collin-Vézina & Lateef, 2019). These factors, often invisible in a clinical assessment, can lead to misjudgements about the veracity of sexual abuse allegations, negatively impacting the life course of both children and adults involved (Pelisoli, Herman & Dell'Aglio, 2015).

Therefore, sexual abuse requires knowledge and a comprehensive understanding of the social, cultural and affective dynamics in which children and adolescents are immersed, as well as the family dynamics and those of each of its members, yet research suggests that health professionals do not have sufficient knowledge to intervene and manage the individual's care (Lowe, & Taylor, 2024). To address this, it is critical to assess the knowledge and skills of professionals involved in the care process and incorporate resources and guidelines for care and intervention provided by the World Health Organization (WHO, 2017; 2020), the Pan American Health Organization, United Nations Fund, recognised international organisations and foundations to intervene and act on sexual violence. For example, the INSPIRE strategy, which sets out seven strategies and a technical guide for the prevention of physical, sexual and emotional violence against children and adolescents (Together for Girls, The Equality Institute and Oak Foundation) (Together for Girls, 2025; Ligiero, 2019)..

Therefore, the evaluation of knowledge is relevant (Alaggia, Collin-Vézina & Lateef, 2019; Lowe, & Taylor, 2024), allowing the involvement of parents and children and adolescents, so that young people acquire the

skills and knowledge to generate limits in dealing with their peers and in the preservation of values to establish healthy relationships (Doucette, Collibee, & Rizzo, 2021); allows for real and timely diagnosis, increased reporting of sexual violence when support and outreach services are recognised; linking men and boys in programmes to break the cycle of violence; helps raise awareness of child sexual abuse and thereby increases recognition and intervention behaviors by adults (Ligiero, 2019); generates protective behaviours by children and adolescents both in schools and in other social spaces (Walsh, et al. 2018).

In a systematic review by Chia-Jung et al. (2022), it is noted that the tools used to identify and detect child sexual abuse are mainly based on the results of clinical examinations or on the analysis of medical and physical histories. At the community level, child abuse assessments are based on parents' statements, care experiences, risks, sexual exploitation and characteristics of the family environment.

Furthermore, Chia-Jung et al. (2022) emphasize that physical examination alone is not sufficient to detect cases of child sexual abuse. For this reason, they stress that health professionals should pay more attention to detail and be more sensitive in detection. Vederhus, Timko and Haugland (2021); Gubbels, et al., (2021), Benavente, Bully & Ballester,(2024) recognize the importance of effective screening tools that include risk factors, as well as management and management elements in the identification of sexual abuse, in order to avoid overlooking cases of child abuse and to reduce inaccurate judgements and assessments.

Studies such as Tuğut, & Daşlı, (2019) refer that there are instruments that assess knowledge about the risks of child abuse and neglect (developed by Uysal, 1998), it is a scale of 67 items, grouped into by five categories: signs of child physical abuse (19 items), behavioral signs of child abuse (15 items), signs of child neglect (7 items), characteristics of parents who tend to perpetrate abuse and neglect (13 items), characteristics of those vulnerable to abuse and neglect and family characteristics related to child abuse and neglect (8 items).

Another instrument is the Violence Against Children Survey (VACS) which was promoted by the Centers for Disease Control and Prevention (CDC) in collaboration with Together for Girls in 2007. It is part of the World Health Organization's INSPIRE violence prevention strategies. The survey has been implemented in more than 25 countries: Africa, Asia, Latin America and the Caribbean. In 2018 Colombia started its implementation and ended in 2020; all this to join efforts to eradicate violence against children and adolescents and to aim for the goals of the Sustainable Development Goals, as part of the National Development Plan 2018 - 2022, in Goal 3: Pact for Equity - Children First. The survey characterizes and measures the prevalence and incidence of physical, emotional and sexual violence in the past 12 months; it also captures data on violent incidents, collects information on risk factors, protective elements, gender norms, as well as the impact of violence on the physical and mental health of children and young people. The survey consists of 300 questions and targets a population aged 13-24 years. It is structured in three formats: a female questionnaire, a male questionnaire

and a questionnaire for the head of household (International Organization for Migration (IOM), CDC, Ministry of Health and Social Protection of Colombia, 2019).

Methodology

Gutiérrez-López, (2021) Against this background, my research work included the design and validation of a scale of knowledge in the detection of child sexual abuse, which was based on scientific studies and grey literature (such as protocols, medical-legal, criminal and institutional references for the protection of children and adolescents) reviewed during the period from 2010 to 2019. The scale consisted of 44 statements and was grouped into five categories: Concept, External factors, Individual factors, Signs and symptoms, Beliefs and attitudes. With a three-point Likert scale (agree, neither agree nor disagree and disagree).

Within the methodological process, tests of apparent and content validity were carried out (Streiner, Norman & Cairney, 2024). For face validity, eleven experts in violence and sexual abuse, with experience in the care and detection of sexual abuse in children and adolescents, volunteered to participate. Each expert inspected and rated the criteria of accuracy, clarity, and comprehension, requiring a percentage value greater than or equal to 70% (Sampieri-Hernández, 2014). In addition, the language used in each of the items was evaluated, the adequacy of these to the construct of interest was analyzed and their relationship with the objective of the topic to be studied was verified.

The evaluation of content validity was carried out in two phases: pretest and posttest. In the pretest phase, adjustments were made to the scale after the apparent validity, and it was submitted to the evaluation of experts with theoretical and practical knowledge on the detection of sexual abuse in children and adolescents, and with training in research on the validation of scales, as well as in childcare. In this phase, ten professionals participated voluntarily, who rated and specified the domain and content of the scale. They evaluated three criteria: “Useful and essential”, “Useful but not essential” and “Not necessary”, considering the skills and sub-themes that the scale should address.

For data analysis, the Content Validity Index (CVI) and the ratio index were used for each of the items (Tristán-López, 2008). The second phase (posttest) was carried out three weeks later, and the same experts were invited, but only nine of them participated, due to difficulties of time and previous commitments.

Results

Within the findings found in the face validity of the 44 statements contained in the scale, 18 of them obtained a percentage between 75 to 100% for the three criteria (clarity, precision and comprehension); 21 statements obtained a score between 75 to 80%, because it was found that they only met one or two criteria and five were

actually modified because they obtained a percentage below 65%. Structural adjustments (grammatical and wording) were made to each item according to the observations issued by each peer evaluator. (Gutiérrez-López 2021).

Regarding the evaluation of the five categories, it was observed that the category of Attitudes and beliefs obtained a percentage of acceptance for the three criteria from 75% to 80%, followed by the category of signs and symptoms that obtained a percentage between 57% for accuracy and in the other two criteria obtained 75% to 79%, the category with the lowest criteria was that of concept that obtained a score between 38% to 68% (Gutiérrez-López 2021)

Regarding the evaluation of the five categories, it was observed that the category of Attitudes and beliefs obtained a percentage of acceptance for the three criteria of 75% to 80%, followed by the category of signs and symptoms that obtained a percentage between 57% for accuracy and in the other two criteria obtained 75% to 79%, the category with the lowest criterion was that of concept that obtained a score between 38% to 68% (Gutiérrez-López 2021).

According to these results, the adjustments provided by the experts for each item were made and, for the content validity (pretest), 19 items were obtained with a value lower than 0.58 (content validity ratio index-CVR) in the criterion of useful and essential, 6 of them were definitively eliminated and the other 13 were adjusted without affecting the structure of the instrument. Subsequently, the post-test was carried out, obtaining an optimal content validity for 35 items (greater than or equal to 0.58) (Gutiérrez-López 2021).

According to the results obtained, three items with a CVR lower than 0.58 were eliminated, leaving a final scale composed of 35 items divided into five categories: 1) conceptual (four statements), 2) external factors (four statements), 3) individual factors (four statements), 4) signs and symptoms (five statements) and 5) attitudes and beliefs (18 statements). The scale uses a three-point Likert scale: 1) agree, 2) neither agree nor disagree, and 3) disagree.

Discussion

It is important to emphasise that, with the results and the experts' assessments, the instrument addresses the essential and characteristic elements of child sexual abuse (CSA), as well as the attitudes, beliefs and factors that enable professionals to identify cases of abuse in a timely manner. The contribution to the category of attitudes and beliefs, which, according to the literature, is a fundamental axis in the family context, is particularly noteworthy. This is because it is in this environment that generational values and traditions are transmitted, which influence the understanding of child sexual abuse, including the identification of factors that can be considered specific protective factors according to different cultures.

Thus, a person's culture may also influence the decision to report or not to report child sexual abuse (Alaggia, Collin-Vézina, & Lateef, 2019; Sanjeevi, 2018; Pelisoli, Herman, & Dell'Aglio, 2015; Chia-Jung et al., 2022). These authors consider that knowledge on this topic, along with abandonment, abuse and neglect, is still insufficient, so it is important to further advance the reliability of the instrument as a resource for diagnosing knowledge, attitudes and practices related to vocational training and work practice. In order to determine the topics that require further deepening and preparation, as mentioned by Tuğut and Daşlı (2019) and Gubbels (2021), who suggest that CSA topics should be strengthened through workshops, seminars or institutional conferences, also addressing the process and legal management to be followed in these cases.

Application of the scale in other studies

The following is a list of studies that have sought advice for the application and validation of the scale. Some of them have been developed in school settings and in the area of academic training.

- **Mexico:** Autonomous University of Yucatan, Faculty of Psychology, Mexico: Ximena Mota and her research team are carrying out the study entitled 'Perceptions of child sexual abuse among students of the Faculty of Medicine and Nursing of the Autonomous University of Yucatan' (2024-II).
- **Dominican Republic:** Universidad Iberoamericana (UNIBE), Dominican Republic. Attilio Méndez, master's student in psychological interventions. Research study: psychoeducational intervention for the detection of signs of sexual abuse directed towards school teachers (2025).
- **Argentina.** School of Public Health and Environment. Faculty of Medical Sciences, Master in Public Health. Andrea Karina Vázquez. Research Study: Estereotipos de Género e inequidad en el acceso a la Atención Integral de las víctimas de incesto desde la perspectiva de las madres protectoras' 'Violencia Vicaria' (2023-2024-II).
- **Madrid:** Universidad Autónoma de Madrid. Faculty of Psychology, Master in General Health Psychology. Erika Salgado Arquíño, Research Study: Evaluación de los conocimientos de profesores para la detección temprana sobre el abuso sexual infantil (2023-2024).
- **Colombia:**
 - **Fundación Universitaria de Estudios Superiores,** Faculty of Psychology. Espinal-Tolima, Colombia. Lina Fernanda Reyes Serna, with the work entitled: Psychoeducational programme

for the prevention of child sexual abuse in students of a school in the city of Girardot, Cundinamarca (2024-II).

- **Catholic University of Colombia**, Faculty of Psychology. Bogotá-Colombia: Laura Valentina Ramírez Carreño. Research work entitled: Educational proposal on training for parents in early detection of sexual abuse in children and adolescents (2024).
- **Universidad El Bosque**, Faculty of Medicine. Pérez-Alvares R, Pérez-Negrete D., Pineda-Cortes, S.E., Ramos-Arroyo,M., Hernández-Cañas, L. Research work entitled: Care Practices and Strategies Employed by Parents and/or Primary Caregivers in the Context of Child Sexual Abuse. Objective: To demonstrate the care practices and strategies adopted by parents or primary caregivers in cases of child sexual abuse. Methodology: scoping review, under the guidelines of the Joanna Briggs Institute (JBI) Manual and protocolised in the Open Science Framework (OSF) platform with the registration link <https://doi.org/10.17605/OSF.IO/4GTRB> (2024-2025).

Conclusion

Evaluating knowledge about the detection of child sexual abuse is an essential step in strengthening prevention and care practices, which is why it is important to continue advancing in its development.

The studies presented here demonstrate the need for comprehensive approaches that combine training, assessment tools and valid and reliable intervention strategies. Only through a sustained commitment to education and research will we succeed in narrowing the gaps in early identification and improving care for affected children.

Conflict of interest.

The author declares that she has no conflicts of interest.

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References

1. Alaggia, R., Collin-Vézina, D., & Lateef, R. (2019). Facilitators and Barriers to Child Sexual Abuse (CSA) Disclosures: A Research Update (2000–2016). *Trauma, Violence, & Abuse*, 20(2), 260-283.

<https://doi.org/10.1177/1524838017697312>

2. Ali, S., Pasha, S. A., Cox, A., & Youssef, E. (2024). Examining the short and long-term impacts of child sexual abuse: a review study. *SN Social Sciences*, 4(2), 56.
3. Chia-Jung, C. H. E. N., Yi-Wen, C. H. E. N., Chang, H. Y., & Jui-Ying, F. E. N. G. (2022). Screening tools for child abuse used by healthcare providers: a systematic review. *Journal of Nursing Research*, 30(1), e193.
4. Departamento Administrativo Nacional de Estadística-DANE, 2024. Población total Colombia. En <https://www.dane.gov.co/index.php/lista-de-resultados-de-busqueda?q=abuso+sexual+infantil>
5. Dos Santos Baptista, N. (2023). La violencia sexual en niños y niñas angoleños de 05 a 10 años. estudio sobre los procedimientos de protección a niños abusados sexualmente en Luanda durante los años 2016 al 2018 (Doctoral dissertation).
6. Doucette, H., Collibee, C., & Rizzo, C. J. (2021). A review of parent-and family-based prevention efforts for adolescent dating violence. *Aggression and violent behavior*, 58, 101548.
7. Falcón, J. M. (2019). Diálogos posibles en la investigación de la violencia sexual: Estándares interamericanos y el caso peruano. *IUS ET VERITAS*, (59), 18-27.
8. Fondo de las Naciones Unidas para la Infancia-UNICEF (s.f.) Prevención del abuso sexual infantil. La campaña Mídete promueve el derecho a vivir una infancia y adolescencia sin violencias: ¿Qué es el abuso sexual? En: <https://www.unicef.org/cuba/prevencion-del-abuso-sexual-infantil>
9. Fondo de las Naciones Unidas para la Infancia-UNICEF. (10 de octubre de 2024). Violencia sexual. En: <https://data.unicef.org/topic/child-protection/violence/sexual-violence/>
10. Fondo de las Naciones Unidas para la Infancia-UNICEF. (2017). Abuso sexual contra niños, niñas y adolescentes: Una guía para tomar acciones y proteger sus derechos. En: https://www.unicef.org/argentina/sites/unicef.org.argentina/files/2018-04/proteccion-AbusoSexual_contra_NNyA-2016.pdf
11. Gobierno de Colombia, Ministerio de Salud y Protección Social, Organización Internacional para las Migraciones (OIM), CDC. 2019. Encuesta de Violencia contra niños, niñas y adolescentes en Colombia-EVCNNA-2018. Bogotá, Colombia.
12. Gubbels, J., Assink, M., Prinzie, P., & van der Put, C. E. (2021). Why Healthcare and Education Professionals Underreport Suspicions of Child Abuse: A Qualitative Study. *Social Sciences*, 10(3), 98. <https://doi.org/10.3390/socsci10030098>
13. Gutiérrez-López C. (2021) Construcción y validación del instrumento “Conocimientos para la detección del abuso sexual en la infancia”. *Rev. cienc. cuidad.*18(1):42-53.

<https://doi.org/10.22463/17949831.2558>

14. Gutiérrez-López, C., & Lefèvre, F. (2019). Descubrimiento del abuso sexual del niño: revelación o silencio. *Revista cubana de salud pública*, 45(1), 1-18. En: <https://www.medigraphic.com/cgi-bin/new/resumen.cgi?IDARTICULO=86031>
15. Instituto Nacional de Medicina Legal y Ciencias Forenses. 2024. *Forensis 2023. Datos Para La Vida*. 1era edición, ISSN 2145-0250. Ed. Instituto Nacional de Medicina Legal y Ciencias Forenses. En: https://www.medicinalegal.gov.co/documents/20143/1124000/Forensis_2023.pdf
16. Instituto Nacional de Salud-INS. (2021). *Violencia de Género e Intrafamiliar. Proporción de casos sospechosos de violencia de género e intrafamiliar según grupo de edad y sexo de la víctima y relación con el agresor, Colombia periodo epidemiológico IX de 2021*. <https://www.ins.gov.co/buscador-eventos/Informesdeevento/VIOLENCIA%20DE%20G%20C%29NERO%20E%20INTRAFAMILIAR%20P%20IX%202021.pdf>
17. Ligiero, D., Hart, C., Fulu, E., Thomas, A., & Radford, L. (2019). What works to prevent sexual violence against children: Evidence Review. Together for Girls. togetherforgirls.org/svsolutions
18. Lowe, G. E., & Taylor, E. M. (2024). Exploring healthcare professionals' knowledge of how to identify and respond to child sexual abuse. *Nursing children and young people*, 10.7748/ncyp.2024.e1525. Advance online publication. <https://doi.org/10.7748/ncyp.2024.e1525>
19. Noreña-Herrera, Camilo, & Rodríguez, Sergio Andrés. (2022). Violencia sexual en un municipio de Colombia: características de las víctimas y de sus victimarios, 2011-2020. *Biomédica*, 42(3), 492-507. Epub September 02, 2022. <https://doi.org/10.7705/biomedica.6460>
20. Pelisoli, C., Herman, S., & Dell'Aglio, D. D. (2015). Child sexual abuse research knowledge among child abuse professionals and laypersons. *Child abuse & neglect*, 40, 36-47.
21. Ruiz, M. S. (2023). Salud digital y ciberacoso. *Pediatría Integral*, 185. En: https://www.pediatriaintegral.es/wp-content/uploads/2023/06/Pediatria-Integral-XXVII-4_WEB.pdf#page=8
22. Sampieri-Hernández R, Fernández-Collado C, Baptista M. *Metodología de la investigación*. 6ta edición. Mex DF Mc Graw Hill.2014.
23. Sanjeevi, J., Houlihan, D., Bergstrom, KA, Langley, MM y Judkins, J. (2018). Una revisión del abuso sexual infantil: impacto, riesgo y resiliencia en el contexto de la cultura. *Journal of Child Sexual Abuse* , 27 (6), 622–641. <https://doi.org/10.1080/10538712.2018.1486934>
24. Streiner, D. L., Norman, G. R., & Cairney, J. (2024). *Health measurement scales: A practical guide to their development and use* (6^a ed.). Oxford University Press.
25. Together for Girls (2025). *What works to prevent sexual violence against children: Evidence review*

<https://www.togetherforgirls.org/en/resources/what-works-to-prevent-sexual-violence-against-children-evidence-review>.

26. Tristán-López, A., Modificación al modelo de Lawshe para el dictamen cuantitativo de la validez de contenido de un instrumento objetivo. *Avances en medición* [Online]. 6(1), pp. 37-48, 2008. Available at: https://www.humanas.unal.edu.co/lab_psicometria/application/files/9716/0463/3548/VOL_6._Articulo4_Indice_de_validez_de_contenido_37-48.pdf
27. Tuğut, N., & Daşlı, Y. (2019). Determining Health Professionals' knowledge Levels on Child Abuse and Neglect. *Turkish Studies*, 14(2), 827-839. DOI: 10.7827/TurkishStudies.14922
28. United Nations Children's Fund. (15 de January, 2025) International Classification of Violence against Children (ICVAC), UNICEF, Nueva York. <https://data.unicef.org/resources/international-classification-of-violence-against-children/>,
29. Vederhus, J. K., Timko, C., & Haugland, S. H. (2021). Adverse childhood experiences and impact on quality of life in adulthood: development and validation of a short difficult childhood questionnaire in a large population-based health survey. *Quality of Life Research*, 30, 1769-1778.
30. Walsh, K., Zwi, K., Woolfenden, S., & Shlonsky, A. (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(1), 33-55.
31. World Health Organization (2017). Responding to children and adolescents who have been sexually abused: WHO clinical guidelines. Geneva: World Health Organization; <https://iris.who.int/bitstream/handle/10665/259270/9789241550147-eng.pdf?sequence=1>
32. World Health Organization(2020). Global status report on preventing violence against children. Geneva: World Health Organization. <https://iris.who.int/bitstream/handle/10665/332394/9789240004191-eng.pdf?sequence=1>.



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