

Prevention of online sexual abuse: What do Chilean adolescents propose?

Prevención del abuso sexual online: ¿Qué proponen los adolescentes chilenos?

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1 Abstract

2 The prevalence of online sexual abuse (OSA) is high worldwide.
3 The evidence base shows that preventative strategies, aiming to
4 combat OSA, are ineffective, mainly due to their adult-centric
5 logic. For this reason, this study aims to describe the preventive
6 strategies that adolescents are familiar with and which ones
7 they propose. Eighty-two adolescents answered a qualitative
8 online survey. The thematic analysis shows that adolescents
9 propose to prevent OSA by fostering dialogue within the family
10 - balancing supervision with support - instead of imposing rigid
11 norms. The adolescents further suggest incorporating the
12 school community into this dialogue and that the strategies be
13 continuous, in interactive and motivating formats, rather than
14 rigid and scholarly.

15
16
17 **Keywords:** online sexual abuse, parental supervision,
18 prevention, social support

20 Resumen

21 La prevalencia del abuso sexual online (ASO) es alta en todo el
22 mundo. La evidencia muestra que las estrategias preventivas
23 suelen ser ineficaces, principalmente debido a su lógica
24 adultocéntrica. Por ello, este estudio tiene como objetivo
25 describir las estrategias preventivas que conocen los
26 adolescentes y cuáles proponen. Ochenta y dos adolescentes
27 respondieron una encuesta cualitativa online. El análisis
28 temático muestra que los adolescentes proponen prevenir la
29 ASO fomentando el diálogo en el seno de la familia -
30 equilibrando la supervisión con el apoyo- en lugar de imponer
31 normas rígidas. Los adolescentes sugieren además incorporar a
32 la comunidad escolar en este diálogo y que las estrategias sean
33 continuas, en formatos interactivos y motivadores, más que
34 rígidos y escolarizantes.

35
36 **Palabras clave:** abuso sexual online, apoyo social, prevención,
37 supervisión parental

38
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46 Information and communication technologies (ICTs), the internet, and particularly mobile
47 phones, play an ever-increasing role in the lives of adolescents across the Globe (Livingstone &
48 Smith, 2014). Based on a nationwide survey of 3600 Chilean households, an estimated 94% of
49 students can access the Internet at home, and of those, 88% do so daily (Cabello-Cádiz et al.,
50 2017; SUBTEL & Brújula, 2017).

51
52 As with any tool, the internet offers multifaceted benefits and associated risks. Internet is an
53 arena in which adults and adolescents can interact without supervision, what has been
54 associated with the risk of suffer sexual abuse given sexual perpetrators have adapted their
55 methods to the online world (Koçturk & Yuksel, 2018; Livingstone & Smith, 2014).

56
57 Child sexual abuse (CSA) has been described by Finkelhor (1999) as a sexual interaction with a
58 child where there is a large difference in age or maturity. By extension, online sexual abuse
59 (OSA) has been defined as an instance of sexual abuse mediated by technology (Quayle &
60 Sinclair, 2012). OSA is also termed a “technology-facilitated child sexual exploitation and abuse”
61 and encompasses all kinds of sexual abuse or exploitation against minors under 18 years of age
62 that is totally or partially facilitated by technology, through the Internet or other wireless
63 communications (UNICEF, 2021). Such forms of OSA can vary from the level of being unwillingly
64 exposed to pornography, to online sexual harassment, online sexual solicitation, online sexual
65 exploitation, and child grooming (Ramiro et al., 2019). It is also the case that children and/or
66 adolescents themselves can create sexually explicit content with the aim of sharing it with their
67 peers, and that this material can be uploaded to the Internet. In doing so it can then be used
68 for more illicit purposes associated with, for example, child pornography or the commercial
69 sexual exploitation of children through online networks. In turn, it is internationally recognized
70 that every time this content is then downloaded or disseminated, the sexual victimization of
71 the young person, or persons, involved can be spread across the Internet (UNICEF, 2021).

72
73 Internationally, the prevalence of OSA is estimated to be between 13% and 61% (Dahlqvist &
74 Gådin, 2018). Within Chile, the prevalence of OSA lies between 8% and 20% (Pinto & Venegas,
75 2015; Arias Cerón et al., 2018), although a recent study shows that 38.4% of the adolescents
76 surveyed indicated that adults have sent them messages through social networks to initiate
77 contact of a sexual nature, or flirt, and 15.3% indicate that these adults have pretended to be
78 underage (Guerra et al., 2021).

79
80 Regarding the characteristics of the aggressor, another recent Chilean study involving 3,063
81 adolescents who had suffered online sexual harassment across their lifetime reported that in
82 37.6% of the cases the offender was a male under 18, in 22.4% an adult male, in 14.5% a female
83 under 18, and in 2.9% an adult female. In 22.5% of cases the offender could not be identified
84 (Guerra, Pinto-Cortez et al., 2021).

85
86 In addition to the high prevalence already described, it must be considered that the
87 consequences of OSA are similar to the consequences of offline CSA, including depression, post-
88 traumatic stress disorder, externalizing behaviour and substance use (Guerra et al., 2020; Say
89 et al., 2015). The consequences of OSA for the victim can include an inherent feeling of
90 helplessness, this is especially so when there are pictures or videos with sexual content of the
91 child or adolescent that are being made available on the Internet. In these cases, the victims
92 can then inherently feel as though anyone could potentially access the material, creating a
93 perpetual feeling of fear. A fear that, for example, the material will continue to spread further,

94 and without end, among social networks. If this happens, the victims involved can in turn
95 experience and suffer from symptoms associated with re-victimization, potentially increasing
96 post-traumatic symptoms (Guerra, & Pereda, 2015).

97
98 For this reason, it is necessary to develop prevention and early detection strategies for OSA.
99 These strategies can be aimed at both preventing aggressors from acting, or allowing early
100 detection of their crimes, through legal and police actions. For example, in Chile there is the law
101 number 20,526, which seeks to punish sexual harassment, virtual child pornography and
102 possession of child pornographic material. Furthermore, there is a Police department
103 specialized in Cybercrime, who investigates crimes associated with OSA (Abarca-Arévalo &
104 Conde-Abeliuk, 2019). There are also technology-based measures to block online attackers, for
105 example, parental control applications and software that allow parents to block inappropriate
106 websites (NetClean, 2018).

107
108 It has also been suggested the develop of prevention strategies aimed directly at the children.
109 These strategies are oriented to improve the education and awareness of OSA, in order to
110 reduce online risk behaviours in children and adolescents. Evidence reveals that, just as with
111 offline CSA, online risky behavior can increase the likelihood of OSA (Aljuboori et al., 2021;
112 Guerra et al., 2019). For example, seeking contact with strangers in online chatrooms, giving
113 out personal information (Livingstone et al., 2011), creating and reproducing online images of
114 oneself in a sexy or provocative attitude (Cooper et al., 2016), as well as the burgeoning
115 phenomenon of internet addiction (Dönmez, 2020) have all been shown to increase OSA. These
116 risky behaviors may be due to the child's ignorance of the dangers in the online world or to
117 reckless behavior, so it is important that prevention programs help children to know what
118 online risk behaviors are and how avoid taking part in them. This will allow adolescents
119 themselves to prevent online risk behaviors and encourage them to disclose OSA earlier if it
120 occurs (Katz et al., 2021).

121
122 Unfortunately, the evidence shows that prevention-oriented strategies based on improving
123 education and awareness are not entirely effective. Patterson et al. (2022) searched the existing
124 literature on prevention methods for OCSA. This search revealed ten prevention programs
125 carried out between 2009 and 2020 across Australia, Europe and the United States, however,
126 studies were not found within Latin America. Such programs sought to increase children and
127 adolescents' knowledge, both about OSA and how to prevent it, mainly by reducing risky
128 behaviors and promoting early disclosure. The authors concluded that while the interventions
129 seemed to improve knowledge retention of online safety, there was no significant change in
130 risky online behavior. Among the reasons analyzed to explain the lack of effectiveness, the
131 authors mention that such strategies have been designed by adults, without involving young
132 people, and as such the strategies can be considered boring or are not fully understood by the
133 younger participants. The authors go on to suggest that it is important that, going forward,
134 strategies are co-designed along with adolescents, so that they employ more relevant language,
135 and be more age-appropriate, in the hope of achieving optimal engagement. The findings also
136 highlight the importance of educating not only the children involved, but also peers, the parents
137 and other adults who work with them as well.

138
139 This identified need, to involve adolescents in co-designing preventive OSA strategies, can be
140 justified from different points of view. First, we can consider that participation is a fundamental
141 right enshrined in the international convention on the rights of children and adolescents (United

142 Nations Organization (UNO), 1989). In line with this, within Chile, the Ministry of Health shows
143 a keen interest in promoting the participation of adolescents in health policy, especially in
144 relation to the design of prevention strategies and promotion of healthy habits. It is also
145 estimated that by using such a collaborative approach, the strategies will be made more
146 effective to this age group (MINSAL, 2021). Second, it is important to consider the generation
147 gap between adolescents and adults and their use of the Internet, and how this affects their
148 knowledge of what happens on the Internet, and in turn how to prevent the associated risks of
149 being online. Adolescents have been described as digital natives, with a much greater
150 knowledge of the dynamics and functioning of the Internet than adults. Adults can therefore be
151 considered digital immigrants, with less knowledge of what is happening in the online world
152 (Lobos-Sucarrat, 2021). For this reason, the recommendation to listen to adolescents, who are
153 more expert in the online world, and work to generate a dialogue, serves the aim of designing
154 more effective strategies to promote the appropriate use of technology and to prevent OSA
155 (Toro & Guerra, 2021). Third, the mentioned generation gap between adults and adolescents
156 has to do with more than just their differing approaches to using technology. Young people
157 have a better grasp of the most current, and relevant, language of other young people. In this
158 way, they can make a great contribution in designing strategies that can exhibit a more
159 persuasive language, form, and as such more influential content for their peers (Shalaby, &
160 Agyapong, 2020). In fact, the importance of peer-support is further relevant within the domain
161 of OSA, as it has been found that adolescents tend to trust their peers with a disclosure of OSA
162 more than their parents (Manrai et al., 2021).

163
164 Co-designing preventive strategies and interventions with young people is widely
165 recommended within healthcare (Thabrew et al., 2018), however, to our knowledge, there are
166 no successful experiences of co-design preventive strategies to prevent OSA. For this reason,
167 the central question this paper asks is: What do Chilean adolescents suggest could improve the
168 design of OSA prevention strategies?

169
170 This study aims to describe the evaluation that Chilean adolescents make of traditional
171 preventive strategies and make visible their suggestions on how to design more effective
172 strategies. However, this study does not intend to carry out the specific design of suggested
173 strategies, it intends to make the opinions of adolescents more visible. In the hope of creating
174 an essential first step towards a future that incorporates more co-designed preventive
175 strategies. It is expected that this information will be used for the generation of new plans or
176 programs for the prevention of online sexual abuse in the national and international context.

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Method

180 Design

181 This is an exploratory qualitative cross-sectional study, collecting primary source data through
182 a survey in Google forms. As this paper aims to best harness and describe the opinion of the
183 participants, a thematic analysis has been chosen as the most appropriate analysis strategy,
184 rather than other more interpretative qualitative analysis strategies.

185

186 Participants

187 Students ($N= 290$) from a private subsidized school in the Metropolitan Region of Chile were
188 invited to participate in this study. The only inclusion criteria being that the students wanted to

189 participate and that their parents or guardians authorized their participation. **Participants** were
190 82 (65.9% female, 13.4% non-binary gender, 12.2% prefer not to say their gender, and 8.5%
191 male). The ages of the participants fluctuated between 12 and 17 years ($M = 14.00$; $SD = 1.05$)
192 and they were from the eighth grade of basic education, (this can be considered equivalent to
193 second year of secondary school in the UK) to the fourth grade of secondary education
194 (equivalent to sixth year of secondary school in the UK).

195

196 **Instruments**

197 ***Open question questionnaire on experiences of prevention of online sexual abuse and on***
198 ***proposals for effective prevention.*** This survey was created by the research team and then
199 subjected to content validation by two expert judges on adolescent OSA. This includes 6 open
200 questions that seek to explore what type of preventive strategy adolescents know and how they
201 evaluate them (*How do your parents / guardians help you to prevent internet risks and prevent*
202 *online sexual victimization? How effective do you think they are? In your current school (or in*
203 *other schools you have been), what has been done to prevent internet risks and prevent online*
204 *sexual victimization? How effective do you think it is? What preventive measures of online sexual*
205 *victimization have you seen in the media, on the Internet or elsewhere? How effective do you*
206 *think it is?"). There are three additional questions that seek to understand the recommendations*
207 *that the adolescents make regarding future preventive strategies for online sexual abuse (What*
208 *parents or adults should do to prevent adolescents from experiencing online sexual*
209 *victimization? What would you suggest preventing online sexual victimization in your school?*
210 *How should be the prevention campaigns against online sexual victimization?").*

211

212 **Procedure**

213 The participation of an educational establishment in the Metropolitan region was requested.
214 Given that this study addresses sensitive issues, a research protocol was developed in
215 coordination with the director of the school, the secondary education coordinator and the
216 school' social worker, in order to: **i)** Agree on a mechanism to do the recruitment, to request
217 the informed consents and assents, and to apply the instrument; **ii)** Generate a support protocol
218 for adolescents who may eventually require additional guidance on the subject. The research
219 protocol was evaluated and approved by the North Central Zone ethics committee of the
220 Universidad Santo Tomás.

221

222 This study was carried out during the COVID-19 pandemic, and as such, due to the impact of
223 lockdown policies, it was agreed carrying out an online survey would be the best and most
224 efficient research strategy. To help make the participation process easier, and to prevent the
225 adolescents from having direct contact with researchers (adults who are unknown to them)
226 recruitment of the adolescent participants was mediated by the head teachers of each course.
227 This involved the **researchers'** sending information about the study to the headteachers, so that
228 they could in turn send this information on to the parents of all the students (from the 8th grade
229 of basic education up to the 4th grade of secondary education). The following material was sent
230 via this method: an information sheet, an audio explaining the study and a link to the informed
231 consent form for the parents. The informed consent included details of the study, potential
232 risks, and the contact email and telephone number of the principal investigator. Then, and only
233 in those cases in which the parents had given their consent, the head teachers were asked to
234 send the link with the informed assent and with the online survey to the students by their
235 formally registered school email address.

236

237 Both in the informed consent and in the informed assent it was pointed out and made apparent
238 that the survey was about issues surrounding OSA. It was stressed that participation would be
239 voluntary, anonymous and that the adolescents could stop answering the survey if they wanted
240 to. A recommendation was also made, that if the adolescents felt that answering these topics
241 could affect them emotionally, it was better that they do not proceed. Both documents included
242 the telephone number and email address of the school **counsellor, whom** it was previously
243 arranged would be available to be contacted in case there were adolescents who required
244 individual guidance associated with OSA. It was also explained that the adolescents could go to
245 the school counsellor to receive guidance or be referred to specialized care if necessary. The
246 **main researcher** -a clinical psychologist specializing in the care of victims of CSA- remained
247 available to be contacted and help manage referrals if necessary.

248
249 Finally, to make the collected data most useful to the participants, it was agreed that after data
250 collection, a report would be sent to the school. In this report, the adolescents' opinions about
251 appropriate ways to prevent OSA were described, ensuring it wasn't possible to identify any
252 individual, as the application process was itself anonymous. The findings of the report were
253 then explained to the school counsellor, who would be able to use it with both students and
254 parents, as a way of reflecting on the risks of using the Internet, and of preventing OSA.

255 **Data analysis**

256 The participants' responses were then analysed using thematic analysis (Braun & Clarke, 2006),
257 the questions themselves being previously described in the instrument's section of this paper.
258 Following Braun & Clarke (2006), the thematic analysis followed six steps that allow for accurate
259 collection of the participant's opinions: 1. familiarization with the data set by reading
260 participant responses several times; 2. generation of initial codes; 3. collation of codes into
261 potential themes; 4. revision of the themes; 5. definition and nomination of the themes; and 6.
262 selection of quotes from the data set. These verbatim quotes -originally in Spanish-, were then
263 translated into English. In this way an exploration of the OSA prevention methods that the
264 adolescents were familiar with was carried out, in addition to gathering information about their
265 suggestions for increasing the effectiveness of OSA prevention methods.

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267
268 To reduce personal biases, the categorization of different segments of the data set was carried
269 out by at least two researchers. Triangulation was performed between them, in such a way that
270 significant differences in the analysis criteria were resolved with the help of a third researcher
271 (Aguilar-Gavira & Barroso-Osuna, 2015).

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Results

275 This thematic analysis aimed to identify preventive methods, as recognised by adolescents (see
276 figure 1) in addition to preventive methods more specifically recognised by adolescents in the
277 context of the home, at school and in the media (see Figure 2). These results are further
278 elaborated below.

279

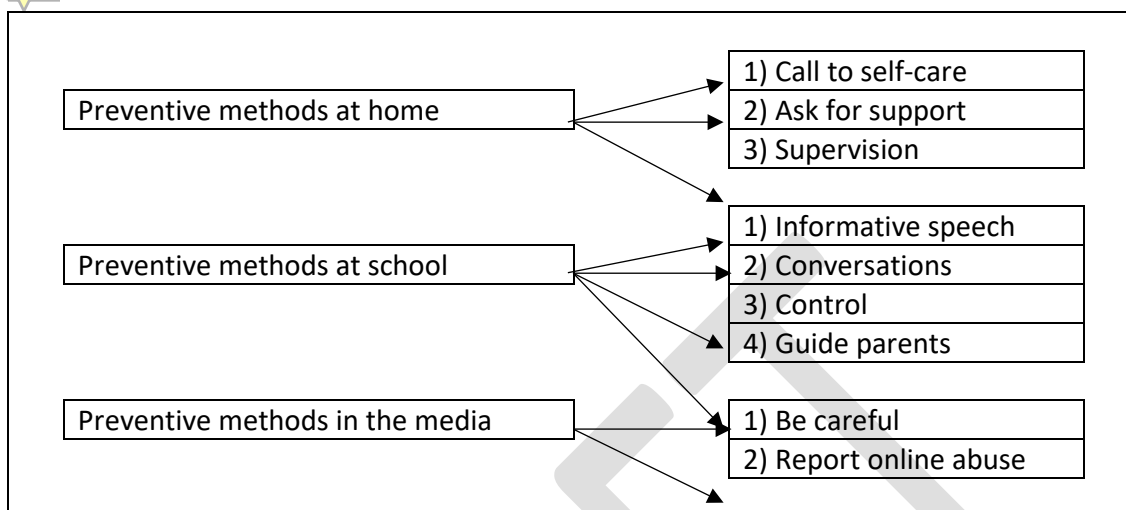
Preventive methods at home

280 Preventive methods at home refers to the prevention strategies commonly used by parents, or
281 adults more generally, in the home. It is necessary to point out that 8.5% of the participants
282 reported that there are no preventive measures at home and 91,5% described some preventive
283

284 measures at home. The identified preventive measures can be organised into three broad
 285 themes: 1) Call to self-care; 2) Ask for support; 3) Supervision.

286

287 **Figure 1.** Preventive strategies at home, school and media



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We can understand the ‘Preventive methods at home’ theme “call to self-care”, as involving those instances when parents more explicitly advise adolescents to take care of themselves online in order to prevent OSA. Such directive self-care measures, recommended by parents, are orientated towards ensuring the adolescents be cautious on the Internet and remain wary of strangers. This theme is recognised in 88.96% of the answers of participants who indicate that their parents suggest them to avoid contact with people on social networks that they do not know in person, warning about probable false profiles of potential aggressors. Adolescents also note that their parents’ advice a cautious use of Internet, not sharing compromising photos, not giving personal information, and maintaining an attitude of general distrust regarding the pages or content reviewed. For example:

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“Que no le hable a gente que yo no conozca y que si me llegan a mandar mensajes no los conteste y trate de bloquearlos para que no me sigan mandando mensajes. Y que no me crea todo lo que aparece en las redes sociales” [“That I do not have speak to people that I do not know and that if they send me messages, do not answer them and try to block them so that they do not continue to send me messages. And, I do not should believe everything that appears on social networks”] (Participant 25, 15 years old, Female).

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In terms of the second theme “ask for support”, the adolescents indicate that their parents tell them that they should inform them what they do on internet and report any unpleasant or risky experiences This theme is recognised in the answers of 8.5% of participants. For example: “Tengo que cuidar con las personas que hablo, y si veo algo extraño decirles o simplemente tengo que bloquearlos y reportarlos” [“I have to be careful with the people I talk to, and if I see something strange tell my parents or I just have to block and report them”] (Participant 17, 14 years old, female).

317 Within the third theme, “supervision”, participants indicated that their parents tended to
 318 supervise their activities on the Internet, for example, by checking their cell phones or their
 319 social networks. In contrast to the previous two themes, “supervision” was recognised in only
 320 the answers of 4.1% of the participants. For example: “solo puedo tener whatsapp y me revisan
 321 constantemente el celular y están pendientes cuando me ocurre algo” [“I can only have
 322 whatsapp and - my parents - constantly check my cell phone and are attentive when something
 323 happens to me”] (Participant 39, 13 years old, female).

324

325 **Preventive methods at school**

326 Among the participants, 19.4% indicated that preventive measures are not carried out within
 327 their schools. The remaining 80.6% describe prevention strategies within schools as being
 328 grouped into four themes: 1) informative speech; 2) conversations; 3) control; 4) guide to
 329 parents.

330

331 The first theme is “informative speech”. The participants reported that these strategies are face
 332 to face, in the form of informative talks where a large group of students meet to listen to an
 333 expert with a low level of interaction with him, or directly through the exhibition of informative
 334 videos. This is observed in the answers of 52.3% of participants. Example: “Se ha hecho una que
 335 otra charla que suelen siempre decir lo mismo” [“there has been just few talks that usually
 336 always say the same thing”] (Participant 37, 16 years old, female).

337

338 The second theme is “conversations”. This refers to more interactive conversational spaces in
 339 which teachers and students can talk about online risks and OSA prevention. In these
 340 conversations students have a more active role and can give their opinion, ask questions,
 341 reflect, and share experiences. These strategies are reported by 10.4% of the participants.
 342 Example: “Sí, lo hemos trabajado en el taller de orientación” [“Yes, we have worked on it in a
 343 workshop about orientation”] (Participant 69, 13 years old, female).

344

345 The analysis recognized a third theme nominated as “control”. This theme is represented in the
 346 6% of the answers of participants and indicate that there are concrete measures to prohibit or
 347 regulate the use of mobile phones within the school. For example: “No nos dejás abrir las redes
 348 sociales en los computadores” [“They don't let us open social networks on computers”]
 349 (Participant 64, 13 years old, female).

350

351 Finally, only 1.5% of the participants realize that preventive activities are directed to “guide
 352 parents” (or guardians) in order to give them skills to be able to support their children in the
 353 responsible use of the internet. Example: “Hablar con nuestros padres” [“Talk to our parents”]
 354 (Participant 79, 13 years old, LGBT+).

355

356 **Preventive methods seen in the media**

357 From the total of participants, 36.7% indicate that they have not seen any preventive measures
 358 or formal campaign prevention in the media. The 63.3% have seen preventive strategies in the
 359 media (mainly videos, guidance or reports in the news and social networks). The analysis shows
 360 two themes: 1) Be careful; 2) Report online abuse.

361

362 The first theme -“Be careful”- is observed in the responses of 44.9% of the participants. This
 363 theme captures the impact of mass media (radio and/or television) prevention campaigns as
 364 understood by the participant adolescents. For the participants, these campaigns were

365 understood to communicate the message that the Internet is dangerous and that adolescents
 366 should be wary of potential online criminals. For example: “He visto en la televisión que no
 367 hablemos con extraños y que nos cuidemos” [“I have seen on television that we should not talk
 368 to strangers and that we take care of ourselves”] (Participant 82, 13 years old, LGBT+).

369
 370 The second theme is concerns “report online abuse”. This theme is present in the answers of
 371 18.3% of participants and is captures the idea that cases of OSA should be communicated to
 372 law enforcement to not only protect the victim, but to more broadly prevent further
 373 victimization in future: “En internet me he encontrado imágenes que ayudan... son como guías
 374 de lo qué debes hacer en caso de sufrir acoso sexual cibernético, de como reportarlo a la policía”
 375 [“On the internet I have found images that help..., they are guidelines to what should you do in
 376 case of cyber sexual harassment. How report it to the police”] (Participant 8. 15 years old,
 377 female).

378
 379 **Preventive methods suggested by adolescents at home.**

380 Although most (89%) of the participants consider the strategies at home effective, they also
 381 provided recommendations on how such strategies could be improved. Participants note that
 382 prevention at the family level should be improved on three themes: 1) Greater supervision; 2)
 383 Deep dialogue; 3) Promote relationship of trust.

384
 385 First, most of them (62.6%) point to “greater supervision”, that is referred to concrete actions
 386 that allow parents or responsible adults to regulate the use of the Internet and to know what
 387 adolescents do on the web, what pages they visit, what type of material they send or exchange
 388 and with whom to speak: “...mejorar la seguridad, estar al tanto de lo que hacen los niños en
 389 los celulares, computador etc.” [“...improve children safety, be aware of what children are doing
 390 on cell phones, computers...”]. Participant 49, 15 years old, Male).

391
 392 In addition, 25.3% of the participants propose to complement this supervision with instances of
 393 “deep dialogue” that allow them to go beyond the simple adult discourse, allowing the
 394 adolescent to share experiences, ask questions, give opinions and debate: “Yo creo que hablar
 395 con los hijos y preguntarles que opinan de estas cosas...” [“I think that it is necessary talk with
 396 the children and ask them their opinion about these things...”] (Participant 2, 15 years old,
 397 female).

398
 399 Finally, a 25.3% highlights the need for parents to “promote relationship of trust” with their
 400 children. The participants explained that the parental control or parental supervision is highly
 401 necessary, but without invading the privacy of adolescents. Instead, parents should promote
 402 relationship of trust that make the adolescent not feel threatened by their parents and have
 403 the confidence to ask for advice or tell them when something bad happens:

404
 405 Hablar del tema, no evitarlo, es importante hablar de ciertos temas. Hacerle sentir a tu hijo o
 406 hija confianza y seguridad de que puede contarte las cosas... [Talk about the topic, not avoid it,
 407 it is important to talk about certain topics. Make your child feel confident and secure that he
 408 can talk to you about **these** things... (Participant 4, 14 years old, prefers not to say his/her
 409 gender).

410
 411
 412

413 **Preventive methods suggested by adolescents at School.**

414 The majority, (68.4%) of participants consider preventive strategies used by schools to be
415 effective and went on to suggest four broad categories of measures used within this setting. 1)
416 Permanent measures; 2) Possibility of expressing own ideas; 3) Increasing supervision and
417 control; 4) Integrate the entire educational community

418
419 First, 45.8% suggest that informative talks, videos, or brochures should be “permanent
420 measures”. Adolescents proposed these strategies should be done more frequently, as
421 permanent school activities:

422
423 Charlas más profundizadas y recurrentes en todos los cursos, no sólo en cursos mayores, porque
424 niños de 3° o 4° básico ya usan actualmente el Internet y redes sociales” [“More in-depth and
425 frequent talks in all courses, not only in older courses because smaller children also use the
426 Internet and social networks”] (Participant 27, 16 years old, female).

427
428 Likewise, 40.9% indicate that informative talks should be complemented with spaces for
429 “deeper dialogue” where students also have the possibility of expressing their own ideas and
430 emotions regarding OSA, as well as having the opportunity to feel the support of the educational
431 community. These instances of deep dialogue could take the format of workshops, group
432 dynamics, games, reflective work in small groups, orientation sessions or individual work with
433 a school psychologist, or have access to a web page where adolescents can make consultations
434 anonymously: “No estoy segura, quizá hacer talleres grupales para poder explicar a fondo lo
435 qué es, y hacer una actividad participativa en la que todos den su opinión o sus experiencias
436 libremente” [“I’m not sure, maybe doing group workshops to explain in depth what is OSA, and
437 doing participatory activities in which everyone can give their opinion or share their experiences
438 freely”] (Participant 7, 15 years old, female).

439
440 A smaller proportion (14.8%) of the participants suggest “increasing the measures of control”
441 and supervision of the use of social networks. For example: “Tener mayor control sobretodo,
442 de los ‘chats’ con los que se pueden comunicar los estudiantes...” [“Have more control over all,
443 the chat rooms with which students can communicate...”] (Participant 6. 14 years old male).

444
445 The fourth theme, “integrate the entire educational community” was seen in 14.8% of
446 participant answers, and refers to the need to improve efforts by schools to integrate the entire
447 educational community behind preventive measures – including not only adolescents, but also
448 young children, teachers, parents, and guardians: “Mantener talleres a todas las personas, no
449 solo a los estudiantes... dando charlas también a los padres, profesores...” [“Hold workshops
450 for everyone, not just students... also giving talks to parents, teachers...”] (Participant 71, 13
451 years old, female).

452
453 **Suggestions to preventions at the media**

454 In terms of preventive strategies employed by the media, 62.8% of participants consider these
455 to be effective. With participants going on to offer suggestions for improvement that can be
456 grouped into three themes: 1) Multiformat; 2) Motivating content; 3) Avoid stigmatization.
457 Regarding the first theme, 65% of the participants emphasize that prevention by the media
458 should have a “multiformat” that combines different modalities (videos, posters, audios,
459 reflective proposals, documentaries) and that they are aimed at different audiences (youth,
460 children, adults) and not only to adolescents: “En todo tipo de medios comunicativos... revistas,

461 redes sociales, televisión, videos” [“In all types of media... magazines, social networks,
 462 television, videos ”] (Participant 16, 15 years old, male).

463

464 In the second theme, 40% of the participants indicate that the preventive campaigns must have
 465 a “motivating content”. This implies that **it has** a concrete content, and instead of delivering
 466 evasive and abstract messages, the subject of the OSA is discussed directly, with real examples
 467 or testimonies from people who suffered OSA. At this point, for participants it seems important
 468 that the preventive strategies within the media refer both to how to prevent OSA and the
 469 actions to take in the event that a person has been a victim: “Con hechos reales y con apoyo
 470 para las personas que sufren o sufrieron por victimización sexual online” [“With real examples
 471 and with support for people who suffer or suffered from online sexual victimization”
 472 (Participant 46, 14 years old, female).

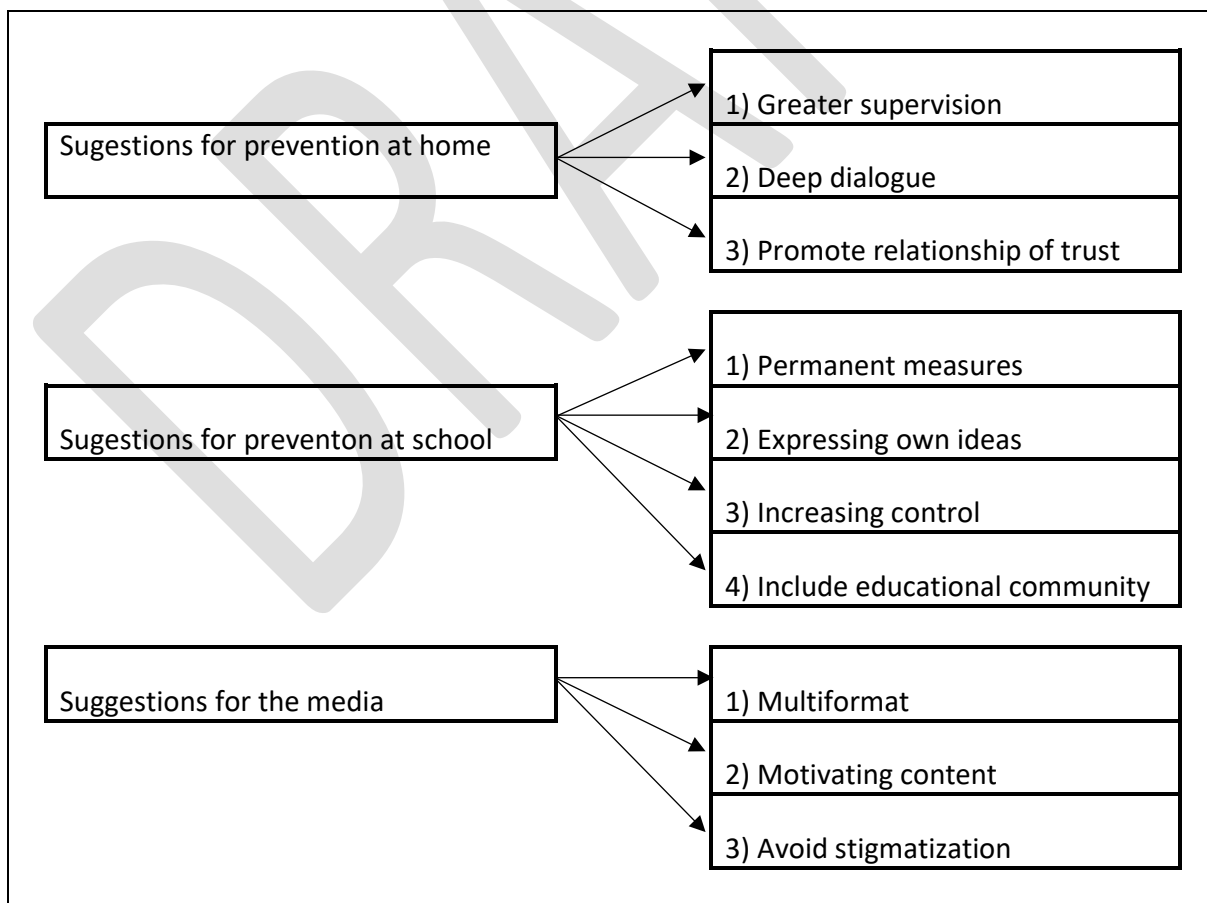
473

474 Finally, a small proportion of participant (6%) highlight the media should “avoid that the
 475 adolescents feel stigmatized” or ashamed of the issue, so that if it happens to them, they dare
 476 to ask for help: “Deben dar información, consejos y no juzgar a nadie por lo que le pase, incluso
 477 si la persona dio consentimiento y luego se arrepintió” [“They should give information, advice
 478 and not judge anyone by what happened, even if the person gave consent and later regret] (
 479 Participant 81, 13 years old, female).

480

481 **Figure 2.** Preventive methods suggested by adolescents

482



483

Discussion

485 The objective of this study was to learn about the evaluation made by Chilean adolescents of
486 OSA prevention strategies in Chile and to identify suggestions on how to carry out more
487 effective prevention strategies. In this regard, we have found that adolescents report a greater
488 presence of preventive strategies in the family context (91.5%), followed by the presence of
489 preventive strategies in the school context (80.6%) and finally less presence of preventive
490 strategies in the mass media or large-scale formal campaigns in the media (63.3%). The fact that
491 preventive strategies exist more frequently within the family is a positive aspect, since it has
492 been shown in other studies that family support is a protective factor against OSA and online
493 risk behaviors (Aljuboori et al., 2021). The same happens with the school context, since it has
494 also been shown that school connectivity can have a significant influence in reducing online
495 sexual victimization (Kim et al., 2020).

496
497 The importance of carrying out preventive activities that integrate the family and adult
498 members of the school community has been highlighted as an effective strategy for OSA
499 prevention (Pattersson et al., 2022), and in fact it is something that the same participants of this
500 study suggest. The participants in this study suggest that preventive strategies should
501 encompass the school community, including children from the first grades up to the oldest
502 pupils, in addition to including teachers and parents. The idea of including parents, teachers
503 and other adults in preventive strategies is coherent with suggestions made by previous
504 authors, and links to the idea of there being a generational gap between parents (digital
505 immigrants) and children (digital natives) in the use of technology (Lobos-Sucarrat, 2021). This
506 gap could negatively affect the protective role of parents against the risks of Internet (Lobos-
507 Sucarrat, 2021), and as such it is vitally important that preventive strategies allow people from
508 different generations, and with different backgrounds to have a common understanding about
509 online risks and OSA, that promotes an effective conversation about prevention (Toro & Guerra,
510 2021).

511
512 In the case of prevention strategies through mass media campaigns, 36.7% of the participants
513 indicated that they have not seen any preventive measures or formal campaign prevention in
514 the media. This is concerning given that the mass media have a high impact on the community
515 and can play a positive role in the prevention of OSA, as has been shown by evaluating their
516 impact on offline abuse (Kitzingern & Skidmore, 1995). The mass media also have a
517 responsibility to educate society about what OSA is and its consequences (Saunders and
518 Goddard, 2002).

519
520 It is necessary to remember that it is still common for society to be unaware of how harmful
521 OSA is, and that part of the population continues to believe that if there is no physical contact,
522 it may not be something serious (Whittle et al., 2013). Such beliefs then decrease the probability
523 that OSA victims will report what happened to them and ask for help (Manrai et al., 2021), which
524 is why it is important that the mass media contribute to educating the population on these
525 sensitive issues.

526
527 Considering the above, the mass media should increase their efforts to prevent and promote
528 safe use of the Internet, as suggested by other authors (Chawki, 2009). The participants of this
529 study suggest that these campaigns should be permanent and that they should address the
530 problem with clear and direct language in order to capture the attention of different audiences

531 - children, youth and adults - through different forms of influence (e.g., posters, documentaries,
532 videos) and different media platforms (internet, tv, radio).

533 Regarding the specific prevention strategies that they receive from the adults around them
534 (family, school, and the media), adolescents report that these are oriented towards messages
535 related to the need to take care of oneself, to remain beware of strangers, and to avoid risky
536 behaviors (not sharing photos and reporting unpleasant people and encounters). These results
537 are in line with what was previously stated regarding the importance of avoiding risky behaviors
538 on the internet (Aljuboori et al., 2021; Guerra et al., 2019; Livingstone et al., 2011). However,
539 the adolescents in this study indicate that their parents and adults in general only deliver the
540 message in form of speeches (or sermons) and that there is little parental supervision. In
541 addition, they report that there is an absence of dialogue between parents and adolescents so
542 that they understand the reasons for preventive and self-care measures.

543
544 The evidence shows that the simple speech (or sermon) would be effective only for children
545 and adolescents to increase their knowledge about the risks, but without dialogue and greater
546 reflection on their part, this speech does not prove as effective in generating real behavioral
547 change and a consequent decrease in risk behaviors (Patterson et al., 2022). Consistent with
548 this, Chawki (2009) indicates that it is necessary to generate instances for children and
549 adolescents to reflect, debate and understand the reasons and meaning of preventive
550 measures. In fact, the same participants in this study advocate that adults continue prevention
551 using informative discourse, but also complement it with more concrete supervision and with
552 more dialogue that allows adolescents to better understand the meaning of the preventive
553 measure and also participate in its design. In this sense, Toro and Guerra (2021) suggest
554 maintaining a balance between control (active supervision) and support (empathizing with the
555 needs of adolescents in social networks), and that it varies according to the age of the child,
556 following the principle of progressive autonomy. That is, greater active control in young children
557 (e.g., review of mobile devices, review of contact lists on social networks, rigorous limitation of
558 internet hours per day) and a gradual transition to autonomy and greater confidence in
559 adolescents (with less invasive monitoring).

560
561 On the other hand, it is noteworthy that both in the evaluation of family, school and mass media
562 prevention measures, there is a tendency to prevent interaction with strangers, mainly adults,
563 without considering that online violence can be committed also by known people or peers
564 (Guerra, Pinto-Cortez et al., 2021). This trend has already been observed in offline abuse
565 prevention strategies and shows how little knowledge Chilean society still has of the context in
566 which sexual abuse occurs (Mella & Rebolledo 2020). In this sense, it is important that
567 researchers are able to deliver evidence-based information to the community (including
568 families, schools and the media) about the forms that OSA takes, the profiles and strategies of
569 the aggressors, that this information can be used in the prevention of OSA with a multiple focus.
570 An example of a positive experience in this regard is the "Guía foto-respeto" (a guide for a
571 respectfully use of images, Pincheira et al., 2021), which systematizes information based on
572 evidence in a series of recommendations for the media, parents, and young people to make
573 responsible use of images in the media and prevent experiences of abuse.

574
575 Although this study is carried out with a non-representative sample of Chilean adolescents -so
576 the results cannot be generalized to the population- the information is also useful for designing
577 preventive strategies. It is concluded that prevention strategies should target multiple
578 audiences (children, adolescents, parents, school community), which leads to the challenge of

579 differentiating the language and format of the strategy in order to better impact each specific
 580 audience. In addition, the strategies should be -as far as possible- designed while taking into
 581 account (or even co-designed with) the opinions of children and adolescents in order to
 582 generate more motivating content for them, this would in turn help to counter the generation
 583 gap with parents or adults, in particular more autocentric adult strategies of prevention.
 584 Likewise, adults (parents and teachers) should maintain a balance between supervision, trust,
 585 and support in order to generate spaces for in-depth conversation with adolescents regarding
 586 the risks and prevention strategies of OSA. Future studies should focus on the design and
 587 evaluation of these strategies in order to create an evidence-based prevention policy.
 588

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