

# EFFECTIVENESS OF AWARENESS PROGRAM AND IDENTIFICATION OF CHILD SEXUAL ABUSE AMONG SCHOOL GOING CHILDREN (PRE-ADOLESCENTS OF PATIALA, PUNJAB.)

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Child sexual abuse (CSA) is the involvement of a child in sexual activity that he or she does not fully comprehend is unable to give informed consent to, or that violates the laws or social taboos of society (World Health Organization [WHO], 1999, 2006). Tomison (1995) proposed a very general definition of child sexual abuse, "the use of a child for sexual gratification by an adult or significantly older child/adolescent". Similarly, Broadbent & Bentley (1997) defined child sexual abuse as: "any act which exposes a child to, or involves a child in, sexual processes beyond his or her understanding or contrary to accepted community standards". "Sexual abuse is defined as the involvement of dependent, developmentally immature children and adolescents in sexual activities they do not truly comprehend to which they are unable to give informed consent, or that violate the social taboos of family roles" (Schechter & Roberge, 1996).

Sexually abusive behaviours can include the fondling of genitals, masturbation, oral sex, vaginal or anal penetration by a penis, finger or any other object, fondling of breasts, voyeurism, exhibitionism and exposing the child to or involving the child in pornography (Bromfield, 2005; US National Research Council, 1993).

Severe forms of sexual abuse include:

- a) Assault, including rape and sodomy
- b) Touching or fondling a child
- c) Exhibitionism- Forcing a child to exhibit his/her private body parts
- d) Photographing a child in nude

Other forms of sexual abuse include:

- a) Forcible kissing
- b) Sexual advances towards a child during travel
- c) Sexual advances towards a child during marriage situations
- d) Exhibitionism- exhibiting before a child
- e) Exposing a child to pornographic materials

## Prevalence of child sexual abuse in the world:

A meta-analysis conducted in the year 2009 analysed 65 studies in 22 countries and estimated an "overall international figure." The main findings of the study were an estimated 7.9% of males and 19.7% of females universally faced sexual abuse before the age of 18 years. The highest prevalence rate of CSA was seen in Africa (34.4%) and Europe, America, Asia had prevalence rate of 9.2%, 10.1%, and 23.9%, respectively. With regards to females, seven countries reported prevalence rates as being more than one fifth i.e., 37.8% in Australia, 32.2% in Costa Rica, 31% in Tanzania, 30.7% in Israel, 28.1% in Sweden, 25.3% in the US, and 24.2% in Switzerland. The lowest rate observed for males may be imprecise to some extent because of under reporting.

The study concluded that Child Sexual Abuse is an extensive problem and even the lowest prevalence includes a huge number of victims who still need to be considered.

A review of studies from 21 high- and middle-income nations showed that seven to 36% of females and three to 29% of males reported being victims of sexual abuse during their childhood. Evidence from the National Child Abuse and Neglect Data System found that in **2006**, 8.8% children were abused sexually in

the US. In a report by Advocates for Youth, it was estimated that per year 1-3% of youth from the US experience CSA.

Review conducted by Collin-Vezina *et al.*(2009), reported that CSA is a major issue which affects more than one out of five females and one in 10 males globally. In a study conducted in Brazil in 2009, the prevalence of CSA was 5.6% among girls and 1.6% among boys. It was also reported that boys had been sexually abused at younger ages in comparison to girls. More than half (60%) of the sexual abuse cases reported that the incident took place before the age of 12. CSA was found to be associated with physical abuse at both younger and older ages. A study conducted in Hong Kong among college students on recall of sexual abuse before 17 years of age reported the prevalence of various forms of CSA to be 6%; these rates were higher in females. Majority of the participants reported being abused during their teens; the average age being 11 years.

PREVELENCE OF CHILD SEXUAL ABUSE IN INDIA

The UN Secretary General's 'Study on Violence against Children (2002) has given the following overview of the situation of abuse and violence against children across the globe that 53,000 child deaths were due to child homicide. An estimated 150 million girls and 73 million boys under 18 have experienced forced sexual intercourse or other forms of sexual violence involving physical contact.

The considerable amount of data is available to suggest that the phenomenon of child sexual abuse is prevalent in India. Health Organization puts the prevalence figures at around 10% of abuse (Malhotra & Gupta, 2005). A study conducted by Virani and co-workers (1985) in Mumbai found that 30% of females and 10% of male adults had childhood history of Child sexual abuse. Nambiar (1994) reported that 54% of the rape victims in New Delhi were below 15 years of age. Additionally, a significant percentage of these children were abused either y family members or by relatives (Virani, 1994; Davar, 1999). A study on Child Sexual Abuse carried out by 'Save the Children' (Tulir,2006) looked at the prevalence and dynamics of child sexual abuse among school going children in Chennai and the findings suggest that out of the total of 2211 respondents, 42% children face atleast one form of sexual abuse or the other and among respondents, 48% of boys and 39% of the girls faced sexual abuse.

According to the report published in 2005 on 'Trafficking in women and children in India', there were three to five lakh girl children (India and neighbouring countries have conservative estimates) in commercial sex and organized prostitution

The national study on child sexual abuse conducted by Ministry of women and child development (2007) has reported the incidence of different types of sexual abuse. Out of the 12,447 child respondents, 5.69% reported being sexually assaulted. Another study titled Sexual Abuse of Street Children brought into an observation home found that over 15% of the boys in the institution reported penetrative sexual abuse and the maximum proportion of abuse was reported in the age group 8-10 years (42.9%). 14.5% children between the age of 5-12 reported incidence when someone made them fondle or touch their private body parts and there are (77%) children who did not report the matter to anyone. Among children (5-12 years) 18.23% reported being forced to exhibit private body parts followed by results that the highest percentage of children reported such abuse by friends and class fellows followed by uncles and neighbours. Among these children, 60.25% were boys and 39.75% girls and 4.6% reported being photographed in the nude and 3.72% children did not report the matter to anyone.

These statistics are the disastrous signs for regularly deteriorating conditions of child care in the world and India is also not aloof from this scenario. The state-wise information of the child rape cases reported to **National Crime Reports Bureau (India)** from 2001 to 2011 is given below:

Table: 1 Showing state-wise child rape cases in India

States	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	Total
Madhya Pradesh	390	517	699	710	870	829	1043	892	1071	1182	1262	9465
Maharashtra	367	491	605	634	634	655	615	690	612	747	818	6868
Uttar Pradesh	562	416	301	394	394	347	471	900	625	451	1088	5949
Andhra Pradesh	84	137	383	363	315	412	363	412	416	446	646	3977
Delhi	113	138	140	186	235	448	398	301	307	304	339	2909
Punjab	38	52	54	54	51	58	135	106	210	144	166	1068
Himachal Pradesh	35	26	36	32	58	41	48	68	72	72	72	571

The above table 1 indicates that the CSA is prevalent in most of the states and there has been an increase in the number of cases in all these states, suggesting a higher prevalence of CSA in India.

### **Need/Rationale of the present study**

There is a large child population in India and a large percentage of this population is vulnerable to abuse, exploitation and neglect. There is also inadequate information about the extent of child abuse in the country. Barring a few sporadic studies, with limited scope, the attempt to understand the different forms and magnitude of child abuse across the country has been inadequate. The only information available annually is the crime data maintained by NCRB.

Also the child sexual abuse has devastating effect. Each and every aspect of the child life gets affected by different types of sexual abuse. Child abuse at young age as per the above mentioned studies can shatter child's self into irreparable condition, recovery from where may be very difficult. Considering the seriousness of the issue and prevalence of the problem, there is immediate need to plan interventions to create awareness amongst children and delineate those risk factors which put children more at risk, so that they can protect themselves.

### **OBJECTIVES:**

On the basis of above mentioned alarming data this study aims to, assess the efficacy of the awareness program and identify the cases with the following specific objectives:

- I. To assess the efficacy of the awareness program.
- II. (a) To identify the sexually abused victims.

### **HYPOTHESES:**

#### **It is expected that:**

- I. Post test scores would be greater than pre test on awareness scale.
- II. Girls would be high on risk than boys.

### **METHODOLOGY**

#### **SAMPLE**

The target group for this study included all children age (9-12 years) from various private schools of Patiala. The study was conducted on girls and boys from schools among 200 students. During the three day module intervention program children of age (9-12 years) were made aware about the sexual abuse, good/bad touch and how to protect themselves from these situations by using different modules of questionnaire, videos, storytelling, in some situations role playing and one to one interaction.

Before every data collection session with children, an interactive orientation was conducted with them, discussing child sexual abuse and giving them information on the UN Convention on the Rights of the Child, especially on articles regarding abuse. Information was also given about available professional support systems such as CHILDLINE NO (1098) and District child protection office. Along with this children were encouraged to tell their trusted adults to seek help in the event of occurrence of abuse and escape from the situation like this by shouting NO...NO...NO. Crucial topics, such as how abuse is never a child's fault, were also emphasized.

Efforts were made at all stages of research to follow strict professional and ethical standards at all times, considering the sensitive topic of the study and the young age of the respondents. The major ethical standards followed were:

#### **• Confidentiality**

All measures were undertaken to protect the confidentiality of the respondents. The questionnaire did not require the respondents to reveal any personal identification. In case the respondents wanted to speak to the researchers after the study suitable measures were taken to protect their identity. All efforts to ensure privacy and comfort, within the available setting, were provided to the participants.

#### **• Freedom to Participate**

After attending the orientation programme the children were given a choice as to whether they wanted to participate in the research or not. Their participation was strictly a decision they had to make. Similarly the respondents had the freedom to stop answering the questionnaire at any time in between if they wished to.

#### **• Informed Consent**

The orientation programme gave the respondents an insight into the background and purpose of the study. They were made aware of the support systems, which were in place in case they wanted to discuss the study further. The fact that they had the freedom to participate or not to participate was stressed upon.

DESIGN AND PROCEDURE:

This study will be an exploratory study involving pre and post test design, and the first phases of this study i.e. Awareness and identification of victim was conducted. The module vise description of day to day programme, is as mentioned below:

SESSION 1: INTRODUCTORY SESSION:

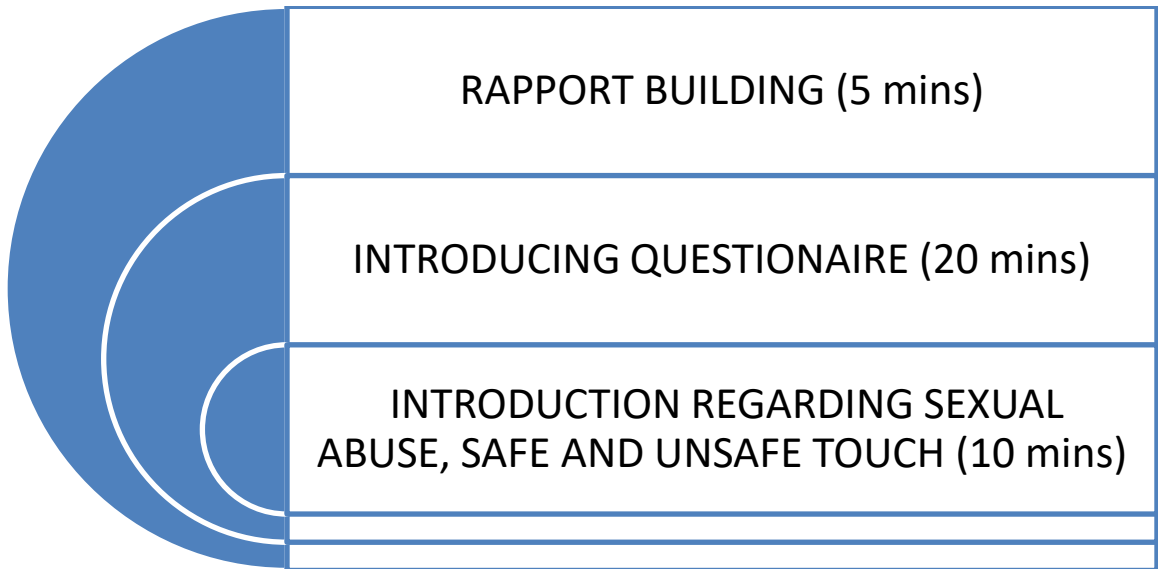
GOALS:

- 1) Create a trustworthy environment that supports a productive and open discussion with children (9-12 years).
- 2) Provide an overview (introducing questions, instructions regarding filling the questionnaire) of the curriculum,
- 3) Contextual Priming: Establish safety comfort, confidentiality; creating safe environment so that they can raise question, addressing concerns without fear of stigma or taboo.

SUMMARY OF ACTIVITIES:

- 1) Introduction,
- 2) Provide overview of the program,
- 3) Pre Program Questionnaire.

Module for session one




SESSION 2: SELF –EFFICACY & CONFIDENCE BUILDING

GOALS:

- 1) Discussing participant’s existing knowledge of sexual abuse (may be use something they described from first day sessions,
- 2) The responses given by the children after watching the video regarding sexual abuse, safe touch and unsafe touch,
- 3) The responses of children regarding safeguarding themselves when somebody is trying to abuse them,
- 4) Eliminating their fears regarding the stigma of being guilty if something bad or any kind of sexual abuse to them.
- 5) Awareness on the measures of safety i.e source of disclosure, a person whom they can reveal the happening to, & how to say NO to protect themselves.
- 6) Awareness on child rights.
- 7)

SUMMARY OF ACTIVITIES:

- 1) Audio-Video techniques,
- 2) Role play,
- 3) Interactive session.

	Briefing of 1st sessions(5 mins)
	<b>Interactive Session on building confidence and self efficacy as below(30 mins)</b>
	-Role play on safe touch, unsafe touch.
	-showing the video by Childline on child sexual abuse.


SESSION 3: PREVENTIVE MEASURES & WRAPUP

GOALS:

- 1) Awareness to the children regarding the preventive measures,
- 2) Awareness about the legalized and governmental policies.
- 3) Post Questionnaire.

SUMMARY OF ACTIVITIES:

- 1) Drawing activity (to identify the protective areas of the body, body on blackboard, pointing out or marking the private parts (sensitive parts to which the touch by any person will be considered as unsafe touch),
- 2) Identification of trustworthy person by children,
- 3) Introducing child protection services and Child helpline number 1098.
- 4) Providing the questionnaires (used on the first day) for getting the post scores of the program.

	Identification of the protective areas of the body, • Identification of the trustworthy persom whom they will report to (10 mins)
	awareness about legalised and governmental schemes related to child protection(10 mins)
	Again providing the questionnaires for post scores (20 mins)
	Individual counselling session (1hr)

PROCEDURE:

The present investigation was a pre-post intervention design which started first with taking permission to carry out the researches work from the authorities and parents of the children by sending them consent letter. After the permit of consent the three day intervention program was conducted on the 200 children's (9-12 years) of various private schools of Patiala Punjab. During this the first phrase of this research i.e. Awareness and identification of victims was covered. In this three day program different three modules of were formed. On the first session after budding rapport related questionnaire named child knowledge of abuse scale ,self esteem scale, sexual abuse (prayas), family typology scale and children behavior checklist were presented to the children to assess the pre scores of the program. An introduction regarding sexual abuse, safe and unsafe touch was provided to the children in the end of this session.

On the second day session, after briefing prior information an interactive session on building confidence and self efficacy was conducted. During which award winning movie on child sexual abuse by childline was presented to the children and role play was used to make them aware about different safe and unsafe touch and situations.

On the third day session, children's were making aware regarding the preventive measures and the legalized and governmental policies. After this, children were introduced again with same questionnaire too assess the post effect of the program. In the end of the session, one to one interaction was conducted in the counseling room of the school as per the choice of the child.

RESULTS AND DISCUSSION

The results of this study suggest that the misconduct of child sexual abuse is extremely widespread in its prevalence and awareness programs can make change in this scenario. Total 200 (88 boys and 112 girl) child participates in this study, out of which **84** had faced at least one form of sexual abuse at some point in time, that is, **42%** of these children had faced sexual abuse in one form or the other ( Tulir,2006) .When seen in relation with the entire child population, these figures indicate a horrifying and appalling picture of the enormity of sexual abuse of children. At the same time, these figures also challenge the common misunderstanding that child sexual abuse is essentially a "western" problem, and does not happen within Indian society and culture. The pre post scores of the study is as below:

Table: comparison of Pre-post scores on CKAQ & self efficacy

Variables	Mean Pre	Std.Dev. Pre	Mean post	Std.Dev. post	t-value	df	P
CKAQ	24.00	3.62	28.31	3.53	13.40	199.00	0.00
SELF EFFICASY	11.78	3.01	17.77	3.16	22.31	199.00	0.00

The sex-wise distribution of data on prevalence of sexual abuse also presents significant results. For instance, it is often believed that boys are not sexually abused - a myth often dangerously reflected in parental, familial, community and professional attitudes (Hecht & Hansen, 1999; Lamb & Edgar- Smith, 1994; Watkins & Bentovim, 1992).

The findings of this study completely refute this. Notonly are boys abused, their abuse is extremely prevalent as well, and shown by the figures that 1.5 % boys who participated in the study had been abused. With regard to girls, the results show that 31.5% of girls had faced abuse (Sedlack, et. al., 2010).

The abuse of both girls and boys is highly stigmatized within Indian society. Also, sex and sexuality are taboo topics in Indian society, more so for girls than boys. All these factors may have hindered girls from disclosing about abuse faced by them, even though the questionnaires were anonymous. Also, many children, due to the general silence on the subject of sexual abuse and lack of awareness, may not have been able to relate their experiences of abuse to the questions asked, or may not perceive those experiences as abusive (Smith et al., 2000; Wyatt & Newcomb, 1990).

These factors too may have led to a noteworthy level of under-reporting among all children in general, and girl children especially. Also, the limitations of undertaking research on a subject as sensitive as child sexual abuse must be carefully considered.

The abuse faced by children includes a wide range of activities from non contact forms such as voyeurism, exhibitionism to fondling, molestation, sexual intercourse, making the child touch offender's private body parts etc., with the study asking children questions about some of the forms of sexual abuse, to estimate their respective prevalence ( MWCD,2007)

As can be observed, the most prevalent forms of sexual abuse are touching children's private parts, exhibitionism and forcing and/or tricking children to watch pornography (Bromfield, 2005; US National Research Council, 1993). The high rate of abuse in the form of touching children's private parts may also be

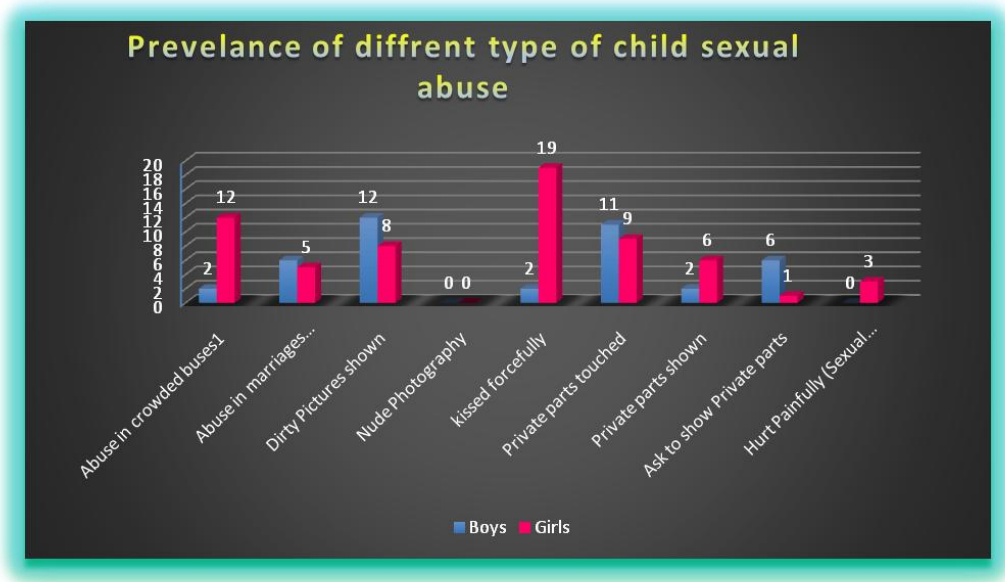


due to widespread sexual harassment at public places(popularly, though inappropriately, known as "eve teasing").

SEVERE FORMS OF SEXUAL ABUSE

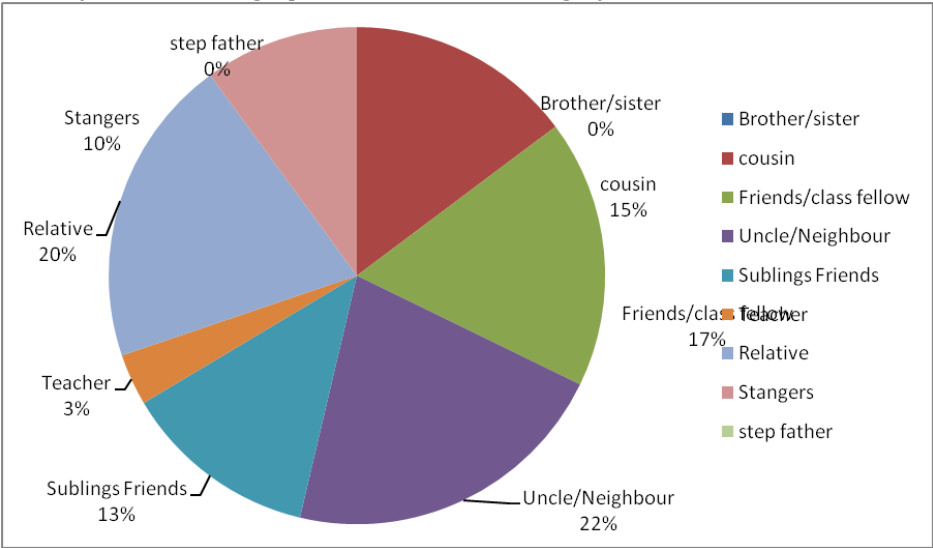
The prevalence of more severe forms of sexual abuse demands special attention. Though all forms of sexual abuse are serious and deserve concrete action, severe forms may have a higher potential of causing harm in the short and long term (Wyatt & Powell, 1988) Of the different forms of sexual abuse studied as part of this study, sexual intercourse, making the child touch offender's private parts and making the children take off their clothes and looking at them or taking their pictures are considered here as severe forms of sexual abuse.

Again, it may be noted that the prevalence of abused girls may be far more than that reported in this study, which may not have surfaced because of factors discussed previously.



THE ABUSERS

The abusers are often considered to be dirty old men, and "stranger danger" is commonly believed to be the biggest threat to children's safety. However, the data made available to this study supports what has been indicated before by previous studies on child sexual abuse (Turlip, 2006; Rahi, 2012) across the world as also demonstrated in our experience, that the abusers are more often than not people who are known to the child. This trend is clearly visible in the graphs below, for each category of abuse:



As can be observed from these graphs, the majority of abusers in each form of abuse are people who are known to the child, whereas the strangers are more often than not a minority (Virani, 1994; Davar, 1999). The only two forms of abuse where strangers constitute a sizeable number are touching the child's private parts and exhibitionism. Both of these forms of abuse are often part of sexual harassment at public places, which is often perpetrated by strangers, and therefore the percentage of strangers as abusers in these two cases is especially high (Finkelhor, 1984).

However, abuse in the form of sexual intercourse, making the child touch abuser's private parts etc., most often requires a greater and much closer access to the child for the abuser to be able to gain the trust and confidence of the child often by building a relationship with him/her over a period of time and then abusing the child. Such access is mostly the privilege of people who are known to the child and who may be in a position of power, authority and trust over her/him. For these reasons, the majority of abusers are people who are known to the child, a fact reflected in the data presented here (Bulik, Prescott, and Kendler, 2001; Feiring, Miller-Johnson, and Cleland, 2007; Heger et al., 2002; Tolan and Guerra, 1998; USDHHS, 2007). Also important to note, with regard to showing children pornography, is the very high percentage of individual and family acquaintances such as friends, neighbours, teachers, drivers and domestic help etc.

The study reveals that a sizeable percentage of participants who selected this option, mentioned that they were made to watch pornographic materials by their own friends. Besides the fact that the participants may have actually been forced into watching such material, the participants may also have included sharing of pornographic materials amongst friends while responding to this question, which is indicative of the high rate of viewing pornographic materials such as books, video CDs and websites by young people today. This demands introspection by communities and professionals as to their role, responsibility and response in terms of young people having to resort to accessing pornographic material for information on sex and sexuality, which is often inaccurate, inappropriate and unhealthy, due to a disappointing lack of approachable and informative resources.

### Conclusion:

A child lives within the broader confines of Family, Schools/Institutions, Society, and State. It is the responsibility of each and everyone concerned to take the necessary preventive steps towards ensuring child protection and safety. India has made some advancement in the recent decade at policy and legislation level. However, we are still far from providing effective state protection to the vulnerable children and ensuring child safety. It is important to devise and implement the culturally sensitive and evidence-based prevention programs, aimed at all levels from child to family, society, and institutes. The Awareness of the national guidelines for prevention of child abuse should be put into place to begin with, followed by their effective implementation and translation into programs and action plans in order to have a broader impact at a national level.

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