

DISCOVERY PROCESS: IDENTIFICATION, AWARENESS AND PREVENTION REGARDING CHILD SEXUAL ABUSE AMONG YOUNG WOMEN (17-21 YEARS)

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Abstract

Child sexual abuse is a form of abuse that includes sexual activity with a minor (below the age 18). A child cannot consent to any form of sexual activity, period. When a perpetrator engages with a child this way, they are committing a crime that can have lasting effects on the victim for years. The aim of this research was to compare prior and post intervention, of the awareness regarding child sexual abuse and the POCSO act, among young women (17-21 years). Quantitative and qualitative methods were used in this study. 210 young women with the age ranging between 17-21 years participated in this research. The girls were grouped at the centre according to their streams. The participants were given pretest, then the intervention programme to create awareness regarding Child Sexual Abuse and the POCSO act, followed by the posttest. A drastic change in the awareness regarding child sexual abuse was noted by the researchers after comparing pretest and the posttest. Also, on comparing the pretest and the posttest it was found that almost all of the participants were unaware about the identification and prevention of child sexual abuse as well as POCSO act prior to the intervention. Whereas, very few of the participants stated that they are unaware about the POCSO act post intervention. And therefore, overall findings show that knowledge and practice among young women is inadequate to protect children from CSA, though the intervention has increased their awareness. The findings from this research will be useful in developing CSA prevention education programs in schools and communities, designed to improve knowledge and practice of CSA prevention.

Keywords: awareness, Child Sexual Abuse, POCSO act, young women, intervention

Introduction and Review of Literature

Meaning of Child Sexual Abuse

Child sexual abuse is a form of abuse that includes sexual activity with a minor (below the age 18). A child cannot consent to any form of sexual activity, period. When a perpetrator engages with a child this way, they are committing a crime that can have lasting effects on the victim for years. (<https://www.rainn.org/articles/child-sexual-abuse> Retrieved on 2/1/2018)

The involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violate the laws or social taboos of society. Child sexual abuse is evidenced by this activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person. This may include but is not limited to: the inducement or coercion of a child to engage in any unlawful sexual activity; the exploitative use of child in prostitution or other unlawful sexual practices; the exploitative use of children in pornographic performances and materials. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4413451/> Retrieved on 2/1/2018)

Ways and Means of Abusing Children

There are different ways and means of abusing children.

Contact abuse: It involves touching activities where an abuser makes physical contact with a child, including penetration. It includes: sexual touching of any part of the body whether the child's wearing clothes or not rape or penetration by putting an object or body part inside a child's mouth, vagina or anus forcing or encouraging a child to take part in sexual activity making a child take their clothes off, touch someone else's genitals or masturbate. (<https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/child-sexualabuse/> Retrieved on 2/1/2018)

Non-contact abuse: It involves non-touching activities, such as grooming, exploitation, persuading children to perform sexual acts over the internet and flashing. It includes encouraging a child to watch or hear sexual acts not taking proper measures to prevent a child being exposed to sexual activities by others meeting a child following sexual grooming with the intent of abusing them online abuse including making, viewing or distributing child abuse images allowing someone else to make, view or distribute child abuse images showing pornography to a child sexually exploiting a child for money, power or status (child exploitation). (<https://www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/child-sexual-abuse/> Retrieved on 2/1/2018)

Drug – facilitated sexual assault: It occurs when an individual slips someone a drug to facilitate a sexual assault, it is also considered sexual assault if the victim/survivor knowingly and voluntarily ingests drugs or alcohol. Performing any sexual act(s) on a child who is unconscious or asleep, too drunk to withhold consent, or unable to communicate is against the law. (<https://cmsac.org/education-safety-reporting/types-of-sexual-assault/> Retrieved on 10/1/2018)

Child pornography: It is defined as material that is either made using children, or through the use of modern technology, is made to appear that children are being used. Child pornography does not have to involve obscene behaviour, but may include sexually explicit conduct that is suggestive. Technology has also allowed children to be prostituted over the internet, increasing the rates of child pornography and human trafficking across the globe. (<https://cmsac.org/education-safety-reporting/types-of-sexual-assault/> Retrieved on 10/1/2018)

Female genital mutilation: Female genital mutilation occurs in multiple countries. Experiencing Female Genital Mutilation is painful and traumatic, both short and long-term. Female Genital Mutilation is sometimes practiced as part of a religion but not in all cases. Female genital mutilation is a harmful, oppressive practice. The most common type of Female Genital Mutilation is the removal of the clitoris and the labia minora is also considered as child sexual abuse. (<https://cmsac.org/education-safety-reporting/types-of-sexual-assault/> Retrieved on 10/1/2018)

Child prostitution: Child Prostitution is a form of sexual abuse involving the commercial sexual exploitation of children in which a child performs sexual acts in exchange for some form of payment. Most countries have strict laws surrounding the sexual exploitation of children and so many customers engage in what is known as child sex tourism, travelling to foreign countries to evade the laws within their home country. Child prostitution is rarely a personal choice and is generally a form of organized crime run by an individual pimp or, more commonly, by a large-scale sex ring. (<https://cmsac.org/education-safety-reporting/types-of-sexual-assault/> Retrieved on 10/1/2018)

Reasons- Why Abuser Abuses Children

Psychosocial and psychosexual history: In Queensland, official statistics indicate that the rate of sexual offences reported to police doubled between 1994 and 1998 from about 92 per 100,000 to more than 190 per 100,000. The majority of these offences were committed against children younger than 16 years of age (Criminal Justice Commission, 1999) it was found that only 18.9% of offenders indicated their father to have been affectionate, and 18.8% indicated their father to have been sympathetic toward them. On the other hand, more than one third (33.8%) remembered their father as rejecting, 36.9% as violent, and 38.1% as abusive toward them. In terms of their recollections of the relationship between their parents, 49.4% recalled their parents' relationship as argumentative, 37.7% as troubled, and 29.6% as violent. (Smallbone, Wortley, 2000) Research done in Australia on 300 sexual offenders has found that, in addition to subjection to childhood abuse, exposure to family violence is also associated with youth violence (Widom, 2001) and violence as an adult (Kaufman and Zigler, 1987). Expanding on the idea that exposure to family violence during childhood

provides models for interpersonal relationships in adulthood, a limited number of studies have explored the relationship between childhood exposure to family violence and later sexual assault perpetration. One study of college freshmen found that witnessing domestic violence during childhood was predictive of committing both sexual and physical assault on children. (White et al, 2008; White and Smith, 2004).

Pornography use: In a study done in Tanzania on 200 sexual offenders it was found that most offenders (86.4%) reported having used general (i.e., adult) pornography, with 11.2% reporting regular pornography use. About 10% reported having used child pornography, with only 2 offenders (both extrafamilial 17offenders) reporting regular use of child pornography. Nearly 15% of the mixedtype offenders and 5.4% of the extrafamilial offenders reported having collected non- pornographic pictures of children (e.g., from children's clothing catalogues) for sexual purposes. Three (10%) of the mixed-type offenders said they had been involved in the production of child pornography, and one (1.7%) of the extrafamilial offenders said they had been involved in the distribution of child pornography. (Livingstone, 2003). No offenders said they had ever used the internet to distribute child pornography. (Smallbone, Wortley, 2000)

Networking among offenders: Almost one third of the offenders (29.6%) had knowledge of other child sexual offenders prior to themselves first being charged with a child sexual offence. Mixed- type offenders (53.6%) were significantly more likely to have 18 known of other child sexual offenders than were either the extrafamilial (24.1%) or intrafamilial offenders (25.0%). (Livingstone, 2003) Only 3.7% of offenders became involved with another individual or a group who organised sexual contact with children. Once again, the mixed-type offenders (13.8%) were more likely than the extrafamilial offenders (3.4%) and the intrafamilial offenders (0.0%) to do so. (Smallbone, Wortley, 2000)

Psychological disorders: Anxiety disorders, mood disorders, and substance use disorders were common among sexual offenders, as were cluster B and cluster C personality disorders. While social phobia was most common among paraphilic sexual offenders, major depression was most prevalent in impulse control disordered sexual offenders. (Leua, Bochar, Hoyer, 2004)

Who Abuses Children

An estimated 60% of perpetrators of sexual abuse are known to the child but are not family members, e.g., family friends, babysitters, child care providers, neighbors. About 30% of perpetrators of child sexual abuse are family members. Only about 10% of perpetrators of child sexual abuse are strangers to the child. Not all perpetrators are adults—an estimated 23% of reported cases of child sexual abuse are perpetrated by individuals under the age of 18. An estimated 60% of perpetrators of sexual abuse are known to the child but are not family members, e.g., family friends, babysitters, child care providers, neighbors. About 30% of perpetrators of child sexual abuse are family members. Only about 10% of perpetrators of child sexual abuse are strangers to the child. Not all perpetrators are adults—an estimated 23% of reported cases of child sexual abuse are perpetrated by individuals under the age of 18. Some perpetrators are female. It is estimated that women are the abusers in about 14% of cases reported among boys and 6% of cases reported among girls. (<http://victimsofcrime.org/media/reporting-on-child-sexual-abuse/statistics-on-perpetrators-of-csa> retrievedon 17/1/2018)

Ways of Attracting/ Luring Used by the Abusers to Attract Children For Abusing

Deliberately targeting a vulnerable child:

- Perpetrators choose a child who may appear lonely, left out or shy.
- They may insist on spending time alone with a child with no interruptions.
- They may spend most of their spare time with children and have little interest in spending time with people their own age.
- They may frequently walk in children/teenagers bathroom/ room
- They may pick on a particular child.

Building trust with a child and/or the child's family:

- This can happen by buying small gifts – taking part in family activities.
- Through the way they play with the child, or seem always to be favouring them and creating reasons for them to be alone.
- Regularly offer to baby-sit children for free or take children on overnight outings alone.

Separating a child from the family/friends:

- In family situations, this may mean treating one child as 'special' – setting up jealousy with siblings.

Establishing power and control over a child:

- This may involve physical punishment, verbal abuse, exposing a child to violence towards other children or animals or the other parent – setting the child up to know that the adult has power over them and can do whatever they like to their body.
- Refuse to allow a child sufficient privacy or to make their own decisions on personal matters.
- Are overly interested in the sexual development of a child or teenager.

Treating a child as “special”:

- “Daddy’s little girl”, “Uncle Jim’s favourite” – special gifts and time together – children are particularly vulnerable to attention/affection and perpetrators know this.
- Using a child’s natural need for touch/affection all children need touch, attention and affection. The perpetrator uses this need to abuse the child.
- Confusing a child the perpetrator may behave like an affectionate, playful fun person in the daytime and abuse a child in the night.
- A child may continually be told by others what a good person the perpetrator is.
- Insist on physical affection such as kissing, hugging or wrestling even when the child clearly does not want it.
- Buy children expensive gifts or give them money for no apparent reason
- Treat a particular child as a favourite, making them feel 'special' compared with others in the family.

(https://www.parentsprotect.co.uk/warning_signs.htm Retrieved on 16/1/18)

Signs and symptoms of the abused child

The signs and symptoms of the abused child can be classified into 5 categories: **Behavioural abnormalities:** Acting out in an inappropriate sexual way with toys or objects. **Behavioural disorders:** Regressing to younger behaviours, e.g. bedwetting, and self-harm (cutting, burning or other harmful activities)

Behavioural changes: Nightmares, sleeping problems, Becoming withdrawn or very clingy, Unaccountable fear of particular places or people, Changes in eating habits, New adult words for body parts and no obvious source, Running away, and not wanting to be alone with a particular child or young person.

Emotional disturbances: Becoming unusually secretive, sudden unexplained personality changes, mood swings and seeming insecure, and outburst of anger.

Physical warning signs: Physical signs of sexual abuse are rare, however, if you see these signs, take your child to a doctor. Your doctor can help you understand what may be happening and test for sexually transmitted diseases. Pain, discoloration, bleeding or discharges in genitals, anus or mouth Persistent or recurring pain during urination and bowel movements Wetting and soiling accidents unrelated to toilet training and signs, such as, unexplained soreness or bruises around genitals or mouth, sexually transmitted diseases, pregnancy.

Laws on Child Sexual Abuse

Under federal law, offenders convicted of sexually abusing a child face fines and imprisonment. Furthermore, an offender may face harsher penalties if the crime occurred in aggravated circumstances, which include, for example, the offender used force or threats, inflicted serious bodily injury or death, or kidnapped a child in the process of committing child sexual abuse. (<https://www.justice.gov/criminal-ceos/citizens-guide-us-federal-law-child-sexual-abuse> Retrieved on 2/1/2018)

The German Criminal Code contains stringent provisions against the sexual exploitation of children. Its section 174 penalizes those who have custody or authority over a person below the age of eighteen for the commission of sexual acts upon these minors. The penalty is up to five years of imprisonment. Section 176 makes the commission of sexual acts on persons below the age of fourteen punishable with imprisonment of up to ten years, and the same punishment applies to inducing a child to commit sexual acts with a third person. Punishable with up to five years imprisonment is the commission of sexual acts in front of a child or the inducing of a child to commit sexual act on his or her own body, as well as the showing of material with a pornographic content to a child. (<https://www.loc.gov/law/help/child->

rights/germany.php Retrieved on 12//7/17) In Australia, In Sexual offences against children and young people each jurisdiction provides a range of offences concerning sexual conduct with children. These include, for example: sexual intercourse; attempts to have sexual intercourse; acts of indecency; procuring or grooming a child for 'unlawful sexual activity'; and abducting a child with the intention of engaging in unlawful sexual activity. (<https://aifs.gov.au/cfca/publications/australian-child-protection-legislation> Retrieved on 12/1/2018) In 2012, the Indian Parliament passed the **Protection of Children from Sexual Offences Act (POCSO)**. The Act defines a child as any person below the age of 18 years and provides protection to all children under the age of 18 years from the offences of sexual assault, sexual harassment and pornography. This is the first time that an Act has listed aspects of touch as well as non-touch behaviour (eg: photographing a child in an obscene manner) under the ambit of sexual offences. The attempt to commit an offence under the Act has also been made liable for punishment for up to half the punishment prescribed for the commission of the offence. The Act also provides for punishment for abetment of the offence, which is the same as for the commission of the offence. This would cover trafficking of children for sexual purposes. For the more heinous offences of Penetrative Sexual Assault, Aggravated Penetrative Sexual Assault, Sexual Assault and Aggravated Sexual Assault, the burden of proof is shifted on the accused. The media has been barred from disclosing the identity of the child without the permission of the Special Court. (<http://www.childlineindia.org.in/Child-Sexual-Abuse-and-Law.htm> Retrieved on 2/1/2018)

Methodology

Sampling Technique

The technique used for selecting participants was Convenient sampling (those participants who were available). Convenience sampling is when a sample is taken from a group you have easy access to.

Participants Sample Size

The sample size consisted of of 210 young tribal women, ranging in the age group of 17 to 21 years from living at Vidhyadeep Community College in Bharuch (Gujarat) residing in the nearby villages in Gujarat.

Method used for Data Collection Description of the tool

Tool 1: Self constructed questionnaire

Proforma: The proforma was designed to obtain basic background information about the participants such as, name, age etc.

Semi structured questionnaire: A semi- structured questionnaire was developed to ascertain the awareness of the tribal women participants regarding Child Sexual Abuse. The questionnaire included 9 items.

Sample Characteristics

Out of the total number of participants were 210 girls from Vidhyadeep community centre at Bharuch with the age ranging between 17-21 years with the mean of 19 years. The girls were grouped at the centre in the following manner: a) Nursing students (33); b) Second year students (34); c) Home Science students (33); d) Computer Education students (110). All the participants were able to comprehend Hindi language. However, a few responded in Gujarati.

Step by Step Procedure in Data Collection Pre-preparations of the research:

- The researchers, based on the review formulated a questionnaire which included questions to tap the objectives of the research.
- An intervention programme was prepared to create awareness among the participants regarding Child Sexual Abuse (meaning, causes, types of abuse, signs and symptoms, POCSO act and prevention of Child Sexual Abuse). Also, various flash cards were designed for display on reasons, helpline numbers, good and bad touch and prevention which were displayed through the intervention

Procedure for collecting Data

- The participants were given a pre-test questionnaire each which had 9 items out of which 7 questions were objective and 2 questions were subjective. The questionnaire was kept aside after they had filled the pre-test part to avoid manipulation of responses.
- The group was provided with an intervention programme using a skit, flash cards, discussions and group

discussions.

- The participants were given detailed information about NGO's for children and POCSO ACT followed by the helpline numbers.
- The participants were then asked to fill the post test questionnaire which had the same questions as that of the pre-test.
- After the post intervention, feedback was obtained on every aspect of the questionnaire.
- The closure of the session had question and answer session to solve or clarify their doubts.

Plan of Analysis

The data was first sorted on the basis of prior intervention and post intervention. Then the various responses obtained from the participants were categorized based on theme extracts for open ended and subjective items, and further analyzed and computed using frequency and percentage. While closed ended questions were computed using frequency and percentage.

Comparing responses in Pre and Post-test using paired t-test.

Results and Discussion

Objectives:

- 1) To ascertain the awareness regarding child sexual abuse among young women (17-21 years), prior and post intervention about the:
 - a) meaning of child sexual abuse
 - b) ways and means of sexually abusing the child
 - c) reasons for an adult to sexually abuse a child
 - d) who abuses (gender and individuals)
 - e) ways and means of luring/attracting the child for abusing
 - f) signs and symptoms of child sexually abused
 - g) POCSO Act
- 2) To compare prior and post intervention, of the awareness regarding child sexual abuse, among young women (17-21 years).

Meaning of child sexual abuse

When the participants were asked what according to them the meaning of the term child abuse is, more than half of the participants (53.80 %) said that the meaning of the term is either touching/ torturing/misbehaving with a child without his/her consent. However little more than a quarter of the participants (30.47 %) said that the meaning of the term child sexual abuse is abusing/ raping/ taking advantage/ molesting a child physically or mentally. Astonishingly prior to the intervention little more than one third of the participants (36.19 %) were not aware about the meaning of the term child sexual abuse but the number significantly decreased during the posttest (8.5 %). (Refer to Table 3.1)

Table 3.1

Meaning of the term child sexual abuse, according to the participants (n=210)

Meaning of child sexual abuse	Prior	Post
	Intervention f (%)	Intervention f (%)
Touching/ Torturing/ Misbehaving with a child without consent	18 (8.57)	113 (53.80)
Abusing/ raping / taking advantage/ molesting a child physically and or mentally	22 (10.47)	64 (30.47)
Not Aware	76 (36.19)	18 (8.5)
Stranger attracting a child for his / her benefit	-	16 (7.61)
Forcing a child for having sexual relations or undressing	-	16 (7.61)
Taking pictures /videos of a child without consent	-	12 (5.71)
Showing pornography	-	9 (4.27)
Crime against a child	1 (0.47)	-

Note: Multiple responses were obtained

Ways and means of sexually abusing the child

A large majority of the participants indicated that, the varied ways of sexually abusing the child was by forcing them to undress (81.4%); touching in incorrect ways (76.7%) and showing the child pornographic images and videos (70.5%). (Refer to Table 3.2)

“There was a significance difference in the scores prior intervention (M=1.59, SD=0.98) and scores post intervention (M=2.89, SD=1.23) of the ways and means of sexually abusing the child; $t(209) = -13.02$, $p=.00$ ”. (Refer to Table 3.3)

Table 3.2

Ways and means of sexually abusing the child, according to the participants (n=210)

Ways and means of sexually abusing the child	Prior Intervention f (%)	Post Intervention f (%)
Forcing a child to undress	59 (28.1)	171 (81.4)
Touching in an incorrect way	107 (51)	161 (76.7)
Showing child photographic images and videos to children	76 (36.2)	148 (70.5)
Taking the child somewhere without his/her permission	92 (43.8)	128 (61)

Note: Multiple responses were obtained

Table 3.3

The difference between the prior and post intervention scores of the participants (n=210) in relation to the ways and means of sexually abusing the child.

	Mean	Std. deviation	t	df	Sig (two tailed)
Prior intervention Ways and means of sexually abusing the child	1.59210	0.98	-13.02	209	.00
Post intervention Ways and means of sexually abusing the child	2.89210	1.23			

**p=0.00

Reasons for an adult to sexually abuse a child

A large majority of the participants stated that the reasons for an adult to sexually abuse the child were, as a result of watching pornographic videos / blue films by the abuser (82.4%) and abusers childhood experiences of being sexually abused (70%). (Refer to Table 3.4)

“There was a significance difference in the scores prior to the intervention (M=1.63, SD=1.22) and scores post intervention (M=3.47, SD=2.09) of the reasons for an adult to sexually abuse the child; $t(209) = 0.673$, $p=.00$ ”. (Refer to Table 3.5)

Table 3.4

Reasons for an adult to sexually abuse a child, according to the participants (n=210)

Reasons for an adult to sexually abuse a child	Prior Intervention f (%)	Post Intervention f (%)
Result of watching Porn videos / blue films by the abuser	104 (49.5)	173 (82.4)
Abuser's childhood experience of being sexually abused	30 (14.3)	147 (70.0)
Unsatisfied with their sexual relationship	69 (32.9)	127 (60.5)
Abuser is attracted towards the child	56 (26.7)	112 (53.3)
Abuser feels his /her right to be dominant and feels appropriate to abuse the child	51 (23.9)	97 (46.2)

Note: Multiple responses were obtained

Table 3.5

The difference between the prior and post intervention scores of the participants (n=210) in relation to the reasons for an adult to sexually abuse the child.

	Mean	Std. deviation	t	df	Sig (two tailed)
Prior intervention	1.63	1.22	-11.068	209	.00
The reasons for an adult to sexually abuse the child.					
Post intervention	3.47	2.09			
The reasons for an adult to sexually abuse the child.					

**p=0.00

Who abuses (Gender)

When the participants were asked, according to them which genders sexually abuse the children, it was noted that substantial majority of the participants (92.4%) said that it could be both the genders i.e male and female (Refer to Table 3.6).

“There was a significance difference in the scores prior to the intervention (M=1.59, SD=0.98) and scores post intervention (M=2.89, SD=1.23) regarding the perception of participants of who abuses the child sexually; $t(209) = -13.02, p=.00$ ”. (Refer to Table 3.7)

Who abuses (Individual)

When asked, which individuals could be responsible for sexually abusing the child, majority of the participants (61%) said neighbours, whereas more than half of the participant's said that it could be the female teachers (58.1%) as well. Surprisingly little more than half of the participants said that it could be the victim's brother (55.2%), male teacher (52.4%), relatives (52.4%) and any other individual such as friends, school bus driver, and watchman (52.4%) (Refer to Table 3.6).

There was a significance difference in the scores prior to the intervention (M=1.59, SD=0.98) and post intervention scores (M=2.89, SD=1.23) of the perceptions of the gender and the individuals who tend to sexually abuse the child; $t(209) = -13.02, p=.00$ ”. (Refer to Table 3.8)

Table 3.6

Participants perceptions of the gender and the individuals who tend to sexually abuse the child (n=210)

Gender of the abuser	Prior	Post
	Intervention f (%)	Intervention f (%)
Both males and females	148 (70.5)	194 (92.4)
Only female	13 (6.2)	11 (5.2)
Only males	59 (28.1)	10 (4.8)
Individuals who abuse children		
Neighbour	82 (38.8)	127 (61)
Female teacher	47 (22.4)	122 (58.1)
Brother	22 (10.5)	116 (55.2)
Male teacher	42 (20.0)	110 (52.4)
Relatives	67 (31.9)	110 (52.4)
Any other ,such as friends, school bus driver, watchman	59 (28.1)	110 (52.4)
Maid	56 (26.7)	105 (50)
Stranger	105 (50)	103 (49)
Sister	14 (6.7)	59 (28.1)
Father	31 (14.8)	38 (18.1)
Mother	33 (15.7)	31 (14.8)

Note: Multiple responses were obtained

Table 3.7

The difference between the prior and post intervention scores of the participants (n=210) in relation to the Participants perceptions of the gender that tend to sexually abuse children,

	Mean	n	Std. deviation	t	df	Sig. (two tailed)
Prior intervention Gender of the abuser	1.04	210	0.33			
Post intervention Gender of the abuser	1.02	210	0.42	.673	209	.00

**p=0.00

Table 3.8

The difference between the prior and post intervention scores of the participants (n=210) in relation to the participants perceptions of the individuals who tend to sexually abuse the child

	Mean	n	Std. deviation	t	df	Sig. (two tailed)
Prior intervention Individuals who abuse children	2.75	210	2.63			
Post intervention Individuals who abuse children	5.10	210	3.47	-9.11	209	.00

**p=0.00

Ways and means of luring/attracting the child for abusing

The researcher wanted to know what according to the participants, could be the ways and means of luring/attracting the child for sexual abuse, it was observed that substantial majority of the participants (87.6%) said that one of the ways could be by threatening the child by creating/breeding fear of harming or killing parents/ loved ones/ child himself and also by intimidating/ disclosing the act of abuse to the society. Whereas, large majority of the participants said that bribing them with chocolates, biscuit etc. (82.4) and by taking advantage of child's weakness (70%) could be the other ways (Refer to Table 3.9)

"There was a significance difference in the prior interventions scores (M=2.32, SD=1.83) and post interventions scores (M=3 SD=1.60) of the ways and means of sexually abusing the child; $t(209) = -4.67$, $p=.00$ ". (Refer to Table 3.10)

Signs and symptoms of child sexually abused

When the participants were asked about the signs and symptoms of a child being sexually abused, substantial majority of the participants (93.8%) said that exhibiting behavioral abnormalities or deviation, such as imitating the actions or deeds of adults (smooching/kissing); touching his/her own private parts; playing with the private parts of the dolls/toys can be one of the possible signs and symptoms whereas majority of the participants said that disturbed sleep and having bad dreams/nightmares (68.1%) and harming oneself such as hurting or biting (59.5%) could be the other signs and symptoms. (Refer to Table 3.11)

"There was a significance difference in the scores prior to the intervention (M=2.32, SD=2.34) and scores post intervention (M=4.55 SD=3.42) of the signs and symptoms of child sexually abuse; $t(209) = 9.48$, $p=.00$ ". (Refer to Table 3.12)

Table 3.9

Ways and means of luring/attracting the child for abusing, according to the participants (n=210)

Ways and means of luring/attracting the child for abusing	Prior Intervention f (%)	Post Intervention f (%)
Threatening the child, such as creating/breeding fear of harming or killing parents/ loved ones/ child himself; intimidating/ disclosing the act of abuse to the society	129(61.4)	184 (87.6)
Bribing/ treating them with (chocolates, biscuit etc.)	104 (49.5)	173 (82.4)
Taking advantage of child's weakness	30 (14.3)	147 (70)
Telling lies to the child	69 (32.9)	127 (60.5)
Kidnap the child	51 (23.9)	97 (46.2)
Actually harming/hurting the friends and family	60 (28.6)	83 (39.5)

Note: Multiple responses were obtained

Table 3.10

The difference between the prior and post intervention scores of the participants (n=210) in relation to the ways and means of luring/attracting the child for abusing

	Mean	n	Std. deviation	df	Sig. (two tailed)
Prior intervention Ways and means of luring/attracting the child for abusing	2.32	210	1.83		
Post intervention Ways and means of luring/attracting the child for abusing	3.00	210	1.60	-4.67	.00

**p=0.00

Table 3.11

Signs and symptoms of child sexually abused (n=210)

Signs and symptoms of child sexually abused	Prior Intervention f (%)	Post Intervention f (%)
Behavioral abnormalities or deviation, such as imitating the actions or deeds of adult (smooching/kissing); touching his/her own privates part; playing with the private parts of the dolls/toys	104 (84.6)	197 (93.8)
Disturbed sleep, viewing bad dreams/nightmares	75 (35.7)	143 (68.1)
Self-harm such as hurting or biting oneself	36 (17.1)	125(59.5)
Changing expressions /emotions when the child is left alone with someone, such as fear, anxiety, distress	49 (23.3)	111 (52.9)
Changing in the eating patterns	48 (22.9)	104 (49.5)
Child refusing to be left alone with stranger	62 (29.5)	92 (43.8)
Exhibiting Behavioral disorders such as bedwetting, thumb sucking	24 (17.7)	55 (40.3)
Using new and unfamiliar words for the private parts used or taught by the abuser	55 (26.2)	73 (34.8)
Stomachache, headache, fatigue	36 (17.1)	48 (22.9)

Note: Multiple responses were obtained

Table 3.12

The difference between the prior and post intervention scores of the participants (n=210) in relation to the signs and symptoms of child sexually abused

	Mean	n	Std. deviation	t	df	Sig. (two tailed)
Prior intervention Signs and symptoms of child sexually abused	2.32	210	2.34			
Post intervention Signs and symptoms of child sexually abused	4.55	210	3.42	-9.48	209	.00

**p=0.00

Awareness regarding POCSO Act

A little more than half of the participants said that definition of POCSO was that it is a Law against child sexual abuse offenders (54.28%). Surprisingly it was noted by the researcher that almost all of the participants (98.09%) were unaware about the POCSO act prior to the intervention whereas post intervention very few of the participants (8.09%) mentioned that they are unaware about the POCSO act. (Refer to Table 3.13)

Table 3.13

Awareness regarding POCSO Act (n=210)

Awareness regarding POCSO Act	Prior Intervention f (%)	Post Intervention f (%)
Right Answers:		
Law against child sexual abuse offenders	1 (0.47)	114 (54.28)
Law by the government to punish the sexual offenders	1 (0.47)	30 (14.28)
Protecting children from sexual offences act	-	8 (3.80)
Wrong Answers:		
Organization / NGO working against child sexual abuse	2 (0.95)	56 (26.66)
Not aware	206 (98.09)	17 (8.09)

Regarding CSA prevention education in school, more than 80% of respondents agreed on the need for CSA prevention education in school and were willing to let their children participate. At the same time, about half of the respondents expressed some concern that such education may have the negative effect of leading their children to know more about 'sex'. Sex has been a very sensitive topic in China for a long time, and most parents had not received sex education and CSA prevention education. Even today, sex education in school is still limited (Chen and Liu, 2004). This concern also indicates that, contrary to the stated support for CSA prevention education in kindergarten and primary school, such programmes will meet some resistance. On the other hand, it is clear that the curriculum for kindergarten and young pupils in elementary school should be designed very carefully to address parents' sensitivities.

The current survey also showed that of the respondents had provided written or audiovisual products on CSA prevention to their children. One of the reasons is that the relevant books and audiovisual materials for young children are still few in number, and research into CSA prevention education in China is still very limited. There is an urgent need to develop relevant books and audiovisual materials for CSA prevention education in primary school and at home as soon as possible.

Overall, the findings from the current research show that parents' knowledge and practice is inadequate to protect their children from CSA. The results highlight the need for CSA prevention education programmes for parents, to improve parents' awareness and practice of CSA prevention. The results indicate the content, attitudinal and skills areas that parents need in order to educate and protect their children. Because of the sensitive nature of the topic, there must be official support for schools and parents to cooperate together in developing a CSA prevention curriculum that will meet the needs of their children.

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