

Increasing Knowledge and Skill in Preventing Children Sexual Abuse

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Abstract-The absence of Children Sexual Abuse (CSA) prevention in school and community in Indonesia, were encourage researcher to acknowledge the effectiveness of CSA prevention called Body safety training (BST). BST provided children the information and skill in preventing CSA by introduced them the safety of their body, acknowledge the situation that may lead to CSA and prepare them with assertiveness in reported to parent or teacher if they were in dangerous situation related to CSA. The BST delivered to children by Storytelling, modelling, rehearsal/role play, reinforcement and feedback. This research aimed to measure whether BST were significant in increasing the knowledge and skill among children age 4-7 in preventing CSA. Experimental methodology approach were established using before after one group design. The research subjects were 72 children age 4-7 years old. The result shown the BST were significantly increase children knowledge and skill in preventing CSA.

Keywords: body safety training, children sexual abuse, experimental methodolgy

I. INTRODUCTION

Children sexual abuse (CSA) is a form of child abuse in which an adult or older adolescent uses children for sexual stimulation [1]. Forms of children sexual abuse include engaging in sexual activities with children (whether by asking or pressuring or by other means) indecent exposure (of thee genitals, female nipple, etc.) child grooming, child exploitation or using a child to produce child pornography [2]. CSA can caused physical and psychological damage for children [3]. One of Psychological effect on children was post traumatic stress disorder. This cases happen in various social economy class, to both boys and girls [4]. CSA is a situation that causing children in a very bad situation and damaging mental health and prevention actions are needed [5].

In Indonesia this problem occur 1210 cases during 2018 [6]. With this amount of cases, there were not specific programme held to prevent this problems. While there were various approach in preventing CSA problems available such as body safety training 3-7 years old conducted by 10 lessons, Child Assault Prevention 3–18 years old conducted in 2-3 days (25-45 minutes), Feeling Yes-Feeling No 6–12 years old 15-18 hours classroom teaching), Good Touch-Bad Touch 4–12 years old, Safe Child 5-8 years old, Talking About Touching 4–8

years old. This 3 programmes conducted in 3–4 lessons, 1.15– 3.75 hours a day (based on grade level) 5–10 lessons (1 a day) based on grade level 15 lessons (15–30 minutes) [7].

The format of the programmes are modelling, rehearsal, reinforcement and feedback, Role-plays and guided group discussion, Three videotapes which utilise didactic approaches and role-play scenarios, Lesson plans, instructions, roleplaying, video, story cards and book, worksheets and colouring books, Photo-lesson cards, take home letters for parents, poster, videos, songs and story book

The purposes of the programmes are to identify private parts, safe and unsafe touching, and reporting CSA. To teach assertiveness, increase communication with adults, reporting skills to identify responses to being touched, seek help if touched, tools to protect themselves from CSA, learn names of genitals and build self-confidence. To teach body safety rules, body ownership, say 'No to abuse' and who to ask for help. Also to improve self-esteem and self-reliance, body safety rules, secret keeping and strangers To increase children's knowledge of and adherence to rules that will keep them safe, act in assertive ways and identify differences in safe touch, unsafe touch and follow safety rules about touching [8].

Although there are many different CSA education programs, the majority of these programs, teach concepts related to improving self-esteem, learning to say 'No', acquiring body safety skills, and discriminating between acceptable and non-acceptable touch [8]. The skills that are most frequently taught are: (a) learning to say 'No' in response to a sexual abuse lure, (b) leaving the situation, (c) informing a trusted adult (i.e. disclosure) [4] and (d) learning the medical terms for one's genitalia [9].

Research in Chinese suggest that preschool children in the intervention group demonstrated greater knowledge about sexual abuse prevention and higher levels of self-protection skills compared with children in the wait-list control group. Findings suggest that it is feasible to implement the sexual abuse prevention education with Chinese pre-schoolers [10]. Another finding shown based on analysis of 3 areas in Chinese, it was found that there was a lack of connection between theoretical models and concrete preventive interventions [11]. Another experimental research conducted prevention with three conditions: (1) in person training, (2) web-based training, or (3)



wait list control. Results indicated that Stewards impacted knowledge, attitudes, and preventive behaviours. No differences were found between training modalities (i.e., inperson versus web-based) on knowledge and preventive behaviours. This were indicated that brief trainings for childcare professionals may impact CSA prevention efforts [12]. There are few research shown the prevention programmes validation implemented in different countries and cultures. One of the research were validating PSQ and WIST programmes. Result shown minor cultural differences were identified and resolved during the translation and validation processes. Results from correlational analyses indicate, the Persian versions of the PSQ and WIST appear valid and reliable. Hence, they can be useful tools for assessing the knowledge and ability of children to prevent CSA [13]. Another similar efforts were also conduct to find the validity of the personal safety questionnaire and "what if "situation. The result showed the students who attended the sexual abuse prevention program scored significantly higher than the control group and as a result, the prevention child sexual abuse program was effective on 4th grade students and this effect was lasting eight weeks later. This study was the first experimental effort to prevent children from child sexual abuse in the school context in Turkey [14].

II. METHOD

A. Research Methodology

Experimental approach was applied in this research, using before after one group design.

TABLE I. EXPERIMENTAL DESIGN

One group before-after design				
Pre-Test	re-Test Psychological treatment			
Assesment	Body safety training	Assesment		

The pre-test assessment conducted to the children to see their knowledge and skill before the BST using WIST (What If Situation Test) for students. After the pre-test, the BST was given to the children delivered by trained psychologist consists of, storytelling, modelling, rehearsal/role play, reinforcement and feedback.

After the BST, the researcher conducted post test assessment using the same scale with pre-test assessment, WIST.

B. Population

BST Program was conducted in 1 Pre-School and 1 Elementary School in Kabupaten Bandung. The participant are 68 students.

C. Data Analysis

Quantitative approach applied to analyse data by using statistical paired sample T-test technique.

III. RESULTS

A. Data Analysis Result

For all student data analysis, result found that BST Program had influence of student knowledge and skills about CSA. All students WIST Pre-test and post-test.

TABLE II. ALL STUDENT WIST PRE-TEST AND POST-TEST

WIST Score				
	Pre-Test	Post-Test		
All Students	4,33	5,21		

Total score divided into 3 categories: Low (0-1,99), Middle (0,20-3,99) and High (4,00-6,00). In Table above, for all students WIST pre-test result is 4,33 (High) and post-test result is 5,21 (High). It means, there was CSA knowledge improvement.

For student data, P-value: 0.0001614, means BST was increased student's knowledge, awareness and skill about CSA.

TABLE III. PRE-SCHOOL AND SPECIAL EDUCATION WIST PRE-TEST AND POST-TEST

WIST Score			
	Pre-Test	Post-Test	
Play Group and Special Education School Students	4,33	5,21	

For Pre-School and Special Education School student data analysis, result found that BST Program had influence of student knowledge and skills about CSA. Total score divided into 3 categories: Low (0-1,99), Middle (0,20-3,99) and High (4,00-6,00). In Table above, for all students WIST pre-test result is 3,81 (Middle) and post-test result is 4,52 (High).

TABLE IV. ELEMENTARY STUDENT WIST PRE-TEST AND POST-TEST

WIST Score				
	Pre-Test	Post-Test		
Elementary School Students	4.64	5.62		

For elementary student's data analysis, result found that BST Program had influence of student knowledge and skills about CSA. Total score divided into 3 categories: Low (0-1,99), Middle (0,20-3,99) and High (4,00-6,00). In Table above, for Elementary School student's WIST pre-test result is 4,64 (High) and post-test result is 5,62 (High).

IV. DISCUSSION

This research were demonstrated that prevention effort in Indonesia resulted in increasing the knowledge and skill of the children in discriminating which touch allowed an not allowed, which situation were at risk or sexual abuse, and what action to take if they were in risky situation. And this prevention were effective for 2 different groups. The preschool and special



education student group and elementary students group age 6-7 years old. This means this research are supporting another research in Chinese that suggest preschool children in the intervention group demonstrated greater knowledge about sexual abuse prevention and higher levels of self-protection skills [10]. Findings suggest that it is feasible to implement the sexual abuse prevention education with Chinese pre-schoolers and Indonesian pre-schooler. Another result in Turkey also validate that this prevention programmes are effective. The result showed the students who attended the sexual abuse prevention program scored significantly higher than the control group. This research indicate that elementary student increased more skill in prevention than the pre-schooler, it had the same result with the prevention child sexual abuse program given in Turkey [14].

V. CONCLUSION

There were two conclusions in this research, first conclusion, there was CSA knowledge among preschool, special education and elementary students before the BST programme given by the psychologist, but after they received BST Programme, they shown improvement in knowledge and skill in preventing CSA. The second conclusion are result comparison between pre-school, special education and elementary students found that elementary student got higher score. Age factor, maturity and cognitive development level, might had influence on the result.

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