

Research Paper

A Study on the Effects of a Prevention Program on Preschool Children's Knowledge of Primary Prevention Strategies for Child Sexual Abuse

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ABSTRACT

Regardless of country, nationality, or social class, child sexual abuse is an alarming problem that affects everyone. Young children are more likely to experience sexual abuse than children of any other age group because they lack the awareness of danger and the ability to defend themselves. Programs to raise young children's awareness of child sexual abuse have been employed in previous research across the world, and those studies have shown how effective these programs are in implementing so. There were very few studies done with that age group, hence the current study tries to investigate the efficacy of those programs for preschool-aged children in Sri Lanka. In order to examine children's understanding of primary preventive strategies in the context of child sexual abuse, a quantitative study was done in the Matara District of the Southern Province of Sri Lanka with 104 participants selected through the convenient method of sampling. In the pre-test and post-test, data were acquired using child-friendly story cards. The investigation, which employed paired sample t-tests and mean comparisons, revealed that "child sexual abuse prevention" programs can considerably raise preschool children's understanding of the primary prevention strategies and their awareness of how to prevent child sexual abuse. The study's conclusions exemplify how child protection procedures and interventions centered on children, families, communities, and governments can be strengthened.

Keywords: *Child, Preschool Children, Child Sexual Abuse, Primary Prevention Strategies, Prevention Programs*

Even though many steps have been taken by the government to prevent it, statistics show that child abuse cases keep on increasing for past years. Globally, the prevalence of Child Sexual Abuse is 11.8% (Rohanachandra, 2015). Research studies reveal that a large number of children all over the world undergo physical, psychological, and sexual abuse daily (Walsh, Zwi, Woolfenden & Shlonsky, 2015). The United Nations world report on violence against children reveals that 150 million girls, or 14% of the world's child population, and 73 million boys, or 7% of the world's child population, have

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Received: September 18, 2023; Revision Received: October 08, 2023; Accepted: October 12, 2023

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been subjected to sexual violence (Pineiro, 2006 as cited by Pathirana, 2017). As a result, Child sexual abuse (CSA) is a significant predictor and risk factor for psychopathology, especially for depression and substance abuse (Putnam, 2003). Self-report studies show that 20% of adult females and 5-10% of adult males, recall the incidents of sexually abused experiences and incidents in their childhood. (National Crime Victimize Survey, 2022).

Among identified causes for being victimized by sexual abuse, the studies reveal that lack of awareness of the sexual abuse prevention strategies is a significant factor as a cause (Chen et.al, 2005). Also, studies reveal that it is important to educate parents and kids on what grooming behaviors are and how it look like. Carla Van Dam says that molesters mostly target those who refuse to discuss child sexual abuse, who are too polite and do not educate themselves about the prevention strategies of sexual abuse and what grooming behaviors look like. So, witnessing molestation is not easy, but one can find inappropriateness if they know what they should look for. According to the Child Molestation Research and Prevention Institute, 95% of child sexual abuses can be prevented by educating children (Lindberg et al, 2017).

The Sri Lankan society has recently had a lot of CSA events. In the Sri Lankan setting, it has developed into a significant public health issue that affects all cultures and all strata (Vimukthi, N.D.U & Karunanayake, D.D.K.S, 2022). According to studies conducted in Sri Lanka, sexual abuse against teenagers occurs 21.9% of the time. Further research has revealed that CSA is widespread among females worldwide. Similarly, to this, Sri Lanka has revealed the highest percentage for both females and teenagers (Rohanachandra, 2015). According to the Sri Lanka National Child Protection Authority (NCPA), over 10,000 incidences of child abuse were recorded on the island in 2014, and the NCPA is striving to protect those children (Annual Report National Child Protection Authority, 2015).

A *Child* – Various organizations define a child in reference to various social and legal contexts. There is often a set age at which a person's legal youth ends and adulthood begins. The average age is 18, however, it can range from 13 to 21 (Muhammad & Rubina, 2017). According to the Penal Code of Sri Lanka, the country's major statute embodying the substantive criminal law, a child is deemed to be a person who is under 18 years of age, which definition, therefore, makes it compatible with that of the CRC. The Age of Majority (Amendment) Act No. 17 of 1989 places the age of majority at 18.

A *preschooler*- preschool education begins in infancy and end upon entry into primary school at about five, six, or seven years of age (i.e. the age of entry into primary school differ from country to country) (Karunanayake, D & Vimukthi, N.D.U, 2020). Preschooler is a child of age three to five is considered a preschooler. Whether or not a child of this age, attend a preschool program, they are no longer a toddler. When attending preschool they develop the basic life skills, feel the independence and knowledge that they will need as they enter school years (Phillips et al, 2016).

Child Sexual Abuse (CSA) - The government's statutory guidance for England, Working Together to Safeguard Children (2015), states that sexual abuse involves forcing a child to take part in sexual activities, not just involving a high level of violence, whether or not the child is aware of what is happening. The acts may be physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing, and touching. The activities may also be non-contact, such as involving

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children in looking at sexual images, watching sexual activities, directing children to behave in sexually inappropriate ways.

Prevention Strategies- Prevention strategies include a combination of providing information (for example, defining CSA and how it is underestimated in every society), building skills (for example, what to do to prevent it, what children should know to stop and leave at-risk situations, whom to talk to) and providing resources (for example hotlines, trained personnel in schools, resources enabling people to stop any form of potential abuse before it happens) (Pellai & Caranzano, 2015).

CSA Prevention Programs- Global preventive strategies that focus on family, people, and societal factors must be researched and verified in order to effectively prevent child sexual abuse and save future generations of children and youth from being sexually assaulted (Collin-Vezina, et al. 2013). The necessity for a thorough examination of psychological illnesses and suicidal risks is suggested by the substantial link between child sexual abuse and psychopathology and the higher risk of suicide attempt in adulthood. These risk variables highlight the need for healthcare providers to improve emotional breakdown identification, create treatment techniques, and establish early prevention strategies (Murray et.al 2014). Numerous studies have shown that programs are successful in increasing children's awareness of sexual abuse and their capacity for prevention (Davis, Gidycz, 2000). These programs may reach a large number of children while avoiding stigmatizing a particular demographic, and they can be provided at a cheap cost. They are also very simple to deploy broadly (Collin-Vézina, 2013). Child abuse prevention programs can lead to significant gains in children's, parents' and teachers' safety knowledge and skills (MacIntyre, Alan-Carr, 2000). Most child-focused personal safety programs have these objectives in common: (a) helping children to *recognize* potentially abusive situations or potential abusers; (b) teaching children to try to *resist* by saying “no” and removing themselves from the potential perpetrator; and (c) encouraging children to *report* previous or ongoing abuse to an authority figure (Wurtele, 2008).

Preschool Children's Knowledge on CSA & Prevention Strategies - According to studies, kindergarten-aged children may be taught the safety skills necessary to guard against sexual assault (Harvey, Forehand, Brown, & Holmes, 1988). However, no study has shown that education really lowers the frequency of sexual abuse (Macmillan, Macmillan, Offord, Griffith, & Macmillan, 1994). There is evidence that educational programs are enhancing children's safety skills and understanding of sexual abuse. The majority of programs with more than four sessions are reported to be beneficial. They are demonstrated through physically taxing tasks. These programs have also been shown to be the most effective. Despite the fact that these programs are employed with youth, research indicates that active, long-term programs are superior for kids of all ages (Davis, 2000).

More than 1300 preschoolers between the ages of 3-6 were evaluated both before and after the research, which was employed. When compared to children in control programs, children who took part in preventive programs were said to have a greater understanding of preventative concepts and abilities. The same study also shows that children between the ages of four and six had more understanding of skills and ideas than children between those ages. As a result, research demonstrates that the advantages of preventative programs differ specifically depending on the participants' ages (Nemerofsky, 1994).

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Children typically report having little understanding of sexual assault and little ability to defend themselves (Wurtele, 1998). Only 38% of 406 children, aged 3 to 5, in one research correctly identified requests for improper touch; the majority of the children thought sexual touching was acceptable (Wurtele & Owens, 1997). Furthermore, just a small percentage of participants thought that kids should disclose covert touching, and half of the kids in this group considered that abuse was their responsibility. Few children were willing to disclose the abuse to anybody, and even fewer were aware of the proper reporting procedures. According to other studies, whereas virtually all preschoolers are familiar with the names of their non-genital body parts, relatively few of them are familiar with the names of their genitalia (Wurtele & Kenny, 2010). Understanding the proper language for genitalia enables appropriate reactions to kid reports of abuse. Contrarily, children who disclose using inaccurate or peculiar phrasing (such as "She touched my muffin") run the risk of not being understood and, as a result, of not receiving a good, encouraging reaction. Adults may be less willing to report abuse as a result, and child protection organizations may be hesitant to look into allegations that are seen to be difficult to support (Wurtele & Kenny, 2010).

The goal of the current study is to contribute in some way to reducing CSA in young children. Children (particularly those of preschool age) do not receive adequate and appropriate information from parents, adults, or other organizations on how to safeguard themselves against exposure to sexual abuse. They are therefore more likely to become sexual assault victims. Therefore, the goal of the current study is to examine preschoolers' knowledge of CSA prevention measures in order to highlight the significance of educating young children about potential hazards and how to handle situations involving sexual abuse. By providing this knowledge, the researcher hopes to lower the likelihood that children would experience sexual abuse, which is related to a lack of knowledge and awareness of preventative techniques.

METHODOLOGY

Research design

An experimental research design was employed in the study. The research study combines pre-test-post-test methodology and quantitative data collection techniques to collect data.

Participants

Three to five-year-old children ($M = 4.4712$; $SD = .5015$) from three preschools in three Grama Niladhari Divisions (Kekanadura, Kirinda-Pulwella, and Gandara) in the Matara District participated in this study. This assignment has a one-month time frame set for it. The study included 104 preschoolers (48 boys and 56 girls), who were chosen using the convenience sample approach. Participation in the study was voluntary.

Instruments

The primary data sources used were the basic demographical data and Three-story Vignettes. To identify preschool children's awareness about three basic prevention strategies (say 'No', Run, and, 'Tell' someone you trust) researcher used 3 story cards and alternative picture choices. Children were shown the big image 'picture card 1' (also, 2 and 3). Then the story was narrated to them. After that children were informed about the three alternatives (for picture card 1: say "No!, stay quiet, or become confused) that the child in the picture, could make. And the children were requested to point out next to the alternative picture choice that would ask the child to do. Similar instructions were followed for the

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remaining two-story vignettes, after showing the respective pictures (picture cards 2 and 3) and reading the stories to the children.

Procedure

These tools were used to gather pre-test data. Then, a program was run to educate kids on how to protect themselves against child sexual abuse, with the goal of improving their understanding of the main ways to avoid it. A post-test was then done using the same instruments as the pre-test in order to determine if the children's awareness had increased as a result of the awareness program.

Prevention program

The preventive program's major goal was to impart age-appropriate preventative knowledge. It includes educating kids on the main preventative measures. Before developing the current awareness program, the researcher consulted a number of prevention programs and related studies, including "My Body is Special" Training Program-MBS-TP, Kemer & Dalgç,2021; "Who Do You Tell? Child Sexual Abuse Education Program," Tutty, Aubry & Velasquez, 2020; "Body Safety Training Program," Tunc, Gorak, Ozyazicioglu, e Ak, Isil & Vural, 2018; and "Be Safe! Training Program", Pathirana, 2004 before creating the current awareness program.

Consent and Confidentiality

Each institution's preschool instructors were asked for permission before making contact with the young students and giving them the instruments. Before collecting the data, the researcher explained the study and the participants' ability to withdraw verbally to the parents of all participating children through the preschool instructor. Additionally, the researcher used email and other social media platforms to send parental consent forms. The researcher also kept the children's identities and other personal information hidden. When and where necessary, pseudonyms were utilized to protect confidentiality and maintain anonymity. The children's true names were only known to the researcher.

RESULTS

Research hypothesized that Preschool children's awareness of primary prevention strategies will increase after the awareness program.

One hundred four (104) participants between ages 4 to 5 years ($M=4.47$, $SD, .505158$) participated in this study. Among them 48 (46.2%) participants were male and 56 (53.8%) participants were female.

Table No. 1: Frequencies- Total number of Responses to the awareness on primary prevention strategies (situation 01) before and after the Awareness Program

Situation 01 Raja	Before		After	
	Frequency (F)	Percentage (%)	Frequency (F)	Percentage (%)
Look confused or unhappy	-	-	-	-
Run away from Aunt	16	15.4%	104	100%
Go with Aunt	88	84.6%	-	-

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Of the 104 participants who participate in the awareness program only 16 (15.4%) participants could correctly name the strategy “Run” while 88 (84.6%) participants choose the wrong option in the pre-test. But after conducting an awareness program 104 (100%) participants could choose the correct strategy which mentions in situation 01.

Table No. 2: Frequencies- Total number of Responses to the awareness on primary prevention strategies (situation 02) before and after the Awareness Program

Situation 02- Mala	Before		After	
	Frequency (F)	Percentage (%)	Frequency (F)	Percentage (%)
Say No!	14	13.5%	104	100%
Go with Karu	89	85.6%	-	-
Unhappy & confused	01	0.9%	-	-

In situation 02 only 14 (13.5%) participants chose correct prevention strategy while 90 (86.5%) participants chose wrong options in pre-test. In post-test, all participants could choose the correct option.

Table No. 3: Frequencies- Total number of Responses to the awareness on primary prevention strategies (situation 03) before and after the Awareness Program.

Situation 03 Raja & Mala	Before		After	
	Frequency (F)	Percentage (%)	Frequency (F)	Percentage (%)
Tell their parents	104	100%	104	100%
Tell their teacher	-	-	-	-
Cry or be angry	-	-	-	-

In situation three all participants (N=104) could identify the correct option in both pre and post-test.

Table No. 4: Difference between pre-test and post-test in Primary prevention strategies

Secrets	Mean	Std. Deviation
Pre-test	1.288	.69216
Post-test	3.000	.00000

There was a significant increment in the preschooler’s awareness level of primary prevention strategies after the awareness program in post-test (M=3, SD 00) than pre-test (M=1.288, SD .69216); $t(103) = -25.217, p < .001$. Further, awareness program had a large effect on preschoolers’ awareness level, Cohen’s $d = -2.4, 95\% CI [-2.8, -2.0]$.

DISCUSSION

According to the results of the study, hypothesis was proved. The results of this study indicate that Preschool children’s awareness of primary prevention strategies could increase via awareness programs. According to the current study, the majority of preschool children failed to choose the primary prevention strategy ‘Run’ in the pre-test. But after the awareness program, a significant improvement can see in the children’s ability to choose the correct strategy.

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When it comes to the strategy 'Say No' before the conduction of the awareness program very few preschool children had the knowledge about the above primary strategy. But after conducting the awareness program, a greater increment can see in the preschoolers' knowledge on the strategy 'Say No'. Surprisingly, both before and after the awareness program, all preschool children show the ability to choose the strategy 'Tell someone you trust' correctly.

The goal of primary prevention is to prevent a problem from ever occurring, and services are offered to everyone, regardless of risk status. One way to prevent the occurrence of sexual victimization is by educating parents, children, schools, and the community at large about CSA (Anderson et al., 2004). Prevention strategies include a combination of providing information (for example, defining CSA and how it is underestimated in every society), building skills (for example, what to do to prevent it, what children should know to stop and leave at-risk situations, whom to talk to) and providing resources (for example hotlines, trained personnel in schools, resources enabling people to stop any form of potential abuse before it happens) (Pellai & Caranzano, 2015).

The results of this study will now be compared to the findings of previous work. Kenny, Wurtele, and Alonso (2012) has studied children's knowledge about primary prevention strategies using a sample of 123 Latino preschoolers and found that an awareness program was effective at increasing children's knowledge about what to say and do, who to tell, and what to report following in inappropriate touch requests and harmful secrets. Both school- and preschool-aged children demonstrate enhanced knowledge about CSA prevention concepts following program participation (Wurtele, 2008).

Research also shows that preschool- and school-aged children can learn certain preventive skills. In their meta-analysis, Rispen et al. (1997) found a significant and considerable mean post-intervention effect size for skill gains and concluded that victimization prevention programs are successful in teaching children sexual abuse concepts and self-protection skills. Wurtele, Marrs, and Miller-Perrin (1987) had conducted the BST awareness program to measure the effectiveness of children's learning skills on CSA prevention strategies. In their study, they provide instructions for discriminating between appropriate and inappropriate touches of the "private parts." Children are then taught to say "no," to try to get away and to tell a trusted adult in response to a potentially abusive situation. Findings provided evidence for the greater efficacy of teaching personal safety skills for preschool children.

The "Body Safety Training Program" is an education program aimed at ensuring children are informed about their bodies and acquire self-protection skills (Kenny, Wurtele, & Alonso, 2012). The differences between the pretest and posttest scores for the subscales (appropriate recognition, inappropriate recognition, say, do, tell, and reporting skills), and the personal safety questionnaire score means for the children in the experimental group were found to be statistically significant. The "Body Safety Training program" is effective in increasing the child sexual abuse prevention and self-protection skills in Turkish young children. Nemerofsky, Carran, & Rosenberg, (1994) found that children who participated in the prevention program demonstrated greater knowledge of prevention skills and concepts compared to age matched controls. The benefits of participating in a prevention program varied across age groups. Multiple comparisons of posttest means indicated that trained 4-, 5-, and 6-year-olds demonstrated significantly greater knowledge of prevention skills and

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concepts. The results indicated that preschool age children can be taught prevention skills and concepts.

The current study also found that preschool children's primary prevention skill 'Saying No' is very low before conducting the awareness program. But after conducting the awareness program their 'Say No' skill was significantly improved. This finding of the current study is consistent with a number of existing work.

Say skill: Saying "no" if they are faced with a potential sexual abuse situation is ranked first among the skills to be taught to the child for protection from sexual abuse (Mc-Grath & Bogat, 1995). In a study conducted in Malaysia, children were asked to react in a case where a stranger approached them and said "Your mother told me to take you home." The percentage of the children who said "no" to the stranger was low (Weatherley et al., 2012). It is highly important to teach children protection skills to prevent situations such as these. Children should acquire these skills through education. Research emphasizing that children under the age of 5½ are more likely to benefit more from the program support this finding (Rispen, Aleman, & Goudena, 1997; Wyatt et al., 1999). Studies found that "saying no" skills increased in children who had participated in the training program for preschoolers (Kenny, 2010; Kenny et al., 2012; Wurtele et al., 1998; Zhang et al., 2014). This study found a statistically significant difference between the pretest and posttest for the experimental group. The results of this study support findings of other studies that BST programs contribute to the increase of the "say no" skill.

The current study also tried to find out preschool children's knowledge on Do skill (Run away from the situation) and findings proved preschool children's current knowledge about do skill was not sufficient, but that it can be improved by conducting an awareness program. This finding corroborates the ideas of many researchers.

Do skill: Getting away (i.e., distancing one's self) from the person/identity or environment with potential for sexual abuse is ranked second among the skills to be acquired by children for self-protection (Mc Grath & Bogat, 1995). Martyniuk and Dworkin's (2011) study found that the "do" skill scores increased in children of the experimental group, leading to the finding of a highly significant difference. This result for the "do" skill is similar to that of other studies, such as the study with Latino children by Kenny et al. (2012) and a study conducted in China (Zhang et al., 2014).

Although the current study expected preschool children's knowledge on 'Tell skill (Tell someone you trust)' is not sufficient before the awareness program, surprisingly all participants had the knowledge about 'Tell skill' before participating in the awareness program. But many studies showed that preschoolers 'Tell skills' to be low before the interventions and it can be improved after the interventions.

Tell skill: Research shows that CSA is not a one-time occurrence in many cases and can be repeated and can even continue for months. Research by Uzun (2013) shows that this situation has the risk of becoming a psychopathology. Programs developed for the prevention of CSA include definitions of adults who can be trusted. The Body Safety Training program should promote the attainment of the "tell" skill in children, encouraging children to tell at least two trusted adults in the case of a potential abuse situation. The posttest mean scores of the experimental group in this study was almost full scoring for the

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“tell” skill. This study has found that the score means of the “telling” skill significantly increased after the training. Other studies also show that the scores for “telling” skills increased for children after Body Safety Training (Kenny et al., 2012; Wurtele et al., 1998; Zhang et al., 2014). In a study by Tutty (1997), the “Who can I tell?” program was implemented and a similar result was found: there was a difference in the “telling” skill between the experimental group and the control group.

When measuring preschool children’s prevention skills regarding CSA, current research can investigate the majority of young children who keep secrets about abusive situations because of some reinforcements like sweets or toys. Young children like to get some gifts like toys and are greedy to eat sweets. So, many perpetrators use toys and sweets as bribes to keep children silent about the abuse. Giving gifts or special attention to a child or young person, making the child or young person feel special and/or indebted to an adult is known as grooming in sexual abuse. Young children are normally deceived by those grooming strategies and keep secrets about abusive situations. This matter can be seen in the pre-test results of the current study. But, with the awareness program, the current study could successfully address this issue and improved preschoolers’ awareness of primary prevention skills.

CONCLUSION

This study's methodology is one of its strongest points. It provides data on the knowledge of prevention among preschoolers obtained from CSA. Additionally, information was acquired utilizing kid-friendly narrative cards. A strong empirical data set was created using these techniques of data collection, and using this data, topics relating to preschoolers' awareness were looked at. Very few preschoolers had any prior knowledge of primary prevention strategies. Children had more trouble understanding primary prevention strategies before the awareness program, but after receiving it, they were able to expand their understanding of child sexual abuse. Through the awareness program, preschoolers' knowledge of the secrets of Primary Prevention Strategies could improve.

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A Study on the Effects of a Prevention Program on Preschool Children's Knowledge of Primary Prevention Strategies for Child Sexual Abuse

Acknowledgment

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

Conflict of Interest

The author declared no conflict of interests.

How to cite this article: Vimukthi, N.D.U. & Karunanayake, D. (2023). A Study on the Effects of a Prevention Program on Preschool Children's Knowledge of Primary Prevention Strategies for Child Sexual Abuse. *International Journal of Indian Psychology*, 11(4), 142-153. DIP:18.01.015.20231104, DOI:10.25215/1104.015