

# Assessment on Level of Knowledge Regarding Child Sexual Abuse among School Children at Kattankulathur High School

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## Abstract

Child sexual abuse (CSA) is a serious and widespread problem in India as it is in many parts of the world today. Objective: The aim of this study was assess the knowledge on child sexual abuse among school children at Kattankulathur High School and to associate the knowledge on child sexual abuse among school children at kattankulathur High School with their demographic variables.

**Method :** Quantitative approach and non-experimental descriptive research design was used. The data collection included two parts. Part A: Demographic variables, Part B: A Structured questionnaire to assess knowledge on child sexual abuse among school children. 180 school children who fulfilled the inclusion criteria were selected as samples using non probability convenient sampling technique. The study was conducted at kattankulathur High School, Kancheepuram dt..

**Results:** The data were analyzed and interpreted based on the objectives using descriptive and inferential statistics. Among 180 school children 90.6% of them had Moderately adequate Knowledge, 9.4% of them had Inadequate knowledge and None of them had adequate knowledge. The p-values are not significant since they are not less than 0.05 hence we can say that there is no significant association between the demographic variables and the knowledge on Child Sexual Abuse at 5% level. Conclusion: child sexual abuse is an important contributor to psychological and emotional disorders, that some children and adolescents may never overcome.

**Keywords:** *Child sexual abuse, school children.*

## Introduction

Child sexual abuse (CSA) is defined as the misuse of power and authority, combined with force or coercion, which leads to the exploitation of children in situations where adults, or children sufficiently older than the victim to have greater. Child sexual abuse (CSA) is a serious and widespread problem in India as it is in many parts of the world today. The trauma associated with sexual abuse can contribute to arrested development, as well as a host of psychological and emotional disorders, that some children and adolescents may never overcome. When sexual abuse goes unreported and children are not given the protective and therapeutic assistance they need, they are left to suffer in silence<sup>(1)</sup>.

Child sexual abuse, also called child molestation, is a form of child abuse in which an adult or older adolescent uses a child for sexual stimulation. Forms of child sexual

abuse include engaging in sexual activities with a child (whether by asking or pressuring, or by other means), indecent exposure (of the genitals, female nipples, etc.), child grooming, child sexual exploitation or using a child to produce child pornography<sup>(2)</sup>.

Child sexual abuse can occur in a variety of settings, including home, school, or work (in places where child labor is common). Child marriage is one of the main forms of child sexual abuse; UNICEF has stated that child marriage “represents perhaps the most prevalent form of sexual abuse and exploitation of girls”. The effects of child sexual abuse can include depression, post-traumatic stress disorder, anxiety, complex post-traumatic stress disorder, propensity to further victimization in adulthood, and physical injury to the child, among other problems. Sexual abuse by a family member is a form of incest and can result in more serious

and long-term psychological trauma, especially in the case of parental incest<sup>(3)</sup>.

The global prevalence of child sexual abuse has been estimated at 19.7% for females and 7.9% for males. Most sexual abuse offenders are acquainted with their victims; approximately 30% are relatives of the child, most often brothers, fathers, uncles, or cousins; around 60% are other acquaintances, such as “friends” of the family, babysitters, or neighbors; strangers are the offenders in approximately 10% of child sexual abuse cases. Most child sexual abuse is committed by men; studies on female child molesters show that women commit 14% to 40% of offenses reported against boys and 6% of offenses reported against girls<sup>(4)</sup>.

**The Magnitude of the Problem:**

**Global Level:** In 2017, the WHO estimated that up to 1 billion minors between the ages of 2 and 17 years of age have endured violence either physical, emotional, or sexual. Sexual abuse (from groping to rape), according to some UNICEF estimates from 2014, affected over 120 million children, representing the highest number of victims. In 2017, the same UN organization reported that in 38 low and middle income countries, almost 17 million adult women admitted having a forced sexual relationship during their childhood<sup>(5)</sup>.

According to the report on crimes in India for 2016, released by Indian Home Minister Rajnath Singh in Delhi, 106,958 cases of crimes against children were recorded in 2016. Of these, 36,022 cases were recorded under Pocso (Protection of Children from Sexual Offences) Act<sup>(6)</sup>.

Unfortunately, many people feel that talking about childhood sexual abuse is taboo, even though we know it happens and know that it’s a crime. Some survivors are cut off from supports like family, friends and community members when they talk about their experiences<sup>(7)</sup>.

Nurses should educate children and young people about healthy relationships and how to stay safe online can help prevent sexual exploitation. These foundations can be laid from a young age. simple way to teach younger children how to stay safe from abuse may help to prevent them from sexual abuse

**Method and Materials**

Quantitative approach and non-experimental descriptive research design was used. A total of 180

school children who fulfilled the inclusion criteria were selected as samples using non probability convenient sampling technique. The study was conducted at kattankulathur High School, Kancheepuram dt. The data collection included two parts. Part A: Demographic variables, Part B: A Structured questionnaire to assess knowledge on child sexual abuse among school children . The Study variable was knowledge among school children on child sexual abuse and the Demographic variable were Age, education, mother education, father education, mothers occupation, fathers occupation, Type of family, Number of Children in the Family, other maids in the house and another family member living/always visiting your house.

**Ethical Consideration:** Formal approval was obtained from the Institutional Review Board and Institutional Ethical Committee of SRM IST, Head of the Department of Obstetrics and Gynaecology, SRM General hospital, Kattankulathur, In addition, the participants were informed of their right to withdraw anytime during the study.

**Instruments:** The Demographic and the Structured Questionnaire was developed by the investigator based on the review of literature, discussion with experts and investigators personal experience. The tool consists of 2 sections. Part -A deals with demographic Variables and Part-B consisted of 15 questions to assess the knowledge on child sexual abuse among school children.

**Scoring Key:** Each question was given 4 options. Each correct answer was awarded score 1. Each incorrect answer was awarded score “0”.

**Scoring Interpretation:**

Level of knowledge	Score	Percentage %
Inadequate knowledge	1 to 5	1 to 33
Moderately adequate knowledge	6 to 10	34 to 67
Adequate knowledge	11 to 15	68 to 100

**Method of Data Collection:** The formal permission was obtained from the head of the kattankulathur High School. The investigator explained the objectives and method of data collection to the school children.. Verbal concern was obtained from the samples. The samples was chosen through non probability Convenient sampling technique. A total number of 180 school children who met the inclusion criteria were selected . The investigator explained the purpose of conducting

the study and reassured the client that the collection will be kept confidential.

On selection of the subject, a self introduction was given. Consent was obtained and confidentiality of the response was assured. The investigator assessed the Knowledge of child sexual abuse and it was assessed by Structured Questionnaire. In case of any doubts the investigators clarified the doubts.

The investigator collected information regarding section-A [demographic data] and section-B [knowledge assessment tools] and the responses marked simultaneously. It took around 15 minutes from each

sample to obtain the necessary data. The investigator thanked the participants for extending their fullest co-operation.

**Statistical Analysis:** The information collected from the study participants was scored and tabulated. The data were entered into the master coding sheet and saved in Microsoft Excel. Statistical analysis was conducted using Statistical Package for Social Sciences-16. Mean, percentage, and standard deviation were used to explain the demographic variables, and Chi-square test was used to associate the demographic variables with level of knowledge on child sexual abuse among school children.

### Results

**Table 1: Frequency and percentage distribution of level of knowledge on child sexual abuse among school children N=180**

S.No.	Knowledge level	No. of Students	Percentage
1	Inadequate knowledge	17	9.4%
2	Moderately adequate knowledge	163	90.6%
3	Adequate knowledge	0	0.0%

**Table 2: Association of level of knowledge of school children antenatal mother regarding Anemia with their demographic Variables N=180**

S.No.	Demographic Variables	Class	Level of Knowledge		Chi-Square Value	Degrees of freedom	P-value
			Inadequate knowledge	Moderately Adequate Knowledge			
1	Age	5-10 years	1	13	2.245	3	0.523
		11-15 years	13	133			
		16-18 years	2	15			
		>18 Years	1	2			
2	Education	1-5 STD	1	13	2.245	3	0.523
		6-8 STD	13	133			
		9-10 STD	2	15			
		11-12 STD	1	2			
3	Mother's Education	No formal education	0	10	5.547	5	0.353
		Primary education	8	48			
		Middle education	2	42			
		Higher secondary	3	36			
		High graduate	4	22			
		Post graduate	0	5			

S.No.	Demographic Variables	Class	Level of Knowledge		Chi-Square Value	Degrees of freedom	P-value
			Inadequate knowledge	Moderately Adequate Knowledge			
4	Father's Education	Primary education	3	20	2.663	4	0.616
		Middle education	4	23			
		Higher secondary	1	15			
		High graduate	6	85			
		Post graduate	3	20			
5	Mothers occupation	Government	0	6	1.107	3	0.775
		Private	10	84			
		Business	0	3			
		House wife	7	70			
6	Fathers occupation	Government	1	9	2.150	4	0.708
		Private	14	140			
		Business	1	11			
		Coolie	1	2			
		Any others	0	1			
7	Types of family	Nuclear	8	83	0.092	1	0.762
		Joint	9	80			
8	Number of children in the family	1-2 Children	13	136	0.524	1	0.469
		3-4 Children	4	27			
9	Do you have other maids in the house?	Yes	1	10	0.002	1	0.967
		No	16	153			
10	Is there another family member living/always visiting your house?	Yes			Cannot compute		
		No	17	163			

\*Significant at 5% level, \*\*Significant at 1% level

## Result

The p-values from the above table are not significant since they are not less than 0.05 hence we can say that there is no significant association between the demographic variables and the knowledge on Child Sexual Abuse at 5% level.

## Discussion

The major consequences of Sexual abuse in childhood is known to be a major risk factor in the development of long-term psychological and social adjustment problems that can carry over into adulthood and affect married life and parenthood. The most common effects of sexual abuse in children are symptoms of post-traumatic stress disorder, psychological distress and inappropriate sexual behaviour

El khoury c et al assessed the prevalence and correlates of experiences of child and post-child sexual violence among young MSM residing in Beirut, Lebanon. In total, 226 MSM, aged 18 to 29, were recruited with long-chain peer referrals and administered a survey that included questions on history of being pressured to have sex, as well as specific forms of sexual harassment and abuse, in addition to measures of psychosocial functioning and sexual behavior. Logistic regression analysis was used to examine correlates of child sex abuse and experiences of sexual violence post-childhood; 17.3% experienced sexual abuse as a child (below age 13), while 63.3% experienced any form of sexual violence post-childhood-furthermore, 48.7% had experienced being forced or pressured to have sex during their lifetime, including 32.3% prior to age 18. These findings reveal a high prevalence of sexual

violence among MSM in Beirut, both in childhood and post-childhood<sup>(8)</sup>.

McWhorter KLet al conducted a study on Traumatic childhood experiences and multiple dimensions of poor sleep among adult women. A large cohort of US women, 35-74 years old, enrolled in the Sister Study from 2003 to 2009. Among 40 082 women, 55% reported a TCE, with 82% reporting betrayal trauma. TCEs were associated with poor sleep in women with greater impact when the perpetrator was regarded as close. More research is warranted to better understand pathways between childhood trauma and sleep health in adulthood to develop effective interventions<sup>(9)</sup>.

### Conclusion

Child sexual abuse (CSA) is a serious and widespread problem in India as it is in many parts of the world today. Child sexual abuse exploits and degrades children and can cause serious damage to cognitive, social, and emotional development of a child. Society have a collective responsibility to prevent child sexual abuse. To accomplish this, must initiate and support services and policies that enhance children's development, health and safety and we must advocate for policies and programs to help meet the basic needs of children and families and must also promote research, training, and public education to strengthen protective factors that buffer risk factors for sexual abuse while also directly addressing those risk factors.

**Conflict of Interest:** Mrs. G. Sangeetha Jagdish, Dr. Abirami.P, Dr. Jayabharathi, Mrs. Deenajothy, and Mrs. Bhuvanewari declares that no conflict of interest. In addition, this study was not funded

Statement of Human and Animal Rights All procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional and national) and with the Helsinki Declaration of 1975, as revised in 2008 (5).

Statement of Informed Consent Informed consent was obtained from all the samples for being included in the study.

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### References

1. Miller, B.J., Cardona, J.R.P. and Hardin, M., The use of narrative therapy and internal family systems with survivors of childhood sexual abuse: Examining issues related to loss and oppression. *Journal of Feminist Family Therapy*, 2007, 18(4), pp.1-27.
2. Browne, A. and Finkelhor, D., Impact of child sexual abuse: A review of the research. *Psychological bulletin*, 1986, 99(1), p.66.
3. Kaushik, A. and Daniel, S., Knowledge and Attitude of Mothers regarding Prevention of Child Sexual Abuse. *Int. J. Nurs. Midwif. Res.*, 2017, 4(4), p.4.
4. Bhat, S.A., Child sexual abuse: An overview.
5. Bogen, M. and Rieke, A., HELP WANTED, 2018.
6. Ojuade, S., Child molestation in Nigeria: The way forward for the victim. *Nnamdi Azikiwe University Journal of International Law and Jurisprudence*, 2019, 10(1), pp.151-157.
7. Read, J., Hammersley, P. and Rudegeair, T., Why, when and how to ask about childhood abuse. *Advances in Psychiatric Treatment*, 2007, 13(2), pp.101-110.
8. El Khoury, C., Mutchler, M.G., Abi Ghanem, C., Kegeles, S.M., Ballan, E., Mokhbat, J.E. and Wagner, G.J., Sexual violence in childhood and post-childhood: the experiences of young men who have sex with men in beirut. *Journal of interpersonal violence*, 2019, p.0886260519880164.
9. McWhorter, K.L., Parks, C.G., D'Aloisio, A.A., Rojo-Wissar, D.M., Sandler, D.P. and Jackson, C.L., Traumatic Childhood Experiences and Multiple Dimensions of Poor Sleep among Adult Women. *Sleep*, 2019.