
Call for Editorial Board Members

As you are well aware that we are a medical and health sciences publishers; publishing peer-reviewed journals and books since 2004.

We are always looking for dedicated editorial board members for our journals. If you completed your master's degree and must have at least five years experience in teaching and having good publication records in journals and books.

If you are interested to be an editorial board member of the journal; please provide your complete resume and affiliation through e-mail (i.e. info@rfppl.co.in) or visit our website (i.e. www.rfppl.co.in) to register yourself online.

Call for Publication of Conference Papers/Abstracts

We publish pre-conference or post-conference papers and abstracts in our journals, and deliver hard copy and giving online access in a timely fashion to the authors.

For more information, please contact:

For more information, please contact:

A Lal

Publication-in-charge

Red Flower Publication Pvt. Ltd.

48/41-42, DSIDC, Pocket-II

Mayur Vihar Phase-I

Delhi - 110 091 (India)

Phone: 91-11-22754205, 79695648

E-mail: info@rfppl.co.in

Free Announcements of your Conferences/Workshops/CMEs

This privilege to all Indian and other countries conferences organizing committee members to publish free announcements of your conferences/workshops. If you are interested, please send your matter in word formats and images or pictures in JPG/JPEG/Tiff formats through e-mail attachments to sales@rfppl.co.in.

Terms & Conditions to publish free announcements:

1. Only conference organizers are eligible up to one full black and white page, but not applicable for the front, inside front, inside back and back cover, however, these pages are paid.
2. Only five pages in every issue are available for free announcements for different conferences.
3. This announcement will come in the next coming issue and no priority will be given.
4. All legal disputes subject to Delhi jurisdiction only.
5. The executive committee of the Red Flower Publication reserve the right to cancel, revise or modify terms and conditions any time without prior notice.

For more information, please contact:

A Lal

Publication-in-charge

Red Flower Publication Pvt. Ltd.

48/41-42, DSIDC, Pocket-II

Mayur Vihar Phase-I

Delhi - 110 091 (India)

Phone: 91-11-22754205, 79695648

E-mail: info@rfppl.co.in

Win Free Institutional Subscription!

Simply fill out this form and return scanned copy through e-mail or by post to us.

Name of the Institution_____

Name of the Principal/Chairman_____

Management (Trust/Society/Govt./Company)_____

Address 1_____

Address 2_____

Address 3_____

City_____

Country_____

PIN Code_____

Mobile_____

Email_____

We are regular subscriber of Red Flower Publication journals.

Year of first subscription_____

List of ordered journals (if you subscribed more than 5 titles, please attach separate sheet)

Ordered through

Name of the Vendor	Subscription Year	Direct/subs Yr

Name of the journal for which you wish to be free winner

Terms & Conditions to win free institutional subscription

1. Only institutions can participate in this scheme
2. In group institutions only one institution would be winner
3. Only five institutions will be winner for each journal
4. An institution will be winner only for one journal
5. The free subscription will be valid for one year only (i.e. 1 Jan – 31 Dec)
6. This free subscription is not renewable, however, can be renewed with payment
7. Any institution can again participate after five years
8. All legal disputes subject to Delhi jurisdiction only
9. This scheme will be available to participate throughout year, but draw will be held in last week of August every year
10. The executive committee of the Red Flower Publication reserve the right to cancel, revise or modify terms and conditions any time without prior notice.

I confirm and certify that the above information is true and correct to the best of my knowledge and belief.

Place:

Signature with Seal

Date:

<i>Revised Rates for 2021 (Institutional)</i>					
Title of the Journal	Frequency	India(INR) Print Only	India(INR) Online Only	Outside India(USD) Print Only	Outside India(USD) Online Only
Community and Public Health Nursing	3	6000	5500	469	430
Indian Journal of Agriculture Business	2	6000	5500	469	430
Indian Journal of Anatomy	4	9000	8500	703	664
Indian Journal of Ancient Medicine and Yoga	4	8500	8000	664	625
Indian Journal of Anesthesia and Analgesia	6	8000	7500	625	586
Indian Journal of Biology	2	6000	5500	469	430
Indian Journal of Cancer Education and Research	2	9500	9000	742	703
Indian Journal of Communicable Diseases	2	9000	8500	703	664
Indian Journal of Dental Education	4	6000	5500	469	430
Indian Journal of Diabetes and Endocrinology	2	8500	8000	664	625
Indian Journal of Emergency Medicine	4	13000	12500	1016	977
Indian Journal of Forensic Medicine and Pathology	4	16500	16000	1289	1250
Indian Journal of Forensic Odontology	2	6000	5500	469	430
Indian Journal of Genetics and Molecular Research	2	7500	7000	586	547
Indian Journal of Law and Human Behavior	3	6500	6000	508	469
Indian Journal of Legal Medicine	2	9000	8500	703	664
Indian Journal of Library and Information Science	3	10000	9500	781	742
Indian Journal of Maternal-Fetal & Neonatal Medicine	2	10000	9500	781	742
Indian Journal of Medical and Health Sciences	2	7500	7000	586	547
Indian Journal of Obstetrics and Gynecology	4	10000	9500	781	742
Indian Journal of Pathology: Research and Practice	6	12500	12000	977	938
Indian Journal of Plant and Soil	2	7000	6500	547	508
Indian Journal of Preventive Medicine	2	7500	7000	586	547
Indian Journal of Research in Anthropology	2	13000	12500	1016	977
Indian Journal of Surgical Nursing	3	6000	5500	469	430
Indian Journal of Trauma and Emergency Pediatrics	4	10000	9500	781	742
Indian Journal of Waste Management	2	10000	9500	781	742
International Journal of Food, Nutrition & Dietetics	3	6000	5500	469	430
International Journal of Forensic Science	2	10500	10000	820	781
International Journal of Neurology and Neurosurgery	4	11000	10500	859	820
International Journal of Pediatric Nursing	3	6000	5500	469	430
International Journal of Political Science	2	6500	6000	508	469
International Journal of Practical Nursing	3	6000	5500	469	430
International Physiology	3	8000	7500	625	586
Journal of Animal Feed Science and Technology	2	8300	7800	648	609
Journal of Cardiovascular Medicine and Surgery	4	10500	10000	820	781
Journal of Emergency and Trauma Nursing	2	6000	5500	469	430
Journal of Forensic Chemistry and Toxicology	2	10000	9500	781	742
Journal of Global Medical Education and Research	2	6400	5900	500	461
Journal of Global Public Health	2	12500	12000	977	938
Journal of Microbiology and Related Research	2	9000	8500	703	664
Journal of Nurse Midwifery and Maternal Health	3	6000	5500	469	430
Journal of Orthopedic Education	3	6000	5500	469	430
Journal of Pharmaceutical and Medicinal Chemistry	2	17000	16500	1328	1289
Journal of Plastic Surgery and Transplantation	2	26900	26400	1954	575
Journal of Psychiatric Nursing	3	6000	5500	469	430
Journal of Social Welfare and Management	4	8000	7500	625	586
New Indian Journal of Surgery	6	8500	7500	664	625
Ophthalmology and Allied Sciences	3	6500	6000	508	469
Pediatric Education and Research	4	8000	7500	625	586
Physiotherapy and Occupational Therapy Journal	4	9500	9000	742	703
RFP Indian Journal of Medical Psychiatry	2	8500	8000	664	625
RFP Journal of Biochemistry and Biophysics	2	7500	7000	586	547
RFP Journal of Dermatology (Formerly Dermatology International)	2	6000	5500	469	430
RFP Journal of ENT and Allied Sciences (Formerly Otolaryngology International)	2	6000	5500	469	430
RFP Journal of Hospital Administration	2	7500	7000	586	547
Urology, Nephrology and Andrology International	2	8000	7500	625	586
Coming Soon					
RFP Gastroenterology International	2	-	-	-	-
Journal of Food Additives and Contaminants	2	-	-	-	-
Journal of Food Technology and Engineering	2	-	-	-	-
Journal of Radiology	2	-	-	-	-
Medical Drugs and Devices	3	-	-	-	-
RFP Indian Journal of Hospital Infection	2	-	-	-	-
RFP Journal of Gerontology and Geriatric Nursing	2	-	-	-	-
Terms of Supply: <ol style="list-style-type: none"> Agency discount 12.5%. Issues will be sent directly to the end user, otherwise foreign rates will be charged. All back volumes of all journals are available at current rates. All journals are available free online with print order within the subscription period. All legal disputes subject to Delhi jurisdiction. Cancellations are not accepted orders once processed. Demand draft/cheque should be issued in favour of "Red Flower Publication Pvt. Ltd." payable at Delhi. Full pre-payment is required. It can be done through online (http://rfppl.co.in/subscribe.php?mid=7). No claims will be entertained if not reported within 6 months of the publishing date. Orders and payments are to be sent to our office address as given below. Postage & Handling is included in the subscription rates. Subscription period is accepted on calendar year basis (i.e. Jan to Dec). However orders may be placed any time throughout the year. 					
Order from Red Flower Publication Pvt. Ltd., 48/41-42, DSIDC, Pocket-II, Mayur Vihar Phase-I, Delhi - 110 091 (India) Mobile: 8130750089, Phone: 91-11-79695648, 22754205, 22756995, E-mail: sales@rfppl.co.in , Website: www.rfppl.co.in					

Journal of Psychiatric Nursing

Triannual Journal

Chief Editor
Veena Sharma
Jamia Hamdard University
New Delhi

Managing Editors
A. Lal

Publication Editor
Dinesh Kr. Kashyap

National Editorial Board

Anumol Joseph, Hyderabad
Biju Soman, Bengaluru
Chris Thomas, Sirohi
Divya Gigg, Gandhinagar
Farzana Begum, Ranchi
Jamal Fatima Hashmi, New Delhi
Prabhuswami Hiremath, Karad
Seema Rani, Delhi
Sujit Kumar Kar, Lucknow
Vandana S Thangavel, Nagpur

International Editorial Board

Manu Lal, Consultant Psychiatrist, Inst. of Mental Health, Singapore
Narendra Singh, Consultant Psychiatrist, NHS, Bristol, UK

Production - Red Flower Publication Pvt. Ltd., 48/41-42, DSIDC, Pocket-II, Mayur Vihar Phase-I, Delhi - 110 091, India. Phone: 91-11-22754205, 79695648, Fax: 91-11-22754205, E-mail: info@rfppl.co.in, Website: www.rfppl.co.in.

Journal of Psychiatric Nursing (pISSN: 2277-9035, eISSN: 2455-8397) publishes peer reviewed original papers that is of interest to psychiatric and mental health care nurses. New Journal of Psychiatric Nursing is committed to keeping the field of psychiatric nursing vibrant and relevant by publishing the latest advances in the psychiatric nursing and its allied fields. Original articles include new developments in diagnosis, treatment, neuroscience, and patient populations. The Journal provides leadership in a diversity of scholarship. JPN publishes preliminary communication, psychological, educational, conference papers, case reports, letter to editor and some other important issue related to its field.

Scope: Journal of Psychiatric Nursing reaches all members of the Indian College of Nursing, directors of nursing, major public and private hospitals, nursing managers, educators, areas of community health care, nursing associations, nursing faculties at all universities and most aged care facilities throughout India.

Indexing information: Index Copernicus, Poland, Genamics JournalSeek, Gaudeamus Academia, International Committee of Medical Journal Editors (ICMJE), Science Library Index.

Subscription rates worldwide: Individuals (annual) - Contact us; Institutional (annual)- INR6000/\$469 Payment methods: By Demand Draft/cheque should be in the name of **Red Flower Publication Pvt. Ltd.** payable at Delhi. By Bank Transfer/TT: **Complete Bank Account No.** 604320110000467, **Beneficiary Name (As per Bank Pass Book):** Red Flower Publication Pvt. Ltd., 3. **Address:** 41/48, DSIDC, Pocket-II, Mayur Vihar Phase-I, Delhi - 110 091, (India), **Bank & Branch Name:** Bank of India; Mayur Vihar, **Bank Address & Phone Number:** 13/14, Sri Balaji Shop, Pocket II, Mayur Vihar Phase- I, New Delhi - 110091 (India); Tel: 22750372, 22753401. **Email:** mayurvihar.newdelhi@bankofindia.co.in, **MICR Code:** 110013045, **Branch Code:** 6043, **IFSC Code:** BKID0006043 (used for RTGS and NEFT transactions), **Beneficiary Contact No. & E-mail ID:** 91-11-22754205, E-mail: sales@rfppl.co.in.

©2020 Red Flower Publication Pvt. Ltd. All rights reserved. The views and opinions expressed are of the authors and not of the **Journal of Psychiatric Nursing**. The **Journal of Psychiatric Nursing** does not guarantee directly or indirectly the quality or efficacy of any product or service featured in the the advertisement in the journal, which are purely commercial.

Printed at Saujanya Printing Press, D-47, Okhla Industrial Area, Phase-1, New Delhi - 110 020 (India).

Red Flower Publication (P) Ltd.

Presents its Book Publications for sale

- | | |
|---|---------------|
| 1. Drugs in Anesthesia (2020)
<i>By Dr. R. Varaprasad</i> | INR 449/USD35 |
| 2. MCQ in Minimal Access & Bariatric Surgery Second Edition (2020)
<i>By Anshuman Kaushal, Dhruv Kundra</i> | INR 545/USD42 |
| 3. Beyond Medicine A to E for the medical professionals (2020)
<i>by Kalidas Dattatraya Chavan, Sandeep Vishwas Mane, Sunil Namdeo Thitame</i> | INR 390/USD31 |
| 4. Statistics in Genetic Data Analysis (2020)
<i>By Dr. S. Venkatasubramanian, J. Kezia Angeline</i> | INR 299/USD23 |
| 5. Chhotanagpur A Hinterland of Tribes (2020)
<i>by Ambrish Gautam, Ph.D</i> | INR 250/USD20 |
| 6. Patient Care Management (2019)
<i>By A.K. Mohiuddin</i> | INR 999/USD78 |
| 7. Drugs in Anesthesia and Critical Care (2019)
<i>By Bhavna Gupta, Lalit Gupta</i> | INR 595/USD46 |
| 8. Critical Care Nursing in Emergency Toxicology (2019)
<i>By Vivekanshu Verma, Sandhya Shankar Pandey, Atul Bansal</i> | INR 460/USD34 |
| 9. Practical Record Book of Forensic Medicine and Toxicology (2019)
<i>By Akhilesh K. Pathak</i> | INR 299/USD23 |
| 10. Skeletal and Structural Organizations of Human Body (2019)
<i>By D. R. Singh</i> | INR 659/USD51 |
| 11. Comprehensive Medical Pharmacology (2019)
<i>By Ahmad Najmi</i> | INR 599/USD47 |
| 12. Practical Emergency Trauma Toxicology Cases Workbook in Simulation Training (2019)
<i>by Vivekanshu Verma, Shiv Rattan Kochar & Devendra Richhariya</i> | INR395/USD31 |
| 13. MCQs in Minimal Access & Bariatric Surgery (2019)
<i>by Anshuman Kaushal & Dhruv Kundra</i> | INR450/USD35 |
| 14. Biostatistics Methods for Medical Research (2019)
<i>by Sanjeev Sarmukaddam</i> | INR549/USD44 |
| 15. MCQs in Medical Physiology (2019) by Bharati Mehta & Bharti Bhandari Rathore | INR300/USD29 |
| 16. Synopsis of Anesthesia (2019) by Lalit Gupta & Bhavna Gupta | INR1195/USD95 |
| 17. Shipping Economics (2018) by D. Amutha, Ph.D. | INR345/USD27 |

Order from

Red Flower Publication Pvt. Ltd.

48/41-42, DSIDC, Pocket-II

Mayur Vihar Phase-I

Delhi - 110 091(India)

Mobile: 8130750089, Phone: 91-11-79695648, 22754205, 22756995

E-mail: sales@rfppl.co.in

Journal of Psychiatric Nursing

Triannual Journal

Volume 9

September–December 2020

Number 3

Original Articles

- Effectiveness of Structured Teaching Programme Among Parents Regarding Emotional and Behavioral Disorder of Children and Adolescents** 93

Rajendra Kumar Sahu

- Assessment of Predictive and Environmental Factors Involved in Delinquent Behavior in a Selected Juvenile Home of South India with a View to Develop an Informational Booklet on Preventive Strategies Involved in Juvenile Delinquency** 99

Rajayalakshmi M, Anumol Joseph, Sister Mary

Review Articles

- Children as Our Concern - Identifying A Sexually Abused Child** 103

Susan Wesley Nalli

- Subject Index** 107

- Author Index** 108

- Guidelines for Authors** 109

Journal of Psychiatric Nursing

Library Recommendation Form

If you would like to recommend this journal to your library, simply complete the form given below and return it to us. Please type or print the information clearly. We will forward a sample copy to your library, along with this recommendation card.

Please send a sample copy to:

Name of Librarian

Name of Library

Address of Library

Recommended by:

Your Name/ Title

Department

Address

Dear Librarian,

I would like to recommend that your library subscribe to the Journal of Psychiatric Nursing . I believe the major future uses of the journal for your library would provide:

1. Useful information for members of my specialty.
2. An excellent research aid.
3. An invaluable student resource.

I have a personal subscription and understand and appreciate the value an institutional subscription would mean to our staff.

Should the journal you're reading right now be a part of your University or institution's library? To have a free sample sent to your librarian, simply fill out and mail this today!

Stock Manager

Red Flower Publication Pvt. Ltd.

48/41-42, DSIDC, Pocket-II

Mayur Vihar Phase-I

Delhi - 110 091(India)

Phone: 91-11-79695648, 22754205, 22756995, Cell: +91-9821671871

E-mail: sales@rfppl.co.in

Effectiveness of Structured Teaching Programme Among Parents Regarding Emotional and Behavioral Disorder of Children and Adolescents

Rajendra Kumar Sahu

Abstract

Background: Emotional and behavioral problems are a common concern of parents. The types of problems often differ by the age of the child, and include a wide variety of issues such as conduct problems, aggression, anti-social behavior, anxiety, depression, and substance use. Research indicates that emotional and behavioral problems in early childhood tend to continue into middle childhood and adolescence and may predict later social and academic problems or other difficulties such as substance use.

Aims and objectives: The study aimed at assessing the knowledge of Parents regarding emotional and behavioral problem of Children, evaluate the effectiveness of Structure Teaching Programme on childhood emotional and behavioral problem and find out association between pretest knowledge score and selected demographic variables.

Material and Methods: A one group pre-test post-test pre-experimental design and evaluative approach was adopted. The study was conducted among 50 parents conveniently selected from two villages from Rajnandgaon District.

Results: The results of the study shows that in pre test 56% (28) were having good knowledge, 44% (22) need for improvement. after taking planned teaching program knowledge score were found in post test 70% (35) were having excellent knowledge and 30% (15) were having good knowledge about childhood emotional and behavioural problems. The effectiveness of planned teaching program on knowledge regarding childhood emotional and behavioral problem among parents and significant difference between pre test and post test knowledge score is evaluated by calculating t value 2.33, D.F (49) is greater than table value (2.02) at the 0.05 level of significance. So these finding shows there will be significant difference between pre test and post test knowledge regarding emotional and behavioral problem among parents. There was association between knowledge with selected socio-demographic variables was found that was calculated by Chi-square analysis. There is significant association between source of information and knowledge score was found. The association as the calculated chi square value is 7.92 (df 3) is greater than table value 7.82 at 0.05 level of significance.

Conclusion: This study concluded that structure teaching program is effective tools to improve the knowledge of parents regarding emotional and Behavioural Problems of Children.

Keywords: Assess; Effectiveness; Knowledge; Structured teaching programme; Selected common emotional and behavioral problems of children; Parents.

How to cite this article:

Rajendra Kumar Sahu / Effectiveness of Structured Teaching Programme Among Parents Regarding Emotional and Behavioral Disorder of Children and Adolescents. J Psychiatr Nurs.2020;9(3):93–97.

Introduction

Emotional and behavioral problems are a common concern of parents. The types of problems often differ

by the age of the child, and include a wide variety of issues such as conduct problems, aggression, anti-social behavior, anxiety, depression, and substance use. Research indicates that emotional and behavioral problems in early childhood tend to continue into middle childhood and adolescence and may predict later social and academic problems or other difficulties such as substance use.¹

Furthermore, emotional and behavioral problems tend to occur in children, and children who suffer from both are at increased risk compared to children who suffer from either emotional or behavioral

Author Affiliation

Ph D Scholar, Department of Nursing, Mangalayatan University Aligarh, Uttar Pradesh 202145, India.

Corresponding Author: Rajendra Kumar Sahu, Ph D Scholar, Department of Nursing, Mangalayatan University Aligarh, Uttar Pradesh 202145, India.

E-mail: rajendrasahug@gmail.com

problems alone. These increased risks include substance use, high-risk sexual activity, poor academic outcomes, and suicide. Youth suffering from cooccurring emotional and behavioral problems are also more likely to be involved with the mental health and juvenile justice service systems.

Because of the prevalence of emotional and behavioral disorders and the seriousness of their effects, it is important to understand more about their prevention and treatment. Research has shown that family relationships and parenting play a key role in children's development. Family processes, in particular parent-child relationships, seem to be an important part of the development of emotional and behavioral problems in young children and in predicting emotional and behavioral disorders in later childhood and adolescence. For example, coercive social interactions within families have been shown to support the early development of problem behavior in the family setting, while parental monitoring of children is important for the prevention of behavioral problems. However, it has been demonstrated that parents tend to decrease monitoring of children and adolescents who are at highest risk and who are therefore most in need of supervision. Additionally, research suggests that youth with co occurring emotional and behavior problems are particularly likely to experience substantially disrupted family relationships, and therefore may be particularly likely to benefit from intervention efforts designed to improve family functioning.

It is clear that family is an important focus for prevention and treatment of emotional and behavioral problems among children. In fact, interventions that target parenting have had the most consistent success in addressing these disorders, and studies suggest that parents of children with cooccurring emotional and behavioral disorders are responsive to family focused interventions. Since emotional and behavioral problems in early childhood tend to predict problems in later childhood and adolescence and later in life, interventions aimed at families of young children hold potential for prevention. Additionally parenting interventions, aimed at families of older children and adolescents, have been shown to have positive effects on parenting abilities, and subsequently, on youth mental health and substance use.

However, despite these positive results, there remains work to be done to develop and implement such interventions so that they can reach the largest

number of families in need and have the broadest possible public health impact. Researchers at Case Western Reserve University are doing such work.

Children under 16 years of age constitute over 40% of India's population and information about their mental health need is a national imperative. Identification and handling of behavioral problems of childhood is very essential because nations most important and precious resource is its children who constitute its hope for continued achievement and productivity. Today we are passing through a stage where the mental health of youngsters is a matter of much concern for the educationists, psychologists & sociologists. Now a day's suicidal tendency is more common in school children and adolescent groups. It is a burning issue today. So early prevention & intervention is better then later remediation.

Early child hood is the crucial period in behavior formation. It is during this period – that the child is most malleable and it is then that many barriers to normal development are erected significant emotional or behavioral problems are often not detected until affected children being school. More over even in moderately severe cases children with emotional and behavioral problems may not revive appropriate screening and intervention until they have been in school for several years. So early recognition can prevent problem behavior from becoming the standard.

The behavior problems of children undertake different dimensions due to the changes of life style of human beings, these days. It becomes therefore imperative for parents and teachers to deal with children with a right mix of discipline and love. Identification of behavioral problems and its early intervention will go a long way in improving quality of life of those children. All education has stressed the importance of the home in the early education of the child. The quality and nature of the parental nurturance that a child receives will profoundly influence his future development. But only few homes provide the right type of environment to the growing child. Many children are denied the opportunities for healthy all round development.

Children with behavioral disorders are often tolerated by family how every when these children begin schooling they are identified as problematic because these behaviors interfere with the child's academic performance, and the maladaptive behaviors may provide negative feedback, which may generate low self esteem. A child's coping mechanism and influenced by the individual developmental level, temperament,

previous stress experiences, role models, and support of parents, teachers and peers. The dysfunctional behaviors lead to further physical or developmental problems. The common areas of behavior problems are the interplay of self-concept and self-esteem.² So behavioral modifications at home and school are teaching families techniques to support clear expectations, consistent routines, positive reinforcement for appropriate behaviors timeout and teachers to meet individual needs for remediation or alternate instruction methods if necessary, structure activities to respond to child's needs.³

Behavior problems among children are a deviation from the accepted pattern of behavior on the part of children when they are exposed to an inconsistent social and cultural environment (Verma 1964). But these are not be equated with the presence of psychiatric illness in the child as these are only the symptoms or reactors to emotional & environmental stress. In this age momentous change and stiffer competition most of the parents rely on pre-schools of different categories for childcare. The school experiences have an effective role in molding the behavior pattern of children.⁴

Materials and Methods

Research Approach: Evaluative research approach was used.

Research Design: A one group pre-test post-test Pre experimental research design was adopted.

Setting of the Study: The study was conducted in selected Villages of Rajnandgaon district in Chhattisgarh.

Target Population: The target population for this study consisted of parents.

Sample: The sample for the present study comprises of 50 parents of selected villages of Rajnandgaon, Chhattisgarh.

Sampling technique: Non-probability convenience sampling technique was used to select the sample for this study.

Development of tool for data collection: it consists of 2 parts, Section-A:-Socio demographic data. Section-B: Self Structure knowledge Questionnaires related emotional and Behavioural problem among parents. Section-A:-Comprises of 9 socio demographic data questions -age, sex, , education, , occupation, religious , type of residence, type of family, family monthly income, source of knowledge. Section-B:-Self Structure knowledge

Questionnaires related emotional and Behavioural problem among parents.

Criteria measures used in this study were as follows.

Self-Structured Questionnaires: Tools are constituted with 40 questions to assess the knowledge level with 1 mark for correct answer and 0 marks for wrong answer respectively with a maximum mark of 40.

Score was categorized in 3 sub divisions

- Need for Improvement-(0 - 13 score)
- Good -(14 - 27 score)
- Excellent- (28 - 40 score)

Results

The analysis is made on the basis of objectives and hypothesis. The data analysis is planned to include descriptive and inferential statistics. Data is analysis in following parts:

The analysis of data is organized and presented under the following broad headings.

- Section I: Description of socio demographic variables in frequency and percentage.
- Section II: Overall Knowledge analysis through mean, mean % and standard deviation.
- Section III: "t" test for assessing the significance difference between pretest and posttest knowledge score.
- Section IV: Chi-square analysis for association between the Knowledge with selected socio-demographic variables.

Section I: Description of the Demographic Variables of Parents:

- Distribution of respondents in relation to age in year the majority 20 (40%) respondents belongs to the age group of below 20 - 25 years of age while in the age group of 26 - 30 years 10 (20%) respondents belongs to this category and 12 (24 %) respondents belongs to 31 - 35 years. In the age group of 36 - 40 and above years 8 (16 %) respondents have been observed in this particular study.
- Distribution of respondents in relation to gender of the parents depicts that respondents are 23 (46%) male and 27 (54%) female.
- Distribution of respondents in relation to religion of parents depicts that 56% (28) are

belongs to Hindu. 20% (10) both belongs to Christian and Sikh and 4% (2) are belongs to Muslim.

- Distribution of respondents in relation to educational qualification revealed that majority of parents 36% (18) parents were pass higher secondary school, 24% (12) are illiterate and 20 % (10) were pass both high school and graduation an above , 30% (18) were pass primary education.
- Distribution of respondents in relation to family income of parents depicts that majority of parents 68 % (34) having income 10000-20000, 20% (10) having income >20000 rs, were as 12% (6) having income more than 10000.
- Distribution of respondents in relation to family type of parents majority of parents 64% (32) belong to nuclear family, 30% (15) were belong joint family, were as 6% (3) were extended.
- Distribution of subject according to occupation depicts majority of parents 36% (18) having private job, 32% (16) were unemployed, 20% (10) having business, were as 12% (6) having government job.
- Distribution of subject according to source of information revealed that majority of parents 42% (21) got knowledge from health professional, were as 30% (15) got from friends and relatives, and 18% (9) got from

T.V/ mass media and 10% (5) got knowledge from news paper/ magazine.

Section II: -Figure-1 represent 56% (28) were having good knowledge, 44% (22) need for improvement in pretest and in the posttest 70% (35) were having excellent knowledge and 30% (15) were having good knowledge.

Section III - Table -1 represent there is significant difference between pretest and posttest knowledge score as calculated t value 2.33, D.F (49) is greater than table value (2.02) at the 0.05 level of significance.

Section-IV- Table- 2 represents there is significant association between source of information and knowledge score as the calculated chi square value is 7.92 (df 3) is greater than table value 7.82 at 0.05 level of significance.

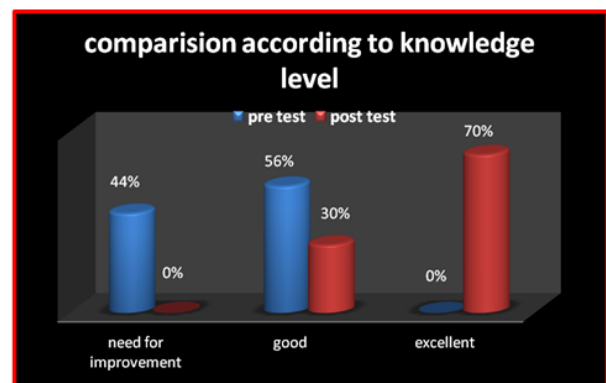


Figure 1: Comparison according to knowledge level.

Table 1: "t" test for assessing the significance difference between pretest and posttest knowledge.

"T" test	Mean	Standard deviation	D F	Calculated 't' value	Table 't' value	significance
Pre test	20.2	±6.7				
Post test	24.4	±6.4	49	2.33	2.02	P<0.05 significant

Table 2: Chi-square analysis for association between the knowledge score with selected socio-demographic variables.

S. No.	Socio demographic data	DF	Calculated Chi square	Critical Chi Square Value	Significance
1.	Age group	3	4.63	7.82	P>0.05 NS
2.	Gender	1	0.60	3.84	P>0.05 NS
3.	Area of residence	1	2.55	3.84	P>0.05 NS
4.	Education Qualification	3	1.87	7.82	P>0.05 NS
5.	Income	2	0.60	5.99	P>0.05 NS
6.	Family type	2	4.07	5.99	P>0.05 NS
7.	Occupation	3	2.02	7.82	P>0.05 NS
8.	Source of information	3	7.92	7.82	P<0.05 significant

Conclusion

The findings of this study have been discussed with reference to the objectives and hypothesis. The pre testing of Parents knowledge regarding selected common emotional and Behavioural problems of children show that parents have less knowledge about emotional and Behavioural problems of children. This indicates the need for imparting necessary education and information regarding selected emotional and Behavioural problems of children.

Discussion

Based on the findings of the present study recommendations offered for the future study in large sample.

References

1. Association, A. P. (2013). DSM 5- Diagnostic and Statistical Manual of Mental Disorders. Washington: American Psychiatric Association.
2. Rajendra Sarda, N. K. (2013, October - December). Prevalence of Psychiatric Disorders in Western U.P. Region. International Journal of Scientific Study.
3. S Malhotra, B. P. (2014). Prevalence of child and adolescent psychiatric disorders in India: A systematic review and meta-analysis. Child Adolesc Psychiatry Ment Health, 8:22.
4. Shoba Srinath, S. C. (2005). Epidemiological study of child & adolescent psychiatric disorders in urban & rural areas of Bangalore, India. Indian J Med Res, 122.



Red Flower Publication Pvt. Ltd.

CAPTURE YOUR MARKET

For advertising in this journal

Please contact:

International print and online display advertising sales

Advertisement Manager

Phone: 91-11-22756995, 22754205, 79695648, Cell: +91-9821671871

E-mail: sales@rfppl.co.in

Recruitment and Classified Advertising

Advertisement Manager

Phone: 91-11-22756995, 22754205, 79695648, Cell: +91-9821671871

E-mail: sales@rfppl.co.in

Assessment of Predictive and Environmental Factors Involved in Delinquent Behavior in a Selected Juvenile Home of South India with a View to Develop an Informational Booklet on Preventive Strategies Involved in Juvenile Delinquency

Rajayalakshmi M¹, Anumol Joseph², Sister Mary³

Abstract

Introduction: A descriptive study to assess the predictive and environmental factors involved in delinquent behavior in a selected juvenile home of Hyderabad, with a view to develop an informational booklet on preventive strategies involved in juvenile delinquency.

Methodology: Research design selected for the present study was descriptive research design structured checklist and structured questionnaire 3 point likert scale was used to collect the data from the juvenile delinquent inmates. Purposive sampling method was used to selection of the sample. A total sample size for the study was 60. A selected juvenile home was selected.

Results: The study results showed that 38.4% of subjects had mild influence of predictive factor, 56.6% of subjects have moderate influence of predictive factor and 5% of subjects had severe influence of predictive factor. The 65% of delinquents reported mild influence of environmental factor, 33.4% of delinquents reported moderate influence and surprisingly only 1.6% of delinquent had severe influence. In regards to the predictive factors about 45 (75%) were having history of delinquent behavior, 47 (78.3%) had history of violence and 60 (100%) were from broken families, 38.4% of subjects have mild influence of predictive factor, 56.6% of subjects have moderate influence of predictive factor and 5% of subjects have severe influence of predictive factor, The majority of the subjects belonged to socio economic factors 59 (98.3%) and personal factors. There is a significant association between the selected demographic variables like education of juveniles, religion, education of father and education of mother.

Keywords: Predictive Factors; Environmental Factors and Juvenile Delinquents.

How to cite this article:

Rajayalakshmi M, Anumol Joseph, Sister Mary / Assessment of Predictive and Environmental Factors Involved in Delinquent Behavior in a Selected Juvenile Home of South India with a View to Develop an Informational Booklet on Preventive Strategies Involved in Juvenile Delinquency. J Psychiatr Nurs.2020;9(3):99–102.

Introduction

Juvenile delinquency, also known as “Juvenile offending”, is participation in illegal behavior by minor (juveniles, i.e. individuals younger than the statutory age of majority). Most legal systems prescribe specific procedures for dealing with

juveniles, such as juvenile detention centers, and courts.² According to USA studies from the Netherlands show that out of 3200 sex offenders recorded by police in 2009, 672 of those were juveniles, approximately 21 percent of sexual offenders³

According to UNICEF, an average of 10,500 minors are being arrested and detained every year about 28 children every day, or more than one child every hour. It is even more alarming to know that poverty has driven most of the minors detained to commit crime¹. As per the Home Ministry data of the total of 33,387 juveniles apprehended in 2011, 21,657 were in the 16/18 age group, 11,019 of 12-16 age group and 1,211 between 7-12 age groups (PTI, 2013). Whereas 32,145 such youngsters below 18 years of age were held in 2006, 34,527 in 2007, 34,507 in 2008, 33,642 in 2009 and 30,303 during 2010, the data said. The data also shows increasing cases of

Author Affiliation

¹MSc Nursing Student, ²Associate Professor, Department of Nursing, Vijay Marie College of Nursing, Hyderabad 500016, Telangana, India. ³Lecturer, Lead College, Level 1/841 George St, Haymarket NSW 2000, Australia.

Corresponding Author: Anumol Joseph, Lecturer, Lead College, Level 1/841 George St, Haymarket NSW 2000, Australia.

E-mail: anujoseph14@hotmail.com

rape by juveniles. As many as 1,419 such cases were recorded in 2011 as compared to 399 cases 2001.⁴

Methodology

Research design selected for the present study was non-experimental descriptive research design structured checklist and structured interview 3 point likert scale was used to collect the data from the juvenile delinquent inmates. The content validity of the tool was obtained from experts in the field of psychiatry and Nursing. The structured checklist with 21 questions was made to explore predictive factors. Based upon scoring system utilized to find out the influence of predictive factor. Scores were from 0-7 is minimal influence of predictive factor, 8-14 is moderately influence of predictive factors and 15-21 is severely influences of predictive factors. Structured interview to predict influence of environmental factors among juveniles' inmates of selected delinquent home of Hyderabad. The scoring system for each item in threading scale consisted of 51 items. Prior permission from the authorities was obtained. The reliability of the tool was tested by using the split - half method and Karl Pearson's formula and the tool was found to be highly reliable ($r = 0.9$). The study was conducted at juvenile correctional home of Southern India. It was conducted from 1st march 2019 to 30th march 2019. Purposive sampling method was used to selection of the sample. A total sample size for the study was 60.

Results

Table 1: Frequency and percentage distribution of demographic variables.

S. No.	Demographic data	Frequency	Percentage
1.	Age in years		
	Under 11 year	0	0
	11-12 years	0	0
	13-15 years	10	16.7
	16 and above	50	83.3
2.	Gender		
	Male	55	91.7
	Female	5	8.3
3.	Numbers of offenses		
	First known offense	37	61.7
	Two known offense	11	18.3
	Three known offense	8	13.3
	More than 4 offense	4	6.7

4.	Duration of Offensive Behavior		
	Less than 1 year	45	75
	1-2 years	8	13.3
	Over 2 year	7	11.7
5.	Education		
	Illiterate	12	20
	Primary education	16	26.7
	Secondary education	14	23.3
	High school	18	30
6.	Place of residence		
	Rural	21	35
	Urban	39	65
7.	Religion		
	Hindu	38	63.3
	Muslim	17	28.3
	Christian	4	6.7
	Other's	1	1.7
8.	Types of family		
	Nuclear family	17	28.3
	Joint family	39	65
	Broken family	3	5
	Orphan	0	0
	Single parents	1	1.7
9.	Habits of parents		
	Smoking	14	23.3
	Alcoholism	20	33.3
	Gutka	2	3
	Other substances	6	10
	No habit of substance abuse	18	30
10.	Occupation of father		
	Laborers	15	25
	Drivers	15	25
	Government employees	3	5
	Private employees	20	33.4
	Farmers	7	11.6
11.	Occupation of mother		
	House wife	27	45
	Laborers	17	28.3
	Farmers	5	8.4
	Private employees	10	16.7
	Government employees	1	1.6
12.	Monthly income		
	3000-4000	5	8.3
	4001-8000	5	8.3
	8001-10,000	2	3.4
	10,001-15,000	48	80

13.	Education of father		
	Illiterate	19	31.7
	Primary education	4	6.7
	Secondary education	11	18.3
	High school	26	43.3
14.	Education of mother		
	Illiterate	36	60
	Primary education	8	13.3
	Secondary education	3	5
	High school	13	21.7

Table 1: Shows majority of the Juvenile delinquents that is 50 (83.3%) were within the age group of 16 and above years, 55 (91.7%) males and 5 (8.3%) were females. In regards to type of offences, majority offenses were reported only once that is 37 (61.7%) majority of offensive behavior was less than 1 year 45 (75%) educational status Juvenile inmates studied High school 18 (30%), majority of Juvenile delinquent resided is Urban 39 (65%) and place is rural 21 (35%) majority of subjects were Hindu 38 (63.3%), majority of Juvenile delinquent reported they belonged to Joint family that is 39 (65%), majority of samples had Alcoholism 20 (33.3%) reported non- consumption of psychoactive substances majority of delinquents father were private employee 20 (33.3%), majority of Juvenile inmates of mother's were house wife 27 (45%). Majority of Juvenile inmates that is 80% reported that the monthly income of parent is ranged from 10,001-15,000.

Table 2: Grades of predictive factor.

Grade	Frequency (n)	Percentage (%)
Mild influence	23	38.4
Moderate influence	34	56.6
Severe influence	3	5

Table 2: Shows that 38.4% of subjects have mild influence of predictive factor, 56.6% of subjects have moderate influence of predictive factor and 5% Of subjects have severe influence of predictive factor

Table 3: Grade of environmental factors.

Grade	Frequency (n)	Percentage
Mild influence	39	65
Moderate influence	34	33.4
Severe influence	3	1.6

Table 3: Shows that 65% of delinquents have mild influence of environmental factor, 33.4% of delinquents have moderate influence and 1.6% Of delinquent have severe influence.

Table 4: Domainwise rank order classification of predictive factors under rank order.

Predictive factors	Mean	Modified mean	Rank order
Broken family	4.367	0.545	I
History of violence	2.467	0.534	II
History of delinquent behavior of parents	1.95	0.24	III

Table 4: Shows the mean scores of predictive factors and further rank order based on the descending order of types of predictive factors as follows broken family with highest modified mean of 0.545, history of violence with modified mean of 0.534, history of delinquent behavior of parents with least modified mean of 0.24.

Table 5: Finding related to types of environmental factors under rank order.

Environmental factors	Mean	Modified mean	Rank order
Socio economical factor	6.41	1.06	I
Personal factor	11.18	0.86	II
Home environment	3.6	0.522	III
Assault	2.61	0.514	IV
School misconduct	2.31	0.462	V
Theft	2.26	0.452	VI
Psycho active substance used	1.61	0.322	VII
Vandalism	1.56	0.312	VIII

Table 5: Shows the mean scores of environmental factors and further rank order based on the descending order of environmental factors as follows socio economical factor with highest modified mean of 1.06, personal factor with modified mean of 0.86, home environment with modified mean of 0.522, assault with modified mean of 0.514, school misconduct with modified mean of 0.462, theft with modified mean of 0.452, psycho active substance use with modified mean of 0.322, vandalism with least modified mean of 0.312.

Table 6: Item analysis on predictive factors.

Item No.	Item/Statement	Response	
		Yes	No
1	I witnessed my parents stealing money.	12	48
2	My parents had the habit of consuming psycho active substances like alcohol, Ganja (or) any other	13	47
3	I get annoyed when I hear that my mother & father will never be together.	25	35
4	There were times ,I felt that I was not getting enough love from my parents	28	32
5	I want to be at home so as to stop them from quarreling	30	30
6	I never spend quality time with my family	30	30
7	In spite coming from a broken family still I respect my parents.	34	26

Table 6: The item analysis was done to assess the predictive factors of juvenile delinquent behaviour. And the findings shows that, 48 subjects' parents' never stole money, 47 subjects' parents' never consumed psychoactive substance abuse, 35 subjects responded that they never annoyed about their mother and father will never be together, 32 subjects felt that their did not get enough love from their parents, 30 subjects never wanted to be at home, 30 subjects never spend quality time with their parents, 26 subjects are from broken family still respect their parents.

Table 7: shows that there is a significant association between the selected demographic variables like education of juveniles, religion, education of father and education of mother. As the fisher value was greater than the table values. And no significant association of age, gender, number of offences, duration of offensive behaviour, place of residence, habits of parents, occupation of father, occupation of mother, monthly income because the fisher's value was less than the table value.

Discussion

A similar study was done by Anitta et al which highlighted that 70% children affected by predictive factors, behavioral change rating scale shows 74% children effected finding shows a high (chi square = 25.06) at $P < 0.05$ which is highly significant, that is predictive factors are responsible for behavioral changes. However in the present study that 38.4% of subjects have mild influence of predictive factor, 56.6% of subjects have moderate influence of predictive factor and 5% of subjects have severe influence of predictive factor, the mean scores of predictive factors and further rank order based on the ascending order of types of predictive factors as follows broken family with modified mean of 0.545, history of violence with modified mean of 0.534, history of delinquent behavior of parents with modified mean of 0.24,.

Findings of the study show that children are very severely affected emotionally during the childhood period, which has brought about these behavioral changes, no proper parenting style and socioeconomic problems during their childhood. So, the researcher concludes major findings of the study parenting problems, poverty and socio-

economic problems.⁴

In the present study 65% of delinquent have mild influence of environmental factor, 33.4% of delinquents have moderate influence and 1.6% of delinquent have severe influence. The mean scores of environmental factors and further rank order based on the ascending order of environmental factors as follows socio economical factor with modified mean of 1.06, personal factor with modified mean of 0.86, home environment with modified mean of 0.522, assault with modified mean of 0.514, school misconduct with modified mean of 0.462, theft with modified mean of 0.452, psycho active substance use with modified mean of 0.322, vandalism with modified mean of 0.312.

Conclusion

The chapter has clearly brought out the implication of this study and also has provided recommendation for further studies. Research studies of this kind should be an ongoing process and those in authority to provide opportunities and encourage staff to take up such studies. Studies of this nature can help the general public to have an awareness regarding the problems that young children face. They are in the no means land they need help and support.

Reference

1. Agarwal. International issues of social research. National Crime Record Bureau published 2014:3(3).44-58. Available: <http://ncrb.gov.in>.
2. Agarwal. International issues of social research. National Crime Record Bureau published 2018:2(1).24-50. Available: <http://ncrb.gov.in>
3. Olds, David, et al. journal of criminal law. Reducing Risks for Antisocial Behavior with a Program of Prenatal and Early Childhood Home Visitation. 2009:79(4):3 Available: Academic Search Premier. EBSCO. Web. 2009
4. Ministry of law, justice and company affairs; the juvenile justice (care and protection of children) act, 2000. New Delhi, the gazette of India, 2000
5. Rose, C, Anitta et al, A study to assess the predictive factors involved in Delinquent phenomena among the juveniles in a selected home in Hyderabad. Unpublished Thesis. VMCON; NTR university: 2008.

Children as Our Concern - Identifying A Sexually Abused Child

Susan Wesley Nalli

Abstract

'Sexual abuse' covers a wide range of unwanted sexual behaviors that are often used by offenders. There are many myths around what constitutes sexual assault is. If a child is sexually assaulted, they might experience a range of emotions and it's important to know there are support services that can help them. Sexual assault has not always been about sex or abuse, but it has been a way of showing power and control over someone, especially children who are easy prey and vulnerable. Sexual abuse is a serious crime and is never the fault of the victim.¹ Most often victims take it as their fault and end up with emotional struggle. The word abuse comes in various forms in relating to children, like luring the children for money or gifts, drug sexting or child pornography.

Keyword: Sexual Abuse; Assault; Child Sexual Abuse; Contact Abuse²; Non contact Abuse².

How to cite this article:

Susan Wesley Nalli / Children as Our Concern - Identifying A Sexually Abused Child. J Psychiatr Nurs. 2020;9(3):103–106.

Introduction

Sexual abuse assault is any unwanted sexual behavior that makes a person feel uncomfortable, threatened or scared which may further destroy them physically, emotionally and psychologically resulting in unseen trauma and pain enduring for their lifetime.

Facts about sexual abuse:

- Sexual abuse can happen to both girls and boys.³
- Abuse is often by a stranger, somebody you love and trust or a boyfriend or girlfriend
- Abuser might prefer same sex sometimes.
- Sexual abuse isn't always 'full sex'⁴ – it can also include touching, kissing, oral sex or anything sexual

- Sexual abuse can happen online as well as offline.⁵

Meaning: Child Sexual abuse is often done to a child by a caregiver / or trusted entity, where any completed or attempted sexual act, sexual contact, or exploitation may take place.

It covers:

- Rape: Physical abuse - forced, unwanted sex or sexual acts.
- Indecent assault⁶: indecent is related to a behavior - before, during or after an assault.
- Emotional assault

How Prevalent is Child Sexual Abuse

The exposure of a child to a sexual experience that is inappropriate for his or her emotional and developmental level and that is coercive in nature. It is estimated that 1 in 6 women and 1 In 20 children (fig. 1)⁷ are sexually abused. One study found that women who were abused prior to age 12 were more likely to have body dissatisfaction and meet criteria for eating disorders.

They speculate that early childhood sexual abuse may predispose females to eating disorders later in life. Child sexual abuse (CSA) involving sexual contact between an adult and a child (either forced or seduced). It has been reported by approximately 20% of men⁸ and 5 to 10% of women⁹ worldwide

Author Affiliation

Assistant Professor, Department of Nursing, Smt Sudha Devi Memorial Government Nursing college, Kawarda, Chattisgarh 491995, India.

Corresponding Author: Susan Wesley Nalli, Assistant Professor, Department of Nursing, Smt Sudha Devi Memorial Government Nursing college, Kawarda, Chattisgarh 491995, India.

E-mail: susan.nalli@yahoo.com

have a serious mental and physical health problems, substance abuse, and criminality in adulthood which is forcing into abusing the children or adults in various forms. Child sexual abuse research policy forum 2017 (CSA)¹⁰



Fig 1: One in 20 children is prone to child abuse by 2020 (as per central violence control force- 2013)

Types

There are 2 different types of child sexual abuse. These are called contact abuse and non-contact abuse.

Contact abuse² involves touching in various ways

It includes:

- Touching of any part of the body whether the child is covered in clothes or not.
- Penetrating by putting an object or body part inside a child's mouth, vagina or anus.
- Forced sexual activity.
- Making a child take their clothes off, touch someone else's genitals or masturbate.

Non-contact abuse 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 see or understand sex.
- 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
- Involving a child in watching pornographic content.
- Child exploitation or Sexually exploiting a child for money, power or status.

Clinical Picture

Effect may show the following symptoms:

Everyone reacts differently to sexual assault. All of the following responses are normal:

Shock and denial¹¹: the child might come up with questions like, why me? Did this happen to me? Will people believe me, if I open up?

Fear: fear of not being taken seriously, fear of offender, fear of not being believed.

Silence¹²: Out of fear of being judged most of the time, preferring to keep quiet even with close ones with the fear of abandonment.

Feelings of anxiety: feeling unsafe or unable to relax.

Sadness:

Guilt and blame¹³: questions like 'Why did I allow it/ why did I not fight back?'

Low self-esteem: feelings of self-unworthiness

Isolation: isolating self from family and friends.

Nightmares and flashbacks: constant images of memories of the assault flash before your eyes in your daily life and sleep.

Mood swings: moods of anger and rage, to tears and despair, and back again.

Loss of trust: Finding it hard to trust people in your social circle or family.

History taking¹⁴

- Focus on the genitourinary system (rectal or genital bleeding or other complaints) as well as behavioral issues (phobias, sleep disorders, etc.).
- Use an open ended interview style, preferring child's utterances.

Physical Examination

- Preferably by photographs, a detailed way of documenting trauma will be helpful; it can also be done by detailed illustrations.
- Major variations of the hymen or anus are often seen in abused children and Minor variations in nonabused children.¹⁵

Children as our Concern: Included from Various Research Blogs

Effect of Sexual Abuse on Childhood Sexual Knowledge (CSK)¹⁶:

Sexual abuse affects children's sexual knowledge, as well as their sexual behavior. An exposure to sex, or full sex, or an abuse related to sex, has made sexually abused children more sex - knowledgeable than children who have never been exposed to sex or assaults previously. Sexually abused preschool-aged children are at greater risk for inappropriate

sexual behaviors (35%) than are sexually abused school-aged children (6%).

Sexual Behaviour Problems (SBP) in children¹⁷:

There may not be enough demonstration of SBPs in children, yet the presence of SBPs raises concern about child sexual abuse and exposure to sexual material. It is a evident proof that the child has undergone or seen some problematic stuff. Specific sexual behaviors (such as playing with dolls imitating explicit sexual acts and inserting objects in their own vaginas or rectums) are more likely to occur in children who have been sexually abused than in those who do not have a suspected history. The presence of sexual behavior may be enough to suspect sexual abuse and report to Parents or concerned authorities. Professional help may be then needed to further correct these behavior problems.

Body Image disturbance (BID)¹⁸

Sexual abuse has been shown to have long-lasting emotional and physical effects on children / women regardless of the age when the trauma occurred. Survivors of sexual abuse often internalize their symptoms that may lead to depression. In addition, studies have shown that following this experience, the children will have difficulty trusting in relationships, poor self-esteem, sexual problems, and higher rates of substance abuse. There would be dramatic impact on body image, Due to the physical and emotional violation that occurs in sexual abuse.

Presentations of Sexual Abuse In Children¹⁹

There are three common presentations of sexual abuse in children – 1. Presentation with an unmistakable traumatic injury i.e sexually transmitted infection, testimony that sexual abuse has occurred in the context of no physical evidence. There could be ample of evidence for this, yet the child has to be treated carefully, with less questions asked and the child should not feel intimidated in this process.

Teaching Safety Skills and self help/protection to Children:²⁰

As Most sexual abuse is perpetrated by a known individual who would gradually, comply to further win the child's trust initially and later begin with inappropriateness - As per: Clinical and Organizational Applications of Applied Behavior Analysis, 2015²¹

If you've been sexually abused and you're not sure how to bring it up with someone who could

help, try these steps;

- *Pick somebody you trust:* Often a best way to come forward in to communicate it to someone we can trust. Most often it could be a parent, caregiver or sometimes a supportive teacher.
- *Write it down:* venting things which cannot be spoken to anyone is through a form of writing it down in personal diaries.^{22, 23}
- *Get support:* If you have a close friend, you could ask them to be there when you tell somebody.
- *Understand that it's NOT your fault:* You may feel ashamed or embarrassed. But you shouldn't be. And you shouldn't let that stop you talking to someone you trust.
- *Know the Child – helpline in your country.²⁴*

How can we help: The Mental health team

Including psychologists, psychiatrists, social workers, and therapists/counselors, as well as corrections officers and allied professionals have their role into investigating its causes, consequences, and treatment strategies beneficial for children who seem to be suffering. Multiple interviews until the professional gains the trust of the child, might be helpful. These interviews can be in the presence of parent or alone, most preferably, with the due comfort of the child. Interview of the child should be conducted by a mental health professional with expertise in child sexual abuse and the appropriate police agency representative. The child psychiatry consultant's role may be as the interviewer or as the supporter of the child on the pediatric unit, without being involved in the sexual abuse examination.

Conclusion

Reported rates of sexual abuse have declined since the 1990s. However, the incidence of sexual abuse is significantly increasing inspite of underreported cases and there are many methodologic difficulties with estimating the prevalence of sexual abuse. The most common (hidden) form of sexual abuse is father-daughter incest as per (35.2% of sexual abuse reports)²⁵ occur in the 12- to 15-year-old age range. Sexual abuse tends to be so disturbing and so emotionally intense a topic which is spreading like the wild fire, and stopping this, is not any individuals responsibility or right, instead the responsibility of the entire mankind.

References

1. Green and Schmidt. Child molester is a pejorative term applied to both the pedophile and incest offender .Archives of Sexual Behavior 2002. DOI 31 (6): 479.
2. Whiffen, V. E.; Macintosh, H. B. A critical review - The Journal of Trauma, Violence, & Abuse reports 2005. 6 (1): 24-39.
3. The Impact of Child Sexual Abuse on Health: A systematic review of reviews". Clinical Psychology Journal. 29 (7): 647-657.
4. The Role of Child Sexual Abuse in the Etiology of suicide and non-suicidal self-injury". Acta Psychiatrica Scandinavica. 124 (1): 30-41.
5. Pereda, N.; Guilera, G.; Forns, M.; Gómez-Benito, J. "The prevalence of child sexual abuse in community and student samples: A meta-analysis". Clinical Psychology Review Journal (2009). 29 (4): 328-338.
6. Whealin, Julia Whealin "Child Sexual Abuse" - Archived from the original Post Traumatic Stress issues on veterans in US 2009-07-30 (issue).
7. Catherine Acuff; Steven Bisbing; Michael Gottlieb; Lisa Grossman; Jody Porter; Richard Reichbart; Steven Sparta; C. Eugene Walker, - Board of senses, leading to abuses in women and children - American Psychologist. 54 (8): 586-593.
8. Martin, J.; Anderson, J.; Romans, S.; Mullen, P; O'Shea, M (1993). "Asking about child sexual abuse: methodological implications of a two-stage survey". Child Abuse and Neglect. 17 (3): 383-392.
9. Teitelman AM, Bellamy SL, Jemmott JB 3rd, Icard L, O'Leary A, Ali S, Ngwane Z, Makiwane M. Socio demographic factors associated with intimate partner violence . Cannals of Behavioral Medicine. 2017;51(2):170-178
10. Regier PS, Monge ZA, Franklin TR, Wetherill RR, Teitelman AM, Jagannathan K, et al. cocaine cues on Emotional, physical and sexual abuse are associated with a heightened limbic response - Addiction Biology. 2017 Nov;22(6):1768-177. doi: 10.11
11. Courtois, Christine A. (1988). Healing the Incest Wound: Adult Survivors in Therapy. W. W. Norton & Company. p. 208.
12. Stoltenborgh, M.; van IJzendoorn, M. H.; Euser, E. M.; Bakermans-Kranenburg, M. J. (2011). "A global perspective on child sexual abuse: meta-analysis of prevalence around the world". Child Maltreatment. 16 (2): 79-101.
13. "Sexual abuse". American Psychological Association. 2018 American Psychological Association. Retrieved 28 January 2018.
14. Patricia, Mahoney. "The Wife Rape Fact Sheet". National Violence Against Women Prevention Research Center. National Violence Against Women Prevention Research Center. Retrieved 28 January 2018.
15. "Child Sexual Abuse". Medline Plus. U.S. National Library of Medicine,. 2008-04-02.
16. Child sexual abuse definition from the NSPCC
17. Seto, Michael (2008). Pedophilia and Sexual Offending Against Children. Washington, DC: American Psychological Association.
18. https://en.wikipedia.org/wiki/Sexual_abuse
19. <https://blogs.wsj.com/.../new-womens-helpline-widens-efforts-to-stop-sexual-violence-in>.
20. <https://www.nspcc.org.uk/preventing-abuse/child-abuse-and.../child-sexual-abuse>
21. <https://au.reachout.com>
22. <https://www.goodtherapy.org>
23. <https://www.webmd.com>
24. <https://www.rainn.org>
25. <https://www.childline.org>

Subject Index

Title	Page No
Assess the Stressors and Coping Strategy Among the First Year BSc Nursing Students in Selected College of Nursing Coimbatore	9
Assessment of Severity, Distress and Cognitive Functions of Dementia Clients Seeking Treatment in Southern Part of India	13
A Study to Determine the Knowledge and Attitude Regarding the Ill-Effects of Substance Abuse Among ITI Students of Selected ITI Colleges in Dharwad, Karnataka	25
A Study to Assess the Effectiveness of STP on Knowledge Regarding Legal and Ethical Aspects in Psychiatric Nursing Among Staff Nurses	29
Assess the Level of Knowledge and Psychological Awareness Regarding Covid-19 Pandemic Among Local Vendors and Daily Wagers Residing in Kota (Raj.): A Survey Study	49
A Study to Assess Anxiety and Depression Among Patient Undergoing Radiation Therapy at Selected Hospital Kolar	55
A Study to Assess the Awareness Regarding Hepatitis and its Prevention Among General Population in Selected Area of Moradabad (U.P)	71
Assessment of Predictive and Environmental Factors Involved in Delinquent Behavior in a Selected Juvenile Home of South India with a View to Develop an Informational Booklet on Preventive Strategies Involved in Juvenile Delinquency	99
Comparative Stress among BSc Nursing Students of Selected Government and Private Colleges in Ernakulam	19
Comparative Study of Minor Physical Anomalies in Late Onset Schizophrenia	33
Children as Our Concern - Identifying A Sexually Abused Child	103
Effectiveness of Structured Teaching Programme Among Parents Regarding Emotional and Behavioral Disorder of Children and Adolescents	93
Knowledge of B Sc Nursing 3rd Year students regarding the Mental Health Care Act 2017 and Rights of Mentally challenged persons: An Overview	63

Author Index

Name	Page No	Name	Page No
Anumol Joseph	13	Neha Sharma	49
Anumol Joseph	99	Rajendra Prasad Sharma	29
Divya Gigy	13	Roopesh Gopal NV	33
Dinesh Sharma	49	Rajendra Kumar Sahu	93
Dinesh Sharma	63	Rajayalakshmi M	99
Jairakini Aruna	55	Sindhu Devi M	19
K Dhanapandi	9	Sathish Kumar SV	33
Kavitha Mohan	55	Shalini Choudhary	71
Karishma S	55	Sister Mary	99
Mohita Yadav	29	Susan Wesley Nalli	103
Nagesh V Ajjawadimath	25	Vidyeeswari	19

Guidelines for Authors

Manuscripts must be prepared in accordance with "Uniform requirements for Manuscripts submitted to Biomedical Journal" developed by international committee of medical Journal Editors

Types of Manuscripts and Limits

Original articles: Up to 3000 words excluding references and abstract and up to 10 references.

Review articles: Up to 2500 words excluding references and abstract and up to 10 references.

Case reports: Up to 1000 words excluding references and abstract and up to 10 references.

Online Submission of the Manuscripts

Articles can also be submitted online from http://rfppl.co.in/customer_index.php.

1) First Page File: Prepare the title page, covering letter, acknowledgement, etc. using a word processor program. All information which can reveal your identity should be here. use text/rtf/doc/PDF files. Do not zip the files.

2) Article file: The main text of the article, beginning from Abstract till References (including tables) should be in this file. Do not include any information (such as acknowledgement, your name in page headers, etc.) in this file. Use text/rtf/doc/PDF files. Do not zip the files. Limit the file size to 400 Kb. Do not incorporate images in the file. If file size is large, graphs can be submitted as images separately without incorporating them in the article file to reduce the size of the file.

3) Images: Submit good quality color images. Each image should be less than 100 Kb in size. Size of the image can be reduced by decreasing the actual height and width of the images (keep up to 400 pixels or 3 inches). All image formats (jpeg, tiff, gif, bmp, png, eps etc.) are acceptable; jpeg is most suitable.

Legends: Legends for the figures/images should be included at the end of the article file.

If the manuscript is submitted online, the contributors' form and copyright transfer form has to be submitted in original with the signatures of all the contributors within two weeks from submission. Hard copies of the images (3 sets), for articles submitted online, should be sent to the journal office at the time of submission of a revised manuscript. Editorial office: Red Flower Publication Pvt. Ltd., 48/41-42, DSIDC, Pocket-II, Mayur Vihar Phase-I, Delhi - 110 091, India, Phone: 91-11-22754205, 45796900, 22756995. E-mail: author@rfppl.co.in. Submission page: http://rfppl.co.in/article_submission_system.php?mid=5.

Preparation of the Manuscript

The text of observational and experimental articles should be divided into sections with the headings: Introduction, Methods, Results, Discussion, References, Tables, Figures, Figure legends, and Acknowledgment. Do not make subheadings in these sections.

Title Page

The title page should carry

- 1) Type of manuscript (e.g. Original article, Review article, Case Report)
- 2) The title of the article should be concise and informative;
- 3) Running title or short title not more than 50 characters;
- 4) The name by which each contributor is known (Last name, First name and initials of middle name), with his or her highest academic degree(s) and institutional affiliation;
- 5) The name of the department(s) and institution(s) to which the work should be attributed;
- 6) The name, address, phone numbers, facsimile numbers and e-mail address of the contributor responsible for correspondence about the manuscript; should be mentioned.
- 7) The total number of pages, total number of photographs and word counts separately for abstract and for the text (excluding the references and abstract);
- 8) Source(s) of support in the form of grants, equipment, drugs, or all of these;
- 9) Acknowledgement, if any; and
- 10) If the manuscript was presented as part at a meeting, the organization, place, and exact date on which it was read.

Abstract Page

The second page should carry the full title of the manuscript and an abstract (of no more than 150 words for case reports, brief reports and 250 words for original articles). The abstract should be structured and state the Context (Background), Aims, Settings and Design, Methods and Materials, Statistical analysis used, Results and Conclusions. Below the abstract should provide 3 to 10 keywords.

Introduction

State the background of the study and purpose of the study and summarize the rationale for the study or observation.

Methods

The methods section should include only information that was available at the time the plan or protocol for the study was written such as study approach, design, type of sample, sample size, sampling technique, setting of the study, description of data collection tools and methods; all information obtained during the conduct of the study belongs in the Results section.

Reports of randomized clinical trials should be based on the CONSORT Statement (<http://www.consort-statement.org>). When reporting experiments on human subjects, indicate whether the procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation (institutional or regional) and with the Helsinki Declaration of 1975, as revised in 2000 (available at http://www.wma.net/e/policy/17-c_e.html).

Results

Present your results in logical sequence in the text, tables, and illustrations, giving the main or most important findings first. Do not repeat in the text all the data in the tables or illustrations; emphasize or summarize only important observations. Extra or supplementary materials and technical details can be placed in an appendix where it will be accessible but will not interrupt the flow of the text; alternatively, it can be published only in the electronic version of the journal.

Discussion

Include summary of key findings (primary outcome measures, secondary outcome measures, results as they relate to a prior hypothesis); Strengths and limitations of the study (study question, study design, data collection, analysis and interpretation); Interpretation and implications in the context of the totality of evidence (is there a systematic review to refer to, if not, could one be reasonably done here and now?, What this study adds to the available evidence, effects on patient care and health policy, possible mechanisms)? Controversies raised by this study; and Future research directions (for this particular research collaboration, underlying mechanisms, clinical

research). Do not repeat in detail data or other material given in the Introduction or the Results section.

References

List references in alphabetical order. Each listed reference should be cited in text (not in alphabetic order), and each text citation should be listed in the References section. Identify references in text, tables, and legends by Arabic numerals in square bracket (e.g. [10]). Please refer to ICMJE Guidelines (http://www.nlm.nih.gov/bsd/uniform_requirements.html) for more examples.

Standard journal article

[1] Flink H, Tegelberg Å, Thörn M, Lagerlöf F. Effect of oral iron supplementation on unstimulated salivary flow rate: A randomized, double-blind, placebo-controlled trial. *J Oral Pathol Med* 2006; 35: 540–7.

[2] Twetman S, Axelsson S, Dahlgren H, Holm AK, Källestål C, Lagerlöf F, et al. Caries-preventive effect of fluoride toothpaste: A systematic review. *Acta Odontol Scand* 2003; 61: 347–55.

Article in supplement or special issue

[3] Fleischer W, Reimer K. Povidone-iodine antiseptics. State of the art. *Dermatology* 1997; 195 Suppl 2: 3–9.

Corporate (collective) author

[4] American Academy of Periodontology. Sonic and ultrasonic scalers in periodontics. *J Periodontol* 2000; 71: 1792–801.

Unpublished article

[5] Garoushi S, Lassila LV, Tezvergil A, Vallittu PK. Static and fatigue compression test for particulate filler composite resin with fiber-reinforced composite substructure. *Dent Mater* 2006.

Personal author(s)

[6] Hosmer D, Lemeshow S. Applied logistic regression, 2nd edn. New York: Wiley-Interscience; 2000.

Chapter in book

[7] Nauntofte B, Tenovou J, Lagerlöf F. Secretion and composition of saliva. In: Fejerskov O,

Kidd EAM, editors. Dental caries: The disease and its clinical management. Oxford: Blackwell Munksgaard; 2003. pp 7–27.

No author given

[8] World Health Organization. Oral health surveys - basic methods, 4th edn. Geneva: World Health Organization; 1997.

Reference from electronic media

[9] National Statistics Online – Trends in suicide by method in England and Wales, 1979–2001. www.statistics.gov.uk/downloads/theme_health/HSQ20.pdf (accessed Jan 24, 2005): 7–18. Only verified references against the original documents should be cited. Authors are responsible for the accuracy and completeness of their references and for correct text citation. The number of reference should be kept limited to 20 in case of major communications and 10 for short communications.

More information about other reference types is available at www.nlm.nih.gov/bsd/uniform_requirements.html, but observes some minor deviations (no full stop after journal title, no issue or date after volume, etc.).

Tables

Tables should be self-explanatory and should not duplicate textual material.

Tables with more than 10 columns and 25 rows are not acceptable.

Table numbers should be in Arabic numerals, consecutively in the order of their first citation in the text and supply a brief title for each.

Explain in footnotes all non-standard abbreviations that are used in each table.

For footnotes use the following symbols, in this sequence: *, †, ‡, §.

Illustrations (Figures)

Graphics files are welcome if supplied as Tiff, EPS, or PowerPoint files of minimum 1200x1600 pixel size. The minimum line weight for line art is 0.5 point for optimal printing.

When possible, please place symbol legends below the figure instead of the side.

Original color figures can be printed in color at the editor's and publisher's discretion provided the author agrees to pay.

Type or print out legends (maximum 40 words, excluding the credit line) for illustrations using double spacing, with Arabic numerals corresponding to the illustrations.

Sending a revised manuscript

While submitting a revised manuscript, contributors are requested to include, along with single copy of the final revised manuscript, a photocopy of the revised manuscript with the changes underlined in red and copy of the comments with the point-to-point clarification to each comment. The manuscript number should be written on each of these documents. If the manuscript is submitted online, the contributors' form and copyright transfer form has to be submitted in original with the signatures of all the contributors within two weeks of submission. Hard copies of images should be sent to the office of the journal. There is no need to send printed manuscript for articles submitted online.

Reprints

Journal provides no free printed, reprints, however a author copy is sent to the main author and additional copies are available on payment (ask to the journal office).

Copyrights

The whole of the literary matter in the journal is copyright and cannot be reproduced without the written permission.

Declaration

A declaration should be submitted stating that the manuscript represents valid work and that neither this manuscript nor one with substantially similar content under the present authorship has been published or is being considered for publication elsewhere and the authorship of this article will not be contested by any one whose name(s) is/are not listed here, and that the order of authorship as placed in the manuscript is final and accepted by the co-authors. Declarations should be signed by all the authors in the order in which they are mentioned in the original manuscript. Matters appearing in the Journal are covered by copyright but no objection will be made to their reproduction provided permission is obtained from the Editor prior to publication and due acknowledgment of the source is made.

Approval of Ethics Committee

We need the Ethics committee approval letter from an Institutional ethical committee (IEC) or an institutional review board (IRB) to publish your Research article or author should submit a statement that the study does not require ethics approval along with evidence. The evidence could either be consent from patients is available and there are no ethics issues in the paper or a letter from an IRB stating that the study in question does not require ethics approval.

Abbreviations

Standard abbreviations should be used and be spelt out when first used in the text. Abbreviations should not be used in the title or abstract.

Checklist

- Manuscript Title
- Covering letter: Signed by all contributors
- Previous publication/ presentations mentioned, Source of funding mentioned
- Conflicts of interest disclosed

Authors

- Middle name initials provided.
- Author for correspondence, with e-mail address provided.
- Number of contributors restricted as per the instructions.
- Identity not revealed in paper except title page (e.g. name of the institute in Methods, citing previous study as 'our study')

Presentation and Format

- Double spacing
- Margins 2.5 cm from all four sides
- Title page contains all the desired information. Running title provided (not more than 50 characters)
- Abstract page contains the full title of the manuscript
- Abstract provided: Structured abstract provided for an original article.
- Keywords provided (three or more)
- Introduction of 75-100 words

- Headings in title case (not ALL CAPITALS). References cited in square brackets
- References according to the journal's instructions

Language and grammar

- Uniformly American English
- Abbreviations spelt out in full for the first time. Numerals from 1 to 10 spelt out
- Numerals at the beginning of the sentence spelt out

Tables and figures

- No repetition of data in tables and graphs and in text.
- Actual numbers from which graphs drawn, provided.
- Figures necessary and of good quality (color)
- Table and figure numbers in Arabic letters (not Roman).
- Labels pasted on back of the photographs (no names written)
- Figure legends provided (not more than 40 words)
- Patients' privacy maintained, (if not permission taken)
- Credit note for borrowed figures/tables provided
- Manuscript provided on a CDROM (with double spacing)

Submitting the Manuscript

- Is the journal editor's contact information current?
- Is the cover letter included with the manuscript? Does the letter:
 1. Include the author's postal address, e-mail address, telephone number, and fax number for future correspondence?
 2. State that the manuscript is original, not previously published, and not under concurrent consideration elsewhere?
 3. Inform the journal editor of the existence of any similar published manuscripts written by the author?
 4. Mention any supplemental material you are submitting for the online version of your article. Contributors' Form (to be modified as applicable and one signed copy attached with the manuscript)