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# Journal of Psychiatric Nursing

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*Triannual Journal*

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## 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.

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## 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.<sup>1</sup>

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

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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 revives 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.<sup>2</sup> 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.<sup>3</sup>

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.<sup>4</sup>

## 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 40questions 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.

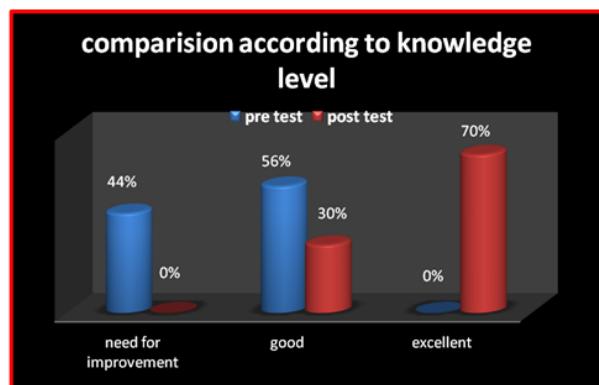


Figure 1: Comparison according to knowledge level.

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.



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# 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 M<sup>1</sup>, Anumol Joseph<sup>2</sup>, Sister Mary<sup>3</sup>

## 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:

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## 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.<sup>2</sup> 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 offenders<sup>3</sup>

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 crime<sup>1</sup>. As per the Home Ministry data of the total of 33,387 juveniles apprehended in 2011, 21657 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

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rape by juveniles. As many as 1,419 such cases were recorded in 2011 as compared to 399 cases 2001.<sup>4</sup>

## 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 30thmarch 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 tale 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 Anita 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.<sup>5</sup> 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.<sup>4</sup>

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.2 009:79(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, Anita 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.<sup>1</sup> 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 Abuse<sup>2</sup>; Non contact Abuse<sup>2</sup>.

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### 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.<sup>3</sup>
- 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'<sup>4</sup> - it can also include touching, kissing, oral sex or anything sexual

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- Sexual abuse can happen online as well as offline.<sup>5</sup>

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 assault<sup>6</sup>: 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)<sup>7</sup> 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 men<sup>8</sup> and 5 to 10% of women<sup>9</sup> worldwide

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)<sup>10</sup>



**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 abuse<sup>2</sup> 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 denial<sup>11</sup>: 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.

Silence<sup>12</sup>: Out of fear of being judged most of the time, preferring to keep quite even with close ones with the fear of abandonment.

Feelings of anxiety: feeling unsafe or unable to relax.

Sadness:

Guilt and blame<sup>13</sup>: 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 taking<sup>14</sup>

- 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.<sup>15</sup>

### Children as our Concern: Included from Various Research Blogs

#### Effect of Sexual Abuse on Childhood Sexual Knowledge (CSK)<sup>16</sup>:

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 children<sup>17</sup>:***

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 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)<sup>18</sup>***

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 Children<sup>19</sup>***

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.<sup>20</sup>***

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, 2015<sup>21</sup>

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.<sup>22,23</sup>
- *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.*<sup>24</sup>

#### ***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)<sup>25</sup> 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: 10.1111/ab.12500.
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](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>
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24. <https://www.rainn.org>
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# 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

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

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

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### 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 antisepsis. 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, Tenovuo 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, 4<sup>th</sup> 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](http://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.

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