EMPOWERING COMMUNITY TO CONTRIBUTE ON PRIMARY PREVENTION OF CHILD SEXUAL ABUSE (CSA) TOWARDS CHILDREN WELL-BEING

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ABSTRACT

Background: Child sex abuse (CSA) refers to sexual activity involving children and adults. The consequences result in physical, psychological, social and behavioral trauma. These cases are not always reported because of a number of factors for example the situation on which the event took place, the victim's willingness/courage to report, family support to report to the police, as well as the concern from various parties upon this issue. To enable the protection of children, primary prevention strategies are deemed necessary to curb the total number of cases. Thus, establishment of the Anti Child Sex Abuse Community (ACSAC) as form of community involvement (elementary school students' parents, elementary school teachers, and posyandu cadres) becomes alternative model of primary prevention.

Objectives: Evaluate ACSAC's efficacy as a medium for primary prevention towards CSA.

Method: Quantitative methods are applied using a pretest-posttest group design. Research subjects comprise of three groups, including 5th grade elementary school parents, 5th grade elementary school teachers and posyandu cadres that are purposively selected. Assessment of each groups’ knowledge, skills and program application’s feasibility are conducted before and after intervention. Intervention’s implemented by the research team. Data collection’s conducted by handing out questionnaires on knowledge, skills, and program feasibility. Descriptive analysis carried out to identify knowledge and skills differences between groups before and after intervention.

Results: ACSAC increased knowledge of CSA before and after primary prevention intervention program. Subject’s skills in applying most of ACSAC’s program needs to be immediately applied in school and community contexts. The ACSAC program’s expected to prevent CSA in order to reserve better children’s health and well-being in future.

Keywords: CSA – ACSAC – primary prevention-well-being.
Introduction

According to The National Center on Child Abuse and Neglect, child sex abuse refers to the sexual contact between a child and adult, or inbetween children, using children as a means to achieve sexual gratification. Child sex abuse involves children up to the age of 18 years old. Some forms of child sex abuse include exhibitionism, peeking, caressing, flirting, oral sex, and sexual intercourse (Ayres, et al, 2007). Child sex abuse may lead to physical, mental, social or even behavioral trauma. The impacts of child sex abuse may affect the child in the short term or even the long term. Short term effects include excessive fear, social withdrawal, mental distress, stress, physical pain and bleeding, mainly in the genital areas. Long term effects include trauma to situations or conditions that support the practice of sexual abuse in childhood, over suspicion to people, anti social, aggresiveness, or even commit child sex abuse to other children as a form of revenge (Kritsberg, et al, 2001).

Child sex abuse consists of physical, sexual, emotional abuse and child neglect. They may lead to anxiety, aggresive behavior, paranoia, post traumatic stress disorder, depression, increased suicidal attempts, disassociative disorder, low self esteem, drug abuse, damage and pain in genital areas, deviant sexual behavior, fear towards a person or specific place, sleep disorders, aggresiveness, withdrawal, depression, somatization and poor school performance (Kritsberg, 2000 ; Van Dam, 2001 and Kliegman et al., 2007).
Child sex abuse in Indonesia may take forms of physical, emotional, social, and sexual abuse. Eighty percent (80%) of children that have experienced abuse are below the age of 15. A very concerning increase of child sexual abuse cases have been reported. In 2004, 441 cases were reported and in 2006, 1124 cases were reported (Komnas PA, 2007). Matters of child sex abuse are considered to be domestic issues of the families and should be contained, therefore not allowing others to know about the event (Ahimsa, 1999; Suyanto, 2000 and Hariadi, 2000). According to Lembaga Perlindungan Anak (LPA) DIY, child sex abuse constitutes the highest among other criminal cases and is continuously increasing from 2001 until 2008. This is confirmed by research conducted by Rifka Annisa (2007), revealing that among child sex abuse perpetrators are family members, for example the father, elder brother, uncle, grandfather, teachers, friend, or friends elder brother. Observing from the perpetrators’ age, 5.56% are aged 5–12 years, 4.17% aged 12–15 years, 2.43% aged 15–18 years, 4.17% aged 18–21 years, 9.38% aged 21–24 years, 26.04% aged 24–40 years, 11.46% aged 40–55 years, 5.21% aged above 55 years and 31.60% unknown. This is supported by studies by Ayres, et al (2007) discovering that among child sex abuse perpetrators 30-40% are family or already known by the child, 50% are outside family but trusted by the child, 40% are people that are older than the child, and 10% people unknown to the child.

The phenomena above certainly indicates that prevention measures of child abuse is imperative. This may take the form of sexual reproduction health education that provides correct information related to the body’s organs including
the names and functions of the genitalia, as well as the private parts of the genitalia. This learning process should initially take place at home, school, and eventually to professional practice (Kliegman, et al, 2007). Involvement of teachers is also vital to support the learning of child sex abuse anticipation (Phasha, 2008). It is also necessary to provide training for children, in self-protection against child sex abuse (Khosianah and Suminar, 2004).

Based on the elaboration above, thus it could be suggested that the community be considered as a form of primary prevention that places concern towards issues of child sex abuse. The establishment of a community is organized through structures of the home, school as well as professionals. Home structures are organized through parents (represented by the students’ parents), school structures (represented by the elementary school) and professional structures (represented by posyandu cadres). This community is referred to as the anti child sex abuse community (ACSAC) that consists of elementary school students’ parents, elementary school teachers, posyandu cadres.

The objectives within this study is to form an ACSAC of elementary school parents, elementary school teachers and posyandu cadres that would evaluate knowledge related to sexual abuse and skills of implementing the program before and after intervention.
Wrongful sexual acts conducted by family members (incest) or beyond the family constitutes the most common form of sexual abuse. Sexual abuse within families is very difficult to document and manage. Children may be forced to conceal the experiences of abuse or deny that the event had ever occurred. Child victims must be protected from subsequent abuses and this may be a form of protection upon the family unit. At times, the child may be forced to withdraw charges of abuse conducted by relatives because of the fear of being teased, revenge, attendance in court, guilt, or fear to separate from friends or the people they love or need the most (Craissati, McClurg & Browne, 2002).

The estimates of sexual abuse cases epidemiologically move from 1.4/10.000 to 17/10.000 children between 1976 and 1984 (American Association for Protecting Children). Surveys among female adults indicate that 12%-38% have experienced sexual abuse at the age 18. Research demonstrates that sexual abuse in families constitute 8% of total cases, while cases beyond the family constitutes 2%. The fear that children may be considered homosexual or that they have failed to protect themselves from sexual abuse may deter these children from reporting their experiences (Banyard, Williams & Siegel, 2004).

In the year 1999 there were 679 cases (71% from all abuse cases) that were reported from child hospitals to be sexual abuse victims. From 744 patients with a suspected clinical diagnosis of sexual abuse, 230 (31%) were reported to
have experienced sexual abuse. The lack of clarity may be due to the early age of the children that have limited capacities to provide detailed descriptions of their experiences, or also possibly the difficulties obtaining significant physical or laboratory evidence. Around 30% of sexual abuse victims are aged below 6 years, 30% aged 6 – 12 years and 40% aged 12 – 18 years. Meanwhile, reports indicate that 97% of the perpetrators are male. The topic of incest emerges from most cultures and is present among all social economic levels, with a higher degree compared to physical abuse and neglect (Dube, Anda, Whitfield, Brown, Felitti, Dong & Gilles, 2005).

The etiology of sexual abuse upon female children acted by fathers or step fathers constitute the majority of incest cases, although possibilities of incest occurring between male-female relatives should not be overlooked. Research on the apprehension of adult perpetrators demonstrate that sexual abuse is initially triggered by the victim’s vulnerability and availability, physical contact and persuasive actions to lure the child by using rewards or by providing attention. Children most vulnerable to sexual abuse are described to have physical or mental limitations, not loved, unexpected, had once become a sexual abuse victim, children under drug abuse, siblings, low self esteem and low intelligence (Kliegman, et al, 2007).

Clinical manifestations of sexual abuse must consider physical symptoms, for example pain in vagina, penis or rectum, bruises, eritrema or bleeding; chronic dysuria, enuresis, constipation, or encopresis. Non specific behaviors including gestures indicating suicidal attempts, fear of particular place or person,
nightmares, sleep disorders, regression, aggression, withdrawal behaviors, post traumatic stress disorder, low self esteem, depression, poor school performance, running away, self mutilation, anxiety, double personality, somatization, phobia, trauma, prostitution, drug abuse, eating disorders, dysmenorrhea and dispaurenia (Indriati, 2001).

Primary prevention for sexual abuse is related to normal educational development and sexual behavior. It is implemented by correctly teaching the children all the names of the organs’ names, functions, and significant "private parts" (nipple, genital, rectum) and must begin from the family, continuing to the pediatrician and eventually to schools. Children must be taught to be able to say "no" to all actions and to all people that discomforts the child, especially related to areas of the "private parts". The child must be given the opportunity to report/tell the adults they trust, about the child’s experiences (Adam & White, 2004).

The researcher has conducted initial studies of need assessment in early 2006 related to early prevention of child sexual abuse (qualitative methods). The results demonstrate that elementary school students, elementary school teachers, and experts suggest health promotion methods to include lectures, workshops, discussion, and the utilization of various supporting media for example pictured comics and booklets. Subsequently in 2007, taking into consideration the results of the 2006 study, evaluation on the pictured comics as early prevention media was implemented (using quantitative methods). The results demonstrate that the media succeeded in increasing knowledge of the fifth grade elementary school students. Based on these findings, the researcher
tried to apply the primary prevention program on ACSAC, of which consists of 3 groups namely elementary school students’ parents, elementary school teachers, and posyandu cadres.

Based on the phenomena above the research question for the following study is whether ACSAC, of which consists of 3 groups experiences, increases their knowledge towards child sexual abuse as well as their skills in applying the primary prevention program after intervention is conducted.

**Research Method**

This research applies a quasi experimental approach with a *pretest-posttest group design* (Campbell and Stanley, 1999). Descriptive analysis is conducted to evaluate the subjects’ skills and program feasibility.

The research subjects are from ACSAC groups consisting of elementary school students’ parents, elementary school teachers, and posyandu cadres in community health centers within the Mlati 1 region, Sleman district, DIY province. The Sleman district has been selected because most cases of sexual abuse are reported in the Sleman district (data from Rifka Annisa, 2008). Simple random selection is conducted to determine the research subjects among 25 integrated community health centers in the Sleman district. From the 25 community health centers that were drawn from the lottery, eventually community health center Mlati 1 was selected. Afterwards, three elementary schools, that were all within the scope of the community health center, were subsequently selected by lottery. These elementary schools include SD Pogungrejo, SD Pogung Kidul and SD Sinduadi Timur. The ACSAC group of parents from all three elementary schools
consisted of 9 parents, the ACSAC group of elementary school teachers from all three elementary schools consisted of 9 people, in addition to 12 posyandu cadres from the Mlati 1 community health center.

The variables in the research consist of the primary program prevention as the independent variable and knowledge towards child sexual abuse and abilities in program implementation as the dependant variable. Knowledge is measured using questionnaires, while skills are measured from feedback given by the ACSAC facilitators.

The researcher recruits a research team comprising of 12 IKM masters graduate students of which are trained by the researcher to become facilitators. Facilitators are divided into 3 groups, parents, teachers and cadres. The facilitator then undergoes training for 4 days. All activities are recorded so that the facilitators are able to directly observe the strengths or flaws of their performance. Prior to intervention, the research team prepares modules, comics, booklets, questionnaires, aprons, training kits and flip chart material. The team then continues to perform interventions towards the three ACSAC groups (elementary school students’ parents, elementary school teachers, posyandu cadres) for two days. A pretest on knowledge and skills is conducted one day before intervention to the ACSAC groups and post-tests (knowledge and skills) are given one day after the ACSAC groups have undergone the intervention.

Descriptive analysis is conducted to discover differences of increased knowledge and skills between ACSAC groups of parents, teachers and posyandu cadres before and after the intervention program.
Result

ACSAC posyandu cadre group

Most of the cadres (8 out of 12 cadres) had increased knowledge following the intervention, 2 cadres had the same level of knowledge and 2 cadres had reduced knowledge from pretest to post test. Average pretest scores were 26 and average post-test scores were 31.33 therefore indicating a 20.5% increase.

As a description of the cadres’ knowledge prior intervention, 8 from 10 cadres have already understood the definitions and forms of sexual abuse as well as the parts most vulnerable to sexual abuse. Most cadres (9 from 12) have understood the psychological impacts towards children victims of sexual abuse as well as the laws that apply to child sexual abuse perpetrators.

Most cadres are satisfied with their increased knowledge and skills, the atmosphere within the program, and the facilitators. Program evaluation demonstrates that most cadres suggest that the program is appropriate to broaden perspectives towards child sexual abuse, as a means of prevention as well as increasing sensitivity to take an active role in preventing child sexual abuse.

Based on evaluations of the cadres skills, most of the cadres (10 from 12) are able to organize the program well. This is evident from the divisions of tasks and cooperation between ACSAC cadres, for instance division of tasks to organize the program’s opening, presentation of material, ice breaking sessions,
reviews, material conclusion/ lesson learnt sessions. The ACSAC cadres have delivered the information in a relaxed and unauthoritarian manner, have taken advantage of supporting facilities well, applied games in accordance with local wisdom and are able to deliver jokes to create an informal atmosphere in the program.

**ACSAC Elementary School Teacher Group**

Most of the elementary school teachers (6 from 9 teachers) have increased knowledge and skills following the intervention. Only two elementary teachers experienced a reduction from pretest to post-test. Total scores for the pretest are 25.56 and post test 32.11 thus indicating an increase of 25.63%.

As a description of the teachers’ knowledge prior to intervention, 8 from 9 teachers have already understood the definition and forms of sexual abuse as well as the parts most vulnerable to sexual abuse. Most elementary school teachers (8 from 9) have already understood the psychological impacts of the child victims of sexual abuse and the legal sanctions towards child sex abuse perpetrators.

Most elementary school teachers are satisfied with their increased knowledge and skills, the atmosphere within the program, and the facilitators. Program evaluation demonstrates that most cadres suggest that the program is appropriate in broadening perspectives towards child sexual abuse, as a means of prevention, as well as increasing of sensitivity to take an active role in preventing child sexual abuse.
Based on evaluations towards the teachers' skills, most teachers (6 from 9) are able to organize the program well. This is evident from how the teachers divided tasks between co-facilitator and facilitator and material conclusion/lesson learnt sessions. The ACSAC teacher group applied various methods including andragogic methods, discussion, question and answer sessions, as well as brainstorming.

**ACSAC elementary school students’ parents**

Most elementary school students' parents (4 from 6 parents) experienced an increase in knowledge and skills following the training and only 2 parents felt a reduction from pretest to posttest. Observing from total pretest scores totalling 31.37 and post test scores totalling 39, there is evidence of a 25.12% increase in the scores.

As a description of the parents' knowledge prior to intervention, 4 from 6 parents have already understood the definition and forms of sexual abuse as well as the parts most vulnerable to sexual abuse. Most parents (4 from 6) have already understood the psychological impacts of sexual abuse on child victims as well as the laws applied towards child sex abuse perpetrators.

Most parents were satisfied with the increase of knowledge, skills, the program’s atmosphere as well as the facilitators. Program evaluation demonstrates that most parents suggest that the program is appropriate to broaden perspectives related to child sexual abuse, as a means of prevention as well as increasing sensitivity in actively participating to prevent child sexual abuse.
Based on evaluations towards the parents’ skills, most parents (4 from 6) are able to organize the program well. This is evident from the job divisions and cooperation between ACSAC parents, for example dividing the tasks in organizing the program opening, presentation of material, ice breaking sessions, concluding material/ lessons learnt session. The ACSAC parents’ group used methods including andragogic methods, optimal use of supporting facilities, involving the participants in learning, able to create a friendly and relaxed atmosphere and had training before implementing the program.

**Discussion**

The increase of knowledge among the three ACSAC groups (parents, teachers and posyandu cadres) before and after program intervention demonstrates that the ACSAC groups are able to understand, digest and apply the material in the program. The program may be applied as primary prevention to school structures involving teachers and students’ parents, consistent with Topping and Barron (2009) suggesting that schools become the main location to implement programs especially prevention of child sexual abuse. The choice of schools as the target for intervention is supported by Adam and White (2004) that suggests that schools are the most appropriate environment to deliver information related to sex education by involving teachers and the students’ parents so that they could learn together about sex education for children.

The increase of skills in implementing the program among the three ACSAC groups before and after intervention demonstrates that the ACSAC
groups are able to understand the material in accordance with the planned syllabus, able to control the discussion, create a comfortable learning environment and able to share experiences with the participants. Modelling upon the research team had adequate influence in material delivery, material review, brainstorming and concluding material (Bartholomew, et al., 2006). Moreover, ACSAC was also able to take optimal advantage over supporting facilities (booklets, comics, modules, flipcharts etc). Optimal use of supporting media in prevention programs functions to change knowledge, understandings, and individual attitudes, as well as contribute to the end goal of behavior modification (Brown, et al., 2008).

Program evaluation demonstrates that most of the ACSAC groups suggest that the program is very appropriate in broadening perspectives towards child sexual abuse, prevention as well as the sensitivity to take an active role in preventing child sexual abuse. This evaluation facilitates ACSAC in planning programs and providing recommendations to donors to apply primary prevention strategies towards child sexual abuse. The evidence based evaluation is useful to determine whether this program requires modification, modified or to be stopped all together (WHO, 2006).

CSA is indeed a complex issue, and complex issues require complicated solutions. Significant improvements in prevention, protection, and treatment are lacking. Therefore sufficient knowledge and skills are required for individuals to deal with this particular issue. One of the major obstacle is the limited/minimum information related to CSA. Questions are therefore raised to consider the
strategies and programs that may provide evidence, of which may be
generalized, to easily detect CSA cases, and thus lead to program designs to
ensure the child’s protection (Connor, 1991). Three main elements concerned
with the design are necessary, namely:

1. Information related to effective action

To have a better understanding of CSA as well as its response, it is
necessary to combine information systems with surveys related to CSA
reports – basic information – public facilities. The survey system must
include the following:

- Survey based on populations to identify:
  
  o CSA prevalence
  
  o Associations between high risk behavior and post CSA
    experiences
  
  o Associations between post CSA experiences and high risk
    behaviors, and current health condition

- Mechanisms to investigate child mortality cases as well as suspected
  causes of death related with the child’s wounds.

2. CSA Prevention

CSA prevention including interventions at all ecological levels, that would
introduce the formulation of risk factors ranging from conducive cultural
norms to unwanted pregnancies. Family support in form of home visits
and training programs for families is the most effective prevention
strategy. This is the starting point in preventing CSA. The prevention
program must set priorities based on sub groups of populations that are at most risk to CSA.

3. Services to CSA victims and family members including child protection.

Services providing protection and support to child victims of CSA as well as family members must be based on evidence to maintain effectiveness. Trained professionals working with children may become one of the valuable assets in detecting CSA.

Based on the above elaboration, preventions from ACSAC has demonstrated to increase community sensitivity to all possibilities/risks to CSA, acquire techniques to prevent child becoming CSA victim, to have the courage of reporting CSA cases as well as the relevant institutions to report. It is hoped that these efforts will all lead to the decrease of CSA cases as well as the increased security of the child’s protection and welfare.
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