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## CHILD SEXUAL ABUSE: IS IT AN ORDINARY PROBLEM IN THE SOCIETY?

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**ABSTRACT**   The child sexual abuse is a common problem in the society. Important thing is the negativity, which affects victims, fellows, families and then the society. In the present study, we have discussed briefly the scope and consequences of child sexual abuse and critiques child-focused personal safety educational programs designed to prevent sexual victimization. The final section offers suggestions for expanding the focus of child-directed efforts and also includes recommendations for alternative approaches to primary prevention. This review discussed identification of the effective solution to support parents, parenting, and efficacy of developing parent-teacher leaders on prevention of child sexual abuse literacy among parents. A systematic search of key electronic databases was undertaken to identify systematic reviews evaluating approaches to parenting support. The parents and the educators play main possible roles in the educational success of students. Parental involvement and home-school partnerships have been researched and addressed at the national, state, and local levels. Therefore, in the face of uncertainty as to whether aetiologies of the various forms of child maltreatment are similar or different, a diverse range of approaches to prevention research should be encouraged. Parent education can promote well-being and strengthen families and communities to prevent child abuse and neglect. Successful parent education programs help parents acquire and internalize parenting and problem-solving skills necessary to build a healthy family. Research shows that effective parent training and family interventions can change parents' attitudes and behaviors, which further promote protective factors, which results in the positive outcomes for parents and children as well. Considering this situation, there is strong evidence to say that "Prevention is better than cure."Hence parents need to be educated as leaders in the community along with teachers for timely and better results of prevention. The review states the importance of educating mandatory reporters and suggests inconclusive findings of sex differences in child abuse recognition parental self-efficacy.

**KEYWORDS** : Child sexual abuse, ordinary problem, society.

### INTRODUCTION
The last two decades have proved the increasing interest in the field of mental health, as its importance for mental health and social lifestyle of an individual level and the social and economic well-being of societies.

The possible reflection of available approaches to the parenting and the relationships of quality of parent to child is recognized as one of the most important remediable determinants of future health, particularly mental health [1]–[3].

Further, it is also predictive of a wide range of detrimental health and social outcomes, including antisocial behavior, delinquency, violence, and criminality [4]; educational success and school dropout [5] health-related behaviors including sexual promiscuity [6] drug and alcohol abuse [7], smoking [8] and unhealthy eating (Kremers et al., 2003); physical health in general and specific common diseases [2], [9], [10]. This kind of aspects of parental nurture also appears to influence nature. Moreover, the epigenetic studies have demonstrated that the quality of parenting influences the phenotypic expression of individual genes which carry the risk for mental disorders [11] thus, it can be said that the parenting is therefore hugely important to children, parents, and society.

In fact, while parental sensitivity and attunement to infants and children's needs are quite important in these years, it is proved from the contention mentioned above that the parenting also influences outcomes in adolescents as well as in the older children.

Moreover, in all categories like preschool, school-age children, and adolescents" boundary setting, discipline and behavior management are important alongside parental sensitivity. These parenting attributes are important in the emergence of conduct disorder, delinquency, and violence of the child. Teachers, peers and the community also influence outcomes in elder children; however, it has been found that parenting is an important determinant of mental health and well-being of the children even at these later ages.

Practitioners and researchers in a variety of disciplines are developing interventions and programmes for developing parenting skills. One group has created the classic behavior management programmes for families with children aged three years and up. During this age, behavior problems start to emerge, and parents need behavior management skills. Parenting support is the important bedrock of these programmes. The programmes are offered for a period of 10-12 weeks and one group of parents constitutes 8-12 members.

### Sexual abuse
**Definition:-**
"Child sexual abuse is any sexual crimes against a person under the age of 10 years old, including fondling, rape and any other form of sexual activity with a minor [12].

According to (WHO; 1999) "The involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violate the laws or social taboos of society".

This definition includes both adult and child/adolescent perpetrators, provided that the perpetrator overpowers and/or takes advantage of the child and the sexual activity satisfies the needs of the perpetrator.

Furthermore, sexual activity may or may not involve physical contact, non-contact acts such as exhibitionism, exposure to pornography, voyeurism, and communicating in a sexual manner by phone or Internet."[37]

**Settings of Child Sexual Abuse**: - Child sexual abuse can almost

occur everywhere; the most common places are home, school, workplace (where child labour is common), child marriage (main form and most prevalent form of sexual abuse exploiting the girls). Therefore the question automatically arises, Are the children in India in safe hands? If so, to what extent it is?

**Types of Child Sexual Abuse: -** Some forms of child sexual abuse include: Exhibitionism, or exposing oneself to a minor, fondling, intercourse, masturbation in the presence of a minor or forcing the minor to masturbate, obscene phone calls, text messages, or digital interaction, producing owning or sharing pornographic images or movies of children, sex of any kind with a minor, including vaginal, oral, or anal, sex trafficking. Any other sexual conduct that is harmful to a child's mental, emotional, or physical welfare.

**Commercial sexual exploitation: -** It is a sexual abuse by an adult accompanied by remuneration in cash or in kind to the child or third person(s). CSEC usually takes the form of child prostitution or child pornography, and is often facilitated by child sex tourism. CSEC is particularly a problem in developing countries of Asia. In recent years, new innovations in technology have facilitated the trade of Internet child pornography.

**Demography: -** More offenders are Males than females. Offenders are more likely to be relatives of the victims. The offenders are of two type viz. situational and preferential.

**Teachers:-** According to a 2010 UNICEF report, 46% of Congolese schoolgirls confirmed that they had been victims of sexual harassment, abuse, and violence committed by their teachers or other school personnel.

**Prevalence**
Global Prevalence:-Based on self-disclosure data, a 2011 meta-analysis of 217 studies estimated a global prevalence of 12.7% - 18% for girls and 7.6% for boys.

A 2009 meta-analysis of 65 studies from 22 countries found a global prevalence of 19.7% for females and 7.9% for males.

A ten-country school-based study in southern Africa in 2007 found 19.6% of female students and 21.1% of male students aged 11–16 years reported they had experienced forced or coerced sex.

In 2007, the Ministry of Women and Child Development, Govt. of India published the "Study on Child Abuse: India 2007." It sampled 12447 children, 2324 young adults and 2449 stakeholders across 13 states. The study's main findings included: 53.22% of children reported having faced sexual abuse. Among them, 52.94% were boys and 47.06% girls.

A major problem in the United States is sexual abuse in the school systems involving school teachers, staff, and other students. The most recent research indicated that approximately 10.14% of children were victims of child sexual abuse [13] The most recent census reports documents 762,940 confirmed cases of child abuse in 2009, 72% are cases of neglect, 16.4% physical abuse, 8.8% sexual abuse, 7.0% emotional abuse, and 11.2% other types of abuse [14]. A 16-year-old developmentally challenged girl was punched by a teacher in Ohio and was then forced to perform oral sex on two different boys in the school auditorium [15]. The same study also shows that one in five girls and one in 10 to 20 boys are sexually abused during their childhood.

**Effects of Child Sexual Abuse**
Child sexual abuse can result in both short term and long term harm. Sexual abuse destroys the child physically as well as mentally. The situation becomes all the more complicated especially when sexual abuse occurs from the known person. According to a study conducted by Cyr, McDuff, and Hebert in 2013 the impact of CSA can have devastating Short term and Long term effects. [**38**]

**Sexual behaviors**
Child maltreatment has been linked to sexual promiscuous and risky sexual behaviors later in life. The majority of the studies examining this outcome have focused on childhood sexual abuse, versus physical or emotional abuse, as a predictor [16]. Individuals who have experienced childhood abuse, such as physical abuse, sexual abuse and neglect are at an increased risk of becoming prostitutes [16]. Victims of childhood abuse, especially childhood sexual abuse are more likely to test positive for HIV-AIDS than individuals who have not experienced childhood abuse [16]. Childhood abuse can lead to low self-esteem, which is one of the major factors causing risky sexual behaviors. Many children who experience abuse are looking for an escape from this horrendous act against them, and they run away from home. Children who run away from home often resort to prostitution as a means of financial support for survival. These children may not feel as though they have the skills or abilities to find a job that will provide support for themselves; therefore they resort to sex for survival [16].

**Psychological effects**
Individuals who have earlier experienced childhood sexual abuse may experience long-term psychological health problems including, depression, suicidal tendencies, sexual dysfunction, borderline personality disorder, eating disorders, posttraumatic stress disorder (PTSD), poor self-esteem and many other personality disorders [17]. Coohey (2010) found that teenage boys who have been sexually abused are more likely to have clinically internalized behavioral problems such as low self-esteem and self-doubt [18]. Individuals who have suffered multiple types of childhood abuse are more at risk for mental health issues than individuals who experienced one type of abuse [17]. Researchers have found that people, who reported two types of childhood abuse such as physical and sexual abuse together, exhibited more depressive episodes and reported a higher rate of reported suicide attempts, than the individuals who reported only one type of childhood abuse [17]

**Prevalence of child sexual abuse in India**
Every child is at risk of abuse, can take place anywhere, and is alarming. According to the National Crime Records Bureau of India, it has been found that a total of 12,363 cases of child rape were reported in India in 2013. Kacker, Varadan and Kumar (2007) showed that more than half (53.22%) of children were found to experience one or more forms of sexual abuse among 12447 children, 2324 young adults and 2449 stakeholders across 13 states of India. Most children who experienced sexual assault (72.1%) did not report the matter to anyone. In Chennai, the city was chosen for this research; child sexual abuse is widely prevalent. In a study conducted by Tulir – Centre for the Prevention and Healing of Child Sexual Abuse and Save the Children Sweden's study (2006), [19] around 939 children (42.46%) admitted to having been sexually abused, out of the 2211 school going children. Upper and middle class of society are more prone to experience.

**Psychological effects:** Depression, anxiety disorder, PTSD, personality disorders, self harm, suicidal attempts, alcohol and drug dependence, distortion of psycho-biological development, maladaptive cognitive development, lower education outcomes, risky sexual behavior, unplanned pregnancies, difficulty in performing variety of adult roles, juvenile delinquency, eating disorders, poor self esteem, regressive behavior like thumb sucking, withdrawal from social activities.

**Impact on parents of the victim:** Depression, anxiety, PTSD, feeling of shame, self blame for not being able to stop the CSA from happening.

**Physical effects**
**Injury: -** Depending on the age and size of the child, and the degree of force used, child sexual abuse may cause internal lacerations and bleeding. In severe cases, damage to internal organs may occur, which, in some cases, may cause death.

**Infections: -** Child sexual abuse may cause infections and sexually transmitted diseases. Due to a lack of sufficient vaginal fluid, chances of infections can heighten depending on the age and size of the child Vaginitis has also been reported.

**Neurological damage: -** Research has shown that traumatic stress, including stress caused by sexual abuse, causes notable changes in brain functioning and development. Some studies indicate that sexual or physical abuse in children can lead to the over-excitation of an undeveloped limbic system.

**Incest: -** Incest is sexual activity between family members or step parents or close relatives for biological act of reproducing. The most often reported form of incest is father-daughter and step father-daughter incest.

**Attitude of parents towards sexual abuse: -** Prevalence of parenteral child sexual abuse is difficult to assess due to secrecy and privacy. Some estimates state that 20 million Americans have been victims have been victimized by parenteral incest as children.

According to a study conducted by Man Mohan Singh, Shradha Parsekar and S. Nair in 2014, states that sex abuse is a taboo in India. Majority of the people remain numb about this issue. Silence is due to indignity, denial from community, social stigma and not being able to trust by government officials.

#### What do perpetrators of child sexual abuse look like?
The majority of perpetrators are someone the child or family knows. Because as many as 93 percent of victims under the age of 18 know the abuser. A perpetrator does not have to be an adult to harm a child. They can have any relationship to the child including an older sibling or playmate, family member, a teacher, a coach or instructor, a caretaker, or the parent of another child. Child sexual abuse is not only a physical violation; it is a violation of trust and/or authority.

#### Abuse in the digital world in India
In this digital age, computers have become an important part of the education. Parents believe that the knowledge of computer will provide the children an edge in the competitive world. However, they often forget the more risk of susceptibility of the children while using internet. The online web content may harm the children and they become part of sexual abuse [20]. Child pornography and the sexual abuse of children through misuse of the media and the internet are complex yet closely related issues [21]. Due to this fact, the Indian Government has introduced a legislation to bring various forms of sexual abuse under its ambit.

#### Warning signs of child sexual abuse:-
Child sexual abuse isn't always easy to spot. The perpetrator could be someone you've known a long time or trust, which may make it even harder to notice. Consider the following warning signs:

**Physical signs:** Bleeding, bruises, or swelling in genital area, bloody torn or stained underclothes, difficulty in walking or sitting, frequent urinary or yeast infections, pain, itching, or burning in genital area.

**Behavioural signs:** Changes in hygiene, such as refusing to bathe or bathing excessively, develops phobias, exhibits signs of **depression or post-traumatic stress disorder,** expresses suicidal thoughts, especially in adolescents, has trouble in school, such as absences or drops in grades, inappropriate sexual knowledge or behaviours, nightmares or bed-wetting, overly protective and concerned for siblings, or assumes a caretaker role, returns to regressive behaviours, such as thumb sucking, runs away from home or school, self harms, shrinks away or seems threatened by physical contact.

#### Interventions and Preventive measures of CSA:-
A big part of protecting your child is about creating a dialogue. Talk to your child if you suspect sexual abuse. Increase vigilance via CCTV, Police verification of teachers and other employees. Provide sex education to children, provide training to teachers to effectively address CSA, Caring and child friendly environment in schools, Equity and sex education to be included in curriculum.

Encourage police reporting both by parents as well as teachers, Awareness of law regarding protection of children.

**Other interventions include** Treatment of Child Victims, Treatment of Adult Survivors, Treatment for Adult and Adolescent Sex Offenders, Family-Oriented Interventions, Family Income and Supplemental Benefits, Community-Based Interventions, Medical Treatment of Child Abuse, Child Protective Services, Child Welfare Services, Legal Intervention in Child Maltreatment, Social and Cultural Interventions emphasis on violence prevention programs in schools, Parental Enhancement Programs, Community-Based Prevention Programs,

#### Role of the government and partner agencies in fighting child sexual abuse
The Ministry of Women and Child Development of the Central Government, spearheads the national fight against child sexual abuse and is involved in the creation of laws, periodic monitoring and allocating of funds to NGOs. It supports the Childline India Foundation (CIF) that links State Governments, NGOs, bilateral /multilateral agencies and the corporate sector. The Foundation aims to coordinate the efforts of various stakeholders in creating awareness, conducting research and documentation, advocacy efforts and resource management. The Foundation works with over 540 partner organizations across India to run a toll-free tele-helpline for children in distress.

#### Awareness initiatives
The Crisis Intervention Centre, for example, conducts a series of awareness creation drives that target all members of a community. The Centre visits schools to sensitize students about the helpline number 1098 and talks to them about the rights of a child, how to protect themselves and the importance of reporting abuse to a trusted adult or the helpline. The Centre also encourages adults to call the hotline whenever they discover cases of abuse. The number 1098 and its purpose is publicized through a variety of media like boards or stickers in buses, trains, and autos, printing messages on telephone bills and calendars, cinema slides, radio announcements pamphlets, CDs, online newsletters, etc. Volunteers reach out to community members with the help of puppet shows, street theatre, presentations and role play. The Centre conducts awareness programmes for various groups of individuals like auto drivers, operators of public telephone calling booths, police personnel, and people living in slums, self-help groups, and college students, leaders of youth clubs, local leaders and government officials. Campaigns are also held at railway stations and bus regularly stands to sensitize the public about child abuse. Various mediums are used by other NGOs to tell children that there are dangers everywhere, not to take things lightly and to be careful. Street plays have become a favorite medium for awareness. First, they entertain through music and dance to capture the attention of the children. Mime or street theatre is then used to tell children what abuse is and what they need to do to take care of them and how to report abuse. It is very interactive with the focus on simple messages like "If someone touches you in the wrong place then tell your parents." This is followed by someone from the NGO giving more detailed information. At the end of the talk, pamphlets are distributed, and children are asked to fill in the forms, then some are identified for counseling. Other outreach activities include holding workshops for parents, teachers, and children in schools, putting up display boards outside schools and organizing rallies. Communities need to be continually confronted with the reality of child sexual abuse for significant changes to occur. The support of the media, therefore, is crucial.

## Training

As teachers engage in the process of fulfilling professional obligations and embed teaching and learning of child protection content in their repertoire of practice, it is argued that educators also require the understanding of what constitutes relevant and useful CSA prevention initiatives.

The teachers' role in prevention of sexual abuse is critical in addition to parenting as children spend most of the time with them apart from their families. Teachers also witness the social and emotional indicators, inappropriate behaviors and academic consequences. [22], [23] They are in a position to implement prevention strategies as part of their daily classroom pedagogy and practice. Significantly, teachers who have knowledge, skills and positive attitudes towards child protection can contribute to the safety of their students [24].

## Prevention programs

While CSA prevention programs have at times been directed at educating teachers, the majority of prevention strategies are directed at children in school-based programs [25] programs have tended to focus on three core aspects, namely, the definition of sexual abuse and notions of„good  and„bad  touching; methods of refusing, saying no and escaping situations; and encouraging children to tell a trusted adult. There are four additional messages evident in some programs such as; the child is not to blame; addressing the misconception that perpetrators are strangers; what constitutes caring touch; and the issue of secrecy. Of concern is the generic makeup of many of these programs and that programs have been imported to Australia from the United States but have not been adequately evaluated in either country [26]. While there is inconsistency in content, presentation, and duration of these programs, many Australian students are participants in these initiatives.

Wurtele (2002) proposed that effective prevention programs ensure that the materials match the specific needs of the community. Furthermore, before the program implementation a needs assessment is conducted, individuals and groups in the community are consulted, presenters are trained, and parental involvement is utilized before, during, and after the program). Additional considerations included ensuring programs are developmentally appropriate, grounded in theory and research, include rehearsal, role-play, practice, are sensitive to audience characteristics, include multiple presentations and periodic reviews, include homework and parental involvement, and include comprehensive evaluation [27].

Key Consideration Three: Key Messages in the Program Building on the work of Wurtele (2002).

**Table 1 provides an overview of key messages for inclusion in a CSA school-based prevention program**

| Domain | Key Messages |
|---|---|
| Clarifies and Describes | Clarifies and explains sexual abuse in a clear and direct manner. Assists in clarifying between 'right' and 'wrong', 'normal' and 'abnormal' behaviors. Distinguishes appropriate and inappropriate touching, including positive and negative feelings about touching.<br> Children can identify touching and non touching forms of abuse Includes identification of private parts and correct anatomical terms, including body ownership.<br> Children can describe private and public parts of the body Describes possible offenders (examples including authority figures, family members, known adults, strangers, and older children).<br> Children know that sexual abuse offenders can be anyone Describes potential victims (examples of both males and females, all races, ages, sizes, and includes children with disability) |
| Grooming | Distinguishes between early grooming behaviors, including ways of establishing emotional ties and developing relationship, and later perpetrator behaviors including tricks and bribes (gifts, rides), and threats and blackmail.<br> Children are aware of some techniques offenders may use Identified Problem: Abuse being perpetrated by a familiar adult. Sexual abuse more frequently involves a grooming process, taking place over a prolonged period |
| Secrets | Considers good and bad secrets<br> Children know that bad secrets need not be kept Identified Problem: Failure to acknowledge the possibility of pleasurable responses may increase victim's guilt and shame about their experiences and encourage keeping incidents a secret |
| Feelings (Don't teach children to use feelings as indicators of CSA) | Not to rely on good or bad feelings<br> Children know what sexual abuse is and don't rely on feelings to determine whether something is right or wrong Identified Problem: Often CSA programs teach children to trust their feelings as indication that something is not right. These feelings can include butterflies in the stomach and sweaty palms. However many CSA prevention programs do not acknowledge 'bad' touch may actually feel good |
| Strategies and Skills | Develops self-protective plan and skills<br> Children develop a support network of trusted adults<br> Children ask trusted adults to be part of their support network.<br> Children and adults have opportunities to build their rapport through communicating<br> Children have a healthy self concept<br> Children understand safe body rules<br> Confident could stop and report unsafe behavior.<br> Aware can reject inappropriate and unwanted touching<br> Children know what to do if they experience sexual abuse<br> Children appreciate individuality and differences, and respect of self and others |
| Disclosure | Supports, promotes, and practices disclosure.<br> Children know how to select their support network of trusted adults.<br> Children know to keep telling their support network of trusted adults until something is done.<br> Children practice skills training to enhance confidence and knowledge of ways to disclose.<br> Children have confidence in trusted adults to help.<br> Children recognize that teachers can help children to stay safe. |
| No-Fault | Emphasize that abuse is not acceptable and never the fault of the child.<br> Children know that sexual abuse is illegal and never their fault<br> Children understand, value and act according to their self worth Identified Problem: Long-term psychological harm of CSA includes posttraumatic stress disorder, guilt and self-blame |

Parenting programs and interventions with children subjected to maltreatment

Parenting plans and interventions with children subjected to ill-treatment seek to prevent the future perpetration of partner violence by creating safe homes in which conflict is handled non-violently, parents utilize healthy parenting strategies, and children neither witness nor experience interpersonal violence. Most of the programs reviewed were implemented in higher income settings; although parenting, particularly fatherhood, plans are emerging in

developing countries. Parent-centered programs utilize home visitation, couples or group education, peer or one-on-one support, and referrals. They focus on harsh or dysfunctional parenting, violent discipline and child maltreatment, as well as partner communication, anger management, and healthy masculinities.

A few programs were found, which target children who experienced child abuse or who were exposed to parental IPV to build their assets and promote resiliency. These programs, all in developed country settings, emphasize psychological treatment and social and emotional skill-building interventions.

## Effectiveness

There is substantial evidence from high-income countries that parenting programs can reduce conduct disorders and later antisocial behavior among children, both of which are associated with future partner violence [28] . There is also emerging evidence in high-income countries that parenting programs prevent child maltreatment, a factor strongly associated with later IPV and SV, by improving child-rearing skills, increasing knowledge of healthy development, and helping parents discipline and manage problems constructively [29]However, as yet there is no evidence from longitudinal follow-up showing that grown-up children whose parents participated in these programs are less likely to report IPV or SV later in life than those whose parents did not. Although, there is no direct evidence of effectiveness, they do modify a known risk factor for adolescent IPV and SV. Therefore, their effectiveness is classified as emerging, with the caveat that many of these programs have mainly been tested in high-income settings, and therefore, their relevance and effectiveness in low- and middle-income country settings are not known.

Parenting strategies to prevent and respond to child sexual abuse

This paper describes the enhancement of a new Families Matter Program (FMP) session on CSA, drawing on authentic narratives contributed by young people to the Global Dialogues/Scenarios from Africa (GD/SfA) youth scriptwriting competition. The GD/SfA data permitted incorporation of young Africans' voices and resulted in an interactive curriculum that is grounded in contextually-relevant and emotionally-compelling scenarios and adapted to the needs of low-literacy adult learners in sub-Saharan Africa (SSA). Experiences were shared with a view to informing the development of interventions addressing CSA in SSA [30].

## Recognition education

Parents in society today depend on members of the extended families, daycares, babysitters, and religious organizations, friends, supervisors of play dates, and schools to provide a significant amount of child care for their children. It is important for parents to be educated on the signs of child abuse to ensure they can recognize the signs of child abuse, to assess their children for abuse when they are governed by other caretakers. Abuse recognition self-efficacy is an essential component in child abuse recognition and reporting as current research indicates that education in child abuse recognition and reporting will increase specific self-efficacy of child abuse recognition [31]

Keys (2005) conducted a research project, where health care professionals, such as nurses, midwives, and general practitioners were trained to identify child abuse. The health care professional must understand their role in the recognition and reporting of child abuse. The health care professionals were identified as one of the groups of individuals in society that have the ability to recognize the signs of child abuse because they have access to the children when providing medical care. Keys also found it was important for the healthcare professionals to have an accurate assessment of their own knowledge of child abuse recognition. The healthcare professional's specific self-efficacy pertaining to child abuse recognition was increased with adequate education and information about child abuse [32]. The education should incorporate how to report child abuse and how to report any signs

of child abuse anonymously. Healthcare professionals should be given adequate information to assess and report child abuse without fear of penalty Keys found that the participants in this study were eager to help and they had a positive evaluation of the education experience.

About 40% of the participants in the study recorded increased knowledge about child abuse recognition. Most of the participants rated themselves as more confident and competent in child abuse recognition. The participants reported an increase in specific self-efficacy pertaining to child abuse recognition of over 50%, after the education. Keys (2005) also found that prior to the education there was a lack of health care professional involvement in child abuse reporting. After the education was provided, health care professionals slowly began increasing referrals of families to social workers and reporting of child abuse. The purpose of the Keys (2005) study was to establish if there would be an increase in specific self-efficacy for child abuse recognition and to increase referrals of families to social services. Overall, the study was successful, since there was an increase in self-efficacy and health care professionals began increasing reports of suspected child abuse to social services. There is a need for education in the healthcare field for healthcare professionals to identify and report child abuse

## Conversation

Public is aware about child sexual abuse and they also recognize that it results in severe emotional distress. However, they are unclear that what all constitutes child sexual abuse. It has also been recognized that most of the cases of child abuse are often done by closely-related people. It has also been suggested that the most common place of child abuse is the where maximum of the time is being spent. Children who are illegally employed, are susceptible to physical and sexual abuse on a daily basis. Harassment at work place threatens the children into silence. One survey suggests the profile of an abuser being a middle-aged person with easy access to a lonely child.

Child abuse continues to be a big problem in the United States. In 2012, there were 1640 children in the United States who died from child abuse and neglect [33]. Approximately one million children are reported annually to have experienced childhood abuse; many more go unreported [34]. The existing research shows that underreporting of child abuse continues to be a [33]. Existing research also demonstrates that experts in the field are recommending more community awareness about the subject and additional training for mandatory reporters and members of the community [31], [35], [36]; Farrell & Walsh, 2010; Lee, 2008). Recommendations for identifying and reporting child abuse are based on early detection, which can foster early intervention for children to help prevent severe long-term damage.

## Conclusion

Parental self-efficacy and child abuse recognition knowledge was increased with child abuse education and time. This information provides valuable knowledge that can be useful in the prevention of child abuse. Providing child abuse recognition education to parents will increase the individual's self-efficacy, which will help them to feel more confident in their own ability to recognize and handle the signs of child abuse. This study provided much-needed information about how child abuse recognition education will impact parental self-efficacy and child abuse recognition knowledge. Equipping our community with the knowledge of recognizing the signs of child abuse and bringing community awareness is the first step towards preventing child abuse.

## REFERENCES
[1]  Repetti RL, Taylor SE, Seeman TE. Risky families: family social environments and the mental and physical health of offspring. Psychological bulletin. 2002 Mar;128(2):330.
[2]  Stewart-Brown SL, Fletcher L, Wadsworth ME. Parent–child relationships and health problems in adulthood in three UK national birth cohort studies. The European Journal of Public Health. 2005 Aug 10;15(6):640-6.
[3]  Weich S, Patterson J, Shaw R, Stewart-Brown S. Family relationships in childhood and common psychiatric disorders in later life: systematic review of prospective studies.

The British Journal of Psychiatry. 2009 May 1;194(5):392-8.

[4]   Farrington DP. Early predictors of adolescent aggression and adult violence. Violence and victims. 1989 Jul 1;4(2):79.

[5]   Smith JG. Parental involvement in education among low-income families: A case study. School Community Journal. 2006 Apr 1;16(1):43.

[6]   Scaramella LV, Conger RD, Simons RL, Whitbeck LB. Predicting risk for pregnancy by late adolescence: A social contextual perspective. Developmental psychology. 1998 Nov;34(6):1233.

[7]   Garnier HE, Stein JA. An 18-year model of family and peer effects on adolescent drug use and delinquency. Journal of youth and adolescence. 2002 Feb 1;31(1):45-56.

[8]   Cohen DA, Richardson J, LaBree L. Parenting behaviors and the onset of smoking and alcohol use: a longitudinal study. Pediatrics. 1994 Sep 1;94(3):368-75.

[9]   Bell BG, Belsky J. Parenting and children's cardiovascular functioning. Child: Care, Health and Development. 2008 Mar 1;34(2):194-203.

[10]  Waylen A, Stallard N, Stewart-Brown S. Parenting and health in mid-childhood: a longitudinal study. European Journal of Public Health. 2008 Jan 17;18(3):300-5.

[11]  Caspi A, McClay J, Moffitt TE, Mill J, Martin J, Craig IW, Taylor A, Poulton R. Role of genotype in the cycle of violence in maltreated children. science. 2002 Aug 2;297(5582):851-4.

[12]  Walker MD, Hernandez AM, Davey M. Childhood sexual abuse and adult sexual identity formation: Intersection of gender, race, and sexual orientation. The American journal of family therapy. 2012 Oct 1;40(5):385-98.

[13]  Pérez-Fuentes G, Olfson M, Villegas L, Morcillo C, Wang S, Blanco C. Prevalence and correlates of child sexual abuse: a national study. Comprehensive psychiatry. 2013 Jan 1;54(1):16-27.

[14]  C. Sexual, A. Prevention, and R. Reduction, "Child Sexual Abuse Prevention and Risk Reduction," J. Sex. Violence Rape, vol. 27, no. 8, pp. 527–539, 2010.

[15]  Nance JP, Daniel PT. Protecting students from abuse: Public school district liability for student sexual abuse under state child abuse reporting laws. JL & Educ.. 2007;36:33.

[16]  Wilson HW, Widom CS. Pathways from childhood abuse and neglect to HIV-risk sexual behavior in middle adulthood. Journal of Consulting and Clinical Psychology. 2011 Apr;79(2):236.

[17]  Seifert AE, Polusny MA, Murdoch M. The association between childhood physical and sexual abuse and functioning and psychiatric symptoms in a sample of US Army soldiers. Military medicine. 2011 Feb 1;176(2):176-81.

[18]  Coohey C. Gender differences in internalizing problems among sexually abused early adolescents. Child Abuse & Neglect. 2010 Nov 1;34(11):856-62.

[19]  Ioannidis JP. Why most published research findings are false. PLoS medicine. 2005 Aug 30;2(8):e124.

[20]  Cappa C, Khan SM. Understanding caregivers  attitudes towards physical punishment of children: Evidence from 34 low-and middle-income countries. Child Abuse & Neglect. 2011 Dec 1;35(12):1009-21.

[21]  Aslan-Tutak F, Adams TL. A Study of geometry content knowledge of elementary preservice teachers. International Electronic Journal of Elementary Education. 2015 Jun 1;7(3):301.

[22]  Cromer LD, Goldsmith RE. Child sexual abuse myths: Attitudes, beliefs, and individual differences. Journal of child sexual abuse. 2010 Nov 24;19(6):618-47.

[23]  Jones DA, Trudinger P, Crawford M. Intelligence and achievement of children referred following sexual abuse. Journal of Paediatrics and Child Health. 2004 Aug 1;40(8):455-60.

[24]  Walsh K, Rassafiani M, Mathews B, Farrell A, Butler D. Teachers' attitudes toward reporting child sexual abuse: Problems with existing research leading to new scale development. Journal of child sexual abuse. 2010 May 27;19(3):310-36.

[25]  Sanderson J, Sanderson J. Child-focused sexual abuse prevention programs: How effective are they in preventing child abuse?. Brisbane, Australia: Crime and Misconduct Commission; 2004 Jun.

[26]  Tomison AM, Poole L. Preventing child abuse and neglect: Findings from an Australian audit of prevention programs. Australian Institute of Family Studies; 2000.

[27]  S. K. Wurtele, "School-based child sexual abuse prevention.," in Preventing violence in relationships: Interventions across the life span., 2002, pp. 9–25.

[28]  Skowron E, Reinemann DH. Effectiveness of Psychological Interventions for Child Maltreatment: A Meta-Analysis. Psychotherapy: Theory, research, practice, training. 2005;42(1):52.

[29]  Leung C, Sanders MR, Leung S, Mak R, Lau J. An outcome evaluation of the implementation of the triple P-Positive Parenting Program in Hong Kong. Family process. 2003 Dec 1;42(4):531-44.

[30]  Miller KS, Winskell K, Pruitt KL, Saul J. Curriculum development around parenting strategies to prevent and respond to child sexual abuse in sub-Saharan Africa: a program collaboration between families matter! And global dialogues. Journal of child sexual abuse. 2015 Nov 17;24(8):839-52.

[31]  Farrell A, Walsh K. Working together for Toby: Early childhood student teachers engaging in collaborative problem-based learning around child abuse and neglect. Australasian Journal of Early Childhood. 2010 Dec;35(4):53.

[32]  Keys M. Child protection training for primary health care teams: making a difference?. Child Abuse Review. 2005 Sep 1;14(5):331-46.

[33]  U.S. Department of Health and Human Services, "Child maltreatment 2013," Psychiatry, p. 250, 2015.

[34]  Tietjen GE, Brandes JL, Peterlin BL, Eloff A, Dafer RM, Stein MR, Drexler E, Martin VT, Hutchinson S, Aurora SK, Recober A. Childhood maltreatment and migraine (part I). Prevalence and adult revictimization: a multicenter headache clinic survey. Headache: The Journal of Head and Face Pain. 2010 Jan 1;50(1):20-31.

[35]  Davies L., The difference between child abuse and child protection could be you  : creating a community network of protective adults. Child Abuse Review. 2004 Nov 1;13(6):426-32.

[36]  Lee IS, Kim KJ. Factors that influence mandatory child abuse reporting attitudes of pediatric nurses in Korea. Journal of forensic nursing. 2018 Jan 1;14(1):31-41.

[37]  Mannat Singh, Shradha Parsekar and Sreekumaran Nair: An Epidemiological Overview Of Child Sexual Abuse, Oct - Dec 2014.

[38]  David K Carson, Jenifer M Foster, And Nishi Tripathi: Child Sexual Abuse In India: Current Issues And Research An Article Published In September, 2013.