

Child Sexual Abuse Prevention Education: Perception and Practices of Parents and Teachers



By

Ayesha Qamar

Dr. Muhammad Ajmal

National Institute of Psychology

Center of Excellence

Quaid-i-Azam University

Islamabad, Pakistan

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Dr. Muhammad Ajmal

National Institute of Psychology

Center of Excellence

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By

Ayesha Qamar

Approved By



(Dr. Sobia Masood)
Supervisor



(Dr. Syed Sajjad Hussain)
External Examiner



(Prof. Dr. Anila Kamal)
Director, NIP

Certificate

It is certified that Masters Dissertation titled **Child Sexual Abuse Prevention Education: Perception and Practices of Parents and Teachers**, prepared by **Ayesha Qamar** has been approved for submission to Quaid-i-Azam University, Islamabad.

A handwritten signature in black ink, appearing to read 'Sobia Masood', is written above a horizontal line.

(Sobia Masood)

Supervisor

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Table of Contents

List of figures	i
List of Appendices	ii
Acknowledgement	iii
Abstract	iv
CHAPTER 1: INTRODUCTION	01
Child Sexual Abuse	03
Forms of Child Sexual Abuse	04
Indicators	06
Prevalence	08
Health consequences of Child Sexual Abuse	09
Prevention	10
Multidisciplinary Approach	11
Minimizing Negative Impact	11
Maximizing Family support	12
Community Response	12
Knowledge and Prevention Practices of Parents and Teachers	13
Perception Regarding CSA and its prevention	15
Barriers Regarding CSA Prevention education	16
Child Sexual Abuse Prevention Education	17
Rationale of Study	21
CHAPTER 2 : METHODS	24
Objectives	24
Operational Definitions	24
Research Design	24
PHASE I	25
Objectives	25
Step I: Literature	25
Step II: Subject Matter Experts	25
PHASE II	26
Sample	26
Procedure	27

Data Analysis	27
CHAPTER 5: RESULTS	30
CHAPTER 6: DISCUSSION	49
Limitation and Suggestion of the Study	56
Implication of the Study	57
Conclusion	58
References	59
Appendices	67



List of Figures

Figure 1	Graphical Representation of Themes and Sub-themes Generated in Category of Knowledge.	30
Figure 2	Graphical Representation of Themes and Sub-themes generated in Category of Practices.	37
Figure 3	Graphical Representation of Themes and Sub-Themes in Category of Barriers.	41
Figure 4	Graphical Representation of Themes Generated in Category of Child Sexual Abuse Prevention Education.	46

LIST OF APPENDICES

Appendix A	Informed Consent	68
Appendix B	Demographic Sheet for Parents	69
Appendix C	Demographic Sheet for Teachers	70
Appendix D	Topic Guide for Parents' Interviews	71
Appendix E	Topic Guide for Teachers' Interviews	72
Appendix F	Sample process of code generation and placement into category	73
Appendix G	Clusters for Category of Knowledge	74
Appendix H	Cluster for category of practices	77
Appendix I	Clusters for Category of Barriers	79
Appendix J	Cluster for Category of Child Sexual Abuse Prevention Education	81

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Abstract

The current study aimed at exploring perceptions and practices of parents and teachers regarding child sexual abuse prevention education at home and in schools. The study was exploratory in nature comprising of two phases. Phase I was the development of topic guides for parents and teachers from existing literature as well as validation. Phase II was the main study. It consisted of 30 in-depth interviews with parents ($n = 15$, Mothers = 11, Fathers = 4) and teachers ($n = 15$) from private as well as public schools. Parents of children more than the age of 3 and less than age of 15 were included. The data was collected using purposive convenient sampling from Rawalpindi and Islamabad. Data analysis provided a number of themes in four key areas; *Knowledge* (understanding of abuse, risk factors, indicators of sexual abuse and characteristic of perpetrator), *Practices* (in-direct conduct practices, monitoring and education), *Barriers* (parent child relationship, diffusion of responsibility, lack of knowledge and negative attitudes towards child sexual abuse prevention education) and *Child sexual abuse prevention education* (perceived positive impacts, parental involvement, how to deliver and factors to consider). The findings can be utilized by respective authorities for better understanding of parents' and teacher's contribution in deliverance of prevention education, their perspective and concerns to address, for development of culture specific school based child sexual abuse prevention education program.

INTRODUCTION

INTRODUCTION

Child sexual abuse (CSA) is a growing malice of the society not only in Pakistan but in the world, in Pakistan the situation worsened by the unawareness of society as a whole and taboo nature associated with the topic. This fosters a culture that is non-receptive towards preventive measures and awareness campaigns. According to Christopher Ryan (2009) cultures that inhibit physical bonding and adult expressions of sexuality foster greater violence between individuals as well societies. From this fact it can be concluded that, sexual frustration is the source to major crimes prevailing in our society, whether it's an unwanted stare in the street to the growing numbers of rape murders. In Pakistan, 93% of the women and 29% of men and boys report sexual assault in their lifetime (Kazi, 2017).

The taboo nature of crimes relating to sexuality has created a void in addressing the problems.

Child sexual abuse is a growing public health concern in developing as well as developed countries. World Health Organization, WHO (2002) has referred to it as an epidemic and a public health crisis. It is involvement of a child in any kind of sexual activity that due to his/her developmental stage he/she cannot give consent to. According to recent statistics a total of 1,764 cases of child abuse were reported from across Pakistan in the first six months of 2017 alone (SAHIL, 2017).

Sexual abuse, in references to a child is every contact and non-contact activity that exploits a child in a sexual way and is done for the sole purpose of gratification and exercising authority over a child. It can be a sexualized stare or in its extreme nature, a forced intercourse.

Sexual abuse not only ends in physical consequences but also wounds a child's mind for a lifetime. A child's right to healthy development is violated and results in problems even in adult life. The consequences are not just on individual level it affects the family and community as whole.

SAHIL's (2011) reports suggest that regardless of the common perception that child sexual abuse only prevails in lower social economic classes, it prevails in all cultures, gender and socioeconomic statuses.

The reason for its growing incidence is the lack of fact based knowledge among caregivers as well as children and the tabooed nature associated with any topic

revolving around 'sexuality' which makes it difficult to introduce and practice preventive measures.

It is a problem of massive nature, and various treatment methods have been suggested for it that includes involvement of law-making agencies, physicians, psychiatrists and psychologists. But as the common saying suggest, 'prevention is better than cure'. The best way to treat this evil is by preventing it.

The most effective way suggested by research so far is either by educating children at home through parents or through a formal prevention education at school level involving both parents and teachers. Child sexual abuse prevention education at school level using an integrated approach involves parents and teachers, usually this includes educating children about 'body ownership', 'Right to say "no"', 'Bad touch', 'Recognition of abusive situation' and 'Disclosure'. It also focuses on educating parents about the kind of material being taught to children, training parents on building secure parent-child relationship and how to react if a child discloses such incident.

Knowledge of a parents effects the practices they use to educate children, there are serious existing gaps between knowledge of parents and their prevention practices, although considered as an important source of education, the knowledge of parents and teachers regarding this matter is not only limited but is also contaminated. Mostly parents acknowledge 'rape' as sexual abuse or they believe physical injuries to indicate sexual abuse only. Parents report educating their children; particularly girls' about not talking to a stranger but fail to educate them about danger close acquaintances possess.

Knowledge of CSA affects the prevention practices of parents and teachers and methods they use to protect their children. With reference to Pakistani culture little is known about these prevention practices. These practices play a vital role in determining the kind of prevention programs parents are receptive towards and are willing to adapt.

Unfortunately prevention programs as well as parental practices face cultural hindrances due to the lack of culture specificity and child-focused approach. The barriers associated with the talk of sexuality makes it harder for parents to educate children about 'incest'. Parents report not having the right vocabulary and comfort level with children for such discussion. More over on a much bigger level prevention education faces hindrances due to common perceptions of parents that teaching their

about anything relevant to sexuality results, in their early involvement in sexual activity.

After the recent cases of rape murder and kidnapping of children, Pakistani society has shown receptivity towards CSA awareness but there is a serious need of formal education of children. Due to lack of literature availability on perceptions of parents and teachers specific to CSA prevention, their knowledge and the barriers they face in CSA prevention communication, the efforts to introduce such prevention programs go in vain. The present research focuses to fill the existing gap in order to ensure availability of baseline information for introduction of culture specific prevention program.

Child Sexual Abuse

Sexual abuse is considered to be a major public health issue. According to Giadino (2002), when an older person misuses his/her authority to get involved in sexual activities with another person, it is known as sexual abuse. Sexual Abuse cuts across all ages, gender, classes, and cultures. Sexual abuse committed with a child is known as child sexual abuse (CSA). These sexual activities are imposed on a child and reflect a violation of authority over the child. Furthermore, he explains that before ending into discovery or disclosure most cases of abuse go on for weeks, months or even years.

According to WHO (2017), CSA is 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 violates the laws or social taboos of society. Child sexual abuse is evidenced by this activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person.

CSA according to Finkelhor (1984) has a cultural and contextually bound definition and cannot be defined in an absolute manner, however, in each form of definition the commonly agreed grounds are; sexual act between any adult and a child, use of power and violation of authority. CSA is usually committed by someone well known to the child or the one having some sort of power or authority over the child, this dominance may come from family dynamics or the amount of control the position of perpetrator provides for example, teacher or relatives. However, power

status can be fostered by developing relationship of dependency and trust to manipulate a child to perform sexual activities (WHO, 2017).

According to Mrazek and Kampe (1985) CSA is a broader category that may include everything from non-physical abuse and touching inappropriately to intercourse. With reference to a child, any sexual activity committed by an adult on a child is child sexual abuse.

Just as rape, incest, assault, buggery and illegal intercourse, child sexual abuse is also considered as a criminal act within the legal frame of reference. Pakistan Penal Code Child Abuse Amendment (2016) defines Child Sexual Abuse as “Whoever employs, uses, forces, persuades, induces, entices, or coerces any person to engage in, or assist any other person to engage in fondling, stroking, caressing, exhibitionism, voyeurism or any obscene or sexually explicit conduct or simulation of such conduct either independently or in conjunction with other acts, with or without the consent where age of person is less than eighteen years, is said to commit the offence of sexual abuse”

In reference to UN convention on the Rights of the Child (1989) CRC, article 19 and 35, a child has ‘right to protection’ from all forms of abuse and sexual exploitation. To ensure this the state is expected to take all the necessary national as well as international measures.

From above mentioned definitions of child sexual abuse, it can be concluded that anything from inappropriate staring of a child to touching, kissing and intercourse refers to child sexual abuse, it even includes online harassment of a child.

Forms of Child Sexual Abuse

WHO (2017) has identified three types of sexual abuse, the most referred to types of CSA are the contact activities, including and excluding sexual intercourse; inappropriate touching, kissing, fondling. It must be considered that sexual abuse can be committed through no physical contact as well, these activities are termed as ‘non-contact’ activities for example, sexual comments, online harassment and exposure to pornography. These non-contact activities can leave mental consequences over the child. Johnson (2001) elaborated different ways in which a child is abused sexually. He stated that the activities before the legal age of consent committed with a child for sexual gratification include; Oral-genital, genital-genital, genital-rectal, hand-genital, hand-rectal, or hand-breast contact; exposure of sexual anatomy; forced viewing of sexual anatomy; and showing pornography to a child or using a child in the

production of pornography. Viewing or touching of the genitalia, buttocks, or chest by preadolescent children, separated by no more than 4 years of age, in which there has been no force or coercion, is termed sexual play.

Saifullah (1998) identified child sexual abuse as a criminal act involving sexual activities ranging from inappropriate staring to sexual penetration. He further elaborates different non-contact forms of CSA as Voyeurism; sexual gratification gained through watching naked children, sexual comments; sexually suggestive comments made by an adult on a child, exhibitionism; an adult exposing his/ her genitals to a child and exposure to pornography; sexual subject matter for the purpose of arousal is called pornography (Seltzer, 2011). Exposing a child to pornography by encouraging or providing sexually explicit material in the form of videos, pictures or literature. He described the contact activities excluding sexual intercourse as, touching; inappropriate touching of a child for personal gratification, making child uncomfortable, kissing; kissing a child with sexual intent, fondling; fondling a child's genitals or forcing a child to fondle genitals, masturbation; encouraging a child to masturbate or masturbate with the child, frottage; rubbing of genitals with a child's body or clothes, molestation; sexually violation of a child without penetration and oral sex; Forcing or encouraging a child to perform cunnilingus or fellatio. Perpetrator using his mouth or child's to perform sexual act.

Specific to CSA, an act where perpetrator penetrates a child, gang rape; two or more perpetrators penetrate a child, rape murder; killing a child after rape, sodomy; anal penetration of a child, gang sodomy; anal penetration of a child by two or more persons, sodomy murder; killing a child after anally penetrating him/her and sadistic sexual abuse; sexual abuse in which offender elicits or tries to elicits feeling of pain, dread and suffering in a child for the purpose of his/her gratification. Can involve physical restraints, quasi-religious activities, multiple simultaneous perpetrators, use of animals or insertions of foreign objects, genital mutilation or torture (Saifullah, 1998).

As described earlier sexual abuse most frequent occurs within the constraints of family by parent, uncle, grandfather or a close relative.

Abid (2001) described forms of sexual abuse within the family as, (a) incest abuse; sexual activity between closely related individuals related is called incest. Involving a child in incest is a form of sexual abuse, (b) father-daughter incest; father-daughter incest begins with cuddling or embraces progressing towards sexual play,

kisses and genital contact leading to penetration (Rukh, 2004), (c) brother sister incest; usually brother initiates the activity and perceives it as normal, but for the victim it is painful and harmful, (d) uncle-niece incest; the form of sexual abuse where a maternal or paternal uncle abuses nephew or niece, (e) grandfather incest; grandfather involves grandchildren in sexual acts.

Sexual abuse regardless of the form or kind leaves definite physical or behavioural symptoms; the lack of knowledge about the indicators makes it hard to identify a child facing abuse.

Indicators of Sexual Abuse

Finkelhor (1984; 2009) suggests that identifying abuse is the most taxing aspect for educationist as well as therapists because abuse in most cases goes unreported due to shame and secrecy associated with it or is diagnosed after explicit confession of the child. The most prevalent indicators of sexual abuse are a child's inquisition and knowledge about sexual activities, a child may display behavioural as well as physical indicators of abuse child. Although according to him, there is no fixed pattern of indicators a child manifest but certain signs are more significant in identifying abuse than others.

Young children may display a set of 'sexualized behaviour' (WHO, 2004) for example, masturbation, or an obsession over sexual parts of others, or indulging in developmentally inappropriate sexual acts. In older children however, the 'sexualized behaviour' can mean 'promiscuous sexual behaviour', immoral way of dressing and acting. 'post-traumatic' symptoms are the other set of behaviour sexually abused children may depict these may include high levels of fearfulness and anxiety, nightmares, and phobias, particularly about certain places or certain people (Finkelhor, 1984; 2009).

Sexualized behaviour however, is the most prominent set of behavioural indicators of sexual abuse can occur in normal children as well it can only be attributed to sexual abuse when: It occurs at a greater frequency at a much earlier age than is developmentally appropriate, It interferes with a child's cognitive development for example a child might learn to develop relationships on the basis on sexual behaviours, it accompanies use of force on other children to engage in fondling of genitals or imitating intercourse, it correlates with emotional distress and it reoccurs in secrecy after interference by caregiver.

Depression, aggressiveness, running away, school problems of sudden onset, drug abuse and suicidal behaviour are other frequent indicators. The researchers suggest that boys and girls don't differ in the expression of these symptoms; boys may act aggressive while girls can appear to be depressed and withdrawn but the similarities in expression are more prevalent than differences. It appears to be crucial to take disclosure or suspicion of sexual abuse seriously despite the absence of behavioural indicators because a large amount of sexually abused children, almost 40% don't display any behavioural symptoms.

According to WHO (2004) some prominent behavioural indicators of sexual abuse are:

1. Recession in behaviour; achieving developmental milestones or performance in school
2. Display of clingy behaviour or irritability; Acute traumatic response
3. Sleep disturbances
4. Eating disorders
5. Low self-esteem
6. Problematic school routine
7. Depression
8. Social problems
9. Displaying a set of developmentally inappropriate behaviours; sexualized behaviours.

Despite the fact that our ability to detect physical indicators of sexual abuse has increased markedly, almost two dozen of studies suggest that 50% of the girls and 53% of the boys, who were recently abused sexually, appeared to be entirely normal during physical examination and only 3% to 16% of the victims got diagnosis specific to sexual abuse.

Parents have limited knowledge about signs and indicators of sexual abuse (Pullins & Jones, 2006) .Sexual abuse ends up in severe short and long term consequences, not only for the victim but for the family and society as a whole are marked by the fear and shame.

According to WHO (2004) there aren't any visible sign of physical abuse in most of the cases of sexual abuse but some signs are more prevalent than others , these can be summarized into:

1. Unexplained genital injury
2. Frequent vulvovaginitis
3. Vaginal or penile discharge
4. Bedwetting and faecal soiling
5. Anal complaints (e.g. fissures, pain, bleeding)
6. Pain on urination
7. Urinary tract infection
8. Sexually transmitted infections
9. Pregnancy; before the age of consent
10. Presence of sperm; before the age of consent

Prevalence

Reports suggest that malice of child sexual abuse is not bound to a specific culture but is a problem of every culture and society, 19.7% of the females while 7.9% of the males have been estimated to be sexually abused, globally (Pereda, Guilera, Forns & Gomez-Benito, 2009). According to SAHIL (2017) in Pakistan almost 9 children are sexually abused every day, although the rates are far for higher girls than boys. Barth et al. (2012) investigated that females have almost double or triple the chances of getting sexually abused in their childhood than boys according to him, 1 in every ten girls have experienced sexual abuse. The study also explored that 9% of the women while 3% of the men have experienced forced intercourse. Furthermore, 15% women and 8% men have undergone varied sexual abuse

According to SAHIL (2016) the most vulnerable age group for both boys and girls is between the ages of 11 to 15 the second highest percentage for the vulnerable age group is from 6 to 10 years. CSA can occur as a one-time incident or repeatedly, according to the statistics 97% of the incidents reported, occurred only once, the rest of 3% continued for more than a day.

A study (2006-07) of 430 cases investigated, acquaintances to be the largest group of perpetrators. The study further found that 82% of the juvenile sex felons were familiar to the victim; 46% acquaintances and 36% relatives. Although female sex offenders prevail in the society most sex offenders are male (Marsh et al., 2018)

According to Aziz (2007) the most highlighted factors contributing to the rise of cases of CSA in Pakistan are, low socio economic status, absence of sex education, lack of parental attention, large family sizes and restricted cultural norms.

Health Consequences

Sexual abuse is neither a disorder nor a diagnosis but a 'complex' life incident (Putnam, 2003). Sexual abuse leave a harmful psychological and physical impact on a child, its consequence are short term as well as long term. Dong et al. (2003) explains sexual abuse to be strongly related with maladaptive health behaviour and health conditions.

Honor (2010) suggest that losing sense of control and feelings of powerlessness act as major stressors and source of conflict that disrupts the neural development of the victim. The behaviour and the consequences of sexual abuse can be understood in better ways by understanding these two stressors. The coping mechanisms for both boys and girls differ in a way that boys are most likely to display externalizing behaviours; drinking and delinquency while girls exhibit internalizing behaviours like eating disorder. Child sexual abuse exhibits a vital threat to physical and psychological wellbeing of children of Pakistan primarily because to their naïveness. Moreover, abusing a child leads to grave physical, emotional, social and sexual health problems in society (Gulzar & Karmaliani, 2012).

The effects and consequences of child sexual abuse are different for every child, duration of experience, child's age, developmental status of a child, relationship of abuser to the child, amount of violence exhibited by abuser, degree of shame or guilt invoked in a child, reaction of parents and professionals involved in the matter are some of the factors that can determine a child's reaction towards abuse.

The physical health consequences of sexual abuse include:

1. gastrointestinal disorders (e.g. heat burns, irritable bowel syndrome, abdominal pain)
2. gynaecological disorders (e.g. Irregular menses, chronic pelvic pain, dysmenorrhea)
3. Somatization; attributing psychological strain in the form of bodily pain symptoms (WHO, 2004).

The reported behavioural or psychological symptoms of sexual abuse include:

1. Symptoms associated with PTSD for example, hyperarousal, avoidance, re-experience

2. poor self-esteem
3. Increased sexual behaviour
4. cognitive impairment
5. loss of social competence
6. Body image concerns (WHO, 2004).

Fillipas and Ullman (2006) found victims of child sexual abuse were four times more likely to be abuse as adults. Furthermore according to Horner (2010) having sexually abused mothers is strongly associated with the risks of physical, emotional or sexual abuse for children, either by the mother or others who have easy access to the children.

According to Briere and Elliott (1994) sexual abuse has no standard effects, no symptoms are reported by 25% of the victim after initial abuse or there may be decline in demonstration of symptomology after two years of abuse.

Effect of abuse on brain regions. Investigators have highlighted deleterious effects on hypothalamus-pituitary-adrenal axis (HPA), sympathetic nervous system and immune system as a consequence of adult and child maltreatment. Corpus callosum is an extensive fibre region which is mainly responsible for transfer of messages between left and right hemisphere, researchers have found decrease in size of corpus callosum in victims of maltreatment, which are significantly associated with PTSD and symptoms of dissociative disorders. Moreover, males show greater neuroanatomical effects than females (Bowirrat et al., 2010).

Prevention

Prevention itself is an extremely difficult goal to achieve but children needs to be taught to protect themselves (Farooq et al., 2010). The most prominent way to prevent CSA is through effective diagnosis and reporting of abuse by physicians (Salmon, 2001) this helps to decrease re-abuse, 'reactive abuse' and paedophilia (Lee, Jackson & Pattison, 2002). Most studies on CSA prevention are guided by Finkelhor's Four Preconditions Model; it explains the incidence of CSA. According to this model, before CSA incident, four conditions must occur. These conditions are; (1) Offender who takes child as a source of sexual gratification needs to be motivated. (2) Offender must beat the internal barriers that stop him to abuse the child. (3) Offender needs to overcome the external/ environmental barriers that prevent him to abuse the child, like religion. (4) Ward off child's resistance (Finkelhor, 1984).

A child's recognition and resistance of the abuse situation can rescue him from being a victim. From this theory and the fourth precondition from the above model it is concluded that a mother who is well aware about CSA, its nature, sign, symptoms and prevention strategies, is better able to provide her children with prevention education and protect them. (Alzoubi et al., 2018)

According to Finkelhor (1984; 2009) prevention specific to a country's institutions, professionals and law agencies needs to be designed. USA has incorporated his principles for intervention of child sexual abuse that primarily focus on prevention into its intervention programs.

Multidisciplinary approach. This approach suggests a unified program to help each victim get all the necessary assistance from all relevant agencies and institutions. Psychiatrists, police agencies, social workers and physicians working independently create a haphazard situation where the effort required for handling of cases is doubled as well as the conflicts between these institutions. Almost all communities now recognize the need of a collaborative and detailed approach where each professional institution has a specified role to perform in handling of such cases. However, this approach requires mutual respect and understanding for the role each institution has to play. Police and judiciary need to learn better ways for child handling during interviews and investigations while mental health professional need to recognize the importance of prosecution and investigation independent of therapeutic needs of the child.

In Pakistan most cases go un-reported due to the fear induced by courts and police in the previous unethical handling of such cases.

Minimizing the negative impact of disclosure. The main motive of a child who intends to disclose is to have the abuse, stop or have someone to talk to, but after disclosure of abuse a child goes through anticipated set of unpleasant reactions but the unanticipated reactions that follow afterwards – Interviews, hearings, investigations, disruptive routine, reaction of others – denial, ostracism, encounters and shock, are more damaging to the mental health of child than abuse itself. Hence, the efforts need to be directed towards decreasing the effect of these reactions over the child. It means respecting a child's needs and autonomy moreover from a professional's context it means that interventions would be kept to minimum to protect the child. Every effort needs to be made to limit the number of times a child is to be interviewed. The living schedule of the child needs to be kept intact as much as possible and his

confidentiality needs to be protected. In addition a child needs to be made an active part of the process rather than a victim in adult run system, he needs to be explained details of the case, what to expect and he/she needs to know. It is important that the case is resolved as quickly as possible; studies have found that the longer proceedings and interviews occur, the harder it is for a child to start recovering.

Conditions in Pakistan are much worse, mostly abuse either goes unreported or in the case of reporting most parents try to hide it because the shame and guilt associated with it.

Maximizing family support. Studies have shown that the amount of family supports a child receives is most persistent predictor of the impact of sexual abuse on a child. Mostly the disclosure results in isolation of the child from the family, family might start blaming themselves for abuse or on the other end might not believe the child or may take perpetrator's side who can be their father or other trusted family member. The most important principle for intervention is to maintain a healthy and positive bond between the child and non-abusive family. Professionals need to treat and address each of family members concerns separately and make them part of the decision making process. The family itself needs to be considered a victim and be provided with counselling and information to make sense of the scenario and increase child support. Sometimes, parents need intervention for their undisclosed experience of sexual abuse as well.

Community response. In addition to the principles for intervention there are three components of response throughout the community towards sexual abuse that determine the successful response towards the problem.

Firstly, there is a need to increase general 'professional awareness' about the situation. The treatment and diagnosis of sexual abuse needs a lot of community's personnel. These personnel's can be made more receptive towards helping and diagnosis these cases by discouraging prejudices and by encouraging overcoming discomforts. So, professionals like teachers, lawyers, clergy and journalists need to be made better aware of child sexual abuse through books, articles and publications.

Second, there is a dire need for 'specialized professionals' who can be vital in diagnosis and intervention of sexual abuse. Professionals like paediatric gynaecologist or specialized paediatricians can perform better and relevant medical examinations moreover police officers can be trained in child development and specialized dealing of such cases for effective handling the victim, similarly specialized therapists can

provide recent therapies known to be effective with victims as well as offenders of sexual abuse. Previous practices of group therapy with victim, family and offender have proven to be more damaging than helpful even in case of incest. An offender needs to be investigated and treated separately. Practices of psychotherapy have proven to be of little help with offenders; hence anyone not trained in specialized therapy can face problems.

Finally, child 'sexual abuse prevention education' is the need of hour for most communities. All schools should have programs at primary level of education to teach children how to recognise and avoid sexual abuse situations and encourage children about disclosing such incidents. Such programs include activities like, movies, games, exercises. These programs have been successfully implanted in some western countries like USA and have successfully increased early disclosure rate as well awareness among parents and professionals in the community. These programs however, often get criticized for frightening the children unnecessarily on contrary to this, Finkelhor (2009) suggested that they are well liked among children and leave few negative impacts. Also the studies have found that females who were educated about CSA prevention were less likely to get abused.

School based prevention programs have been suggested by extensive researches (Finkelhor, 1989; Jackson, 2004; Putnam, 2003). Unfortunately, in Pakistan lack of awareness increases the severity of these issues, there is a need to educate people at every level (Sabir & Rukh, 2004).

Prevention could be accomplished by teaching parents 'child-rearing practices' (Wolf & Alpert, 1990). Hornor (2010) suggests that steps should be taken at every level whether it's governmental or non-governmental. Media, teachers, religious leaders, parents, health care professionals and teachers need to make efforts to deal with the grave issue of CSA.

Prevention of a child can be assured only if steps are taken at individual as well as community level. At individual level parents need to communicate the issue of CSA with their children and provide a comfortable atmosphere for disclosure while at community level steps need to be taken to incorporate child sexual abuse prevention education in the system for children as well as parents and teachers.

Knowledge and Prevention Practices of Parents and Teachers

In order to understand and develop sexual abuse prevention education it is necessary that knowledge of parents regarding CSA and currently used practices of

parents as well as teachers in educating their kids about CSA are identified. Behaviour-oriented theories used in health promotion, claim that providing parents with information about child sexual abuse for example, about prevalence, seriousness, and perpetrator strategies, has the potential to improve their ability to protect their children for example, by discussing prevention concepts with them (Montano & Kasprzyk, 2015)

A study conducted by Chen and Chen (2005) indicated some serious gaps in parent's knowledge and practices, more than half the parents reported warning their children about strangers but not about close acquaintances, most parents believed that sexual abuse will be followed by physical harm, which in real is not true. Most parents reported educating their daughters but not their sons, parents reported importance of CSA prevention education and showed positive attitude towards CSA prevention programs being taught at schools but they themselves did not communicated prevention messages to children.

A recent study conducted by Rudolph et al. (2018) found that less than half of the parents had discussed CSA with their children; it means that more than half of the parents reported that they had not discussed CSA with their children. Moreover, Majority of the parents had discussed with their children to not go with a stranger but only some of the parents had discussed the danger of perpetrator being a known person. Most of the parents however, had talked about bad touch and body ownership. Results also suggested that parents with effective communicating strategies had children at lower risk of getting sexually abused than parents who were uncomfortable talking about CSA with their children or do not communicate at all.

In a Nigerian study conducted by Ige and Fawole (2011) to assess the practices of parents for educating their children about CSA, it was found that almost 90% of the parents had communicated to their children about 'stranger danger' and not accepting gifts from strangers, same amount of parents had talked to their children to not go with anyone without their permission. 81.9% of the parents reported communicating protection from abuse However, communication specific to sexual issues was less reported. 64.6% of the parents preferred to report to police while 46% preferred medical examination of the victim.

Ige and Fawole (2011) assessed parents' ability to recognize that a child has been sexually abused. The most recognized sign of sexual abuse by the parents were genital or anal injuries (95%) and abnormal interest in sex (84.2%) while the least

identified signs were sudden unwillingness to undress (55%). The unawareness about the possible diversity of symptoms may hinder the help needed by the child and might end up in continuation of further sexual abuse. This clearly associates with the extent of parent's own education about CSA, though not statistically significant it is notable that parents with previous experience of sexual abuse were better at identifying signs of abuse.

Pullins and Jones (2006) concluded from cross-sectional study including 150 parents that 87% of the mothers reported insufficient knowledge about behavioural and emotional indicators of CSA.

Mlekawai, Nyamhanga, Chalya and Urassa, (2016) reported no significant association between age, education and occupation of parents with their CSA prevention knowledge. Contrary to this Rukh (2004) found that people belonging to educated middle class are highly aware of CSA issue, they have sympathetic attitude towards the victim whereas foster emotions of anger towards the abuser. Similarly, Nisar (2004) reported that less educated groups had lesser awareness and knowledge about CSA as compared to highly educated people.

In Pakistan, the situation is almost similar like rest of the countries many studies concluded that parents practices educating their daughters about not going out and their children about not talking to a stranger but these practices are limited as well as the literature that explores these practices among parents and teachers at formal level. Regardless of the literature present on child sexual abuse, there is limited amount of literature present on prevention practices and knowledge of parents and teachers on the issue.

In order to promote CSA prevention, current practices and knowledge of parents as well as teachers needs to be assessed in order to introduce educational programs that are relevant and specific to our culture.

Perception regarding CSA and its prevention

Although recent turn of events and continuous awareness campaigns on mass media have led to greater awareness about CSA still there remain a number of perception regarding CSA that need to be addressed. Mostly parents perceive CSA as a rare incident and fail to acknowledge vulnerability of their own children (Chen, 2005; Ige & Fawole, 2011). As a consequence they fail to recognize the need for prevention education.



Exploring perceptions further, Alzoubi et al. (2018) explored that a mothers knowledge regarding CSA was restricted to rape only and minor acts of touching and kissing would remain unnoticed. Also parents believed that exposure to sex education might get their children to practice sex at an early age and trigger sexuality related issues.

In a study conducted by Mlekwai et al. (2016) most parents strongly agree that CSA prevention education may induce the idea of sex within children. 46.8% of the parents identified their kids as vulnerable, 52.5% of the participants felt that females cannot be abusers and only 42.5% of the parents reported that boys can be sexually abused as well. The results indicate limited knowledge of parents and their misperceptions about CSA prevention education.

Family affected by the issue usually perceives it as ‘loss of honour’ and isolates itself from society by keeping silent about it (Abu Farah, 2015). A common misperception is that children are only abused by strangers however; SAHIL’s statistics state that in past five years 86% of the abuser was close acquaintances while only 26% of the abusers were strangers.

In Pakistan there a lack of literature available on the perception of parents and teachers, even general public regarding child sexual abuse prevention education. This limitation is the root cause for failure of effort made to raise awareness about the issue. The current awareness campaigns and prevention programs fall short of incorporating culture specific practices.

Environmental Barriers for CSA prevention Education

Society specifically ours, perceives issue relevant to ‘sexuality’ as taboo and anything associated with the word ‘sex’ is perceived as forbidden and is related to feelings of shame and guilt. Due to this stigma parents feel lack of confidence, appropriate words and resources to talk about it with children. Therefore, excluding important details like who the perpetrator is and focusing on less important issues like ‘stranger danger’. (Chen et al., 2007 & Finkelhor, 1984)

Doob (1992) indicates that the stigma associated globally, with some forms of abuse specifically sexual result in underreporting of the issue. ‘Social set up’ is considered as major hindrance for introduction of CSA prevention education, in Pakistan (Sabir & Rukh, 2004)

In Pakistan our value system brands the issue as taboo. Most of the cases go unreported due to religious disapprovals, false statures and social authorizations

(Fasihuddin, 2006). Lack of ability to communicate and unawareness are the barriers for sexuality related communication between parents and children (Khan, 2012).

Lack of vocabulary, social taboos, and moral as well as social affectations are the factors promoting lack of awareness in women (Rukh, 2004). According to SAHIL (1997) even educated people like doctors are reluctant in speaking of abuse with their children, directly.

Mlekwei et al. (2016) suggested that knowledge, attitudes and practices along with responsible parenting practices are useful in promoting CSA prevention. Although there is vast amount of literature present on barriers in communication of sexuality related issues, there has been no previous effort to identify the barriers that hinder prevention education regarding CSA. The current study is an effort to explore and fill gaps highlighted by previous literature regarding Child Sexual Abuse Prevention Education.

Child Sexual Abuse prevention Education

Child sexual abuse prevention education is the awareness or guidance provided to children so that they able to protect themselves. Studies suggest that in underdeveloped countries CSA prevention education is not only necessary for children but also for parents, to make them aware of the issues.

Children need to be educated about their social and legal right not only at schools but also at homes. Moreover, parent s need to be educated about CSA through awareness campaigns by health care providers (Gulzar & Karmaliani, 2012).

Many studies have highlighted the perpetrator to be someone known to a child so the typical instruction like ‘do not talk to a stranger’ is not effective (Sabir & Rukh, 2004). A report from SAHIL (2016), suggested that parents need to teach their children fundamental sex education. Children should be taught about their body ownership, their ‘right to say “No” ‘, to not hug or kiss someone on request, to not get in car with anyone. Furthermore, parents need to build strong relation with children to ensure disclosure in case of any unfortunate incident.

Effective CSA prevention interventions. WHO suggests a multi-sectoral approach to prevent child maltreatment. Effective prevention programmes assist parents and teach positive parenting strategies. WHO recommends a four-step public health method for prevention to maximize the effect; (a) defining the problem, (b) identifying risk factors and causes, (c) Planning interventions to

minimize risk factors and (d) Publicizing information regarding effectiveness of interventions and improving effectiveness of these interventions.

Specific to the problem of child sexual abuse prevention, the information is given out at schools to teach children about:

1. Body ownership,
2. How to differentiate between good and bad touch ,
3. How to identify abusive situations,
4. How to say 'no'
5. And how to disclose abuse to a reliable adult.

Such programmes are known to be effective at reinforcing protective behaviour and enhance the knowledge of CSA; the earlier these interventions are introduced into a child's life the more it is beneficial to the child and society e.g. decrease in criminal behaviour. In addition to this, these intervention lead to early recognition that reduce the risk of reoccurrence and reduce the consequences. Gibson and Leitenberg (2000) have found the children exposed to such kind of intervention are half as likely to be abused as the children without this intervention.

While sexual abuse prevention education is the need of hour for our society, parents and teachers are considered the most trusted sources to educate children. Many recent researchers like Walsh and Brandon (2012) have highlighted the importance of parents and teachers to be the prime source of education children look up to.

In Pakistani culture where parents feel shy in discussing issues relating to sexuality with their children, teachers are considered a prime source for educating children. Due to taboo nature of the issue and social pretensions certain kind of perceptions prevail in the society regarding child sexual abuse prevention education that hinder the effective training and education of children by parents as well as teachers.

Role of parents. Goldman (2008) emphasized the role of parent's support for the effectiveness of school based prevention initiatives focused on child. He suggested parents to be the most willing yet reluctant source of information regarding CSA prevention.

A recent research in Chinese culture validates the results of western researches that parent-child communication practices regarding CSA improve a

child's life skills. Moreover it highlighted the need for parent-focused prevention programs along with child-focused programs (Chen et al., 2013).

Mothers who are well aware of CSA prevention are better at protecting their children. It is known that in contrast to the mother who lack knowledge regarding CSA mothers who have enough knowledge (Alzoubi et al., 2018) communicate safety measures effectively with children and increase a child's self-protection skills (Zhang et al., 2014).

Parent's knowledge regarding CSA and its prevention is widely dependent on the widespread myths about a child's vulnerability and risk factor, perpetrator and victim characters, and authenticity of a child's description. Although the most crucial source for information, parent's role gets limited due to above mentioned factors (Chen et al., 2007).

Walsh and Brandon (2012) reported that the role of parents in prevention is less explored and their views regarding prevention education, primarily education at very young age is an under researched area. Moreover they suggest that the main challenge for authorities is to collaborate with parents and to secure their agreement for such programs in school.

Only recent studies have found a marked increase in parents discussing CSA and its prevention with children. Studies conducted in different countries like Australia, Canada, China, and United States have found the rate of parents who have discussed CSA prevention with their children to be 25-79% (Chen et al., 2007).

In Asian cultures where the norms are much restricted than other cultures most parents prefer this kind of discussion to be done by teachers. Various studies highlight the importance of teachers and their role as a mentor in providing CSA prevention education.

Role of teachers. Teacher is an important source in identifying sexual abuse (Claudia & Martine, 2014). Teachers spend a great deal of time with children outside their homes and have one to one interaction with children under their care therefore; they are most likely to notice aforementioned behavioural and physical indicators of sexual abuse (Briggs & Hawkins 1997).

Teachers must be provided with detailed knowledge on CSA because such knowledge is gateway to recognition and prevention of CSA (Mitchell, 2010). A number of studies have highlighted the need to improve a teacher's professionalism and skills in handling of concepts relevant to CSA, ways to deal with the issue

effectively and to prevent it. (Baginsky & Hodgkinson 1999; Baginsky & Macpherson, 2005). Making such techniques a part of pre-service teacher education can improve teachers' professionalism towards this issue (Baginsky & Hodgkinson, 1999).

Rationale of the Study

Child sexual abuse is a major criminal issue across the world. According to statistics of year 2017, as reported by UNICEF, approximately 15 million adolescent girls experience sexual abuse every year. Furthermore, 9 girls and 3 boys out of 100 are victims of CSA. In Pakistan, the conditions of child sexual abuse are much worse in comparison to the western world, with roughly 9 children being sexually abused every day (SAHIL, 2017). Despite these statistics, the Western world has the advantage of a well-established formal education system that teaches its children about the issue and how they can defend themselves from being an abuse victim, whereas in Pakistan most people do not even recognize CSA as a pressing problem, the solution and prevention of which needs to be addressed.

Child sexual abuse prevention education is the need of the hour for our society. Although, some steps have been taken by non-governmental organizations to develop and introduce CSA prevention programs in school settings, but these programs lack indigenous elements and empirical evidences of their effectiveness in Pakistani culture. Moreover, due to the perception of most Pakistani parents that information of such nature can cause their children to indulge in sexual activities at an early age, the implementation of sexual abuse prevention programs itself faces cultural hindrances, and remains largely ineffective in our society.

Thus, arises the need for the development of a culture specific CSA prevention education program based on an integrated approach that aims at educating not only the children but also their guardians.

Child sexual abuse prevention education program must contain the necessary information within the boundaries of our culture, address the concerns of parents/guardians, establish a baseline information regarding the perceptions of parents about CSA in Pakistan, their knowledge of the subject and the current practices which they use in order to warn their children. For practical and implicative success of such a program, all these aspects need to be incorporated in its theoretical framework but unfortunately; there is a lack of literature with reference to Pakistani culture that could be used as a foundation for the development of prevention program.

Most Pakistani researches conducted in this field focus on measuring the prevalence or attitudes towards Child Sexual Abuse, but there is a lack of substantial work in the field of prevention education. Little light is shed on the importance of

authentic research in establishing a body of knowledge that could facilitate in taking practical steps for the education and prevention of CSA with relevance to the attitudes held by Pakistani people towards it. The previous efforts to educate children have been unfruitful and ineffective on most part because they did not account for the cultural perceptions and considerations of people most closely affiliated with the educative process that are parents and teachers, and were therefore not much encouraged by either of them.

According to Walsh and Brandon (2012), previous literature validates the important role of parents and teachers in CSA prevention communication, yet research with parents has seldom focused on their educative role in sexual abuse prevention, whereas prevention efforts have tended to concentrate on educating children to protect themselves. Studies linking parents' knowledge with protective strategies are rare, furthermore previous studies do not include a diverse sample and demographic variables; also barriers in communication specific to Child Sexual Abuse are yet to be identified.

Besides that, previous Pakistani researches have adopted research instruments developed in western countries depicting their culture and values, which makes these instruments uncertain. There is a need to adopt a research design that portrays in-depth understanding of the phenomenon in this culture and to adapt previously used instruments accordingly or develop new culture specific instrument. The demographic characteristics of the sample, such as relationship between education of parents with their prevention practices is yet to be explored. Walsh (2012) mentions the limitation in previous researches being the lack of association of demographic variables with CSA prevention.

Given the lifelong consequences of Child Sexual Abuse and the alarming rise in statistics, there is a dire need of a study that explores the existing perceptions of parents and teachers regarding child sexual abuse prevention education, and which establishes an authentic body of knowledge that could serve as a stepping stone for the further development of culture specific education and prevention program to halt the progress of this atrocious evil in our society. Therefore, this research study focuses on providing baseline information about the current perceptions and prevention practices of parents and teachers regarding CSA prevention education in hopes of exploring the general Pakistani attitude towards CSA and building the

foundation for a prospective prevention education program that caters the need of a culture specific prevention program.

METHOD

METHOD

Objectives

Following are the objectives of the study

1. To explore the knowledge and current practices used by parents and teachers to educate their children regarding Child Sexual Abuse prevention
2. To identify the barriers in Child Sexual Abuse prevention education.
3. To explore perceptions about Child Sexual Abuse and its prevention education in parents and teachers.

Operational Definition of variables

Child. In accordance with the United Nations Convention on the Rights of the Child ‘a child means every human being below the age of 18 year’. However, under the guidance of the previous literature for the current study the age of the maximum age of the child is considered 15.

Child sexual abuse. For the purpose of operational definition WHO’s (2017) definition of child sexual abuse will be followed.

‘The involvement of a child or an adolescent in sexual activity that he or she does not fully comprehend and is unable to give informed consent to, or for which the child or adolescent is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society. Children can be sexually abused by both adults and other children who are – by virtue of their age or stage of development – in a position of responsibility or trust or power over the victim. It includes incest which involves abuse by a family member or close relative. Sexual abuse involves the intent to gratify or satisfy the needs of the perpetrator or another third party including that of seeking power over the child.’

Research Design

The present study was carried out to explore the perceptions and practices of parents and teachers regarding child sexual abuse and its prevention education. A qualitative and exploratory research design was followed in the study with in-depth interviews being its prime tool for data collection. The study comprised of two phases where Phase I aimed at developing a topic guide for conducting in-depth interviews and brief understanding of cultural aspect of the phenomenon. Two separate semi-structured topic guides comprising of open ended questions were developed for parents and teachers, based on previous literature and suggestion from subject matter

experts. Based on these topic guide 30 interviews were conducted. In Phase II, interviews were conducted with parents ($n = 15$) and teachers ($n = 15$) on the basis of topic guides developed in first phase. Following are the details of each phase of the study.

Phase I

The main objective of Phase I of the study was to explore the phenomenon indigenously and to develop of topic guides with the help of previous literature and subject matter experts. This phase consisted of following two steps:

Step I: Literature Review

Step I included extensive study of past researches and literature available on child sexual abuse. Previous literature is the vital source to gain knowledge in regards to research topic in order to conduct a qualitative research. According to Khan (2012) consulting the existing literature helps in providing background knowledge for research, social and demographic data and assists focus on the areas in need of research by refining research objectives and method.

For present study previous literature guided in the development of a topic guide, which form the basis for category development during analysis. Results and themes generated in previous studies helped in the developing semi structured, open ended questions for interviews. At the end of this step four broad and open-ended questions were derived.

Step II: Subject Matter Experts

The main objective of this step was to get better understanding of the phenomenon from experts working on this topic.

Three informal interviews were conducted with psychologists, one with Director of an NGO working on child sexual abuse and one with a school psychologist to get a better societal overview and discourse of the subject relevant to Pakistani society. All these interviews were conducted in-person.

The psychologists focused on unawareness of parents and society as a whole on the topic which results in difficulty in identifying abuse, psychologists also highlighted the difficulty in understanding the difference between cultural norms like hugging or kissing a child as a gesture to show affection and performing the same activities for one's sexual satisfaction, this difficulty often results in parents being hesitant to educate their children.

The Director of the NGO highlighted the importance of ‘power’ dynamics and relationship of abuser to the victim. According to her the relationship of the victim and abuser determines the extent of power being exercised over the child.

Lastly, the school psychologist focused more on the type of abuse that boys go through in early stages of their development during sports activities and children being abused sexually by other children. According to her these kinds of exposures make a child vulnerable to explore and seek satisfaction in unhealthy ways.

In addition to better understand the research topic, these experts were also consulted to review the questions deduce from literature for developing topic guide. The topic guide was reviewed by these experts. On the basic of the guidance provided by experts two separate topic guides were finalized to carry out phase-II.

At the end of phase I two topic guides for parents and teachers were formulated; these topic guides consisted of brief questions regarding the objectives of study and followed a general to specific course of information seeking.

Phase II

This phase consisted of data collection through in-depth interviews. Interviews were conducted with parents and teachers to explore their perceptions regarding the topic

Objectives

Objectives of this phase align with the objectives of research study.

Sample

The sample of the study comprised of 15 parents (mothers = 10, fathers = 5) and 15 female teachers using purposive and convenient sampling. Participants’ age ranged between 25 to 63 years. Both educated and uneducated parents were included in the sample. Parents were approached individually whereas teachers were approached through four schools. Both public and private schools were approached and teachers included in the study taught classes from kindergarten to matric.

The sample size in the present study was determined by the number of participants required to saturate the data. According to Strauss (1987), participants in an exploratory study are inducted with the requirement of the study. A total of 15 interviews were conducted with parents, five of which were fathers (33.3%) and 10 mothers (66.6%). Almost all the mothers were housewives. The age of mothers ranged from 25 to 44, mean age was 39. Age range of father was from 34 to 63 with

mean age of 45. 66.6% of parents belonged to nuclear family system while rest 33.3% belonged to joint family system.

One government and three private schools were visited for the present study, 15 teachers were interviewed for the present study; five teachers from public while nine teachers from private schools and one principal from private school were made part of the study, out of which two teachers were unmarried while 13 were married. Their age ranged from 25 to 42, mean age was 30.

The inclusive criteria for parents were having at least one child preferably two children of each gender with maximum age of 15. This requirement was necessary because the study aimed at identifying current perceptions and practices of parents rather than their retrospective views. Following were the characteristics of parents involved in the study.

Procedure

The in-depth interviews were scheduled according to the time and place feasibility of the parents and teachers. After brief introduction, building rapport with the participants and ensuring development of certain level of comfort between participants and the researcher, participants were briefed about the study and informed consent were obtained. Their voluntary participation and right to refuse the interview or withdraw at any point during the interviews were discussed. Written informed consent was obtained from the literate participants and consent was recorded in case of illiterate participants. Participants were requested to take part in a 30-45 minutes activity after informing them about interviews being recorded for data collection purpose. Confidentiality was ensured in handling of audio tapes and participants were reassured that their identities will be kept confidential.

All the interviews were tape recorded and notes were taken by the researcher for each individual interview to record the nonverbal gestures. The average time for each interview was between 30 minutes to an hour. Participants were debriefed and acknowledged for their participation in the study. Furthermore, the end of each interview participants were provided with an awareness video on child sexual abuse prevention education.

Preparation for an interview

In qualitative studies, researcher not only gathers verbal information but also non-verbal cues and gestures, for the current study researcher recognized the sensitivity of the issue, and prepared thoroughly for the interviews. Before conducting

interview, two mock interviews with MPhil research scholars were arranged in order to see researcher's capability and readiness to enter the field.

Entry into the Field

Given the sensitivity of the issue parents were approached through personal acquaintances and references. While for interviews of teachers a sketch of schools to visit was formulated after that school administrations were consulted to take permission, after taking permission for the administration and realising the busy schedules of teachers, they were approached individually.

Instruments

The current study consisted of a demographic sheet that included participant's information (i.e., age, gender, education, education of spouse, occupation, occupation of spouse, number of children, age of oldest child and family system) and the topic guides developed in phase-I of the study.

Data Collection

The data was collected in the form of in-depth interviews from locals of Rawalpindi and Islamabad.

Data Analysis

The method of analysis for the current study was thematic analysis. It focuses on identifying clusters of patterned meanings across the dataset. Inductive, semantic and realist approach towards identifying themes was used, in inductive approach codes and themes are generated from the content of data set. Semantic method of identifying themes focuses at the explicit content of the data and realist approach focuses on reporting assumed reality evident in dataset. Braun and Clarke's (2006) stance was followed to carry out the analysis.

Process of data analysis. All the audio tapes of interviews were transcribed into verbatim. Verbal as well as non-verbal conversation like pauses, laughter and cough were all noted thoroughly. The typed verbatim was again checked against the audio tapes to ensure that each and every piece of information has been saved.

Next, the transcripts were read over and over again to get familiarised with the data, each transcript was given enough time to internalise the meaning and essence of the interview, notes were taken at the margins.

The process of coding started after thorough reading of the transcripts, each code was given an inclusion and exclusion criteria to avoid redundancy. Each code was defined to maintain exclusivity.

Reliability. To check the reliability of the codes being generated one transcript was given to PhD scholar to generate codes independently to establish inter-rater reliability. The codes generated by researcher and PhD scholar were crosschecked; the conflicting codes were either merged or dropped with consensus using committee approach. After coding the transcripts initial clusters of similar looking codes were formulated by the researcher in each of the four initial categories derived from literature. Committee approach was followed in order to ensure the reliability and validity of each individual clusters, the committee consisted of an MPhil research scholar and researcher's supervisor. The redundant codes and clusters were dropped and some of the information was recoded, some codes were replaced into different clusters.

After formulation of initial clusters, the clusters were given to three Ph.D. and two MPhil scholars to label. After the initial labelling some of the clusters were dropped and other's merged according to the suggestions. Some of the clusters were again put forward for relabelling. An example of how a code is deduced from a verbatim and placed in relevant theme and category is given in appendix F

RESULTS

RESULTS

For each of the four main categories explored in the present study that emerged from literature; understanding of parents and teachers about child sexual abuse, current practices of parents and teachers regarding child sexual abuse prevention, barriers in communication of prevention messages and perceptions of parents and teachers regarding child sexual abuse prevention education, varying number of themes emerged. These themes were further divided into subthemes. For example, the theme 'risk factors' was further divided into 'Family related risk factors', 'child related risk factors' and 'socio-cultural risk factors'.

The following section follows the through description of themes and sub-themes evolved from the study in each of the categories.

Knowledge of Child Sexual Abuse

The existing data on child sexual abuse prevention education highlighted the important role of knowledge among parents and teachers regarding the phenomenon, the data that emerged from in-depth interviews also highlighted the importance of parent's and teacher's knowledge and its link to their perception and practices regarding prevention (See Appendix G).

Four key themes along with the subthemes that emerged from the collected data are discussed in figure 1:

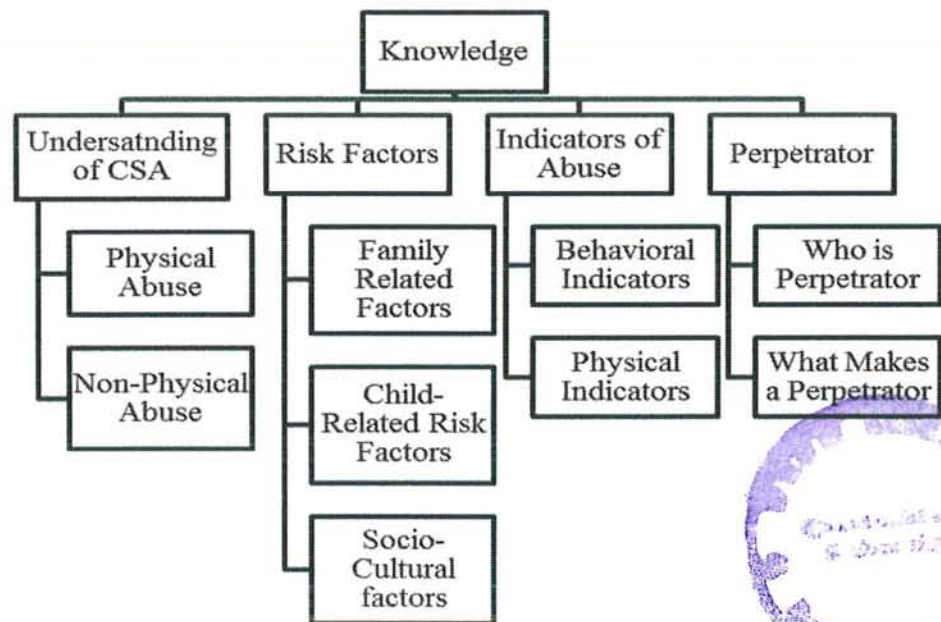


Figure 1. Graphical Representation of Themes and Sub-themes Generated in Category of Knowledge.

Understanding of child sexual abuse. This theme emerged from the perception of parents and teachers' regarding what sexual abuse is. Two subthemes emerged in from collected responses. Parents and teachers highlighted physical as well as non-physical activities to be included in sexual abuse. The subthemes are further discussed below

Non-physical form of abuse. One important factor that emerged from the data was that most of the parents as well as teachers highlighted the factor that sexual abuse includes non-physical activities as well. The identified forms of nonphysical abuse were inappropriate gaze, talking dirty to a child, using abusive language with a child, blackmailing a child, trying to get closer to a child, exposing a child to pornography and showing off private parts.

Most of the sample strongly believed that non-physical form of abuse is the initiation which leads to physical form of sexual abuse. According to a mother:

'gandey jokes karna bachin k sath, un ko, like, pornography sey expose karna aur dikhaana unhein.' (P9)

A teacher from Private school reported:

'woh uskay hidden parts ko dekhney ki koshish kray, yeh sab types hain sexual abuse ki, sirf particularly aik yeh nahi k woh uskay sath sex karay sirf yeh sexual abuse nahi hai, yeh baki sab bhi abuse ki kinds hain.' (T5)

Physical forms of abuse. According to the data set parents and teachers identified physical form of abuse to be severe and extreme form. According to them any sexual act without the consent of child is termed as abuse, it can be touching, groping, playing with private parts to some extreme condition like physical assaults, sexual relations, rape, molestation in group, punishing a child for sexual gratification, being aggressive with a child for pleasure purpose and rape murder. According to a father:

'bachey k pass ana, usey touch kerna, it could even be beyond this , jis tarah maine kaha k it could be upto the case of rape.' (P3)

Risk factors. The second theme that emerged in the data set is that of risk factor, risk factors are the characteristics that make a child vulnerable to abuse. Three sub themes observed in the collected data are further elaborated.

Family-related risk factors. In-depth interviews with sample pointed out the fact that most factors that make a child vulnerable to sexual abuse are relevant to his/her family dynamics and the kind of environment provided by parents. Working

mothers not paying enough attention to a child, authoritative parenting and joint family systems are the most reported familial reasons for children being abused. Other family related risk factors reported are illiterate mothers, lack of adult supervision, lack of available time with parents and parents doing sexual activities in front of children. As father reported:

'ager to apki strict parenting hai ya authoritative parenting hai to bachey phir definitely ap se baatein share nhi kerte, to phir woh kisi na kisi negative means ke through aisi activities mein involve hotey hain jo dusrey, abusers hotey hain ... yaa jo culprits hotey hain wo unko victimize kerte hain.' (P4)

According to a mother:

'Working women, jinke bachey gharon mein hotey hain zyada tar maid k haathon mein hotey hain na woh zyada aur dusra jo bachon ko ummm.' (P2)

A Principal from private school reported

'Sab se jo major cheez hai jab maa baap apnay bacho ko proper time nahi detay. mothers normally apnay gharo k kamo mai busy hoty hain, baap jobs pr chalay hain.' (T5)

Child-related risk factors. Risk factors related to a child's personality, knowledge and brought up are included in this subtheme. The prevalent risk factors in this category are unawareness of the child, lack of confidence, lack of knowledge about good and bad touch, kids with unfulfilled wishes, kids dressed provocatively in public and kids behaving provocatively in public. The last two described reasons describe a societal misbelief where the victim is somehow accused of instigating an incident. A mother reported:

'jo bachon ko ummm. Ab yeh hai k bachon ko jo zyada bana sanwar k hum dikhaty hain na is tarah hota hai.' (P2)

Another mother reported:

'Jo zyada shaed jinko maa baap ki taraf se matlab confidence nhi dete ye maa baap apne bachon ko. Wo daba k rakhte hain aur umm matlab ye nhi karo wo nhi karo.' (P1)

A teacher from private school reported:

Aik toh bachay ko awareness nahi hoty k kahan touch krna hai kahan touch nahi krna.(T6)

Socio-cultural risk factors. Risk factors associated with societal norms, cultural values and religion are included in this sub-theme. The most reported cultural aspect of the phenomenon is role of media, parents as well as teachers reported internet, lack of culture specific cartoons and TV serials as a risk factor for increasing incidence of inquisition among children. Lack of education, distance from the religion, following western world, bad peer group, children working as labours and lower socio-economic status are considered to be the societal risk factors making a child prone to sexual abuse. According to a mother

'ghar main bhi koi aisi harkat nahin karni chahiye jis ko dekh k bacha kahey k acha, kion k insaan k ander tajassus paaya jaata hai, tou who phir ziaada us ki taraf dekhta hai k nahin yaar main bhi aise hi karu. Doosra yeh hai k media, matlab aap us ko aisi filmein ya aise cartoons ya aisi cheezein dikhaa rahey hain, jis ko dekh k bacha kehta hai k nahin main bhi yeh karu, tou yeh cheezein nahin dikhaani chahiye.' (P12)

According to another mother:

'Indian cartoons main wo sb khurafaat shamil hain jo wo movie main dikha rhy hotay hain. Ap yaqeen krien maaien bari khush ho rhe hoti hain k mera bacha mobile lga kr betha hua hai mai aram sy so rhe hun jo kuch kr rhe hu lekin unko ye sb nai pata hota.' (P10)

Indicators. The third theme that emerged in the category for knowledge is of indicators to identify abuse, two subthemes emerged from the data set, a variety of behavioural indicators were reported by parents as well as teachers but a limited number of physical indicators were reported.

Behavioural indicators of sexual abuse. On probing over the parent's and teacher's knowledge on how to identify if a child is being abused, the most frequently reported behavioural symptom by parents as well as teachers was that a child might appear to be scared and fearful and disturbed in routine behaviour. Other symptoms were avoidance of a specific person, or hesitation to go to a particular place, expressions of guilt and shame, frequently irritable and aggressive, going in isolation and flinching at touch. The disturbance in routine was further elaborated to be disturbed sleep and eating patterns, skipping school, not doing homework and inattentiveness in class. In addition to this most teachers acknowledged that there are no specific symptoms to identify abuse and that the symptoms depend on the personality of the victim. A teacher highlighted that

'agar kisi bachay mai all of a sudden change agya hai , woh quiet hogya hai, reserve hogya hai darra darra sa hai toh we can assume ke there is something wrong with the child ' (T7)

Another teacher from government school reported that:

'Bacha routine behaviour se hatey ga concentrate kia jaye to pata chal sakta hai , kaam mein Kotahi krey ga. School aney se hesitant hoga ager school men hua ho, subjects mein interest nhi hoga, relatives ke ghar nhi jaega Bacha dara sehma rhey. '(T2)

According to a Father:

'isolation mein chala gaya hai, khana nhi kha raha, uski diet aur sleeping activities jo hain who disturb hogai hain , ap se sharing nhi ker rha aur school jaaney se bhi reluctant ho rha hai ya apne dost k saath milne nhi, who kehta hai 'maine milne nhi jana' ya 'bahir bhi nhi jaonga ' ya apne dusre ya jaise woh zyada jahan tak bhi hota hai ager routine uski dispatch lagti hai , is a first indicator that gives us something' (P4)

Physical Indicators. The reported physical indicators of abuse were spots on body and sudden drop in health condition; physical indicators however, were less reported indicators. According to a teacher;

Physically weak hota jaega, health nichey ayegi mentally attentive nhi hoga' (T7)

A mother reported:

Physical symptoms bhi hotey hain matlab koi spot ya nishaan wagera ban jaye jism pe us se bhi maayen andaza ker leti hain k bachey ko kisi ne zor se pakra hai kyunke bachey to boht sensitive hotey hain unko zara zor se pakro to wo nishaan chor jata hai.' (P12)

Perpetrators. Last theme that emerged from the data collected in knowledge category is of perpetrators. Parents and teachers reported hearing about some of the characteristics of perpetrators and the factors relevant to them. Sub themes are further described below:

Who are the perpetrators. The important pattern that emerged in the dataset is that almost all of the parents and teachers identified that perpetrators can be anyone from a close relative to an acquaintance to a stranger and acknowledged that most perpetrators are closer acquaintances who a child, trusts. They identified that abusers can be strangers like shopkeepers, examiners and labours, close acquaintance

like tutors, qaari, van driver or peer, relatives like uncles, cousins, brother or a parent or it can be dominant male of the house. A father described perpetrators as:

'it could be any one. Even it could be family member, it could be family member *se muraad yeh hai k jo normally hum usey.kya kehte hain jo unka sarbra aik kism ka keh sakte hain, matlab uncles hogaye jinpe ap trust kerte hain. Unke cousins hogye, outsiders hotey hain, naukar, servants wagera bhi hosaktey hain.* And it could be even teachers.' (P3)

A mother reported:

'Ye apke apne chacha mamu hotey hain . apne bhai hotey hain.' (P1)

What makes a perpetrator. This sub-theme includes perceived societal as well as psychological factors that are particular to perpetrators. The sample identified perpetrators as illiterate and of low socioeconomic status. Other reported societal factors are, people who seek revenge on society, people with problematic households or faulty brought ups and people without resources. It was also reported that in rural areas people usually abuse children to seek revenge on family disputes. According to a father:

'Generally speaking abuser is a bad person ... poor person, uneducated person living in a financially poor situation in a society where there is a lack of education.' (P3)

According to a mother:

'larai jhgrey ki shakal mein badla lene ke liye kerte hain . ya jinka bachpan acha nhi guzra hota , koi weakness hoti hai bachpan mein parents, society, relatives ki wajah se wo harmful kaam kerte hain to take revenge..' (13)

The perceived psychological characters of perpetrators as reported by the participants are, mentally ill people, people with animal instincts, frustrated individuals, people with lust for unattainable things, a prominent code that emerged from data specifically from that of teachers is people abused in childhood later turn into abusers, most teachers reported students being abused at home sexually, try to abuse children at school. A mother reported:

'Woh tou main ney pehle hi kaha k mentally disordered hi hotey hain. Un main insaanityat nahin hoti. Un main woh hoti hai na jaanwaron waali, woh khaslat paai jaati hai' (12)

A father reported:

'ghareebi jo hain wo itself bri frustration haim zyada tar loug jo hain w aise hi low, middle, low class lower middle class jo hain, is silsiley mein zyada is liye ke unhe kisi kaam kin a entertainment ki facilities hoti hain.' (P7)

A principal from private school reported:

'aik yeh bat hoty hai aur aik yeh k jinkay sath sexual abuse hua hota hai who dusray bacho k sath bhi krahay hotay hain... woh yani dusray bacho k sath jinkay sath minor level pr hua ho aisa who us ko enjoy krtay hain aur dekha gya hai k jin bacho ko , jo meri observation hai jinko maine mazi mai ya bachpan mai dekha tha ya suna tha k inn bacho k sat hiss tarah ka mishap hogya hai unho ne baray hokr khud b esa kam krnay ki koshish ki.' (T5)

Current Prevention Practices of Parents and Teachers

The second category that emerged from research objectives and previous studies is that of current practices of parents and teachers in order to prevent children from sexual abuse. Most of the practices that teachers reported were practiced on their own with no instructions from administrations moreover practices reported by teachers usually revolve around the topic of children being abused by other children, especially in bathroom settings because that is the most prevalent form of abuse in school settings (See Appendix H). The themes and subthemes are further elaborated in figure 2:

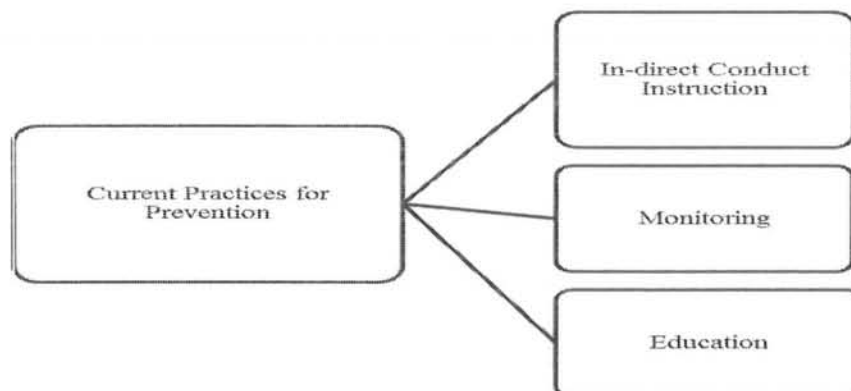


Figure 2. Graphical Representation of Themes and Sub-themes generated in Category of Practices.

In-direct conduct practices. Most of the parents reported in-directly securing the child rather than giving direct instructions. This theme consists of practices of parents and teachers in which there are no direct instructions to the child,

parents as well as teachers themselves are involved in act that helps in decreasing vulnerability of a child.

Parental conduct practices. Three types of conduct practices have been reported by parents; appearance related practices, religion related practices and practices regarding a child's outgoing schedule. Parents reported dressing a child in loose clothing and making sure a child is dressed appropriately moreover, in regard to child's play schedule parents reported, avoiding play grounds, not sending them to the shops.

Two of the most peculiar practices reported by parents were letting only father do pick and drops and not letting brothers touch sister, unnecessarily From religion's perspectives parents reported, giving proper Quranic education and making a child pray regularly.

In-direct conduct practices were the most prevalent theme by parents because majority of the parents refrain from giving direct exposure to the child. A mother reported:

'Even main uske bhaaiyo ko bhi jazat nhi deti k wo uske (referring towards daughter) moo pe pyaar krey, Ya uske moo pe aisey krey (squeezes cheeks), main daant'ti hoon k nhi kia karo'(P1)

Another mother reported:

'Kapron main bhi jesy bari wali beti ko kehti hun, jesy apko pata hai aj kal jeans k sath short wali top, phr mai dant-ti hun k jb hum khudi apny ap ko expose kriengay.(P10)

Teacher's conduct practices. Teachers also highlight crucial practices to ensure child security however, conduct practices were most prevalent among teachers of public institutes where the class strength is more than that of private institutes and diverse as well. In regard to conduct practices teachers reported making boys and girls sit separately and not sending girls alone to the bathroom. A teacher from government school reported:

'Phir jo barey, maine bachiyo ko class mein ye kia hai ke alag se bithaya hua hai humarey pass larkey barey hain unko maine aik side pe bithaya hai. '(T3)

Monitoring. This theme consisted of surveillance practices observed by parents and teachers in order to secure the child. The theme has further three subthemes that describe separate practices of parents and teacher,

Parental monitoring practices. Parents reported not leaving the child unattended, asking the child about their daily routine, visiting school on weekly basis, keeping a check on school activities, keeping a check on the information a child learns from peers, monitoring the child around cousins, one significant code that emerged was that two parents reported performing 'role playing' with the child to know more about his routine. A father reported:

'hum to bacha bahir jata hai to bahir ja ker beth jaatey hain , wo ager kehta hai maine cycle chalani hai ' haan chalao' hum bahir ja ke beth jaatey hain we , we have an eye upon our child, maybe he is 500 metres away from us but I still am watching.' (P7)

According to another father:

'Sometimes hum koi activity aisi plan ker lete hain ke beta aa jap barey ho ap baba ho aur main apka Beta hoon. Ap btayen kaise behave kerte hain to phir apna goal bhi ajata hai teachers bhi kabhi usey bana dete hain to ab is tarah, actually wo indirectly explain kuch na kuch ker deta hai jo humarey liye aik indicator ho sakta hai.' (P4)

Teacher's monitoring practices. In regard to monitoring teachers reported staying with the children during off-time until parents come to pick them up and going after the child if they take too much time in bathroom. A teacher reported:

'bachey matlab hai thora time laga ke atey the (in washroom) to main bahir dekhne chali jaati thi kyun itna time lgaya hai bachon ne.' (T3)

School's monitoring practices. The monitoring practices reported by government schools were the presences of security and rangers outside specifically during off times and by private schools were not leaving children unattended and making two teachers accompany students in their play time.

'We guard the children 24/7 in class the children are never sitting alone they're always under the supervision of a teacher and even in the ground they're looked after by the duty teacher, if the child doesn't leaves for home then one of the teacher stays and makes sure the child is picked up by the family.' (Private school)

'chute ke time waisey rangers waley kharey rehte hain aksar, ye maine suna hai ke mostly schools ke bahir hotay hain subha ke time bhi aur chute ke time bhi.' (Government school)

Education. This theme comprised of direct instructions and measures taken by parents, teachers and school on prevention. Children are actively involved and are instructed to practice some measures to decrease their vulnerability. The data in this theme was more prominent among educated parents with high socioeconomic status and private schools

Parental education practices. The most reported practice in this sub-theme was parents instructing the child 'do not go to stranger' and 'do not accept gifts from anyone' other instructions provided by parents include, to stay away from opposite gender, asking if someone touched in an unpleasant manner, teaching child through cartoons and games and guiding about prevention in front of father to reinforce.

Moreover, parents reported instructing the child directly that 'no one should touch you in the area of your shirt', 'these parts (genitals) are to be kept hidden', 'you shall not talk to strangers or known persons outside home', 'you shall not sit in someone's lap', 'keep a distance from people', 'shout whenever in trouble', 'no one shall kiss you', 'only mama can change your clothes', 'don't go to the neighbours', 'don't talk to strangers', 'no one should touch your private parts', 'no one should grope or push you', 'no one shall use force with you'.

Teacher's education practices. Education in regard to prevention was given by teachers only recently, they reported that recent events on media and continuous concerns of parents prompted them to take initiative, teachers reported instructing students that 'you're all brothers and sisters', 'don't roam around with fellow students hand in hand', 'not to tease girls' (instructed to boys), 'not to accept gifts from anyone' and 'not to use bathroom same time as boys'. Teachers also reported teaching students about bad touch.

School's intervention practices. Two private schools reported training prevention through charts in assembly one time only recently given the present state of events. According to principal of private school:

'humaray pas Montessori se lekr 10th tak k students hain, toh humnay unko awareness di thi assembly mai, humnay unko btaya tha body parts k baray mai, humnay unko guide kiya tha jesa k television k upar b arha hai k

apkay 3 private areas hain jinko kisi ko touch nahi krna , unwanted touch nahi hona chahye, toh humnay baqayeda unko paper pr picture mai aik dummy draw kr k aur phir woh 3 areas btayeh thay.' (T5)

Barriers in communication of CSA prevention education

This category explored the barriers that hinder the communication of CSA prevention messages. Four key themes emerged from the data set that highlighted the important social as well as personal barriers that hold back parents from educating the child hence increasing his/her vulnerability (See Appendix I). Detailed description of the themes is given in figure 3:

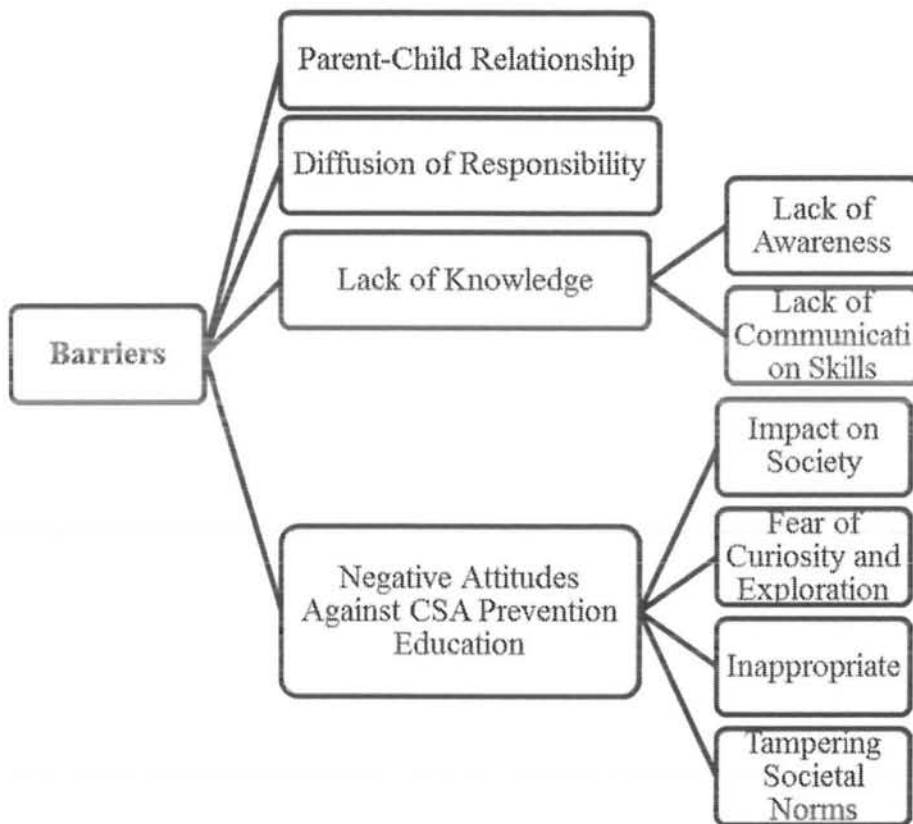


Figure 3. Graphical Representation of Themes and Sub-Themes in Category of Barriers.

Parent-child relationship. The type of relationship parent and children foster determines the extent of their communication with one another. The most reported set of barriers was that relevant to parenting practices. According to respondent's strict parenting style and communication gap, nurture a home

environment where there is no communication and parents usually maintain a certain decorum which doesn't allow them to talk to children openly and in turn hinders children from talking freely as well. Moreover, respondents reported that parents these days have lesser time for children which create a barrier in understanding of a child's needs. A father reported that:

'Ager to parents ki khud parenting us style se hui hui hai, key jaise wo bara gap raha ho communication ka uske parents ka .. k father aur children ka mother ka aik alehda alehda distance hona chahiye ai kto yeh factor hai.'(P4)

Diffusion of responsibility. An exclusive theme that emerged as barrier in communicating CSA prevention messages was the diffusion of responsibility on parent's part, this can also be attributed to gender roles among parents. Almost all the fathers reported that they are hesitant in talking about such topics with their children, according to them fathers are authority figures and have a certain set of boundaries to maintain moreover, they explained that kids are more attached to their mothers and it is a mother's responsibility primarily to communicate such messages. Mother also reported themselves as someone responsible for educating children such messages. Additionally, some of the parents reported teachers as the ones responsible to educate children regarding CSA prevention. According to them kids are more receptive towards the messages communicated by teachers also parents in our culture are reluctant in talking to their children about CSA. A mother reported:

yeh bhi hota ho k Maa dekhti ho Baap ki taraf, Baap dekhta ho Maa ki taraf.(P12)

According to a father:

Isiliye ke humare yaha beta itni frankness hai nhi na aulad ke saath ke hum unse in topics pe baat krey hum jab bhi koi baat hoti hai to walida ki taraf refer kerte hain ke tum bachey ko btao, smjhao , unhe in vulnerabilities ke barey mein educate karo, being father I don't interact with my kids in this domain. Humesha main maa ko hi kehta hoon ke bhae tum baton hi baton mein isharon se smjha dia karo. For so many reasons humare culture mein bhi aisa nhi hai na.(P7)

A mother while emphasizing the importance of teacher, reported:

Apni teacher bolay. Spokesperson ayega wo to bol k chla jayega. ... to unki bat ko wo pick kriengi na. (P10)

Lack of knowledge. Lack of knowledge is a vital theme in the present study and quite possibly the most important barrier in communication of CSA prevention messages. Knowledge contributes to the factor that makes parents aware of the phenomenon and equips them with necessary tools to deal with the issue. Participants reported not being aware as well as lacking appropriate vocabulary to talk on such matters with children. Two subthemes emerged from the responses:

Lack of awareness. Absence of fact based knowledge and awareness on parent's part is the biggest hindrance in CSA prevention education. Parents reported not hearing such kind of messages in their childhood even adulthood and lacking experience which leaves them unaware on the issue. Lack of awareness makes them perceive the issue as unimportant or something they can look past. According to a mother:

'Maa Baap ki khud ki information nahin hoti hai. Who khud hi aware nahin hotey k yeh cheez kia hai aur kis tarha sey achey tareekeey sey bachon ko communicate karna hota hai.' (P1)

A teacher from private school reported that:

'Unko (parents) bhi awareness nahi hai, unko lgta hai yeh who batayn hain jo bacho ko khud e patta chal jaty hain, yeh who cheezayn hain jo bacho ko naturally patta chal jayen gi unko btana nahi paray ga' (T6)

Lack of communication skills. Lack of awareness and adequate knowledge on the issue restricts parent's ability to communicate messages about sexual abuse and create an environment that restricts communication. Parents reported not being familiarized with technology and generation gap that makes them perceive themselves as someone unfit to talk moreover fathers report not having the courage to talk on such issues. One key factor that acts as a barrier is not having appropriate vocabulary to communicate such messages. Parents reported not having appropriate words or the words known to them were unfit for use at home. A mother reported:

'Yeh bhi tareeka nahin hota k woh communicate kis tarha sey karna hai ya is tarha k lafz ya is tarha ki cheezein k jo hum easy way sey bachon ko sikha sakein k is tarha sey bhi hota hai yeh' (P9)

Negative attitudes against CSA prevention education. Negative attitudes of parents and society as a whole against child sexual abuse prevention education

serve as central barriers that inhibit parents from educating children about CSA prevention. The last theme emerged in the present category revolves around attitudes people hold regarding educating their children on this issue. This theme not only highlights the barriers in parent-child communication of CSA prevention but also underlines the major concerns of parents and constraints in way of school-based CSA prevention education. It is further distributed into four subthemes that are discussed below:

Negative impact on society. Social barriers or perceived negative impact on society are the most expected and reported set of barriers that constraint talk related to 'sexuality'. This inclusive criterion for this subtheme is anything relevant to the environment (external factors), that include norms, values and beliefs. According to parents as well as teachers the word 'sex' is stigmatized to the point where everything associated with it carries shame. Anyone who talks about it is perceived as either a bad person or someone with less regard for cultural norms. Such talk is also perceived as un-Islamic and religion is perceived critical of such talk. Some of the codes prevalent in the data were; stigma attached to the word 'sex', bad people talk about it, religion as a perceived barrier and backwardness of the society.

Furthermore, Parents believe that educating their children about CSA will somehow induce the idea of 'sex' in them and destroy social norms. According to parents such talk will lead to spread of evil and shamelessness. Their belief there that will be no '*parda*' (respectful boundaries) left between parents and children causes difficulty in communication of prevention messages moreover, according to participants this type of education is perceived as un-Islamic which makes rendering negative attitudes against it, a compulsion. Also it promotes a negative attitude towards prevention education. According to a mother:

Dekho kuch chezein hoti hain cultural, apki jo culture ki values hoti hain jis.. ap society mein reh rhey hotey hain, kuch religion ki limitations hoti hain, hum log shaed itne broad minded nhi hain hum apne apko .. yeh baatein kerne bura smjhtey hain humney yeh suni nhi hain pehle, shaed is dour mein shuru hojayein to akey (P9)

Fear of curiosity and exploration. Parents believe that this kind of education will induce exposure and bad ideas into children's mind. It will encourage curiosity among children and they might start exploring the phenomenon on their own. Some believe that children might go with the abuser out of curiosity or would want to see

opposite gender's body parts. Kids might get bold and abuse other kids as a game. Parents concern that children might get fearful or suspicious all the time. It will make them mature and teach them the concept of marriage (sex). This fear of exploration and exposure creates a difficulty in the way of CSA prevention education. According to a mother:

Woh (Any random person) ager apko aisey bhi dekh rha hai khwamkha bhi to humein lagey ga is ke pichey koi khaas baat hai. (P6)

Age in-appropriate information. Parent fear that the information provided to the children might be too advanced for their age and might suggest the idea of 'sex' before appropriate age. Participants reported that parents worry that age-inappropriate information might wound a child's brain and leave a bad impact.

Tampering with societal norms. The most crucial concern regarding CSA prevention education that respondents highlighted was that culturally acceptable norms might get affected. This subtheme is an important element in Asian, more specifically in Pakistani culture. Parents believe that warning a child against strangers as well as close acquaintances might make the child suspicious of normal touch as well moreover, relationships like that of grandfather, uncles and cousins might get affected due to this education. The acceptable norms of hugging and kissing a child by elders of family might be viewed as wrong and immoral. According to a father:

apke personal relations bhi us sey kharab ho sakte hain. For example ap usey kehte hain k 'beta apne parents k ilawa ap ne kisi ke bhi paas nhi jana ya who apko haath touch lgaye, touch krey ya apko kiss kerna chahey ya apko goud mein uthana chahey to ap ne kya kerna hai' to definitely bacha to relationship mein ake dada daadi, uncle aunty k paas who nhi jaega . woh to confuse hogya na. (P4)

Child Sexual Abuse Prevention Education

Although most of above mentioned themes already highlight the perceptions, practices and influence of knowledge on CSA prevention education, this category explored the concerns and knowledge of parents and teachers regarding school-based CSA prevention education. It is important to mention that 86.6% of parents and 60% of teachers mentioned having no knowledge of what CSA prevention education is. None of the parents had received school-based prevention education although some of them mentioned being communicated by their parents. Only 33.3% of the teachers reported receiving formal CSA prevention education, all these teachers

belonged to private schools. When probed about their views on school-based CSA prevention education all the fathers while 80% of the mothers were in favour of this education. It is noteworthy a significant amount of parents ruled in favour of CSA prevention education while their own practices in educating their children regarding CSA were limited. Among the teachers 93.3% were in favour of this education (See Appendix J).

Three themes regarding the aspects of education and responsibility emerged within this category are given in figure 4.

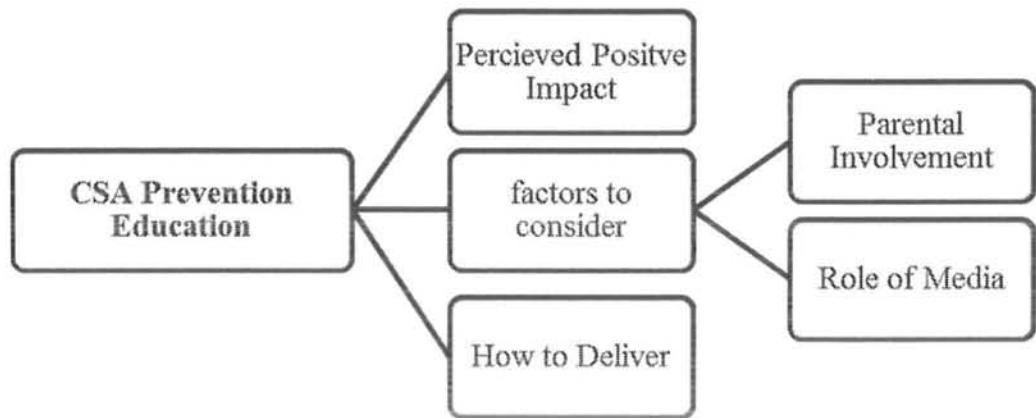


Figure 4. Graphical Representation of Themes Generated in Category of Child Sexual Abuse Prevention Education.

Perceived positive impacts. The first theme emerging from the data set was the perception of positive impacts of CSA prevention education by the respondents. 73.3% of parents believed in decrease of incidence rate of CSA as a consequence of this education. Parents reported the education would be helpful in raising awareness and a well aware child would be better able to recognize abusive situations also it will make abusers more conscious. They believed that education would encourage disclosure and decrease the chances of reoccurrence. Moreover, participants claimed education to be key source in prevention. According to a Mother:

*log conscious hojaehey, logo .. .Bachon ko jab awareness dein gey to
lazmi baat hain uska kuch to reaction hoga na* (P1)

Factors to consider. Participants highlighted some of the factors that need to be made part of these intervention programs contributing to CSA prevention education that need attention in order to minimize the concerns regarding previously

mentioned negative impacts. They proposed that prevention education mustn't be adopted from the West rather it must be customized according to Pakistani culture moreover individual difference among children need to be considered while devising a program. Further, they suggested the education needs to be age and gender appropriate with integrated Religious elements. Teachers highlighted that the program must have some practical learning element and must be in the form of a gradual process. An important feature highlighted by one of the parents is that in rural settings prevention education needs to be introduced in later years. According to a father:

To wo apne mazhab se doori aur dusro ke mazhab ki baatein , dusrey cultures keh ley ya dusrey mazhab keh lein dono haina, hum west se cheezein ley rhe hain humein wo bari achi lagti hai. (P7)

Two of the sub-themes that emerged from the data set involved the role of parents and media in educating children. These sub-themes are discussed below:

Parental involvement. One of the major concerns of parents as well as teachers is regarding the extent of parent involvement prevention education. Although most parents labelled themselves as primary educators, some of the parents were of the view that given the societal constraints teachers can prove to be better educators than parents leaving bigger impact. On the other hand, teachers viewed the deliverance of this education in the form of a triangle that comprises of parents, teachers and children as active participants. Participants suggested that parents must be briefed by schools regarding the kind and extent of education, most of them empathized on the use of integrative approach in which parents and teacher both are involved in teaching, some of parents suggested training parents along with children. According to a Father:

it has to be the joint venture of parent and the teacher is mein aik , aik jo.. cheez haina is is is ye jo bhi haina education iske do part hain aik part jo ap ne bachey ko btana hai aur dusra part jo ap ne parent ko btana hai (P7)

A teacher reported that:

I think k parents ki involvement boht ziada zaruri hai, moistly parents reluctant hotay hain k humaray pas time nahi hai humschool nahi asktay, jesay seminar hain, parents teachers meetings hoty hain jismy hum parents k sath communicate krtay hain k yeh yeh apkay bacho k sath problems chlrhay hain iss tarah se resolve hosktay hain. (T11)

Role of media. Given the current involvement of media in raising awareness regarding this issue, it was the most prevalent sub-theme in current data set. Although most of the parents reported getting awareness on the issue through media they discouraged the role of media in CSA prevention education and recommended that media must handle the issue more carefully. Parents also labelled current prevention messages on media to be dubious and marked them as violating cultural norms moreover participants' favoured prevention being taught at schools than on television. According to a father:

TV pe ab is tarah ke messages a rhey hain wo bhi dubious hain. (P7)

Another father reported that:

ma bata raha hun na k hamara maahol maashra is qisam ka nai ha k family baithi ha tou is tarah ki batain ho rai hon (refers towards CSA prevention advertisement) tou hum isy acha nai smjty (P11)

How to deliver. This theme is comprised of views of parents as well as teachers on how to deliver CSA prevention education in order to maximize the effects. Majority of participants suggested that this education should be made part of the curriculum with expert facilitator, they also focused on use of child specific approach given the fact that not all children are the same and every child comprehends things differently in association to this use of different modalities was preferred specifically visual aids like multimedia and charts. About the routine of this education participants were of the view that it can be taught either in workshops or in assembly, while some parents were in favour of group settings most parents viewed this education to be taught separately to girls and boys given the cultural constraints. Concerning the major facts to cover, respondents recommended teaching children to identify wrong gaze and teaching teachers to identify abuse. According to a mother:

lekin jb tk bachy ko individualy na btaien, combined hen na, combined to wo kahi b muqabla kr lain gay.. jb akela bacha hai na ap ny tb usko krvana hai chahy practical krvaen. Dekhain k us bachy main utna confidence develop hua? (P10)

According to a father:

'There are number of tasks given to the schools for which they can have seminars , like they have the whole class, and they the expert like psychologist or someone, who understand this field or who understands what could be the reasons and how one would get exposed and how one could

prevent. So this could be done by someone who really know the sexual abuse.'(P4)

DISCUSSION

DISCUSSION

The present study aims at exploring the perceptions as well practices and barriers regarding child sexual abuse and its prevention education. As a child's prime source of care and information, the study focuses on parents and teachers to explore their existing knowledge, attitude and current practices in communicating CSA prevention messages. Exploration of the existing knowledge regarding the phenomenon and its prevention is significant because according to health-behaviour promoting theories providing parents and caregivers with adequate knowledge of CSA increase their likelihood in protecting their children.

The study was designed to get in-depth information and insight of beliefs and practices of parents and teachers in order to better understand the phenomenon culturally and provide assistance in future development a formal school-based CSA prevention program. Qualitative form of research was adopted for the present study. In-depth interviews were conducted and thematic analysis was used to highlight the key findings in the form of themes.

To address the first objective of the study, to explore the knowledge and practices about Child Sexual Abuse and its prevention education in parents and teachers, four key themes emerged in the category of knowledge of parents and teachers regarding CSA encapsulating some basic concepts of their understanding, indicators of CSA, risk factors and perceptions about perpetrators. With respect to knowledge although most parents and all the teachers had an accurate understanding of what sexual abuse is, but few parents did not label non-physical activities as sexual abuse due their lack of awareness. Parents and teachers both highlighted the contact and non-contact forms of abuse also reported by Mathoma, Maripe-Perera, Khumalo, Mbayi, & Seloilwe (2016) but their knowledge regarding the exploitation of children through internet was limited, same finding were present in previous researches Chen & Chen, (2005); Deblinger, Thakkar-Kolar, Berry and Schroeder, (2010); Walsh, (2012); Wurtele, (1992). Lack of familiarity with technology and modern day internet could be one of the reasons for parents to not know these means of sexual abuse.

Parents and teachers labelled a child's personal characteristics, home-environment and cultural factors to contribute in increasing the vulnerability same findings have been reported by Bibi, (2018). Low self-esteem and lack of confidence were considered as factors relevant to a child's personality. Participants blamed

provocative dressing of children for abuse a recent study had similar findings Mathoma et al. (2006). Possible reason were the belief of the just-world phenomenon- The just-world phenomenon is the tendency to believe that the world is just and that people get what they deserve. People tend to blame unfortunate events to individual's behaviour in order to explain the incident.

In regard to gender although most parents and all the teachers were well aware that both genders are vulnerable some of the parents labelled only girls to be the victim of abuse some past researches validate these findings (Chen & Chen, 2005; Chen et al, 2007; Wurtele, 1992) this can be attributed to their lack of awareness regarding CSA. Joint family system, working mothers and lack of religious knowledge were branded as the major factors relevant to home environment that make a child more vulnerable, Wurtele, (1992) also reported lack of religious knowledge to be a risk factor. It is important to mention here that although most parents considered lack of communication and strict parenting as a risk factor but their own communication practices with their children were limited (Collins, 1996). Cultural restrictions on the subject can be a possible reason for this limitation.

In terms of indicators the participants mentioned a great deal of behavioural indicators (Herbert, Lavoie & Parent, 2002) but their knowledge of the physical indicators was limited, this contradicts the previous Asian research (Chen et al., 2007) where parents believe physical signs of abuse to be a key indicator of sexual abuse. Participants reported sudden disruption in routine to be the indicator for parents and teachers to probe in. Pulins and Jones (2005) found that most of the parents had little knowledge of indicators specific of sexual abuse (sexualized behaviour, unusual knowledge about sex) and their knowledge can be attributed to high socioeconomic status and previous experiences of abuse. The results in this study indicate mostly some of the fundamental indicators of abuse but not specific indicators of sexual abuse one possible explanation can be that, in Pakistani society, the topic is associated with confidentiality and is not explored or elaborated appropriately this result in lack of awareness about sexual abuse related factors.

One important finding in this case is that teachers labelled children abusing other children (depicting sexualized behaviour) as an indicator of abuse. Sexualized behaviour is reported to be the most prevalent indicator of sexual abuse by Finkelhor (1968; 2009). The major reason for this discrepancy between parents' and teachers'

views can be that teachers tend to have greater knowledge and awareness as they observe children in social setup more often than parents.

Participants reported a great deal of perpetrators characteristics but their knowledge in this specific theme was rather flawed or incomplete. All of the participants acknowledged that a perpetrator is someone familiar to the child. This finding is somewhat crucial because previous studies have highlighted that less than 50% of the parents claim someone known to them to be the perpetrator, specifically those conducted in Asian setups highlight parents' unawareness of the facts about who the abuser is, in both studies conducted in China, Chen et al. (2007); Chen and Chen (2005), 28.2% while 43.8% parents believed their children are likely to be abused by someone known to them, respectively. A Canadian study conducted by Herbert et al. (2002) is the only exception in recent statistics where all the parents identified perpetrator to be a close acquaintance. Recent awareness campaigns by media can explain this shift of beliefs, A number of TV serials have been broadcasted in recent 5 years highlighting this issue, Momal Productions (2016) broadcasted the serial *Udaari*, that created a lot of hype due to its controversial content, it portrayed a step father as a perpetrator, after this serial a number of other shows depicting a closer acquaintance as abuser aired.

Almost all the parents and some teachers believed that women cannot abuse children (Chen et al., 2007). The possible reason for this finding can be the fact that most parents rely on media as a source of information and Pakistani media highlight only male abusers and female victims. Furthermore the participants highlight illiterate and people belonging to lower socioeconomic status as perpetrators, this emphasizes on myth and inappropriateness of parents' own knowledge regarding the perpetrators. No such relationship has been proven by research (Vogeltanz et al., 1999). An important finding in this regard is that some of participants reported troubled background or previous experiences of abuse to associate with perpetrator these findings have been subsequently reported (Finkelhor, 1986; Finkelhor, Hotaling, Lewis, & Smith, 1990; Craissati, McClurg & Browne, 2002). But previous history of sexual victimization doesn't contribute to the causation of committing sexual crimes, rather it exists in correlation (Craissati, McClurg, & Browne, 2002).

One major hindrance in parent's knowledge about perpetrators was their lack of acknowledgement for older children to be the abusers, these findings are in accordance with the study by Walsh and Brandon, (2012), the teachers however

reported this to be the major problem they deal with on daily basis also teachers reported to be an indicator of sexual abuse experience. This can be explained by lack of knowledge and awareness in the matter while teachers on the other hand, who have to deal with such cases primarily, tend to label it more of a problem than other forms of abuse. Most of the knowledge of parents and teachers was fact based and logical, this can be credited to the recent turn of events and rigorous CSA awareness/prevention campaigns some of the information was still based on the myths that prevail in society.

Overall there was lack of appropriate knowledge in terms of child sexual abuse. Parents knew most of the facts depicted frequently on media, it is important to mention here that most of the parents included in the study were educated but their knowledge fluctuated significantly. Khan (2012) and Bibi (2018) also reported no significant relation between parents' education and their awareness in matters of sexuality. Teachers however, had somewhat ample amount of fact based knowledge, this can be attributed to their active involvement in a child's learning and their continuous observance of children in interacting with other children in social settings.

In regards to the knowledge regarding school based CSA prevention education almost all the parents and most of the teachers reported that they have no idea what the phenomenon is, some of them also misperceived it with 'sex education' provided in western countries and showed extreme negative emotions for it. The possible explanation for this lacking can be lack of awareness in society. People are unaware of the basic facts and logics regarding CSA, they have yet to be made aware of this form of prevention.

Three main themes summarize the current prevention practices being used by parents and teachers within the category of practices; in-direct conduct practices, monitoring and education. Most of the parents and teachers reported in-direct conduct practices where child wasn't an active member and just had to participant along for example taking care of a child's appearance and giving religious education. Participants reported closer surveillance of the children in order to protect them almost all participants reported monitoring children and not leaving them alone. Only a number of participants reported educating their children by giving them direct instructions. These instructions were specific to some parents belonging to upper middle class and teachers from private schools. Parents reported teaching children about body parts, good touch and bad touch, not to accept gifts from strangers and to

not go with strangers (Chen & Chen, 2005). Almost all the parents had warned their children not to go strangers these results were similar to that of (Deblinger et al., 2010; Rudolph, 2018). Although being aware of who perpetrators can be, parents refrained from giving warnings about closer acquaintances and there was a major lack of prevention messages specific to sexual abuse; general prevention messages were more prevalent as reported by (Chen & Chen, 2005; Wurtele, 1992).

Parents justified that they didn't want to put a 'bad idea' in a child's mind. Unlike some Australian studies where half of the parents had discussed sexual abuse with their children and studies in U.S.A 79% as reported by Deblinger et al. (2010), only 20% of the parents had discussed sexual abuse while specific to body integrity 40% of the parents had talked about it. Possible explanation for this gap in knowledge and practices can be the fact that parents believe their children to be too young to learn information of sexuality (Walsh & Brandon, 2012) or they simply, do not want their child to get this kind of exposure.

Despite their positive attitude towards prevention of CSA and knowledge participants reported limited practices specific to sexual abuse, this limitation can be due to traditional norms, and shamefulness associated with the topic (Mlekwei, et al. 2016).

The second objective, 'to identify the barriers in Child Sexual Abuse prevention education' resulted in inference of four themes; Parent-child relationship, diffusion of responsibility, lack of knowledge and negative attitudes towards CSA prevention. Previous researches conducted on sexuality also state family environment, lack of knowledge, cultural norm (Khan, 2012) and, fear and shame of parents related to the subject as common barriers in communication regarding sexuality (Bibi, 2018; Motsomi, Makjee, Baseera & Nyasuu, 2016; Morris & Rushwan, 2015). It is important to mention here that barriers relevant to sexuality communication have been frequently explored but barriers specific to communication of CSA prevention were yet to be highlighted.

Participants reported their concern about child being too young and parent-child relationship to be the most important barrier. From the dataset it can be concluded that authoritative parenting is the most practiced form of parenting in Pakistani society, it does not support communication between parents and a child, strict home environment prevent parents to talk about it, this finding concurs with

(Khan, 2012) where parent's conservative attitudes hinder the communication regarding sexuality.

A peculiar theme to emerge from the data that is diffusion of responsibility; a psychosocial phenomenon whereby a person is less likely to take responsibility for action or inaction when others are present (Kassin, Fein, Markus & Burke, 2013). Fathers in the presences of mothers thought of them as primarily responsible for communicating prevention related messages while mothers themselves reported to be primarily responsible for communicating prevention messages. This diffusion may have its root in difference in gender roles of parents and their expected duties. Traditionally, fathers are portrayed as sole breadwinners while mothers are expected to look after house matter. Fathers feel the pressure to maintain an ideal figure in front of children which promotes communication gap. Moreover some of the parents reported teachers to be responsible for such talk. According to them they felt uncomfortable and not suitable for such talk this finding contradicts research of Walsh and Brandon, (2011) which stated parents consider themselves as responsible for communicating sensitive information. One of the possible reasons can be cultural difference in parenting styles, tabooed nature of the topic as well as shame associated with the topic.

Lack of knowledge of parents also reported by (Chen & Chen, 2005) and society as whole is the most realistic theme emerging from the data. Not having awareness about the phenomenon results in lack of communication skills to talk about sensitive issues. Parents themselves feel as not being fully aware of the phenomenon and its significance; this can be counterchecked from results in knowledge category that parents actually acknowledge their lack of knowledge of not having appropriate skills and vocabulary for such communications, serves as another barrier, the generation gap being a crucial factor where parents feel they're not advanced enough and fear their practices might be too old fashioned for the children. Lack of appropriate words has been highlighted by many researches as a significant barrier (Chen & Chen 2005; Khan, 2012; Tutty, 1997; Wurtele et al., 1992; 2008). Even when parents were well aware of the risks they believe that they did not had specific knowledge and resources to communicate prevention messages to children. Parents cannot talk even when they want to because they feel the existing words are unfit to be used in front of children.

Negative attitude against prevention is an important yet insufficiently addressed barrier; this specific barrier can be attributed to both barriers in communication of prevention messages as well as barrier in prevention education. Negative attitudes of people, their perceived negative impacts as well as myths prevalent in society make it problematic to introduce such phenomenon like prevention education in our daily living. Four types of negatives attitudes prevalent, specific to prevention education of CSA were explored in the study, the belief that such education will cause destruction of societal and religious norms producing evil in society and promoting shamelessness create a hindrance that doesn't allow parents to give awareness to their children. The possible reason for this belief can be the stigma associated with the word 'sex' (Bibi, 2018; Khan, 2012) in our culture.

The fear of curiosity and exploration serves as another major barrier, the belief that such awareness can lead to curiosity and eventually exploration creates negative attitude towards prevention education contrary to the this belief recent research regarding prevention education programs claim there is no relationship between provision of prevention education and early sexual experience (Gibson & Leitenberg, 2000).

Another concern that the information provided might contain a lot of mature content for children and they might end up learning about 'sex' prevails in society (Chen & Chen, 2005) and that this education might place strange ideas in a child's mind (Wurtele, 1992). However research of Wurtele (1990) has not found any increased anxiety among children exposed to these programs

An important attitude regarding prevention is the fear that it might tamper personal relations. This specific set of attitude is the most relevant in terms of Pakistani society where it is normative to greet a child by hugging, kissing or picking them up. Wurtele (1992) reported same parental concerns. This concern has also been replicated in research by Blumberg (1991) who found that children who are exposed to these prevention programs are more likely to misinterpret appropriate physical contact and can make false accusations found that exposure to the program makes children more likely to misunderstand appropriate physical contact and make false allegations. These beliefs and misperceptions regarding child sexual abuse hinder most parents to talk or provide with necessary awareness to their children.

The third objective of the study was to explore the perceptions about Child Sexual Abuse and its prevention education in parents and teachers. Most of the

perceptions specifically negative were addressed in the barriers category, reason being, that these perceptions primarily serve as a barrier for prevention education. Three themes emerged highlighting concerns regarding school-based CSA prevention education. Although a majority of parents and all the teachers supported this education but their own practices contradicted their statements, one of the possible explanations can be their lack of knowledge of the phenomenon.

One of the most significant finding of this study is that almost all the participants carried a positive attitude for CSA prevention programs (Chen & Chen, 2005). Participants viewed this education important factor in identification and disclosure of abuse these findings are in accordance with the findings of Zwi (2007).

Most participants believed it will be a major step in reduction of incidence of abuse (Chen & Chen, 2005). A lot of participants were suggestive of the approaches to make the education effective, parental involvement also reported by (Walsh & Brandon, 2012) was labelled as the major factor to increase facilitation and reduce barriers. Other mode of delivery being, use of different modalities and focusing on a child's individual needs were important (Finkelhor, 2009).

One important theme was the factors to consider in regards to features that need to be considering for the prevention education, the major factor being, culture appropriateness of the program and integration of religious elements (Finkelhor, 2009). An important yet highly discouraged mode of education; media was thoroughly mentioned and opposed although most of the parent's own knowledge was somewhat dependent on media they highly opposed the idea of prevention messages being delivered on television. Their reported reason was culture inappropriateness and shamefulness of the phenomenon. In Pakistani society parents do not encourage whole family to sit through and discuss sensitive topics revolving around 'sex' and displaying these messages on TV temper this norm.

The overall findings to some extent are consistent with that of Walsh and Brandon (2011) and Finkelhor (2009). A receptivity towards awareness regarding child sexual abuse prevention has been observed this can be explained using 'the stages of change model' (Prochaska & DiClemante, 1984) - this model states that behaviour specifically habitual isn't changed sudden but gradually through five stages. In the light of this model people of Pakistan is somewhat between the stage of *contemplation* and *preparation*. They realize the existence of problem and are to some extent ready to bring a change in their actions and adapt prosocial behaviour. With

necessary awareness and fact based knowledge the gap between their knowledge and practices can be overcome.

Limitations and Suggestions

Although the findings of the study have been validated by past researches yet every research has limitations and this research is no different. The research may face hindrances in generalizability; the sample size ($n = 30$) is small and restricted to Rawalpindi and Islamabad only.

Though in each step cross-checking to ensure reliability and committee approach were followed yet future researches need to focus on more quantitative aspect of the study and Cohen's kappa coefficient to deduce inter-rater reliability.

Only female teachers were made part of the study, perspective of male teachers is also needed in future researches. A study conducted on more diverse sample is needed. Furthermore, role of social media needs to be addressed thoroughly in this regard.

The study was qualitative in nature depended on subjective perceptions of participants, the responses can be faked in this type of study. A mixed method study where the responses on participants are validated by qualitative instruments can be devised in future. Though, the demographic variables have been addressed in the study, still more studies are needed to focus specifically on relationship of demographic and psychographics of parents.

Implications of Study

There are several implications of the study; first and foremost the findings can be utilized to formulate an indigenous instrument to measure the attitudes, perceptions, practices and barriers regarding CSA. Furthermore, instrument measuring preferences of parents for the content to be taught regarding CSA prevention education can be devised.

Furthermore, future researchers can study the relationship between demographic variable and attitudes of parents on the basis of this study the most important implication of the study is that it will help researchers in designing an intervention for CSA prevention education.

The findings of the study point towards a dire need of awareness programs to educate parents and teachers regarding CSA and its preventions. Various NGO's can use the barriers to educate parents in logical and fact based manner.

As highlighted by the participants themselves, material assisting parents in prevention can be formulated using the study, for example, programs to enhance their verbal skills, teaching them role playing and, various cartoons and books on the subject can be useful.

The study can be used by policy makers to devise a culture specific school-based prevention education program addressing the concerns of parents and teachers.

Conclusion

The present study explored knowledge and perception of parents and teachers, their practices and barriers that hinder these practices, regarding Child Sexual Abuse Prevention. The study adopted a qualitative method of research to get in-depth understanding of the phenomenon. The results of study highlight lack of knowledge and awareness about CSA and CSA prevention among parents, teachers and as a consequences among children. There has been an increase in incidence of CSA in Pakistan, for the findings of current study it can be concluded that there is a need to devise awareness programs and campaigns training parents and teachers with children to avoid such incidents, promote disclosure and stop reoccurrence.

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APPENDICES

Demographic Sheet for Parents

ID: _____

Age: _____

Gender: _____

Education: _____

Employment Status: _____

Education of Spouse: _____

Employment Status of Spouse: _____

Number of Children: _____

Age of Eldest Child: _____

Family Type: _____

Demographic Sheet for Teachers

ID: _____

School Type: _____

Age: _____

Gender: _____

Education: _____

Marital Status: _____

Classes Currently Teaching: _____

Topic Guide for Parents

What do you know about Child sexual Abuse?

Do parents talk to their children about it?

Have you talked to your children about Child Sexual Abuse?

What prevention messages do you usually provide to your child? (Prevention practices)

What prevention methods can you suggest?

What do you know about Child Sexual Abuse Prevention education?

How can school address this issue, to what extent?

Topic Guide for teachers

What do you know about child sexual abuse?

Do parents talk to their children about child sexual abuse?

Have you talked to your students about child sexual abuse in the classroom? - **HOW**

What prevention messages do you usually provide to your students?

What prevention methods can you suggest?

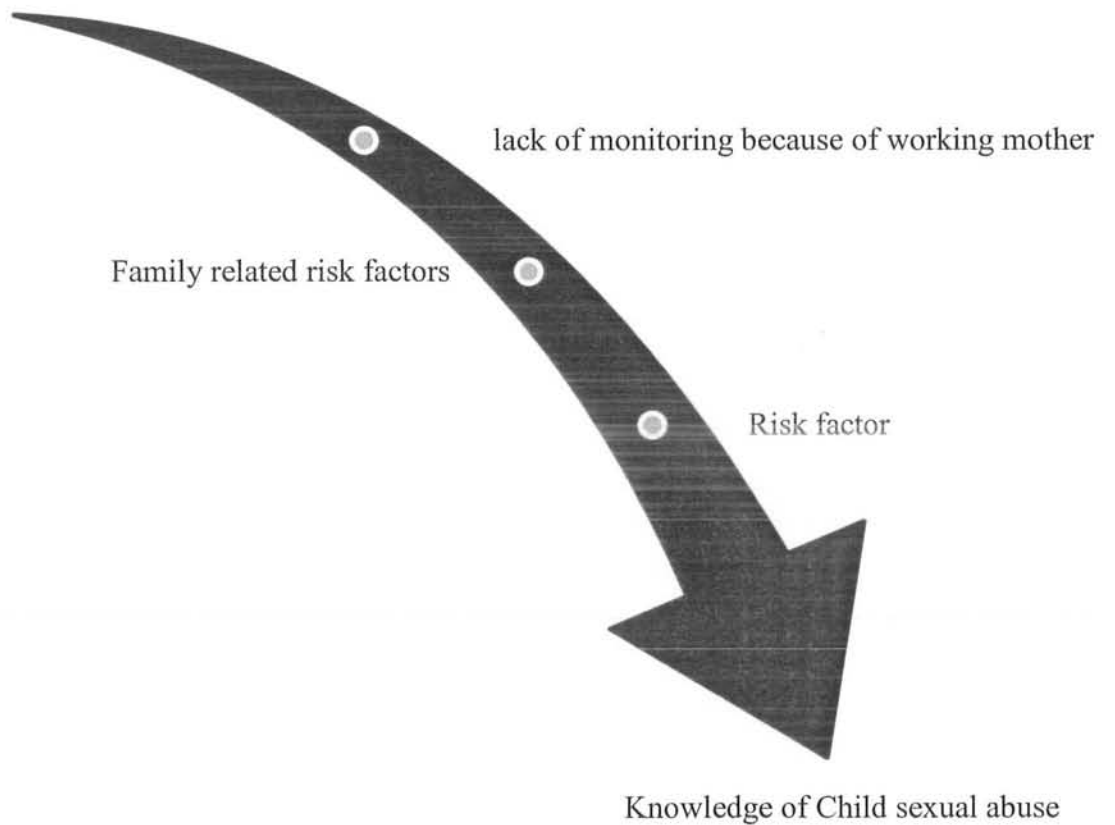
What do you know about Child sexual abuse prevention education?

How can schools address the issue? (to what extent)

Is there anything you'd like to add?

Example of how a code was deduced from verbatim and placed in relevant category

working women, *jinke bachey gharon mein hotey hain zyada tar maid k haathon mein hotey hain na who zyada aur dusra jo bachon ko ummm. Ab yeh hai k bachon ko jo zyada bana sanwar k hum dikhatay hain na is tarah hota hai*



Knowledge of Child Sexual Abuse

Understanding of Abuse

Cluster 1 Non-Physical Form of Abuse
Talking dirty Inappropriate gaze Wrong gestures Abusive language Blackmailing Trying to get closer to a child Exposure to pornography Showing off private parts
Cluster 2 Physical Form of Abuse
Touching Groping Touching private parts Playing with private parts of a child Physical assault Sexual relations Rape Molestation in groups Aggression on child Punishment Rape murder

Risk Factors

Cluster 1 Home Environment
Kids living in joint family system Lack of attention from homes makes child vulnerable to get attracted to such activities Strict parenting Authoritative parenting Negligent parenting Working mothers Lack of monitoring by parents Lack of mother child communication Lack of adult supervision Kids with inattentive parents Lack of available time from parents Parents doing sexual activities in front of child

Illiterate mothers

Cluster 2 Victim-Related Factors

Kids who are not confident enough
Children working as labour
Unawareness of the child
Kids with unfulfilled wishes
Lack of awareness
Lack of knowledge about good and bad touch
Kids dressed in provocative dressing
Kids behaving provocatively in public

Indicators

Cluster 1 Behavioural Indicators

Child will be scared and fearful
Child will go in isolation
Avoidance
Child will start avoiding specific someone
Child will start avoiding people of similar personalities
Child will become mysterious
Child will display different expression
Facial expressions might show guilt and shame
Will become irritable and aggressive
Acts depressed
Starts lying
Starts stammering
Child might become mysterious and chaotic
Disturbance in routine
Stops sharing
Disturbed diet and sleep patterns
Reluctance in going to school or outside to play
Disturbance in work patterns
Child won't be attentive in class
Flinching at touch

Cluster 2 Physical Indicators

Spots on body
will start getting weak physically

Perpetrators

Cluster 1 Who is Perpetrators

Those with faulty brought ups
People with lower SES
Illiterate people

Mentally ill people
People with animals instincts

Cluster 4 What makes a perpetrators

Those abused in their childhood
Frustrated people Those seeking revenge on society
Those seeking revenge on family disputes
People with problematic household
People with lust for unavailable things

Practices clusters

Parents

Cluster 1 In-direct Conduct Practices

Doesn't changes diaper in front of siblings
 prevent brothers from touching sister unnecessarily
 refrains everyone (even cousins) from picking up the child
 only lets father do pick and drop
 Gives child confidence even when they're wrong
 Doesn't lets servant do any of child's work
 Maintains strong family bond
 Gives proper time to child
 Covers child fully
 Doesn't lets them wear jeans with small
 Dresses the child in loose clothing
 Doesn't changes clothes in front of anyone
 Gives religious education
 Makes them pray regularly
 Doesn't sends at shops
 Doesn't lets them go out
 Avoids sending to play ground

Cluster 2 Monitoring

Visits schools on weekly basis
 Asks about routine everyday
 Monitors child closely
 Pays closer attention to behaviour
 Does ' role playing' to learn more about child's routine
 keeps a check at what information a child is learning from peers
 Stays with them in play time
 scares the child with ghosts and insects
 keeps a check on school activities
 monitors children when cousins are around
 Doesn't leaves the child unattended

Cluster 3 Education

Teaches kids to stay away from opposite gender
 Asks if someone touched in an unpleasant manner
 Teaches about body parts
 Teaches the child to say ' NO' to unwanted touching
 Teaches child through cartoons and games
 Guide about prevention in front of father to reinforce

Tells

- ' don't accept sweets from strangers'
- ' don't go anywhere with strangers'
- ' no one should touch you in the area of your shirt'
- ' these parts (genitals) are to be kept hidden'
- ' you shall not talk to strangers or known persons outside home'
- ' you shall not sit in someone's lap'
- ' keep a distance from people'
- ' shout whenever in trouble'
- ' no one shall kiss you'
- ' only mama can change your clothes'
- ' don't go to the neighbours'
- ' don't talk to strangers'
- ' no one should touch your private part'
- ' no one should grope or push you'
- ' no one shall use force with you'

Teachers and School

Cluster 1 In-Direct Conduct Practices

Stays with the children during off time.
Makes boys and girls sit separately
Doesn't send girls alone in bathroom
Stays with kids till parents pick them up

Cluster 2 Monitoring

Rangers and security at home time outside public schools
Prevention training in assembly
Two teachers stay with students until they all leave for homes
Teachers guard students in play time
Goes after the child if they take too much time in bathroom

Cluster 3 Education

Tells students,
'You're all brother and sisters'
'Don't roam around with fellow students hand in hand'
Instructs boys 'not to tease girls'
'Don't accept gifts from anyone'
Talks about bad touch
Don't go to strangers (sweepers and worker
Instructs girls ' don't use bathroom same time as boys '
'Boys and girls mustn't play together'

Barriers

Cluster 1 Parent Child Relationship

To keep respect between parent and child
 Due to generation gap
 Strict parenting style
 Due to shyness
 Home environment doesn't allows such communication

Cluster 2 Diffusion of Responsibility

Fathers are hesitant in such talks
 Fathers lack the courage to talk about it
 Fathers are authority figures that creates a barrier in communication
 Kids are more attached to mother
 Parents don't have time available
 Lack of interaction between family
 Diffusion of responsibility among parents
 teacher leaves much bigger impact than parents
 Parents can't tell to their children teachers should

Cluster 3 Lack of Knowledge

Because of no previous experience
 Parents themselves aren't aware
 Never heard such talk before
 Backwardness of the society
 Due to communication gap between parent and child
 Lack of familiarization of parents with technology
 Lack of appropriate words available
 The available words are not fit to be used at home

Cluster 4 Negative Attitudes against CSA Prevention Education

Sub-Cluster1 Fear of Curiosity and Exploration

child's curiosity and exploration
 Kids might get bold and need control
 Kids might take it as a game
 Kids might go to abuser out of curiosity
 Kids might try to explore themselves
 Can make kids curios to see opposite gender's body parts
 It will teach them 'sex'
 Can make kid suspicious all the time
 Children might become fearful
 Education might turn into exposure or abuse itself
 Kids might start hiding stuff

Will promote shamelessness
Cluster 2 Age in –appropriate knowledge Kids might indulge in early sexual activities Information can be harmful before age Information provided might be too mature It will teach concept of marriage before age
Cluster 3 Tampering of Social Norms Can effect personal relations Culturally acceptable norms might get effected Can be disastrous if not culture specific Can make normal gaze be misinterpreted
Cluster Negative impacts on society Our society will be ruined It will spread evil Societal norms are violated This education is Unislamic There will be no parda left Religious limitations Such talk is Un-islamic Religion as a perceived barrier Ethical constraints on the topic Stigma attached to the word 'sex' The talk is perceived as 'bad' Phrase ' sexual abuse' carries shame with it Such talk leaves a bad impact on child Bad people talk about it

Prevention education clusters

Cluster 1 Positive Impact

Kids will be better at identifying abuse
 Giving education can make them aware of the wrong
 Kids will better defend themselves
 Kids will be able to resist it
 It will make abusers conscious

Cluster 2 Parental Involvement

schools must educate parents as well as students
 parents must be briefed
 parents must be given reasons to teach
 parents must be involved
 Parents must know the level of education being provided
 kids don't need to be educated but parents do.
 Parents must be trained using intervention
 parents can motivate kids
 parents shall be briefed in PTM

Cluster 3 Factors to consider

shall be taught SURAH NISA instead
 Quranic teaching can help differentiate right and wrong
 Religious elements must be integrated
 must have practical learning element
 individual differences in learning must be considered
 facilitator must be an expert
 Teachers must be trained to identify abuse
 the syllabus need to be custom to our culture
 Boys and girls must be taught separately
 The program must be age appropriate
 The program must be gender appropriate
 The program must be culture specific

Cluster 4 How to deliver

not every child is the same must use child specific approach
 shall be taught with the help of every modality
 be taught with the help of visual aids
 Shall be a gradual teaching process
 Through charts and multimedia
 A separate subject to teach girl's defence
 should be taught to identify the 'gaze'
 Shall be taught through workshops
 should be part of curriculum
 -daily lessons in assembly
 shall be taught in group setting

Cluster5 Role of Media

TV mustn't be the mode for teaching

the existing messages on media are dubious

TV should handle prevention ads more carefully children mustn't be educated on TV