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Investigating the Uncompromised Impact: A Sexual Abuse Prevention Program with No Negative Effects

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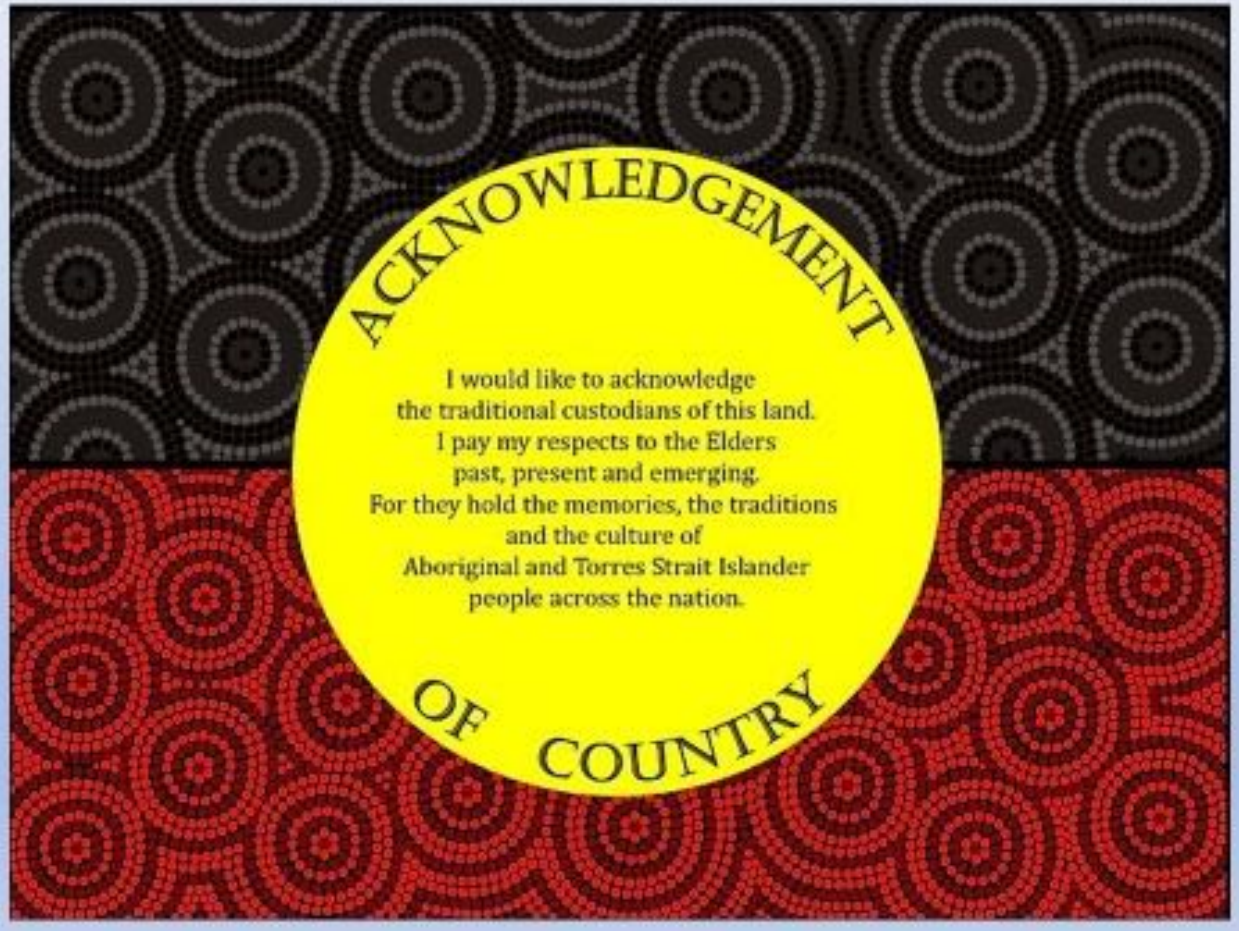
Picture retrieved from https://intellectualdisabilitiescampaign.weebly.com/fun-facts-about-intellectually-disabled-kids.html


ACKNOWLEDGEMENT
I would like to acknowledge
the traditional custodians of this land.
I pay my respects to the Elders
past, present and emerging.
For they hold the memories, the traditions
and the culture of
Aboriginal and Torres Strait Islander
people across the nation.
OF COUNTRY

Background

Sexual abuse is a global concern among children with intellectual disabilities (Warraith, Amin & Rashid,2021; Stobbe et al., 2021)

They are at a greater risk of being sexually victimized, and the rates are **2-8 times** the rate in the general population (Carrellas, Resko & Day, 2021 ; Sivasubramanium et al., 2017).

Sexual abuse is **frequent and long-lasting** when the victim is a child with an intellectual disability (Wissinik,2018; Carrellas et al.,2021).

Background

Children with an intellectual disability are often considered asexual, and their right to express their sexual selves is often denied or discouraged (Brkić-Jovanović, Runjo, Tamaš, Slavković, &Milankov, 2021; Brown & McCann,2019).

Parents and teachers are concerned that sexual abuse prevention programmes would negatively affect the children (e.g. they may withdraw socially fearing abuse (Taal & Edelaar, 1997; Brkić-Jovanović et al ., 2021).

These concerns can hinder the implementation of prevention programmes, so investigating their adverse effects becomes necessary.

Background

One study done among topically developing young children reported some negative effects of attending a sexual abuse prevention programme. Some adverse effects were negative feelings about physical touches, and distrust about physical encounters (Taal & Edelaar, 1997).

Contrasting results from other studies conducted among typically developing children, they were not afraid of strangers. Participants reported feeling more comfortable being alone in the community setting (Raymond, Miltenberger & Duffy, 1998; Wurtele& Miller-Perrin, 1987).

A study done among adolescent girls and adults with intellectual disabilities reported less fear of objects, people and situations after the sexual abuse prevention programme(Lee and Tang,1998; Robertz et al.,1998).

Aim

- The study aimed to investigate any adverse effects associated with participation in a sexual abuse prevention programme for children with Intellectual Disabilities.

Research approach

An RCT, pre-test post-test control group design with longitudinal measurement of outcomes

Methodology and study design

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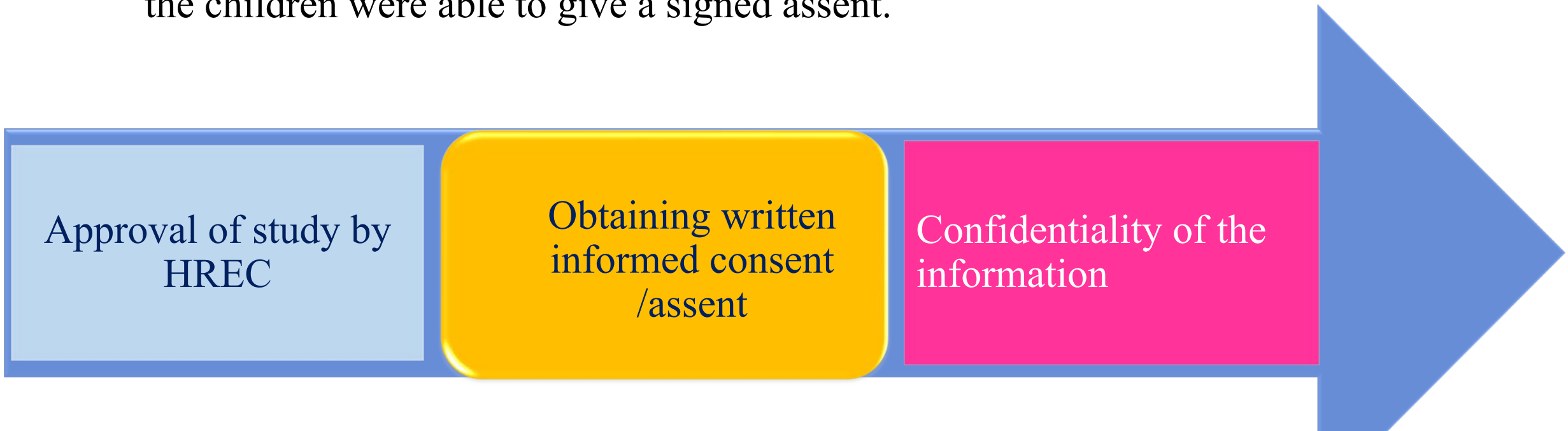
Ethics approval

- Permission was obtained from the school authorities to conduct the study.
- Written informed consent was taken from the child's parents, and an attempt was made to take assent from the child for conducting the study. Forty-two per cent of the children were able to give a signed assent.



RESEARCH DESIGN: True experimental design
Pre test –post test control group design

Selection of special schools from Kozhikode district using stratified random sampling based on the number of children in the school

↓

Random allocation of schools in each stratum

Experimental group (BST) (n=60)

Control group (TAU) (n=60)

Selection of subjects who met the selection criteria

PRE ASSESSMENT
- Baseline information proforma
- Side effects measure
- parent perception Questionnaire

BST (1month)

Treatment as usual (TAU)

POST INTERVENTION ASSESSMENT
(1week,1month, 3months, 6months)
- Side effects measure
- Parent perception Questionnaire

RESEARCH DESIGN

GROUP		Intervention	Post test	Follow up		
Experimental group	Pre assessment	BST	1 week after the one month BST	1 month	3 months	6 months
Control group		Treatment as usual(TAU,information given by teachers in special schools)	1 week after the one month TAU			

Sexual abuse prevention programme (BST)

- One-month training programme (3 one-hour sessions/week)
- Personal safety skills were taught in small groups of 3-4 children
- Instruction, modelling, rehearsal, reinforcement and feedback.
- Appropriate and Inappropriate situations were presented using video and training was given to children on how to respond appropriately to each situation using role-play

Instruments

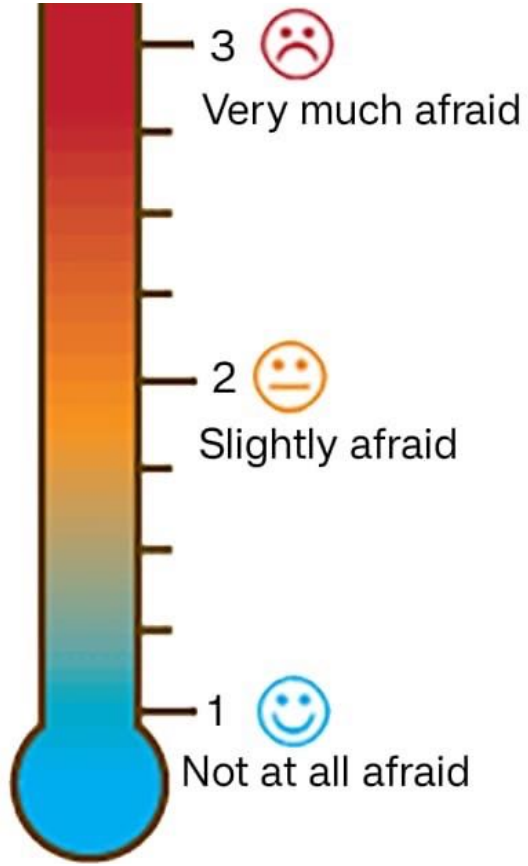
- **Baseline Proforma:** to collect background information about the participants, which was collected from the parents through interviews.

- **Parent / Teacher Perception Scale** (Wurtele& Miller –Perrin 1986)

The 19-item parent/teacher perception scale assesses for any negative effect of the training programme on the children

Side effects measure (Wurtele& Miller –Perrin 1986)

- The 12-item fear assessment thermometer scale assesses participants' fear of various objects, people and situations.
- Participants' fear is rated by moving a simulated mercury column from 1 (not at all afraid) to 7 (very much afraid)on a cardboard representation of a thermometer.
- Scores ranged from 12 to 84.
- Modified after the pilot study
- Categories were changed to very much afraid (3), slightly afraid (2), not at all afraid (1). The revised scores range from 12 to 36.



Eligibility criteria : Children

Inclusion Criteria

- Mild and moderate Intellectual Disability
- Age 10-19 years
- Those children whose parents are available during the period of study
- Children with verbal ability which would allow them to participate in the study

Exclusion Criteria

- Children who cannot speak Malayalam/English
- Presence of active symptoms of co morbid psychiatric illness

Eligibility criteria: Parents

Inclusion Criteria

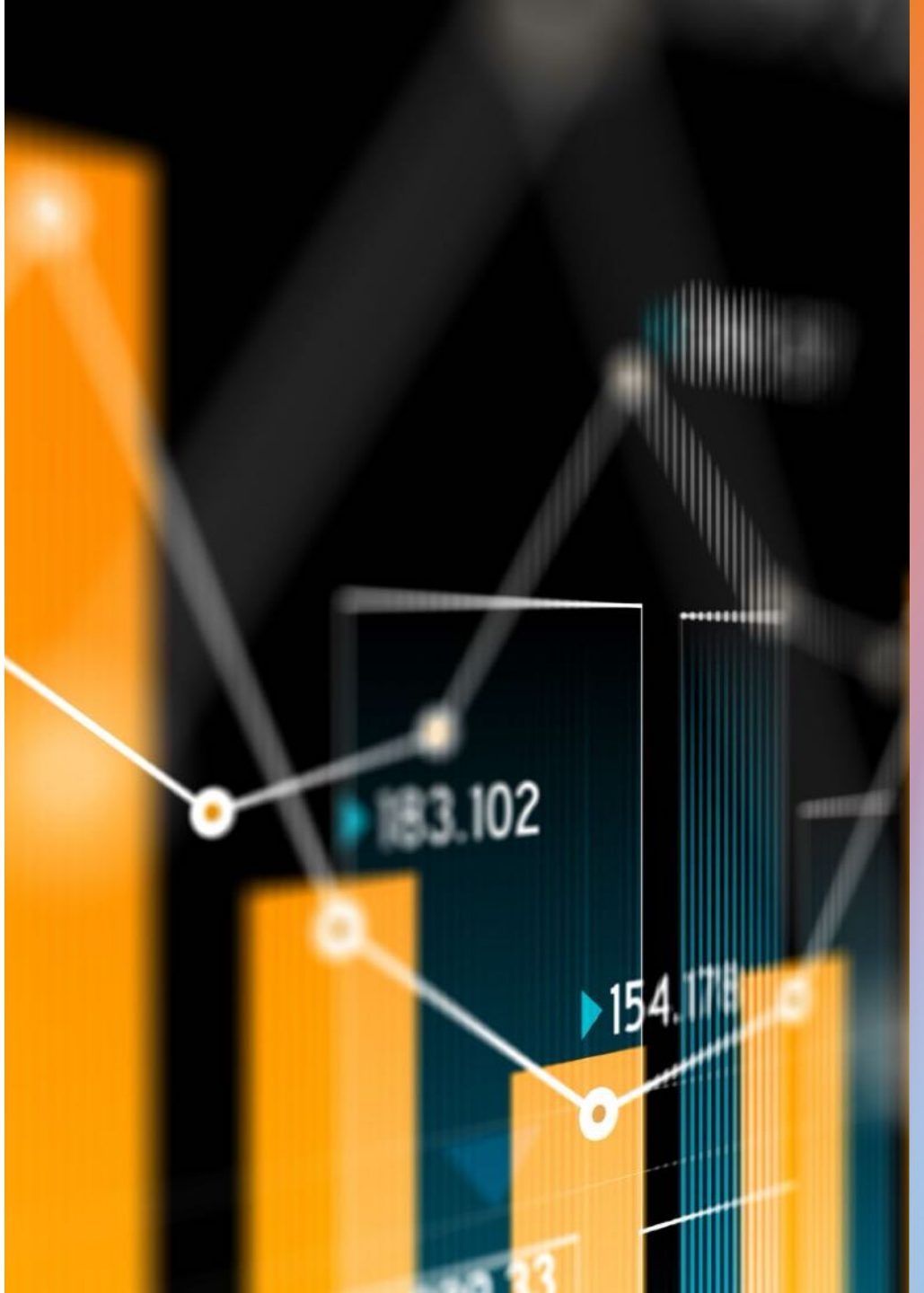
- Parents who are willing to participate as co-therapists.
- Parents staying with the child for at least one year and are the primary caregivers of the child.

Exclusion Criteria

- Parents who cannot speak Malayalam/ English
- Parents who are unwilling to participate in the one-month,3 months and 6-month follow-ups.

Data analysis

- The normality of variables was tested by the Shapiro-Wilk test, which found that data was not following normal distribution. Hence, non-parametric analogues of the test statistics were used.



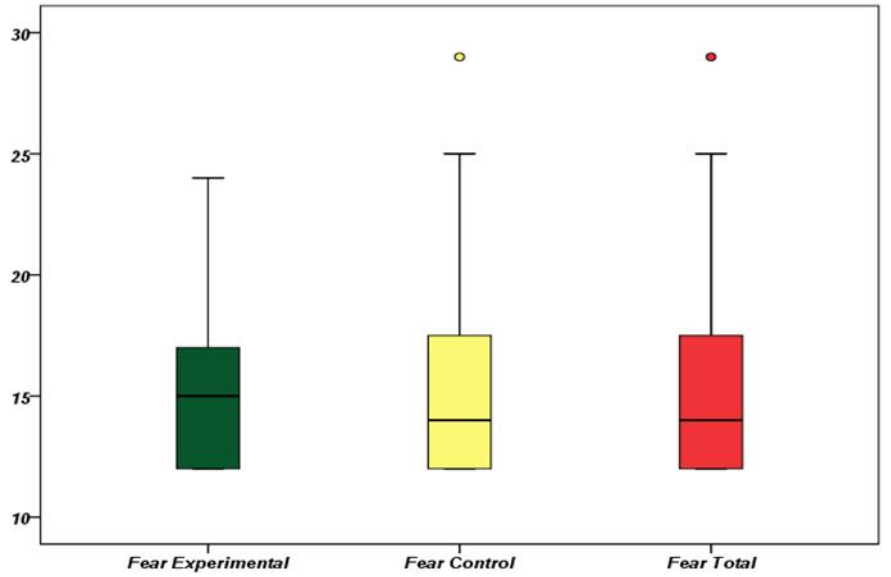
Results

- Mean age (in years) of the total sample was **15.6±2.6** and it was 15.3± 2.7 in the experimental group and 15.9± 2.5 in control group

	Variable	Experimental group(n=60)	Control group(n=60)	Total (n=120)
		Frequency (Percentage)	Frequency (Percentage)	Frequency (Percentage)
Gender	Male	39(65)	33(55)	72(60)
	Female	21(35)	27(45)	48(40)
Category of ID	Mild	37(61.7)	34(56.7)	71(59.2)
	Moderate	23(38.3)	26(43.3)	49(40.8)

Baseline fear among children with intellectual Disabilities

Experimental group(n=60)		Control group(n=60)		Total(n=120)		Mann Whitney U value	p value
Mean± SD	Median (IQR)	Mean± SD	Median (IQR)	Mean± SD	Median (IQR)	1588.0	0.255
15.4±3.0	15 (12-17)	15.2±4.0	14 (12-17.8)	15.3±3.5	15 (12-17)		



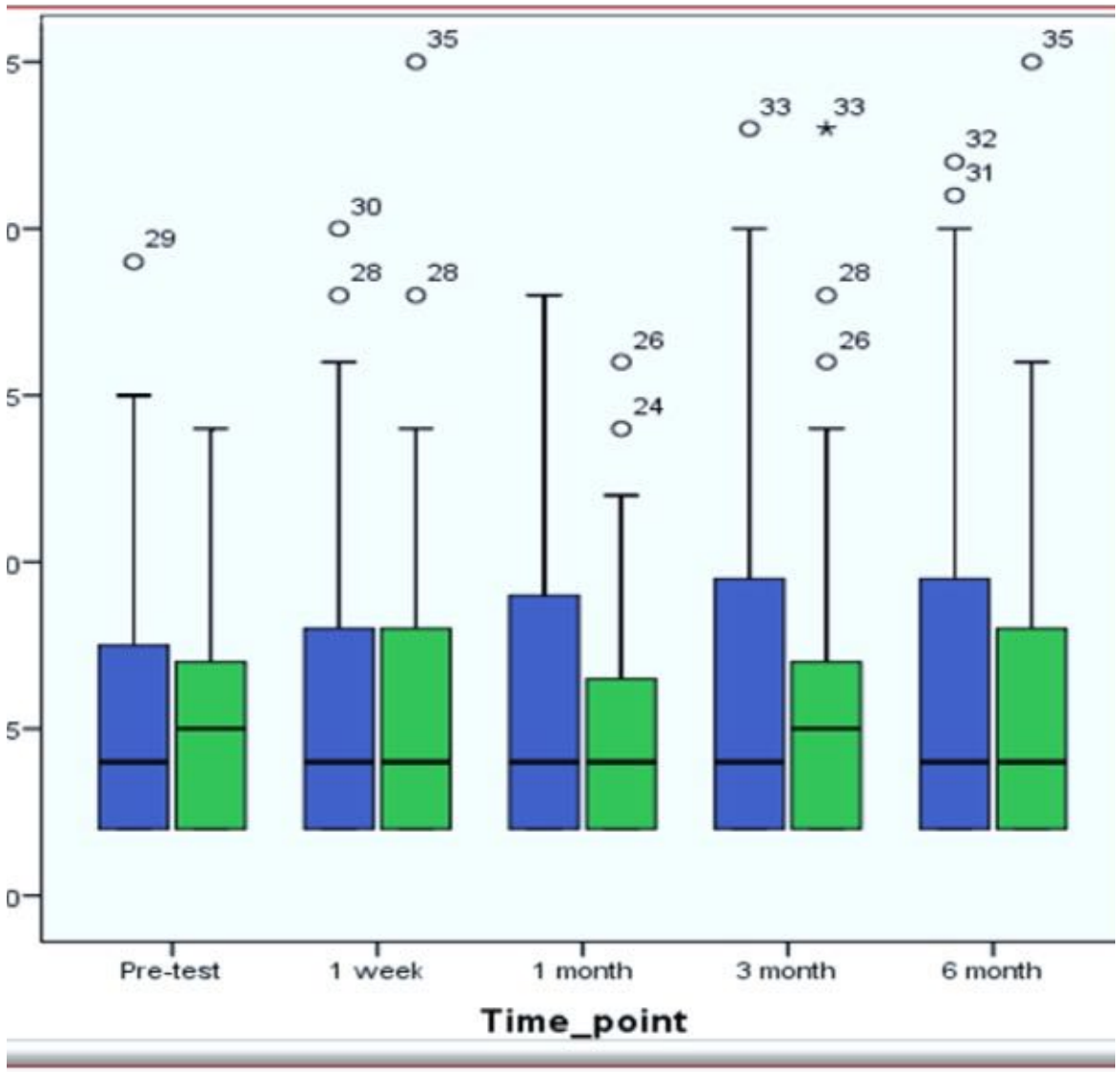
Change in the fear in the experimental group over a 6-month period.
n = 60

Time point	Median(IQR)	χ^2value	p value
Pre fear	15(12-17)	5.298	0.258
Post 1 (1 week)	14(12-18)		
Post 2 (1 month)	14(12-16.8)		
Post 3 (3 months)	15(12-17)		
Post 4 (6 months)	14(12-18)		

Comparison of fear in experimental and control groups during the 6-month period

Time points	Experimental group(n=60)		Control group(n=60)		χ^2 value	p value
	Mean± SD	Median(IQR)	Mean± SD	Median (IQR)		
Pre-test	15.4 ±3.0	15(12-17)	15.2± 4.0	14 (12-17.8)	1588.0	0.255
Post 1 (I week)	15.6 ±4.5	14(12-18)	15.8± 4.5	14(12-18)	1770.0	0.871
Post 2 (I month)	15.0 ±3.4	14(12-16.75)	15.9± 4.6	14(12-19)	1696.0	0.574
Post 3 (3 months)	15.5 ±4.2	15(12-17)	16.4± 5.4	14(12-20.0)	1750.5	0.791
Post 4 (6 months)	15.6 ±4.3	14(12-18)	16.7± 5.8	14(12-19.5)	1705.0	0.608

Box plot showing fear over 6 months



Discussion

- Results of the study revealed that school-based BST did not harm or negatively affect them.
- This finding is consistent with the previous studies conducted among adolescent girls with mild intellectual disability (Lee & Tang,1998) and typically developing kinder garden children (Wurtele & Miller-Perrin,1987)
- No parents reported an increase in children's problematic behaviour or fears as a result of the programme participation
- 100% of the parents reported programme had a positive effect on their child.

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Conclusion/ Recommendations

Current study findings suggest that BST is effective for children with mild or moderate Intellectual Disability, and it can be used as a primary preventive intervention for child sexual abuse without causing any negative effects

References

- Brkić-Jovanović, N., Runjo, V., Tamaš, D., Slavković, S., &Milankov, V. (2021). Persons with Intellectual disability: Sexual Behaviour, Knowledge a ovarstvo, *60*(2), 82–89. https://doi.org/10.2478/sjph-2021-0013
- Brown, M., & McCann, E. (2019). The views and experiences of families and direct care support workers regarding the expression of sexuality by adults with intellectual disabilities: A narrative review of the international research evidence. *Research in developmental disabilities, 90*, 80–91. https://doi.org/10.1016/j.ridd.2019.04.012
- Carrellas, Resko, S. M., & Day, A. G. (2021). Sexual victimization and intellectual disabilities among child welfare-involved youth. Child Abuse & Neglect, 115, 104986–104986. https://doi.org/10.1016/j.chiabu.2021.104986
- Egemo-Helm, Miltenberger, R. G., Knudson, P., Finstrom, N., Jostad, C., & Johnson, B. (2007). An evaluation of in situ training to teach sexual abuse prevention skills to women with mental retardation. *Behavioural Interventions, 22*(4), 99–119. https://doi.org/10.1002/bin.234
- Sivasubramanium, M., Senasinghe, D., Samaranayake, A. N., &Wickramasinghe, W. (2017). A study on sexual violence inflicted on individuals with the intellectual developmental disorder. *Disability and health journal, 10*(3), 451–454. https://doi.org/10.1016/j.dhjo.2016.12.010
- Stobbe, Scheffers, M., van Busschbach, J. T., & Didden, R. (2021). Prevention and Intervention Programs Targeting Sexual Abuse in Individuals with Mild Intellectual Disability: A Systematic Review. *Journal of Mental Health Research in Intellectual Disabilities*, *14*(2), 135–158. https://doi.org/10.1080/19315864.2021.1883780
- Warraitch, A., Amin, R., & Rashid, A. (2021). Evaluation of a school-based sexual abuse prevention program for female children with intellectual disabilities in rural Pakistan- A feasibility study. *Applied nursing research: ANR*, *57*, 151391. https://doi.org/10.1016/j.apnr.2020.151391
- Wissink, van Vugt, E. S., Smits, I. A. M., Moonen, X. M. H., & Stams, G.-J. J. M. (2018). Reports of sexual abuse of children in state care: A comparison between children with and without intellectual disability. *Journal of Intellectual & Developmental Disability*, *43*(2), 152–163. https://doi.org/10.3109/13668250.2016.1269881
- Taal, & Edelaar, M. (1997). Positive and negative effects of a child sexual abuse prevention program. Child Abuse & Neglect, 21(4), 399–410. https://doi.org/10.1016/S0145-2134(96)00179-2
- Lee, Y., & Tang, C. (1998).Evaluation of sexual abuse prevention program for female Chinese adolescents with mild MR. American Journal of Mental Retardation,103(2),105-116.
- Wurtele , S.K., & Miller-Perrrin , C.L.(1987).An evaluation of side effects associated with participation in a child sexual abuse prevention prgramme. *Journal of school Health*,57(6),228-232.
- Raymond, G., Miltenberger, C., Duffy, T.E.(1998). Evaluation of home-based programmes for teaching personal safety skills to children. Miltenberger G*Journal of Applied Behaviour Analysis. 21:81-87.*
- Robertz ,A.J., Ellinrans.,Galensky ,T.(1998). Training and generalization of sexual abuse prevention skills for women with Mental Retardation.Journal of applied behavior analysis. 32(3):385-388.

Thank you

Thank you to all the children and parents participated in the study

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