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Background of the study

- Children with Intellectual Disability are more prone to sexual abuse.
- Rate of sexual abuse among children with Intellectually Disability is 2-4 times the rate in general population.(Strickler,2001& Sullivan & Knutson,2000).
- Thirty-nine to 83% of girls and 16%- 32% of boys with Intellectual Disability typically experience sexual abuse by the time they reach the age of 18.(Nettelbeck &Wilson,2002)
- But they are rarely educated about the sexuality issues and sexual abuse.

Methods

A) Aim : Assess the effectiveness of BST on knowledge of sexual abuse and resistance ability among children with Intellectual Disability

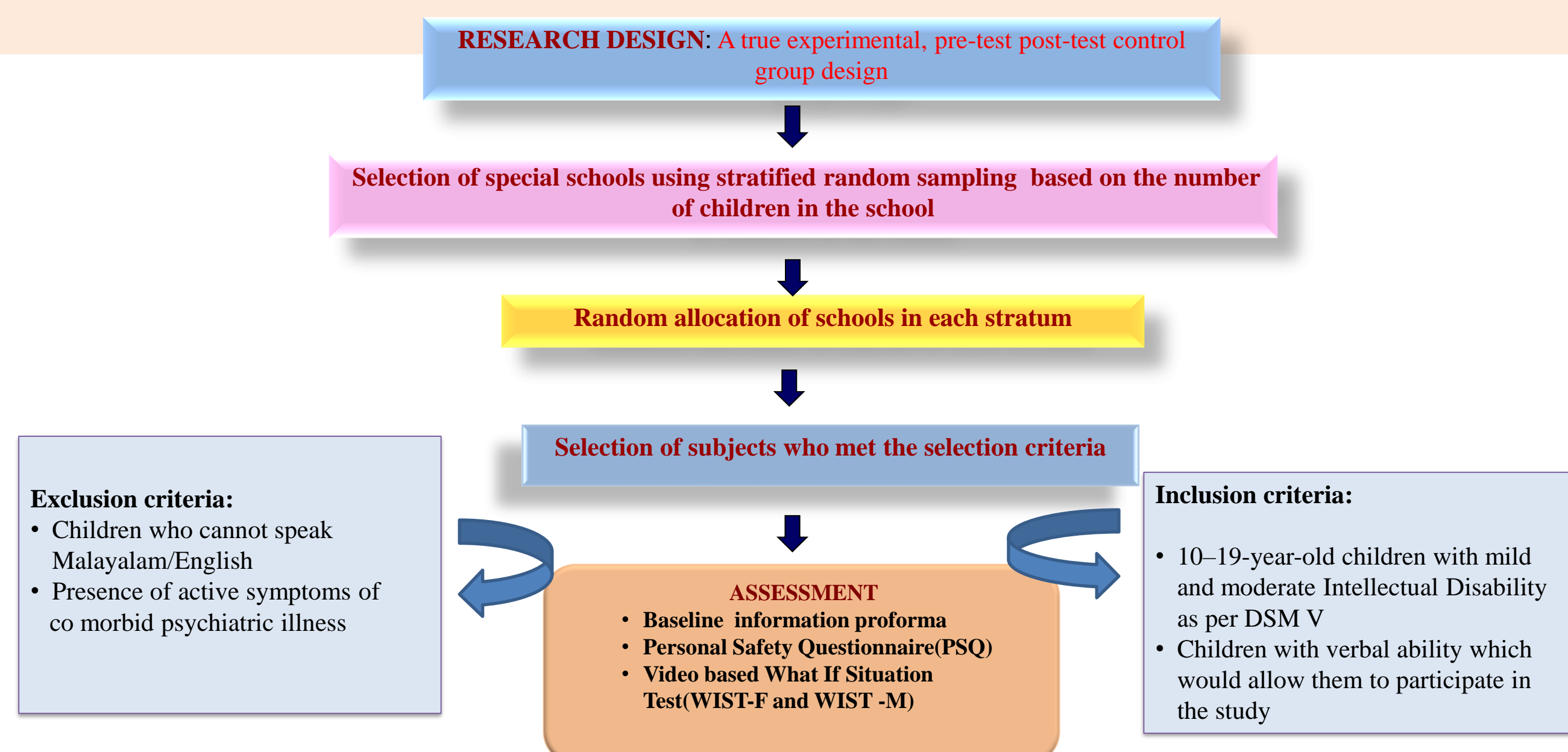
B) Study design : A true experimental, pre-test post-test control group design

C) Sample and sampling technique : 120 Children with Intellectual Disability attending special schools were recruited using stratified random sampling

D) Measures :

1. Baseline Information Proforma
2. Personal Safety Questionnaire (Wurtele & Miller –Perrin, 1986)
3. Video based modified What If Situation Test (WIST), male (WIST-Male) and female (WIST-Female) versions.(Wurtele & Miller –Perrin, 1986)

E) Procedure :

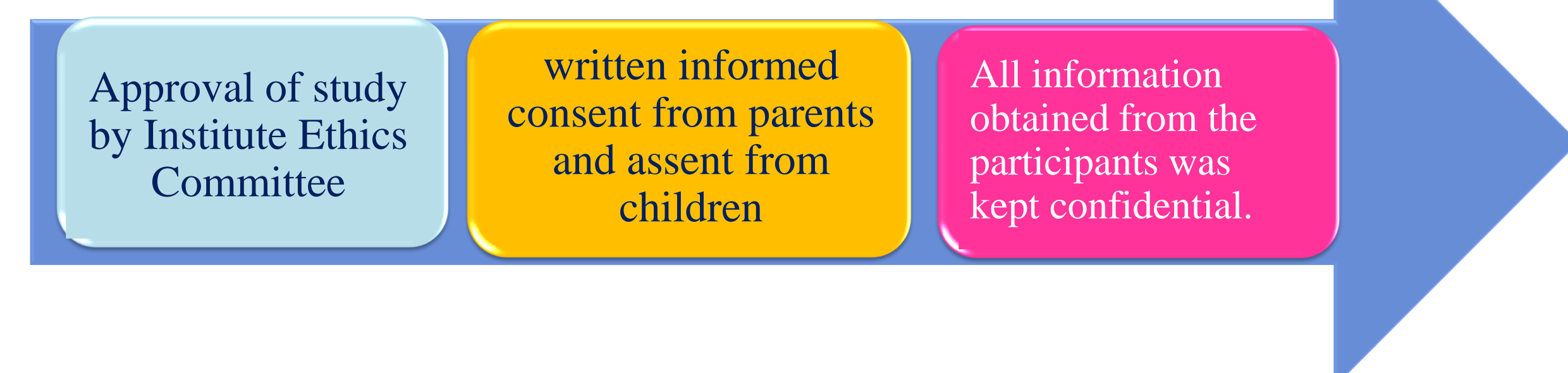


F. Statistical Analysis:

Descriptive statistics (frequency & percentage): to describe the baseline data-variables
Mean ,Median and standard deviation to describe knowledge and Resistance ability

Inferential statistics: Mann-Whitney U

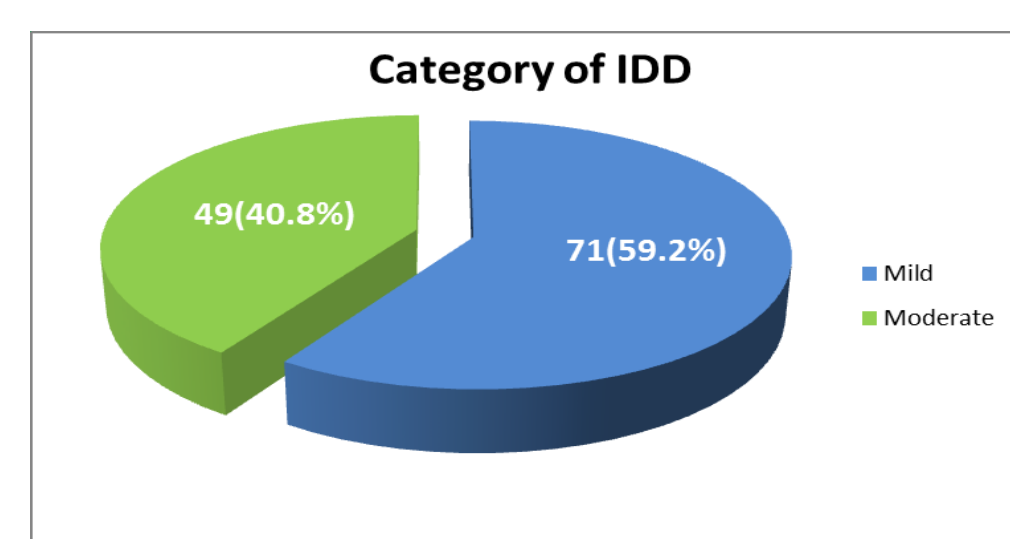
G. Ethical considerations



Results

Table 1: Personal variables N=120

Variable	category	n(%)
Gender	Male	72(60)
	Female	48(40)
Domicile	Urban	27(22.5)
	Rural	93(77.5)



Mean age (in years) was **15.608 ±2.62**

Results

Table 2: Self-protection skills towards inappropriate touches

WIST - F	SAY			DO		
	No refusal (0)	Tentative refusal (1)	Definite refusal (2)	NO escape/Refusal(0)	Vague escape/Refusal (1)	Definite escape/Refusal (2)
Situati on 3	53(44.2)	11(9.2)	56(46.7)	49(40.8)	1(0.8)	70(58.3)
Situati on 4	45(37.5)	5(4.2)	70(58.3)	45(37.5)	5(4.2)	70(58.3)
Situati on 5	49(40.8)	3(2.5)	68(56.7)	49(40.8)	2(1.7)	69(57.5)
WIST - M						
Situati on 3	51(42.5)	10(8.3)	59(49.2)	46(38.3)	4(3.3)	70(58.3)
Situati on 4	39(32.5)	4(3.3)	77(64.2)	44(36.7)	7(5.8)	69(57.5)
Situati on 5	45(37.5)	2(1.7)	73(60.8)	43(35.8)	3(2.5)	74(61.7)

Table 3: Reporting skills towards inappropriate touches N=120

WIST -F	Reporting (TELL)					
	Reporting to whom			What to report		
	None (0)	One person (1)	Two or more person (2)	No information (0)	Person/ Situation (1)	Person with situation (2)
Situation 3	92(76.7)	22(18.3)	6(5)	99(82.5)	8(6.7)	13(10.8)
Situation 4	90(75)	22(18.3)	8(6.7)	104(86.7)	5(4.2)	11(9.2)
Situation 5	96(80)	19(15.8)	5(4.2)	104(84.7)	6(5)	10(8.3)
WIST -M						
Situation 3	92(76.7)	21(17.5)	7(5.8)	103(85.8)	7(5.8)	10(8.3)
Situation 4	91(75.8)	20(16.7)	9(7.5)	101(84.2)	9(7.5)	10(8.3)
Situation 5	90(75)	23(19.2)	7(5.8)	101(84.2)	8(6.7)	11(9.2)

More than half of the children performed a definite refusal and escape and majority had poor reporting skills.

Table 4: Effectiveness of BST on knowledge

Time points	Experimental group(n=60)		Control group(n=60)		Mann Whitney U	p value
	Mean± SD	Median (IQR)	Mean± SD	Median (IQR)		
Pre	6.7±1.6	6(6-8)	6.38±1.497	6(5-7)	1649.5	0.42
1 week	9.33±1.39	9(8-11)	6.63±1.365	6(6-8)	347.0	<0.001*
1 month	9.45±1.46	10(8-11)	6.55±1.407	6(6-7)	323.5	<0.001*
3 months	9.32±1.49	10(8-11)	6.50±1.524	7(6-7.75)	351.5	<0.001*
6 months	8.92±1.74	9(8-10.75)	6.63±1.677	7(5-8)	652.5	<0.001*

Table 5: Effectiveness of BST on resistance ability based on WIST-M

Time points	Experimental group(n=60)		Control group(n=60)		Mann Whitney U value	p value
	Mean± SD	Median(IQR)	Mean± SD	Median(IQR)		
Pre	13.7±7.9	14.5(6-19.8)	12.5±7.7	14.5(3.3-18)	1632.5	0.377
1 week	26.6±4.9	27(26-30)	11.7±7.9	12.5(3-18)	256.5	<0.001*
1 month	26.8±4.8	28(26.3-30)	13.0±8.4	15(3-18)	327.0	<0.001*
3 months	26.1±6.1	29(26-30)	14.0±8.5	16(3-18)	495.0	<0.001*
6 months	26.3±6.5	30(25.5-30)	13.8±8.6	15.5(3-18)	477.0	<0.001*

Table 6: Effectiveness of BST on Resistance Ability based on WIST-M

Time points	Experimental group(n=60)		Control group(n=60)		Mann Whitney U	p value
	Mean± SD	Median (IQR)	Mean± SD	Median (IQR)		
Pre	14.18±8.17	16(5-19.75)	13.00±7.62	15(3-18)	-0.961	0.337
1 week	26.32±5.06	27(25.25-30)	12.80±8.53	15(3-18)	-7.638	<0.001*
1 month	26.68±5.04	28(26-30)	13.13±8.69	15.5(3-18)	-7.504	<0.001*
3 month	25.93±6.62	30(24.5-30)	14.08±8.41	16(3-18)	-6.896	<0.001*
6 months	26.4±6.50	30(27-30)	13.92±8.61	16(3-18)	-7.237	<0.001*

There was statistically significant difference in the knowledge regarding sexual abuse and resistance ability between the experimental and control group at all the time points after the intervention (p<0.001).

***significant**

Discussion

- Children performed better in differentiating appropriate and inappropriate touch requests but when it comes to further skills of saying no, moving from the situation and reporting, which was a combination of identifying the perpetrator and description of the incident, it was very poor
- Majority of the children reported that they will never disclose the incident to anyone
- There was statistically significant difference in the knowledge regarding sexual abuse and Resistance Ability between the experimental and control group at all the time points after the intervention (p<0.001). It indicated that there was significant improvement in the knowledge and Resistance Ability after attending BST and it was maintained over a period of 6 months.

Implications & Conclusion

Current study findings suggests that Behavioral Skill Training is effective for children with mild or moderate Intellectual Disability, and it can be used as a primary preventive intervention for Child sexual abuse in children with Intellectual Disability

References

- Nettelbeck, T., & Wilson, C.(2002). Personal vulnerability to victimization of people with mental retardation. *Trauma, Violence & Abuse*, 3,289–306.
- Strickler, H.L. (2001).Interaction between family violence and mental retardation. *Mental Retardation* , 39,461–471.
- Sullivan, P.M., & Knutson, J.F.(2000).Maltreatment and disabilities: A population based epidemiological study. *Child abuse and neglect*, 24, 1257-1274.