Chapter 12
Child Sexual Abuse:
Evaluating the School–Based
Prevention Programs in India

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ABSTRACT
The objective of this chapter is to understand the different school-based prevention programs and policies in India. The chapter highlights the strengths and challenges of the existing programs. The type of school, age of children, community perceptions and beliefs, lack of professional support and teacher preparedness are some of the factors that impact the effectiveness of CSA prevention programs. Effective programs have led to feeling of empowerment among children and better wellbeing. The chapter also throws light on the need for evidence-based prevention and intervention programs. The result is the illustration of the need for mental health professionals both at planning and implementation levels.

INTRODUCTION
The concept of child abuse and neglect varies across societies, cultural groups and even across historical times. Kempe and his colleagues’ focus was restricted to physical abuse, or what they called “the battered child.” In the subsequent 50 years, as concern for children’s wellbeing expanded, so did the definition of child abuse and neglect. Child abuse and neglect, also referred as child maltreatment, child violence or child incest includes all forms of physical and psychological maltreatment, sexual abuse, and exposure to violence, neglect, and exploitation that causes harm to the child in many forms. In 1999, the WHO Consultation on Child Abuse Prevention drafted the following definition:

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Child abuse or maltreatment constitutes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child’s health, survival, development or dignity in the context of a relationship of responsibility, trust or power.

‘Prevention’, in medical and behavioural sciences implies the conscious effort made in order to block negative bodily or psychological experiences. The Cambridge dictionary defines prevention as “the act of stopping someone from doing something”. All are familiar with the commons knowledge that ‘prevention is better than cure’, if the term ‘health’ is understood to include both physical and mental health, then prevention per se has a substantial contribution in maintaining human well-being. Prevention practices are the key in maintaining a healthy and fulfilling life. Globally there has been now an increased concern over our children’s vulnerability to disease and disorder. Of late the issues with mental health has also got significance in this context (Lee, 2012). Working for prevention and intervention efforts of abused and neglected children is a challenging task. These efforts require professionals, policies and other resources to address an ever-increasing demand. Parents, teachers, community members who have major roles in promoting and educating on preventive efforts are also to be perceived as potential risk groups to be intervened. Hence this makes the programs more challenging and calls for multidimensional strategies. For example mothers have to be intervened as potential emotional and physical abusers of children, and on the other hand they are potential forces for effective prevention as they can create a child friendly environment and teach their children about staying safe. Studies have found positive association between education and attitudes toward child abuse. It appeared that some forceful disciplinary methods were not considered as abuse by students as they found them as acceptable disciplining method (Yekta, Bagherian & Nezhad, 2011). The prevention and intervention should focus on both abused and non abused children, parents, other caregivers, teachers, professionals and community members who can be abusers or protective forces. Pande (1988) argues that “high pitched campaigns have often yielded concentration on non-issues. Child abuse is one such case since the problem has been taken up for implementation without having ascertained the nature and magnitude of the problem. The Indian scenario has to thus look into a range of factors that may help prevention efforts or block them.

School as such now is forced to redefine its role and function due to the range of health behaviors that our children are now ignorant for which they are risking safety and wellbeing. Hence the school has to provide knowledge and training in all its dimensions for healthy learning and development. School is a place where the young are shaped and molded into future beings. Apart from fulfilling the traditional educational obligation school also has a role in culminating the efforts of local communities, government programs and policy makers towards building a constructive society. School as a primary social system that the child first comes into contact preceded by the institution of family has multiple levels of influence and interplay. In the context of prevention school becomes indispensable in educating the young for prevention. The imparting of preventive behaviors through the school curriculum can be much rewarding when compared to the other approaches that educate on prevention outside the school. School is the only vehicle to reach larger groups to impart education on safety and protection. Additionally, teachers have an important role in noticing child behavior that might suggest CSA (Topping & Barron, 2009).
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