

Effect of Psychodrama -Based- Nursing Intervention on Cognitive Awareness, Prevention Skills and Self Assertiveness among Sexually Abused Teenage School Children.

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Abstract

Background: Each child around the world has the right to live in security and peace. Child sexual abuse is a serious health problem worldwide which has a negative impact on child's physical, psychological, social and mental status. **The aim** of study was to evaluate the effect of psychodrama based nursing intervention on cognitive awareness, prevention skills and self-assertiveness among sexually abused teenage school children. **Design:** A quasi experimental research design was used. **Setting:** the Study was carried out at three primary schools at Tala district, Menoufia Governorate, Egypt. **Sample:** A clustersample of 60 out of 610 school students was recruited. **Study instruments:** four instruments were used a: Structure interviewing questionnaire b: Children's Knowledge of Abuse Questionnaires to measures children cognitive awareness of sexual abuse prevention concepts c: Sexual situ assessment questionnaire to assess sexual abuse prevention skills d: self-assertive questionnaire to evaluate self-assertion among 4th grade students. **Results** revealed that there was a highly statistical significant difference between children's cognitive awareness about sexual abuse on pre and post intervention. . A positive prevention skills responses toward sexual abuse situation was appeared after intervention. There was a highly statistical significant difference between self-assertiveness among studied children on pre and intervention. **Conclusion:** a psychodrama based nursing intervention is an effective and mandatory in managing sexual teenaged abused school children. **Recommendation:** Governmental and nongovernmental organizations should get convoluted in public awareness' programs on prevention of sexual abuse among teenage school children with emphasis on correcting misconception of sexual abuse.

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I. Introduction

Child sexual abuse (CSA) is a sincere public health problem globally. Childhood sexual abuse is one of the worst crimes imaginable, yet our society continues not to see the crimes and countless victims. It is society's secret or hidden taboo (Preventing Child Sexual Abuse America, 2010). Child sexual abuse is not new to our societies and is considered to be as old as the joint family system and patriarchy. It extends through all races, religions socioeconomic tiers, age, gender, psychological characteristics and educational levels (Walker et al., 2017).

The term childhood sexual abuse refers broadly to children who have exposed to any kind of sexual abuse before the age of 18. Sexual abuse was defined as any "undesirable sexual activity, with perpetrators by force, creating threats, or taking advantage of victims not able to provide consent". Perpetrators include both adults and children who engage the minor in sexual activities or expose him or her to sexual material (American Psychiatric Association. (2013).

Regarding prevalence in systematic reviews, it estimates child sexual abuse (CSA) worldwide in 2012 included Fifty-five studies from twenty four countries were included. Frequency ranged from 8 to 31 % for girls and 3 to 17 % for boys. Numerous studies found a higher prevalence in Africa (Barth, et al., 2012). Along with retrospective parental reports, about 20% of females and 10% of males have experience child sexual abuse. However, it is expected that about 50% of children revealed sexual abuse. In addition, only 15% of cases are reported and only five percent are resolved in court (Sánchez-Meca, 2011). Additionally, between 40 and 70 % of all children in India are sexually abused (Human Rights Watch, 2017). Alaska considered one of the utmost rates of child sexual abuse in the United States (Brittany and Freitas Murrell, 2020).

In Arab countries the prevalence researches of CSA were limited because cultural sensitivity and social stigma of child sexual abuse to Arabic societies. In Bahrain, a retrospective study from year 2000 to 2009, confirmed that incidents of CSA was increase from 33 cases in 2000 to 77 cases in 2009 (Al-Amer, 2011). In another study in Lebanon showed that 16.1% of children were experienced sexual abuse (Usta, Mahfoud, Chahine, & Anani, 2008). A study conducted by UNICEF in Jordan showed that 2 to 7 children out of every 100child are experienced sexual abuse by their family members, school's teachers or administrators" (Elayyan, 2007) .

In Egypt, a study of 450 university students found that 37.8% and 21.2% of girls and males respectively experienced child sexual abuse (Aboul-Hagag & Hamed, 2011). Studies by the National Center for Criminal Research and Human Rights Centers, Egypt revealed that in 2016 saw the highest number of incidents of child sexual abuse. The Ministry of Interior confirmed that the Department of Anti-Ethics seized 21,210 cases of sexual abuse were seized. The child abusers are teachers or one of the school staff and officials, 11% of children are sexually abused. the rate of harassment of girls for 18-year-olds is about 22%.The rise in rape cases during the last 5 years, that 85% of cases of child rape are known to the child, and in 45% of cases the rapist finishes the sexual

process in the first ten minutes and is followed by psychological and physical abuse of the victim, and may develop into the murder of the victim (The National Center for Criminal Research and Human Rights Centers, 2017).

Psychodrama is an active and creative form of psychotherapy where participants use guided drama and role-playing to gain insight into their problems. The focus of psychodrama should not be specifically on the acting and action ability of the participant, but rather the creative interactive process and spontaneous engagement in problem solving. Psychodrama promotes techniques to help increase awareness and insight such as exploring feelings, support growth and change, and examine values and beliefs; Some psychodrama techniques include the empty chair, role reversal, doubling, mirroring, and surplus reality. These techniques are used and guided by the group leader, who is also known to play the director role. (Corey, 2012).

Cognitive awareness of the nature of sexual abuse in children and its various dimensions is an critical concern for preventing, recognition, and intervention, and is necessary for person, institutional, and public levels. Cognitive awareness should be residential in children, who may be sufferers, perpetrators, and confidantes (Hillis, Mercy, Saul, Gleckel, Abad and Kress (2015). While self-assertiveness is influenced by one's view about how others regard and behave towards them. Among the factors that can build flexibility to the impacts of sexual abuse are individual characteristics such as self-assertiveness or high self-esteem (Debra Allnock and Patricia Hynes, 2011).

Prevention skills programs that depend on child's response toward critical sexual abuse situations must focus on strategies both to help adolescents avoid vulnerable or serious situations and/or how to escape such situations (Moles and Leventhal, (2014). Prevention skills programs includes many successful programs such as home visits programs, parents' awareness and school programs containing teaching children about (private body parts, learn to say "No", and rising awareness about signs of sexual abuse). These programs improve child protection which is suggested by WHO (World health organization, 2014).

Children are the most valuable resource of our countries, but as children, they frequently lack the skills to protect themselves from sexual abuse. Because the impact of child sexual abuse which can lead life-long consequences and is a severe problematic issue to children, families and community, the preventive measures on different levels stay a public health serious demand. (Khalil, Alsulami, Alolasi, and Alsulami, (2018).

National Association of School Nurses (NASN) serve a critical role in the recognition of early signs of child sexual abuse, recognition, intervention, reporting, referral, and follow-up of children in need. The attendance of a school nurse and psychiatric nurse allows to construct supportive and trusting relations with a child who might be a victim of sexual abuse. Community and school nurses improve long-term, trusting relationships with students, which allow for detection and disclosure of signs of sexual abuse (Maughn, Cowell, Engelke, McCarthy, Bergren, Murphy and Vessey (2017). They were allocated as members of interdisciplinary teams, also work together with school persons, healthcare professionals, families, children, and community stakeholders to encourage children's safety and protection (Murrell, 2020).

Significance of the study

The American Psychological Association (APA; 2019) stated that the impact of children being sexually abused “can range from no apparent effects to very severe ones and are also often exposed to a variety of other stressors and difficult circumstances in their lives” (American Humane Society, 2011) The last several decades of research on the individual, familial, and societal burden of CSA has underscored the need to address the problem from a public health perspective (Letourneau, Eaton, Bass, Berlin, & Moore, 2014).

The most venerable group for sexual abuse victims and penetrators were teenager’s students. Naturally, students at this phase in their lives are starting to gain interest in the opposite gender, develop a curiosity to know more about sexual activities. This desire derives teenagers to find out sexual information without their parent’s supervision through use pornography sites or ask their bad friends. This leaves teenagers vulnerable to sexual predators (Morin, 2019).

Sexual abuse can have a profound impact on the subsequent development of a child and place him or her at risk for developing a variety of mental health problems (Hillberg, Hamilton-Giachritsis, & Dixon, 2011). Child sexual abuse leads to undesirable short and long-term significances those affect children’s lives physically, psychologically, socially, and developmentally. (Haileye, 2013). In a sample of child psychiatric inpatients, 77% of children who had suffered from sexual abuse were diagnosed with a psychotic disorder in comparison to 10% of those who had not suffered from sexual abuse; Behavioral problems have also been known to arise from children who have suffered sexual abuse. These problems include oppositional behaviors, aggression, attempt suicide and running away, have poorer academically poorer cognitive and intellectual abilities and poorer achievement (Meca, Alcázar, Soler (2011) and Tehrani, 2014).

II. Subjects and Method:

The aim of the current study was to evaluate the effect of psychodrama based nursing intervention on cognitive awareness, prevention skills and self-assertiveness among sexually abused teenage school children.

Research Hypotheses

- Teenage school children who will participate in the psychodrama based nursing intervention are more likely to have higher cognitive awareness post intervention than before intervention.
- Teenage school children who will participate in the psychodrama based nursing intervention are more likely to have a positive prevention skills response toward sexual abuse situation post intervention than before intervention
- Teenage school children who will receive psychodrama based nursing intervention are more likely to experience higher self-assertiveness post intervention than before intervention.

Research design: A Quasi experimental design was used (pre and post research design).

Study Setting. The current study was carried out in Tala district, Menoufia governorate. Menoufia governorate consists of 10 main districts. The Tala district was selected randomly from a container containing names of Menoufia districts. Tala district consists of 8 primary schools. Three primary schools were selected randomly from a container containing names of Tala primary schools. The resulting selection was the Al Zahra, Nile, New Tala primary school. From each school the researchers chose fourth grade students.

Study Subjects: teenage school students aged 10 years (4th grade students).

Study sample: A Cluster sample of 60 students (out of 610 students that represent total sample size) was utilized in the current study so that it was representative to the target population and achieve the purpose of the study. The 4th grade of the mentioned chosen settings who had the following criteria was recruited: primary school students from both sex aged ten years old, previously exposed to sexual abuse and agree to participate in the study. The sample distributed as the following: Al Zahra School (25 students out from 260 students), Nile school (20 students out from 250 students and new Tala school (15 students out from 100)

Children's sample size:

Sample size was calculated at power 80%, confidence level 95%, and margin of error 5% accordingly by using the following equation: $n = \frac{DEFF * Np}{(1-p) \left[\frac{d^2}{Z^2} - \frac{\alpha}{2} * (N-1) + p * (1-p) \right]}$

- (n) = Sample Size
- DEFF = Design effect (for cluster surveys-DEFF): (1.5)
- d= confidence level (95%)
- N = Population size
- P = margin of error (0.05).

Data collection instruments

Four instruments were used to attain the aim of the study:

Instrument I: Structure interviewing questionnaire; it developed by the researchers based on the review of the relevant literature. It comprised of two parts: first: socio-demographic characteristics such as sex, age, residence, number of sibling and children parents relationship. Second: History of children exposed to sexual abuse as number of exposure, age of exposure, gender of individual who do, degree of relation, defense used during sexual abuse and telling any person about sexual abuse.

Instrument II: Children's Knowledge of Abuse Questionnaires (CKAQ-RII): It was developed by Tutty, L (1995). It designed to measure children's cognitive awareness about sexual abuse. It consists of 33-item; 20 positive items and 13 negative items. It divided into two subscale as inappropriate touch (24 items) and appropriate Touch (9 items). Children's responses were a "agree"=2, "disagree"=1, "I Don't Know"=0. The validity and reliability of the questionnaire was calculated by Nunnally, (1978) using Cronbach's alpha coefficients. Reliability of questionnaire is

considered adequate with .87. Additionally, the psychometric properties of the questionnaire are calculated including item-corrected-total correlations, one month test-retest reliability ($r = .88$) and internal consistency ($r = .87$). The score systems of the tool calculated with (>38 considered poor cognitive awareness, score from 38-47 indicate average level of cognitive awareness and score ≥ 48 indicate good level of cognitive awareness).

Instrument III: Sexual situ assessment scale: This scale was originally developed by Lumley et al., (1998) to assess sexual abuse preventive skills response for children. It was an English scale with 80 scenario divided in to seven subscale as Getting in Bed (10 items), Kissing (5 items), Movies/Magazines (3 items), Taking off Clothes (22 items), Looking at Private Parts (3 items), Touching Private Parts – Indirect Request (9 items), Touching Private Parts – Direct Request (4 items), Bathing (7 items), Safe Scenarios (15). It was adopted and translated into Arabic and tested for content validity and reliability by the researchers. Modification done to be fit for teenage children that some items were omitted to shorten the questionnaire and to avoid repeated items to be become 27 scenario. Responses are rated on a 3-point Likert scale ranging from 1-3, “disagree” to “fully agree”. Score (0-16) refer to positive prevention skills response to sexual situations while score 17-27 refers to negative prevention skills response to sexual situations. The reliability of the instrument is high and test-retest reliability is .89.

Instrument IV: self-assertive questionnaire: This questionnaire developed by Shahab, (1988) and modified and applied by Saleh, (2011). The questionnaire consists of 30 items that included 20 negative and 10 positive items. The scoring systems for positive and negative items is reverted. Subjects are asked to use 5-point severity/frequency responses range from: never applied to me (0) to always apply to me (5). The total score of questionnaire was calculated by collecting the student's grades on the scales. The score systems of the tool calculated with (< 34 considered mild level self-assertiveness, score from 34-42 indicate moderate level of self-assertiveness and score ≥ 48 indicate high level of self-assertiveness). The validity and reliability of the questionnaire was calculated by Saleh, (2011) using Cronbach's alpha coefficients. Reliability of questionnaire is considered adequate with .80.

Administrative approval: An official permission to conduct the study was obtained from the director of primary schools at Tala. **Ethical consideration:** the oral informed consent was obtained from teenage children and written consent from children's mothers and children's teachers were obtained after complete description of the nature, purpose and confidentiality of the study.

Pilot study: a pilot study was conducted in order to test the clarity, feasibility and applicability of tools items. The pilot study was done for 6 children (10%) of the total sample. All teenage children included in the pilot study were excluded from the main study sample. The researchers examined childhood sexual abuse and assault by questioning teenaged about their childhood experiences which may have occurred before.

Validity and Reliability of study instruments:

The validity of the instruments: The instruments were tested for content validity by jury of five experts in the field of psychiatric and mental health nursing, pediatric and community nursing. **Reliability of the instruments:** The internal consistency of the instruments was done. The 2nd and 4th tools were calculated by Nunnally, (1978) and

Saleh, (2011) respectively using Cronbach's alpha with high test re-test reliability and seemed to be strongly reliable at .87. Reliability was applied by the researcher for testing the internal consistency of the instrument three by administration of the same tool to the same subjects under similar conditions on one or more occasions. Answers from repeated testing were compared test-re-test reliability and proved to be reliable at .89.

Procedure of Data Collection

Collection of teenage school children data and implementation of the psychodrama-based intervention started from October to December (2019). The researcher divides teenage children into three groups: group A (15 children), group B (20 children), group C (25 children). The data in the current study was collected through three phases: assessment phase, implementation phase and evaluation phase.

Assessment phase: The researcher asks the director of three schools to collect teenage school children and their mother and inform them about the date and the place of meeting, prepare music room that equipped with chairs, stage if present, and good light finally for explanation of the purpose of the study. Through a structured interview technique, teenage children ask to fill the assessment instruments and study scales individually. The researcher provides a verbal explanation of children and answered all related questions.

Implementation phase: The researcher selected students who perform drama and training them individually then training them within the group. The researcher asks the child's mother to attend the intervention phase in order to enhance effectiveness and continuity of the intervention.

The groups of the current study were met for conducting the study intervention for three days from 10 AM to 12 AM in music room. One session per week was conducted for each group with a total number of 8 sessions within 8 weeks.

Psychodrama based nursing intervention

After reviewing related literature the researchers developed the psychodrama based in Arabic language in the form of a booklet. This program/intervention is focused on help teenage school children to enhance their cognitive awareness about sexual abuse and acquire necessary skills (e.g. assertive refusal skill, self-defense) to protect themselves from all type of sexual abuse. It uses several techniques like role playing, modeling technique, mirror technique, soliloquy technique, creativity, play, storytelling, and dramatization. Each session of psychodrama included several basic players, namely protagonist, audience, and director. The researcher led the group and the intervention designed to meet specific objectives, including techniques and contents.

Sessions of Psychodrama based nursing intervention:

Session 1&2: These sessions aimed to establishing an appropriate relationship with children and mothers, then providing children's mothers with information about signs, and Tricks of the harasser. The researcher explains signs of sexual abuse and tricks of the harasser.

Session 3: This session aimed to establishing an appropriate relationship with children, increase children cognitive awareness about sexual abuse. The researcher provides children with information about body parts

particularly sexual parts through telling story for children to identify their body parts and privacy of sexual area and how to defend him/ herself through telling stories and role play.

Session 4: (Role play technique). This session aimed to increase children awareness about sexual identity and minimize their participation in dangerous sexual activities.

Session 5: (Mirror technique). This session aimed to identify sexual abuse and how the sexual abuse occur through use of drama. Through this session the child determine the forms of sexual abuse, tricks of the harasser and undesirable behavior response to sexual situation

Session 6: (Modeling and Soliloquy technique)

(Modeling technique) This session aimed to teach children the ideal self-defense techniques. Start to play the drama in front of the children, then the investigator modeling ideal to sexual situation self-defense techniques to different sexual situations.

Soliloquy technique: The researcher identify every child about his character and name in the story. The lesson from the story teach desirable, undesirable behavior, self- defense response to sexual situations.

Session 7: Self Assertiveness technique: This session aimed to identifying the meaning of assertiveness, explaining how to distinguish between two behaviors, assertion and negative (or nonassertive) and train children on assertive skills.

Session 8: Assertive refusal skill: This session aimed to train the children to refuse exploitation of others. The researcher provide detailed explanation of refusal skill and the researcher encourage the students to use the ideal refusal model in daily living.

Evaluation phase: The researchers distribute the study instruments (post-test) at the end of sessions to collect data post intervention then analyze data and formulate the results.

Statistical analysis

-Data were collected, tabulated, statistically analyzed using an IBM personal computer with Statistical Package of Social Science (SPSS) version 19 (SPSS, Inc, Chicago, Illinois, USA). where the following statistics were applied:

-Descriptive statistics: in which quantitative data were presented in the form of mean, standard deviation (SD), range, and qualitative data were presented in the form numbers and percentages. -Analytical statistics: used to find out the possible association between studied factors and the targeted disease. The used tests of significance included: -Student t-test: is a test of significance used for comparison between two groups having quantitative variables.

* ANOVA (f) test: is a test of significance used for comparison between three or more groups having quantitative variables.

*Kruskal-Wallis test (nonparametric test): is a test of significance used for comparison between three or more groups not normally distributed having quantitative variables.

*Wilcoxon signed rank test (nonparametric test): is a test of significance used for comparison between two related groups not normally distributed having quantitative variables.

*McNemar's test assesses the significance of the difference between two correlated proportions. Pearson correlation: Used for correlation of two quantitative variables.

P value of >0.05 was considered statistically non-significant.

P value of <0.05 was considered statistically significant.

P value of <0.001 was considered statistically highly significant.

III. Results

Table (1): Socio demographic characteristics of the studied children.

Socio demographic characteristics	Number (No.)	Percent (%)
Age / years		
Mean ±SD	10.4±0.49	
Range	10 – 11	
Sex		
▪ Male	25	41.7
▪ Female	35	58.3
Number of siblings		
▪ One	11	18.3
▪ Two	22	36.7
▪ Three and more	27	45.0
Arrangement of the child in the family		
▪ First	31	51.7
▪ Middle	13	21.7

▪ Last	16	26.6
Child relationship with parents		
▪ Weak	6	10.0
▪ Considerable	29	48.3
▪ Good	25	41.7

Table (1) shows socio demographic characteristics of the studied children. It is obvious that the mean and standard deviation of children's age were 10.4 ± 0.49 , it ranged from 10-11 years. Concerning sex, it was clear that more than half of children were female (58.3%). In relation to their number of brothers, less than half of them have two and three children (36.7% and 38.3%) meanwhile 18.3% have one brother and 6.70% have four brothers. Also, nearly half of children were the first child in the family (51.7%). Concerning child relationship with parents, less than half of children have considerable and good relation with their parent (48.3% and 41.7%).

Table (2): Frequency distribution of sexual abuse data when exposed to sexual situations among the studied children

Studied variables	Number (No.)	Percent (%)
Number of sexual abuse		
▪ 1-3	53	88.3
▪ 4 – 7	4	6.70
▪ > 7	3	5.00
Sex of this person		
▪ Male	57	95.0
▪ Female	3	5.00
Have you notified someone you trust		
▪ Yes	28	46.7
▪ No	32	53.3
Do you defend yourself		
▪ Yes	20	33.3

▪ No	40	66.7
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Table (2) It demonstrates the relation to number of sexual abuse, it is obvious that the majority of children exposed to sexual abuse from 1-3 times (88.3%). In addition, the majority of them exposed to sexual abuse from male (95.0%). Concerning notification of a trusted person by this sexual abuse, more than half of them didn't notify a trusted person (53.3%). Also, more than half of children didn't defend themselves (66.7%).

Table (3): Cognitive awareness about child sexual abuse among the studied children on pre and post intervention

Studied variables	Pre intervention		Post intervention		Test of significant	P value
	No.	%	No.	%		
Cognitive awareness Mean ±SD	20.2±11.4		47.7±7.01		Wilcoxon test 6.68	0.001**
Cognitive awareness about child sexual abuse	No.	%	No.	%	McNemar test 77.9	0.001**
Poor (<38)	50	83.3	3	5.00		
Average (38 – 47)	10	16.7	33	55.0		
Good (≥48)	0	0.00	24	40.0		

**High significant

Table (3) it clarifies that, the mean and standard deviation of children's cognitive awareness about sexual abuse was 47.7±7.01 and 20.2±11.4 on post intervention and pre intervention respectively. Also, more than half of children have average cognitive awareness about sexual abuse on post intervention compared to pre intervention (55.0% VS 16.7%). Therefore, there was a highly statistical significant difference between children's cognitive awareness about child sexual abuse on pre and post intervention at 1% level of statistical significance.

Table (4): Child prevention skills response toward sexual situations among the studied children on pre and post intervention.

Studied variables	Pre intervention	Post intervention	Test of sig.	P- value
Child's prevention skills			Wilcoxon test	

responsetowardsexual situations					6.74	0.001**
Mean ±SD	10.9±4.38		21.9±3.80			
Child'sprevention skills response toward sexual situations	No.	%	No.	%	McNemar test	0.001**
Negative prevention skills response	49	81.7	3	5.00	71.8	
Positive prevention skills response	11	18.3	57	95.0		

**High significant

Table (4) Clarifies that, the mean and standard deviation of child's toprevention skills response ward sexual situation on post intervention was 21.9±3.80 VS 10.9±4.38 on pre intervention. In addition the majority of children had positive response toward sexual situations on post intervention compared to pre intervention (95.0% VS 18.3% respectively). For this reason, there was a highly statistical significant difference between child prevention skills responsetoward sexual situations among the studied groups on pre and post intervention.

Table (5): Self-assertiveness among the studied childrenpre and post intervention.

Studied variables	Pre intervention		Post intervention		Test of sig.	P value
Self assertiveness					Wilcoxon test	0.001**
Mean ±SD	17.2±8.86		46.9±7.58		6.74	
Self assertiveness	No.	%	No.	%	McNemar test	0.001**
Mild(<34)	52	86.7	3	5.00	88.0	
Moderate (34 – 42)	8	13.3	14	23.3		
High (≥43)	0	0.00	43	71.7		

**High significant

Table (5) it revealed that the mean and standard deviation was 46.9±7.58 on post intervention compared to 17.2 ±8.86 on pre intervention. Moreover, nearly three quarters of children's have high self-assertiveness on post intervention compared to pre intervention (71.7% VS 00.0%). Therefore, there was a highly statistical significant difference between self-assertiveness among the studied groups on pre and post intervention at 1% level of statistical significance.

Table (6): Correlation between cognitive awareness about child sexual abuse, child prevention skillstoward sexual situations and self-assertiveness post intervention among studied children.

Studied variables	Cognitive awareness about child sexual abuse	
	R	P value
child prevention skills toward sexual situations	0.809	0.001**
Self-assertiveness	0.367	0.001**

**High significant

Table (6) and figure (1) illustrates correlation between cognitive awareness about child sexual abuse, child prevention skills toward sexual situations and self-assertiveness post intervention among the studied group. There was highly statistically significant positive correlation between cognitive awareness about child sexual abuse, child prevention skills toward sexual situations and self-assertiveness among the studied group

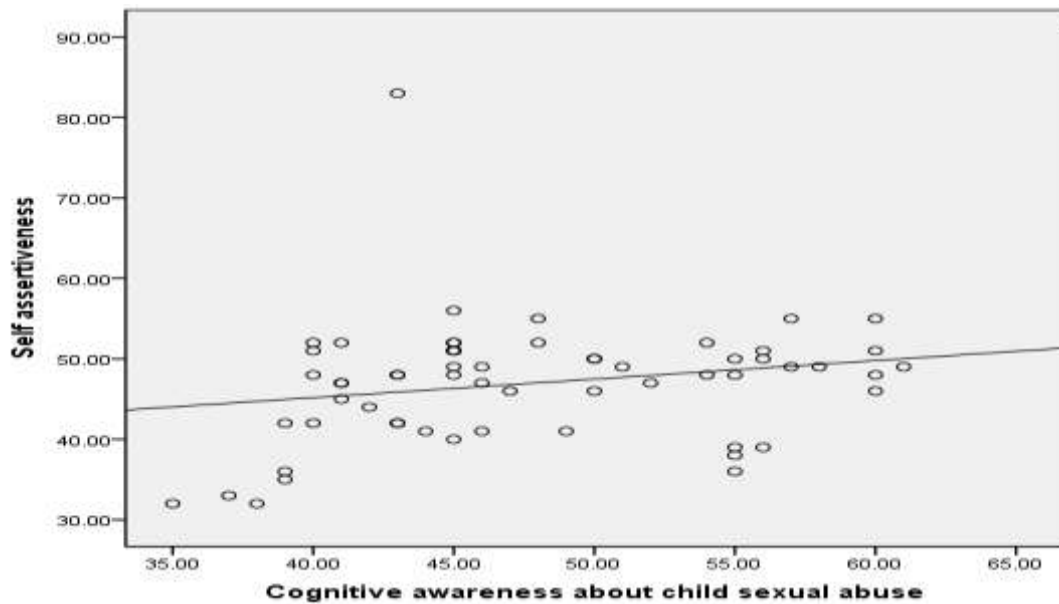


Figure (1) correlation between cognitive awareness about child sexual abuse, child prevention skills toward sexual situations and self-assertiveness post intervention

IV. Discussion

School child sexual abuse (CSA) preventive programs are a popular prevention strategy. Increased awareness of the negative consequences of CSA motivates the need for effective prevention and education programs. Child sexual abuse is not a public, state, or country problem. It is a global epidemic. The occurrence of the sexual abuse problem around the world, the individual consequences of surviving sexual abuse can be life-altering. Victims fight a variety of concerns, including post-traumatic stress disorder, depression, anxiety, shame, and interpersonal difficulties (Springmeyer, 2013). Psychodrama is a therapeutic modality that uses acting and role-play as methods to support processing difficult emotions and promote recovery from a variety of symptoms and diagnoses. Kellermann and Hudgins, (2000) described psychodrama as “a brief, cost-effective and very powerful treatment modality”. So, the aim of the current study was to evaluate the effect of psychodrama based nursing intervention on cognitive awareness, prevention skills and self-assertiveness among sexually abused teenage school children.

Regarding frequency distribution of sexual abused data when exposed to sexual situations among the studied children. The current study revealed that, all children were exposed to sexual abuse, this results was agreement with Finkelhor et al., (2008) who demonstrated that the vast majority of sexual abuse cases appeared to occur during the teenage years. The National Center for Criminal Research and Human Rights Centers, Egypt revealed that in 2016 reported the highest number of incidents of child sexual abuse. One cross sectional research was conducted among 1400 Jordanian university students revealed that 53.9% of university students were experienced childhood sexual abuse (Shennaq, 2011). In Bahrain, a retrospective research conducted from 2000 to 2009, revealed that there was an increase in incidents of child sexual abuse from 33 cases in 2000 to 77 cases in 2009 (Al-Amer, 2011). The Human Rights Watch substantiated these statistics in their report in 2013, saying that between 40 and 70 per cent of all children in India are sexually abused (Human Rights Watch, 2017). Alaska has had one of the highest rates of child sexual abuse in the USA; approximately one in five children experience this form of violence (Brittany N. Freitas Murrell, M.S, 2020).

Concerning cognitive awareness about child sexual abuse among the studied children on pre and post intervention. Worldwide, child sexual abuse is a massive challenge for public health, social justice and child rights. The first challenge is the problem awareness. Cognitive awareness should be for children themselves, who may be victims, perpetrators, and confidantes (Hillis, Mercy, Saul, Gleckel, Abad, and Kress, 2015).

The present study revealed that, there was a statistical significant difference between children's cognitive awareness about child sexual abuse after application of a psychodrama based program. This result was in agreement with Pulido et al., (2015) They found significantly greater improvement in the study group than the control group on knowledge of inappropriate touch. This finding is consistent with some studies conducted in Turkish by Eroğul & Hasirci, (2013) and Lanning & Massey-Stokes, (2006) in Texas who reported that the child sexual abuse preventive programs were in effect on 4th grade students. The students who joined the sexual abuse intervention scored significantly higher (gaining knowledge and skills acquisition) than the control group

In the same line of agreement, another study conducted for school girls in Nigeria, by Ogunfowokan&Fajemilehin , (2012), who revealed that there was a sharp increase in the mean score of cognitive awareness in the study group post intervention (28.6 + 6.2;95 % CI [27.3, 29.9]). In addition, Jacqueline et al., (2018) who reported that children significantly increased the proportion of correct replies on eight of nine items across at the concept level, children learn and retain certain concepts regarding children's knowledge of sexualabuse questionnaire but vary broadly in knowledge across items.

Regarding preventive skills response toward sexual situations among the studied children on pre and post intervention, the present study reported that the majority of children have positive prevention skills toward sexual situations on post intervention compared to pre intervention.This result was consistent with Murrell, (2020) who study "An examination of audience response and reaction to a theatre based performance addressing child sexual abuse". In Alaska USA. The study revealed that, theatre can be used to increase discourse, is perceived as a change agent among the general public, and can change reaction regarding CSA. In addition, a study conducted by Rheingold et al., (2007) and Self-Brown et al., (2008) demonstrate increased accurate knowledge and positive preventive skills response after exposure to a child sexual abuse education program. On the other hand Jacqueline et al., (2018) conducted a study in the New York 2nd and 3rd grade school children, the study revealed that there was no effect of sex on children's knowledge, child response toward abuse questionnaire scores at any time point. This finding may be becausecognitive development, also age had influence on the result of interventional strategies.

Assertiveness training is a classical conditioning technique used to express thoughts and feelings openly and to assist children to initiate actions and confront objects they dread. Daro, (1994) had earlier observed that enhancing children risk education and assertive behavior development can go long way in preventing them from sexual abuse. The study observed that such program allows children recognition and reaction effectively to potentially dangerous situations and key concept is that everyone has the right to safety. Once children recognize this, the more leading they will understand how to react when threatened. In a similar concern Sanderson, (2004) reported that sexual abuse preventive programs teach and train children to instantly and firmly say 'No' to unsuitable physical contacts, to get away from hazardous situations and to tell a confidential adult as soon as possible.

The present study illustrated that after intervention, nearly three quarter of children's have high self-assertiveness on post intervention compared to pre intervention. This finding was consistent with some studies conducted in Turkish by Gudogdu, (2012) who found that there was a meaningful difference among the children in the experimental group with respect to the pre & post-test points for assertiveness $z = -3.063, p > .05$). In addition Jacqueline et al., (2018) who conducted the study in The New York public school children, reported that providing considerable support that concepts of assertiveness with trusting feelings were improved as a outcome of the workshop participation.

Concerning relation between cognitive awareness about child sexual abuse, child attitude toward sexual situations, self-assertiveness and socio demographic characters of the studied groups. The present study results showed that, there was statistical significant relation between cognitive awareness about child abuse, children's attitude toward sexual situations, self-assertiveness and sex & child relationship with parents of the studied groups.

At the other extreme, this finding come in contrast with other study by Martin and Silverstone (2016) who revealed that, correlations between demographic variables and changes in knowledge and skills found no statistically significant correlations between these variables and gender, age, level of education , or self-reported sexual abuse. This is may explained by this program was for adults about child Sexual Abuse not for children.

V. Conclusion

A psychodrama based nursing intervention is an effective and mandatory in managing sexual teenaged abused school children. Cognitive awareness, child's preventive skills response toward sexual abuse situations and self-assertiveness were improved after conducting a psychodrama based nursing intervention than before intervention.

Recommendations

-A sexuality education nursing intervention should be officially applied at schools for children with the support of their parents.

- Governmental and nongovernmental organizations should get convoluted in public awareness' programs on prevention of sexual abuse among teenage school children with emphasis on correcting misconception of sexual abuse.

-Strengthen the role of nursing in detecting, managing and evaluating sexual abuse issue in the community.

- Rehabilitation programs of sexually abused children in the community.

-Establish the value of mass media in public cognitive awareness to aid in confronting the phenomena, as well as maximizing the punishment of the perpetrators.

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