Research on “Be Safe!” Child Personal Safety Program

Investigating Improvement in Knowledge, Skills and Attitudes of Children, Teachers and Master Trainers

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PhD

Sponsored By:
Canadian Red Cross
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ABSTRACT

Research on “Be Safe!” Child Personal Safety Program: Investigating Improvement in Knowledge, Skills and Attitudes of Children, Teachers and Master Trainers

By: Buddhiprabha D.D. Pathirana

Violence and maltreatment against children is increasingly recognized as a phenomenon requiring urgent attention. Therefore, the purpose of the present study was to investigate improvement in knowledge, skills and attitudes of the children, teachers and master trainers (those who train teachers) who have participated in the pilot phase of the Canadian Red Cross “Be Safe!” child personal safety program.

A variety of methods were used to measure impact at each level that the “Be Safe!” program is delivered: master trainer, teacher and child.

Master trainer - A questionnaire was given to 15 master trainers before and after completing the pilot 5-day training on the prevention of maltreatment and violence against children. In addition, master trainers completed structured diary records at the end of each day of the training. Moreover, their feedback after the training was also recorded.

Teacher - A questionnaire was given to 28 teachers before and after a one-day workshop on the “Be Safe!” program and the prevention of violence against children. The training was conducted in Anuradhapura by several master trainers representing the non governmental organization Sarvodaya. After completing the teacher training, six preschool teachers from the above mentioned group were selected by the master trainers who trained them to deliver the “Be Safe!” program to children in their communities.

Children - To measure the impact of the program on children, several strategies were used. After administering child-friendly tests to evaluate children’s knowledge, skills and attitudes on issues pertaining to child protection, three teachers out of the six implemented the “Be Safe!” program
to 48 children in an experimental group. In contrast, a control group of three classes of children were not taught the program in order to provide a comparison to the experimental group. After one month the same test was administered to all the children who were selected to take part in the experimental and control groups. After completion of the study the three preschool teachers who managed the control group and had not implemented the “Be Safe!” training did so for the children in their classes.

The study was designed to enable the following inquiries.

- What are the attitudes, knowledge and skills of the master trainers before and after the training on prevention of maltreatment and violence against children
- What are the attitudes, knowledge and skills of the teachers before and after the training on prevention of maltreatment and violence against children
- What are the attitudes, knowledge and skills of the children before and after the training on prevention of maltreatment and violence against children
- Is there a significant difference between the attitudes, knowledge and skills of the master trainers, teachers and children before and after the training on prevention of maltreatment and violence against children
- Is there a significant difference between the attitudes, knowledge and skills of the children in the control and experimental groups

The data at all levels – master trainer, teacher and child – show that in large, that prevention education attitudes, knowledge and perceived skills increased significantly after participating in the “Be Safe!” program.

The data from the study highlights key findings: these include:

1. Master trainers in the pre test possessed a fairly good understanding of children’s rights in respect to prevention of violence and maltreatment on most of the relevant areas.
2. Master trainers increased their level of knowledge, positive attitudes and skills after the “Be Safe!” training on the prevention of violence and maltreatment against children.
3. Teachers involved in the teacher training also possessed a fairly good understanding of knowledge, attitudes and skills regarding children’s rights on being safe from violence and maltreatment.

4. Teachers when provided with “Be Safe!” training have the capacity to positively increase their knowledge and skills as well as the capacity to change their attitudes on the prevention of violence and maltreatment of children.

5. Children in both the experimental and control groups had some pre-existing knowledge on preventing child abuse.

6. Children when provided with “Be Safe!” training have the capacity to amplify their knowledge pertaining to safety and protection.

7. The study offers suggestions to practitioners, educators, and researchers on effective and culturally specific ways to implement “Be Safe!” training in Sri Lanka.

The study provides a comprehensive view of master trainer/ teacher/ children attitudes, knowledge and skills pertaining to violence and maltreatment against children as well as information pertaining to violence and maltreatment prevention.
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CHAPTER - 1

INTRODUCTION TO THE STUDY

1.1. Background to the Problem

Child maltreatment is a universal problem. Research studies reveal that large numbers of children all over the world undergo physical, psychological and sexual maltreatment daily. For instance, the World Health Organization reports that each year more than 40 million children around the world are abused (WHO, 2002). The United Nations World Report on Violence against Children reveals that 150 million girls, or 14% of the world’s child population, and 73 million boys, or 7% of the world’s child population, have been subjected to sexual violence (Pinheiro, 2006).

The national picture of child abuse and prevention in Sri Lanka illustrates equally grey findings. For example, the National Child Protection Authority reports that large numbers of Sri Lankan children experience violence and abuse (NCPA, 2007). Other studies carried out nationally also reveal that children undergo different forms of maltreatment (Wickremesekera, Athauda, & Rajapakse, 2004; Colombage, Dassanayaka & Waidyaratna, 2005; De Zoysa., Rajapakse, & Newcombe, 2005).

Hence, violence and maltreatment against children is increasingly recognized as a phenomenon requiring urgent attention. Therefore, the purpose of the present study was to investigate improvement in knowledge, skills and attitudes of children, teachers and master trainers (those who train teachers) who have participated in the pilot phase of the Canadian Red Cross “Be Safe!” child personal safety program.

A variety of methods were used to measure the impact at each level that the “Be Safe!” program is delivered: master trainer, teacher and child.
At the master trainer level, a questionnaire was given to 15 master trainers before and after completing the pilot 5-day training on the prevention of maltreatment and violence against children. In addition, master trainers completed structured diary records at the end of each day of the training. Moreover, their feedback after the training was also recorded.

Similarly, at the teacher level, a questionnaire was given to 28 teachers before and after a one-day workshop on the “Be Safe!” program and the prevention of violence against children. The training was conducted in Anuradhapura by several master trainers representing the non-governmental organization Sarvodaya. After completing the teacher training, six preschool teachers from the above mentioned group were selected by the master trainers who trained them to deliver the “Be Safe!” program to children in their communities.

To measure the impact of the program on children, several strategies were used. After administering child-friendly tests to evaluate children’s knowledge, skills and attitudes on issues pertaining to child protection, three teachers out of the six implemented the “Be Safe!” program to 48 children in an experimental group. In contrast, a control group of three classes of children were not taught the program in order to provide a comparison to the experimental group. After one month the same test was administered to all the children who were selected to take part in the experimental and control groups. After completion of the study the three preschool teachers who managed the control group and had not implemented the “Be Safe!” training did so for the children in their classes.

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• Is there a significant difference between the attitudes, knowledge and skills of the master trainers, teachers and children before and after the training on prevention of maltreatment and violence against children
• Is there a significant difference between the attitudes, knowledge and skills of the children in the control and experimental groups?

1.2. Significance of the Study

A large number of research studies from around the world including South Asia reveal that violence and abuse leave painful imprints in the minds and bodies of young children (Pinheiro, 2006; WHO, 2002; De Zoysa, Rajapakse, & Newcombe, 2005). These imprints often lead children to be severely affected, creating physical, social and psychological tribulations (De Zoysa, Rajapakse, & Newcombe, 2005; WHO, 2002; Fairholm & Ferguson, 2000). Moreover, these negative experiences not only prevent maltreated children from enjoying a happy and carefree childhood, but also can impede long-term physical and emotional health and the development of healthy relationships (WHO, 2002; Widom, 1989).

Early childhood is considered the most vulnerable period in an individual’s life by developmental psychologists (Berk, 1994; Siegler, Deloache, & Eisenberg, 2003). Experiences in this period of life can shape how children perceive and relate to the world throughout their lives (Erickson, 1959; Berk, 1994). Hence, there is an urgent need to address maltreatment and violence against young children as those experiences can deny children from enjoying happy and secure childhoods and adulthoods (Huesmann, Eron, Kefkowitz, & Walder, 1984; Conduct problem prevention group, 2002) and negatively impact entire communities and societies (WHO, 2000; Elliot, Prior, Merrigan, & Ballinger, 2002).
The Importance of Implementing Violence and Maltreatment Prevention Programs for Children between 5 to 9 Years

As mentioned above, early childhood (into which the preschool and primary school periods fall) is considered as the most critical developmental period in an individual’s life. Therefore, preschool and primary schools, where young children spend considerable time and are extensively socialized, can be among the most suitable conduits to implement violence and maltreatment prevention programs.

Because preschool and primary schools have the potential capacity to shape the attitudes, knowledge and skills of young children, with appropriate interventions; administrators in charge of early childhood education can have a significant positive influence in protecting young children across Sri Lanka.

Hence, there is a tremendous opportunity to prevent and minimize occurrences of violence and maltreatment directed towards young children in Sri Lanka if effective early violence intervention programs exist within these sectors.

In other countries, violence and maltreatment prevention programs have been conducted successfully at the preschool and primary school levels (Committee for Children, 2002, ACT, 2004) and have yielded considerable results pertaining to violence and maltreatment prevention (Webster-Stratton, Reid, & Hammond, 2004; Raver, & Knitzer, 2002; McGinnis, & Goldstein, 2003; McMahon, & Washburn, 2003; Slaby, Roedell, Arezzo, & Hendrix, 1995).

The Importance of Prevention

The medical and community health promotion model has always advocated the efficiency and effectiveness of prevention and protection, in comparison to cure. In respect to health of young children, the necessity of prevention has even greater need given there high vulnerability and dependence. Authorities need to recognize the importance of prevention and protection of young
children from maltreatment and violence. Hence, preschool and primary school spaces can be utilized as ideal community spaces to initiate and implement prevention programs.

The Importance of Teaching Violence & Maltreatment Prevention to Young Children

Violence and maltreatment prevention is primarily based on three key principles:
1. Violence and maltreatment prevention can be learnt – starting from early life
2. Adults shape the learning environment for young children
3. Adults can learn how to model and teach young children constructive ways to help protect themselves from violence and maltreatment (ACT, 2003).

These points highlight that if children are taught at an early age to help protect themselves from violence and maltreatment, they can be better prepared to reduce the risk of violence and maltreatment in their lives. Thus, the key to prevention lies in early, systematic, and continuous intervention that reduces and minimizes the risk of negative violent experiences.

Moreover, if violence prevention programs for children are to be effective, violence prevention education to children must also be complemented with equally effective violence prevention educational awareness and training programs for adults. Especially to those adults who have the primary responsibility to ensure children are safe from violence and maltreatment. While children have a role in learning safety, adults hold the ultimate responsibility to ensure that children are protected and safe from all forms of violence and maltreatment.

Resources & Teacher Training

In Sri Lanka, few resources exist in the field of violence and maltreatment prevention. Even fewer are systematically developed and researched (Pathirana, 1999; Colombage, Dassanayaka & Waidyaratna, 2005; De Zoysa, Rajapakse, & Newcombe, 2005; Wickremesekera, Athauda, & Rajapakse, 2004). Therefore, there is an urgent need for systematically developed, evidence-
based, culturally relevant resources to provide violence and maltreatment prevention training to young children and adults.

Though the government of Sri Lanka has recognized violence and maltreatment of children as an area which requires immediate interventions (NCPA, 2003) and has imposed strict legal codes to punish offenders (NCPA, 2003), the rate of abuse and lack of awareness of the problem highlights that significant more is still required to enhance knowledge and skills to Sri Lankan children and adults on how to prevent violence and maltreatment.

Developing effective prevention resources and conducting experiential education to help teachers and other educators to teach violence and maltreatment prevention knowledge and skills to children can be described as one of the most effective methods of protecting children from abuse and harm (ACT, 2003; McGinnis, & Goldstein, 2003; McMahon, & Washburn, 2003; Committee for Children, 2002; Slaby, Roedell, Arezzo, & Hendrix, 1995).

Training teachers is not only effective because of the access and positive relationships they can have with children, but also because it is cost effective. Teachers can be trained in groups and are likely to impact large numbers of children over many years. Therefore, training provided to teachers could be considered as an effective long-term investment (Webster-Stratton, Reid, & Hammond, 2004; Raver, & Knitzer, 2002; Slaby, Roedell, Arezzo, & Hendrix, 1995).

Another benefit of training teachers on violence and maltreatment prevention lies in its sustainability and carry-over effects leading to positive changes in children with whom they will interact in the future. As teachers are more likely to remain in the same preschool/school, the impact created by the teacher training is more likely to remain within the preschool/school environment (Webster-Stratton, Reid, & Hammond, 2004).

In addition to other points, several other factors make teacher training programs an effective modality for reaching children and adults with violence and maltreatment prevention education. First, teachers are easy to contact and get in touch with for feedback and evaluation. This allows
for effective ongoing improvements to programmatic content and implementation structures to ensure effectiveness. Second, teachers are often more skilled due to their educational training and more professionally experienced in aspects of child development in comparison to most others in the community. Third, teachers are more likely to be in contact with groups of children on an ongoing basis in comparison to most other professionals (e.g. child psychologists, social workers etc.). Therefore, it could be assumed that children as well as their parents would benefit from an effective teacher training program.

**About the Program - “Be Safe!” Child Personal Safety Program**

“Be Safe!” is a Canadian Red Cross child personal safety program that is designed to prevent abuse against children ages 5-9. It is comprised of story telling, puppetry, songs, hands-on activities and games. It also includes training for children, parents, teachers and community members (Fairholm & Singh, 2007).

The objectives of “Be Safe!” is to teach children: body ownership, bodies are private, touches can be safe or unsafe, secrets about touching should never be kept, and personal safety rules (Say “NO!”, Get away, Tell someone you trust – keep telling until someone helps you). The program has been developed to the Sri Lankan context after reviewing global and Sri Lankan research as well as after consultation with child protection agencies from across Sri Lanka, children and parents. It has also taken into account the best practices of consultation, collaboration, building on existing community strengths, community ownership and ongoing evaluation and over 23 years of experience of the Canadian Red Cross on child abuse prevention.

**Partner Organizations**

“Be Safe!” is carried out as a collaboration between the Canadian Red Cross and Sri Lankan partners including the Ministry of Education and Sarvodaya.
Canadian Red Cross

The Canadian Red Cross is a part of the International Red Cross Red Crescent Movement. It is a non-profit, humanitarian agency dedicated to improving the lives of vulnerable people. The Canadian Red Cross operates programs that aim to protect the safety, dignity and health of people and communities. It works in Canada and supports projects in countries around the world (Fairholm & Singh, 2007).

Sarvodaya

Sarvodaya is a non-profit organization operating in Sri Lanka, primarily in rural areas. It is based in Moratuwa, Sri Lanka. Its grassroots movement reaches 15,000 villages in 24 districts with 1,500 staff throughout Sri Lanka (Sarvodaya, 2007). Sarvodaya addresses the needs of a large number of young children. For instance, it was working with 6199 preschools, 145519 preschool children (Sarvodaya, 2003). There were 12,398 preschool teachers teaching in these preschools. It also had 2529 children groups attended by children in the age group of 6 to 14 years (Sarvodaya, 2003). Sarvodaya acted as the key partner organization in the research/pilot phase of the “Be Safe!” program.

1.3. Scope of the Study

Literature survey - Journal articles and books on the impact of violence and maltreatment, types of maltreatment and preventing violence and maltreatment prevention against children were reviewed.

Questionnaires – 15 master trainers from a range of governmental and non-profit agencies who train teachers/preschool teachers to conduct programs for children were given a 21-item questionnaire to assess their attitudes, knowledge and skills pertaining to violence and maltreatment against children before and after participating in a 5-day training program on the
“Be Safe!” child personal safety program. In addition, 28 preschool teachers from Sarvodaya preschools were given a 19-item questionnaire to assess their attitudes, knowledge and skills before and after participating in a one-day teacher training on the “Be Safe!” program.

**Diary record forms** – Master trainers were given structured diary record forms to list their opinions at the end of each training day.

**Focus group discussions** – Feedback was obtained from master trainers after they were trained, using a focus group discussion.

**Interviews** – Six preschool teachers who delivered the “Be Safe!” program to children were interviewed by the research team after they had trained children in the whole program.

**Observations** – Three master trainers were observed using pre-designed observation criteria by a Canadian Red Cross staff member who was familiar with “Be Safe!” In addition, three trained preschool teachers who implemented “Be Safe!” were observed several times by the research team over the period of one month while they delivered the “Be Safe!” program to children.
CHAPTER - 2

REVIEW OF RELATED LITERATURE

Provided below is an overall structure or an overview of the review of literature to serve as an advance organizer that explores the relevance of each sub-topic to the entire literature review and the research study.

2.1. Historical perspective on violence & maltreatment against children

2.2. Exploitation of children – Sri Lankan profile

2.3. Definitions of children

2.4. Definitions of child maltreatment

2.5. Definitions of violence

2.6. Types of child maltreatment
   2.6.1. Psychological maltreatment
   2.6.2. Physical maltreatment
   2.6.3. Neglect
   2.6.4. Sexual maltreatment

2.7. Domestic violence
   2.7.1. Impact of domestic violence

2.8. Importance of preventing child maltreatment

2.1. Historical Perspective on Violence & Maltreatment against Children
Incidents of child abuse, including sexual abuse, have been mentioned in historical documents dating back centuries. In the Buddhist scripture there are stories of children being abused and neglected by their caregivers. For instance, Suneetha, an untouchable boy is believed by Buddhists to have attained peace from abuse and neglect when having been discovered by Lord Buddha. Buddhist scriptures also report of a child named Sopake who was abused by his stepfather including being tied to a dead corpse and left to die (NCPA, 2007). The oldest report of medical neglect of a child comes from Buddhist scripture, “Sadhdharmama Rathnavaliya”. The child, Mattakundali, did not receive adequate medicine for his illness due to his father’s stinginess and negligence and eventually died because of it (NCPA, 2007).

Kings and invaders are also reported to have committed child abuse. The famous narrative of Madduma Bandara reveals that a 11-year old child and his elder brother (who was also a child) was beheaded by the king Shri Wickrama Rajasingha由于 their father’s betrayal of the king and the kingdom. The same king had made their mother kill their baby sister by putting the girl child into a motor and using a pestle to crush her. Historical reports also convey that when Portuguese, Dutch and English invaded Sri Lankan villages they killed children who were present.

2.2. Exploitation of Children – Sri Lankan Profile

Though sexual abuse of children is considered a taboo topic, there are alarming reports of children being sexually abused in Sri Lanka. An anonymous questionnaire administered by De Silva and his research team (1997) to 899 University entrance and Undergraduate students showed that 85 (18%) of the males had been sexually abused during childhood. In addition, 19 (4.5%) of the females had been abused. The same questionnaire administered after a lecture on child abuse to the university entrance showed 21% of males, and a significantly higher percentage of females (11%), had been sexually abused in childhood. The incidence of abuse was much higher in the lower economic groups. A majority of males reported being abused either by a relative or a neighbor. Other offenders reported included brothers, teachers and

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1 Last king of Sri Lanka
religious leaders. A significant fact was that older women had abused 19 of the males in the sample. In the case of females, a majority had not divulged the abuser, which may suggest the abuser was someone known and trusted.

In a study carried out by Wickremesekera, Athauda, & Rajapakse (2004), with 1667 students studying in year 11 and 12 classes, a total of 293 (16.8%) had reported being sexually abused. A significant fact was that out of 96 students who revealed the place of the abuse 26 (27.1%) have listed that they have been abused at home. Other places listed were neighborhood house, relatives house, school, another friend’s house, which disapproves the myth that majority of the children are subjected to maltreatment outside the known places.

2.3. Definition of a Child

A child is defined as a person under the age of 18 in Sri Lanka (NCPA, 2007).

Any “abused” or “neglected” child means a child whose physical or mental health or welfare is harmed, or threatened with acts of omission of his parents or other persons responsible for his welfare (Holder & Schene, 1989)

2.4. Definitions of Child Maltreatment

Child maltreatment has been described as the disruption of the normal development of a child which can be avoided. According to the National Child Protection Authority ‘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’ (NCPA, 2007)
Child maltreatment, sometimes referred to as child abuse and neglect, includes all forms of physical and emotional ill-treatment, sexual abuse, neglect, and exploitation that results in actual or potential harm to the child’s health, development or dignity. Within this broad definition, five subtypes can be distinguished – physical abuse; sexual abuse; neglect and negligent treatment; emotional abuse; and exploitation (WHO, 2007; p:16).

Child /youth maltreatment can also be described as any act of omission or commission of emotional, physical and sexual manipulation by individuals, institutions or society which prevents the needs of children/youth from being met and interferes with their optimal development, thereby preventing them from becoming productive humans with respect for themselves and others (Gelles & Strauss, 1988).

UNICEF research estimates that almost 3,500 children under the age of 15 die from physical abuse and neglect every year in the industrialized world (UNICEF, 2007).

According to Finkelhor & Kobin “Child abuse has also been described as the portion of harm to children that results from human action that is prescribed, proximate and preventable” (Finkelhor and Kobin, 1989, P.4). The authors also list several characteristics of child abuse:

- **Results** from – implies a cause.
- **Human action** – individual(s) are involved.
- **Proscribed** – the negative value of the action – its deviance, its harmful intent, and its violation of legal and social codes – renders the action to abusive.
- **Proximate** – involves the action of immediate caregivers and those in the child’s immediate environment.
- **Preventable** – an alternative course of action could have been used thereby preventing the harm.

The National Institute of Child Health and Human Development define child maltreatment as “behaviour toward another person, which (a) is outside the norm of conduct and (b) entails a
substantial risk of causing physical or emotional harm. The behaviours included will consist of actions and omissions, ones that are intentional and ones that are unintentional. They will have severe, mild or no immediate adverse consequences” (Socolar, Runyan & Amaya – Jackson, September 1995, p.573).

2.5. Definitions of Violence

Definitions of violence describe it as heterogeneous in etiology in terms of quality, quantity, and impact on its victim. It can take place as a result of impulsive, reactive behavior or predatory, remorseless aggression and it encompasses a broad spectrum of dimensions that include physical, emotional, sexual, economic and spiritual. Violence can be caused by intoxication from alcohol, psychosis or other neuropsychiatry conditions such as dementia and traumatic head injury (Perry, 1997; WHO, 2000).

The World Health Organization (2002) in the World Report on Violence and Health defines violence as:
“The intentional use of physical force or power, threatened or actual, against oneself, another person or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation” (WHO, 2002; p:5).

The World Health Organization lists two key characteristics of violence:

1. Violence is an important public health issue in itself, directly affecting millions of individuals every year. For instance, WHO estimates cited in the UN Secretary General's Study on Violence Against Children state that nearly 53,000 children are murdered each year, and that the prevalence of forced sexual intercourse and other forms of sexual violence involving touch, among boys and girls under 18, is 73 million (or 7% of the total child population) and 150 million (or 14% of the total child population), respectively.”
2. Violence against infants and younger children is a major risk factor for psychiatric disorders and suicide, and has lifelong sequelae including depression, anxiety disorders, smoking, alcohol and drug abuse, aggression and violence towards others, risky sexual behaviours and post traumatic stress disorders. Preventing violence against children therefore contributes to preventing a much broader range of noncommunicable diseases.

(WHO, 2007).

2.6. Types of Child Maltreatment

The parameters of child maltreatment include:
2.6.1. Psychological maltreatment
2.6.2. Physical maltreatment
2.6.3 Neglect
2.6.4. Sexual maltreatment

2.6.1. Psychological Maltreatment

Psychological maltreatment is more common among children than physical maltreatment, and is embedded in all other types of maltreatment – physical and sexual. It occurs when a caregiver does not fulfill a child's basic need (psychological safety, love, belonging and self esteem).

Brassard, Germain and Hart (1987, p.6) define psychological maltreatment of children and youth as acts of omission and commission which are judged on the basis of a combination of community standards and professional expertise to be psychologically damaging. Individuals who commit such acts, as individuals or collectively, are in a position of differential power that renders a child vulnerable. Such acts damage immediately or ultimately the behavioural, cognitive, affective or physical functioning of the child.
Gabarino defines emotional/psychological maltreatment of children and youth as a concerted attack by an adult on a child’s development of self and social competence, a pattern of psychically destructive behavior (Gabarino, Guttmann and Seeley, 1987, p:8).

2.6.1.1. Categories of Psychological Child Maltreatment

Categories of psychological maltreatment of children include:

a. Spurning

b. Terrorizing – to coerce by intimidation, causing a state of extreme fear, violent dread, or fright; a child/youth can be terrorized through observing, hearing or being threatened by violence in their home

c. Isolating – to separate a child/youth from others; to cut a child/youth off from normal social experience, which results in extreme aloneness

d. Corrupting – to render a child/youth anti-social or malsocialized; to encourage destructive, antisocial behaviour

e. Denying emotional responsiveness/Ignoring – to fail to provide sensitive, responsive, caregiving; to deprive a child/youth of essential stimulation and responsiveness; to interact only when necessary; to be psychologically unavailable.

f. Neglect of mental, medical and emotional health

g. Rejecting – to refuse to acknowledge, believe, hear or support a child/youth’s worth or the legitimacy of his/her needs

h. Exploiting – to make use of a child/youth for one’s own advantage or profit; to make excessive inappropriate demands.

2.6.1.2. Impact of Psychological Maltreatment

Psychological maltreatment carries many short and long term impacts on children. Impacts can be divided into two broad categories.

2.6.1.3. Physical Indicators– Psychological Maltreatment
Physical indicators include lagging in physical development, speech disorders, eating disorders, bed wetting, self harm, and alcohol/drug abuse are listed.

### 2.6.1.4. Behavioral Indicators – Psychological Maltreatment

Behavioral indicators of psychological abuse include low self esteem, reduced emotional responsiveness, under-achievement, inability to trust others, depression, withdrawal, habit disorders such as thumb sucking, biting, rocking, as well as antisocial behaviors such as lying, stealing and aggression.

### 2.6.2. Physical Maltreatment

Physical abuse is any non-accidental injury, impairment, intense or prolonged pain to a child, or a child's death. It may include but is not limited to such actions as assaulting, burning, shaking or poisoning (Goldman, Salus, Wolcott, & Kennedy, 2003, Fairholm & Ferguson, 2000).

The World Health Organization states that physical abuse of a child is that which results in actual or potential physical harm from an interaction or lack of interaction, which is reasonably within the control of a parent or person in a position of responsibility, power, or trust. There may be single or repeated incidents (WHO, 1999).

### 2.6.2.1. Physical & Behavioral Indicators – Physical Maltreatment

Physically abused children appear to experience multiple behavioral, emotional, and cognitive impairments as a result of abuse (Swenson & Kolko, 2000). Wharton, Rosenberg, Sheridan, and Ryan (2000) report injuries that are most likely to cause lingering medical problems for the physically abused child are in three categories: traumatic brain injuries; burns; and abdominal injuries. All three present significant risks of morbidity, and abused children suffer more severe traumatic brain injuries and burns than children whose injuries are accidental.
Children and adolescents not only suffer the physical pain of being traumatized but are also left with the psychological scars of blaming themselves. Behavioural indicators are varied and influenced by severity of the abuse, frequency of the abuse, age of the child at onset, nature of child’s relationship to the abuser, availability of supportive persons, and the child/youth’s genetic endowment for coping (Fairholm & Ferguson, 2000).

Moreover, research studies indicate that impact of physical abuse has severe long term impacts. For instance, an association between childhood physical abuse and current relationship violence was observed by Ornduff, Kelsey, and O'Leary, K. (2001) in a sample of 56 young adult women, suggesting that childhood physical abuse may be a unique risk factor for victimization in intimate adult relationships. It was also associated with aspects of personality and interpersonal functioning that reflect extreme doubt about one's interpretation and understanding of interpersonal events, and an inability to make sensible causal connections between people's thoughts, feelings, and actions largely mediated this link.

2.6.3. Neglect

The World Health Organization defines neglect as the inattention or omission on the part of the caregiver to provide for the development of the child in all spheres: health, education, emotional development, nutrition, shelter and safe living conditions, in the context of resources reasonably available to the family or caretakers and causes, or has a high probability of causing harm to the child’s health or physical, mental, spiritual, moral or social development. This includes the failure to properly supervise and protect children from harm as much as is feasible (WHO, 1999).

Neglect can be described as the inability or unwillingness of the responsible adults who are caring for the children to meet the physical, medical and/or developmental needs of the child. Hence, physical neglect include failure to provide food, shelter, basic health care supervision and protection from risks, to the extent that the child’s physical health, development or safety is harmed. Literature indicates that neglect is not always intentional and can result from insufficient
resources or other circumstances beyond personal control (Fairholm & Ferguson, 2000; Holborow, 2003)

2.6.3.1. Physical & Behavioral Indicators – Physical Neglect

Physical indicators of physical neglect can be a failure to thrive, dirty odor, poor toilet habits, dry skin, limp dull hair, poor dental care, dark circles under the eyes, being chronically tired, listlessness, developmental delays, small for age with large head, chronic hunger, and other physical ailments such as untreated impetigo, lice, worms, eye sight problems, and unattended injuries (Fairholm, 1997; Fairholm & Ferguson, 2000).

Behavioural indicators of physical neglect include constant crying, learning problems, unassertiveness, poor peer relationships, frequent school absence, deficiencies in intellectual development, lack of attachment to parents, depression, constant reference to death, nervous mannerisms, regressive behaviors, constant and unusual demands for affection and attention, low self-esteem, and suicide fantasies (Fairholm, 1997; Fairholm & Ferguson, 2000).

Physical indicators of physical neglect include a failure to thrive, dirty skin, limp dull hair, dark circles under eyes, developmental delays, low weight/obesity, chronic hunger, small for age and lack of dental care (Fairholm, 1997).

2.6.4. Sexual Maltreatment

When defining sexual abuse The World Health Organization employ several criteria to explain the concept of sexual abuse. They are:

1. Child sexual abuse 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 violate the laws or social taboos of society.
2. Child sexual abuse is evidenced by an 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. This may include but is not limited to:

3. The inducement or coercion of a child to engage in any unlawful sexual activity.
4. The exploitative use of a child in prostitution or other unlawful sexual practices.
5. The exploitative use of children in pornographic performances and materials.

(WHO, 1999).

Sexual abuse falls under two categories; non-contact and contact. Each includes a wide range of behaviours. Non-contact sexual abuse includes showing children sexual videos and phonographs, forcing children to listen to sexual talk including obscene telephone calls, and being forced to pose for seductive/sexual photographs. Contact sexual behaviors include being touched in sexual areas, being forced to touch another’s sexual areas, being kissed or held in a sexual manner, and vaginal or anal intercourse.

Browne & Finkelhor (1986) reviewed studies that have tried to empirically confirm the effects of child sexual abuse. They report fear, anxiety, depression, anger, hostility, aggression and sexually inappropriate behavior as impacts of child sexual maltreatment. They also state symptoms such as depression, self-destructive behaviors, anxiety, feelings of isolation, poor-self esteem and difficulty to trust others as frequently reported long term consequences of child sexual maltreatment.

2.6.4.1. Physical & Behavioral Indicators – Sexual Maltreatment

Physical indicators of sexual abuse include evidence of physical trauma, complaints of pain or itching in genital or anal areas, difficulty in walking or sitting, difficulty in bladder or bowel control, bruises on breasts, buttocks, thighs, genitals, or rectal areas, frequent sore throats, difficulties in swallowing, choking, psychosomatic complaints (e.g. stomach aches and head aches), blood in urine, and constipation.
Behavioural indicators of child sexual abuse can involve sexual preoccupations, compulsive behaviors, aggressive sexual behaviors, seductive behaviors, phobic reactions to sexual intimacy, and sexual tendencies manifested in language and art.

2.6.4.2. Impact of Sexual Maltreatment

Sexual abuse can result in numerous losses. These include losses to self-esteem, trust, healthy social contact, sense of safety and security, and opportunities to play and learn. Other impacts include lack of control over his or her body, or freedom to develop at his or her own pace, or develop normal, loving, nurturing intimacy, and struggle with normal growth and development (Fairholm, 1997, p.8.12).

For the majority of young victims, the effects of abuse manifest themselves in many forms, such as betrayal, powerlessness, stigmatization and sexualization and powerlessness (Fairholm, 1997).

2.7. Domestic Violence

The term ‘domestic violence’ contains a wide spectrum of behaviors, which includes physical, social and psychological abuse displayed by both adults and children in family life (Kitzmann, Gaylord, Holt, & Kenny, 2003). Research suggests that conflict, such as marital conflict and domestic violence that threatens emotional security negatively affects children’s representation of how to function in a stressful situation such as conflict situations with peers (Schudlich, Shamir, & Cummings, 2004). As a result, children who are victims of or witness of domestic violence carry with them negative blueprints of interaction which results in hostile interactions with peers, teachers and others in the preschool and later in school.

2.7.1 Impact of Domestic Violence
The impact family has on violence, which is instrumental in predicting aggression in children, has generated a plethora of research articles that have important implications for researchers, clinicians, and educators. As a result, marital aggression has been found to be related to a range of problems among children such as child conduct disorder, personality disorder, inadequacy, immaturity and clinical levels of problematic child behaviors. (Jouriles, Murphy, & O’Leary, 1989). Schudlich, Shamir, and Cummings (2004) found that marital conflict strategies were associated with children’s notions about conflict strategies with peers. However, research also suggests that domestic violence can result in negative parent-child attachment or externalizing problems such as aggressive behaviors (Levendosky, Huth-Bocks, Shapiro, & Semel, 2003).

A meta-analytic review based on the review of 118 studies points out that those children who witness domestic violence are at a greater risk of having conduct problems. Kitzmann, et al. (2003), indicate that exposure to inter-parental violence is associated with children’s internalizing and externalizing problems to a similar degree. They also contend, based on the results of the study, that young children seem to be at a greater risk due to the effect of their limited understanding of conflict and less developed strategies of coping. Finally, research also postulates that there is a strong relationship between drinking alcohol and committing violent offences (Tubman, 1993) and poor family management practices, which may result in domestic violence (McMurran, 1999).

2.8. Importance of Preventing Child Maltreatment

Research demonstrates that preschool and elementary-age children can learn personal safety concepts and skills (Wurtele, Marrs, & Miller-Perrin, 1987; Finkelhor & Strapko, 1992). The most effective programs teach skills over multiple sessions, provide opportunities to practice the skills, and include parental involvement (Davis & Gidycz, 2000; Finkelhor, Asdigian, & Dziuba-Leatherman, 1995). Research studies on the topic also convey that these kinds of programs illustrate significant improvement in prevention-related knowledge and skills, with children in preschool and early elementary school showing the greatest gains (Davis & Gidycz, 2000).
For example, Madak and Berg, 1992 evaluated a child abuse awareness program known as ‘talking about touching’ developed by a non-profit organization called committee for children. The talking about touching program was conducted in five urban elementary schools in midwestern Canada. Student knowledge gain was evaluated using pre/post knowledge tests (n = 883 in second through sixth grades) and brief interviews (n = 37 in kindergarten through first grade). T-tests indicated significant gains in personal safety knowledge for second through sixth grades. Similar improvements were shown for kindergarten through first-grade students through descriptive analysis. Parent surveys following implementation revealed considerable support for the program with little negative feedback. Teachers reported that ‘talking about touching’ training offered useful information and support to provide child abuse prevention. Moreover, Sylvester (1997) evaluated the curriculum of talking about touching using pre- and post-interviews with students receiving the program. The interviews included questions regarding specific safety skills presented in the program and assessed both comprehension and skills. Scores from the interviews showed a statistically significant improvement in the knowledge and application of the safety skills taught in the curriculum.

Daro (1994) reports teaching young children to tell an adult when a situation confuses them or makes them uncomfortable may be a powerful strategy to promote concepts of child safety within them. Research also indicates that before receiving a personal safety curriculum, few preschool and school-aged children thought they should report secret touching. After receiving awareness about the topic children reported that they were more willing to tell (Wurtele & Sarno, 1996).

However, research illustrates that some children report a slight increase in worry and fear after exposure to personal safety training. However, the children and parents who report higher levels of fear and worry are also those who report the most positive feelings about the program and the highest skill use (Finkelhor & Dziuba-Leatherman, 1995).
CHAPTER - 3

METHODOLOGY

The study employed a combination of qualitative and quantitative data gathering methods. In order to optimize the results of the study, data were collected from different tiers. They are:

3.1. Master trainers                                3.2. Teachers                                     3.3. Children

3.1. Section One – Master Trainers

3.1.1. Focus of the Inquiry

The aim of the enquiry was to examine the perceptions of “Be Safe!” by master trainers, pertaining to violence against children, their knowledge about child physical and sexual abuse and their perceived skills in preventing child physical and sexual abuse.

15 master trainers from different parts of Sri Lanka, representing government and non-governmental organizations participated in a 5-day workshop in Moratuwa on the “Be Safe!” program. Before and after participating in the master trainer’s training, master trainers were provided with a questionnaire comprising 21 questions and structured diary record forms, in addition to focus group discussions that were formulated to facilitate the following enquiries;

1. What are master trainer’s attitudes and knowledge on violence against young children?
2. What are master trainer’s attitudes and knowledge on violence and child abuse?
3. What are master trainer’s attitudes and knowledge pertaining to child abuse?
4. What is master trainer’s knowledge pertaining to physical abuse of young children?
5. What is master trainer’s knowledge pertaining to sexual abuse of young children?
6. What are master trainers’ perceived skills pertaining to preventing child abuse?
7. What are master trainers’ perceived skills pertaining to preventing child physical abuse?
8. What are master trainers’ perceived skills pertaining to preventing child sexual abuse?

9. Is there a significant difference between the attitudes, knowledge and skills of master trainers before and after the “Be Safe!” training?

10. What suggestions do master trainers put forth to increase the quality of the “Be Safe!” program?

3.1.2. Fit of the Inquiry Paradigm to the Focus

The study was an attempt to identify the master trainers’ attitudes, knowledge and skills on different issues on preventing violence against children, therefore, both quantitative and qualitative approaches to data collection were adopted.

3.1.3. Participants

Participants for this section of the study were 15 individuals who train other adults who work with children. They reflected diversity of socio-economic and ethnic backgrounds, and were attached to government and non-governmental organizations.

Purposive sampling was used to collect data from master trainers. The purposive sampling involves use of judgment and a deliberate effort to obtain representative samples by including seemingly typical areas or groups in the sample (Kerlinger, 1973).

Table 3.3.3. Demographic information about the participants

<table>
<thead>
<tr>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>7</td>
</tr>
</tbody>
</table>
3.1.4. Successive Phases of the Inquiry

Before designing the questionnaires, literature available on the topic was reviewed. Similar questionnaires (Pathirana, 2006; Pathirana, 1989) were surveyed, and literature on preventing violence against young children (Tillman et al., 2003; Committee for Children, 2002, ACT, 2004) was reviewed. Next, discussions with Canadian Red Cross staff in charge of the “Be Safe!” program and experts on the topic were held. As a result, the content of the questionnaire was followed-up with a series of exploratory discussions with several experts in the field. Based on their suggestions, the preliminary conceptualization, objectives, items and wording were revised. Subsequently, the questionnaires were administered to a sub-sample similar to would be tested master trainers and observations were recorded. Next, the questionnaire was given to master trainers who attended “Be Safe!” child protection training program. The questionnaires were administered before and after the training.

3.1.5. Instrumentation

3.1.5.1. Questionnaire A – 21 Item Questionnaire
3.1.5.2. Questionnaire B – Diary record forms
3.1.5.3. Focus group discussion

3.1.5.1. Questionnaire A – 21 Item Questionnaire

The primary data source used was a 21 item questionnaire comprising of a four point rating scale. This questionnaire assessed the master trainers’ attitudes, knowledge and skills on preventing violence against children and child maltreatment (see Appendix A).

Piloting the Questionnaire
In the piloting process, five questionnaires were sent to early childhood educators and Canadian Red Cross staff in charge of “Be Safe!” In this process some elements to the questionnaire were added and changed.

Next, the questionnaire was given to several experienced and qualified individuals who had worked with children (not part of the sample surveyed). The author presented the questionnaires to these experts individually and recorded their feedback. After they completed the questionnaire those individuals were interviewed to find out what they had noted as needing editing or revision, in completing the questionnaire. They were asked whether there were questions that were unclear, ambiguous or made them uncomfortable. Changes were made based on the feedback received.

Subsequently, the questionnaires were administered before and after the master trainer’s training. Fifteen (15) master trainers completed the 5-day “Be Safe!” residential training program.

3.1.5.2. Questionnaire B – Diary Record Forms

The secondary data source used to evaluate the master trainers was structured diary records, administered at the end of each training day (see Appendix B). The objective of administering these forms was to identify the progress which master trainers attained each day after being exposed to different topics on preventing violence against children.

The diary record forms were also pilot tested using an identical procedure to Questionnaire A and subsequently given to a group of individuals who had similar experiences and training to would be master trainers. The forms were adjusted based on feedback from these sources.
3.1.5.3. Focus Group Discussion

Focus group discussions were held with the participants after they participated in the “Be Safe!” master trainer program. Master trainers were requested to provide suggestions, strengths, and limitations of the “Be Safe!” master trainer’s training. Their feedback was recorded.

3.1.6. Data Collection

Questionnaire A was distributed among the master trainers who attended the “Be Safe!” training before and after the 5 day training program. The structured diary record forms were given to the master trainers at the end of each training day and collected daily. A focus group discussion was held at the end of the training program.

3.1.7. Data Analysis

Frequencies, percentages, graphs and analyses of t-tests were conducted to identify general and specific trends. These trends attempted to identify differences in knowledge, attitudes and perceived skills among master trainers before and after the “Be Safe!” training.
3.2. SECTION TWO – TEACHERS OF “BE SAFE!”

3.2.1. Focus of the Inquiry

The purpose of the inquiry was to examine the attitudes, knowledge and perceived skills of the teachers who would be teaching the “Be Safe!” program to children.

Teachers from Anuradhapura district in Sri Lanka were assessed using a variety of data collection procedures to facilitate the following inquiries:

1. What are teacher attitudes pertaining to violence against young children?
2. What is teacher knowledge pertaining to physical abuse of young children?
3. What is teacher knowledge pertaining to sexual abuse of young children?
4. What are teachers’ perceived skills pertaining to preventing child physical abuse?
5. Is there a significant difference between teachers’ attitudes, knowledge and skills before and after the “Be Safe!” training?
6. What suggestions do teachers put forth to increase the quality of the “Be Safe!” program?

3.2.2. Fit of the Inquiry Paradigm to the Focus

Since this section of the study was an attempt to identify teachers’ attitudes, knowledge and skills pertaining to violence against children and child maltreatment, both quantitative and qualitative approaches to data collection were employed.

3.2.3. Participants

**Level I** - Participants for this section included 28 preschool teachers before the “Be Safe! teacher training and 27 teachers after the “Be Safe!” teacher training in a preschool supported by the Sarvodaya organization. All teachers were female and between the ages of 18 and 55. They were
from different parts of the Anuradhapura district such as Maradankadawala, Morakawa, and Thabuththegama.

**Level II** – Participants for this section of the study were facilitators/teachers working with Sarvodaya organization in Anuradhapura district. This sample of the teachers was trained to deliver the “Be Safe!” program to children between the ages 5 to 9 years. Out of this sample six female teachers between the ages of 20 to 55 were selected to serve in the control and experimental groups. They were from three different parts of the Anuradhapura district (Maradankadawala, Morakawa, and Thabuththegama). These teachers were selected by the Sarvodaya master trainer in charge of each area.

**3.2.4. Successive Phases of the Inquiry**

**Level I** - A questionnaire comprising 19 items was administered to teachers before and after participating in a one-day “Be Safe!” teacher training. This questionnaire was pilot tested with experts using a sample of the one used with “Be Safe!” teachers. When piloting this questionnaire, a procedure identical to questionnaire A was employed.

**Level II** – Six female teachers who were selected to administer “Be Safe!” to young children were observed by the research team when administering their first “Be Safe!” sessions to their existing classrooms of children. Teachers were interviewed after administering all twelve “Be Safe!” sessions and the post evaluation session of the children.

**3.2.5. Instrumentation**

3.2.5.1. Questionnaire D
3.2.5.2. Teacher observations
3.2.5.3. Teacher interviews
3.2.5.1. Questionnaire D

The primary data source used was a 19 item questionnaire comprising of a four point rating scale. This questionnaire assessed the teachers’ attitudes, knowledge and skills pertaining to preventing violence against children and child maltreatment (see Appendix C).

Piloting the Questionnaire

In the piloting process, five questionnaires were sent to early childhood educators and personnel in charge of the “Be Safe!” program at the Canadian Red Cross. In this process some elements were added and changed to the questionnaire.

Next, the questionnaire was given to several experienced and qualified primary school teachers who had worked with children (not part of the sample surveyed). After they completed the questionnaire those individuals were interviewed to find out what they had noted as needing editing or revision, in completing the questionnaire. They were asked whether there were questions that were unclear and ambiguous. Changes were made based on the feedback received.

Subsequently, the questionnaires were administered to 27 teachers before and after attending a one-day “Be Safe” teacher training program.

3.2.5.2. Teacher Observations

The six teachers who conducted “Be Safe!” training programs with groups of children were observed by a Canadian Red Cross staff member in charge of the “Be Safe!” program. In order to observe the teachers she used structured observation criteria (see Appendix D) as designed by the researcher.
3.2.5.3. Teacher Interviews

The six teachers who conducted “Be Safe!” training programs with children were observed by the researcher. The aim was to identify their feedback on the “Be Safe!” program while administering it to the children. Their responses were recorded by the researcher.

3.2.6. Data Collection

Questionnaire D was distributed among the teachers who attended the “Be Safe!” teacher training before and after the training program. The observations were carried out approximately 3 weeks after the teacher training with a selected group of six teachers chosen to administer the “Be Safe!” training program to children. These teachers were selected by the Sarvodaya master trainer in charge of the area. The teachers were observed while conducting the first session of the “Be Safe!” program to children. The same group of teachers was interviewed by the researcher after conducting all twelve of the “Be Safe!” sessions.

3.2.7. Data Analysis

**Level I** - Frequencies, percentages, graphs and analysis of t-test were conducted to identify general and specific trends. These trends attempted to identify differences in knowledge, attitudes and perceived skills between teachers before and after the “Be Safe!” training.

**Level II** – Observations and interviews were analyzed using a technique known as vignette analysis. Vignette analysis is a qualitative technique used to analyze the data gathered from interviews (Seidman, 1998). Vignettes, a shorter narrative that usually covers a more limited aspect of a participant’s experience and thematic connections, excerpts from the transcripts which have similar meanings or completely different meanings from each other were marked,
labeled and organized into categories emerging from the interviews and used to create meaning out of participants’ experiences in an effective way (Seidman, 1998). Profiles and thematic excerpts were interpreted and discussed in the context of the following research queries:

1. What has been learnt by conducting the interviews/observations studying transcripts, and marking and labeling them?

2. What has been learnt by crafting profiles and organizing categories of excerpts?

3. What connective threads are there among the experiences of the participants who were interviewed/observed and how can the researcher understand and explain these connections?

4. What is understood now that was not understood before the interviews/observation?

5. What are the surprises and previous findings that have been confirmed?
3.3. Section Three - Children

3.3.1. Focus of the Inquiry

The focus of the inquiry was to evaluate the attitudes, knowledge and perceived skills on preventing violence against children among a selected group of young children from three areas of Anuradhapura district.

Three sample settings were used in this section of the study. Children were assessed using paper-pencil tests to investigate the following inquiries.

1. Young children’s knowledge pertaining to child protection?
2. What are children’s perceived skills pertaining to preventing physical abuse directed towards them?
3. What are children’s perceived skills pertaining to preventing sexual abuse directed towards them?
4. Is there a significant difference between the attitudes, knowledge and skills before and after the “Be Safe!” training, within the experimental group of children in comparison to the control group?

3.3.2. Fit of the Inquiry Paradigm to the Focus

As this section of the study was an attempt to identify children’s knowledge and skills pertaining to child maltreatment, a quantitative approach to data collecting was employed.
3.2.3. Participants

For this section of the study, participants were 4 to 11 year old children (M = 7.41 years; SD = 8.011) from three different parts of the Anuradhapura district (Morakawa, Horowpathana and Thabuththegama). A period of three months was assigned for this task. One hundred and seventeen (117) preschool and school children – 47 boys and 70 girls – participated in the study.

Table 3.2.3.1 Details of the Children Who Participated in the “Be Safe!” Research

<table>
<thead>
<tr>
<th></th>
<th>Girls</th>
<th>Boys</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experimental group</td>
<td>34</td>
<td>25</td>
<td>59</td>
</tr>
<tr>
<td>Control group</td>
<td>36</td>
<td>22</td>
<td>58</td>
</tr>
<tr>
<td>Total</td>
<td>70</td>
<td>47</td>
<td>117</td>
</tr>
</tbody>
</table>

3.3.4. Successive Phases of the Inquiry

The master trainers and teachers from each pilot group were met and the pilot procedure was explained to them. Then, each preschool teacher was requested to introduce the research team to the children in a child friendly manner (see Appendices J & K). Next, the researcher and the staff member in charge of the “Be Safe!” program met with each group of children and informed them that they would be playing games and activities with the researchers and teachers (see Appendices J & K). Then, a simple game was carried out to form rapport, followed by a paper pencil task. As the next step, children were provided sticker charts\(^2\) and instructions on how to use them for the study were explained. The children were encouraged to ask questions and clarify if they did not understand the procedure. After making sure that everyone understood the instructions, a sample sentence to clarify whether children understood the instructions was read and tested. Afterwards, another five sentences were read one by one, and children were

\(^2\) Child friendly data collection tool in the form of a rating scale, which requested the children to paste stickers on to an appropriate answer box to record their knowledge on child protection.
instructed to put stickers in the appropriate column (three options were provided) to illustrate their knowledge pertaining to each sentence on violence prevention.

As the next step, response sheets were distributed among the children, and the first of three picture cards depicting an image of a child who is facing a safety choice was shown, a story of the context was narrated and three options on how to respond in picture form were provided. A similar procedure was followed for picture scenarios two and three. After completing the stories, a simple game was carried out with the children. Refreshments were distributed. A month after the procedure was replicated to investigate the pre and post differences.

3.3.5. Instrumentation

The instruments used in this section of the study helped the researcher to identify the children’s awareness of issues pertaining to child protection, and the prevention of violence. The primary data sources used were the sticker chart with sentences and three story vignettes (see Appendix F).

3.3.5.1. Sticker Chart with Sentences

In this section a chart with a three point rating scale and stickers were distributed among the children to identify the young children’s’ understanding of messages pertaining to child protection. This instrument was piloted with a panel of experts as well as with young children of the same age group. Instructions were explained to the children in a child friendly manner. In order to identify whether the children understood the instructions a sample sentence (“I have seen birds”) was read out and the children were asked to put a sticker under the appropriate column (“true”, “not sure” and “false”).

After making sure that the children understood the instructions, the remaining five statements on violence prevention were read out and children were requested to put stickers in appropriate
columns to indicate their responses. These simple to comprehend statements contained sentences such as “my body belongs to me”, “watching other people be hurt is unsafe for children”, “no one, not even people I know very well, should touch me in unsafe ways”, “when someone I care about hugs me it is a safe touch”, and “I deserve to be safe and happy.”

3.3.5.2. Three Story Vignettes

After a short interval the response sheet containing pictures and pencils were distributed among the children. Next they were shown the big color picture card I, depicting a woman and a child and were told that the image is of “Raja” and his aunt, then the story was narrated to them (see Appendix G). After that children were informed about the three alternatives (say “No!”, stay quiet, or become confused) that the child in the picture, “Raja”, could make and the children were requested to put a tick next to the alternative picture choice that they would ask the child to do. Similar instructions were followed for the remaining two story vignettes, after showing the respective pictures (picture cards II and III) and reading the stories to the children (see Appendix G).

3.3.6. Trustworthiness, Confidentiality and Objectivity

The instruments were piloted and a panel of preschool teachers and resource personnel in early childhood education were requested to determine if the instruments were appropriate. Next, the instruments were edited by a professor in statistics, attached to the Faculty of Medicine, University of Colombo, Sri Lanka.

Permission was requested from the administrators of each institution to visit the preschool and administer the instruments to the children. Verbal permission was also requested from parents of all participating children through the head master at the preschools. In addition, the researcher kept the names of the children confidential. To ensure privacy and continued anonymity,
pseudonyms were used, if and when necessary. Only the researcher had access to the real names of the children.

Peer and expert debriefing were used to ensure that personal biases, which may have taken place during the research process would be identified and eliminated.

3.3.7. Data Collection

For this section of the study the researcher used the sticker chart, stickers and statements to identify children’s awareness of child protection. The response charts and story vignettes provided an impartial view of the children’s awareness of ways of preventing child maltreatment.

3.3.8. Data Analysis

Frequencies, percentages, graphs and t-tests were conducted to identify general and specific trends. These trends attempted to identify differences of children’s knowledge, skills and attitudes pertaining to child protection awareness before and after the “Be Safe!” training.
CHAPTER - 4

RESULTS

In this chapter data gathered using multiple sources – as described in the chapter on methodology - are presented. The procedure adopted in collecting data from each source will be discussed in detail under three separate sections: master trainers, teachers and children.

4.1. Section One – Master Trainers

The aim of this section is to present the data gathered from the master trainer’s questionnaires, diary record forms and focus group discussions. The questionnaires collected data from 15 master trainers before and after participating in the “Be Safe!” training workshop in Moratuwa, Sri Lanka, from 6th February to 10th February, 2007.

4.1.1. Master Trainers’ Attitudes, Knowledge and Perceived Skills

Under this section results of the questionnaires gathered from master trainers before and after the “Be Safe!” training are presented. Table 4.1.1.1 indicates frequencies of master trainers’ responses, while table 4.1.1.2 indicates percentages. Within this segment, results of the responses provided by the master trainers are divided into several subdivisions. They are:

i. Master trainers’ attitudes and knowledge pertaining to violence against young children
ii. Master trainers’ attitudes and knowledge pertaining to violence and child abuse
iii. Master trainers’ attitudes and knowledge pertaining to child abuse
iv. Master trainers’ knowledge pertaining to physical abuse of young children
v. Master trainers’ knowledge pertaining to sexual abuse of young children
vi. Master trainers’ perceived skills pertaining to preventing child abuse
vii. Master trainers’ perceived skills pertaining to preventing child physical abuse
viii. Master trainers’ perceived skills pertaining to preventing child sexual abuse
ix. Differences between the attitudes, knowledge and skills before and after the training
<table>
<thead>
<tr>
<th>Questions</th>
<th>Strongly Agree%</th>
<th>Agree%</th>
<th>Disagree%</th>
<th>Strongly Disagree%</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Before</td>
<td>After</td>
<td>Before</td>
<td>After</td>
<td>Before</td>
</tr>
<tr>
<td>1. Violence against children can never be justified</td>
<td>10</td>
<td>13</td>
<td>1</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>2. All children have the right to be safe from all forms of abuse and violence</td>
<td>14</td>
<td>15</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>3. All forms of abuse and violence against children are preventable</td>
<td>8</td>
<td>12</td>
<td>5</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>4. Child abuse very often occurs in settings where children should be safe</td>
<td>2</td>
<td>13</td>
<td>12</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>5. All adults have a responsibility to prevent child abuse</td>
<td>14</td>
<td>15</td>
<td>1</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>6. When children are misbehaving it is okay in some circumstances to hit them</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>7. Creating awareness among children and adults about child abuse is an effective way to prevent it</td>
<td>6</td>
<td>12</td>
<td>7</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>8. Child sexual abuse always involves sexual touches</td>
<td>5</td>
<td>5</td>
<td>3</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>9. Girls and boys can both be at risk of child sexual abuse</td>
<td>12</td>
<td>15</td>
<td>3</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>10. Children of all ages can be taught skills to help be safe from child abuse</td>
<td>9</td>
<td>10</td>
<td>4</td>
<td>5</td>
<td>-</td>
</tr>
<tr>
<td>11. Domestic violence creates a harmful impact on every family member who witnesses it</td>
<td>9</td>
<td>13</td>
<td>6</td>
<td>2</td>
<td>-</td>
</tr>
<tr>
<td>12. Using physical force can be an effective way to discipline children</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>13. I think I have adequate knowledge to create awareness in children about preventing child sexual abuse</td>
<td>4</td>
<td>12</td>
<td>8</td>
<td>3</td>
<td>-</td>
</tr>
<tr>
<td>14. I think I have adequate skills to create awareness in children about preventing child sexual abuse</td>
<td>2</td>
<td>13</td>
<td>10</td>
<td>2</td>
<td>-</td>
</tr>
<tr>
<td>15. I think I have adequate knowledge to create awareness in children about preventing physical abuse</td>
<td>1</td>
<td>13</td>
<td>8</td>
<td>2</td>
<td>-</td>
</tr>
<tr>
<td>16. I think I have adequate skills to create awareness in children about preventing physical abuse</td>
<td>2</td>
<td>15</td>
<td>7</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>17. I think I have adequate skills to effectively teach adults on how to help prevent child abuse</td>
<td>3</td>
<td>14</td>
<td>6</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>18. I would be comfortable talking to adults about preventing child sexual abuse</td>
<td>8</td>
<td>13</td>
<td>5</td>
<td>1</td>
<td>-</td>
</tr>
</tbody>
</table>
I would be comfortable talking to children about how to prevent child sexual abuse

I know what to do and whom to tell, if a child comes to me and discloses an experience of child abuse

I have the skills to effectively handle a disclosure of child abuse

Table 4.1.1.2: Percentages, Master Trainers’ Attitudes, Knowledge and Skills Pertaining to Violence against Children and Child Abuse, Before and After “Be Safe!” Training

<table>
<thead>
<tr>
<th>Questions</th>
<th>Strongly Agree%</th>
<th>Agree%</th>
<th>Disagree%</th>
<th>Strongly Disagree%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Before</td>
<td>After</td>
<td>Before</td>
<td>After</td>
</tr>
<tr>
<td>1. Violence against children can never be justified</td>
<td>71</td>
<td>87</td>
<td>7</td>
<td>-</td>
</tr>
<tr>
<td>2. All children have the right to be safe from all forms of abuse and violence</td>
<td>100</td>
<td>100</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>3. All forms of abuse and violence against children are preventable</td>
<td>53</td>
<td>86</td>
<td>33</td>
<td>7</td>
</tr>
<tr>
<td>4. Child abuse very often occurs in settings where children should be safe</td>
<td>13</td>
<td>87</td>
<td>80</td>
<td>13</td>
</tr>
<tr>
<td>5. All adults have a responsibility to prevent child abuse</td>
<td>93</td>
<td>100</td>
<td>7</td>
<td>-</td>
</tr>
<tr>
<td>6. When children are misbehaving it is okay in some circumstances to hit them</td>
<td>27</td>
<td>20</td>
<td>13</td>
<td>13</td>
</tr>
<tr>
<td>7. Creating awareness among children and adults about child abuse is an effective way to prevent it</td>
<td>40</td>
<td>80</td>
<td>47</td>
<td>20</td>
</tr>
<tr>
<td>8. Child sexual abuse always involves sexual touches</td>
<td>33</td>
<td>33</td>
<td>20</td>
<td>7</td>
</tr>
<tr>
<td>9. Girls and boys can both be at risk of child sexual abuse</td>
<td>80</td>
<td>100</td>
<td>20</td>
<td>-</td>
</tr>
<tr>
<td>10. Children of all ages can be taught skills to help be safe from child abuse</td>
<td>60</td>
<td>67</td>
<td>27</td>
<td>33</td>
</tr>
<tr>
<td>11. Domestic violence creates a harmful impact on every family member who witnesses it</td>
<td>60</td>
<td>87</td>
<td>40</td>
<td>13</td>
</tr>
<tr>
<td>12. Using physical force can be an effective way to discipline children</td>
<td>14</td>
<td>20</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>13. I think I have adequate knowledge to create awareness in children about preventing child sexual abuse</td>
<td>27</td>
<td>20</td>
<td>53</td>
<td>80</td>
</tr>
<tr>
<td>14. I think I have adequate skills to create awareness in children about preventing child sexual abuse</td>
<td>13</td>
<td>87</td>
<td>67</td>
<td>13</td>
</tr>
<tr>
<td>15. I think I have adequate knowledge to create awareness in children about preventing physical abuse</td>
<td>7</td>
<td>87</td>
<td>53</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>Master Trainers’ Attitudes and Knowledge Pertaining to Violence against Young Children – Q 1 &amp; Q11</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>----------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>I think I have adequate skills to create awareness in children about preventing physical abuse</td>
<td>13</td>
<td>100</td>
<td>47</td>
</tr>
<tr>
<td>17</td>
<td>I think I have adequate skills to effectively teach adults on how to help prevent child abuse</td>
<td>21</td>
<td>7</td>
<td>43</td>
</tr>
<tr>
<td>18</td>
<td>I would be comfortable talking to adults about preventing child sexual abuse</td>
<td>53</td>
<td>87</td>
<td>33</td>
</tr>
<tr>
<td>19</td>
<td>I would be comfortable talking to children about how to prevent child sexual abuse</td>
<td>60</td>
<td>60</td>
<td>27</td>
</tr>
<tr>
<td>20</td>
<td>I know what to do and whom to tell, if a child comes to me and discloses an experience of child abuse</td>
<td>33</td>
<td>80</td>
<td>53</td>
</tr>
<tr>
<td>21</td>
<td>I have the skills to effectively handle a disclosure of child abuse</td>
<td>27</td>
<td>67</td>
<td>40</td>
</tr>
</tbody>
</table>

### i.

Table 4.1.1.2 indicates that the master trainers were of the opinion that the “violence against children can never be justified.” Seventy one percent (71%) of the master trainers in the pre condition and 87% of the master trainers in the post condition strongly agreed with the above statement. However, the percentage of master trainers who strongly disagreed with the statement did not change.

Similarly, the majority of master trainers (60% in the pre condition and 87% in the post condition) agreed that “domestic violence creates a harmful impact on every family member who witnesses it.” None of the master trainers felt domestic violence had any consequences on those who witness it.

### ii.

**Master Trainers’ Attitudes and Knowledge Pertaining to Violence and Child Abuse – Q 2 & Q3**

All of the master trainers (100%) agreed, without exception, on both the pre and post conditions that “all children have the right to be safe from all forms of abuse.” Moreover, a
significant percentage of master trainers indicated that “all forms of violence and abuse against children are preventable.” Furthermore, the training seems to have had a positive impact on increasing the number of master trainers who supported this statement. The percentage of those who agreed changed from 53% to 86%; the percentage of master trainers who disagreed with the statement decreased from 13% to 7% in the pre to post conditions.

iii. Master Trainers’ Attitudes and Knowledge Pertaining to Child Abuse – Q4, Q5, Q7 & Q10

Only 13% of master trainers in the pre condition agreed with question 4: “child abuse very often occurs in settings where children should be safe.” However, in the post test, 87% of the master trainers strongly agreed with this statement – a dramatic increase of 74%.

Moreover, an extremely high percentage of master trainers agreed with question five “all adults have a responsibility to prevent child abuse.” In fact, ninety three percent of the master trainers in the pre condition and 100% of the master trainers in the post condition strongly agreed with this statement.

In answer to question 7: “creating awareness among children and adults about child abuse is an effective way to prevent it” 40% of the master trainers in the pre condition and 80% in the post condition have agreed with the statement. There was a 40% increase in agreement, indicating that master trainers’ knowledge on this issue amplified due to the training. Moreover, the percentage of master trainers who disagreed and strongly disagreed with the statement decreased by 14%. This too strongly suggests that the training created a positive impact among the master trainers regarding this issue.

Similarly, in response to question ten, a significant percentage of master trainers believed “that children of all ages can be taught skills to help be safe from child abuse.” The numbers of those who agreed after the post test increased among those who strongly agreed and agreed while the percentage of those who disagreed dropped from 13% to 0%.
iv. Master Trainers’ Attitudes and Knowledge Pertaining to Child Physical Abuse – Q6, Q12, & Q15

In comparison to other issues, the master trainers’ attitudes and knowledge pertaining to physical abuse seem to be spread across the rating scale, indicating they have diverse views about this issue.

In response to question 6: “it is okay in some circumstances to hit children”, very few master trainers (27%) strongly agreed. On the other hand, a slightly larger number (33%) strongly disagreed with the statement. Although there was an increase of 14% in the post condition of those who agreed children should not be hit, in comparison to the response rate made to other statements, the difference can be described as marginal.

Further, less than half the master trainers strongly disagreed with question twelve: “using physical force can be an effective way to discipline children.” However, the training seems to have improved their opinion as 67% of master trainers in the post condition strongly disagreed with the statement – a slight increase from the pre test. Strangely, those who strongly agreed with the statement also increased from the pre to post test (14% to 20%), indicating that for some master trainers, the training did not result in an improvement of knowledge.

In contrast, master trainers’ perceptions of their ability to teach prevention education “I think I have adequate knowledge to create awareness in children about preventing physical abuse” increased remarkably. Seven percent of the master trainers in the pre condition agreed while 87% of the master trainers agreed in the post test – representing an increase of 80%. Also, while 40% disagreed with the statement in the pre condition none did in the post test. This strongly suggests that the training improved master trainers’ knowledge on the issue.
v. Master Trainers’ Knowledge Pertaining to Child Sexual Abuse – Q8, Q9, & Q13

Master trainers’ responses to question number 8: “child abuse always involves sexual touches” the level of knowledge was low – 47% disagreed in the pre test and 60% disagreed in the post test.

In contrast, master trainers’ knowledge pertaining to question number 9: “girls and boys can both be at risk of child sexual abuse” did show significant improvement. In the pre test, 80% of the master trainers strongly agreed while all the master trainers (100%) strongly agreed in the post test. No master trainers strongly disagreed in either the pre or post test.

Master trainers’ perceived knowledge on creating awareness among children about preventing child sexual abuse was comparatively low – this is exemplified in question 13: “I think I have adequate knowledge to create awareness in children about preventing child sexual abuse.” In fact, the perceived knowledge decreased from pre to post (27% compared to 20%). Yet, none of the master trainers disagreed with the statement in the post condition although 20% had disagreed with it in the pre condition.

vi. Master Trainers’ Perceived Skills Pertaining to Preventing Child Abuse Directed Towards Young Children – Q17& Q21

Master trainers’ responses to question number 17: “I think I have adequate skills to effectively teach adults on how to help prevent child abuse” their perceived skills somewhat decreased in terms of those who “strongly agree”. While 21% of the master trainers strongly agreed in the pre condition only 7% agreed in the post, creating a negative difference of 14%. However, on the whole, the level of those who felt their skills improved increased significantly from 43% to 93% showing a 50% positive increase. Moreover, while 36% of master trainers disagreed with the statement in the pre condition none disagreed in the post condition. The data may reflect a
greater understanding of the skills required to deliver prevention education and a better understanding the complexities related to the issues.

Master trainers’ responses to their perceived skills on how to handle disclosures (question 21) showed a remarkable increase from pre to post test. Further, the scores indicate a direct relationship between the training and the increase, as 27% of the master trainers in the pre condition and 67% of the master trainers in the post condition strongly agreed that they had the skills to effectively handle disclosures of child abuse. The difference of 40% is extremely high. Moreover, no master trainers strongly disagreed with the statement in the post condition while 7% had in the pre test.

vii. Master Trainers’ Perceived Skills Pertaining to Preventing Child Physical Abuse – Q16

Master trainers’ response to question 16 “I think I have adequate skills to create awareness in children about preventing physical abuse” indicate an extremely high or ‘far above the ground’ positive change, with a difference of 87% in pre to post test. Only 13% of the master trainers strongly agreed in the pre condition while 100% of the master trainers strongly agreed in the post condition. Moreover, while 40% disagreed with the statement in the pre condition none did in the post condition. A clear improvement in responses shows master trainers’ perceived skills to prevent physical abuse increased during the training.

viii. Master Trainers’ Perceived Skills Pertaining to Preventing Child Sexual Abuse – Q14, Q18, Q19, Q20

Master trainers also gained skills to create awareness in children about preventing child sexual abuse. In response to question number 14 “I think I have adequate skills to create awareness in children about preventing child sexual abuse” only 13% of the master trainers strongly agreed in the pre condition while 87% strongly agreed in the post condition (significant increase of 74%
from pre to post test). Moreover, while 20% of master trainers disagreed with question 14 in the pre condition, none of the master trainers did in the post condition.

Similarly, master trainers’ responses to question 18 “I would be comfortable talking to adults about how to help prevent child abuse” and question number 20 “I know what to do and whom to tell, if a child comes to me and discloses an experience of child abuse” indicate that their skills have increased remarkably. For instance, in response to question 18, 53% of the master trainers in the pre condition strongly agreed while 87% did so in the post condition. In response to question 20, 33% of the master trainers strongly agreed while 80% did in the post condition.

However, when examining master trainers’ responses to question number 19 “I would be comfortable talking to children about how to prevent child sexual abuse” their perceived skills did not increase. The values are exactly the same in both the pre and post tests.

ix. Differences in the Attitudes, Knowledge and Skills Before and After the Training

Table 4.1.1.3: Is There a Significant Difference between the Attitudes, Knowledge and Skills Before and After the Training?

<table>
<thead>
<tr>
<th></th>
<th>Mean Pre</th>
<th>Mean Post</th>
<th>Mean Difference</th>
<th>SD Difference</th>
<th>T</th>
<th>Df</th>
<th>p.</th>
</tr>
</thead>
<tbody>
<tr>
<td>MT*</td>
<td>67</td>
<td>77</td>
<td>-10.1</td>
<td>5.4</td>
<td>-7.27</td>
<td>14</td>
<td>0.00</td>
</tr>
</tbody>
</table>

* Master trainers

Master trainers had an average difference from pre test to post test score of -10.1(SD =5.4) indicating that “Be Safe!” training resulted in creating a positive difference in knowledge, attitudes and perceived skills, \( t (14) = -7.27, p = 0.00 \)

Overall, the data shows master trainers had positive attitudes about the rights of children and on the prevention of violence against children. It could also be observed that the master trainers knowledge, attitudes and skills increased after the training almost universally. However,
frequencies indicate that there was a significant increase of knowledge, skills and attitudes in certain sectors while only a marginal increase in other sectors.

4.1.2. Analysis of Structured Diaries Used by Master Trainers During the “Be Safe!” Training

Table 4.1.2.1: Total Number of Responses to Question 1 “My Knowledge Pertaining to Violence against Children Increased Today”

<table>
<thead>
<tr>
<th>Day</th>
<th>1 (completely Agree)</th>
<th>2 (Agree)</th>
<th>3 (Somewhat Agree)</th>
<th>4 (Disagree)</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 1 (6th Feb, 2007)</td>
<td>33%(5)</td>
<td>60%(9)</td>
<td>7%(1)</td>
<td>-</td>
<td>15</td>
</tr>
<tr>
<td>Day 2 (7th Feb, 2007)</td>
<td>72%(13)</td>
<td>22%(4)</td>
<td>6%(1)</td>
<td>-</td>
<td>18</td>
</tr>
<tr>
<td>Day 3 (8th Feb, 2007)</td>
<td>81%(13)</td>
<td>19%(3)</td>
<td>-</td>
<td>-</td>
<td>16</td>
</tr>
<tr>
<td>Day 4 (9th Feb, 2007)</td>
<td>93% (14)</td>
<td>7%(1)</td>
<td>-</td>
<td>-</td>
<td>15</td>
</tr>
<tr>
<td>Day 5 (10th Feb, 2007)</td>
<td>100%(15)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>15</td>
</tr>
</tbody>
</table>

Table 4.1.2.1 indicates that master trainers’ knowledge regarding violence against children increased as the master trainer’s training progressed. On the first day of the training only 33% of the master trainers completely agreed that their knowledge had increased at the end of the day. However, the number shows a remarkable increase as the training continued. On the final day of the training all the master trainers (100%) completely agreed that their knowledge regarding violence against children had increased due to the training. Moreover, the percentage of those who disagreed and somewhat disagreed with the statement decreased gradually as the training progressed.

Graph 4.1.2.1: Total Number of Responses to Question 1 “My Knowledge Pertaining to Violence against Children Increased Today”
Table 4.1.2.2: Total Number of Responses to Question 2 “I Am Motivated to Teach Others the Concepts I Learned Today”

<table>
<thead>
<tr>
<th></th>
<th>1 (completely Agree)</th>
<th>2 (Agree)</th>
<th>3 (Somewhat Agree)</th>
<th>4 (Disagree)</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 1 (6th Feb, 2007)</td>
<td>50%(8)</td>
<td>44%(7)</td>
<td>6%(1)</td>
<td>-</td>
<td>16</td>
</tr>
<tr>
<td>Day 2 (7th Feb, 2007)</td>
<td>72%(13)</td>
<td>22%(4)</td>
<td>-</td>
<td>6%(1)</td>
<td>18</td>
</tr>
<tr>
<td>Day 3 (8th Feb, 2007)</td>
<td>75%(12)</td>
<td>25%(4)</td>
<td>-</td>
<td>-</td>
<td>16</td>
</tr>
<tr>
<td>Day 4 (9th Feb, 2007)</td>
<td>73%(11)</td>
<td>27%(4)</td>
<td>-</td>
<td>-</td>
<td>15</td>
</tr>
<tr>
<td>Day 5 (10th Feb, 2007)</td>
<td>100%(15)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>15</td>
</tr>
</tbody>
</table>

Table 4.1.2.2 indicates that on the first day of the training only half of the master trainers (50%) indicated that they strongly agreed that they were motivated to teach “Be Safe!” to others. However, their motivation increased dramatically as the training progressed; on the final day all of the master trainers (100%) were motivated to teach “Be Safe!” to others. Moreover, the above table also conveys that the level of lack of motivation gradually decreased as the workshop progressed.

Graph 4.1.2.2. Total Number of Responses to Question 2 “I Am Motivated to Teach Others the Concepts I Learned Today”
Table 4.1.2.3 shows that on the first day of the training master trainers were not very confident about their knowledge (of how to teach violence prevention to others). Only 31% of the master trainers listed that they completely agreed that the methods they learned increased their knowledge. However, after the third day of training master trainers’ confidence in the methods increased remarkably to 63% and on the fourth day of the training it moved up to 93%. However, on the final day there was a slight decrease in confidence about the methods.

Graph 4.1.2.3: Total Number of Responses to Question 3 “My Knowledge About Methods of Teaching Violence Prevention Increased Today”
Table 4.1.2.4 highlights that the master trainers’ confidence in the violence prevention skills they learned increased due to the training. On the first day of the training only 69% of the master trainers completely agreed that the skills they acquired would help them to teach “Be Safe!” to others. However, on the final day of the training, all master trainers (100%) agreed that the skills they learned would help them teach “Be Safe!” to others. The table also indicates that the degree of disagreement about the usefulness of the skills gradually decreased as the training progressed.

Graph 4.1.2.4: Total Number of Responses to Question 4 “My Ability to Teach Methods to Prevent Violence Increased Today”
Table 4.1.2.5: Total Number of Responses to Question 5 “The Contents and Skills I Learned Today Will Help me Teach “Be Safe!” to Others”

<table>
<thead>
<tr>
<th></th>
<th>1 (completely Agree)</th>
<th>2 (Agree)</th>
<th>3 (Somewhat Agree)</th>
<th>4 (Disagree)</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 1 (6th Feb, 2007)</td>
<td>69%(11)</td>
<td>25%(4)</td>
<td>6%(1)</td>
<td>-</td>
<td>16</td>
</tr>
<tr>
<td>Day 2 (7th Feb, 2007)</td>
<td>78%(14)</td>
<td>11%(2)</td>
<td>11%(2)</td>
<td>-</td>
<td>18</td>
</tr>
<tr>
<td>Day 3 (8th Feb, 2007)</td>
<td>75%(12)</td>
<td>25%(4)</td>
<td>-</td>
<td>-</td>
<td>16</td>
</tr>
<tr>
<td>Day 4 (9th Feb, 2007)</td>
<td>93%(14)</td>
<td>7%(1)</td>
<td>-</td>
<td>-</td>
<td>15</td>
</tr>
<tr>
<td>Day 5 (10th Feb, 2007)</td>
<td>100%(15)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>15</td>
</tr>
</tbody>
</table>

Table 4.1.2.5 shows that the contents and skills learned by master trainers during the training increased as the training progressed. Specifically, on the first day of the training 69% of the master trainers completely agreed that their knowledge increased. However, the number increased significantly as the training unfolded. On the final day of the training all of the master trainers completely agreed that the contents and skills they learned had increased their knowledge and skills. Moreover, the percentage of those who disagreed and somewhat disagreed decrease gradually over the training days.
Graph 4.1.2.5: Total Number of Responses to Question 5 “The Contents and Skills I Learned Today Will Help Me Teach “Be Safe!” to Others”

![Graph showing daily responses](image)

Table 4.1.2.6: Total Number of Responses to Question 6 “The Resources Used in the Training Today Were Effective in Helping Me Learn More About How to Prevent Violence against Children”

<table>
<thead>
<tr>
<th></th>
<th>1 (completely Agree)</th>
<th>2 (Agree)</th>
<th>3 (Somewhat Agree)</th>
<th>4 (Disagree)</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 1 (6th Feb, 2007)</td>
<td>81%(13)</td>
<td>13%(2)</td>
<td>6%(1)</td>
<td>-</td>
<td>16</td>
</tr>
<tr>
<td>Day 2 (7th Feb, 2007)</td>
<td>56%(10)</td>
<td>33%(6)</td>
<td>11%(2)</td>
<td>-</td>
<td>18</td>
</tr>
<tr>
<td>Day 3 (8th Feb, 2007)</td>
<td>63%(10)</td>
<td>31%(5)</td>
<td>6%(1)</td>
<td>-</td>
<td>16</td>
</tr>
<tr>
<td>Day 4 (9th Feb, 2007)</td>
<td>87%(13)</td>
<td>13%(2)</td>
<td>-</td>
<td>-</td>
<td>15</td>
</tr>
<tr>
<td>Day 5(10th Feb, 2007)</td>
<td>100%(15)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>15</td>
</tr>
</tbody>
</table>

Table 4.1.2.6 indicates that on the first day of the training 81% of the master trainers registered their confidence in the resources used in the training. However, on the second day of the training master trainers’ confidence about the resources decreased. As the training progressed master trainers regained their confidence in the resources used in the training. The table indicates on the final day of the training all the master trainers (100%) showed confidence about the resources.
Graph 4.1.2.6: Total Number of Responses for Question 6 “The Resources Used in the Training Today Were Effective in Helping Me Learn More About How to Prevent Violence against Children”

4.1.3. Suggestions by the Master Trainers to Increase the Quality of the “Be Safe!” Program

An examination of the statements made by master trainers regarding the training after they had completed it, shows that the majority of the statements carried a positive note. All of the master trainers who attended the training indicate being highly satisfied with the guidance that they received.

*I don’t feel that I have to add up anything - before coming here I did not have much knowledge about the subject, I feel as if I am enlightened. I have been called to do a service. I have seen child abuse before and did not know what to do about it. But now I know the correct thing to do. Though I have received ‘many trainings’ before the well organized overall adult learning structure in the setting enable me to gain things

child abuse is not a topic that many people like to listen to, but during this program we were not tired of listening to it

Great start! Learned many things that I wanted to learn for a long time

However, master trainers did also provide suggestions to improve the quality of the training program. These include:
I feel it would have been better for some topics if the feedback of the trainees were taken.

We are the MT’s and therefore we will have to train the teachers, therefore I feel it would have been better if we had to do formal presentations - maybe if we were requested to do group presentations. Even half a presentation would have helped. The day before the last day of the presentation of this was taken place, other members could have evaluated - Since we are working with a sensitive group on a sensitive topic, the manner in which we present the information is extremely important.
4.2. Section Two - Teachers

The aim of this section is to present the data gathered from the questionnaires, interviews and observation forms used with teachers.

4.2.1. Investigating Teachers’ Attitudes, Knowledge and Perceived Skills

The questionnaires collected data from 28 teachers in the pre condition and 27 teachers in the post condition who participated in a one-day teacher training program in Anuradhapura, Sri Lanka. Table 4.2.1.1 indicates frequencies of teacher responses while table 4.2.1.2 indicates percentages. Results are also divided into several subdivisions. These are:

i. Teachers’ attitudes and knowledge pertaining to violence against young children
ii. Teachers’ attitudes and knowledge pertaining to violence and child abuse
iii. Teachers’ attitudes and knowledge pertaining to child abuse
iv. Teachers’ knowledge pertaining to child physical abuse
v. Teachers’ knowledge pertaining to child sexual abuse
vi. Teachers’ perceived skills pertaining to preventing child abuse
vii. Teachers’ perceived skills pertaining to preventing child physical abuse
viii. Teachers’ perceived skills pertaining to preventing child sexual abuse
ix. Differences between teachers’ attitudes, knowledge and skills before and after the training
x. Teachers’ suggestions to increase the quality of the “Be Safe!” program
Table 4.2.1.1: Frequencies – Teachers’ Attitudes, Knowledge and Skills Pertaining to Violence against Children and Child Abuse Before and After “Be Safe!” Training

<table>
<thead>
<tr>
<th>Questions</th>
<th>Strongly Agree%</th>
<th>Agree%</th>
<th>Disagree%</th>
<th>Strongly Disagree%</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre Post</td>
<td>Pre Post</td>
<td>Pre Post</td>
<td>Pre Post</td>
<td></td>
</tr>
<tr>
<td>1. Violence against children can never be justified</td>
<td>14 23</td>
<td>6 1</td>
<td>2 1</td>
<td>6 2</td>
<td>28 27</td>
</tr>
<tr>
<td>2. All children have the right to be safe from all forms of abuse and violence</td>
<td>19 22</td>
<td>9 5</td>
<td>- -</td>
<td>- -</td>
<td>28 27</td>
</tr>
<tr>
<td>3. All forms of abuse and violence against children are preventable</td>
<td>13 17</td>
<td>11 9</td>
<td>2 -</td>
<td>- -</td>
<td>26 26</td>
</tr>
<tr>
<td>4. Child abuse very often occurs in settings where children should be safe</td>
<td>6 14</td>
<td>15 8</td>
<td>4 3</td>
<td>2 -</td>
<td>27 25</td>
</tr>
<tr>
<td>5. All adults have a responsibility to prevent child abuse</td>
<td>18 23</td>
<td>9 2</td>
<td>- 2</td>
<td>1 1</td>
<td>28 27</td>
</tr>
<tr>
<td>6. When children are misbehaving it is okay in some circumstances to hit them</td>
<td>13 3</td>
<td>9 6</td>
<td>11 5</td>
<td>4 12</td>
<td>27 26</td>
</tr>
<tr>
<td>7. Creating awareness among children and adults about child abuse is an effective way to prevent it</td>
<td>15 22</td>
<td>13 5</td>
<td>- -</td>
<td>- -</td>
<td>28 27</td>
</tr>
<tr>
<td>8. Child sexual abuse always involves sexual touches</td>
<td>3 7</td>
<td>17 10</td>
<td>5 8</td>
<td>2 2</td>
<td>27 26</td>
</tr>
<tr>
<td>9. Girls and boys can both be at risk of child sexual abuse</td>
<td>15 18</td>
<td>12 8</td>
<td>1 1</td>
<td>- -</td>
<td>28 27</td>
</tr>
<tr>
<td>10. Children of all ages can be taught skills to help be safe from child abuse</td>
<td>14 17</td>
<td>10 3</td>
<td>3 6</td>
<td>1 -</td>
<td>28 26</td>
</tr>
<tr>
<td>11. Domestic violence creates a harmful impact on every family member who witnesses it</td>
<td>6 13</td>
<td>14 10</td>
<td>6 3</td>
<td>2 -</td>
<td>28 26</td>
</tr>
<tr>
<td>12. Using physical force can be an effective way to discipline children</td>
<td>2 5</td>
<td>8 9</td>
<td>11 5</td>
<td>6 8</td>
<td>27 27</td>
</tr>
<tr>
<td>13. I think I have adequate knowledge to create awareness in children about preventing child sexual abuse</td>
<td>8 20</td>
<td>13 6</td>
<td>6 1</td>
<td>- -</td>
<td>27 27</td>
</tr>
<tr>
<td>14. I think I have adequate skills to create awareness in children about preventing child sexual abuse</td>
<td>7 16</td>
<td>14 10</td>
<td>6 1</td>
<td>1 -</td>
<td>28 27</td>
</tr>
<tr>
<td>15. I think I have adequate knowledge to create awareness in children about preventing physical abuse</td>
<td>8 19</td>
<td>15 8</td>
<td>4 -</td>
<td>1 -</td>
<td>28 27</td>
</tr>
<tr>
<td>16. I think I have adequate skills to create awareness in children about preventing physical abuse</td>
<td>9 20</td>
<td>12 7</td>
<td>4 -</td>
<td>2 -</td>
<td>27 27</td>
</tr>
<tr>
<td>17. I would be comfortable talking to children about how to prevent child sexual abuse</td>
<td>7 20</td>
<td>17 7</td>
<td>2 -</td>
<td>2 -</td>
<td>28 27</td>
</tr>
<tr>
<td>18. I know what to do and whom to tell, if a child comes to me and discloses an experience of child abuse</td>
<td>19 16</td>
<td>16 11</td>
<td>1 -</td>
<td>1 -</td>
<td>28 27</td>
</tr>
<tr>
<td>19. I have the skills to effectively handle a disclosure of child abuse</td>
<td>11 17</td>
<td>12 10</td>
<td>5 -</td>
<td>- -</td>
<td>28 27</td>
</tr>
</tbody>
</table>
Table 4.1.2.2: Percentages - Teachers’ Attitudes, Knowledge and Skills Pertaining to Violence against Children and Child Abuse Before and After “Be Safe!” Training

<table>
<thead>
<tr>
<th>Questions</th>
<th>Strongly Agree%</th>
<th>Agree%</th>
<th>Disagree%</th>
<th>Strongly Disagree%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre</td>
<td>Post</td>
<td>Pre</td>
<td>Post</td>
</tr>
<tr>
<td>1  Violence against children can never be justified</td>
<td>50</td>
<td>85</td>
<td>21</td>
<td>4</td>
</tr>
<tr>
<td>2  All children have the right to be safe from all forms of abuse and violence</td>
<td>68</td>
<td>81</td>
<td>32</td>
<td>19</td>
</tr>
<tr>
<td>3  All forms of abuse and violence against children are preventable</td>
<td>50</td>
<td>65</td>
<td>42</td>
<td>35</td>
</tr>
<tr>
<td>4  Child abuse very often occurs in settings where children should be safe</td>
<td>22</td>
<td>56</td>
<td>56</td>
<td>32</td>
</tr>
<tr>
<td>5  All adults have a responsibility to prevent child abuse</td>
<td>64</td>
<td>85</td>
<td>32</td>
<td>7</td>
</tr>
<tr>
<td>6  When children are misbehaving it is okay in some circumstances to hit them</td>
<td>11</td>
<td>12</td>
<td>33</td>
<td>23</td>
</tr>
<tr>
<td>7  Creating awareness among children and adults about child abuse is an effective way to prevent it</td>
<td>54</td>
<td>81</td>
<td>46</td>
<td>19</td>
</tr>
<tr>
<td>8  Child sexual abuse always involves sexual touches</td>
<td>11</td>
<td>26</td>
<td>63</td>
<td>37</td>
</tr>
<tr>
<td>9  Girls and boys can both be at risk of child sexual abuse</td>
<td>54</td>
<td>67</td>
<td>43</td>
<td>30</td>
</tr>
<tr>
<td>10 Children of all ages can be taught skills to help be safe from child abuse</td>
<td>50</td>
<td>65</td>
<td>36</td>
<td>12</td>
</tr>
<tr>
<td>11 Domestic violence creates a harmful impact on every family member who witnesses it</td>
<td>21</td>
<td>50</td>
<td>50</td>
<td>38</td>
</tr>
<tr>
<td>12 Using physical force can be an effective way to discipline children</td>
<td>7</td>
<td>18.5</td>
<td>30</td>
<td>33</td>
</tr>
<tr>
<td>13 I think I have adequate knowledge to create awareness in children about preventing child sexual abuse</td>
<td>30</td>
<td>74</td>
<td>48</td>
<td>22</td>
</tr>
<tr>
<td>14 I think I have adequate skills to create awareness in children about preventing child sexual abuse</td>
<td>25</td>
<td>59</td>
<td>50</td>
<td>37</td>
</tr>
<tr>
<td>15 I think I have adequate knowledge to create awareness in children about preventing physical abuse</td>
<td>29</td>
<td>70</td>
<td>54</td>
<td>30</td>
</tr>
<tr>
<td>16 I think I have adequate skills to create awareness in children about preventing physical abuse</td>
<td>33</td>
<td>74</td>
<td>44</td>
<td>26</td>
</tr>
<tr>
<td>17 I would be comfortable talking to children about how to prevent child sexual abuse</td>
<td>25</td>
<td>74</td>
<td>61</td>
<td>26</td>
</tr>
<tr>
<td>18 I know what to do and whom to tell, if a child comes to me and discloses an experience of child abuse</td>
<td>36</td>
<td>59</td>
<td>57</td>
<td>41</td>
</tr>
<tr>
<td>19 I have the skills to effectively handle a disclosure of child abuse</td>
<td>39</td>
<td>63</td>
<td>43</td>
<td>37</td>
</tr>
</tbody>
</table>
x. Teachers’ Attitudes and Knowledge Pertaining to Violence against Young Children – Q1 & Q11

Table 4.2.2.2 indicates that teachers were of the opinion that “violence against children can never be justified.” Fifty percent (50%) of the teachers in the pre condition and 85% of the teachers in the post condition strongly agreed with the statement. This is mirrored in the percentage of teachers who strongly disagreed with the statement which decreased from pre to post test.

Similarly, 21% of the teachers in the pre condition and 50% in the post condition believed that “domestic violence creates a harmful impact on every family member who witnesses it” (question 11). Moreover, the number of teachers who disagreed and strongly disagreed with the statement showed a rapid decrease from pre to post test. This indicates that the training had a positive impact for participants on highlighting the multiple impacts of domestic violence.

xi. Teachers’ Attitudes and Knowledge Pertaining to Violence and Child Abuse – Q 2 & Q3

A majority of the teachers (68% in the pre condition and 81% in the post condition) completely agreed that with question 2 “all children have the right to be safe from all forms of abuse.” Moreover, a significant percentage of teachers believed that “all forms of violence and abuse against children are preventable” (Q3). Furthermore, the teacher training resulted in more teachers who completely agreed with the statement. Those who agreed increased from 50% to 65% and teachers who disagreed with the statement decreased from 8% to none (0%).

xii. Teachers’ Attitudes and Knowledge Pertaining to Child Abuse – Q4, Q5, Q7 & Q10

Only 22% the teachers in the pre condition agreed with the question 4 “child abuse very often occurs in settings where children should be safe.” However, 56% of the teachers strongly agreed with this statement after the training.
A significant percentage of teachers believed that “all adults have a responsibility to prevent child abuse” (question 5). Sixty four percent of the teachers in the pre condition and 85% of the teachers in the post condition strongly agreed with this statement.

In answer to question seven, 54% of teachers in the pre condition and 81% in the post condition strongly agreed with the statement “creating awareness among children and adults about child abuse is an effective way to prevent it.” There was a 27% increase in agreement indicating that teacher knowledge on the issue increased due to the training. Moreover, none of the teachers disagreed or strongly disagreed with the statement, neither in the pre or post conditions, indicating teachers had knowledge of this issue prior to the training.

Similarly, a significant percentage of teachers believed that “children of all ages can be taught skills to help be safe from child abuse” (question 10).

In comparison to other issues, teachers’ attitudes and knowledge on physical abuse are more mixed and spread across the rating scale, indicating they have diverse views about this issue.

In response to question 6 “when children are misbehaving in some circumstances it is okay to hit them”, very few teachers strongly disagreed in either the pre (11%) or post (12%) conditions. However, teachers who strongly agreed with the statement increased from pre (15%) to post (46%) condition, making a difference of 31%. Unfortunately, the training did not clearly convince most teachers that physical abuse is not acceptable in any circumstance.

Further, only 22% of teachers strongly disagreed that “using physical force can be an effective way to discipline children” (question 12) in the pre condition. However, 30% of teachers in the
post condition strongly disagreed with the statement. Although somewhat contradictory, those who strongly agreed with the statement also increased from pre to post (7% to 18.5%) condition, indicating that for some teachers the training reduced their understanding.

In contrast, teachers’ perceived knowledge on how to create awareness in children about preventing physical abuse clearly increased at a significant level after the training. Twenty nine percent of the teachers in the pre condition and 70% of the teachers in the post condition strongly agreed with the statement “I have adequate knowledge to teach children about preventing child physical abuse.” This represents an increase of 41% from pre to post test. Also, while 14% disagreed with the statement in the pre condition no master trainers (0%) did in the post test, showing that the training helped improve teachers’ knowledge on the issue.

xiv. Teachers’ Knowledge Pertaining to Child Sexual Abuse – Q8, Q9, & Q13

Responses to question eight “child abuse always involves sexual touches” shows low knowledge on the broad spectrum of what can constitute child sexual abuse. Moreover, teachers’ knowledge did not increase significantly during the training in comparison to the other issues. The percentage of teachers who agreed with the statement decreased from 63% to 37%. This highlights that the training did not add significant clarity on the issue for teachers.

In contrast, teachers’ knowledge on question nine “girls and boys can both be at risk of child sexual abuse” was high in the pre and post tests. Specifically, 54% of the teachers in the pre condition and 67% of the teachers in the post condition strongly agreed with the statement. Further, none (0%) of the teachers strongly disagreed with the statement in the pre or post test.

Teachers’ knowledge in creating awareness among children about preventing child sexual abuse (question 13) was comparatively high. Thirty percent of the teachers in the pre condition and 74% of the teachers in the post condition strongly agreed that they had adequate knowledge to teach children on how to prevent child sexual abuse. No teachers in the pre or post test strongly disagreed with the statement.
xv. Teachers’ Perceived Skills on Preventing Child Abuse – Q17 & 21

Responses to question 17 “I think I have adequate skills to effectively teach adults on how to help prevent child abuse” show that teachers’ perceived skills on preventing child abuse increased from pre to post conditions. Twenty-five percent (25%) of the teachers in the pre condition and 74% of the teachers in the post condition strongly agreed with the statement, showing a dramatic increase of 49%. However, the percentage of teachers who agreed with the statement decreased by 35%, likely because many changed their response to “strongly agree”. Moreover, while 7% of teachers disagreed with the statement in the pre condition, none (0%) disagreed with it in the post condition. Similarly, while 7% strongly disagreed with the statement in the pre condition, again, none (0%) disagreed with it in the post condition. Hence, it could be said that teachers’ perceived skills pertaining to this issue has increased after the training.

xvi. Teachers’ Perceived Skills on Preventing Child Physical Abuse – Q16

Teachers’ perceived skills on creating awareness among children to prevent physical abuse showed a high increase in the pre and post tests - a 41% positive increase. Moreover, while 15% of teachers disagreed and 7% strongly disagreed with question 16 in the pre condition, in the post condition no teacher (0%) disagreed. Hence, it could be said that teachers’ perceived skills to prevent physical abuse has increased during the training.

xvii. Teachers’ Perceived Skills on Preventing Child Sexual Abuse – Q14, Q18, Q19, Q20

Data indicates that teachers gained skills on how to create awareness among children on preventing child sexual abuse. In response to question number 14 “I think I have adequate skills to create awareness in children about preventing child sexual abuse” 25% of the teachers strongly agreed in the pre condition while 59% strongly agreed in the post condition. This shows a positive change in understanding of 34% from pre to post condition. Moreover, while 21% of
teachers disagreed with the statement in the pre condition, none (0%) of the teachers disagreed in the post condition.

Similarly, in response to question 18 “I would be comfortable talking to adults about how to help prevent child abuse”, teachers’ skills increased. Thirty-six percent of the teachers in the pre condition and 59% in the post condition strongly agreed with the statement.

Teacher responses to question 19 “I would be comfortable talking to children about how to prevent child sexual abuse”, the perceived skills increased. Thirty nine percent of the teachers in the pre condition and 63% of the teachers in the post condition strongly agreed. Moreover, none (0%) disagreed or strongly disagreed with the statement in the pre or post conditions, indicating that teachers’ efficiency to discuss child sexual abuse increased due to the “Be Safe!” training.

ix. Differences between Teacher Attitudes, Knowledge and Skills Before and After the Training

Table 4.1.2.3. Is There a Significant Difference between the Attitudes, Knowledge and Skills Before and After the Training?

<table>
<thead>
<tr>
<th></th>
<th>Mean Pre</th>
<th>Mean Post</th>
<th>Mean Difference</th>
<th>SD Difference</th>
<th>T</th>
<th>df</th>
<th>p.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teachers</td>
<td>59</td>
<td>66</td>
<td>-7.2</td>
<td>5.6</td>
<td>-6.62</td>
<td>26</td>
<td>0.00</td>
</tr>
</tbody>
</table>

N = 27

Teachers had an average difference from pre test to post test score of -7.2 (SD =5.6) indicating that “Be Safe!” training resulted in creating a positive difference, $t (26) = -6.62$, p = 0.00

Overall, it could be observed that teachers had positive attitudes about the rights of children and on preventing violence against children. In addition, teachers’ knowledge, attitudes and skills increased after the training. However, frequencies indicate that there is a significant increase of knowledge, skills and attitudes in certain sectors while only a marginal increase in other sectors.
4.2.2. Analysis of Teachers’ Structured Diaries

Analysis of teachers’ structured diaries used while delivering the “Be Safe!” program to children

Teachers’ ratings of the “Be Safe!” lesson cards were high. All the lesson cards, except card eight which discusses online safety, received a positive rating of one indicating that teachers were satisfied with the lesson card. The online safety card was less favorably rated.

4.2.3. Analysis of Teacher Interviews

Analysis of teacher interviews after teachers conducted “Be Safe!” program with the children

Teacher interviews revealed that the “Be Safe!” lesson cards created an effective background to discuss issues of child maltreatment. During one interview one teacher mentioned that she felt some children have already experienced child maltreatment and the lesson cards provided a context in which those children could discuss their experiences with her.

“It seems children have already been exposed to child maltreatment. While doing the Lesson Cards with the children some children in my group told me their experiences. One child told me, teacher the next door uncle asked me to remove my trouser, another child said one elderly man in my village promised me toffees if I would bring a certain child to his home”

Teacher interviews also revealed that after completing “Be Safe!” children were practicing prevention and protection strategies highlighted in the lesson cards. Moreover, there was interest from other children in the villages to also participate.
“One child in my group told me that when a person in his village attempted to touch him in an unsafe way he said “No” just the way he learnt to say so in the group. Children are very enthusiastic about the activities. More children in our village are asking me whether they can join the group”

However, teachers also mentioned that they require more skills, experiences and demonstrations of the lesson cards to be effective at an optimal level.

4.2.4. Analysis of Teacher Observations

Analysis of teacher observations by a member of the research team while teachers delivered the “Be Safe!” program to children

A member of the research team observed teachers in the experimental group while they delivered one of the “Be Safe!” lesson cards. A predetermined observation criterion (see Appendix D) was employed.

The observations revealed that though teachers have conveyed the information clearly and used words that children are familiar with they did not use an adequate number of clear examples. Teacher confidence was also rated as poor.
4.3. Section Three – Children

The aim of this section is to present the pre and post data gathered from the children’s sticker chart and response sheets.

4.3.1. Children’s Responses to Sticker Chart Tool

Table 4.3.1.1: Total Number of Responses to the Child Protection Awareness Statements Before and After “Be Safe!”

<table>
<thead>
<tr>
<th></th>
<th>Experimental Group</th>
<th></th>
<th>Control Group</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Before</td>
<td>After</td>
<td>Before</td>
<td>After</td>
</tr>
<tr>
<td>I have seen birds</td>
<td>47</td>
<td>-</td>
<td>48</td>
<td>-</td>
</tr>
<tr>
<td>1</td>
<td>My body belongs to me</td>
<td>43</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td>No one, not even people I know very well should touch me in unsafe ways</td>
<td>40</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Watching other people be hurt is unsafe for children</td>
<td>37</td>
<td>-</td>
<td>48</td>
<td>-</td>
</tr>
<tr>
<td>4</td>
<td>When someone I care about hugs me it is a safe touch</td>
<td>41</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>5</td>
<td>I deserve to be safe and happy</td>
<td>46</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>


Graph 4.3.1.1: Total Number of Responses to the Child Protection Awareness Statements Before and After “Be Safe!”
When observing table 4.3.1 it could be stated that except for two children in the control group, all the children in the experimental group answered the sample question correctly. This indicates that children understood the instructions provided to them. It could also be observed that children in the experimental and control groups correctly listed responses to the statements in the pre and post conditions. However, the table also shows that though not significant, in some cases, the number of accurate responses provided by the experimental group children is more than the number of accurate responses provided by the children in the control group. Furthermore, the number of incorrect and ‘do not know’ responses indicates a remarkable increase in knowledge from the pre to post condition in the experimental group. In comparison, the control group too indicated an increase in correct responses to some questions. This could be due to the awareness programs carried out by government and non governmental organization in Sri Lanka.

<table>
<thead>
<tr>
<th></th>
<th>Mean Pre</th>
<th>Mean Post</th>
<th>Mean Difference</th>
<th>SD Difference</th>
<th>t</th>
<th>df</th>
<th>p.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experimental Group</td>
<td>4.077</td>
<td>4.872</td>
<td>.795</td>
<td>1.128</td>
<td>4.4</td>
<td>39</td>
<td>0.00</td>
</tr>
<tr>
<td>Control Group</td>
<td>4.079</td>
<td>3.974</td>
<td>-0.105</td>
<td>1.290</td>
<td>-0.503</td>
<td>37</td>
<td>.618</td>
</tr>
</tbody>
</table>

The total number of best effective practices provided by the children to the sticker charts was summed, and a total score for each child was calculated for children in experimental and control groups. A t-test was carried out to investigate whether there is a significant difference between pre and post conditions in both groups

Children in the experimental group had an average difference of best effective practices from pre test to post test score of \( .795 \) \((SD = .1.128)\) indicating that the “Be Safe!” training resulted in creating a positive difference, \( t \ (39) = 4.4, p = 0.00 \).
Children in the control group had an average difference from pre test to post test score of 
\(-0.105 (SD =1.290)\) indicating that there was no difference between pre and post 
conditions, \(t (37) = -0.503, p = 0.618\).

Hence, it can be said that “Be Safe!” created a positive difference in enhancing capacity 
to be safe from violence and abuse among the children in the experimental group.

4.3.2. Children’s Responses to Narrative Story Tools

Table 4.3.2.1: Total Number of Responses of the Children Before and After “Be 
Safe!” - Response Card 1: “Mala’s Story” – Physical Abuse

<table>
<thead>
<tr>
<th></th>
<th>Experimental Group (E)</th>
<th>Control Group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Before</td>
<td>After</td>
</tr>
<tr>
<td>1</td>
<td>Say No!</td>
<td>39 78%</td>
</tr>
<tr>
<td>2</td>
<td>Goes with the abuser</td>
<td>5 10%</td>
</tr>
<tr>
<td>3</td>
<td>Confused &amp; unhappy</td>
<td>5 10%</td>
</tr>
</tbody>
</table>
Graph 4.3.2.1: Total Number of Responses (Percentages) of the Children, Before and After “Be Safe!” for the Response Card 1: “Mala’s Story” – Physical Abuse

Table 4.3.2 shows that 39 (78%) of the children in the experimental group indicated that they would say ‘No’ to physical abuse in the pre condition and 47 (98%) indicated this in the post condition. This highlights a 20% increase of positive responses from the pre to post condition. Moreover, while 20% indicated unsafe practices in the pre condition only 2% did so in the post condition. Therefore, awareness on avoiding unsafe practices increased from the pre to post conditions within the experimental group.

In contrast, there was only a 10% increase from the pre to post condition within the control group of children. Moreover, though there was a 10% decrease in the unsafe practices, the number of children this represents is a large aggregate (19%) in the post condition in comparison to the 2% in the experimental post condition. Therefore, it can be stated that the children in the experimental group learned the child protection awareness messages more effectively than the children in the control group who were not provided with such training.
Table 4.3.2.2: Total Number of Responses of the Children Before and After “Be Safe!” - Response Card 2 (“Raja’s Story” – Sexual Abuse)

<table>
<thead>
<tr>
<th></th>
<th>Experimental Group</th>
<th>Control Group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Before</td>
<td>After</td>
</tr>
<tr>
<td><strong>F %</strong></td>
<td><strong>f %</strong></td>
<td><strong>f %</strong></td>
</tr>
<tr>
<td>Confused &amp; unhappy</td>
<td>7 14%</td>
<td>1 2%</td>
</tr>
<tr>
<td>Raja runs away from the abuser</td>
<td>28 57%</td>
<td>46 96%</td>
</tr>
<tr>
<td>Raja goes with the abuser</td>
<td>14 29%</td>
<td>1 2%</td>
</tr>
</tbody>
</table>

Graph 4.3.2.2: Total Number of Responses of the Children, Before and After “Be Safe!” - Response Card 2 (“Raja’s Story” – Sexual Abuse)

Table 4.3.4 indicates that 28 (57%) of children in the experimental group answered with the safest option (‘Run away) in the pre condition to response card 2 while 46 (96%) of
children did so in the post condition. This represents an increase of 39% from pre to post conditions among the experimental group. Moreover, the percentage of unsafe practices decreased by 19%.

In contrast, the number of safe responses provided by the control group decreased by 11% and the number of unsafe responses decreased by 21%.

Therefore, it can be said that children in the experimental group benefited with an increased understanding of how to respond in safe ways to potential abuse situations.

**Table 4.3.2.3: Total Number of Responses of the Children Before and After “Be Safe!” – Response Card 3: “Raja & Mala’s Story” – If and When Abuse Occurs do We Tell Someone We Trust?**

<table>
<thead>
<tr>
<th></th>
<th>Experimental Group</th>
<th>Control Group</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Before</td>
<td>After</td>
<td>Before</td>
</tr>
<tr>
<td>1</td>
<td>Tell parents</td>
<td>31</td>
<td>63%</td>
</tr>
<tr>
<td>2</td>
<td>Tell their teacher</td>
<td>6</td>
<td>12%</td>
</tr>
<tr>
<td>3</td>
<td>Cry or be angry</td>
<td>12</td>
<td>25%</td>
</tr>
</tbody>
</table>

**Graph 4.3.2.3: Total Number of Responses of the Children Before and After “Be Safe!” - Response Card 3 (“Raja & Mala’s Story” – If and When Abuse Occurs do We Tell Someone We Trust?)**
Table 4.1.5 shows that 75% of children in the experimental group marked the safest option in the third story situation. After the “Be Safe!” training all of the participating children in the experimental group chose the safest practice. In comparison, 77% in the control group chose the safest practice in the pre condition and 90% in the post condition. Though, there seem to be an increase from pre to post conditions, the experimental group has a higher percentage of choosing the safest response. Furthermore, 25% of children in the experimental group chose unsafe practices in the pre condition while none (0%) did so in the post condition. However, 23% of children in the control group chose unsafe practices in the precondition while 10% chose them in the post condition. Although the percentage of unsafe choices decreased from pre to post conditions, by comparison the experimental group had higher scores of children choosing the safest option. Therefore, it can be said that the children in the experimental group learned personal safety messages at a clearly higher rate than the children in the control group who were not provided prevention education.

Table 4.3.2.4 Is there a Significant Difference between Knowledge and Skills Before and After “Be Safe!” Training?
The correct scores provided by the children to the response cards were summed, and a total score for each child was calculated for children in experimental and control groups. A t-test was carried out to investigate whether there was a significant difference between pre and post conditions in both groups.

Children in the experimental group who received the “Be Safe!” training had an average difference from pre test to post test score of -.757 ($SD = .83$) indicating that the “Be Safe!” training resulted in creating a positive difference in enhancing their understanding of ways to stay safe from violence and abuse, $t (36) = -5.545, p = 0.00$.

Children in the control group, who did not receive the “Be Safe!” training had an average difference from pre-test to post test score of -.029 ($SD = .891$) indicating that there was no difference between pre and post conditions, $t (34) = -.190, p = 0.851$.

Hence, it can be said that “Be Safe!” created a positive difference among the experimental group in comparison to the control group.

### 4.4. Conclusion

The data at all levels – master trainers, teacher and child – show that in large, the prevention education attitudes, knowledge and perceived skills increased significantly after participating in the “Be Safe!” program.
CHAPTER - 5

ANALYSIS AND DISCUSSION OF DATA

This chapter presents the data gathered using multiple sources, as detailed in the chapter on methodology. Since each source used to investigate the research questions are unique in their features, the procedure adopted in analyzing each set of data will be discussed in detail under three separate sections.

5.1. Section One – Master Trainers

This part will discuss the results of the 21 questions provided through a questionnaire tool to the master trainers, structured diary records and focus group discussions. Findings are discussed under two key areas, they are:

5.1.1. Master trainers’ attitudes and knowledge – Rights of young children and child abuse

5.1.2. Master trainers perceived skills pertaining to preventing child abuse against young children

Under these key areas pre and post test findings of attitudes, knowledge and skills listed by the master trainers to the master trainer-questionnaire were compared.

5.1.1. Master Trainer’s Attitudes and Knowledge – on Children’s Rights

The results from the master trainers to the master trainer survey questionnaire shows that the majority of the master trainers have child friendly attitudes on the issues of preventing violence and maltreatment against young children and the rights of children in general. Results indicate that even before the training, a large number of the 15 master trainers who participated in the study possessed child friendly attitudes on issues such as violence against children can never be justified and all children have the right to be safe from all
forms of violence and abuse. However, results also indicate that the “Be Safe!” training has increased their child friendly attitudes on some of these issues (e.g. violence against children can never be justified, domestic violence creates harmful impact on every family member) indicated by an increase from pre to post conditions.

Results also indicate master trainer knowledge on certain child rights issues increased. On some issues there is a remarkable increase as indicated in the responses to questions 4 (“Child abuse very often occurs in settings where children should be safe”, 74%), and question 15 (“I think, I have adequate knowledge to create awareness in children about preventing physical abuse”) by 80%. In comparison findings reveal that master trainers knowledge on the prevention of child sexual abuse has not increased significantly as questions 8 (pre, 33%; post 33%) , 9 (pre, 80%; post 100%) and 13 (pre, 27%; post 20%) registers varied pre and post results. Therefore, future training programs need to pay more attention to improve and clarify participant knowledge of child sexual abuse.

5.1.2. Master Trainer’s Perceived Skills Pertaining to Preventing Child Abuse Directed against Young Children

Before the training perceptions of the master trainers of their skills in preventing physical abuse, teaching adults to prevent child abuse and, effectively handling disclosures of child abuse were marginal. However, after the training, the master trainer’s perceived skills on most of the issues of child abuse prevention indicate a remarkable increase. The most significant increase is recorded in the areas of preventing physical and sexual abuse. However, master trainers seem to require more practice on talking to children about preventing child sexual abuse as table 4.1.1.2 indicates. Therefore, future training programs may need to focus on more practice session on this topic.
5.2. Section Two - Teachers

The aim of this section is to discuss the findings from the teacher questionnaires, observations and diary record forms. Findings were discussed under the several key areas, they are:

5.2.1. Teacher’s attitudes and knowledge - Rights of young children and child abuse
5.2.2. Teacher’s perceived skills pertaining to preventing child abuse directed towards young children

5.2.1. Teacher’s Attitudes and Knowledge - Rights of Young Children and Child Abuse

The results from the teachers to the teacher survey questionnaire indicate that majority of the teachers have child friendly attitudes on the rights of young children, including their rights to be protected violence and maltreatment. Results indicate that even before the training a large number of the participating teachers possessed child friendly attitudes. However, results also indicate that the “Be Safe!” training has increased their child friendly attitudes on these issues as there is a significant increase from pre to post conditions. For instance, teacher attitudes towards violence against children (Q1) indicate an increase from pre to post conditions (pre 50%; post 85%).

Moreover, teacher knowledge on issues pertaining to child maltreatment has also increased after the training. On certain issues there is a remarkable increase in teacher knowledge such as preventing child sexual and physical abuse. Findings convey that teacher knowledge about preventing child sexual abuse shows an increase of 44% from pre to post conditions. Also, teacher knowledge about preventing physical abuse has increased from 29% to 70% from pre to post conditions indicating a positive difference of 41%.
However, it should also be said that the teachers seem to be in need of more child friendly attitudes pertaining to corporal punishment. Though the knowledge pertaining to physical abuse has increased remarkably, the change in attitudes pertaining to corporal punishment is unclear. The lack of clarity is a result the mixed teacher responses to question number 6 (When children are misbehaving it is okay in some circumstances to hit them) and 12 (Using physical force can be an effective way to discipline children).

For example, 15% of the participants disagree that it is okay in some circumstances to hit children (Q6). However, there is also 1% increase from pre to post of those who consent to physical punishment. Similarly while 7% of the participants have strongly agreed in the pre condition that using physical force is an effective (Q12) 18.5% of the participants have strongly agreed so in the post condition. Hence, there is an increase of 11.5% from pre to post. Research studies indicate that corporal punishment creates psychological maladjustment within children who are victims of it (De Silva, De Soyza, & Kannangara, N, 2001; De Zoysa,, Rajapakse, & Newcombe, 2005 ; NCPA, 2007). Therefore, when disciplining young children parents and teachers should adhere to alternative positive disciplinary strategies (De Silva, De Soyza, & Kannangara, N, 2001; De Zoysa, Rajapakse, & Newcombe, 2005). Teacher observations also support this hypothesis. Researcher observed during the data collection phase that certain teachers in the experimental group seem to be under the impression that children need to be addressed in an unfriendly, stringent and inflexible manner when teaching “Be Safe!”

However, there is an increase from 22% to 30% in the strongly disagreed rating and 18.5% to 22% in the disagreed rating that during the “Be Safe!” training attitudes of the teacher participants has also underwent a positive change. Hence, as mention before it unclear whether “Be safe!” child protection program has or has not managed to convey the negative impact of corporal punishment to the participant teachers.
5.2.2. Teacher’s Perceived Skills Pertaining to Preventing Child Abuse against Young Children

Results also indicate that teacher skills on the issues of preventing child abuse have increased after the training. The highest positive change in perceived skills is on the issue of talking to children about how to prevent child sexual abuse (Q17) record the highest increase (41%) after the “Be Safe!” training. Similarly skills pertaining handling disclosure of child abuse (Q18 & Q19) has also recorded positive increase (Q18, 23%; Q19, 24%). Findings of the teacher interviews also revealed that some teachers who taught “Be Safe!” to children managed to convey skills of preventing child maltreatment effectively to the children.

Hence, in sum the findings reveal that the “Be Safe!” teacher training resulted in significantly improved attitudes, knowledge and skills in the post test in comparison to the pre test.
5.3. Section Three - Children

In this section, data obtained from the child participants of the study are discussed under several key areas, they are:

5.3.1. Children’s knowledge pertaining to child protection
5.3.2. Children’s perceived skills pertaining to preventing child abuse
5.3.3. Difference between attitudes, knowledge and skills of the children before and after the “Be Safe!” training?

5.3.1. Children’s Knowledge Pertaining to Child Protection

Table 5.3.1 indicates that children’s knowledge on preventing child abuse was at a significant level even before the “Be Safe!” training. The issue was true of children in both the experimental and control group as the children have listed a large number of effective responses.

However, the fact studies from Anuradhapura have shown a high prevalence of child abuse (Colombage, Dissanayaka & Waidyaratna, 2005). If children in Anuradhapura district which records high prevalence of child abuse records significant percentage effective responses it could be assumed that children in Sri Lanka are aware of issues pertaining to child protection. This fact could be attributed to the mass scale awareness programs administered by Government and Non-Governmental organization in the country (NCPA, 2007). However, the author is of the opinion that after reviewing the literature and findings of the study better awareness can obtained if these programs are operated in an organized, sustainable manner. The results reveal that children possess the capacity to benefit from a systematic school program, as children in the experimental group have recorded a significant difference after the “Be Safe!” training. Moreover, there is a need to investigate the reason for high prevalence of child maltreatment in Anuradhapura in spite of this awareness within the children.
5.3.2. Children’s Perceived Skills Pertaining to Preventing Child Abuse

The data shows that children’s perceptions on how to prevent all three forms of maltreatment were at a significant level even before the “Be Safe!” training. Table 4.3.3 indicates that even in the pre condition both experimental and control group children have recorded a high percentage. More than 50% children in both groups have given effective responses, even though children in the control group did not receive “Be Safe!” training.

Again, this fact could be attributed to the mass scale awareness programs carried out by government and non government agencies thorough different sources (National Child Protection Authority, 2007; Plan International, 2007)

5.3.3. Difference between Attitudes, Knowledge and Perceived Skills of the Children

Results indicate that there is a significant difference in prevention knowledge, attitudes and perceived skills among the experimental group before and after the “Be Safe!” training. Moreover, results also indicated that there is a significant difference between control and experimental group children. The difference in the experimental group can be attributed to the delivery of the “Be Safe!” training. This highlights that the “Be Safe!” program produced a positive difference between the experimental group of children and the control group.
5.4. Section Four – Key Findings

The strength of the study lies in its methodology. It contains information concerning master trainers, teachers’ and children’s attitudes, knowledge and skills on violence/maltreatment prevention. Moreover, data were gathered using three different methods: master trainer’s survey, structured diary records, focus group discussion, teacher survey, teacher interviews/observations and experimental method to gather facts from young children.

The survey data was obtained using a sample of 15 master trainers and 27 teachers in Anuradhapura, Sri Lanka. The master trainer focus group discussion and teacher interviews/observations contained in-depth information about attitudes, knowledge and skills of master trainer and teachers in Sri Lanka. Using these multiple data sources and methods a powerful empirical data set was compiled; drawing on these data; issues pertaining to violence and maltreatment of young children were investigated. Recommendations were drawn specifically on creating awareness on violence and maltreatment prevention.

Findings of the study also provided useful insights on preventing violence and maltreatment against young children, in regards to the knowledge, attitudes and skills of teachers and knowledge, attitudes and skills of teacher and master trainers in Sri Lanka.

Key Findings

The data from the study highlights key findings; these include:

8. Master trainers in the pre test possessed a fairly good understanding of children’s rights in respect to prevention of violence and maltreatment on most of the relevant areas.
9. Master trainers increased their level of knowledge, positive attitudes and skills after the “Be Safe!” training on the prevention of violence and maltreatment against children.

10. Teachers involved in the teacher training also possessed a fairly good understanding of knowledge, attitudes and skills regarding children’s rights on being safe from violence and maltreatment.

11. Teachers when provided with “Be Safe!” training have the capacity to positively increase their knowledge and skills as well as the capacity to change their attitudes on the prevention of violence and maltreatment of children.

12. Children in both the experimental and control groups had some pre-existing knowledge on preventing child abuse.

13. Children when provided with “Be Safe!” training have the capacity to amplify their knowledge pertaining to safety and protection.

14. The study offers suggestions to practitioners, educators, and researchers on effective and culturally specific ways to implement “Be Safe!” training in Sri Lanka.

The study on the “Be Safe!” child personal safety program provides a comprehensive overview of the attitudes, knowledge and skills of the master trainer, teacher and child participants before and after participating in the program.

Finally the study offers suggestions to practitioners, educators, and researchers on effective and culturally specific ways to implement “Be Safe!” training in Sri Lanka.

In conclusion, there are significant implications to be drawn from this study on the “Be Safe!” program. For instance, data can be used to obtain insights that are urgently needed to revise the general situation of the school/ preschool sector in Sri Lanka on violence and maltreatment prevention including teacher training and parental awareness. The findings of the study will also be useful in formulating specific questions to be incorporated into path analysis and causal modeling designs, in future studies that use larger samples.
Moreover, the study adds to the prevention/intervention literature targeting school/ preschool teacher training to reduce violence and maltreatment of children. The literature, too, recognizes the importance of interventions designed to increase competencies in young children. The research reveals that it is probably far more effective to focus on increasing children’s competencies than on symptoms reduction or treatment (Peters et al., 2003). The study also highlights the significance of extensive school/ preschool teacher training programs for violence and maltreatment prevention with focus on both universal and selective intervention strategies for violence/ maltreatment at-risk children.
CHAPTER - 6

RECOMMENDATIONS

The following recommendations on the “Be Safe!” program are based on the literature review and the findings of this study. The recommendations are also informed by the expert interviews of heads of academic institutions and personal experiences of the researcher over the past 9 years in the area of child protection.

Based on the results of this study, it is recommended that the Canadian Red Cross and its partner agencies, such as schools and preschools, should consider the recommendations and suggestions detailed below.

In making these recommendations, the researcher is conscious of the diversity in backgrounds and considerable variation in communities served by schools and preschools, in Sri Lanka; as well as differences in the backgrounds of teachers and facilitators of “Be Safe!” The researcher is also conscious of the fact that school and preschool settings vary widely in terms of resources, teacher training, economic and ethnic diversity of the communities served. Therefore, bringing about transformation in child protection awareness is not a simple task. However, the goal is to sustain safe environments for children and thereby promoting holistic child development; this is a challenge that needs to be taken up as a mission in order to ensure the safety and prosperity of children, families and communities.
6.1. Master Trainers

**Recommendation 1:** Revise the master trainers’ training curriculum to be culturally specific to Sri Lanka

1.1 Request an expert in the field of violence prevention/ early childhood education to read the master trainer’s curriculum and edit it as needed to suit the Sri Lankan context

1.2 Update master trainer’s curriculum to be more specific to the Sri Lankan context

**Recommendation 2:** Revise & restructure the master trainer’s training program to incorporate more participatory activities directly related to the “Be Safe!” program.

2.1 Distribute the “Be Safe!” tool kit among the master trainer’s from the first day of the training

2.2 Provide more demonstrations of the “Be Safe!” kit and how it is used during the training

2.3 Incorporate more role-plays into the curriculum to increase opportunities to practice “Be Safe!” program activities

2.4 Allocate more time during the master trainer training for role-plays on handling disclosures of child maltreatment
2.5. Discuss teaching training strategies such as use of brain storming and flip charts that master trainers could use during the teacher training programs to address the issue of disclosures of child abuse by children

2.6. Allocate more time during the training to practice and brainstorm ways that master trainers can provide support (e.g. forming a support circle for teachers) to the teachers they will train

2.7. Include/model an activity oriented session on how to present “Be Safe!” to parents and how to support teachers in reaching parents

2.8. Include a process where master trainers can observe and provide feedback to other master trainers on their practice delivery of “Be Safe!”

2.9. If possible, integrate more alternative presentation styles such as videos into the training

2.10. Maintain a small library at the trainings to help provide more information to master trainers, clarify issues, and improve knowledge

2.11. Display materials such as prevention posters to reinforce key topics during the training

**Recommendation 3: Develop and maintain support systems for master trainers**

3.1. Provide each master trainer with the addresses and contact numbers of the other master trainers who participate and, where permission is granted, the contact information of master trainers previously trained
3.2. Provide national and local contact numbers of community resources during the training (e.g. addresses of the local general practitioner, officer in charge of the women’s and children’s police desks, contact person of the district child protection committee, National Child Protection Authority, Probation Office, emergency contact numbers of the police) during the training.

3.3. Maintain a support system via phone and/or news letters to master trainers.

3.4. Identify ways to motivate/recognition (e.g. provide rewards, recognize their effectiveness) the master trainers who make extra efforts to promote “Be Safe!” in the communities where they work.

3.5. Create awareness among master trainers of ways that they can provide support to each other in their delivery of the “Be Safe!” program: this maybe within the existing institutional networks that they already share (e.g. school system) or across different institutional networks (e.g. schools and non-governmental organizations).

3.6. Provide regular refresher programs for master trainers to discuss and reinforce issues which emerge after the delivery of “Be Safe!” and to ensure master trainers stay updated on the issues of violence prevention.

3.7. Support master trainers in providing the teachers they train with regular updates and refreshers.

3.8. Support master trainers in maintaining mobile libraries/child maltreatment prevention resources to improve the attitudes, knowledge and skills of the teachers they train.

**Recommendation 4:** Develop systems to monitor the ongoing implementation of “Be Safe!”
4.1. Develop a system to monitor activities of the master trainers (e.g. conduct random spot checks, and/ or observations of the master trainer teacher trainings)

4.2. Work with partner agencies to develop systems to track and report on the number of adults and children reached through the “Be Safe!” program

4.3. Evaluate the master trainer curriculum at regular intervals (e.g. every three-five years) and make appropriate revisions as needed

4.4. Carry out a pre and post evaluation of “Be Safe!” in schools once the program is delivered in the national school system

4.5. Perform constant situational analyses and evaluations on the implementation of the program in each district it is delivered: learn from strengths and limitations in each district and provide feedback to the master trainers and teachers about the strengths and limitations in a comprehensible manner

6.2. Teachers

**Recommendation 5: Revise & restructure the teacher training program to incorporate more participatory activities directly related to the “Be Safe!” program**

5.1. Distribute the “Be Safe!” tool kit among the teachers from the start of the training

5.2. Make available a small mobile library/ collection of prevention resources at the teacher trainings for teachers to help clarify issues, and improve knowledge, attitudes and skills

5.3. Display materials such as posters to reinforce teacher attitudes, knowledge, and skills during the training
5.4. Include activities such as demonstrations of how to use “Be Safe!” lesson cards

5.5. Allocate more time during the teacher trainings for role-plays on sensitive issues such as ways to handle disclosures of child maltreatment, include simple interventions that teachers could make after the disclosure, if and when children disclose child abuse (e.g. use brainstorming sessions, flip charts etc.)

5.6. Include an interactive activity to help teachers prepare to deliver awareness presentations to parents

5.7. Include time for teachers to provide one another feedback on their practice presentations of the “Be Safe!” program

5.8. Ensure that teachers are aware of all the supporting activities which are listed in the “Be Safe!” lesson cards

5.9. Develop a refresher program for teachers and pilot it

**Recommendation 6:** Pilot the content, implementation strategy and duration of the revised teacher training program that incorporates more participatory activities

6.1. Obtain feedback of experts in the early childhood education in Sri Lanka/ abroad about the revised teacher training program

6.2. Obtain feedback from master trainers about the revised teacher training program

6.3. Administer the revised teacher training to a sample of teachers and obtain their feedback

**Recommendation 7:** Develop and maintain support systems for teachers
7.1. Support teachers in identifying ways to develop and maintain support systems for the delivery of the “Be Safe!” program

7.2. Provide teachers with contact numbers of other participating teachers, and with permission, the contact information of teachers who have participated in the past

7.3. Provide national and local contact numbers of community resources during the training (e.g. addresses of the local medical officer, officer in charge of women’s and children’s police desks, contact person of the district child protection committee, National Child Protection Authority, Probation Office, emergency contact numbers of the police)

7.4. Maintain a support system via phone, visits and/or newsletter to teachers

7.5. Identify ways to motivate/recognize (e.g. rewards/recognition) the teachers who make an extra effort to promote “Be Safe!” in their communities

7.6. Maintain regular contacts with teachers to discuss issues which emerge as they deliver the “Be Safe!” program in their districts

**Recommendation 8: Support teachers in the effective implementation of the “Be Safe!” program**

8.1. Request the master trainers to instruct the teachers they train to follow all of the instructions given in the “Be Safe!” lesson cards

8.2. Instruct and support teachers to make the delivery and content of the “Be Safe!” training child sensitive and child friendly as outlined in the “Be Safe!” program
8.3. Evaluate the “Be Safe!” tool kit curriculum at regular intervals (e.g. every three-five years) and make appropriate revisions as needed

6.3. Resource & Material Development

**Recommendation 9**: Revise the “Be Safe!” tool kit to be more durable and user friendly

9.1. Make the “Be Safe!” tool kit box more durable and less fragile

9.2. Make “Asha” the elephant puppet mascot design more child friendly

**Recommendation 10**: Reformat some “Be Safe!” learning tools found in the tool kit to be more sustainable

10.1. Identify and develop a way to reformat the existing parent information booklet, “Safe families, safe children”, to be easier to reproduce and disseminate to parents - as an alternative resource a poster is recommended. A poster can be displayed in classrooms during parent-teacher meetings and during other parental gatherings

10.2. Identify a sustainable way of distributing the “Be Safe!” book marks to children

**Recommendation 11**: Develop systems to ensure the sustainability, monitoring and evaluation of the “Be Safe!” program

11.1. Maintain a database of national and international reports and local best practices on preventing child maltreatment
11.2. Develop and maintain a child-friendly website on the “Be Safe!” program and on the website include key messaging for children and educators

11.3. Emphasize more to teachers that corporal punishment is ineffective and is a form of violence against children – support this through increased clarity in the teacher trainings and curriculum, and through informal support to teachers and their institutions

11.5. Integrate “Be Safe!” master trainer and teacher curriculums into university courses and other teacher/ facilitator training institutions. (See Appendix H).
CHAPTER – 7

CONCLUSIONS

7.1 Master Trainers

Pre and post questionnaires given to the master trainers before and after the training revealed that, master trainers had an average difference from pre-test to post test score of -10.1(\(SD =5.4\)) indicating that “Be Safe!” training resulted in creating a difference, \(t (14) = -7.27\), \(p = 0.00\). Hence, knowledge, attitudes and skills of the master trainers on violence prevention has increased due to “Be Safe!” training.

Focused group discussions revealed that, as a whole, master trainers were satisfied with the training they received and it increased their skills, knowledge and attitudes in violence prevention for children. Among the suggestions for improvement were to include more practice sessions to acquire skills use the tool.

Structured diary record methods revealed that the following qualities of the master trainer’s: increased as the training progressed, they are: Master trainer’s knowledge pertaining to violence against children, Master trainer’s motivation to teach other the concepts which they learnt during the training, master trainer’s knowledge about methods of teaching violence prevention, master trainers ability to teach methods of violence prevention. The structured diaries also conveyed that master trainers perceived that contents and skills they learned during the training would help them to teach “Be Safe!” to others. The structured diaries also conveyed that the resources used in the training were effective in helping them to prevent violence against children.

7.2 Teachers

Pre and post questionnaires given to teachers before and after the training revealed that, teachers had an average difference from pre-test to post test score of -7.2(\(SD =5.6\)) indicating that “Be Safe!” training resulted in creating a difference, \(t (26) = -6.62\), \(p =\)
0.00. Hence, knowledge, attitudes and skills of the teachers on violence prevention has increased due to “Be Safe!” training

7.3 Children

*When responses provided by the experimental and control group children to the sticker charts were analyzed, following results were conveyed.*

Children in the experimental group, participated in the “Be Safe!” training had an average difference of best effective practices from pre-test to post test score of \(.795(\text{SD} = 1.128)\) indicating that “Be Safe!” training resulted in creating a difference, \(t (39) = 4.4, p = 0.00\). Children in the control group had an average difference from pre-test to post test score of \(-.105(\text{SD} = 1.290)\) indicating that there was no difference between pre and post conditions, \(t (37) = -0.503, p = 0.618\). Therefore, it could be said that “Be Safe!” has created a difference within the experimental group children.

*When responses provided by the experimental and control group children to the response sheets were analyzed, following results were conveyed.*

Children in the experimental group, who received the “Be Safe!” training had an average difference from pre-test to post test score of \(-.757(\text{SD} = .83)\) indicating that “Be Safe!” training resulted in creating a difference, \(t (36) = -5.545, p = 0.00\).

Children in the control group, who did not receive the “Be Safe!” training had an average difference from pre-test to post test score of \(-.029(\text{SD} = .891)\) indicating that there was no difference between pre and post conditions, \(t (34) = -.190, p = 0.851\).

Hence, it can be said that “Be Safe!” has created a positive difference within the experimental group on violence prevention in comparison to the control group children.

When examining the data obtainers that it could be said, significant differences can be observed in all three sources due to “Be Safe!” training.
REFERENCES


Sarvodaya, 2003 Display Board, Sarvodaya Child Development Centre on 15.12.2003


http://www.unicef.org/media/media_14661.htm


LIST OF APPENDICES

1. Appendix A – Master Trainer Questionnaire (English)
2. Appendix B – Master Trainer Structured Diary Forms (English)
3. Appendix C – Teacher Questionnaire (English Version)
4. Appendix D – Teacher – Observation Criteria
5. Appendix E – Informed Consent Form – Teacher/ Master Trainer
6. Appendix F – Instruction Sheet – Children (English Version)
7. Appendix G – Response Sheet - Children
## APPENDIX A - Master Trainer Questionnaire (English)

<table>
<thead>
<tr>
<th></th>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
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<td>2</td>
<td>3</td>
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<td>2</td>
<td>All children have the right to be safe from all forms of abuse and violence</td>
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<td>2</td>
<td>3</td>
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<td>All forms of abuse and violence against children are preventable</td>
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<td>3</td>
<td>1</td>
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<td>4</td>
<td>Child abuse very often occurs in settings where children should be safe</td>
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<td>All adults have a responsibility to prevent child abuse</td>
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<tr>
<td>6</td>
<td>When children are misbehaving it is okay in some circumstances to hit them</td>
<td>4</td>
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<td>Creating awareness among children and adults about child abuse is an effective way to prevent it</td>
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<td>Child sexual abuse always involves sexual touches</td>
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<td>Girls and boys can both be at risk of child sexual abuse</td>
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<td>1</td>
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<td>Children of all ages can be taught skills to help be safe from child abuse</td>
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<td>1</td>
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<td>Domestic violence creates a harmful impact on every family member who witnesses it</td>
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<td>Using physical force can be an effective way to discipline children</td>
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<td>I think I have adequate knowledge to create awareness in children about preventing child sexual abuse</td>
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<td>2</td>
<td>3</td>
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<td>I think I have adequate skills to create awareness in children about preventing child sexual abuse</td>
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<td>I think I have adequate skills to effectively teach adults on how to help prevent child abuse</td>
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<td>I would be comfortable talking to adults about preventing child sexual abuse</td>
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<td>I would be comfortable talking to children about how to prevent child sexual abuse</td>
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<td>I know what to do and whom to tell, if a child comes to me and discloses an experience of child abuse</td>
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<td>3</td>
<td>1</td>
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<td>I have the skills to effectively handle a disclosure of child abuse</td>
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APPENDIX B - *Master Trainer Structured Diary Forms (English)*

**BE SAFE! TRAINING FOR MASTER TRAINERS**

Respondent’s No: ----------------------------------------- Date: ----------------------

Please record your responses after ‘Be Safe’ training each day. The greatest satisfaction is 1, the least satisfaction is 4. After completing this sheet, please hand this to your program facilitator.

1. My knowledge about preventing violence against children increased today
   1                    2                    3                    4

2. I am motivated to teach others, the concepts I learned today.
   1                    2                    3                    4

3. My knowledge about methods of teaching violence prevention increased today
   1                    2                    3                    4

4. My ability to teach methods for preventing violence increased today
   1                    2                    3                    4

5. The contents and skills I learned today will help me teach “Be Safe!” to others
   1                    2                    3                    4

6. The resources used in the training today were effective in helping me learn more about how to prevent violence against children
   1                    2                    3                    4

7. Additional Comments:

---

3 To be given during the master trainer trainings
APPENDIX C - Teacher Questionnaire (English Version)

PRE/POST EVALUATION – TEACHERS

Respondent’s No: ________________________________ Date: ____________
Male/ Female: __________________________ District: ___________

Please circle the number to indicate your views about the statements given below

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
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<tr>
<td>1</td>
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APPENDIX D – Teacher Observation Criteria

Observing Child Protection Awareness Programs Conducted by Teachers/ Other Resource Persons

Place: ______________            Name of the Facilitator/ Reference No: __________

1. Content – Observe whether the teachers are delivering the information & facts

2. **Style** –
2.1 Use of examples (using examples to make the information real and applicable to the children),

2.2 Use of activities in the cards to convey the information imparted

2.3 Whether the information conveyed is done so in a clear and comprehensible manner to the children

2.4 Child friendly

2.5 Presented in a simple manner

2.6 Confidence of the teacher in imparting the information

2.7. Use of words to convey awareness of child protection such as unsafe touches, child sexual abuse...

3. Use of resources – Whether they are using the tool kit and other resources provided when they are training the children
4. Evaluation - whether they are recording their experiences pertaining to the child protection training

5. Preparation of the teacher/resource person – whether they have the resource materials ready, whether they have prepared the session outline with the time frame

6. Responses of the children –
   6.1 Children’s receptivity to the information
   6.2 Child participation in the activities
   6.3 Whether they ask questions to clarify the process and the information

7. Creativity, innovativeness –
   7.1 Whether they have developed resources on their own to provide the training
   7.2 Whether they have thought of different strategies of their own to provide the information
APPENDIX E - Informed Consent Form – Teacher/ Master Trainer

‘Be Safe!’ Program

Informed Consent Form – Teacher/ Facilitator

Principle Investigator: Buddhiprabha D D Pathirana

Title of the study: Investigate the effectiveness of the child protection awareness program known as ‘Be Safe!’ carried out by the Canadian Red Cross in partnership with Ministry of Education & Sarvodaya.

Introduction: You are being invited to participate in this study to explore the effectiveness of the ‘Be Safe’ program. ‘Be Safe’ is a child protection awareness program developed to create insights in children between the ages, 5 to 9 years. Details of this program are provided in the handout attached.

Purpose: Purpose of the study was to explore the effectiveness of the child protection awareness program known as ‘Be Safe!’ carried out by the Canadian Red Cross in partnership with the Education Ministry, Sarvodaya and other organizations. This study would help the ‘Be Safe!’ program to be more child and culture friendly.

The study would employ several methods to collect data

1. Survey questionnaire given to teacher trainers before and after attending the ‘Be Safe!’ training program
2. Rating scale given to teacher trainers after completing the daily training schedules.
3. Survey questionnaire given to teachers before and after attending a one day ‘Be Safe!’ training program
4. Activities given to children before and after being exposed to ‘Be Safe!’ training program

Procedure: You are being invited to participate in the third section of the study in which data will be collected by using questionnaires and structured activities with the children. We plan to visit your school/ organization and conduct activities with 100 children in your class/ organization as well as your responses to certain behaviors of those children. The children who are between the age group of 5 to 9 years would be selected to participate in this research. Since we would be carrying out activities and games with the children we would be grateful to you if you could obtain the parental approval in order to do so. Herewith I am attaching a handout giving details of the study. Please be kind enough
to inform all the parents about this study and find out whether they do or
do not wish their child to be involved.

In addition, you are requested to fill the survey questionnaires and help
the research team to inform the children who will be participating in the
research about the relevant activities. The research team will be meeting
you twice. Also, we would discuss with you and plan out structured
activities that we would be doing with the children.

**Duration:** A research team would be coming to your pre school/
organization for 3 to 4 days in April and 3 to 4 days in May, 2007. The
research team would take all efforts not to interrupt the usual activities,
which you carry out with the children. However, data will be collected from
the children in the form of games, which would take about 20 to 40
minutes out of child’s time. The games/ activities would be carried out
with a group of 15 children at a time. The team would be grateful if you
could introduce the team to the children.

**Possible benefits:** After the study, Canadian Red Cross will be providing
you a tool kit and a training to promote child protection.

**Voluntary Participation:** The purpose, demands and benefits of the study
have been explained to me. I understand what my participation involves.
Moreover, I understand that I am free to ask questions and clarify any
doubts that I have pertaining to this study. I will inform the parents of the
children who will participate in this study if and when necessary. I have
read, or have read to me, and fully understand this consent form. I sign it
freely and voluntarily. A signed copy will be given to me upon request.

_________________________________________/___________________
Signature of teacher/ facilitator                                    Date

__________________________________
Signature of investigator

__________________________________
Witness
APPENDIX F - Instruction Sheet – Children (English Version)

Pre & Post Activities for the children

Phase I – Responses to the sentences

Materials Required

1. Pencil
2. Paper I – helping the children to find their way home
3. Stickers
4. Response sheet

Procedure

1. Make someone known to children in Sarvodaya introduce the researchers to the children.

2. Conduct a self introduction/s
   Sample self introduction – “How are you all. My name is Budhiprabha. You may call me Aunt prabha. And this is ------ (Introduce the other researcher) We know many children like you. We have played different games and done activities with them.

3. Rapport formation game
   “We are going to do several games/ activities with you today. Shall we do the first activity? Now please raise one hand. Okay, then draw a very big circle in the air with your hand. Okay, now raise your other hand and draw a square. Now raise both the hands. While drawing a circle with one hand draw a circle with the other hand.”

4. Orienting the children to the quiet activity
   “Now we are going to a different activity. We will be giving you a paper and a pencil. All you have to do is trace the path to help these children Mala and Raja find their way home. Would you like to do that?

5. Sample evaluation activity
   “Next, we are going to do another simple game/activity to know what you think about certain things about certain sentences. First I will be reading a short sentence. All you have to do is listen to that sentence carefully decide whether you think that sentence right, or whether you are not sure about that sentence or whether that sentence is wrong. After you though carefully about the sentence and know for sure whether you think that sentence is right, not sure or wrong, take a sticker and paste it below the
appropriate box. For example if you think that sentence is right paste it below the box of the right mark. If you think you are not sure about the sentence, place your sticker below the box with the question mark. If you think the sentence that I have read is wrong, paste your sticker below the box marked wrong.”

“Now I am reading a sentence for us know more about this.”

“I have seen birds”

Now, I have seen birds, therefore I am putting my sticker below the box which is marked right (demonstrate). Okay let’s see what you think about this sentence.

6. Ask Questions
After making sure that the children understood the process, read the other sentences.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>My body belongs to me</td>
</tr>
<tr>
<td>2</td>
<td>No one, not even people I know very well should touch me in unsafe ways</td>
</tr>
<tr>
<td>3</td>
<td>Watching other people be hurt is unsafe for children</td>
</tr>
<tr>
<td>4</td>
<td>When someone I care about hugs me it is a safe touch</td>
</tr>
<tr>
<td>5</td>
<td>I deserve to be safe and happy</td>
</tr>
</tbody>
</table>
APPENDIX G – Activities for Children

Phase II
Pre & Post Activities for the children

Materials Required

1. Pencil
2. Three situational picture cards – Raja, Mala, Raja & Mala
3. Pictorial response sheets

Situation I – Raja

“Okay did you all enjoy that activity?” Now I am going to show you a picture and tell a story. This is Raja, sometimes Raja’s aunt tries to touch him in unsafe ways. Raja does not like it. Next, I am going to show you three pictures. These pictures show some of the things that Raja might do or feel, when his aunt tries to touch him in unsafe ways”

1. Look confused or unhappy
2. Run away from the aunt, whenever she comes to Raja’s house
3. Go with the aunt to see the new toy that she said she has brought for Raja

Now, if you ever get a chance to meet Raja, what would you tell him to do out of these three things?

1. Look confused or unhappy
2. Run away from the aunt, whenever she comes to Raja’s house
3. Go with the aunt to see the new toy that she said she has brought for Raja

All you have to do is to circle with the pencils given to you, what you would tell Raja to do, out of these three options in the picture papers given to you.

If you have any questions please feel free to ask us
Situation II – Mala
Next, I am going to show you another picture. This is Raja’s sister, Mala. One day when Mala was coming home from school, she met their neighbor Karu. Now Mala knows that Karu is not a good person and that he hits and hurts small children before without any reason. In this particular day, Karu asked Mala to go with him and eat an ice cream in the nearby boutique.

Again, these smaller pictures show some of the things that Mala might do

1. Say “No” to Karu firmly
2. Go with Karu to eat an ice cream
3. Mala does not know what to do and is unhappy and confused

If you ever get a chance to meet Mala, what would you tell her to do, out of these three things

1. Say “No” to Karu firmly
2. Go with Karu to eat an ice cream
3. Mala does not know what to do and is unhappy and confused

Again, all you have to do is to circle with the pencils the action that you will be telling Mala to do in the pictures provided to you

Situation III – Raja & Mala
This is Raja and Mala again. Because of what to them, that aunt tried to touch Raja in an unsafe way and what happened with Karu, but Raja and Mala are unhappy.

These smaller picture show some of the things that Raja and Mala would do

1. Go and tell their parent about these incidents
2. Go and tell their teacher
3. Cry or be angry

If you ever get a chance to meet Raja & Mala, what would you tell them to do, out of these three things

1. Go and tell their parent about these incidents
2. Go and tell their teacher
3. Cry or be angry

Again, all you have to do is to circle with the pencils the action that you will be telling Raja & Mala to do in the pictures provided to you
APPENDIX H

Recommendations & Suggestion for Sustainability – Academic Institutions that “Be Safe!” Child Protection Program could be Integrated

1. Open University of Sri Lanka:
   1.1. Department of Early Childhood Education:
       Certificate in Preschool Education
       Advanced Certificate in Preschool Education,

   1.2. Department of Education
       Post Graduate Diploma in Education
       Masters in Education

2. University of Colombo – Faculty of Education
   Post Graduate Diploma in counseling
   Bachelor of Education,
   Post Graduate Diploma in Education – Sinhala and English mediums

3. University of Peradeniya: Department of Education, Post Graduate Diploma in Education, Department of Philosophy & Psychology – Developmental Psychology (three semesters), Department of Sociology

4. Women’s & Children’s Desks in Police Stations

5. Non-governmental & private preschool teacher training courses