

Pre- and Post-Intervention Child led Intervention Assessment of Socialization, Knowledge and Attitude Regarding Child Abuse Prevention among Adolescents

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Abstract

Introduction: Child abuse has long-term psychological, social, and behavioural repercussions for teenagers, making it a serious public health and human rights issue. Strengthening adolescents' socialization, knowledge, and attitudes is essential for effective prevention, yet conventional adult-led approaches often limit active participation. Child-led interventions highlighted the peer engagement and participatory learning, which may enhance preventive outcomes. The present study aimed to evaluate the effectiveness of a child-led intervention on socialization, knowledge, and attitude regarding prevention of child abuse among adolescents. **Methods:** A quantitative quasi-experimental time-series design was adopted with study and control groups. A total of 54 adolescents were selected using simple random sampling and allocated equally to the study group (n=27) and control group (n=27). The study group received a structured child-led intervention consisting of an information booklet, storytelling, and video-based peer learning, while the control group continued routine school activities. Data were collected using structured tools to assess socialization, knowledge, and attitude during pre-test and post-test phases. Descriptive and inferential statistics were used for analysis. **Results:** Post-test findings revealed greater improvement in socialization scores in the study group compared to the control group, with a higher difference in mean percentage and more consistent outcomes. Knowledge about prevention of child abuse improved in the study group, whereas a decline was observed in the control group. Attitudinal assessment demonstrated a shift from negative toward neutral attitudes in the study group, indicating initiation of favourable change following the intervention. **Conclusion:** The child-led intervention was effective in improving adolescents' socialization and knowledge and initiating positive attitudinal change regarding prevention of child abuse. Child-centred, participatory approaches should be incorporated into school-based prevention programs to strengthen adolescent protective competencies.

Keywords: Child-led intervention, Adolescents, Child abuse prevention, Socialization, Knowledge and attitude

Introduction - Child abuse remains a critical public health and human rights concern worldwide which includes physical, emotional, sexual abuse and neglect. Exposure to abuse during childhood and adolescence is associated with long-term psychological, social, and

behavioural consequences, including poor mental health, impaired social relationships, and reduced educational outcomes (1). Adolescents are particularly vulnerable due to rapid physical, emotional, and social transitions, coupled with increased exposure to peer influence and reduced supervision. Despite legal frameworks and child protection policies, abuse often remains underreported because of inadequate knowledge, negative attitudes, fear, and lack of supportive social environments. Prevention of child abuse requires strengthening adolescents' knowledge, attitudes, and socialization skills to enable recognition of abusive situations and appropriate help-seeking behaviour. Socialization plays a vital role in developing communication skills, assertiveness, peer support, and decision-making capacity, all of which are essential for effective abuse prevention. However, traditional adult-centric educational approaches often limit adolescents' active participation, reducing the relevance and sustainability of preventive interventions (2).

In recent years, child-led and participatory approaches have gained increasing attention within child rights and public health literature. The United Nations Convention on the Rights of the Child emphasizes children's right to participation in matters affecting their lives, recognizing them as competent social actors rather than passive recipients of protection (3,4). Evidence suggests that child-led interventions enhance engagement, ownership, and peer learning, leading to more meaningful and sustained behavioural change (5). Such approaches shift power dynamics, promote confidence, and create supportive peer environments that are particularly effective during adolescence. Despite growing advocacy for child-led participation, empirical evidence evaluating its effectiveness in improving socialization, knowledge, and attitudes associated to prevention of child abuse remains limited, especially in school settings. Therefore, the present study aimed to assess the effectiveness of a structured child-led intervention on socialization, knowledge, and attitude regarding prevention of child abuse among adolescents, addressing a critical gap in adolescent-focused preventive research.

Materials and Methods

Study Design and Setting

A quantitative quasi-experimental time series research design with study and control groups was adopted to evaluate the effectiveness of a child-led intervention on socialization, knowledge, and attitude regarding prevention of child abuse among adolescents. The study was conducted in selected schools of Moradabad district, Uttar Pradesh. Adolescents aged 10–19 years studying in these schools constituted the study population. The school setting provided a structured and natural environment for peer interaction, making it suitable for implementing and assessing a child-led intervention. Data collection was carried out through pre-test, post-test I, and post-test II assessments to evaluate both immediate and sustained effects of the intervention (6–8).

Sample and Intervention

A total of 54 adolescents were selected using a simple random sampling technique and were divided equally into study (n=27) and control (n=27) groups. Adolescents who were willing

to participate and able to understand Hindi or English were included, while those absent during data collection or previously exposed to similar programmes were excluded. The study group received a structured child-led intervention comprising distribution of an information booklet, storytelling sessions, and video-based teaching related to prevention of child abuse. The intervention emphasized peer participation and interactive learning, followed by reinforcement sessions to strengthen retention. The control group continued with routine school activities without any intervention during the study period.

Data Collection Tools and Ethical Considerations

An observational checklist to measure socialization, a five-point Likert attitude scale, a self-structured knowledge questionnaire, and a structured demographic proforma were used to gather data. Prior to the intervention, pre-tests were administered to both groups. The same instruments were then used for post-tests I and II. To analyse the data, descriptive and inferential statistics were employed. Permission was obtained from officials, and the Institutional Ethics Committee provided ethical approval. All participants gave their informed consent, confidentiality was upheld, and ethical guidelines were closely followed during the entire study.

Result

Our study included 54 adolescents who constituted the raw data for analysis. Most participants belonged to the 10–14 years age group (81.5%), indicating predominance of early adolescence, while 18.5% were aged 15–19 years. Female adolescents constituted 59.3% of the sample, whereas 40.7% were males (Figure 1).

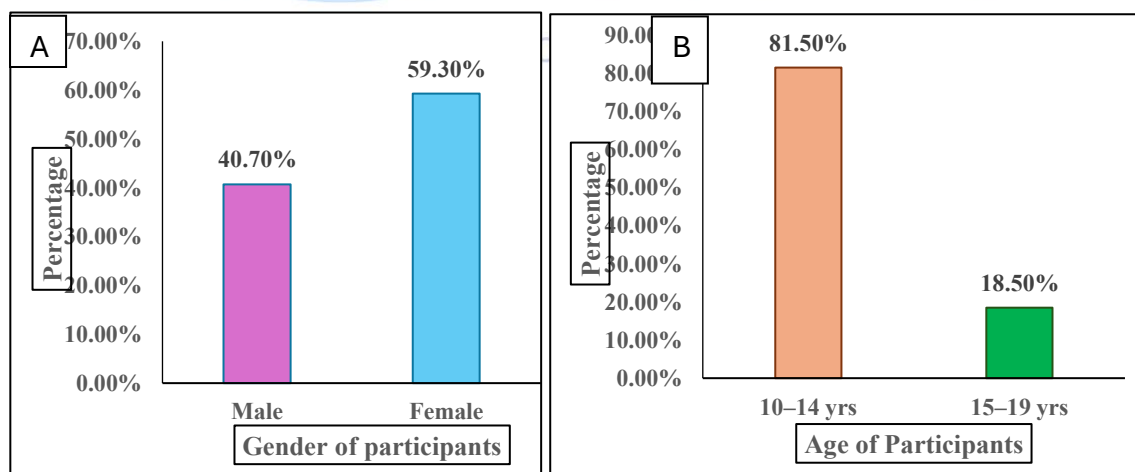


Figure.1. Demographic distribution of the study participants. (A) Gender-wise distribution showing a higher proportion of female adolescents (59.3%) compared to males (40.7%); (B) Age-wise distribution indicating that most participants belonged to the 10–14 years age group (81.5%), while 18.5% were aged 15–19 years.

Our study assessed the pre and post levels of socialization and studied the effect of the child-led intervention (**Table 1**). During the pre-test, the study set showed relatively better socialization, with 51.85% of adolescents demonstrating adequate levels, whereas only 11.11% in the control group had adequate socialization. Following the intervention, improvement in socialization was detected in the study group, with a higher proportion of adolescents shifting toward adequate and neutral levels. In contrast, the control group showed minimal change, with the majority (62.96%) continuing to exhibit inadequate socialization in the post-test. The comparative findings indicate that adolescents exposed to the child-led intervention demonstrated better improvement in social interaction and social behaviour than those in the control group.

Table.1. Comparison of pre and post levels of socialization among the study and control groups.

Level of Socialization	Pre-test				Post-test			
	Study Group (n=27)	Study Group (%)	Control Group (n=27)	Control Group (%)	Study Group (n=27)	Study Group (%)	Control Group (n=27)	Control Group (%)
Inadequate socialization	1	3.7	4	14.81	10	37.0	17	62.96
Neutral socialization	12	44.44	10	37.0	8	29.63	8	29.63
Adequate socialization	14	51.85	3	11.11	9	33.33	2	7.40

We also evaluated knowledge among adolescents regarding prevention of child abuse in the study and control groups during pre and post test phases. During pre-test, only 3.7% (n=1) of adolescents in the study group had adequate knowledge, while none in the control group verified adequate knowledge. Moderately adequate knowledge was seen in 37.0% (n=10) of the study group and 55.55% (n=15) of the control group, whereas inadequate knowledge was present in 59.25% (n=16) and 44.44% (n=12), respectively. In the post-test, the study group showed improvement, with 7.40% (n=2) attaining adequate knowledge and 74.07% (n=20) demonstrating moderately adequate knowledge, while inadequate knowledge reduced to 18.51% (n=5). In contrast, the control group showed minimal change, with 0% attaining adequate knowledge, 44.44% (n=12) remaining moderately adequate, and 55.55% (n=15) continuing to have inadequate knowledge (**Table.2**). The findings showed improvement in knowledge levels in the study group compared with control group following the intervention.

Table.2. Comparison of pre-test and post-test levels of knowledge among the study and control groups

Level of Knowledge	Pre-test				Post-test			
	Study Group (n=27)	Study Group (%)	Control Group (n=27)	Control Group (%)	Study Group (n=27)	Study Group (%)	Control Group (n=27)	Control Group (%)
Adequate knowledge	1	3.7	0	0	2	7.40	0	0
Moderately adequate knowledge	10	37.0	15	55.55	20	74.07	12	44.44
Inadequate knowledge	16	59.25	12	44.44	5	18.51	15	55.55

Our study also showed attitudes of adolescents toward prevention of child abuse in the study and control groups during pre and post phases. At baseline, negative attitude predominated in the study group (66.66%, n=18) and control group (59.25%, n=16), with smaller proportions showing neutral or positive attitudes (**Table.3**). In the post-test, the study group showed a reduction in negative attitude to 59.25% (n=16) and an increase in neutral attitude to 33.33% (n=9), while positive attitude remained at 7.40% (n=2). In the control group, negative attitude decreased to 37.03% (n=10), whereas neutral attitude increased to 59.25% (n=16), with positive attitude remaining low (3.70%, n=1). Our findings showed shift from negative toward neutral attitudes in both groups, with positive attitudes remaining limited following the intervention period.

Table.3. Comparison of pre and post levels of attitude among the study and control groups

Level of Attitude	Pre-test				Post-test			
	Study Group (n=27)	Study Group (%)	Control Group (n=27)	Control Group (%)	Study Group (n=27)	Study Group (%)	Control Group (n=27)	Control Group (%)
Negative attitude	18	66.66	16	59.25	16	59.25	10	37.03
Neutral attitude	5	18.51	9	33.33	9	33.33	16	59.25
Positive attitude	4	14.81	2	7.40	2	7.40	1	3.70

We also compare the mean $\pm$ SD comparison showed improvement in socialization scores following the child-led intervention. We found that study group showed the pre-test mean socialization score of 2.48 ± 0.58 which decreased to 1.94 ± 0.85 in the post-test, with a mean percentage difference of 17.28%. Whereas a very small change found in the control group with mean scores decreasing from 1.94 ± 0.66 to 1.44 ± 0.90 and a mean percentage difference of 16.60%. Higher post-test variability in the control group indicated inconsistent improvement. Overall, the study group demonstrated better and more consistent improvement in socialization following the intervention (**Table 4**).

Table.4. Comparison of pre and post test mean, standard deviation, and mean percentage scores of socialization among study and control groups

Group	Pre-test			Post-test			Difference in mean percentage
	Mean	SD	Mean %	Mean	SD	Mean %	
Study group	2.48	0.58	82.72	1.94	0.85	65.43	17.28
Control group	1.94	0.66	65.43	1.44	0.90	48.15	16.6

The study group showed improvement in mean knowledge scores after the intervention. The pre-test means knowledge score increased from 16.1 ± 5.49 to 17.1 ± 5.10 in the post-test, with a positive mean percentage difference of 2.56%. In contrast, the control group showed a decline, with mean scores decreasing from 15.9 ± 4.69 to 13.0 ± 3.73 and a negative mean percentage difference of -7.43%. This decline reflects the absence of structured educational input in the control group. The comparison confirmed the effectiveness of the child-led intervention which showed improvement in knowledge regarding prevention of child abuse (**Table 5**).

Table.5. Comparison of pre-test and post-test mean, standard deviation, and mean percentage scores of knowledge among study and control groups

Group	Pre-test			Post-test			Difference in Mean %
	Mean	SD	Mean %	Mean	SD	Mean %	
Study Group	16.1	5.49	41.28	17.1	5.10	43.84	2.56
Control Group	15.9	4.69	40.76	13.0	3.73	33.33	-7.43

A favourable change in attitude scores was observed following the child-led intervention. In the study group, the pre-test means attitude score decreased from 29.0 ± 14.6 to 25.0 ± 9.78 in the post-test, with a mean percentage difference of 5.33%. The control group showed a smaller change, with mean scores decreasing from 27.6 ± 11.27 to 23.8 ± 8.08 and a mean percentage difference of 5.07%. Reduced post-test variability in the study group

indicated more consistent attitude change. Overall, the findings suggest that the child-led intervention contributed to a more uniform and favorable shift in attitudes toward child abuse prevention (**Table 6**).

Table.6. Comparison of pre-test and post-test mean, standard deviation, and mean percentage scores of knowledge among study and control groups

Group	Pre-test			Post-test			Difference in Mean %
	Mean	SD	Mean %	Mean	SD	Mean %	
Study Group	29.0	14.6	38.66	25.0	9.78	33.33	5.33
Control Group	27.6	11.27	36.80	23.8	8.08	31.73	5.07

Discussions

The present study demonstrated that the child-led intervention had a positive influence on adolescents' socialization, as reflected by greater improvement in mean socialization scores in the study group compared to the control group. The higher difference in mean percentage and more consistent post-test scores observed in the study group suggest that peer-led engagement enhanced social interaction and cooperative behaviour. These findings are in agreement with studies highlighting that child-led and participatory approaches foster communication, peer bonding, and social competence among adolescents by encouraging shared responsibility and mutual learning (9,10). In contrast, the control group showed greater variability and lesser improvement, indicating that routine school activities alone may not sufficiently strengthen adolescents' socialization skills. This supports existing evidence that interactive, participatory environments are more effective than passive approaches in promoting social development (5).

About knowledge related to prevention of child abuse, the findings of the present study revealed a clear improvement in the study group following the child-led intervention, whereas the control group showed a decline in post-test knowledge scores. This improvement is consistent with earlier studies reporting that structured, child-centered educational interventions significantly enhance adolescents' awareness and understanding of child protection issues (1,11). The decline in knowledge observed in the control group further emphasizes the need for reinforcement and active learning strategies, as lack of structured input may lead to poor retention over time. Similar observations have been reported in intervention studies where absence of targeted education resulted in stagnation or reduction in knowledge levels (12). Thus, the present findings reinforce the importance of child-led educational strategies in sustaining and improving knowledge outcomes.

The findings of the present study indicated that the child-led intervention had a positive effect on adolescents' socialization, as evidenced by greater improvement in mean

socialization scores in the study group compared to the control group. Many studies had showed that child-led participation enhances social competence, communication skills, and peer engagement by shifting power from adults to children and adolescents (5,15). The greater variability and comparatively weaker improvement in the control group further suggest that routine school activities alone may be insufficient to foster consistent social development, supporting earlier findings that interactive and child-centred approaches are more effective than adult-dominated methods (3). With respect to knowledge regarding prevention of child abuse, the present study demonstrated a clear improvement in the study group following the child-led intervention, whereas the control group showed a decline in post-test knowledge scores. Our finding aligns with previous studies which showed that participatory and child-led educational interventions are effective in improving awareness and understanding of sensitive issues such as child abuse and protection (1). The improvement in the study group may be explained by active involvement, peer discussion, and contextual learning, which enhance comprehension and retention. In contrast, the decline observed in the control group highlighted the absence of reinforcement and structured input, echoing findings from earlier studies that passive exposure without engagement fails to sustain knowledge gains over time (16).

In terms of attitude, the study demonstrated a shift from negative toward neutral attitudes in the study group following the intervention, with a greater reduction in variability compared to the control group. Although positive attitude levels remained low, the observed trend aligns with literature suggesting that attitudinal change is gradual and often requires repeated exposure and sustained engagement (13,14). Child-led interventions may facilitate reflection, discussion, and peer influence, which are essential mechanisms for modifying deeply ingrained beliefs related to abuse and disclosure. Similar findings have been reported in school-based child participation initiatives, where improvements were more evident in attitude consistency rather than immediate positivity (9). Our present study supported existing evidence that child-led interventions are effective in improving socialization and knowledge and in initiating favourable attitudinal change among adolescents regarding prevention of child abuse. Gradual shift of attitude in our study is consistent with many studies which suggest that attitudinal change related to child abuse prevention is slow and often requires sustained, repeated exposure (17,18).

Child-led approaches facilitate reflection, dialogue, and peer influence, which are critical mechanisms for initiating attitudinal change. Similar findings have been reported in child-led participation and research studies, where improvements were more evident in reducing negativity and increasing neutrality rather than producing immediate positive attitudes (3,15). Our findings support existing evidence that child-led interventions are effective in improving socialization and knowledge and in initiating favourable attitudinal change among adolescents. Another study by Sonbol et al. (2011) reported that professionals who received structured education were significantly more likely to recognize and report abuse, whereas lack of training contributed to uncertainty and inaction. Our findings is quite similar to this study as we also suggest that introducing prevention education at the school level may help bridge similar gaps early(19). The attitudinal shift observed in our study is

particularly relevant when considered alongside research on child abuse myths and belief systems. Studies have shown that misconceptions and myths related to child sexual abuse, such as minimizing harm, blaming victims, or stereotyping perpetrators, remain prevalent across communities and can negatively influence disclosure, peer response, and help-seeking behaviours (20).

Conclusion

The present study concludes that the child-led intervention was effective in improving adolescents' socialization and knowledge regarding prevention of child abuse, with comparatively better and more consistent outcomes in the study group than the control group. The participatory and peer-led nature of the intervention facilitated active engagement, enhanced social interaction, and supported knowledge retention. Although attitudinal change was modest, a favourable shift from negative toward neutral attitudes was observed, indicating initiation of positive change. Overall, child-led approaches represent a promising, adolescent-centred strategy for strengthening preventive competencies against child abuse in school settings.

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References

1. Babatsikos G. Parents' Knowledge, Attitudes and Practices about Preventing Child Sexual Abuse: A Literature Review. *Child Abus Rev* Vol. 2010;19(August 2009):107–29.
2. Lansdown G. 25 Years of UNCRC: Lessons Learned in Children's Participation. *Can J Child Rights / Rev Can des droits des enfants*. 2014;1(1):172–90.
3. Cuevas-Parra P, Tisdall EKM. Child-led research: Questioning knowledge. *Soc Sci*. 2019;8(2):1–15.
4. United Nations AG. Convention on the Rights of the Child, UN document A/RES/44/25. United Nations [Internet]. 1989;29(1):38–48. Available from: <https://www.unicef.org/child-rights-convention/convention-text>
5. Mateos-blanco T, Sánchez-lissen E, Gil-jaurena I, Romero-pérez C. Child-Led Participation: A Scoping Review of Empirical Studies. *Soc Incl*. 2022;10(2):32–42.
6. Kerlinger FN, Lee HB. *Foundations of Behavioral Research* 4th Edition. J Soc Dev. 2000;13(2):131–44.
7. CR Kothari. *Research Methodology* [Internet]. 2nd ed. NEW AGE INTERNATIONAL (P) LIMITED, PUBLISHERS; 2004 [cited 2026 Jan 6]. Available from: https://www.academia.edu/34093215/Research_Methodology_C_R_Kothari
8. Quasi-experimentation : design & analysis issues for field settings : Cook, Thomas D : Free Download, Borrow, and Streaming : Internet Archive [Internet]. [cited 2026 Jan 7]. Available from: <https://archive.org/details/quasiexperimenta00cook>
9. Nhenga T, Lokot M, Eldred E, Turner E, Nyakuwa R, Theresa A, et al. P rimary school children ' s experiences of school-based violence and perceptions of child-led child protection committees in Zimbabwe *African Social Science and Humanities Journal (ASSHJ)*. 2025;1309:193–206.
10. Slovak P, Ford BQ, Widen S, Roquet CD, Theofanopoulou N, Gross JJ, et al. An in situ, child-led intervention to promote emotion regulation competence in middle childhood: Protocol for an exploratory randomized controlled trial. *JMIR Res Protoc*. 2021;10(11).
11. Malmberg-Heimonen I, Finne J, Tøge AG, Pontoppidan M, Dion J, Tømmerås T, et al. Interventions to Reduce Child Maltreatment: A Systematic Review with a Narrative Synthesis. *Int J Child Maltreatment Res Policy Pract* [Internet]. 2024;7(4):459–75. Available from: <https://doi.org/10.1007/s42448-024-00196-x>
12. Pajer KA, Gardner W, Lourie A, Chang CN, Wang W, Currie L. Physical child abuse potential in adolescent girls: Associations with psychopathology, maltreatment, and attitudes toward child-bearing. *Can J Psychiatry*. 2014;59(2):98–106.

13. Azzopardi C, Eirich R, Rash CL, MacDonald S, Madigan S. A meta-analysis of the prevalence of child sexual abuse disclosure in forensic settings. *Child Abus Negl.* 2019;93(July):291–304.
14. Stoltenborgh M, van IJzendoorn MH, Euser EM, Bakermans-Kranenburg MJ. A global perspective on child sexual abuse: Meta-analysis of prevalence around the world. *Child Maltreat.* 2011;16(2):79–101.
15. Hughston L. Shifting power in evaluation: Lessons from child-led evaluations. *African Eval J.* 2023;11(1):1–9.
16. WHO. World Health Organization. 2025 [cited 2025 Dec 23]. Child maltreatment. Available from: <https://www.who.int/news-room/fact-sheets/detail/child-maltreatment>
17. Wolak J, Finkelhor D, Mitchell KJ, Ybarra ML. Online “Predators” and Their Victims: Myths, Realities, and Implications for Prevention and Treatment. *Am Psychol.* 2008;63(2):111–28.
18. Mathews B, Pacella R, Scott JG, Finkelhor D, Meinck F, Higgins DJ, et al. The prevalence of child maltreatment in Australia: findings from a national survey. *Med J Aust.* 2023;218(S6):S13–8.
19. Sonbol HN, Abu-Ghazaleh S, Rajab LD, Baqain ZH, Saman R, Al-Bitar ZB. Knowledge, educational experiences and attitudes towards child abuse amongst Jordanian dentists. *Eur J Dent Educ.* 2012;16(1).
20. Cromer LD, Goldsmith RE. Socio-cultural issues and child sexual abuse: Child sexual abuse myths: Attitudes, beliefs, and individual differences. *J Child Sex Abus.* 2010;19(6):618–47.