The effectiveness of Animation-Cognitive Behavior Therapy (A-CBT) on Self-efficacy to Prevent Sexual Abuse among Children in Primary School of Surabaya City

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\textbf{Abstract.} The moral crisis is dangerous and threatening children in Indonesia. One of the biggest threats is sexual abuse. Children are vulnerable to becoming victims of sexual abuse because they cannot take care of themselves; children's ability to prevent sexual abuse can be done if the child has high self-efficacy. The purpose of this study was to examine cognitive behavioral therapy (A-CBT) on preventing sexual abuse among children. Method: A Quasi-experimental, pre-test, and post-test with control group design was applied in this study. Seventy samples were recruited by using simple random sampling and divided into experimental groups and control. The results showed that A-CBT has a positive effect on self-efficacy ($p = 0.000$). Further study needed to conduct the A-CBT for families, schools, and communities setting to ensure the effectiveness of this intervention.

\textbf{Keyword:} animation-cognitive behavior therapy, self-efficacy, sexual abuse

\section*{INTRODUCTION}
Children are vulnerable to being victims of sexual abuse because they are innocent and trustworthy towards adults. Besides, their dependence is high, while their ability to protect themselves is limited, children cannot maintain themselves (1). This condition becomes very worrying. After all, it risks happening to all children. Anyone can be a perpetrator and can occur anywhere around us. Victims of child sexual abuse can come from various socioeconomic levels and ages, both men and women (2).
CSA (Child Sexual Abuse) data in Southeast Asia varies greatly, with 40 cases of child abuse in 14 countries in the region concluding that around 10% of boys and 15% of girls have experienced at least one form of sexual abuse (3). Indonesia according to the KPAI in 2010-2014 registered 21,869,797 cases of child abuse and half of them were sexual abuse (3). There were 1,032 cases of child abuse consisting of: physical violence 290 cases (28%), psychic violence 207 (20%), sexual abuse 535 cases (52%). KPAI states that reports of child abuse are dominated by sexual crimes from 2010-2014, ranging from 42-62% (4). The results of a preliminary study of research at the East Java Regional Police in Surabaya reported cases of sexual abuse from 2015-2018. There were 576 cases of rape, sexual abuse, and sodomy in children aged 5-18 years. The researcher took the cases at elementary school X and elementary school Y by random sampling because School X and School Y were in the east Surabaya area. The results of a research interview on April 20th, 2019, at school principal X and Y school that at this school, there has not been any intervention regarding sexual abuse.

Sexual abuse involves children's involvement in sexual activity, but the child does not understand what is happening (5). Sexual activity is like touching the sensual part, showing pornographic videos, until sexual intercourse (rape), and showing genitals (6). Sexual abuse in the form of sexual violence against children and adolescents can cause physical and psychological vulnerability in children (7). An abused child cannot react or oppose the authority committed by the offender, and although he disagrees, he feels he cannot prevent this occurrence, in the face of threats, children often keep the facts that they have been abused (7).

Self-efficacy in children to prevent sexual abuse can be done if children have self-efficacy (8). Self-efficacy according to Bandura (1997) is an individual measurement of their ability to complete specific tasks, self-efficacy affects the way of life of individuals in everyday life, overcoming relationships with each other, determining efforts to protect themselves from risky conditions (8).

Therefore to prevent the occurrence of sexual abuse in children, CBT is necessary to prevent sexual abuse in children is CBT. This therapy is an effective therapy to prevent sexual abuse in children, including post-traumatic stress, anxiety, avoidance, depressive symptoms, cognitive distortions associated with violence, and sexually inappropriate behavior (9). CBT is a form of therapy designed to prevent/treat victims of sexual abuse. CBT is a psychoeducation-based therapy for the prevention and handling of sexual abuse in children, and this therapy meets the criteria for empirically supported care. CBT contains the following components: psycho-education and relaxation strategies, affective expression and emotional regulation, overcoming cognitive problems, and processing emotions related to abuse of experience, increasing personal safety (10). A new strategy is needed in providing CBT therapy to be readily accepted, one of which is the media animation movie (11). The animation is a process of recording and playing back a series of static images to get an illusion of movement (12). The advantages of animation as an audio-visual media is that it includes all the five senses, is easy to understand, more interesting because there are moving sounds and images, and presentation can be controlled and can be repeated, heard and seen (13).

Animation Cognitive Behavior therapy (ACB) Therapy is a psychoeducation-based therapy using 2D animated media that is given to children in efforts to prevent sexual abuse. Therefore, the ACB therapy can affect children's knowledge, self-efficacy, and influence self-protective behavior among children. Besides, the ACB therapy also is equipped with the knowledge and skills against unwanted touches or what steps children must take when sexual abuse occurs. Cognitive approach methods are packaged in the form of interesting education such as animation.
OBJECTIVE
This study aims to examine the effectiveness of A-CBT on increasing self-efficacy for the prevention of sexual abuse in elementary school children.

METHOD
The research design was a quasi-experiment, pre-test, and post-test with an equivalent control group design. Seventy samples were selected and divided into two groups, such as 35 samples in the experimental group and 35 samples for the control group. The inclusion criteria including 1) fourth-grade elementary school children, 2) Children aged 10-11 years 3) children who get permission from their parents to become respondents. Exclusion criteria are 1) Students who do not follow the program from beginning to end, 2) The child is not cooperative, 3) The child is not attending were excluded in this study.

The A-CBT consisted of the five sessions, each session conducted for 45-60 minutes, session I: Identify negative feelings, thoughts and automatic experiences in a child's perspective on sexual abuse, session 2: Reviewing automatic thoughts related to oneself, inviting children to recognize who they are explaining the child's gender, explaining to children in understanding their child's personal space (which should not be touched by others), session 3: Develop a definite behavior plan to change negative behavior, session 4: Increasing confidence in efforts to prevent sexual abuse behavior in children, in this session children were taught to play roles in sexual abuse prevention efforts, session 5: Self-reflection (validation of cognitive and behavioral therapy). The self-efficacy variable was measured by a self-efficacy questionnaire consisting of 29 questions and had an R-value of 0.939. The self-efficacy questionnaire in this study is the development of a self-efficacy questionnaire by Bandura and has passed the content stage of validity testing (14).

RESULTS

Characteristic of respondents
Table 1. Shows that the characteristics of respondents based on sex, age, family type, sexual abuse information, sexual abuse information media, the person closest to the respondent, respondents who watched pornographic videos, and respondents whose body parts on May - June 2019

<table>
<thead>
<tr>
<th>Characteristics Respondents</th>
<th>Intervention group</th>
<th>Control group</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>%</td>
<td>n</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Man</td>
<td>14</td>
<td>18</td>
</tr>
<tr>
<td>Women</td>
<td>21</td>
<td>17</td>
</tr>
<tr>
<td>Total</td>
<td>35</td>
<td>30</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ten years old</td>
<td>28</td>
<td>29</td>
</tr>
<tr>
<td>11 years old</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>Total</td>
<td>35</td>
<td>35</td>
</tr>
<tr>
<td>Living together</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parents</td>
<td>32</td>
<td>28</td>
</tr>
<tr>
<td>Grandfather/Grandmother</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Extended family</td>
<td>-</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>35</td>
<td>35</td>
</tr>
</tbody>
</table>
The mean difference of self-efficacy before and after receiving the animation-cognitive behavior therapy among the intervention group and the control group

Table 2. Level of self-efficacy in the treatment group and the control group before (pre-test) and after (post-test) was given A-CBT (Animation-Cognitive Behavior Therapy) in elementary school X and elementary school Y, Surabaya 2019.

Based on Table 2 shows at the beginning of the measurement, all respondents in the low self-efficacy intervention group. After being given Animation Cognitive Behavioral Therapy (A-CBT), every 5 sessions for 3 weeks shows the child’s self-efficacy increases. All respondents experienced an increase in self-efficacy. The mean number of scores before (pre) was 35.11 after being given treatment (post) 44.23. Wilcoxon Signed Ranks Test results show p = 0.000 (p <0.05), which means that there are significant differences in the level of self-efficacy before and after A-CBT there is an influence on self-efficacy before pre-test or after post-test.

In the control group, during the intervention group given A-CBT, the control group underwent regular school routine, as usual, the mean number of scores in the mean control group before (pre) was 36.06 after (post) 36.49. The Wilcoxon Signed Ranks Test test results show a value of p = 0.0200 (p> 0.05), which means that there is no significant difference or no effect on self-efficacy before the pre-test or after the post-test. Mann Whitney test results
from both groups showed $p = 0.000$ ($\alpha <0.05$), which means that there are significant differences in the level of self-efficacy between the two groups.

Table 2. The mean difference of self-efficacy before and after receiving the animation-cognitive behavior therapy among the intervention group and the control group

<table>
<thead>
<tr>
<th>Self-efficacy</th>
<th>Mean</th>
<th>SD</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intervention group</td>
<td>Pre-test</td>
<td>35.11</td>
<td>4.69</td>
</tr>
<tr>
<td></td>
<td>Post-test</td>
<td>44.23</td>
<td>6.65</td>
</tr>
<tr>
<td>Control group</td>
<td>Pre-test</td>
<td>36.06</td>
<td>4.58</td>
</tr>
<tr>
<td></td>
<td>Post-test</td>
<td>36.49</td>
<td>5.38</td>
</tr>
</tbody>
</table>

DISCUSSION

Based on the results of the study, the level of self-efficacy among children in the intervention group, and the control group before receiving the intervention showed a lack of self-confidence. From the results, some respondents said that they had not received information about sexual abuse. Most children have never received information about sexual abuse either through internet media, television, or information from parents and teachers. Besides that, the child's self-confidence is low because of the educational factors of respondents who are still in elementary school and not yet in the curriculum regarding the prevention of sexual abuse. This study also showed that some of the respondents were school-age, focused on school activities, and played without thinking, such as sexual abuse. Self-ability among children to prevent sexual abuse could be applied among children when they have adequate self-efficacy (15). The results obtained by children who have low self-confidence have a negative perception that they are not sure about preventing sexual abuse because children do not know about sexual abuse. The formation of a child's confidence will affect one's cognitive, affective, motivational, and selective functions in looking at a problem (16).

The most powerful thing that affects self-efficacy is self-experience; self-experience can be improved by mastering a certain experience (14). In school, children, mastery can be applied by completing assignments, interpreting, and evaluating the results (17). This interpretation can create a child's assessment of certain competencies and increase confidence in completing similar or different tasks (17). Bandura's opinion on cognitive aspects can be defined as the ability of someone to think of ways to use and design actions to be taken to achieve the expected goals.

Based on the results of a similar study (18) that CBT can increase self-efficacy in children. Bandura defines self-efficacy as a human belief in their ability to train several measures of control of self-function and events in their environment and believes that self-efficacy is the foundation of human agency. In addition, based on the results of a study (19) that CBT is psychoeducation-based therapy to prevent and deal with sexual abuse in children. The CBT contains components that are psycho-education, overcoming cognitive problems, and improving personal safety, CBT therapy is given to children, such as teaching children to increase their self-confidence and the ability of children to recognize, fight, and report sexual abuse (20). A previous study showed that providing the animation media was also able to increase one's self-efficacy. Positive self-efficacy is the belief to be able to perform the intended behavior (21). Self-efficacy problems in children due to lack of knowledge in
children about the prevention of sexual violence, so children are not sure of their ability to prevent sexual abuse.

Animation Cognitive Behavior Therapy is a psychoeducation-based cognitive-behavioral intervention (19) using animation media. Animation can help visualize educational materials become easier to understand and form more specific concepts and encourage children to explore more animations (21). It also makes learning activities more fun interactive activities in building clear conceptual thinking (21). The mechanism of ACB therapy in overcoming a child's self-confidence is carried out by an educational method using animation media. The first stage, such as the researcher, identifies the problem of negative feelings, thoughts, and automatic experiences in a child's perspective on sexual abuse that affects a child's self-confidence in dealing with issues.

Based on the results of identification during the intervention, children show cognitive and behavioral changes that affect children's self-efficacy, such as the child's ability to know sexual abuse, the type of sexual abuse, and how to prevent sexual violence.

CONCLUSION

Cognitive-behavior therapy can improve children's self-efficacy in efforts to prevent sexual abuse. Based on the findings, the nurse professional can use cognitive behavioral therapy animation to become a preventive intervention in overcoming sexual abuse.

STRENGTH AND LIMITATION

This study is different from previous studies because the intervention used was CBT intervention by providing material using 2D animation media. This study has the first limitation, the sampling technique is simple random sampling, so the data is not homogeneous. The sampling technique taken causes the determination of respondents, where the number of respondents based on characteristics does not vary. This creates an imbalance in the variation of respondents who are unable to represent all respondents' characteristics.

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