
CHAPTER IV

RESULTS AND DISCUSSION

The results of the present “**Efficacy of Cognitive Behaviour Therapy in Managing Stress, Anxiety, Loneliness and Enhancement of Assertiveness among Sexually Abused Girl Children**” have been tabulated as follows:

The purpose of the investigation was to explore the Efficacy of Cognitive Behaviour Therapy in Managing Stress, Anxiety, Loneliness and Enhancement of Assertiveness among Sexually Abused Girl Children. Children especially the girls has been ignored for centuries in India, although it was in the practice for some time the trainings included only in the Education, Singing, Dancing and sometimes Oratory. Whereas they were never taught or trained to know as to how they were being looked or touched by either be it the Father, Siblings, Cousins, Teachers, Elders as well as Strangers. The fact that child abuse is dominating in the Media off late is the awareness among the public. Much of the population in India take for granted the nature of relationship with girl child will not cause harm to her, alas it is deceptive and we are realizing that the girl children either did not know whether it was wrong or right for an uncle or grandfather, teacher’s touch should be differentiated. Therefore, the present study explored Efficacy of Cognitive Behaviour Therapy in Managing Stress, Anxiety, Loneliness and Enhancement of Assertiveness among Sexually Abused Girl Children.

From various zones of Coimbatore City, fourschools were selected for the study. The students from class VI to VIII were selected to serve as the sample. Five hundred girl students were screened with Case Study Schedule for Sexual Abuse along with safe and unsafe Touch Video Clippings indicating the private parts to make a distinction of the touch from this 108 girl children who disclosed that they were subject to sexual abuse were included for the main study. They were chosen through purposive sampling. The sample also consisted either of the parent of the children who was abused as well as the class teachers from the schools. Stress, Assertiveness, Loneliness and Anxiety were assessed using the questionnaires among 108 School Girl Children. The data was collected from the girl children on three times namely Before, After and Follow-up periods were subjected to statistical analysis. The results are presented in the following sections:

Section 1: Presents the results of the Percentage analysis of the Demographic data such as Education, Birth Order, Family Type, and Place of Living as well as the Positive and Negative traits while screening the School Girl Children.

Section 2: Presents the results of the Repeated Measures ANOVA and Post-Hoc Analysis to check the Efficacy of Cognitive Behaviour Therapy in Managing Stress, Anxiety, Loneliness and Enhancement of Assertiveness among Sexually Abused Girl Children who were exposed to sexual abuse during Before, After and Follow-up periods.

Section 3: presents the results of the Cognitive Behaviour Therapy among Children

Section – 1

While screening Five Hundred School Girl Students studying in class VI to VIII (age group ranging from 10 years to 13 years) from four schools 108 School Girl Children who were sexually abused were identified.

This section presents the results of the Percentage analysis of the Demographic data such as Education, Birth order, Family Type, and Place of Living as well as the Positive and Negative Traits expressed by the School Girl Children. This screening was done to understand as to how much these girl children were having positive traits namely alertness, excited, being happy, pleasant, relaxed and calm and negatives traits involved insecurity, nervous, stress, anxiety, sad and fear.

Table 1: Demographic Data of the Subjects
N=108

Variable	Frequency	Percentage
Education		
VI	2	2
VII	11	10
VIII	95	88
Birth Order		
First	46	43
Middle	13	12
Last	40	37
Only Child	9	8
Family Type		
Nuclear	88	81
Joint	20	19
Place of Living		
Urban	88	82
Rural	20	18

Percentages are rounded off

The Girl Children in the age range of 10 -13 years constituted the sample of the study. Among the subjects 88% of the children were from Standard VIII, probably this is the age that the parents and school teachers as well as the School Administration should concentrate on helping the Girl Children to differentiate between the safe and unsafe Touch as 95 children reported being exploited rather unknowingly due to lack of awareness or proper guidance from the parents. Similarly, 10% of VII standard children also reported of being misused whereas there were only 2% from VI Standard. This indicates that VII and VIII standard Girl Children are more vulnerable than the VI standard Girl child. Therefore, without ignoring the classes of which they study the parents and teachers should pay more attention in creating an awareness as well as monitoring from time to time so that later psychological trauma could be avoided.

Majority of the subjects (43%) were first born thus, giving an impression that when there are less attention from the parents the exploitation begins mainly at Home and Neighbourhood. Similarly, 37% of the children who were last born were also equally exploited since the elder siblings would have grown and were not available around to being alone. Thus, exposing themselves to the predators whereas, 12% of the children who were middle born had the privilege of elder and the younger siblings as a shield thus, getting protected from being exploited. Further only child who constituted 8% of the sample indicates that as a single child more attention might be paid to the child either by the parents or the grandparent's thus constant supervision being a privilege to the single child. On the whole it is clear that the order of birth certainly gives protection to the girl child from being exploited and thus exposing the first born to most of the problems.

Majority of the Girl Children (81%) were from Nuclear Family and 19% were from Joint Family. It indicates that nuclear family is becoming to be a disadvantage to girl children where lack of attention of either of the parent or both the parents is being denied due to family structure as well as the nature of profession they would have chosen from being paying attention to the girl child and thus leading to a greater exposure and being vulnerable of being sexually exploited either by the care takers, neighbours etc. thus the alarming rate indicates the lack of awareness of such risk among the nuclear family parents. Whereas, 19% of girl children who were being the target belongs to joint family,

the joint family gives more advantage for the girl children to get protected as well it also gives opportunities for wide variety of members to come close to the girl child and exploit as well as not getting caught for the kind of relationship they enjoy in the family.

The participants drawn from school had 82% of the subjects from urban area whereas they were only 18% girl children coming from rural area who were being the victims. The urban area gives more anonymity for doer and the victim never will be able to identify and also fear of getting punished by the parents and by the society tend to keep the incidence to themselves and allow them to be exploited time and again. The cities nature itself is to consume a lot of information and incidences and majority of them does not get noticed at all. Therefore, making these girl children's in the urban area more vulnerable than the rural area girl children who have either the village or neighbours being relatives give more advantage in protecting from the doer thus are less exposed to such incidences than the urban area. Therefore, targeting urban parents to be more aware of the chances of their children to be exploited should be propagated to reduce such incidences from being occurring time and again.

Table 2: Positive Traits Reported by the Experimental Group

Positive Traits	Frequently	Rarely	Never
Alert	33	68	7
Excited	29	75	4
Happy	45	60	3
Pleasant	50	55	3
Relaxed	7	81	20
Calm	19	64	25

Table 2 shows the positive traits of the subjects. Most of the children seem to have their alertness, being excited, happy, pleasant, relaxed and calm rarely. Further, only 9 children were totally relaxed, this implies that there is lot of stress among the children where nearly 101 children fall into this category may be because of environmental pressure which they face. Similarly 89 children were either rarely or never calm, indicating that they were restless, which by itself is an information that they require help for at this age they need to be calm and enjoy what they do. Moreover, as children they should be more excited to look forward to new things in their life, whereas only 29 of them excited

whereas around 79 of the sample either rarely or never been excited, this needs to be pondered as to what really makes them to be not to be excited. The aspect of pleasantness among 50 children gives a positive indication that some have taken the life to view in a pleasant manner which amounts nearly 50% of the sample. Tara and Amelia (2013) studied the Gender Differences in Emotion Expression among Children and found that it had an important implications in children's health and maladaptive behaviour.

Table 3: Negative Traits Reported by the Experimental Group

NegativeTraits	Frequently	Rarely	Never
Insecurity	61	24	23
Nervous	80	19	9
Stress	63	27	18
Anxiety	67	27	14
Sad	82	17	9
Fear	65	23	20

Table 3 shows the negative traits of the subjects. The majority of the subjects had Nervousness; they were sad, anxious, feared, stressed and felt insecure. Nearly 82 children were sad; this itself is an indicator that when a child has to be happy at this stage and when they are sad it is a great concern of the society and the parents should be worried of. Similarly 80 children were nervous, although being nervous is a common feature, it should not be taken softly where on the long run it could be quite damaging to the child especially behaviourally. Further there were 67 children found with frequently being anxious. It is also an indicator that the children are undergoing an uncertain situation, which is lack of support from the parents, friends and teachers, could lead to being anxious. The negative trait of fear was found to be more among 65 of the children being studied. Fear, sometimes could be self destructive among children, therefore it needs to be tackled immediately. There was also more number of children with Stress (63). It is a fact that stress could be counterproductive for children, especially in terms of behavioural as well education wise, therefore helping the children to reduce stress should be given to most priority. Insecurity (61) was also a factor that the children had as a negative emotion, that when they are not sure about the future, the one they need to trust is disappointing gives these children more insecure feelings (N = 24), Fear (N=23), Nervous (N=19) and Sad (N=17).

Section – 2

This Section presents the results of the Repeated Measures ANOVA and Post-hoc Analysis to check the Efficacy of Cognitive Behaviour Therapy in Managing Stress, Anxiety, Loneliness and Enhancement of Assertiveness among Sexually Abused Girl Children who were exposed to sexual abuse during Before, After and Follow-up periods.

STRESS

Table 4: Mean and Standard Deviation Before, After and Follow-up in Physiological Stress among Sexually Abused Girl Children

GROUP	MEAN	STANDARD DEVIATION
BEFORE	3.33	1.43
AFTER	2.63	1.10
FOLLOW-UP	1.41	0.51
TOTAL	2.46	1.34

The Table 4 shows the Mean and S. D. of Physiological Stress during the Before, After and Follow-up of Sessions among the participants. The results indicate that Physiological Stress seems to be reduced after and Follow-up of the intervention programme among the Participants. This could be the impact of Cognitive Behaviour Therapy that was administered to the children. In a study conducted by Ben-Amity, Kimchi, Wolmer and Toren (2016) concluded that the dysfunctional regulation of the physiological stress system associated with child sexual abuse may endanger the victims with various stress and anxiety disorders.

Table 5: Approximate 'F' for Before, After and Follow-up in Physiological Stress among Sexually Abused Girl Children

SOURCE	TYPE III SUM OF SQUARES	df	MEAN SQUARE	F
CORRECTED MODEL	205.136 ^a	2	102.568	87.272 **
INTERCEPT	1955.605	1	1955.605	1663.973 **
GROUP	205.136	2	102.568	87.272 **
ERROR	377.259	321	1.175	
TOTAL	2538.000	324		
CORRECTED TOTAL	582.395	323		

** = Significant at 0.01 level

Table 5 shows the results of the approximate ‘F’ for Before, After and Follow-up in physiological stress among the participants. Physical abuse is the second most common form of child ill treatment. Physical abuse means physical act by a caregiver that results in a child being hurt or injured. Children who are physically abused can develop child traumatic stress. They are also at risk for depression and anxiety. Child abuse has been linked to poor physical, emotional and mental development. The results indicated statistical significant difference in the physiological stress after administering Cognitive Behaviour Therapy and Relaxation Training Programme to reduce physiological stress among sexually abused girl children. In a similar study conducted by Neil, Gail and Scott (2008) to found out the relationship between stress and health, psychosocial interventions have proven useful for treating stress related disorders. Thus indicating that the training programmes certainly can bring change on to individuals’ behaviour especially the stress which could when not attended to will cause great damage to the girl children more physiologically and even psychologically. Therefore, creating awareness among the girl children on the adverse effects of the bad touch will certainly help the girl children to adopt better in the future life as women as well help them to grow better children for having undergone Cognitive Behaviour Therapy.

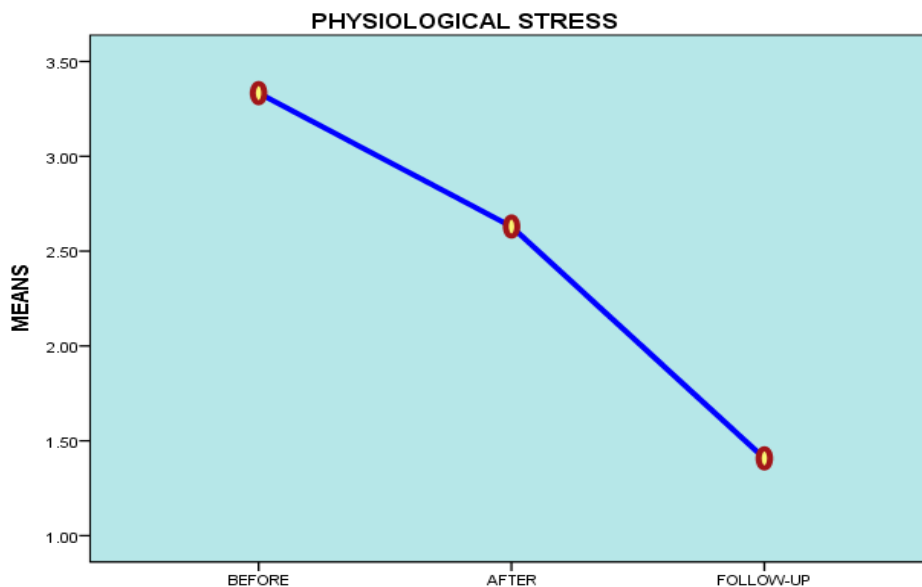
Table 6: Duncan Analysis for Before, After and Follow-up in Physiological Stress among Sexually Abused Girl Children

Group	N	Subset		
		1	2	3
Follow-up	108	1.41		
After	108		2.63	
Before	108			3.33
Sig.	108	1.000	1.000	1.000

Further a post hoc analysis was done to understand the difference in the physiological stress among the participants during Before, After and Follow-up assessment. Duncan analysis results indicate that the physiological stress which was high before the training got reduced after the training, which indicates that the Cognitive Behaviour Therapy clubbed with relaxation training has helped tremendously to reduce physiological stress which was caused due to the lack of awareness of the difference between safe and unsafe touch among the girl children. Further the physiological stress got reduced in the Follow-up assessment, this indicates that the girl children have learnt to practice the relaxation training and have found the Cognitive Behaviour Therapy to be

more useful in sustaining the change of thoughts along with the awareness they have got about the difference between safe and unsafe touch. Therefore, it can be concluded that the Cognitive Behaviour Therapy and Relaxation Training to reduce physiological stress among sexually abused girl children has had a greater impact. Adolescent stress is often a risk factor for poor mental health outcomes such as anxiety and depression; however, there is evidence that the ability to effectively manage stress is strongly related to psychological adjustment. In the Psychoeducation component of the Programme, students were provided with a developmentally appropriate definition of stress – with a focus on adaptive versus maladaptive stress – followed by the Cognitive, Physiological and Behavioural Signs of Stress. Students then fill out a brief questionnaire, which gives them an idea of their own stress level (mildly stressed, moderately stressed, or highly stressed). Students are also encouraged to fill out “Stress Questionnaire,” a brief check list of the cognitive, physiological, and behavioural signs of stress that they may have experienced. The impact of child abuse and neglect is often discussed in terms of Physical, Psychological, Behavioural, and Societal consequences. In reality, however, it is impossible to separate the types of impacts. Physical consequences, such as damage to a child’s growing brain, can have psychological implications, such as cognitive delays or emotional difficulties. Psychological problems often manifest as high risk behaviours.

Figure 2: Duncan Analysis for Before, After and Follow-up in Physiological Stress among Sexually Abused Girl Children



The above Figure 2 shows the results of the Duncan Analysis results on the Physiological Stress. It can be inferred from the graph that the line has dipped from a high level of physiological stress to low level of stress and after the intervention programme involving the Cognitive Behaviour Therapy and Relaxation Training further the Follow-up score on physiological stress assessed after a period of one month of gap of intervention has shown a complete reduction in physiological stress. This is a clear indication as stated earlier that the stress among the school girl children had to be reduced by creating an awareness and training the children to either cope or overcome such stress and endure further to study and progress as well as identify the perpetrators and keep away from them as well as report to teachers or parents to remedy from such sort of hindrances.

Table 7: Mean and Standard Deviation Before, After and Follow-up in Cognitive Stress among Sexually Abused Girl Children

GROUP	MEAN	STANDARD DEVIATION
BEFORE	4.18	1.47
AFTER	2.44	1.31
FOLLOW-UP	1.04	0.59
TOTAL	2.55	1.75

Table 7 shows the Mean and Standard Deviation for Cognitive Stress among the participants. It shows that Before Cognitive Behaviour Therapy, the mean score was 4.18, and After Therapy it reduced to 2.44 and further reduced to 1.03 in Follow-up period. The cognitive effect of abuse is one of the great stressors that a child could bear leading to attention problems and learning disorders to severe organic brain syndromes. Behaviourally, the consequences of abuse range from poor peer relations all the way to extraordinarily violent behaviours. Thus, the consequences of abuse and neglect affect the victims themselves and the society in which they live. The majority of children who are abused do not show signs of extreme disturbance. Research has suggested a relationship between child maltreatment and a variety of short and long term consequences, but

considerable uncertainty and debate remain about the effects of child victimization on children, adolescents and adults. The relationship between the causes and consequences of child maltreatment is particularly problematic, since some factors (such as low intelligence in the child) may help stimulate abusive behaviour by the parent or caretaker, but low intelligence can also be a consequence of abusive experiences in early childhood.

Table 8: Approximate 'F' for Before, After and Follow-up in Cognitive Stress among Sexually Abused Girl Children

SOURCE	TYPE III SUM OF SQUARES	Df	MEAN SQUARE	F
CORRECTED MODEL	533.932	2	266.966	188.685 **
INTERCEPT	2110.892	1	2110.892	1491.925 **
GROUP	533.932	2	266.966	188.685 **
ERROR	454.176	321	1.415	
TOTAL	3099.000	324		
CORRECTED TOTAL	988.108	323		

** = Significant at 0.01 level

Table 8 shows the results of cognitive stress among the participants. The F value indicates that there is a significant difference among children for Before, After and Follow-up phases of Cognitive Behaviour Therapy in their level of cognitive stress. It can be inferred that the cognitive stress of the girl children would have been a big burden on the day to day activities as the children will not be in a position to share the thoughts that were running in their mind thus allowing it to accumulate and put them at risk of getting victimized throughout. Therefore the Cognitive Behaviour Therapy has certainly helped the Sexually Abused girl children to get over the stress and also enable them to relax further.

In a similar study by Twentyman et al. (1985) tried to test the effects of situational stress on the components of the Cognitive Behavioural Model, including expectations, interpretations and behavioural responses to child behaviours. It was predicted that parental abuse potential would be positively related to inappropriate expectations, to negative and internally caused interpretations of child behaviour, and to negative parental responses.

Second, it was expected that interpretations and responses would be more negative as child abuse potentially increased.

Further Milner and Wimberly (1980) investigated sixteen mothers from a Child Abuse Prevention and Treatment Programme who completed the Child Abuse Potential Inventory and provided interpretations, evaluations and responses to a set of vignettes depicting normal child behaviours. The data supported the hypotheses that as abuse potential increased, parent responses were judged as more controlling, punishing, rejecting, and aroused. High stress strengthened the magnitude of these responses.

Thus it can be inferred that children when abused will have a tendency to feel being coercion, rejected and being uncertain of the affection from the parents and attention from peer and teachers.

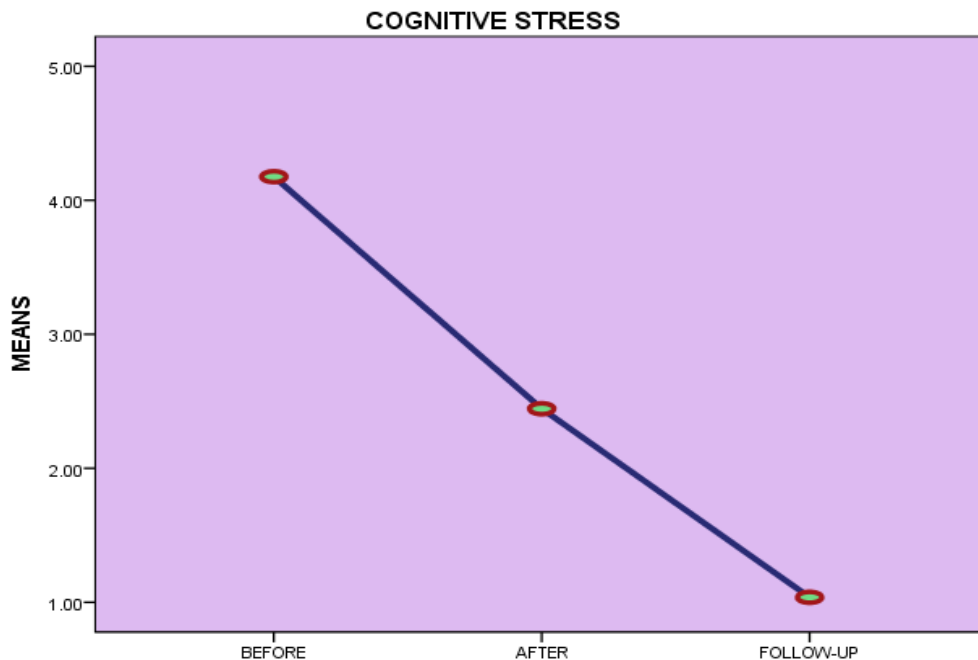
Table 9: Duncan Analysis for Before, After and Follow-up in Cognitive Stress among Sexually Abused Girl Children

Group	N	Subset		
		1	2	3
Follow-up	108	1.04		
After	108		2.44	
Before	108			4.18
Sig.	108	1.000	1.000	1.000

Post hoc test results in Table 9 shows Duncan analysis for Before, After and Follow-up phases in cognitive stress among the Participants. It was found that before the therapy the cognitive stress score was 4.18, after the therapy the score got reduced to 2.44 similarly during the Follow-up assessment the mean decreased further to 1.04. Cognitive stress among the school girl children when not attended to will lead to a feeling of irritability, feeling frustrated at having to wait for something, feeling restless, unable to concentrate, becoming easily confused, having memory problems, thinking about negative things all the time, negative selftalk as well as poor performance in the examinations, getting low marks, incoherent thinking, day dreaming and fear the unknown, such characteristics can be avoided provided such training programmes are given to them by understanding them through the mentioned symptoms and help the children from such

problem happening due to exposure of being abused. Therefore the Cognitive Behaviour Therapy had successfully waded away such thoughts and also will help the children to look for a progressive future so as to be relaxed and be aware about what is happening to them from the people those around them. Whereas abused and neglected children will tend to show problematic school performance (e.g., low grades, poor standardized test scores, and frequent retention in grade) if not attended to and given an opportunity to understand what was happening to them.

Figure 3: Duncan Analysis for Before, After and Follow-up in Cognitive Stress among Sexually Abused Girl Children



The above Figure 3 depicts the mean value of the cognitive stress for the Before, After and Follow-up periods of the training provided to the girl children. It can be inferred that the mean value has substantially reduced after the intervention, indicating that the cognitive therapy and relaxation training has tremendously helped the girl children to differentiate the touch of a stranger, teacher, friends etc and accordingly protect themselves by understanding the real motive of the individuals as well as to be not to be bogged by the thoughts if such instances would have happened to them earlier in the life as it was not their fault and they need not feel guilty about it. This revelation could have reduced the

mean value after the intervention. Similarly when the cognitive stress that was assessed after the Follow-up period indicates that the girl children have built a strong cognition to understand the dynamics of the perpetrators and not being guilty as well as shedding the negative emotions and willing to participate in educating themselves as well other classmates by sharing the knowledge on these aspects and thus get rid of the mental shackles they had earlier.

Table 10: Mean and Standard Deviation Before, After and Follow-up in Emotional Stress among Sexually Abused Girl Children

GROUP	MEAN	STANDARD DEVIATION
BEFORE	5.59	1.82
AFTER	3.06	1.48
FOLLOW-UP	0.65	0.48
TOTAL	3.10	2.45

Table 10 shows the mean and standard deviation of the Before, After and Follow-up phases of assessment of emotional stress among the participants who had undergone Cognitive Behaviour Therapy and Relaxation Training. It is found that the mean obtained by the subjects Before Therapy was 5.59, After Therapy the mean got reduced to 3.06 and after the Follow-up period the mean was 0.65. Emotional stress includes moodiness, impaired concentration, fatigue, memory problems, Excessive thinking about one's problems, detachments, apathy, Reduced energy, difficulty in making decisions, Altered eating habits, altered sleeping habits, headaches, body pain, abdominal pain, diarrhoea, heart palpitations, decline in performance at school, difficulty coping with daily life, suicidal thoughts, self harm, self destructive behaviour will be found among the girl children. Although these symptoms are common for most of the children undergoing emotional stress, many children might have some of them and other symptoms may not be pronounced. Giving a timely help to the girl children is the biggest challenge, as they are going to be future mothers and therefore they should be helped not to carry this emotional forward into the family especially their children. The results clearly indicate that the Cognitive Behaviour Therapy had helped the participants to reduce their emotional stress.

Table 11: Approximate 'F' For Before, After and Follow-up in Emotional Stress among Sexually Abused Girl Children

SOURCE	TYPE III SUM OF SQUARES	Df	MEAN SQUARE	F
CORRECTED MODEL	1320.469 ^a	2	660.235	346.090**
INTERCEPT	3111.160	1	3111.160	1630.847**
GROUP	1320.469 ^a	2	660.235	346.090**
ERROR	612.370	321	1.908	
TOTAL	5044.000	324		
CORRECTED TOTAL	1932.840	323		

** = Significant at 0.01 level

Table 11 shows 'F' value for Before, After and Follow-up phases in emotional stress among the participants. The F value indicates that there is a significant difference between Before, After and Follow-up Phases in the emotional stress level among the girl children after the training. It was found that emotional stress decreased drastically after the Cognitive Behaviour Therapy among the participants. Thus the training on cognitive behaviour therapy has certainly addressed the emotional stress symptoms and helps the girl children to overcome the emotional stress they were pushed into by the perpetrators. Further the eating and sleeping habits could have been changed with the help of relaxation training. Relaxation training also helps the children to regulate the emotions and increase the performance especially studies and enables them to get rid of the suicidal thoughts as well as self destructive behaviours. The intervention training will further enhance the knowledge of being misused by a person even while it was not their fault therefore helps further to get a clarity as to be aware of the various behaviours of the individuals who could be possible perpetrators and how and where to get help and even in the case of close family member is the one if involved in such acts. In a similar study by Shapero et al. (2014) examined the effects of early life stress on emotional reactivity to current stressors. Individuals with greater childhood emotional abuse severity experienced greater increases in depressive symptoms when confronted with current dependent stressors, controlling for childhood physical and sexual abuse. This study highlighted the importance of emotional abuse as an indicator for reactivity to stressful life events. Similarly, Stirling, Amaya-Jackson and Amaya-Jackson (2008) attempted to find out the behavioural and emotional

consequences of child abuse. Children who have suffered early abuse or neglect may later present with significant behaviour problems including emotional instability, depression, and a tendency to be aggressive or violent with others. Troublesome behaviours may persist long after the abusive or neglectful environment has changed or the child has been in foster care placement. Neurobiological research has shown that early abuse results in an altered physiological response to stressful stimuli, a response that deleteriously affects the child's subsequent socialization. It was suggested that doctors can assist caregivers by helping them recognize the abused or neglected child's altered responses, formulate more effective coping strategies, and mobilize available community resources. Thus eliminating the emotional early in the life will help the girl children from being depressive and other such psychological problems may be avoided.

Table 12: Duncan Analysis for Before, After and Follow-up in Emotional Stress among Sexually Abused Girl Children

Group	N	Subset		
		1	2	3
Follow-up	108	0.65		
After	108		3.06	
Before	108			5.59
Sig.	108	1.000	1.000	1.000

Table 12 shows Post hoc test Duncan analysis results for the Before, After and Follow-up in emotional stress among the participants. The table clearly indicates that after Cognitive Behaviour Therapy and relaxation Training, the emotional stress of the girl children have drastically reduced. It implies that the cognitive behaviour therapy is educative, aims to teach the children to be her own therapist and emphasizes relapse prevention and indeed a time tested therapy which helps the children to alter the apprehensions that the girl children had due to expose to the stress creating situations that further would have damaged the children permanently. Not only the cognitive behaviour therapy but also the contribution of the relaxation training is immense that it decreases the emotional stress as well helps to improve the quality of life of the girl children, for it concentrates mainly on the lessening of muscle tension which in turn reduces the neural

activity as well as it proves that an emotional mind cannot exist in a relaxed body moreover the muscle relaxation can break the vicious cycle of emotional stress effectively.

Figure 4: Duncan Analysis for Before, After and Follow-up in Emotional Stress among Sexually Abused Girl Children



The above Figure 4 indicates the reduction of emotional stress following the administration of Cognitive Behaviour Therapy and Relaxation Training to the Girl Children. The drastic decrease in the emotional stress, which can be attributed to the therapy and training as well as the influence of parents and teachers have helped positively. Therefore, it becomes essential the emotional stress could be tackled along with the therapies by targeting the group which could be showing emotional attachment to the girl children. This factor is proved in the results obtained in decreasing the emotional stress as the parents and the teachers could share and act as buffer in helping the children to tide over the emotional stress only when they are aware and understand the kind of emotional stress the children undergo.

Table 13: Mean and Standard Deviation Before, After and Follow-up in Behavioural Stress among Sexually Abused Girl Children

GROUP	MEAN	STANDARD DEVIATION
BEFORE	4.98	1.69
AFTER	2.84	1.37
FOLLOW-UP	0.97	0.57
TOTAL	2.93	2.09

Table 13 shows the Mean and Standard Deviation Before, After and Follow-up phases of the training. It is found that the mean for Behavioural Stress Before Therapy was 4.98, After the Therapy it got reduced to 2.84 and Follow-up phase mean is 0.97. Cognitive Behaviour Therapy was highly effective in reducing Behavioural Stress among the participants. The children would have sleeping difficulties, fingernail chewing, absenteeism, exhaustion, excessive behaviour, unhealthy eating habits, accidents, suicidal talk or behaviour, hostility etc. these behavioural stress indicators are just a few symptoms that can be either noticed by the teachers or parents to render immediate attention and help so as to bring them into main stream or else the behaviour could deteriorate and venture into suicidal actions.

Table 14: Approximate ‘F’ for Before, After and Follow-up in Behavioural Stress among Sexually Abused Girl Children

SOURCE	TYPE III SUM OF SQUARES	Df	MEAN SQUARE	F
CORRECTED MODEL	869.302 ^a	2	434.651	257.801 **
INTERCEPT	2785.494	1	2785.494	1652.139 **
GROUP	869.302	2	434.651	257.801 **
ERROR	541.204	321	1.686	
TOTAL	4196.000	324		
CORRECTED TOTAL	1410.506	323		

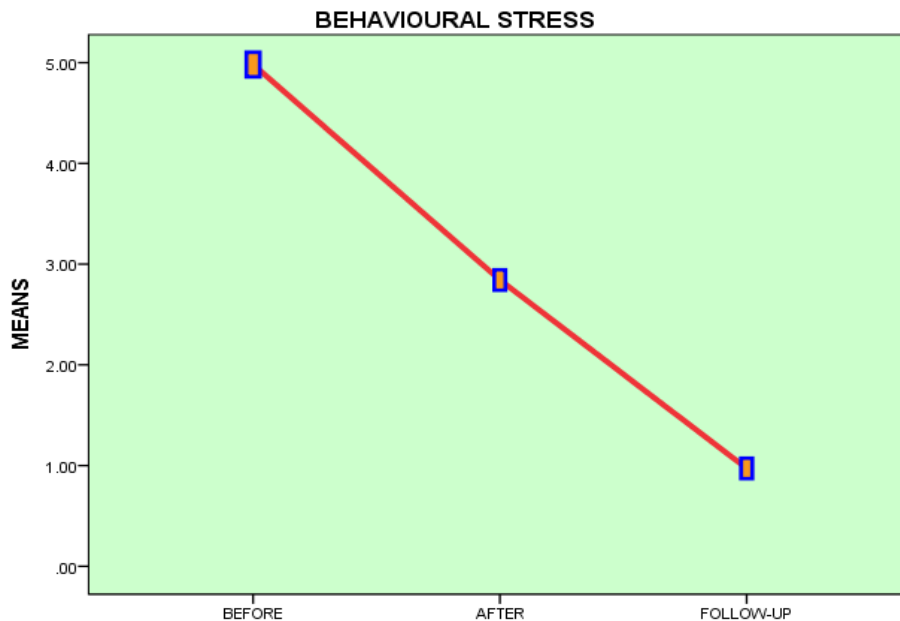
Table 14 shows the ‘F ‘value for Before, After and Follow-up phases in Behavioural Stress among the Participants. The F value indicates that there is statistically significant difference between Before, After and Follow-up phases in behavioural stress. Thus, it implies that the therapy was useful in bringing down the behavioural difficulties of the children especially sleeping disturbances, absenteeism and related behaviours such as fingernail biting, unhealthy eating habits, suicidal talk and hostility could have been addressed. Therefore, taking cognizance of the holistic approach in dealing with the behavioural problems especially cognitive therapy and relaxation training will address such behaviour problems before it could engulf the children and make them unfit to be a good citizen or a human being since these are the issues when not noticed and corrected early in the life bring damages in the interpersonal relationship of the person. The same was proved by Hofmann, Asnaani, Vonk, Sawyer and Fang (2012) by examining the Efficacy of Cognitive Behavioural Therapy (CBT) in Meta analytic studies. They identified 106 meta analyses examining CBT for the problems such as substance use disorder, schizophrenia and other psychotic disorders, depression and dysthymia, bipolar disorder, anxiety disorders, somatoform disorders, eating disorders, insomnia, personality disorders, anger and aggression, criminal behaviours, general stress, distress due to general medical conditions, chronic pain and fatigue, distress related to pregnancy complications and female hormonal conditions. Additional Meta analytic reviews examined the efficacy of CBT for various problems in children and elderly adults. The strongest support exists for CBT of anxiety disorders, somatoform disorders, bulimia, anger control problems and general stress.

Table 15: Duncan Analysis for Before, After and Follow-up in Behavioural Stress among Sexually Abused Girl Children

Group	N	Subset		
		1	2	3
Follow-up	108	0.97		
After	108		2.84	
Before	108			4.98
Sig.	108	1.000	1.000	1.000

Table 15 shows the Duncan analysis for the Before, After and Follow-up analysis in behavioural stress among the participants. The means clearly indicate that there is significant reduction in mean during Before, After Follow-up phases due to Cognitive Behaviour Therapy. Therefore the behavioural stress as such can be handled efficiently before it could manifest into severe problems when identified on time. By the parents and teachers as well as the knowledge about these behavioural stress among the students will also in turn help the children to do a self analysis to understand what is happening to them based on the inputs given during the intervention will help them to either seek help or make themselves to take effort personally and overcome the problems especially stress by concentrating on relaxation training. Thus, the effect of cognitive behaviour therapy has clearly shown a drastic decrease in the behavioural stress from the Intervention and the Follow-up phase. This is the clear indicator that Cognitive Behaviour Therapy can help individuals on a long term basis and also could bring clarity into the thoughts of girl children wherein it will motivate other children also to follow suit either by discussing with each other and also being aware of themselves.

Figure 5: Mean and Standard Deviation Before, After and Follow-up in Behavioural Stress among Sexually Abused Girl Children



The Figure 5 shows the mean of the behavioural stress of the girl children who had undergone the cognitive behaviour therapy and relaxation training. The knowledge on safe and unsafe touch has indeed helped to differentiate between the safe and unsafe touch among the participants. There could have been that the children might have been exposed to such situations that they land up in behavioural stress due to the impact of bad touch by the known and unknown persons and getting clarity on the behaviour they exhibit due to these incidences might have been so much influential in getting rid of the behaviour problems. Since it is essential that these behavioural issues if unnoticed or unattended on the long run could lead to a bad interpersonal relationship with in the family and thus sometimes divorce and growing children with psychiatric problems could be witnessed. Therefore it is essential that psychologists train the parents and teachers through awareness make them understand and realize that a problem behaviour or behavioural stress should not be left unattended wherein it by itself will not disappear either or get resolved by the children giving the children attention by the teachers becomes the part of the training to be a teacher whereas training in safe and unsafe touch becomes more essential of late where children without being touched or sometimes exposed to such perpetrators by their comments, staring, gazing, and exhibitionism.

From the above results on Stress and its components, the Hypothesis 1, “There will be a significant difference in Physiological Stress, Cognitive Stress, Emotional Stress and Behavioural Stress among Sexually Abused Girl children during Before, After and Follow-up through Cognitive Behaviour Therapy”, is accepted.

ASSERTIVENESS

Table 16: Mean and Standard Deviation Before, After and Follow-up in Assertiveness among Sexually Abused Girl Children

GROUP	MEAN	STANDARD DEVIATION
BEFORE	8.34	3.19
AFTER	14.08	2.34
FOLLOW-UP	17.05	2.66
TOTAL	13.16	4.54

The above Table 16 shows the results of the analysis of the data collected from the participants during Before, After and Follow-up of training programme for assertiveness. Assertiveness is being able to stand up for one's own or other people's rights in a calm and positive way, without being either aggressive or passively accepting 'wrong'. The results indicate that the mean has considerably increased after the training programme as well as after the Follow-up period. It is a clear indication the girl children who were vulnerable to being abused had very low assertiveness and hence were not able to express while being exploited. The intervention programme which also included sessions on assertiveness had helped the girl children considerably. The value of one self and understanding her own rights, thoughts, feelings, needs, and desire are important as everyone else's and one should protect them as well deserve to be treated with respect and dignity at all times. Similarly the school girl children were taught to identify their needs and wants and ask them to be satisfied by the appropriate person. Further the children were told not to wait for someone to recognize what they need; otherwise they will have to wait forever. It was also stressed that while trying to get their needs met without sacrificing their own self as well as other's needs in the process. The assertiveness training that was part of intervention on safe touch and unsafe touch also have helped to perform the girl children to the full potential to meet one's own needs.

Table 17: Approximate 'F' for Before, After and Follow-up in Assertiveness among Sexually Abused Girl Children

SOURCE	TYPE III SUM OF SQUARES	df	MEAN SQUARE	F
CORRECTED MODEL	4237.414	2	2118.707	278.704**
INTERCEPT	56116.346	1	56116.346	7381.791**
GROUP	4237.414	2	2118.707	278.704**
ERROR	2440.241	321	7.602	
TOTAL	62794.000	324		
CORRECTED TOTAL	6677.654	323		

** = Significant at 0.01 level

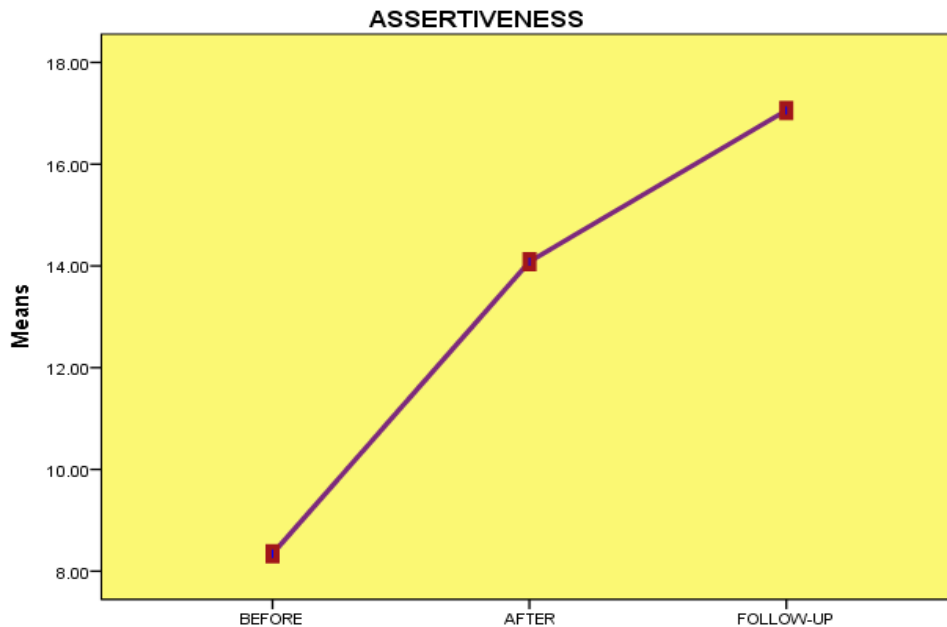
The results of the ANOVA is presented in the above table for the data collected during Before, After and Follow-up of the intervention programme among the participants in assertiveness. It can be inferred that the results indicate a significant difference between the three time periods of the training period. Therefore it is clear that the abused children were not assertive enough to refuse and resist from being abused. The art of learning to say “no” when they need to tell had to be inculcated. As many lacked the knowledge of the limits of others on them and allowing themselves to be taken advantage of is an important aspect the girl children need to overcome with the help of assertiveness training. It is an inherent weakness in our culture to please everyone and learn to be ok with that has been imbibed in our society. This has lead to a collateral damage among the girl children being abused. The art of refusing, resisting and telling ‘no’ when the girl children feel that it is right for her do so need to be trained. The present training has put utmost effort for the girl children to get it imbibed so that they can carry forward this training to next level as mother to her own children. In a similar study conducted by Zarina, and Sujaritha (2011) to find the effectiveness of an intervention on resisting sexual abuse among girl children, aged 11-13years, using the experimental research design. Results obtained indicate that the Knowledge of abuse of girl children has significantly improved after the resisting abuse intervention. The intervention has also been effective in enhancing the assertiveness of children. Whereas, learning acquired on knowledge of abuse and assertiveness among the children over the Follow-up period was not maintained. The trend analysis indicates that the knowledge of sexual abuse component of the intervention has been effective in bringing about change in the experimental group, during the post-test period.

Table 18: Duncan Analysis for Before, After and Follow-up in Assertiveness among Sexually Abused Girl Children

Group	N	Subset		
		1	2	3
Before	108	8.3426		
After	108		14.0833	
Follow-up	108			17.0556
Sig.	108	1.000	1.000	1.000

Table 18 above shows the results of the Duncan analysis for the assertiveness among the participants during Before, After and Follow-up periods. It can be inferred that the assertiveness has increased after the intervention as well as during the Follow-up period. When these girl students are confronted with people who try to abuse them sexually especially initially before the training a hesitation and sulk whereas when trained with assertiveness training, the girls tend to adopt one of the types of assertion namely Escalating Assertion. This occurs when the perpetrator fails to respond to the basic assertion made in a friendly manner that will be effective and still if he continues to violate one's rights, the girl child will have to gradually escalate the assertion and become increasingly firm without becoming aggressive. One may move from a request to a demand, from a preference to an outright refusal, or from an Empathic Assertion to a firm Basic Assertion. It may even include the mention of some type of resulting action on the child's part, made only after several basic assertive statements. Therefore, girl children when trained appropriately as well as the parents and teachers who get to exposed to such training are bound to understand the necessity of having a long-lasting effect on the children. Once this assertiveness are learnt and practiced at this age, children will adopt it quite easily and imbibe. The teachers when they start encouraging the students it further gets reinforced the girls to act in an assertive manner. In a similar study Bola and Akin (2014) investigated the effects of Mentoring and Assertiveness Training on Adolescents' selfEsteem among adolescents (48males and 48 females) drawn from three public schools. The findings revealed that mentoring and Intervention programme were efficacious in raising adolescents assertiveness .The study also found that the significant effect of mentoring and assertiveness training on adolescents 'In the light of these findings, a number of recommendations were made, one of which is that teachers and schools' management should promote peer-mentoring programme in schools because of the numerous advantages it has over traditional mentoring.

Figure 6: Duncan Analysis for Before, After and Follow-up in Assertiveness among Sexually Abused Girl Children



The above Figure 6 shows the results of the Duncan analysis results. It can be reiterated that the participants after undergoing the assertiveness training had remarkably increased their assertiveness. The situation that these children have undergone especially sexual abuse either strangers or a close relative have pushed them to work towards getting rid of such situation when they got an opportunity to train themselves in assertiveness. Therefore making them to understand that people are responsible for their own behaviour and as long as one is not violating someone else's needs, then they have the right to or do what they want. The point such as Repeated Assertion was also found to be more effective, it is to simply restate one's assertion. This can be done when the other person overreacts to a statement or when one ignores it in some way. Further focusing on I-Language Assertion that is using "I feel," "I want" part of the statement. I-Language Assertion can help one to constructively focus the anger and be clear about one's own feelings. Similarly fogging was trained if people were behaving in a manipulative or aggressive way, rather than arguing back, fogging aims to give a minimal, calm response

using terms that are placating but not defensive, while at the same time not agreeing to meet demands. Thus assertiveness training has contributed immensely in changing the girl children to talk for oneself and as well as for others too.

Considering the above findings of Assertiveness the Hypothesis 2, “There will be a significant difference in the level of Assertiveness among Sexually Abused Girl Children during Before, After and Follow-up through Cognitive Behaviour Therapy”, is accepted.

LONELINESS

Table 19: Mean and Standard Deviation Before, After and Follow-up in Loneliness among Sexually Abused Girl Children

GROUP	MEAN	STANDARD DEVIATION
BEFORE	26.68	8.98
AFTER	15.97	10.47
FOLLOW-UP	8.26	4.57
TOTAL	16.97	16.31

Table 19 shows Mean and Standard Deviation Before, After and Follow-up in loneliness among the participants. The mean Before Therapy was 26.68, After Therapy it was 15.97 and after the Follow-up phase the mean got reduced to 8.26. There is a drastic difference in Follow-up mean and it seems that Cognitive Behaviour Therapy had a greater impact in reducing loneliness. Loneliness is an unpleasant emotional response to isolation moreover it is more complex since it includes anxious feelings about a lack of connection with other people. Loneliness can also be felt when surrounded by people also indicating that it includes factors such as social, mental, emotional or even physical factors. Therefore children undergoing loneliness can be easily identified with certain indicators such as a social pain that which will push a person to seek remedy to seek social connections. Most of the children undergo loneliness because of the unpleasant experience they encounter, such as sexual abuse will take a quite a long time for the child to get over from isolation, and if ignored by the parents or teachers it could land the child into suicidal tendency and ultimately commit suicide. Therefore the teachers are well equipped to

understand the child's behaviour and alert the parents, whereas most of the parents, who are preoccupied in running the family, tend to ignore such factors. Thus the girl children undergoing loneliness certainly got help to overcome through the timely training. In a related study Stickley, Koyanagi, Kuposov, Blatný, Hrdlicka, Schwab-Stone and Ruchkin (2016) examined the factors associated with adolescent loneliness in three countries that differ historically and culturally, the Czech Republic, Russia and the United States, and determined whether adolescent loneliness is associated with poorer psychological and somatic health. Logistic regression analysis was performed to examine if specific demographic, parenting, personal or school based factors were linked to feeling lonely and whether lonely adolescents were more likely to report psychological (depression and anxiety) or somatic symptoms (e.g. headaches, pain). Inconsistent parenting, shyness and peer victimization were associated with higher odds for loneliness in at least 4 of the 6 country and sex wise sub groups (i.e. Czech, Russian, U.S. boys and girls). Parental warmth was a protective factor against feeling lonely among Czech and U.S. girls. Adolescents who were lonely had higher odds for reporting headaches, anxiety and depressive symptoms across all subgroups. Loneliness was associated with other somatic symptoms in at least half of the adolescent subgroups. Loneliness is associated with worse adolescent health across countries. The finding that variables from different domains are important for loneliness highlights the necessity of interventions in different settings in order to reduce loneliness and its detrimental effects on adolescent health.

Table 20: Approximate 'F' for Before, After and Follow-up in Loneliness among Sexually Abused Girl Children

SOURCE	TYPE III SUM OF SQUARES	Df	MEAN SQUARE	F
CORRECTED MODEL	63281.062 ^a	2	31640.531	449.707**
INTERCEPT	829414.966	1	829414.966	11788.467**
GROUP	63281.062	2	31640.531	449.707**
ERROR	22584.972	321	70.358	
TOTAL	915281.000	324		
CORRECTED TOTAL	85866.034	323		

** = Significant at 0.01 level

Table 20 shows the 'F' value for Loneliness among the participants and the result indicates a significant difference during the Before, After and Follow-up periods after administering Cognitive Behaviour Therapy and Relaxation Training. Loneliness is a significant problem that can predispose young children to immediate and long-term negative consequences. However, only recently have research and intervention in educational settings focused on young children who are lonely. It is becoming increasingly clear that many young children understand the concept of loneliness and report feeling lonely (Bullock, 2003).

Children who feel lonely often experience poor peer relationships and therefore express more loneliness than peers with friends. In addition, they may experience feelings of sadness, malaise, boredom and alienation. Furthermore, early childhood experiences that contribute to loneliness may predict loneliness during adulthood. Consequently, lonely children may miss out on many opportunities to interact with their peers and to learn important lifelong skills. Given the importance placed on the benefits of peer interactions and friendships to children's development, this potential lack of interaction raises many concerns for teachers who work with young children. Peer relations matter to children and lonely children place as much importance on them as do other children (Ramsey, 1991). Childhood abuse occurrences in a young child's life can result in trauma. The American Psychological Association characterizes trauma as severe distress, usually resulting from physical violence or sexual abuse (Trauma, 2015). While heartbreaking, it is all too common of an occurrence. The National Center for Injury Prevention and Control states that nearly 700,000 children were identified to have experienced maltreatment in 2012 (Understanding Child Maltreatment, 2012).

Therefore the girl children who felt lonely have got benefit from the training to overcome the loneliness due to the various problems that could have happened due to abuse trauma. Thus on time and continuous support will help the children to stabilize from the setbacks. In a similar study conducted by Hopps, Pepin and Boisvert (2003) examined the Effectiveness of Psychotherapeutic Services via Computer Mediated Communication. Its main purpose was to determine if Goal Oriented Cognitive Behavioural Group Tele Therapy via Inter Relay Chat can reduce feelings of loneliness among chronically lonely people with physical disabilities. Using a comparison design with Pre Test, Post Test,

Follow-up, and a Waiting List Control, 19 participants formed seven groups of 2-3 people. Results indicated that participants felt less lonely after intervention. Moreover, participants who completed intervention felt less lonely at Post test than a similar group that had been placed in a Wait List Control. Furthermore, results indicated that gains were maintained at a 4 month Follow-up.

Table 21: Duncan Analysis for Before, After and Follow-up in Loneliness among Sexually Abused Girl Children

Group	N	Subset		
		1	2	3
Follow-up	108	31.88		
After	108		54.45	
Before	108			65.45
Sig.	108	1.000	1.000	1.000

Table 21 shows Duncan test results for Before, After and Follow-up assessment of loneliness among the participants. The Loneliness was found to reduce due to Cognitive Behaviour Therapy and Relaxation Training. Children who are neglected or withdrawn also report feelings of loneliness, although to a lesser extent than do aggressive rejected children. Because these children often lack social skills, they have difficulty interacting with their peers. These children may also be extremely shy, inhibited and anxious, and they may lack self-confidence (Rubin, LeMare & Lollis, 1990). If children lack certain skills, the teacher can focus on giving feedback, suggestions and ideas that the child can implement. Children who possess adequate social skills but are reluctant to use them can be given opportunities for doing so by being paired with younger children. This experience gives the older child an opportunity to practice skills and boost self-confidence. Although research in support of specific practices assisting lonely children in the classroom is weak, teachers might consider several approaches that may be adapted to individual children. Children who are aggressive report the greatest degrees of loneliness and social dissatisfaction (Asher, Parkhurst, Hymel & Williams, 1990). Therefore teachers may be trained to earlier identification of loneliness and the knowledge of factors that lie behind

the causative factors of loneliness needs to be exposed to teachers. Moreover the present curriculum needs to address the required social skills for the children at this age will also help them. The interventions can only be targeting the after effects of a traumatic situation whereas training the children to identify and either defend or bring it to the notice of parents and teachers can solve many a problems in the children. Once a child is abused it has its own impact on the child the trauma might be everlasting and that solely depends on the kind of abuse the child has undergone, therefore we can be sure interventions will bring back the child to a certain extent that the traumatic experience does not haunt the child and was done in this study which had helped the children to get away with loneliness.

Figure 7: Duncan Analysis for Before, After and Follow-up in Loneliness among Sexually Abused Girl Children

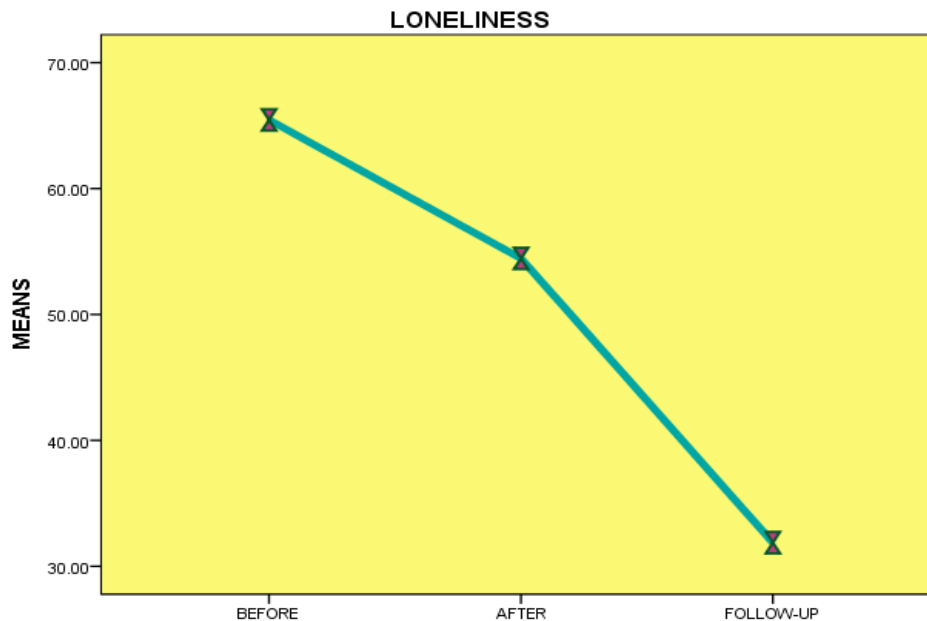


Figure 7 shows the graph depicting the decrease in loneliness among the participants after the training. The society on its part need to propagate about the ill effects of the child abuse and about the perpetrators by the way of mass communication Since, the crime rate has increased substantially on a day to day basis the police, the government and NGO's should take up immediate multi thronged approach to tackle such child abuse so as the child itself should bring such events to the notice of the elders. Meanwhile the interventions are limited in the study only to cognitive behaviour therapy and relaxation

training. Whereas the use of REBT, family therapy, group therapy etc. may also be considered to get a complete recovery from loneliness among the girl children.

Hence, the finding of the above analysis on Loneliness leads us to accept the Hypotheses 4, “There will be a significant difference in the Loneliness among Sexually Abused Girl Children during Before, After and Follow-up through Cognitive BehaviourTherapy”.

ANXIETY

Table 22: Mean and Standard Deviation Before, After and Follow-up in State Anxiety among Sexually Abused Girl Children

GROUP	MEAN	STANDARD DEVIATION
BEFORE	49.15	8.60
AFTER	36.09	8.22
FOLLOW-UP	19.03	4.68
TOTAL	34.76	14.38

Table 22 shows Mean and Standard Deviation for the Before, After and Follow-up phases of training among the participants to overcome anxiety. It is found that the means obtained by the subjects Before Therapy was 49.15, after the training the mean was found to be 36.09 and at the end of the Follow-up period the mean was 19.03 and it clearly indicates that there is a drastic difference between the after training assessment and Follow-up assessment. State anxiety is defined as an unpleasant emotional arousal in face of threatening demands or dangers. A cognitive appraisal of threat is a prerequisite for the experience of this emotion. A person with state anxiety will tend to have pounding heart, sweating, headache, stomach upset or dizziness, frequent urination or diarrhoea, shortness of breath, muscle tension, tremors, and twitches, fatigue or insomnia. These are the common symptoms that which a person undergoing anxiety will undergo with. Therefore the focus here will be more on relaxation training for the individual needs to get stabilised

before being administered with cognitive therapy as it requires a great amount of concentration. Further administering the cognitive behaviour therapy along with relaxation training will enhance the reduction of anxiety very easily as studied by Otte(2011) after examining a plethora of studies on the efficacy and effectiveness of Cognitive Behavioural Therapy for Anxiety Disorders. He summarized and discussed about the current state evidence regarding Cognitive Behavioural Therapy treatment for panic disorder, generalized anxiety disorder, social anxiety disorder, obsessive compulsive disorder and post traumatic stress disorder. Cognitive behavioural therapy demonstrated both efficacy in randomized controlled trials and effectiveness in naturalistic settings in the treatment of adult anxiety disorders. Cognitive Behavioural Therapy seems to be both efficacious and effective in the treatment of Anxiety Disorders.

Table 23: Approximate ‘F’ for Before, After and Follow-up in State Anxiety among Sexually Abused Girl Children

SOURCE	TYPE III SUM OF SQUARES	df	MEAN SQUARE	F
CORRECTED MODEL	49280.117	2	24640.059	452.237**
INTERCEPT	391389.262	1	391389.262	7183.458**
GROUP	49280.117	2	24640.059	452.237**
ERROR	17489.620	321	54.485	
TOTAL	458159.000	324		

** = Significant at 0.01 level

Table 23 shows the ‘F’ value for Before, After and Follow-up in State Anxiety among the participants. The ‘F’ value is statistically significant and the State anxiety got reduced drastically due to Cognitive Behaviour Therapy and relaxation training. The girl children who had this state anxiety sometimes they did not realize that they were undergoing anxiety with occasional headaches, frequent urination or diarrhoea, some of them even had shortness of breath stomach upset or dizziness, whereas very few had twitches, fatigue or insomnia, as well as muscle tension. These anxiety indicators were very much ignored by the girl children as they are just growing as well as by their parents and teachers who otherwise are busy with their own occupation and seldom spend time to

understand the difficulties these children undergo. Most of these symptoms could be caused due to the exposure of these children to people who were misusing them. The cognitive behaviour therapy indeed had worked effectively in changing the self of the girl children with the kind of turmoil they had undergone. The cognitive behaviour therapy not only works as a mechanism to bring clarity and resolution, it also helps the individual to be more resilient in approaching the world here after. The result also falls in line with the reviewed the studies done by **Wolgensinger(2015)** concerning Group Cognitive Behavioural Interventions for Anxiety Disorders. Group Prevention Programmes were based on standard Cognitive Behavioural Therapy strategies and aimed at preventing anxiety disorders as early as possible. Numerous Cognitive Behavioural Group Therapies for Children as well as Adults were studied. Many Cognitive Behavioural Therapy protocols had been developed for treating specific anxiety disorders. Further specialized Cognitive Behavioural Therapy Programmes were available for individuals who suffered from different anxiety disorders, enabling them to be treated together in groups.

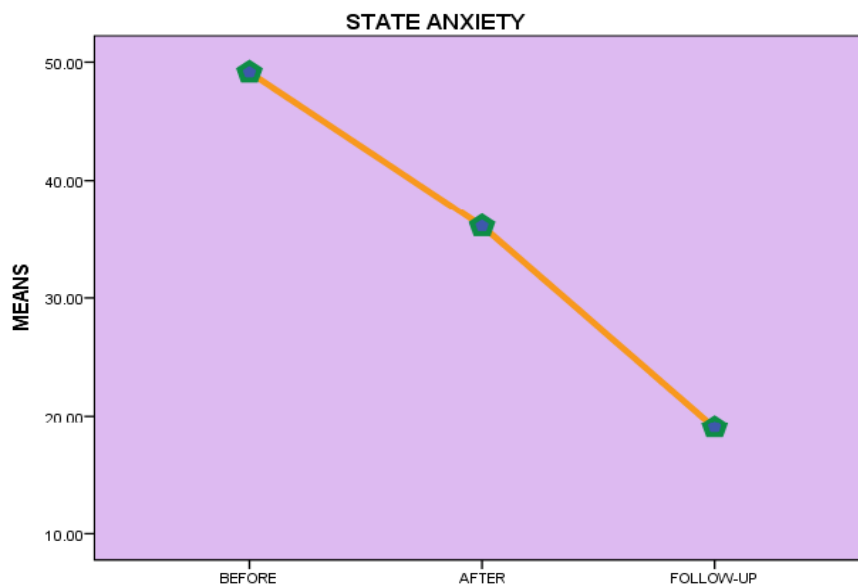
Table 24: Duncan Analysis for Before, After and Follow-up in State Anxiety among Sexually Abused Girl Children

Group	N	Subset		
		1	2	3
Follow-up	108	19.03		
After	108		36.09	
Before	108			49.15
Sig.	108	1.000	1.000	1.000

Table 24 shows the Post-hoc Analysis Duncan Test for Before, After and Follow-up assessment of State Anxiety among the participants. Before Therapy the State Anxiety mean was 49.15, After the Training the mean was 36.09 and Follow-up mean was 19.03. The table clearly indicates that there is very drastic reduction in state anxiety after the Follow-up phase. Cognitive Behaviour Therapy has helped to reduce State Anxiety in Children along with the help of relaxation training. The anxiety by itself could at times get reduced among individuals through maturity whereas the present set of school girl children who are exposed to the precarious situation might find it difficult to overcome

the state anxiety as similar situations, cues could trigger such anxieties in these children and no matter the kind of support or the change of environment helps them to overcome the anxiety. In a similar study conducted by **Alkozei, Creswell, Cooper and Allen(2015)** on Autonomic Arousal in Childhood Anxiety Disorders: Associations with State Anxiety and Social Anxiety Disorder. The effect of state anxiety during the tasks was explored. No group differences at rest or in response to stress were found. Importantly, however, with increases in state anxiety, all children, regardless of their anxiety diagnoses showed less autonomic responding (i.e., less change in HR and RSA from baseline in response to task) and took longer to recover once the stressor had passed.

Figure 8: Duncan Analysis for Before, After and Follow-up in State Anxiety among Sexually Abused Girl Children



The above Figure 8 shows the results of the Duncan test. It indicates that the state anxiety among the participants has reduced with the help of cognitive behaviour therapy and relaxation training. It could be noted that the children who are abused either by relatives or family friends would land up having state anxiety and their relationship with the siblings and the family members might be estranged. Thus, the training has contributed immensely in getting the anxiety cleared so as to help the girl children also to understand the kind of approaches being made by the relatives, family friends, relatives, siblings as well as parents in abusing them. In a study by Sousa, Herrenkohl, Moylan, Tajima, Bart

Klika, Herrenkohl, and Jean Russo (2011) examined the unique and combined effects of child abuse and children's exposure to domestic violence on later attachment to parents and antisocial behaviour during adolescence. Findings suggested that, while youth dually exposed to abuse and domestic violence were less attached to parents in adolescence than those who were not exposed, those who were abused only, and those who were exposed only to domestic violence, the relationship between exposure types and youth outcomes did not differ by level of attachment to parents. However, stronger bonds of attachment to parents in adolescence did appear to predict a lower risk of antisocial behaviour independent of exposure status. Preventing child abuse and children's exposure to domestic violence could lessen the risk of antisocial behaviour during adolescence, as could strengthen parent child attachments in adolescence. However, strengthening attachments between parents and children after exposure may not be sufficient to counter the negative impact of earlier violence trauma in children. Therefore the results of the above study highlights that the girl children if they are not identified and treated on time they would exhibit antisocial behaviours in their later part of life and sometimes may not gel with the mainstream.

Table 25: Mean and Standard Deviation of Before, After and Follow-up in Trait Anxiety among Sexually Abused Girl Children

GROUP	MEAN	STANDARD DEVIATION
BEFORE	49.66	7.28
AFTER	46.29	8.86
FOLLOW-UP	21.97	5.52
TOTAL	39.31	14.36

Table 25 shows the mean and standard deviation of Before, After and Follow-up in Trait Anxiety among the participants. Before Therapy the mean was 49.66, After Therapy it reduced to 46.29 and Follow-up it was drastically reduced to 21.97. Trait anxiety refers to the stable tendency to attend to, experience, and report negative emotions such as fears,

worries, and anxiety across many situations. This is part of the personality aspect of an individual. Trait anxiety also manifests by repeated concerns about and reporting of body symptoms. Trait anxiety is characterized by a stable perception of environmental stimuli (events, others' statements) as threatening. Trait-anxious people often experience and express also state anxiety, in situations in which most people do not experience such responses. At the perceptual level, there is an over attention bias to threatening stimuli. At the cognitive level, there is a distorted negative interpretation of information congruent with and fostering anxious responses. Finally, at the level of memory, there is over recall of threatening information (Gidron,2013). Cognitive Behaviour Therapy and Relaxation Training seem to be effective in reducing Trait Anxiety among school girl children. Further fears and worries about unknown rather unrealistic situations could be the cause of abusive encounters that keeps on lingering in their mind brings more worries. Therefore, helping these children to overcome the fears and worries becomes a great challenge as the children may not be able to be relocated from where they have undergone such abusive encounters. This was also proved by the study conducted by Moylan,Herrenkohl,Sousa,Tajima, Herrenkohland Russo(2010) to find out, the Effects of Child Abuse and Exposure to Domestic Violence on Adolescent Internalizing and Externalizing Behaviour Problems. Results show that child abuse, domestic violence, and both in combination (i.e., dual exposure) increase a child's risk for internalizing and externalizing outcomes in adolescence. When accounting for risk factors associated with additional stressors in the family and surrounding environment, only those children with dual exposure had an elevated risk of the tested outcomes compared to non-exposed youth.

Table 26: Approximate 'F' value for Before, After and Follow-up in Trait Anxiety among Sexually Abused Girl Children

SOURCE	TYPE III SUM OF SQUARES	df	MEAN SQUARE	F
CORRECTED MODEL	49285.407	2	2652.613	456.311**
INTERCEPT	500556.250	1	26775.097	9268.842**
GROUP	49285.407	2	2652.613	456.311**
ERROR	17335.343	321	54.004	
TOTAL	567177.000	324		
CORRECTED TOTAL	66620.750	323		

** = Significant at 0.01 level

Table 26 shows the ‘F’ value for Trait Anxiety is statistically significant among the Participants due to Cognitive Behaviour Therapy and Relaxation Training. Trait anxiety actually could have been due to accumulation of abuse or violence against the girl children for a prolonged period. Exposures to such incidences turn out to be beyond the control of the girl children to express their fear and worry or seek solidarity from other relatives and friends due to the fear of being stigmatized. Therefore, these children accumulate the anxiety and the children do not get the right kind of intervention at appropriate time might become neurotic and eventually pass on these tendencies as an adult to others. Thus, early identification and getting rid of the perpetrators and giving intervention becomes more essential to the children’s especially girls. In a study conducted by Beesdo, Knappe and Pine (2011) on the Epidemiology and Etiology of Anxiety Disorders among Children and Adolescents including Separation Anxiety Disorder, Specific Phobia, Social Phobia, Agoraphobia, Panic Disorder and Generalized Anxiety Disorder, also highlighting critical aspects of Diagnosis, Assessment and Treatment. Childhood and adolescence is the core risk phase for the development of anxiety symptoms and syndromes, ranging from transient mild symptoms to full blown anxiety disorders. The core challenge in this age span is the derivation of developmentally more sensitive assessment methods. Identification of characteristics that could serve as solid predictors for onset, course, and outcome will require prospective designs that assess a wide range of putative vulnerability and risk factors. This type of information is important for improved early recognition and differential diagnosis as well as prevention and treatment in this age span on anxiety disorders are more essential.

Table 27: Duncan Analysis for Before, After and Follow-up in Trait Anxiety among Sexually Abused Girl Children

Group	N	Subset		
		1	2	3
Follow-up	108	21.97		
After	108		46.29	
Before	108			49.66
Sig.	108	1.000	1.000	1.000

The Table 27 shows Duncan test result for Before, After and Follow-up phases in Trait Anxiety among the participants. Before Therapy the mean was 49.66, After Therapy it was reduced to 46.29 and it reduced further during Follow-up to 21.97. It indicates that the intervention is highly effective in reducing the trait anxiety among the school girl children. Anxiety disorders are common and early conditions connected with considerable developmental, psychosocial, and psychopathological complications. Although early anxiety syndromes may suspend spontaneously, many children and adolescents who have developed a threshold to anxiety disorder will be affected by the same condition (including other anxiety disorders, depressive disorders, or substance use disorders) over future course of life. The secondary development of depressive disorders is a particularly frequent complication across the range of anxiety disorders. The identification of early vulnerability and risk factors for anxiety disorders is of crucial importance to facilitate research into the development of targeted prevention or early interventions programmes. Although several variables have been identified as potential risk factors for anxiety disorders, such as parental psychopathology, behaviourally inhibited temperament, or early life adversity, more research is needed to identify the most powerful predictors, and to understand their complex biological and psychological mechanisms and interactions in promoting the onset of anxiety disorders, and to identify those variables that might provide the best guidance for early intervention. This task is challenging because substantial differences seem to exist between specific anxiety disorders. Besides this other issues are important, for example the influence of genetic, neurobiological, or temperamental factors. Many children live with an unrecognized anxiety disorder and are in need of treatment. Psychological and psychopharmacological treatment options are suitable and available for youth; however, the present set of intervention has proved to be more effective. Although considerable evidence has been accumulated on the effectiveness of cognitive behaviour therapy for anxiety disorders among children and adolescents, the data regarding pharmacological treatments such as selective serotonin reuptake inhibitors among youth are still scarce. Whereas relying on pharmacological treatments will bring a temporary relief as long as the drug acts, therefore looking into a long term perspective of the children, especially their age we should focus on the psychological interventions to

target the anxiety so that it brings a long term effect and also helps the child to realize the changes he need to make and the kind of support one would require this problem.

Figure 9: Duncan Analysis for Before, After and Follow-up in Trait Anxiety among Sexually Abused Girl Children

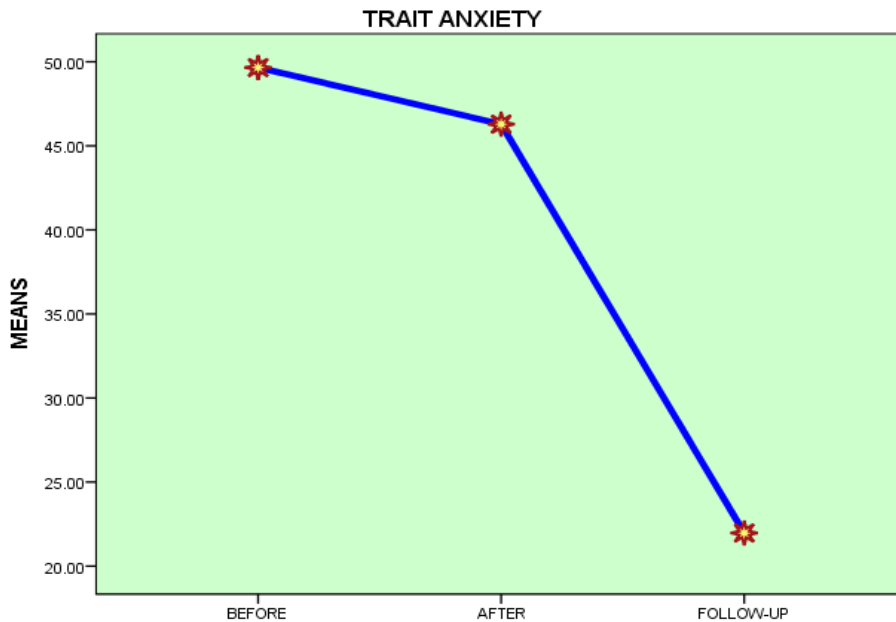


Figure 9 shows the drastic decrease of trait anxiety among the participants after the Follow-up period. Taking into consideration the role of parents and teachers participation in the intervention would have helped the children to overcome the anxiety. Although the intervention period is quite short the reduction in trait anxiety after intervention was very moderate whereas the steep decline in trait anxiety after the follow up period is a clear indicator that the children had built confidence in the parents and teachers therefore that would have led to the decline in anxiety because of the trust that is reposed by the Parents and Teachers on the children's. This indicates that involving the parents, siblings, teachers and peer to support the child to overcome the anxiety will help the child to build more confidence in oneself and improve the Assertiveness of the individual. Normally a intervention programme will ensure that the anxiety to get reduced, whereas this parental and teacher participation gives a holistic approach to help the children. In a similar study Aschenbrand and kendall (2013) studied the Effect of Perceived Child Anxiety Status on

Parental Latency to Intervene with Anxious Youth. Participants listened and responded to an audio recording of a parent child interaction: half were told the child was anxious and half were given a neutral description. Results suggested that Parents of Non Anxiety Disordered are more flexible and adaptable in their parenting behaviour than Parents of Anxiety Disordered and that the greater anxiety and emotional liability of Parents of Anxiety Disordered may influence their parenting. Therefore it becomes necessary that parents need to be trained to help the child over the anxiety.

Therefore the above results help us to conclude that the Hypotheses 5, “There will be a significant difference in the State Anxiety and Trait Anxiety among Sexually Abused Girl Children during Before, After and Follow-up through Cognitive Behaviour Therapy” can be accepted.