An Interactive Psychoeducational Module for Indian Mothers Towards the Prevention of Child Sexual Abuse

Dr Neeta Gerosa Pereira [1]
Faculty, Department of Psychology & Counselling
St. Joseph's University, Bengaluru, India
(ORCID- 0000-0002-9460-8396)

Dr Pooja Varma [2]
Associate Professor and Head
Department of Psychology,
Jain (Deemed-to-be) University,
Bengaluru, India

Dr S. Rama Gokula Krishnan [3]
Corresponding Author
Faculty, School of Social Work,
St. Joseph's University, Bengaluru, India,
Email: ramagokulakrishnan@gmail.com
(ORCID- 0000-0002-6914-530X)

Tony Brian D'souza [4]
Independent Researcher,
Bengaluru, India
(ORCID-0000-0003-2169-7866)

Abstract

Child sexual abuse is a serious global concern that is linked with adverse long-term consequences. The present article describes the development of an interactive psychoeducational module that can be used by mothers to learn how to educate their children and themselves on how to prevent and report any instances of child sexual abuse. Developed using the Clarke and Braun method of thematic analysis and tested with mothers, experts, and other stakeholders, the module is designed with special reference to the Indian culture, where sexual abuse is not openly discussed due to the taboo and stigma associated with it.

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Introduction

Although there has been a growing debate about how child sexual abuse (CSA) must be defined, the prevalence of this terrible crime against children is immense throughout various nations in the world (Mathews & Collin-Vézina, 2019). The National Child Traumatic Stress Network (2018) defines CSA as "any interaction between a child and an adult (or another child) in which the child is used for the sexual stimulation of the perpetrator or an observer." Such an act can have several detrimental effects on the quality of life of the survivor, such as the development of sexual dysfunction (Gewirtz-Meydan & Opuda, 2022), apart from increased risk of developing post-traumatic stress disorder, substance misuse, and even schizophrenia (Hailes et al., 2019). Apart from the serious consequences of CSA, the most worrying point to note, as mentioned previously, is its widespread prevalence. With an estimated 400 million children experiencing CSA each year (Economist Impact, 2022), one recent report suggests that India is ranked 16 out of 60 countries in protecting children from sexual abuse, with the United Kingdom securing the top spot (Economist Impact, 2022). While most developed nations appear to have protective measures in place to prevent the prevalence of CSA in their respective countries, many middle and lower-middle-income countries where a significant number of children live have a much lower ranking (Economist Impact, 2022). These rankings take into account the efforts taken by governments to ensure the safety of children, and the fact that many of the middle and lower-middle-income countries do not have adequate measures is indicative of the need for greater emphasis on awareness and educational measures to help reduce the instances of CSA. In India, although the response to CSA in terms of support services and the justice process appears to be set in place, the prevention aspect requires significant improvement (Economist Impact, 2022).

This does not mean that the system of redressal is functioning effectively. For example, between 2019 and 2024, a total of 299759 cases of CSA were registered under the Protection of Children from Sexual Offenses (POCSO) Act, and only 162497 of those cases have been disposed of (about 55 percent) (Government of India, 2024). This essentially means that in only about 55 per cent of the cases, a final judgement has been issued by the judge, whereas the remaining cases are still ongoing and may take many years to come to a conclusion. Although there is scope for improvement in the speedy delivery of justice to victims of CSA, there is an even more alarming fact about the prevention aspect that requires urgent attention and concerns the level of knowledge of CSA among parents. In one recent study conducted by researchers in the Indian State of Karnataka, it was found that 80 percent of the parents had an average level of knowledge about CSA, and about 24 percent of the parents even had an unfavorable attitude towards reporting CSA, partly due to the stigma attached to CSA (Prabhu et al., 2023). Considering the high volume of CSA cases, the average level of knowledge, combined with the notable percentage of parents with an unfavorable attitude towards the reporting of CSA, possibly increases the risk of CSA. This once again highlights the need for greater awareness among parents and the need for a module that can help parents equip their children to protect themselves from CSA. This paper is about the development of one such module that is specifically designed for mothers. The module, which is currently publicly available, can be used by non-governmental organisations working to prevent CSA, educators who conduct workshops on preventing CSA, as well as mothers themselves who wish to learn about these strategies at their own pace in the comfort of their home. This is particularly important because it removes the societal pressure not to reach out to others when mothers suspect that their children are being sexually abused or that there is a high possibility of their children falling prey to intrafamilial CSA (Rudolph et al., 2024). Mendelson & Letourneau (2015) stress on the importance of including parents in CSA prevention programmes as well. While mothers hold the most prominent role in caregiving, there is evidence to suggest that unless mothers are effectively sensitized about the issue, they could

be bystanders to CSA(Gerke et al., 2021). To tackle CSA, a few organizations and authors have developed a few modules. Let us examine some of the prominent ones in the next section.

Existing Modules and Instructional Materials to Prevent CSA

A module, in this context, refers to instructional material that can be used by mothers to educate themselves as well as their children about the steps that can be taken to prevent CSA. Over the years, such instructional materials have been developed and deployed for the protection of children. In India, as per the POCSO Act, “Whoever, with sexual intent, touches the vagina, penis, anus or breast of the child or makes the child touch the vagina, penis, anus or breast of such person or any other person, or does any other act with sexual intent which involves physical contact without penetration is said to commit sexual assault” (Government of India, 2012). In the Indian context, as part of the Safe Childhood Programme developed by the National Commission for Protection of Child Rights (2024) in collaboration with other organizations, there is a two-hour module aimed at informing the members of the village administration system about how the village community can help prevent CSA. The module also includes a case study about how such cases must be reported. One drawback of this approach is that it assumes that the members are willing to report such cases. Such training would be more impactful if it were carried out with people who work directly with children. This gap is filled by an activity book developed by the National Institute of Mental Health & Neurosciences in 2017 with support from the Government of the State of Karnataka for children between the ages of 7-12. This activity book is supposed to be implemented through counselors, child protection staff, special educators, and other professionals working with children. It contains information and activities such as body games, body parts and functions, general safety, people safety, privacy boundaries, and knowing what to do (NIMHANS & Government of Karnataka, 2017). Internationally, a few non-governmental organizations have been known to use modules to raise awareness and to serve as a practical guide to both professionals and parents. For example, one non-profit organization, The Mama Bear Effect

(2024), has been developing educational material to sensitize the public about CSA, with a specific focus on the role of parents in preventing CSA. Some of the materials include board books and coloring books that children may find useful (The Mama Bear Effect, 2024). Another organization, called Stairway Foundation, a non-governmental organization in the Philippines, has developed a CSA prevention program that involves building the capacity of stakeholders so that they can train trainers and facilitators on preventing and dealing with CSA cases. The module itself has three levels. The first level introduces the participants to the basics of CSA. The second level covers advanced topics, while the third level provides actual training for the trainers with regard to communication and how to handle sexually abused children (Stairway Foundation, 2009). Among other modules on CSA, one that is widely known is the Sexual Behaviors Traffic Lights Tool developed by Brook (King-Hill, 2021). This module can be taken online for a fee and by professionals as a group (Brook, 2024). Essentially, this module enables professionals to identify, understand, and respond to CSA by categorizing sexual behaviors into green (appropriate), orange (cause concern), and red (indicate/cause harm) (Brook, 2024).

Parental Empowerment Framework

In this discussion surrounding the prevention of CSA, the key responsibility of parents has not been given sufficient importance in India. This is apparent due to the paucity of interactive modules for parents on CSA prevention, in particular, and the lack of open discussion on CSA among parents. The role of parents is, in fact, critical in this regard. A recently published meta-analysis on the impact of parental involvement in CSA found that in 88-100% of the post-intervention evaluations, there was a significant improvement in the behavior and response-efficacy of parents towards CSA (Rudolph et al., 2024). Since children are vulnerable and trusting towards everyone, it is important for parents to be empowered with the right knowledge and strategies to protect their children from predators. The parental empowerment framework in preventing CSA is hailed as an important component, especially because existing research indicates that in most CSA cases, the

perpetrator is known to the family or to the child, or both (Hickle & Shuker, 2023). The present module takes this framework into account, with particular focus on mothers in the Indian context. In one recently published study, the effect of a psychoeducational program for improving parental knowledge and attitude towards CSA prevention strategies among parents with children with disabilities, it was discovered that the experimental group, which consisted of 45 parents, experienced a significant improvement in knowledge and attitude towards CSA prevention strategies (Kaçan & Sakız, 2024). Such programmes are warranted as existing research has consistently shown that there is a dire need for child sexual abuse education among parents (Sarman & Tuncay, 2025). It is also interesting to note that such programs for parents, apart from being beneficial for parents themselves, also have a direct positive impact on the children themselves. In one study conducted in China, it was found that parental educational practice of CSA prevention had a direct impact on a child's self-protection skills (Jin et al., 2019). Research has consistently shown that such programs are important because parents are often reluctant to discuss protection skills with their children (Zhang et al., 2020).

Need for a Module for Indian Mothers

From the examination of existing modules, it is apparent that some organizations and governments understand the serious nature of the problem and while some have developed modules specifically for parents, there is a lack of a comprehensive module for mothers, in particular, to educate themselves as well as their children on prevention that addresses deeper issues such as parenting styles, creating a culture of openness and trust, identifying the relationship between expressing emotions and prevention of CSA, apart from the appropriate age to discuss sexual abuse prevention, all of which must be based on a strong theoretical foundation. Furthermore, there was a need for a module that also educated the mothers about the existing laws relating to CSA, especially in the Indian socio-cultural context, wherein there is a significant amount of stigma attached to openly discussing CSA, and in order to fill this large and serious gap, the present module was developed.

The Role of Mothers in Preventing CSA

Over the years, the hypothesis that mothers can play an important role in preventing CSA has been examined through a few studies. One study conducted in Iran included 56 participants, made up of mother-daughter pairs (Khoori et al., 2020). The mothers attended a two-hour workshop on preventing CSA and were also provided a body safety training workbook, which was then used by the mothers to train their daughters (mean age = 6.34 years) for one week. The results showed that girls who were trained by their mothers in this regard were more knowledgeable about CSA, apart from displaying greater safety skills compared to those in the control group (Khoori et al., 2020). There have also been investigations that have examined the effectiveness of training on CSA for mothers across various economic statuses. For example, in one comparative study conducted in Turkey, the effectiveness of short-term training for mothers who hailed from both advantaged and disadvantaged communities was examined (Sanberk et al., 2017). The researchers found that although both groups benefited from the training, it was in fact the disadvantaged mothers who gained more awareness (Sanberk et al., 2017). This once again highlights the need for a module and training for mothers in developing countries such as India, where CSA is rarely discussed in public, let alone researched, although, in recent years, a few studies have been carried out in this regard (Krishnan et al., 2024). Since the primary responsibility for caregiving falls on mothers in the Indian context, it is necessary for them to accurately assess the dangers and develop modes to prevent them from occurring. This is in line with the Protection Motivation Theory (PMT), which is often used in studies related to CSA (Bhagyalakshmi & Kumar, 2022). According to this theory, it is important for the parents, in this case, mothers, to be firstly aware that CSA exists and that there is a real possibility of it occurring in their family. Secondly, once the mothers are conscious of the possibility, they need to be educated about strategies to prevent CSA. The present interactive module for mothers is aimed at implementing both these facets.

Methodology

The development of the module took place through eight phases using the interpretive and constructivist paradigmatic approach (Byrne, 2022). An examination of existing literature on the development of modules related to such topics revealed that the three most commonly used domains were knowledge, attitude, and practice (Banerjee et al., 2019). This approach, with the focus on these key domains, was adopted because in the Indian context, one of the major challenges faced in preventing CSA is the lack of public knowledge on its prevalence and ways to prevent it. This originates from a stigmatizing attitude about sex and the lack of open discussion about it. Finally, a combination of both lack of knowledge and negative attitude towards discussing topics related to sex has led to the lack of sufficient modules, such as the present one, that can help combat CSA. Moreover, the constructivist paradigmatic approach lays stress on the experiences of the learners, and allows mothers to be active participants rather than just passive listeners. With this background, the researchers carried out the various phases of the module development, a summary of which can also be seen in Table 1.

Research Design

The present research adopts the Design and Development Research Design. This design is often used in the development of modules that are useful in the real world through the adoption of various structured phases (Yew & Ismail, 2025). The authors adopted this design as the present research will use the eight phases under the interpretive and constructivist paradigmatic approach (Byrne, 2022).

Reflexivity, Analytic Rigor, and Researcher Positioning

In line with this approach towards thematic analysis, the researchers ensured reflexivity through the use of reflexive memos throughout the research process. These memos helped ensure the documentation of the researchers' thoughts and opinions during each of the eight phases, which helped enhance the module development process. The memos also helped the researchers keep track of how their own perspectives on CSA were moulded during each of the eight steps. To ensure analytic rigor, feedback from the stakeholders was

actively considered throughout the development of the module. The researchers conducted several discussions with doctors and mothers on their perspectives on CSA prevention strategies and took time to analyze the data meaningfully. Finally, with regard to researcher positioning, apart from being a psychology professor with a keen interest in understanding adverse childhood experiences, including child sexual abuse, the lead researcher is a mother who has come across several personal stories of CSA in the Indian context. Her experience, both as an academician and as a mother, has contributed to the insights gained during the data analysis and module development process.

Ethical Consideration

Considering the sensitive nature of the topic, the researchers have adhered to the principles laid down by the American Psychological Association (2003) as well as the principles laid down in the Declaration of Helsinki (World Medical Association, 2022). Written informed consent was obtained from all the participants, and ethical clearance for developing the module was granted by Jain University (USN181PHDPY01), where the first author developed the module as part of her PhD. Furthermore, there was a counselor on call to ensure the psychological safety of the participants.

Operational Definitions

For the purpose of the present research, the researchers define children as those who are between the ages of 2-12 because children aged 13 are technically teenagers who undergo various reproductive changes and may require a different approach in the context of educating them on CSA. As far as the definition of CSA is concerned, the researchers have adopted the definition of CSA as laid out by the World Health Organization (2011), according to which CSA is “the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society.” In the present research, stakeholder refers to all the individuals who are actively involved in trying to reduce the instances of child sexual abuse. This includes mothers,

survivors of CSA, and healthcare professionals, to name a few. Participants refer to those among the stakeholders who contributed to the development of this module through the present research. Finally, experts refer to individuals with certain qualifications and significant work experience in the area of child sexual abuse, which allows them to contribute a more nuanced and practical perspective on preventive strategies in the context of CSA. This includes child rights advocates, psychologists, and physicians who deal with CSA cases on a regular basis. Such experts were consulted during the development of this module.

The First Phase

The first phase, known as the exploratory phase, involved the development of the relevant themes under each of the three major domains (knowledge, attitude, and practice) based on the existing literature on the prevention of CSA and input from three experts from the urban Bengaluru area. The first expert was a child rights advocate working in a non-governmental organization that directly deals with children from difficult circumstances who have experienced CSA as well as other forms of abuse. The researcher chose such an expert from the non-governmental organization setting because such organizations offer child-friendly spaces, which have been found to be helpful for survivors of CSA and other forms of abuse (Islam, 2019). Hence, professionals working in such organizations directly deal with children who have experienced sexual abuse. The second expert was a clinical psychologist who works with children who have been sexually abused. This expert was selected to help provide a clinical perspective on the problem. A clinical perspective is important because a clinical assessment of the symptoms can help identify possible signs of CSA and can help alert the mother or parent so that further instances of such abuse can be prevented (Vrolijk-Bosschaart et al., 2018). The third expert was a gynaecologist who has directly worked with mothers whose children have experienced CSA in order to better understand the medical symptoms of CSA (Adams, 2018). The examination of existing literature and discussions with the three experts, therefore, involved the use of both inductive and deductive approaches to develop the broad themes (Proudfoot, 2023). The culmination of

these efforts resulted in the following themes under each of the three domains: Under the knowledge domain, the following themes were identified: Awareness and perceived prevalence of CSA, the definition of CSA, stranger danger, a popular myth that only strangers are likely to abuse children, immediate and long term consequence of sexual abuse, and laws related to the prevention of CSA. Under the attitude domain, the researcher identified two themes, namely, sex as taboo and early exposure to sex education. Under the practices domain, three themes were identified: prevention programs or the interest of mothers in attending preventive programs, good touch, bad touch, and the safety team, which could involve the people to whom the child was likely to disclose sexual abuse, if any. With the themes under each of the domains now identified, the researchers then moved on to the second phase.

Second Phase

The primary objective of the second phase was to develop certain probes under each of the domains and themes that would examine the knowledge, attitude, and practice relating to CSA among the respondents. Specifically, these probes were developed to elicit deep and rich information under each of the domains and themes. Probes are generally considered effective in such scenarios (Robinson, 2023). In order to develop these probes, the researchers gathered more input from the three experts mentioned in phase one, as well as from an adult survivor and two mothers who were referred by the experts and who consented to be part of the research. The input from mothers and the survivors was sought, as they are key stakeholders in this issue. This resulted in a total of 28 probes under the knowledge domain, followed by 16 probes under the attitude domain and 29 probes under the practices domain. It may be noted that each of these probes was identified with specific reference to each of the themes under the three major domains.

Third phase

In the third phase, the probes were framed as questions with input from the three stakeholders mentioned in the previous phase. These questions were then included as part of

a semi-structured interview for mothers with young children. The questions had to be refined with the help of the stakeholders to ensure that the respondents did not have any difficulty in either understanding or answering the questions. The semi-structured interview schedule also included questions that would help the researchers gather basic details of the respondents.

Fourth phase

Once the interview schedule was prepared, a Google form inviting potential respondents was posted on social media platforms, inviting mothers from the urban Bengaluru area who were interested in being part of the study. The inclusion criteria were that the respondents had to be mothers of children aged 2-12 years from the urban Bengaluru area who could communicate in English. Furthermore, mothers with children with intellectual challenges and psychiatric disorders were not included in the study as they would require special methods to teach about CSA, which the proposed module was not designed for (Chodan et al., 2017). This open invitation resulted in a total of eight mothers who met the inclusion criteria to participate in the online interview conducted through Google Meet. The youngest respondent was 31 years old, and the oldest was 45 years old, with a mean age of 37 years. Two participants had an undergraduate degree, two had a Master's degree, one had an MPhil degree, and three had a PhD. While four mothers had two children, the remaining had one each. In total, the respondents had six female children and six male children (a total of twelve children). Interestingly, seven of the eight mothers had themselves experienced CSA. After the discussion, the researchers noted that the themes had reached a saturation point, and as a result, there was no reason to include more respondents (Mason, 2010). The next step was to analyze the collected data.

Fifth Phase

In phase five, the collected data were analyzed and presented into themes under each of the three major domains- knowledge, attitude, and practice. The data were analyzed using NVivo, a software that is used to analyze qualitative data (Lumivero, 2025). Using the codes that were recorded, there were five themes that were recorded under the knowledge domain,

two under attitude, and two under practices. Hence, a total of nine themes were identified, and the researchers carried out a thematic analysis using the Clarke and Braun approach (Clarke & Braun, 2017).

Sixth phase

Using the themes, the researchers developed the interactive module. Careful attention was paid to ensure that the module could be comprehended by mothers from various educational backgrounds. This was done to ensure the usability of the module for all mothers who could understand English and had young children in the specified age group.

Seventh Phase

In phase seven, the researchers carried out the face validity of the module using the experts, as well as a mother with two children involved in the study. One of the experts suggested keeping the images in the interactive model to be more culturally specific (Indian) so that it is more relatable. Furthermore, another suggestion was to replace the terms good and bad touch with safe and unsafe touch because, for children, some forms of sexual touch, formerly known as ‘bad touch,’ could evoke feelings of guilt experienced by the abused (Shinde, 2019). The modified module was then tested through a pilot study in the form of a workshop.

Eighth Phase

In the eighth phase, the researcher conducted a pilot study in the form of a 60-minute workshop. The workshop was conducted in a community club involving 15 mothers and 20 stakeholders, such as academic experts on CSA, school principals, teachers, grandparents, and advocates working on CSA. The stakeholders volunteered to be part of the workshop after coming across a poster displayed on their notice boards and circulated on their social media handles. The workshop generated a significant amount of positive feedback.

Subjective Feedback about the Module

Four participants volunteered to provide written feedback about the workshop that included the module. All four participants provided very positive feedback about the

usefulness of the module. One of the participants stated, *"Your book (module) should have been published at least 50, if not 100, years ago."* Another stated, *"Such a module on CSA is highly empowering to the child and the parent. It puts sexual abuse in a plain and simple form with easy distinction between what is appropriate and (what is) not."*

Quantitative Feedback from the Workshop

In order to secure quantitative feedback from the respondents who attended the workshop, the researchers modified the Survey Instrument Validation Rating Scale (Oducado, 2020) to suit the sections of the module. Out of 35 members who attended the workshop, 15 individuals volunteered to respond to the feedback form. There were no changes made to the total number of items on the scale. Hence, there were a total of 13 items, and the reliability of the modified tool was found to be acceptable (Cronbach Alpha value = 0.70) (Taber, 2018). Respondents could rate the items on a scale of 1-5, with 1 representing strongly disagree and 5 representing strongly agree, with higher scores representing the opinion that the module is indeed appropriate and well structured. Out of a possible score of 65, the mean was found to be 60.13, with a minimum of 56 and a maximum of 65. Furthermore, a little more than two-thirds (66.7 percent) of the respondents rated it 90 percent or above, indicating that the majority of the respondents had very positive feedback about the usefulness of the module.

Quantitative Feedback from Mothers and Experts

The same modified scale was then used to secure quantitative feedback from the five mothers and two of the experts. While the feedback from the workshop represented the opinion of a combination of mothers and other stakeholders (general public), there was a need to secure quantitative feedback from mothers who met the inclusion criteria as well as experts who directly dealt with the issue of CSA on a day-to-day basis as part of their profession. The reliability of the scale was once again tested, and once again, the reliability of the tool was found to be in the acceptable range (Cronbach Alpha value = 0.72) (Taber, 2018). The mean was found to be 60, with a minimum of 56 and a maximum of 65, indicating that just like the respondents of the workshop, the mothers who met the inclusion

criteria and the experts also found the module to be highly appropriate, with 71.4 percent of the respondents rating it 90 percent or above in terms of its usefulness.

Description of the Interactive-Psychoeducational Module

The 54-page interactive-psychoeducational module includes 10 sections, which were derived from the themes developed under the three domains- knowledge, attitude, and practice. Each of the sections follows a standard format, which includes a quote, in the beginning, surrounding child empowerment; this was set up to set the tone for the rest of the section, followed by the introduction to the topic highlighting its importance of that specific section, a did-you-know section to inform the reader about some statistics surrounding CSA along with a YouTube link to a video on this issue. Following this, there are two activities under each section- one for the mother and the other for the child on the topic. Below that, there is a reflection section with questions that can enable the mother to test herself on what she has learned through that section. The last part of each section includes a section on relevant resources, which includes a video on that section. More importantly, at the beginning of the module, there is a section titled- How to use this Module, where the readers are informed about the various icons indicating which each activity/reflection for the mentioned topics is meant for and what it signifies. The ten sections are as follows:

1. Creating a Culture of Trust and Openness.
2. The Importance of using Names of Genitals with your Child.
3. Identifying Emotions: What is the Relationship between Expressing Emotions and Prevention of CSA?
4. Replacing the “Good” vs “Bad” Touch with “Appropriate” vs Inappropriate” Touch and the Feelings Associated with Them.
5. What is POCSO, and why is it Important?
6. The Importance of a Safety Team.
7. The Difference between a Safe Secret vs Unsafe Secret.
8. Body Ownership - My Body Belongs to Me.

9. What is the Appropriate Age to Start Discussing CSA Prevention with My Child?
10. Teaching Children Online Safety.

Additionally, the module has a section covering the answers for the activities.

Suitability and Application of the Module

This module is suited for mothers with children between 2-12 years, belonging to any gender. This module is culturally sensitive to the Indian culture, where sex is taboo, especially when it is discussed outside the marital scenario (Majumdar, 2018). The module, however, is suitable for any mother who can read and write in English. Each section of the module takes 45 minutes to complete, making it a suitable resource material for one-day workshops for mothers with children between the ages of 2-12 on CSA. The workshop implementing the module could be conducted with a group of mothers or with individual mothers.

Implications for Child Care Practice

As discussed in the previous sections, there is an urgent need for an indigenous set of tools, such as this module, that can help shed more light on this issue and help keep children safe from sexual predators. Specifically, the authors believe that this module will serve as a useful tool for child care practitioners in the country. Organisations working in low-income neighbourhoods, where residents have no means of learning more about these issues, could provide training for mothers using this module. In schools, as part of the annual parent-teacher meeting, school administrators could organise an add-on workshop on how mothers could help prevent CSA using this module. In some cases, a mother with her child may approach a mental health professional to overcome a recent incident of CSA. In such a scenario, if the mother feels that there is a possibility of such an incident occurring again, then the psychologist could initiate a workshop in the organization for such clients who are willing to come together, discuss, and plan effective ways in which it can be prevented in the future. The organisation could conduct training for the mothers using this module. In India, there are several non-governmental organisations that provide shelter to street children. The

female staff in such organisations could be trained by social workers using this module to help identify and protect such children under their care. Although the female staff may not be mothers, the content of this module could be used to train them in this regard. The Indian government organises several awareness programmes in rural areas on sensitive issues such as family planning, child marriage, and HIV/AIDS. Such programmes are needed since they are deemed taboo in rural societies. In addition to these issues, the government could also use this module to discuss this issue and train mothers in rural areas in this regard.

Discussion

In recent years, there has been a significant rise in the number of studies on the prevention of CSA (Patterson et al., 2022; Kewley et al., 2023; Helpingstine et al., 2024; Harris et al., 2024), however, there is a paucity of interactive psychoeducational modules for mothers in developing countries like India, that lists practical strategies on how to discuss this matter with their children and how to prevent it. This research was primarily aimed at filling this gap. Currently, several of the prevention approaches do not involve practical guidelines. Moreover, such approaches are also focused on parents, as in couples with children (Rudolph et al., 2018; Rudolph et al., 2024). However, the present module is designed specifically for mothers, who are considered to be the primary caregivers and nurturers (Pakaluk & Price, 2020). While there are existing modules on CSA (Apaydın Cırık & Karakurt, 2024), they are not culturally appropriate for the Indian and other conservative cultures that view sex as taboo (Pandey & Rao, 2023). The use of pictures, videos, and icons helps ensure that the module is interesting, informative, and implementable by the reader. The module encourages mothers to establish a safety team for their children as a preventive measure against CSA. It is hoped that the module will also help improve the disclosure rates, which are currently low (Manay & Collin-Vézina, 2021). Despite the serious nature of CSA, it is rarely discussed, and when it is discussed in India (Choudhary et al., 2019), it is generally addressed as a part of life-skills training programs that do not offer practical guidelines on how to prevent CSA, especially for mothers who truly need it. Moreover, there is a serious lack of tested modules

for conducting such programs/workshops, which this module aims to address. Another important point to note is that although the present study is about the development of a module for mothers in the Indian context, fathers must also play an important role in this aspect. In India, culturally, mothers are expected to play a larger role in child care; however, over the years, with the increasing entry of women into the Indian workplace, it is apparent that both parents must be able to equally share domestic responsibilities, including parenting and ensuring the safety of their children from sexual predators. It is hoped that in the future, when the stigma surrounding CSA discussions fades and when gender roles do not strictly determine parenting responsibilities, a module for both parents may be warranted in the Indian context.

Limitations of the Study

One of the limitations of this module is that it is useful only for those mothers who can understand English. India is a diverse country with multiple languages spoken in different regions. Hence, in order for the module to be useful for every Indian mother, irrespective of their mother tongue, it needs to be translated into other Indian languages as well. Furthermore, this module is yet to be simplified for those mothers who may not be well educated and might need greater support in gaining useful insights from the module. Finally, the lived experiences of participants may have influenced their perspectives, which in turn could have influenced the module development process. However, the researchers have ensured scientific rigor throughout the module development process.

Suggestions for Future Research

In order to test the effectiveness of the module further, it is suggested to carry out Randomised Controlled Trials (RCT), which are often considered a gold standard for effectiveness research (Hariton & Locascio, 2018). Such a study could help strengthen the trust in the effectiveness and usefulness of the present module.

Conclusion

CSA is widely considered a part of adverse childhood experiences, which in turn have been linked to the development of several diseases in adulthood, such as ischemic heart disease, cancer, and liver disease, to name a few (Felitti et al., 1998). Considering the serious nature of the issue at hand, the primary objective of this research was to develop an interactive psychoeducational module on the prevention of CSA for mothers in the Indian context. This effort included the development of the interactive psychoeducational module for mothers with children aged 2-12 years, using the Clarke and Braun method of thematic analysis. The module was also tested with mothers, experts, and other stakeholders, the majority of whom rated it highly.

Author Contribution

Neeta Gerosa Pereira conceptualized and designed the study. Neeta Gerosa Pereira and Pooja Varma jointly analyzed and interpreted the data. S. Rama Gokula Krishnan helped draft the paper, and Tony Brian D'souza helped revise it critically for intellectual content. All the authors worked collaboratively and provided the final approval of the version to be published. Moreover, all the authors agree to be accountable for all aspects of the work.

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Table 1- Phases of Module Development

Phases	Title	Objectives	Activities
Phase I	Exploratory Phase	To develop relevant themes under each of the three major domains (knowledge, attitude, and practice)	Development of themes with the assistance of three experts.
Phase II	Probe Development	To develop certain probes under each of the domains and themes that would examine the knowledge, attitude, and practice relating to child sexual abuse among the respondents.	Gathering more input from the three experts mentioned in phase one, as well as from an adult survivor and two mothers referred by the experts, to develop probes.
Phase III	Framing Questions	To use the probes to frame questions for the interview schedule.	Development of a semi-structured interview schedule with questions for mothers with young children.
Phase IV	Data Collection	To seek potential participants based on the inclusion and exclusion criteria and collect data from them.	Deployment of a Google form on social media platforms, seeking the willingness of potential participants, and then conducting the interviews.
Phase V	Data Analysis	To analyse the collected data under each of the three main domains- Knowledge, Attitude, and Practice.	Analysis of the data using a qualitative data analysis software such as NVivo.
Phase VI	Module Development	To develop an interactive module based on the analysed data.	Ensuring that the developed module can be widely adopted by making it easy to understand.
Phase VII	Module Validation	To ensure face validation of the module.	Validating the module with the help of experts and the mother.
Phase VIII	Pilot Study	To conduct a pilot study in the form of a workshop.	Conducting a workshop involving 15 mothers and 20 stakeholders.

Table 1 details the phases of the module development along with the title, objectives, and key activities under each stage