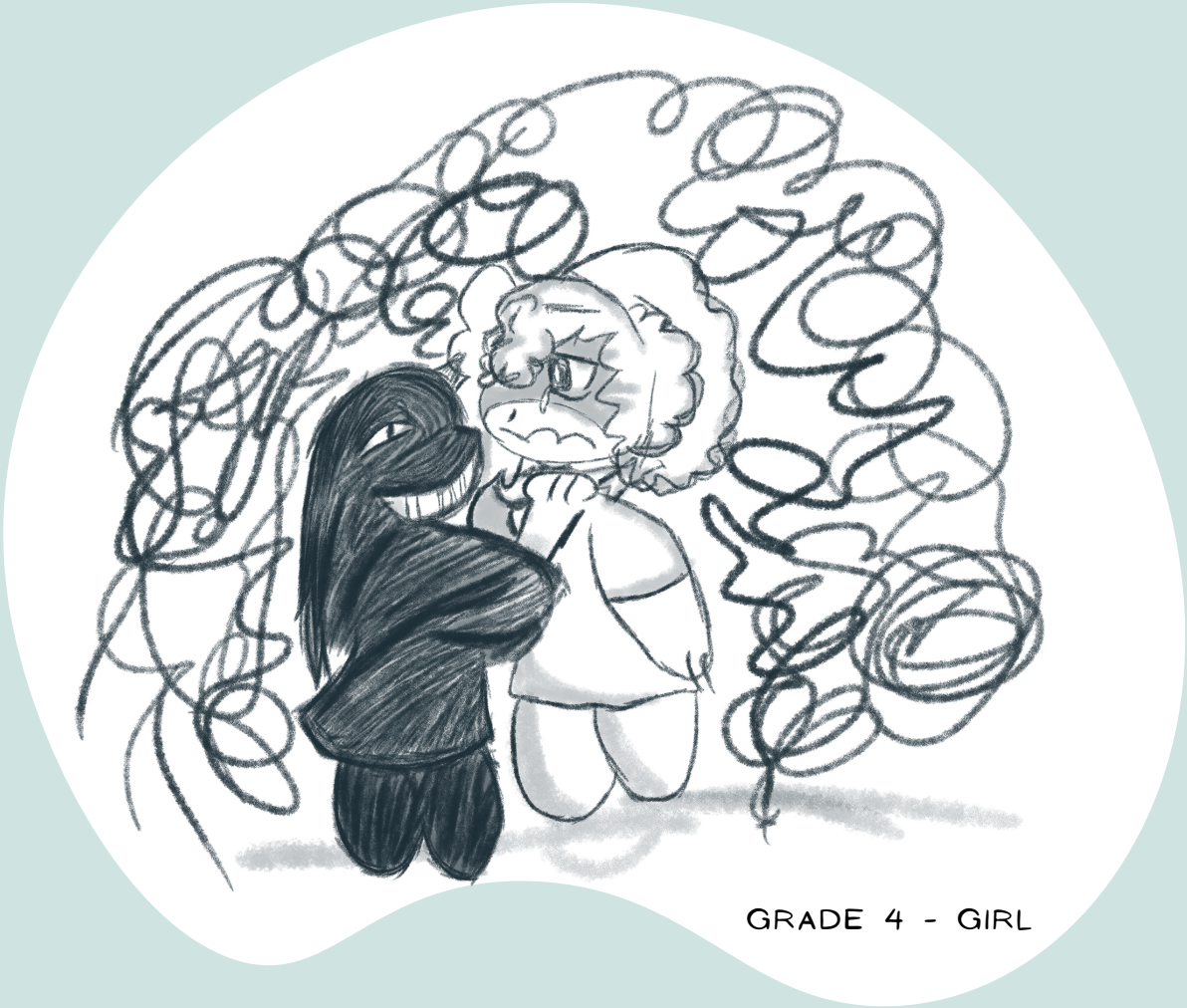
SSDO
Sustainable Social Development Organization

Children's Understanding of Good Touch and Bad Touch

A Developmental Study



Reference: Through the eyes of a child.

Acknowledgments

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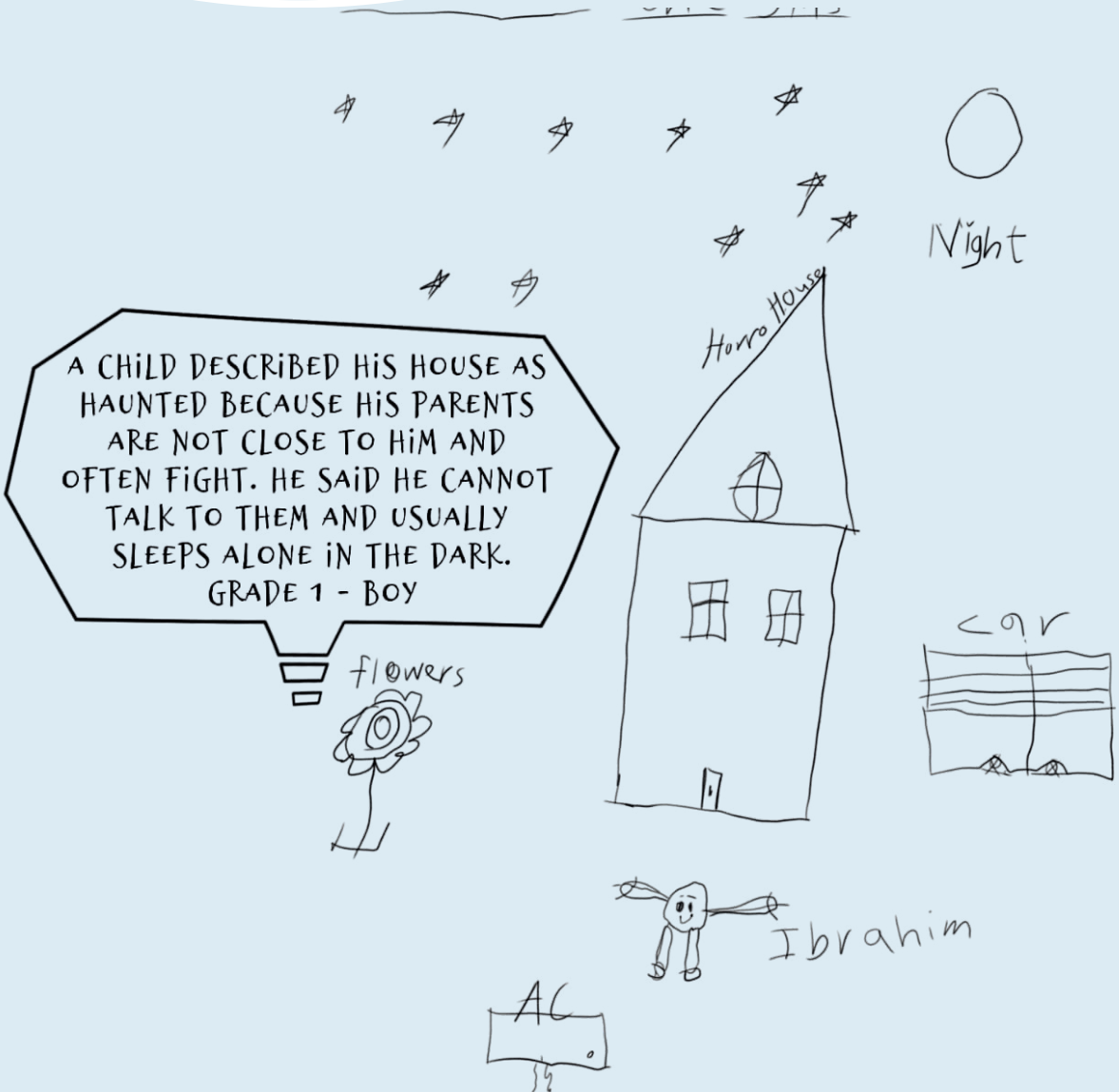
A CHILD DESCRIBED HIS HOUSE AS HAUNTED BECAUSE HIS PARENTS ARE NOT CLOSE TO HIM AND OFTEN FIGHT. HE SAID HE CANNOT TALK TO THEM AND USUALLY SLEEPS ALONE IN THE DARK.
GRADE 1 - BOY
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Protecting children is a critical component of society's development and a moral responsibility. All children deserve to live and thrive in a safe environment. Child protection refers to preventing and safeguarding children from all forms of violence, including sexual abuse and physical abuse. Through out the world each day, millions of children suffer from any form of violence. This can happen in different environments from their homes, schools, or community. This causes grave impacts on the physical, mental and emotional health, education and on the quality of life of a child (Hillis et al., 2016). These impacts can be short, medium and long term. Globally half a billion children subjected to violence every year, ranging from sexual abuse and exploitation and neglected (WHO, n.d.). The global economic impact of physical, psychological, and sexual violence against children is estimated at $7 trillion annually (Pereznieto, 2014). This massive figure accentuates that child protection is not just a moral responsibility however, also an economic and public health priority.

The consequences are often multi-generational, those who have experienced the violence in childhood are more likely to grow into violent adults, primarily because their mental state is moulded by early trauma, self doubt, and emotional instability (Greene et al., 2020). Their psychological scars are often untreated, influencing their quality of life, how they interact with others and response to conflicts. Moreover, sexual abuse is correlated with psychological disorders and high risk of suicide attempts (Pérez-Fuentes et al., 2013). As mental health is largely affected in such child associated with the high risk of deterioration observed through different stages of life - from childhood to adolescence (Bajpai & Bajpai, 2017).

The younger children are most vulnerable to the abuse and girls are slightly more vulnerable than boys, with a victimization rate of 8.2 per 1,000 girls compared to 7.1 per 1,000 boys (National Statistics on Child Abuse, n.d.). Children of age range 12-18 years are mostly targeted by these heinous crime(Pooja et al., 2022). In most cases the culprit is not a stranger but someone familiar to the child (Cleveland Clinic, n.d.). These individuals have routine access to the child in daily life which not only facilitate the abuse but also makes harder for children to recognize it as abuse.

Protecting children is a critical component of society's development and a moral responsibility. All children deserve to live and thrive in a safe environment. Child protection refers to preventing and safeguarding children from all forms of violence, including sexual abuse and physical abuse. Through out the world each day, millions of children suffer from any form of violence. This can happen in different environments from their homes, schools, or community. This causes grave impacts on the physical, mental and emotional health, education and on the quality of life of a child (Hillis et al., 2016). These impacts can be short, medium and long term. Globally half a billion children subjected to violence every year, ranging from sexual abuse and exploitation and neglected (WHO, n.d.). The global economic impact of physical, psychological, and sexual violence against children is estimated at $7 trillion annually (Pereznieto, 2014). This massive figure accentuates that child protection is not just a moral responsibility however, also an economic and public health priority.

Children even adolescents cannot recognize the difference between good and bad touch and inappropriate behaviours. They remain unfamiliar with such education and awareness and, as a result, incapable to distinguish people and their intentions (Pooja et al., 2022). That is why ending violence against children is also mentioned in the Sustainable Development Goal 16 – Peace, Justice and Strong Institutions, Target 16.2 is directly linked to protecting children from abuse, exploitation, trafficking and violence (UN, n.d.).

The Sustainable Social Development (SSDO) released a five-year (2019-2023) report on child sexual abuse. The reported cases in these five years were 5398, more concerning fact is the 220% surge in the cases during this period. This situation aggravated in 2024, with 2948 reported cases in a single year, giving a bleak picture of the safety and well-being of children across the country. This data was obtained through Right to Information (RTI) applications submitted under provincial laws in Punjab, Khyber Pakhtunkhwa, Sindh and Balochistan.

The second report on Violence against Children of 2024 also presents the terrifying condition of child protection. Within the confines of the year 2024, 638 cases of physical abuse and 2954 cases of sexual abuse were registered in four provinces Punjab, Sindh, Khyber Pakhtunkhwa and Balochistan. These are just the number of reported cases across all provinces but there are hundreds and thousands of cases which remain unreported. This defines the severity of the situation.

In response to this growing crisis, SSDO conducted Child Protection workshops, specifically focusing on concepts of appropriate and inappropriate touch. These sessions were designed to help children identify concerning behaviors and encourage them to communicate with trusted guardians and seek support when needed.Following the initial session, it became apparent that a significant number of participating children had already encountered inappropriate experiences. To assess the educational impact and better understand the scope of the situation, SSDO implemented pre- and post-session evaluations.

Additionally, an anonymous expression activity was incorporated, wherein children were provided with blank pages to voluntarily share their experiences through drawings or written interpretations, if they chose to do so. These sessions illuminated the critical nature of child protection education and highlighted the urgent need for continued awareness and support systems within the community. The revision maintains the research context while using more appropriate terminology for discussing child protection issues in academic and organizational reporting.

Methodology

A sequential mixed-methods approach was employed to assess children's understanding of physical touch, specifically regarding good and bad touch. Initially, a quantitative survey was administered to establish baseline knowledge and attitudes with children at the start of the session. This was followed by a story-telling qualitative intervention that utilized visualization techniques to engage the children's imagination and critical thinking. The methodology concluded with a post-test assessment to measure changes in understanding and awareness following the narrative intervention. The story-telling component served as the primary investigative tool, creating a comfortable environment for children to explore sensitive concepts through indirect discourse. This type of research helps understand the cross-cutting issues qualitatively and quantitatively with basic statistical analysis(Creswell, 1999). This approach enabled the direct collection of responses from children of different schools to formulate recommendations for child protection and policy formulation for NGOs, government, the education sector and policymakers.

Data Collection

Around 07 qualitative awareness sessions were conducted in various schools across Islamabad and Rawalpindi. Using cluster sampling, children from grades 1 to 6, aged between 7-13 years, were selected as participants. These sessions were held in classroom settings that provided complete privacy to the children. Primary data was collected from a total of 203 respondents across the participating schools. Data was collected using

·Pre and Post tests: Structured questionnaire with close-ended questions (Yes/No/Not Sure) were conducted before and after the sessions to quantitatively measure the change in students' knowledge and awareness.

·Baseline Questions: Two Questions were included to assess the prior concepts of children.

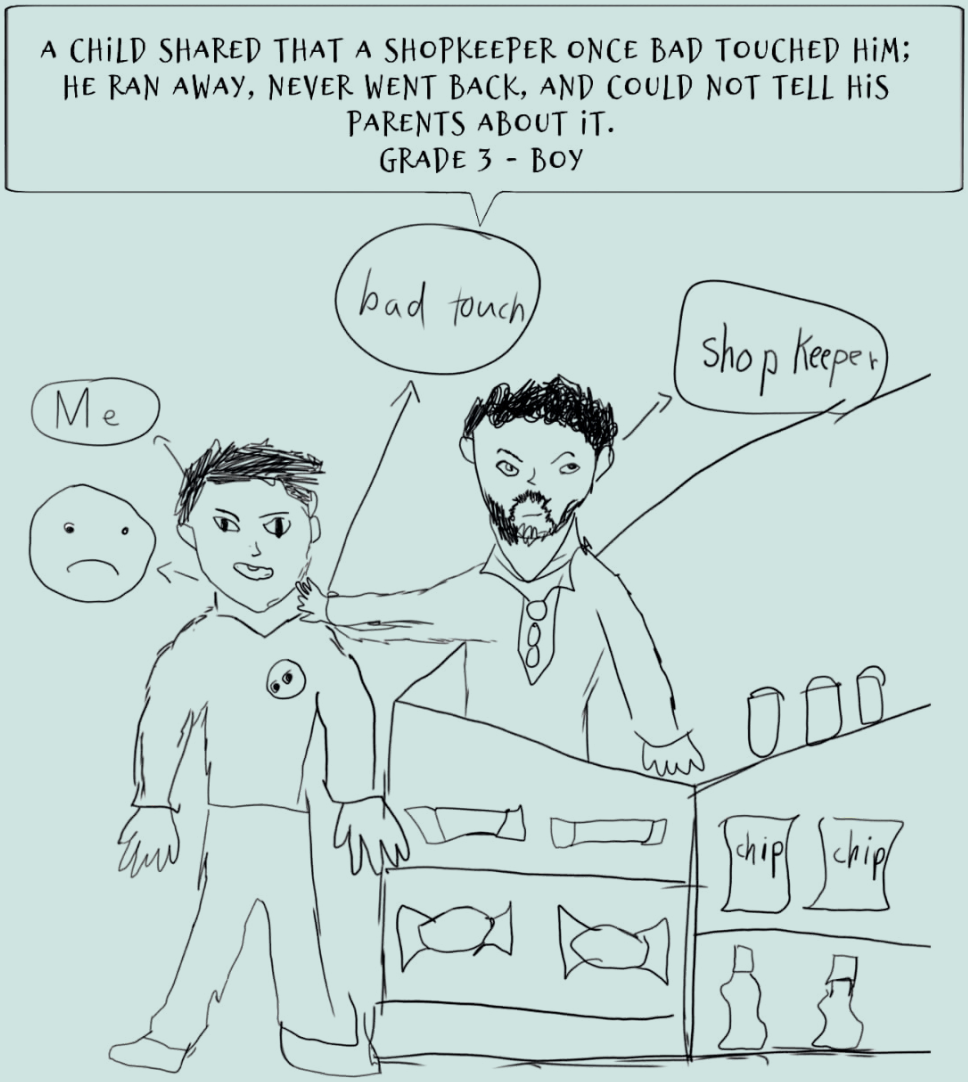
·Open-ended responses: Children (203 in total) were invited to anonymously share personal experiences related to bad touch through various expressive methods, including hand drawings, storytelling, or any other form of communication they preferred.

Data Analysis

The collected responses were compiled into a Microsoft Excel database for systematic analysis. Quantitative results were analyzed using percentage calculations to identify knowledge improvements, with statistical analysis conducted using SPSS 25 (Statistical Package for Social Sciences).

For the analysis of open-ended responses, thematic analysis methodology was employed to identify recurring patterns and common themes, with the objective of understanding children's reported experiences and emotional responses. The analytical process involved generating initial codes from the data, which were subsequently grouped into broader thematic categories for interpretation and analysis.

Key Findings



To evaluate the impact of the awareness sessions on children's understanding of good and bad touch and their ability to identify and respond to inappropriate touch. The questionnaire consisted of closed-ended questions to measure shifts in knowledge, confidence among them. The data is divided into two groups: Classes 1-2 and Classes 3-6 for clearer analysis and better understanding. The findings of each question are linked below:

Table 1: Frequency and Percentage of Responses

Classes	Frequency	Percent
1 to 2	63	31.0
3 to 6	140	69.0
Total	203	100.0

Baseline Questions at the start of the session

Question 1: Has anyone ever explained to you what a bad touch is?

Figure 1: Baseline Question no 1 Responses of Classes 1 to 2

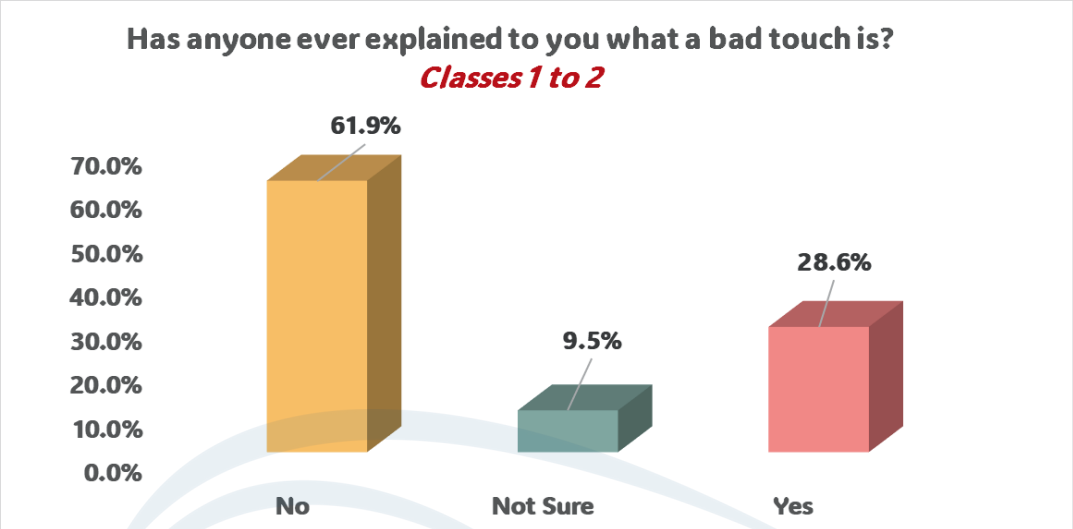
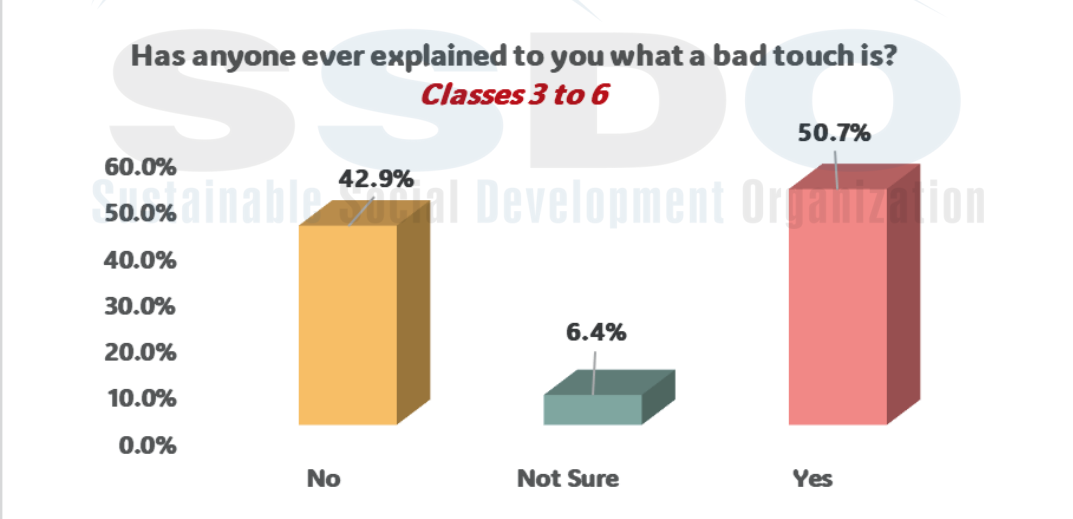


Figure 2 Baseline Question no 1 Responses of Classes 3 to 6



In response to the question aimed at determining whether children had ever been taught about bad touch, the observations reveal a noteworthy difference between the two educational groups. Among children in Classes 1-2, 61.9% reported No, 9.5% were Not sure, and 28.6% responded Yes. This reveals that more than half of the youngest group surveyed had not received any information on the subject, with a small portion uncertain about their exposure to such guidance.

In contrast, among students in Classes 3-6, 42.9% answered No, 6.4% were Not sure, and 50.7% stated Yes. Understandably, it can be observed that awareness of this concept would be higher among older children; however, a considerable share in this group also reported not having been taught or being unsure. The data reflects a clear age-related trend; a sizeable proportion of older children remains without confirmed knowledge on this important aspect of personal safety.

Communication with Parents

Question 2: Have your parents ever talked to you about good and bad touches?

Figure 3: Baseline Question no 2 Responses of Classes 1 to 2

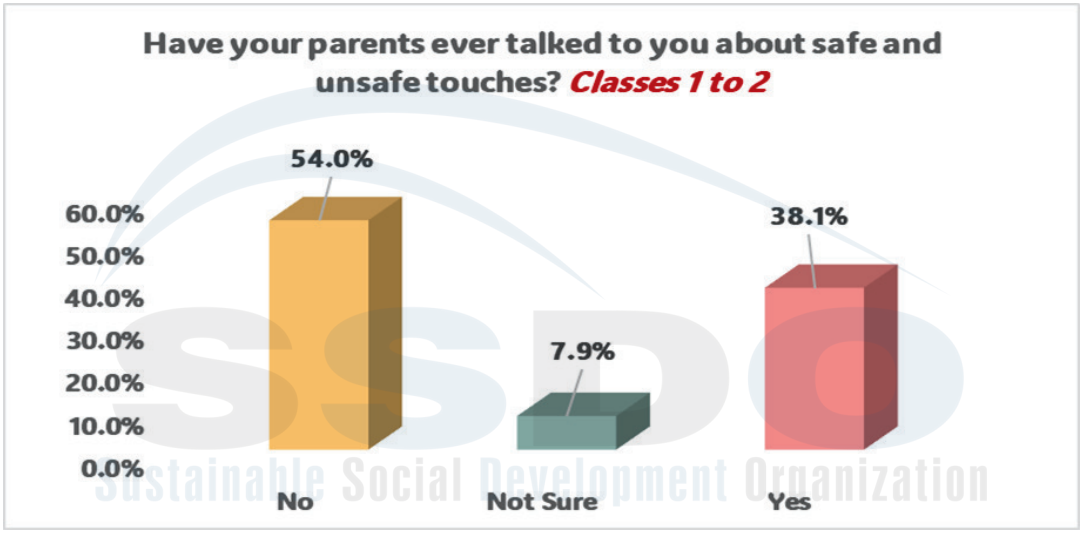
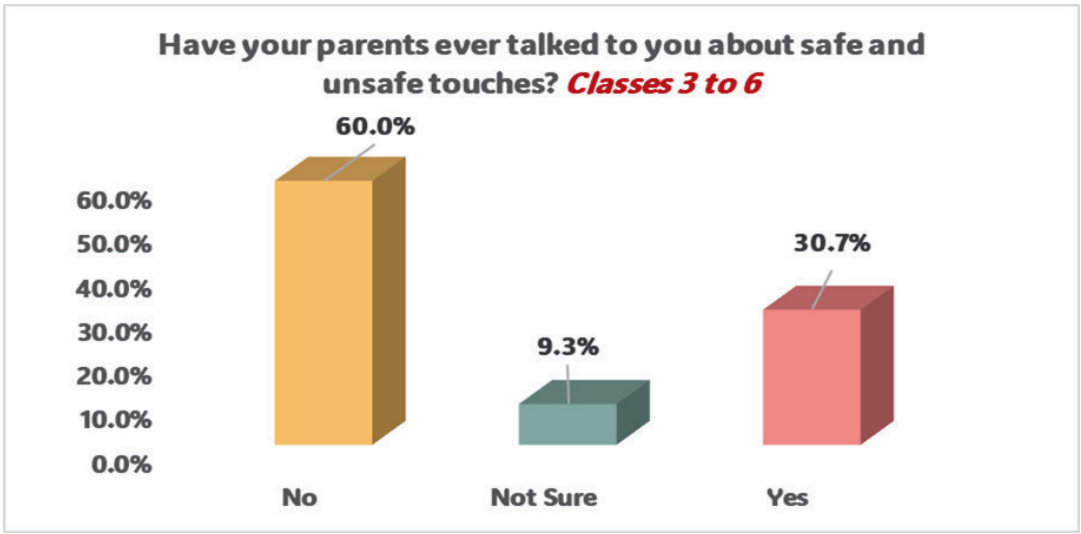


Figure 4: Baseline Question no 2 Responses of Classes 3 to 6



The question aimed to understand whether parents had ever spoken to their children about the concept of good touch and bad touch, shedding light on the communication gap that may exist within families. Among children in Classes 1-2, 54% responded No, 7.9% were Not sure, and 38.1% said Yes. It is understandable to that very young children may not always receive detailed explanations on such sensitive topics, as parents might believe they are too young to comprehend them. However, even at this early age, the absence of open conversation on personal safety leaves children without the tools to recognize or respond to inappropriate contact.

The concern becomes more pressing when we turn to the responses from Classes 3-6, where 60% said No, 9.3% were Not sure, and only 30.7% answered Yes. This is the age when many children begin to experience early puberty, making awareness of personal boundaries and body safety even more critical. In a world where access to information whether positive and negative is just a click away, it is essential for parents to be the first source of accurate, age-appropriate guidance. The fact that a majority of older children reported never having had this conversation is gravely disturbing, as it points to a squandered opportunity for parents to prepare their children for real-life situations. These figures go beyond numerical representation, offering a glimpse into the communication gaps that exist between parents and children, where core information on personal safety has not been proficiently conveyed.

Pre and Post Test Results:

1. Awareness on Good and Bad Touch:

Question: Do you know the difference between a good touch and a bad touch?

Figure 5: Pre-Post Test Question 1 Responses of Classes 1 to 2

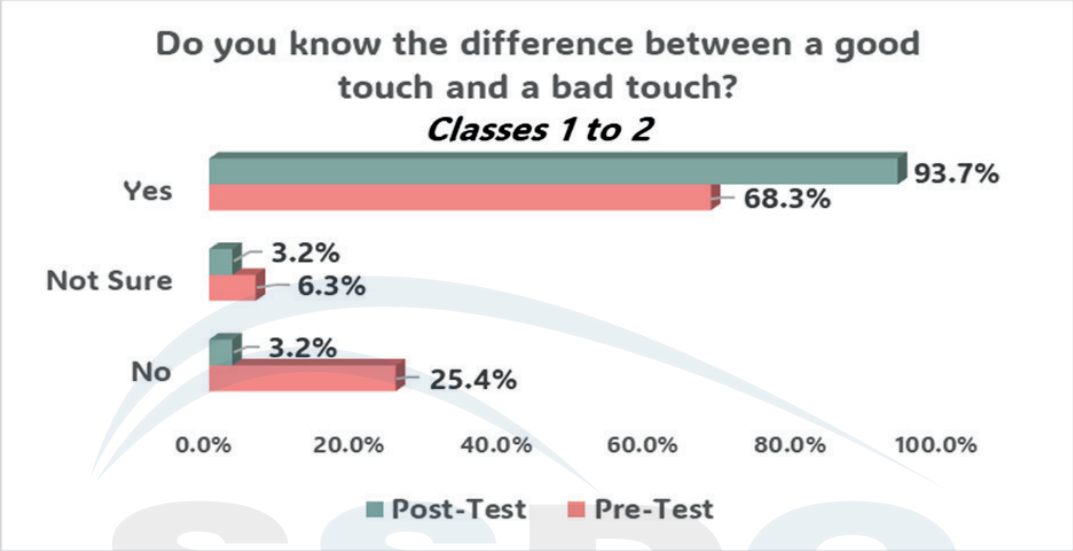
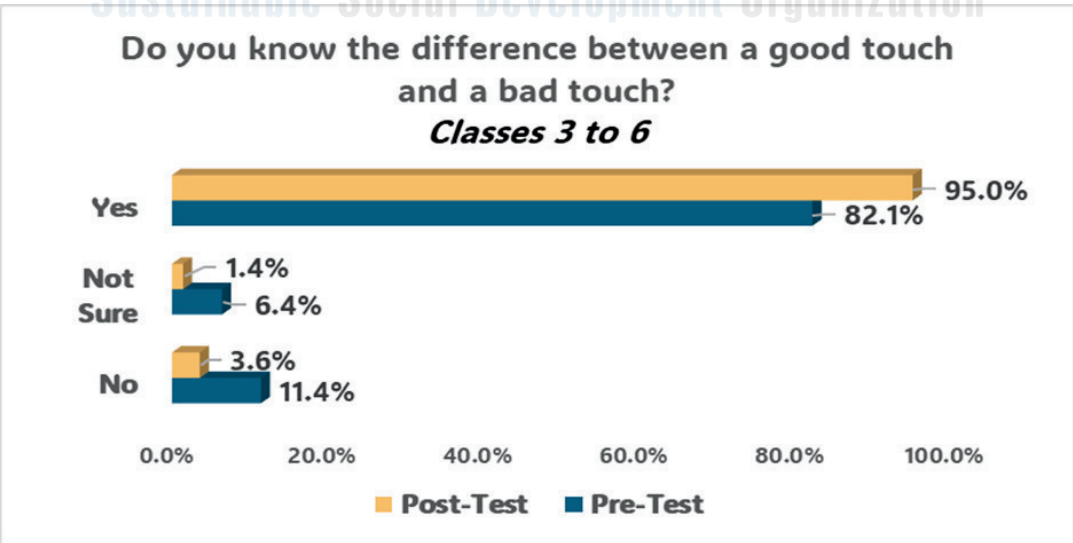


Figure 6: Pre-Post Test Question 1 Responses of Classes 3 to 6



Before the intervention session of classes 1-2, 25.4% of the children responded No when asked if they know the difference between a good touch and a bad touch, 6.3% responded Not sure, and 68.3% responded Yes. After the intervention session, the proportion of children responding No decreased to 3.2%, those responding Not sure also accounted for 3.2%, while the percentage of children responding Yes increased to 93.7%.

For classes 3 to 6, 82.1% of the children responded Yes, 3.6% responded No, and 1.4% responded Not sure. After the intervention session, the percentage of Yes responses increased to 95%. Percentages of No and Not sure, dropped to 3.6% and 1.4%. The data reveals a positive shift in the understanding and knowledge of children on the topic.

2. Response to Uncomfortable Situations

Question: If someone makes you feel uncomfortable with their touch, do you know what to do?

Figure 7: Pre-Post Test Question no 2 Responses of Classes 1 to 2

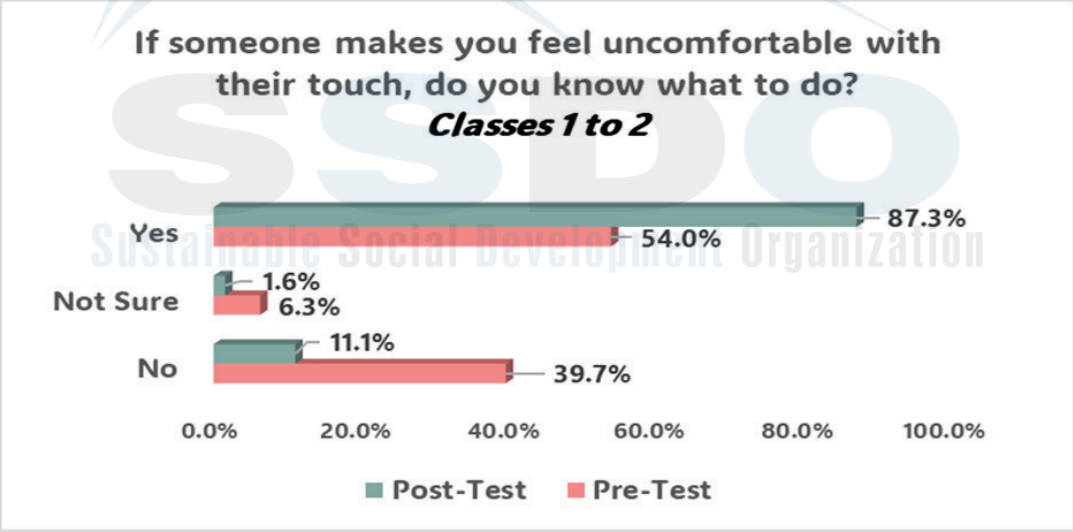
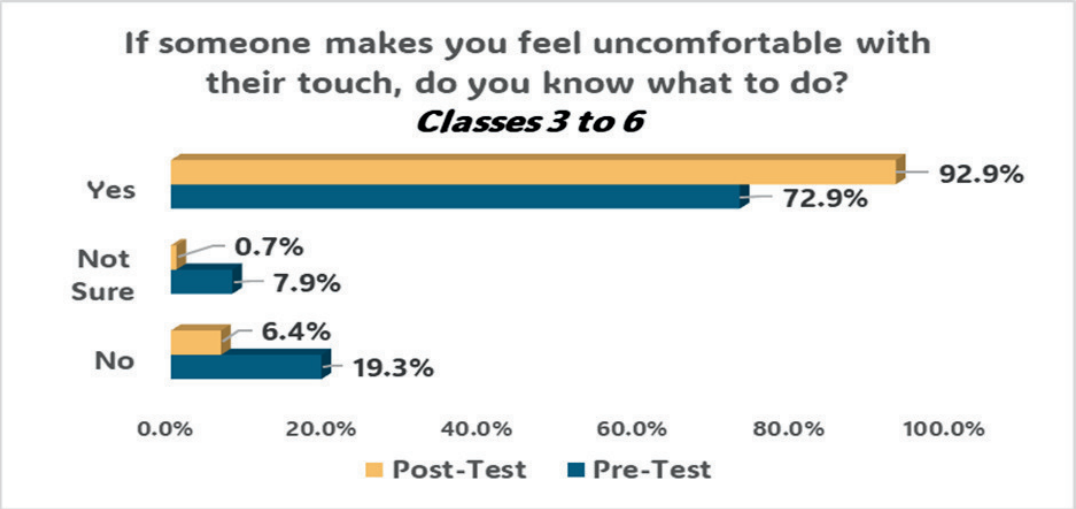


Figure 8: Pre-Post Test Question no 2 Responses of Classes 3 to 6



Before the awareness sessions, a prominent number of children did not know what steps to take if someone's touch made you feel uncomfortable. In Classes 1-2, 39.7% of students said "No" and 6.3% said they were "Not sure," meaning nearly half were uncertain or unaware of how to respond. In Classes 3-6, 19.3% responded "No" and 7.9% were "Not sure".

During the sessions, children were taught clear, age-appropriate strategies on what they can do in such situations. They were told that in such situations: say "No" loudly and firmly, moving or running away from the person, going to a safe place immediately, informing a trusted adult such as a parent, teacher, or elder, calling out for help if in danger. Telling them to remember that it is never their fault and they have the right to speak up.

After the intervention session, there was a noticeable improvement. In Classes 1-2, the percentage of students who answered "Yes" to knowing what to do increased from 54.0% to 87.3%. In Classes 3-6, it rose from 72.9% to 92.9%.

These findings echo that children lack awareness about responding to improper behaviour unless they are explicitly taught. Equipping them with simple, clear and recallable actions will empower them to protect themselves and seek help without hesitation.

3. Understanding Consent and Right to Say No

Question: Do you think it's okay to say "No" if you feel uncomfortable?

Figure 9: Pre-Post Test Question no 3 Responses of Classes 1 to 2

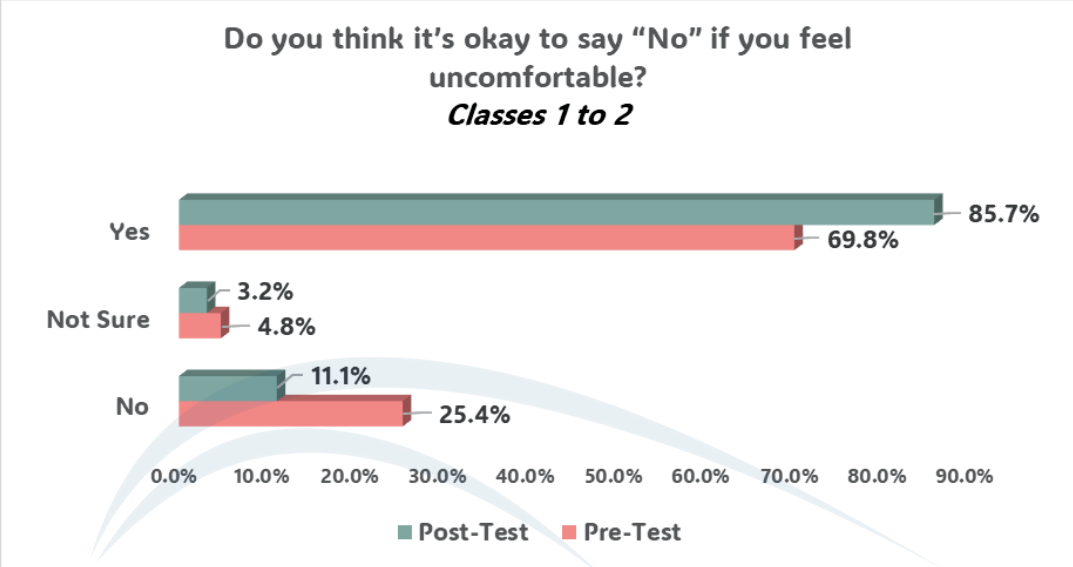
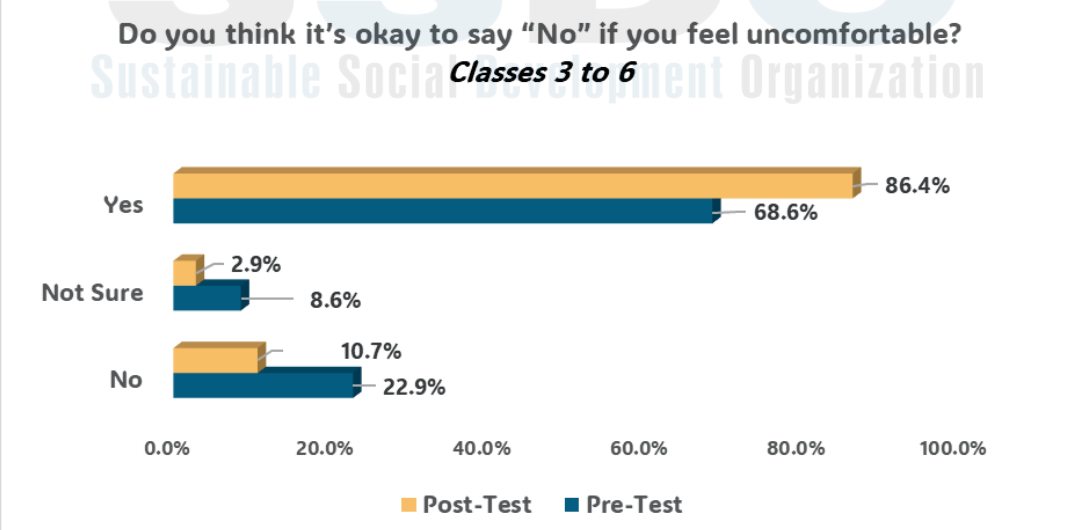


Figure 10: Pre-Post Test Question no 3 Responses of Classes 3 to 6



For classes 1–2, the percentage of children responding "Yes" increased from 69.8% in the pre-test to 85.7% in the post-test. Those saying "No" dropped significantly from 25.4% to 11.1%, while the "Not Sure" category also decreased from 4.8% to 3.2%.

For classes 3–6, the percentage of "Yes" responses rose from 68.6% to 86.4%. The number of children who answered "No" fell from 22.9% to 10.7%, and "Not Sure" decreased from 8.6% to 2.9%. The results show a clear improvement in children's understanding of their right to say "No" when they feel uncomfortable

During the sessions, we also emphasized that it is always okay to speak up and share with a trusted adult if they ever feel uncomfortable or face inappropriate behaviour. They were reminded that doing so is important for their own safety and protection, and that telling someone can help prevent harm.

4. Comfort in Disclosing Unsafe Situations

Question: How would you feel about telling a grown-up if someone's touch made you uncomfortable?

Figure 11: Pre-Post Test Question no 4 Responses of Classes 1 to 2

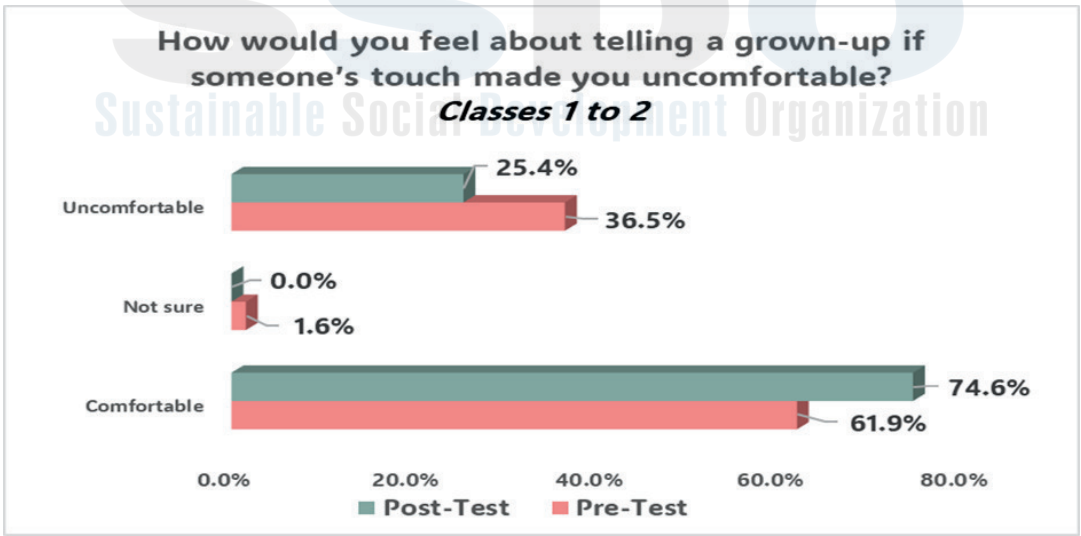
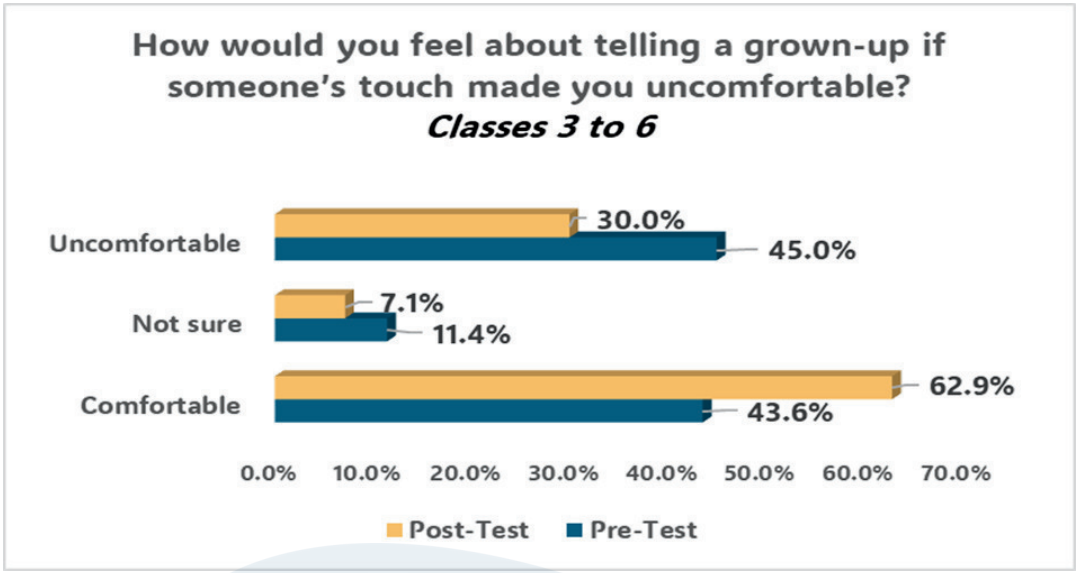


Figure 12: Pre-Post Test Question no 4 Responses of Classes 3 to 4



For classes 1-2, the percentage of children who felt comfortable increased from 61.9% in the pre-test to 74.6% in the post-test. The proportion of uncomfortable responses declined from 36.5% to 25.4%, and not sure dropped from 1.6% to 0%. For classes 3-6, the percentage of children who felt comfortable rose from 43.6% to 62.9%. The uncomfortable category decreased from 45.0% to 30.0%, while not sure responses went from 11.4% to 7.1%.

During the sessions, we noticed that many children were initially unwilling and hesitant to talk about such matters, and even after the session, the increase in comfort was not very large. This mentions the ingrained discomfort and hesitation around discussing personal safety and inappropriate touch. These are habits and mindsets that need to be nurtured from early childhood, so that awareness and openness become part of their natural responses. While teachers and mentors can guide them, parents have the most significant influence in building this confidence and trust. With consistent reinforcement at home, children are more likely to speak up when something feels wrong, ensuring their safety and well-being.

5. Identifying Trusted Adults

Question: Who would you talk to if someone made you feel unsafe or uncomfortable?

Figure 13:Trusted Adults Responses of Classes 1 to 2

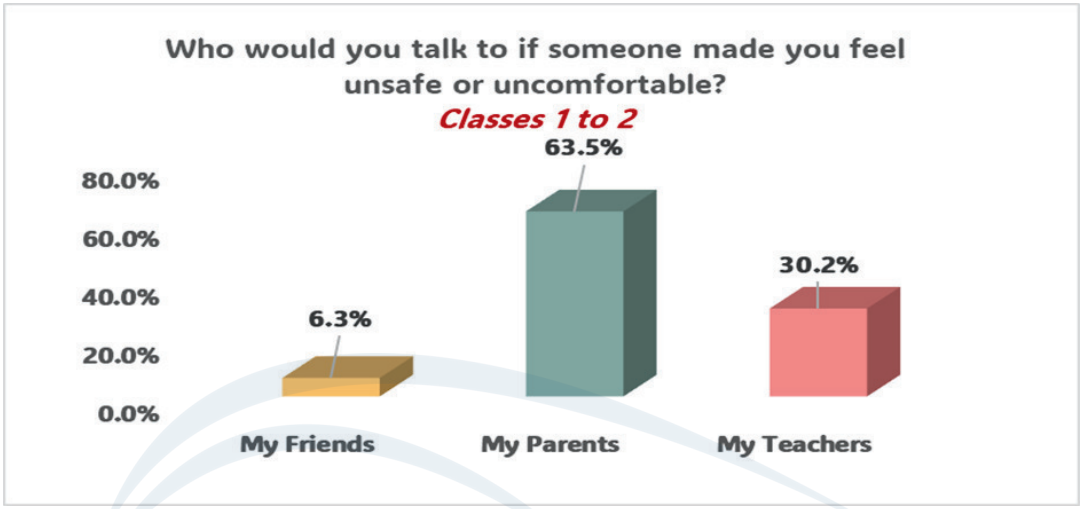
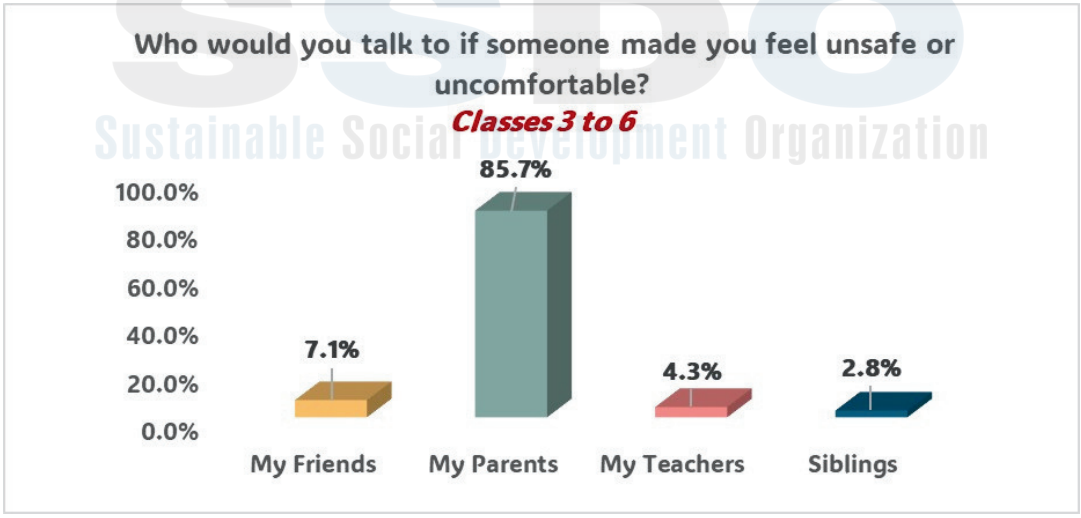


Figure 14: Trusted Adults Responses of Classes 3 to 6



The bar charts illustrate children's responses to the question regarding whom they would talk to if they felt unsafe or uncomfortable after attending the awareness session.

For Class 1 to 2 students, a majority (63.5%) said they would talk to their parents, followed by teachers (30.2%) and friends (6.3%). For Class 3 to 6 students, reliance on parents increases significantly to 85.7%, while a smaller percentage would approach friends (7.1%), teachers (4.3%), or siblings (2.8%). This points out that as children grow older, trust in parents as the primary source of support strengthens, whereas dependence on teachers declines sharply.

Discussion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A CHILD SHARED THAT HE IS SCARED OF HIS QARI SAHAB.
GRADE 4 - BOY

The child protection workshops demonstrate the transformative power of open, clear communication with children, as participants showed measurable improvements in understanding body safety, protective behaviours, and personal boundaries. Prior to these sessions, many children possessed only vague concepts of appropriate and inappropriate touch-insufficient knowledge for real-world protection. This educational gap raises critical questions about the effectiveness of existing child protection efforts. Despite years of discourse on this topic, our 2024 Violence against Children report documented 2,954 cases of sexual abuse alone, suggesting that the challenge extends beyond formal educational settings to fundamental communication barriers within families. As Rahimi Khalifeh Kandi et al. (2022) emphasize, lack of awareness about abuse remains a primary threat to children's safety.

Our research revealed that many children had never received body safety education from their parents-the very individuals they trust most for protection. When asked whom they would approach if feeling unsafe, most children identified parents first, followed by teachers, with few mentioning peers. This trust relationship creates both an opportunity and a responsibility for parents to serve as the primary educators on personal safety. However, this communication gap transcends socioeconomic boundaries, as our data encompassed children from schools with monthly fees ranging from 7,000 to 30,000 PKR, yet parental silence on these topics remained consistent across income levels. Even well-educated, financially stable families often avoided these conversations, indicating that the issue stems from cultural reluctance rather than educational or economic limitations.

This reluctance appears rooted in cultural discomfort and the misconception that children are "too young" for such discussions. Ironically, this protective instinct may inadvertently increase vulnerability. When homes normalize practices like body shaming as harmless humor, children's self-worth erodes, making them less likely to report inappropriate behavior later. As Mrs. Swapna (2021) emphasizes, children must understand with absolute certainty that no one has the right to touch their private parts, regardless of setting. The absence of these foundational conversations leaves children without essential protective knowledge that should be ingrained from early childhood.

The consequences of this communication void become evident when examining behavioural indicators. As Pooja et al. (2022) highlight, parents must recognize warning signs including sudden mood changes, loss of interest in favourite activities, increased irritability, or persistent fearfulness-indicators that require immediate attention. Yet without establishing open communication channels about body safety from the outset, parents may miss these critical signals or children may lack the vocabulary and confidence to articulate their experiences.

Breaking this silence requires a fundamental shift in approach, where parents must serve as the first line of defence by providing age-appropriate education about appropriate and inappropriate touch while ensuring children feel empowered to refuse uncomfortable situations. This necessitates parents first developing their own understanding of body safety and personal boundaries. While schools, awareness campaigns, and community sessions provide valuable reinforcement, lasting change must originate in the home environment where children's fundamental sense of safety develops. Normalizing these conversations through parent-to-parent discussions can help overcome cultural barriers, making it easier to transmit protective knowledge to the next generation. Real progress in child protection depends on transforming these essential safety conversations from exceptional occurrences into routine family dialogue, recognizing that the everyday conversations at home ultimately determine whether children possess the tools necessary to protect themselves.

RECOMMENDATIONS

SSDO held a consultative session with parliamentarians from the Parliamentary Caucus on Child Rights to discuss key issues, share evidence-based findings, and gather their insights for strengthening child protection efforts. The references and data presented in this report are drawn from the discussions, feedback, and recommendations shared by the parliamentarians during this consultative session.

1. Over half of younger children had never been taught about good or bad touch, leaving them vulnerable. Introduce mandatory, age-appropriate body safety lessons in the national curriculum, train teachers, and ensure uniform implementation across public and private schools.
2. Since most children reported never discussing body safety with parents, launch nationwide campaigns and provide toolkits to guide parents in having open, age-appropriate conversations. Parent-Teacher Associations (PTAs) should hold regular sessions to normalize such discussions at home.
3. Children remain hesitant to report unsafe situations. Mandate various levels child protection policies, focal persons, and confidential reporting channels linked with provincial child protection units for timely response and case management.
4. Cultural taboos prevent children from learning about personal boundaries. Run public campaigns, integrate life skills education on self-esteem, and involve religious/community leaders to foster acceptance and reduce stigma.

References


CHILD SHARED THAT HE DOES NOT LIKE THE MAN WHO WORKS IN HIS MOTHER'S OFFICE, AS HIS TOUCH IS NOT GOOD WHEN THE MOTHER IS NOT AROUND.
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