



The effectiveness of the child maltreatment immunization intervention on emotional literacy, empathy, independence, and responsibility in children aged 8-10

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Abstract

Introduction: The aim of the present study was the effectiveness of child maltreatment immunization on emotional literacy, empathy, independence and responsibility of 8-10 year old children.

Materials and Methods: The statistical population included all mothers with children aged 8-10 in Isfahan City-Iran in the spring of 2024, using a multi-stage random sampling method. A number of 40 mothers were selected and randomly assigned to two groups of 20, experimental and control. Research tools included Emotional Awareness Questionnaire (EAQ-30), the Children's Empathy Questionnaire, Emotional Autonomy Questionnaire and Responsibility Questionnaire. Also, the experimental group received the intervention protocol of child vaccination against abuse by Brown (2020) during 10 sessions, but the control group did not receive any intervention. Finally, the data was analyzed by variance analysis with repeated measurements using SPSS software version 26.

Results: The results showed significant differences between the experimental group and the control group in emotional literacy, empathy, independence and responsibility ($P < 0.01$).

Conclusion: Therefore, it can be concluded that the intervention of child vaccination against misbehavior is effective on emotional literacy, empathy, independence and responsibility of 8-10 year old children. Therefore, it is suggested that child immunization against misbehavior should be taught by counselors in schools and counseling centers active in the field of children.

Keywords: Child maltreatment, Empathy, Emotional literacy, Independence, Prevention intervention

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Introduction

Given that childhood is a critical stage in an individual's development, it can be stated that during this period, children's behavioral and educational patterns are formed (1). Sometimes, along this path, children encounter emotional and behavioral problems (2). In this regard, studying child misbehavior contributes to fostering a positive and constructive future (3). Generally, since the developing brain of a child plays a significant role in shaping behavior, misbehavior in children manifests as maladaptive behaviors, and mothers can play a crucial role in this context (4). This is because impulsive children tend to act without thinking, often leading to unintended consequences (5). As such, Pratiwi and Fania demonstrated that impulsive behaviors occur when children feel overwhelmed, frustrated, or unable to effectively express their needs (6). These tantrums may include crying, screaming, throwing objects (7), telling lies, or stealing items from peers or family members (8), which underscores the importance of addressing child misbehavior. Research by Ardizi et al. (9) and Vega et al. (10) showed that misbehaving children often exhibit lower levels of emotional literacy compared to their well-behaved peers. Therefore, emotional literacy, which encompasses awareness of emotions, understanding others' emotions, and effectively managing emotions, plays a vital role in managing misbehavior (11). According to the above definition, emotional literacy includes several interconnected skills such as emotional awareness, self-regulation, empathy, and relationship management, with broad implications for personal development, mental health, and professional success (12).

Considering the importance of misbehavior, studies by Brezneski and Yates (13) and Spataro et al. (14) revealed that misbehaving children often display lower levels of empathy. This finding suggests that children with less empathy may be more likely to exhibit misbehavior. Thus, empathy is the ability to understand and accept another person's feelings and involves recognizing, understanding, and responding to others' emotional states (15). On the other hand, Shafieipour et al. (16) and Islam et al. (17) demonstrated a significant relationship between parenting styles, misbehavior, and independence. These findings indicate that independence in children's behavior depends

on the context and the presence of supportive relationships. When children gain independence in a nurturing environment that promotes responsible decision-making and respect for boundaries, it can lead to positive outcomes (17). Therefore, independence refers to a state of self-reliance, autonomy, and freedom from external control or influence, encompassing the ability to make decisions, think critically, and act according to one's own will without relying on others (18). However, when independence is accompanied by a lack of guidance, support, or appropriate boundaries, it may contribute to "bad" behavior or risky choices (19). In this regard, research emphasizes the importance of balancing independence and parental involvement in shaping children's development and behavior (20).

When it comes to independence in children's misbehavior, responsibility plays a crucial role in determining whether independence leads to positive or negative outcomes (21). In the context of children's behavior, responsibility can be understood as the capacity to comprehend and accept the consequences of their actions, as well as the ability to perform tasks, follow rules, and respect others' needs and feelings (22). Therefore, when children develop a sense of responsibility alongside their independence, it is more likely to result in positive outcomes and less likely to lead to "bad" behavior (23). As mentioned, Isanezhad, Saeedi, and Alipour showed that parenting education significantly increases students' responsibility levels, thereby reducing aggression and behavioral problems in children. It should be noted that parents play a vital role in preventing tantrums and misbehavior in children by adopting various strategies and creating a supportive environment (24). Essentially, what every parent should know is that a misbehaving child is one who feels unimportant and believes he/she does not play a meaningful role in the family, needing to feel he/she has a purpose in their family life. In other words, a misbehaving child is simply trying to find his/her place in the world (24). Consequently, the intervention of "vaccinating children against misbehavior" involves nurturing personality traits and instilling values in the child (25). Therefore, given the importance of children's role in the future of this land, and since previous research has not addressed the

significance of misbehavior and its prevention, and there is a research gap in this area due to the lack of simultaneous examination of the research variables, the present study aims to answer the question: Is the intervention of vaccinating children against misbehavior effective on the emotional literacy, empathy, independence, and responsibility of 8-10-year-old children?

Materials and Methods

The statistical population of this clinical trial consisted of all mothers with children aged 8 to 10 years in Isfahan City- Iran, during the spring of 2024. Using a multi-stage random sampling method, one educational district was randomly selected. Within this district, two primary schools were randomly chosen. From these schools, 40 mothers were selected based on inclusion and exclusion criteria and randomly assigned to either the experimental or control group (20 mothers per group). Sample size was determined using G*Power software, with an alpha level of 0.05, a statistical power of 0.80, and an effect size of 0.50, resulting in an estimated sample size of 20 participants per group (experimental and control) (26). Inclusion criteria included: mothers with children aged 8-10 years, willingness and awareness to participate in the study, sufficient literacy to engage with educational materials, and no concurrent involvement in other interventions or training programs for either the parent or child. Exclusion criteria included: presence of any major disorder in the child or parent, unwillingness to participate, and absence from more than two sessions. The experimental groups received intervention in 10 sessions (27).

Research instruments

A) Emotional Awareness Questionnaire: This questionnaire was designed by Rieffe et al. It is scored using a three-point Likert scale (true, somewhat true, false). The questionnaire comprises six subscales: differentiating emotions (7 items), verbal sharing of emotions (3 items), not hiding emotions (5 items), bodily self-awareness (5 items), attending to others' emotions (5 items), and analyzing emotions (5 items). Higher scores indicate greater emotional awareness, and vice versa. Scores between 30-40 reflect weak emotional awareness, 40-60 indicate moderate emotional awareness, and scores above 60 signify high emotional awareness. The reliability and

validity of the questionnaire were assessed by Rieffe et al. with subscale reliabilities for verbal sharing of emotions, not hiding emotions, bodily self-awareness, attending to others' emotions, and analyzing emotions being 0.67, 0.68, 0.68, 0.64, and 0.65, respectively. Rieffe et al. confirmed the six-factor structure using factor analysis and validated the construct using both exploratory and confirmatory factor analyses (28). In our study, the reliability coefficient was 0.915.

B) The Children's Empathy Questionnaire: This tool was developed and validated by Auyeung et al. (29). It consists of 11 closed-ended items rated on a four-point Likert scale, ranging from completely false (score of 1) to completely true (score of 4). Scores between 11-20 indicate weak empathy, 20-36 reflect moderate empathy, and scores above 36 signify high empathy. In Taghizadeh's study, the validity was established through consultations with the supervisor, several professors, specialists, and experts. The Cronbach's alpha coefficient was estimated at 0.64 (30). In the current study, the reliability was 0.809.

C) Emotional Autonomy Questionnaire: This scale was developed by Steinberg and Silverberg. It includes four factors, two of which are emotional (non-dependency, comprising items 1, 3, 5, and individuality, comprising items 2, 4, 6, 8) and two cognitive (non-idealization of parents, comprising items 9, 10, 13, 16, and perceiving parents as ordinary individuals, comprising items 11, 12, 14, 15). Among these, the factor of perceiving parents as ordinary individuals has received less attention from researchers due to its gradual developmental nature. Items are scored on a four-point scale from strongly disagree (score of 1) to strongly agree (score of 4). The score range is 16-64, with higher scores indicating greater emotional autonomy, and vice versa (31). In Saadat Akhtar's study, the content, face, and criterion validity were deemed satisfactory, with a Cronbach's alpha coefficient above 0.70 (32). In the present study, the reliability coefficient, calculated using Cronbach's alpha, was 0.867.

D) Responsibility Questionnaire: This tool was designed by Lewis to assess students' responsibility. It comprises 17 items divided into two dimensions: self-responsibility (items 2, 5, 7, 9, 10, 11, 12, 13, 15, 16, 17) and responsibility toward others (items 1, 3, 4, 6,

8, 14). Items are scored on a five-point Likert scale from never (score of 1) to always (score of 5). The score range is 17-85 (33). In Mohammadi's study, the content, face, and criterion validity were evaluated as satisfactory, with a Cronbach's alpha coefficient above 0.70 (34). In the current study, the reliability was 0.886.

Procedure

The experimental group participated in 10 sessions of 60-minute child maltreatment immunization intervention, adapted from Brown and Brown (27), based on books, articles, and related studies. The control group received no intervention. Notably, as this protocol was implemented for the first time in

Iran by the researcher, it was initially evaluated and approved by five specialists in child and adolescent psychology for structure, content, duration, and program procedure, achieving an internal agreement coefficient of 0.94. The intervention was then piloted with a group of mothers before being formally administered to the experimental group under the supervision of the research advisor and conducted by the researcher. The data were analyzed using descriptive statistics and repeated measures analysis of variance (ANOVA). All statistical analyses were conducted using the SPSS software, version 26.

Table 1. Child immunization protocol against misbehavior

Session	Objectives	Content
1	Recommendations for establishing effective communication	Ensure no barriers exist between parents and their child. Parents should engage at their child's level or elevate their adolescent to their own level for meaningful interaction.
2	Active listening and empathy	Train parents in active listening skills to better understand their child's emotions and needs. Educate parents on recognizing self-centered behaviors in children and provide strategies for addressing such behaviors.
3	Recommendations for fostering emotional intelligence and literacy	Training parents to label their positive and negative emotions and encouraging them to discuss these feelings. Parents serving as role models for expressing emotions.
4	Techniques for promoting independence in reserved or unrestrained children	Accept reserved children as they are. Highlight the importance of fostering a sense of security while offering recommendations to promote independence alongside emotional safety.
5	Enhancing the quality of parent-child relationships	Respond thoughtfully to children's questions. Encourage meaningful conversations with children and emphasize the effective use of tone of voice.
6	Managing emotions during misbehavior	Assist parents in managing their emotions when addressing their child's inappropriate behavior. Discuss the importance of maintaining calm and composure in such situations.
7	Understanding conflicts in the process of fostering independence	Examine the role of conflict and provide recommendations for mitigating conflicts that undermine independence. Address necessary conflicts and offer strategies for managing them effectively.
8	Recommendations for teaching responsibility to children	Explore the role of rewards and provide guidance on effective praise. Discuss the role of consequences (natural, logical, and illogical). Offer recommendations for implementing consequences for irresponsible actions or choices.
9	Personal tasks vs. collective responsibilities	Encourage children's involvement in household chores. Provide recommendations for enforcing consequences for irresponsible actions or choices.
10	Reflection, review, and relapse prevention	Review key strategies and techniques learned throughout the program. Encourage parents to reflect on their progress and share their experiences with the group. Discuss relapse prevention and provide resources for ongoing support and guidance.

Results

The mean age of children in the experimental group was 9.1 years, while in the control group, it was 9.0 years. Results from the independent samples t-test indicated no significant difference in mean age between the two groups ($P > 0.05$). In both groups, the

majority of children were female, comprising 14 individuals (70%) in the experimental group and 11 individuals (55%) in the control group. The Chi-square test revealed no significant difference in gender distribution between the two groups ($P > 0.05$).

Table 2. Descriptive statistics of variables by group and research stages

Variable	Group	Pre-test	Post-test	Follow-up	Pre-test	Post-test	Follow-up
		Experimental	Experimental	Experimental	Control	Control	Control
Emotional literacy	Mean	38.35	53.00	51.95	40.90	41.25	40.85
	SD	8.90	6.06	6.55	9.22	8.96	8.97
Empathy	Mean	21.40	29.35	28.85	22.85	22.80	22.60
	SD	5.77	4.60	5.06	4.86	4.84	5.03
Independence	Mean	26.00	34.80	34.60	29.40	29.70	29.35
	SD	9.21	7.25	7.06	7.09	7.06	6.99
Responsibility	Mean	55.65	64.95	64.80	57.70	57.65	57.45
	SD	11.69	10.01	10.17	11.58	11.87	12.01

Table 2 indicated that the mean scores of emotional literacy, empathy, emotional independence, and responsibility in the experimental group showed a greater increase in the post-test and follow-up phases compared to the pre-test, relative to the control group. Shapiro-Wilk test revealed that normal distribution for all variables was upheld across all three phases ($P > 0.05$). Levene's test indicated that the assumption of homogeneity of variances was maintained in all three phases

($P > 0.05$). Mauchly's test showed that the assumption of sphericity for the covariance matrices of the variables was rejected ($P < 0.05$). The results of Table 3 indicate a significant differences between the mean scores of emotional literacy, empathy, independence, and responsibility in the three phases overall. Additionally, the interaction effect of time and group membership was found to be significant for these variables ($P < 0.001$).

Table 3. Results of within-subjects effects analysis in repeated measures analysis of variance

Source	Test	Sum of squares	df	Mean square	F	P	Effect size (η^2)	Power
Emotional literacy								
Time effect	Sphericity assumed	1369.017	2	684.508	62.412	0.001	0.622	1.000
	Greenhouse-Geisser	1369.017	1.127	1215.193	62.412	0.001	0.622	1.000
	Huynh-Feldt	1369.017	1.168	1172.234	62.412	0.001	0.622	1.000
	Lower bound	1369.017	1.000	1369.017	62.412	0.001	0.622	1.000
Time \times Group	Sphericity assumed	1304.117	2	652.058	59.453	0.001	0.610	1.000
	Greenhouse-Geisser	1304.117	1.127	1157.586	59.453	0.001	0.610	1.000
	Huynh-Feldt	1304.117	1.168	1116.663	59.453	0.001	0.610	1.000
	Lower bound	1304.117	1.000	1304.117	59.453	0.001	0.610	1.000
Empathy								
Time effect	Sphericity assumed	382.467	2	191.233	87.764	0.001	0.698	1.000
	Greenhouse-Geisser	382.467	1.453	263.225	87.764	0.001	0.698	1.000
	Huynh-Feldt	382.467	1.536	249.073	87.764	0.001	0.698	1.000
	Lower bound	382.467	1.000	382.467	87.764	0.001	0.698	1.000
Time \times Group	Sphericity assumed	411.267	2	205.633	94.373	0.001	0.713	1.000
	Greenhouse-Geisser	411.267	1.453	283.046	94.373	0.001	0.713	1.000
	Huynh-Feldt	411.267	1.536	267.828	94.373	0.001	0.713	1.000
	Lower bound	411.267	1.000	411.267	94.373	0.001	0.713	1.000
Independency								
Time effect	Sphericity assumed	520.717	2	260.358	75.056	0.001	0.664	1.000
	Greenhouse-Geisser	520.717	1.108	469.794	75.056	0.001	0.664	1.000
	Huynh-Feldt	520.717	1.148	453.756	75.056	0.001	0.664	1.000
	Lower bound	520.717	1.000	520.717	75.056	0.001	0.664	1.000
Time \times Group	Sphericity assumed	490.317	2	245.158	70.674	0.001	0.650	1.000
	Greenhouse-Geisser	490.317	1.108	442.367	70.674	0.001	0.650	1.000
	Huynh-Feldt	490.317	1.148	427.265	70.674	0.001	0.650	1.000
	Lower bound	490.317	1.000	490.317	70.674	0.001	0.650	1.000
Responsibility								
Time effect	Sphericity assumed	549.650	2	274.825	71.108	0.001	0.652	1.000
	Greenhouse-Geisser	549.650	1.088	505.180	71.108	0.001	0.652	1.000
	Huynh-Feldt	549.650	1.125	488.635	71.108	0.001	0.652	1.000
	Lower bound	549.650	1.000	549.650	71.108	0.001	0.652	1.000
Time \times Group	Sphericity assumed	585.950	2	292.975	75.804	0.001	0.666	1.000
	Greenhouse-Geisser	585.950	1.088	538.543	75.804	0.001	0.666	1.000
	Huynh-Feldt	585.950	1.125	520.905	75.804	0.001	0.666	1.000
	Lower bound	585.950	1.000	585.950	75.804	0.001	0.666	1.000

Discussion

This study aimed to evaluate the effectiveness of the child maltreatment immunization intervention on emotional literacy, empathy, autonomy, and responsibility in children aged 8-10 years. The results demonstrated that the intervention significantly improved the mentioned variables.

Regarding the alignment and divergence of these findings, no prior research has directly addressed this specific intervention, making direct comparisons challenging. However, several studies using alternative methods have reported improvements in these psychological variables among children, suggesting that the current intervention aligns with other approaches in its effectiveness. Ariapouran et al. examined the effectiveness of a 10-session play therapy intervention on oppositional defiant and conduct disorder symptoms in 30 children aged 6-9 with ADHD symptoms, finding significant improvements (35); Ghadiri Bidhendi and Mirzamani Bafghi investigated the effectiveness of a 12-session philosophy education program on empathy in 32 children aged 9-12, concluding that philosophy education, through deep dialogue and fostering inner capabilities, enhances social responsibility and empathy (36); Ghanbari et al. assessed the effectiveness of mentalization training on the quality of life of 60 children with ADHD, finding it effective, particularly when combined with medication (37); Kashanizadeh et al. compared the effectiveness of life skills training and emotional capital enhancement on vitality and empathy in 45 children aged 4-6, finding significant differences compared to the control group but no significant difference between the two interventions (38); Khodadad et al. compared the effectiveness of 10 sessions of child-centered mindfulness and acceptance and commitment therapy on emotional-cognitive empathy in 54 students with ADHD and bullying behaviors in Isfahan-Iran, finding both treatments equally effective (39); Tahmasbipour and Bagheri examined the effectiveness of a 16-session social competence training program on autonomy in 40 children with attention-deficit/hyperactivity disorder in Kashan-Iran, finding improvements in emotional autonomy and reduced aggression (40); and Asad and Moghtader investigated the effectiveness of an 8-session storytelling intervention on responsibility in 30

primary school children in Rasht-Iran, finding it effective (41).

To explain the effectiveness of the child maltreatment immunization intervention on emotional literacy, it can be noted that neglecting emotional literacy may impair a child's ability to identify and manage their own and others' emotions, affecting social interactions. The intervention educated parents on appropriate interaction methods and effective parenting strategies (authoritative parenting), facilitating behavioral changes in children, enhancing parental self-confidence, and reducing emotional-behavioral issues. During training sessions, parents learned about the causes of child misbehaviors, appropriate methods for giving instructions and setting rules, reinforcing desirable behaviors, and managing high-risk situations or social gatherings. These skills enabled parents to model adaptive emotional patterns, fostering positive emotions and expanding desirable behaviors in children. Regarding the impact of intervention on empathy, its non-judgmental and positive philosophy was key. The therapist initiated empathy with parents, respecting their efforts, offering encouragement, and understanding them without judgment, advice, criticism, or blame, preventing shame and promoting acceptance while encouraging skill development. Parents learned to reflect their children's verbal and non-verbal expressions and emotions during play, discipline, or privilege suspension following rule-breaking. This empathy training technique helped children recognize their emotions. Based on Bandura's observational learning theory, children learned and imitated empathetic behaviors through repeated observation of parental understanding, significantly reducing interpersonal maladjustment. This enabled children to understand and reflect others' emotions, fostering empathy with parents and peers, forming effective communication, and increasing empathy levels (25).

The results also showed a significant impact on children's autonomy. In sessions six and seven, children learned to identify inappropriate emotions and address barriers to autonomy, enhancing their independence. Finally, the intervention significantly influenced responsibility. When parents undertake tasks children can perform, they may raise overly dependent, irritable, demanding, and irresponsible children.

Modeling is an effective teaching method, as children learn responsibility by observing parental behaviors. Parenting styles thus play a critical role in fostering responsibility, guiding children toward personal growth and enhanced capabilities, enabling them to engage in social interactions with confidence and courage.

The study faced several constraints, including the lack of access to information on parents' ethical traits and empathy levels, as well as familial factors such as the number of children, birth order, parental presence, presence of disorders in the child or family members, economic difficulties, and family conflicts. Additionally, the findings were limited to 8-10-year-old children in a specific geographic region of Isfahan, which restricts their generalizability to broader populations or other age groups. It is recommended that primary schools and kindergartens integrate emotional literacy training into their curricula. Workshops focused on empathy training should be organized for teachers, school administrators, parents, psychologists, and counselors. Moreover, children exhibiting behavioral issues in schools can be identified and taught these skills. School counselors can also conduct training sessions to educate parents on these techniques.

Conclusion

The findings suggest that child maltreatment immunization intervention can positively impact various aspects of children's emotional and social development. The program enables children to better recognize and express their emotions, facilitating more effective communication. Additionally, improvements in understanding and empathizing with others'

emotions enhance their social interactions. Furthermore, the intervention significantly strengthens children's sense of autonomy, enabling them to make better-informed decisions and display more responsible behaviors. Collectively, these changes can substantially contribute to the positive and sustained development of this age group.

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Conflict of Interest

The authors declare no conflict of interest.

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Ethical Considerations

Participants were informed that they could withdraw from the study at any time. All participants were fully informed about the research process and signed informed consent forms. The study was approved by the ethics committee of the Islamic Azad University, Isfahan (Khorasgan) Branch. Participant identities were kept confidential. Additionally, for 8 individuals on the waiting list, ten 60-minute online sessions were conducted twice weekly after the main intervention sessions concluded.

Code of Ethics

IR.IAU.KHUISF.REC.1403.070

Authors' Contributions

Faezeh Akbari Alavijeh: Concept design, methodology, managing the project, data collection and data analysis, writing original draft, revising the final manuscript.

Mansoureh Bahramipour: Supervision, revising and editing the manuscript.

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