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Increasing awareness of protection from sexual abuse in children with mild intellectual disabilities: An education study



Sibel Kucuk^{a,*}, Nurgun Platin^b, Emine Erdem^c

- ^a Faculty of Health Sciences Nursing Department, Ankara Yildirim Beyazit University, Ankara, Turkey
- ^b Faculty of Health Sciences Nursing Department, Karatay University, Konya, Turkey
- ^c Faculty of Health Sciences Nursing Department, Erciyes University, Kayseri, Turkey

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ABSTRACT

Sexual abuse is an important problem for children and particularly those with intellectual disabilities. Increasing awareness of sexual abuse could help these children to protect themselves from such a potential encounter.

The study was conducted to raise awareness about sexual abuse in children with intellectual disabilities with 15 children who had mild intellectual disabilities as a pre-posttest experimental design. Informative pictures, designed according to age and intellectual level, suitable stories linked with these pictures and homework, were used in an educational setting.

It was determined that there was a significant difference relating to the scores for all the subjects before and after the assignment (p < 0.05). After education, awareness of them in protecting from a possible sexual abuse increased with protection educations for intellectual disabilities children, as desired.

1. Introduction

It is known that wonder and interests of children with puberty could increase the possibility of their exposing to sexual abuse (Keskin & Cam, 2005) and this possibility increases between 8 and 15 years (Cengel, Cuhadaroglu, & Gokler, 2007; Donmez et al., 2014; Golge, Yavuz, & Yuksel, 2006; Jewkes, Levin, Mbananga, & Bradshaw, 2002; Kocak & Alpaslan, 2015). Although the frequency of and attitude towards intellectual disability vary in different communities, the risks that it brings are basically the same. Abuse is one of these risks and if the child has a disability, it increases (Morano, 2002). Because of their inabilities with regard to judgment and evaluation, children with intellectual disabilities could meet with sexual harassment and abusive behaviors more than their able peers (Furey & Keharhahn, 2000; Lumley & Scotti, 2001; Morano, 2002; Groce & Trasi, 2004; Skarbek, Hahn, & Parrish, 2009). During puberty, for reasons such as an increasing interest in the opposite gender, they are not defining themselves and the events and wants to benefit of abusers from the disadvantaged situations of intellectually disabled children, abuse could be easily. It is reported that the rate of abuse in intellectual disabled children ranged between 4.7 and 14.6%. (Imren, Yusufoglu, & Arman, 2013; Kucuk, 2016).

As with able children, some studies related to preventing abuse by protecting intellectually disabled children from sexual abuse are more

important (Cecen, 2007; Topbas, 2004). Although teaching this subject to all children is very important, for intellectually disabled children this does not happen systematically (T.R. Legal Newspaper, 2009). It is known that able youngsters who were taught about protection from sexual abuse, were exposed to abuse less than those who didn't receive this education (Davis & Gidyez, 2009; Gibson & Leitenberg, 2000). Even though these data are valid for able children, when this subject is taught to intellectually disabled children in accordance with their intellectual and developmental characteristics, the protecting abilities of these children could also improve. Especially, education that is given by using Stein and Glen story map method could be useful in learning disabled different abilities οf intellectual children (Duman & Tekinaslan, 2007; Isıkdogan & Kargın, 2010).

2. Materials and method

The study was conducted at a child rehabilitation center in a province in Central Anatolian region of Turkey between 10.06.2009–20.09.2009, as pre-posttest semi-experimental design with one group.

2.1. Study rationale

Before the study, there had been regular meetings with

^{*} Corresponding author at: Faculty of Health Sciences, Nursing Department, Etlik Dogu Yerleskesi, Etlik, Ankara, Turkey. E-mail address: skucuk@ybu.edu.tr (S. Kucuk).

intellectually disabled children and their families over a two year period and following these, a question that was specifically asked by the parents about abuse was, 'After me, when I am no longer with my child, how will he/she protect himself/herself?' This is the basic point of our study.

2.2. Participants

A child's wonder and fascination about sexuality during puberty could lead to their being exposed to sexual abuse (Keskin & Cam, 2005). The possibility of being exposed to sexual abuse increases between 8 and 15 years (Cengel et al., 2007; Donmez et al., 2014; Golge et al., 2006; Jewkes et al., 2002; Kocak & Alpaslan, 2015; Yigit, 2008). Thus, mildly intellectually disabled children who were between 10 and 14 years old participated in this study by thinking their learning characteristics about concrete terms.

2.3. Universe and sample

From 32 children with mild intellectual disability and between 10 and 14 years old, a total of 15 children, nine girls and six boys, whose parents accepted their participation in the study, constituted the universe.

2.4. Ethics

Prior to the study, the necessary legal and ethical (Gulen Child Rehabilitation and Special Education Institutions, 24.06.09/21; Erciyes University Ethics Committee, 2009/43; Kirsehir Provincial Directorate of National Education, 26.10.2009/013021), and written consents were obtained from the children's legal guardians.

2.5. Study hypothesis

H1. Education given to intellectually disabled children about protection from sexual abuse increase the children's awareness.

2.6. Study limitations

The limitations of the study was included in being between 10 and 14 years old, having mild mental retardation, attending to a rehabilitation center and special subclass or mainstreaming education for one year at least, parents' allowing to participate to the study, as voluntary.

3. Preparation of educational materials

3.1. Writing the stories

Using the Story Map Method, a series of stories were written and pictures were drawn, appropriate to the stories, to prepare story books that were deemed suitable for protecting the children from sexual abuse in accordance with their cognitive and intelligence levels. In studies that have been conducted with children who have learning difficulties and intellectual disabilities, children's learning was considered to be most successful using stories written using the Stein and Glen Story Map Method (Stein & Glenn, 1979) than with other methods (Duman & Tekinaslan, 2007; Isıkdogan & Kargın, 2010).

Using the Stein and Glen Story Map Method, a schematic analysis of the stories was made. The stories' characters comprised one boy, one girl, a mother, a father, a grandmother and grandfather and three different abusers. The girl and boy characters were represented as two 12 years old siblings. Stories were told about these characters. Neatly dressed characters between 25 and 40 years old were abusers. For every story different abuser characters were used.

Stories of 250 ± 25 words were written according to the intellectually disabled children's understanding and perception abilities. Every story was given a title that was suitable for its subject. The pictures were drawn after the stories' suitability for intellectually disabled children had been decided.

3.2. Drawing pictures

Pictures were drawn by an educational illustrator. Again, they were drawn to be suitable for every educational subject, and in continuity with the person, place and time and resembling the characters and their body language, clearly emphasizing the objective of the story that was to be noteworthy (e.g. a telephone given by a stranger). For the story that was told, pictures were drawn for special body parts 6, for touch and threat by abuser 7, the use of rewards and punishments by the abuser, forcing the children to do something that the abuser wanted, children distancing themselves from the abuser and his location 8. For reporting the abuse, 8 pictures were drawn.

3.3. Composing story books

Story and pictures were written for 4 separate story books. Stories were placed in 22 punto sized, using Arial bold font. The text was on the right side of the page and the pictures were on the left. A story name was given to every book as suitable for subject. They are named as "Nurcan and Ercan Know Their Special Body Parts", "Nurcan and Ercan Learns Good Touch, Bad touch and Saying No", "Nurcan and Ercan Knows Foreigns", "Nurcan and Ercan Tell to Mother", respectively. Views and approvals of child psychiatrists and psychologists were recruited for the creation of educational stories and their suitability for intellectual disabled children.

3.3.1. Practicing the study

3.3.1.1. Education. Prior to the study, a pre study was made with three children and their parents, similar to study group and after the required corrections had been made to the stories they were used with the sample group in an educational setting.

The lesson was given face-to-face with each child and at same day with time of the week over a total period of four weeks. Each lesson lasted for $20-25\,\mathrm{min}$. In 1 day, five individual lessons at most were taught.

In the lesson, large scale pictures ($30 \times 42 \, \mathrm{cm}$) were used. The pictures were shown to the child one by one and the story was read that related to the pictures. For each child, individual characteristics were considered and some questions, such as, "Could you look at picture?", "which place is it?", "which one was the girl?" for directing stimuli to the children who couldn't give his/her attention were asked, at intervals.

After the lesson, the story book relating to the subject that had been read was given to the parent as 'homework.' The parents were told how to read the book and what would be done the following week.

3.3.1.2. Homework. To reinforce the activity the children were given homework. The children's parents were asked to read the story books, which included the text and pictures, three times during the week. There was a form at the end of each book about when the story was read, on which day and by whom. Also, the parents were asked not to read the story except on defined days. Thus, every child could do their homework equally.

3.3.2. Data collection

Data was collected using the parents opinions and Child Interview Forms that included four open and 23 closed questions about the participants' sociodemographic characteristics, special body parts, good touch, bad touch, saying 'no', establishing safe boundaries with strangers and reporting cases of abuse.

The pretest was conducted one week prior to the lessons, by taking

expert opinions, the posttest was conducted two weeks after the lessons using the Child Evaluation Questionnaire Forms. The homework stories were not read for the two weeks before the posttest took place. For each child, the pre-tests, lessons and post-tests lasted for eight weeks in total. Three months after the children's education was completed, there was a face-to-face interview with the parents of 13 children in the sample group. 2 parents could not attend this meeting due to special reasons. They were asked to explain verbally what kind of changes they observed in their children after the training.

3.3.3. Data evaluation

For analysis, mean, standard deviation, percentage and Wilcoxon test statistics were used. Before and after the lesson, the waited and true answers were given 2, undesired and not being about the subject ones was given 1 point and for each child, knowledge point was composed. Before and after the study control for difference between knowledge point was done.

4. Results

Of the children, 20.0% were 10-11 years; 33.3% were 12-13 years; 46.7% were 14 years old and 60.0% were female.

It was determined that the correct answers and knowledge points of children about special body parts, good-bad touch and saying 'no', establishing safe boundaries with strangers and reporting cases of abuse, were desirable outcomes following the lessons (Table 1).

It was found that the knowledge's scores of the children about special body parts, good-bad touch and saying 'no', establishing safe boundaries with strangers and reporting cases of abuse, increased following the lessons and the difference between before and after was statistically significant (p < 0.05) (Table 2).

Table 1The knowledge scores of children after and before education.

Education subjects $(n = 15)$	Scores		
	Before education	After education	
Special body parts education			
To know special body parts	30	30	
To say the names of special body parts	15	22	
To know that mother could help him/her for bath	30	30	
To know that father could help for wear	26	29	
To know that during doctor/nurse examination, father/mother must be near him/her	29	30	
Total	130	141	
Good touch, bad touch and say no education			
To know hugging with father and mother	28	30	
To know touching types	22	30	
To know being threatened behavior	25	30	
Total	75	90	
Composing safety line to foreign			
To know prize method of foreign (not to take the prize)	23	30	
To know inappropriate offer s of foreign (not to get in the car)	29	30	
To know force method of foreign	27	29	
Total	79	89	
Announcement a possible abuse case			
To know not speak to foreign	26	30	
To know the touch that isn't inappropriate	22	30	
To know to stand up to inappropriate touch	30	30	
To know to go away from inappropriate place	27	30	
To know announcement the case to mother	24	29	
Total	129	149	
Total	398	447	

5. Discussion

Although 'education relating to self-protection' is seen as being important for able children, those with intellectual disabilities are not generally educated about this. However, they need to be taught about this as much as their able peers.

Lessons on self-protection or protection from abuse comprise six different sub-dimensions. A child being taught sexual education according to his/her age, knowing his/her body, learning about special body parts and knowing that he/she has a right not to be touched by anybody (Iseri, 2008) are the basics of this education and the first step in protecting them from sexual abuse. When the names of body parts are taught to the children, it is suggested that it is important to use the correct terminology and information related to genital organs, thus when they are exposed to any inappropriate touch they are able to understand its true meaning and easily describe what happened (Boyle & Lutzker, 2005). Also, the children who didn't know the names of sexual parts were those who were most likely to be exposed to abuse (Elliot, Browne, & Kilcoyne, 1995). Intellectually disabled children's understanding of their body and learning the names of special body parts using the correct terminology could help them to better know their body and to recognize what is happening to them. It is acknowledged that intellectually disabled children have fewer skills relating to the naming and recognition of body parts than children of average intelligence, who were able to define and identify body parts as part of their vocabulary (Simons & Dedroog, 2009). In the current study, it was found that although all the children knew about special body parts before and after the lesson, before the lesson none of them could say their names. The number of children who were able to use the correct names for special body parts greatly increased following the lessons. In the study, before and after the lessons, all the children knew about special body parts but none knew the correct names before the lessons, while following the lesson the number of those who correctly identified them greatly increased (Table 1). This data is parallel with the literature. After the lessons the parents also reported that their children had learned about 'special body parts'.

"....anymore, he knows special body parts. She has no difficulty in giving the answer. When I ask which part it is she knows and says so."

(mothers' of 1st child)

It is acknowledged that children with learning disabilities in special schools, those with intellectual disabilities and children with emotional-behavior disorders are more likely to be abused by their parents (Johnson-Reid, Drake, Kim, Porterfield, & Han, 2004) and > 23% of abusers (Golge et al., 2006) are family member, such as the father or uncle (Donmez et al., 2014; Kucuk, 2016). In our study, their answer related to 'when they let their special body parts during wearing or bath could be seen by parents' increased after the education. In addition to the children's positive responses, the statements of parents also show that they learned in which situation special body parts of their children could be seen and when they let they are seen.

"....She came with burnouse near her father and big brother. I said don't come but she didn't listen to me. Now, she comes but escape quickly with shame. She learned because..."

(mothers' of 2nd child)

"....Now she says "do not touch" she never let to touch. She doesn't let touch her breast to me.",

(mothers' of 3rd child)

and

"....After you told these special body parts she show breast and special body parts and say "they say nobody could not see these places".."

(mothers' of 4th child)

Following the lessons, the children were able to give meaning to any

Table 2

The knowledge scores of the children about special body parts, good-bad touch and say no, composing safety line for foreign and announcement the abuse case before and after education.

Education subject	Before education		After education		Z^a	p
	$\overline{X} \pm sd$	Median (Min-Max)	$\overline{X} \pm sd$	Median (Min-Max)		
Special body parts	18.80 ± 3.05	19.0 (12 – 23)	21.53 ± 1.80	22.0 (17–24)	- 3.133	0.002
Good-bad touch and say no	18.53 ± 1.35	18.0 (16-21)	20.60 ± 1.50	20.0 (19-24)	-3.089	0.002
Composing safety line for foreign	12.13 ± 3.31	11.0 (6–16)	15.66 ± 1.58	15.0 (12–19)	- 2.835	0.005
Announcement the abuse case	18.00 ± 4.37	19.0 (11-24)	23.73 ± 0.79	24.0 (21–24)	-3.302	0.001
Total	67.46 ± 8.29	70.0 (50–77)	81.53 ± 3.96	83.0 (70–87)	- 3.411	0.001

^a Z = Wilcoxon test.

approach, not only those of strangers but also their closest relatives, and interpret their unwanted behaviors (Table 1). There was an increase in the number of children who understood that when they are with their relatives and particularly during an examination by a doctor or nurse, their mother/father should be near them. This result shows that the children learned the special situations in which body parts could be seen and for their own safety, they shouldn't be alone at these times but their mother and father should be with them. It is determined that the lessons given about special body parts was effective statistically (Z = -3.133, p = 0.002) (Table 2).

One of basic educational steps in protecting children from sexual abuse is learning about good-bad touching and saying 'no' (Topping & Barron, 2009). Hayward and Pehrsson (2000) also claim that education about protection from sexual abuse, supplied children become more able to differentiate the different touches of authority figures and also those of the father and mother. In our study, similar to the study by Hayward and Pehrsson, it was observed that following the lesson, the children's recognition of touching and kissing behaviors by authority figures, and the mother and father, increased (Table 1) and there was a statistically significant difference (Z = -3.089; p = 0.002) (Table 2). The parents' opinions support this finding.

"...His father has got a bad behavior, he says come here I will check if it is big or not, and he touch always. He doesn't want anymore..."

(mothers' of 5th child)

"....When her big brother wants to touch her she says "shame shame don't touch". My big brother says I am your brother, it is not shame for me. "No" says "don't touch". Now, since he learned these, when his uncle come he never lets him touch his head and another areas also."

(mothers' of 6th child)

It is thought that when children are able to discriminate between good and bad touching, potential cases of abuse could be prevented. Although it is claimed that family members are a risk for sexual abuse and in most sexual abuse cases the abuser is a relative (Topbas, 2004), abuse by strangers is also important. While in some studies it was found that 40.7–66.7% of the children knew their abusers (Cengel et al., 2007; Donmez et al., 2014), there are some others suggesting that 10.3–32.1% of children do not know their abusers (Golge et al., 2006; Kocak & Alpaslan, 2015; Kucuk, 2016). However, children with intellectual disabilities cannot easily discriminate between strangers and healthy relationships with close individuals, and they can simply respond to any love and attention that is given (Abay, 2004; Gonener, Guler, Altay, & Acıl, 2010). When they are able to interpret the meaning of a touch, they are better able to protect themselves from abuse by a person, whether they are a stranger or not.

Establishing safe boundaries with strangers could decrease the exposure of children to abusive behavior by strangers. In this study following the lessons, awareness of the need for this safe boundary increased. Parents also supported this result with their statements.

"...While she was coming back from school, one man wanted to ask her something. She didn't speak to him, her big brother told me. She said "I don't want to speak, go"...."

(mothers' of 7th child)

"...Before, she was very close to everybody even though she doesn't know them. She goes near them and hugs them whether they are close or strangers. Until we started this education, she was not very close to even though to neighbors"

(mothers' of 8th child)

"...there is a lane near our house, a man stopped and ask about an address. She says "No, no go" and doesn't speak. This is very good."

(mothers' of 6th child)

"...Before, she doesn't speak to foreign but now, she never talk, close to anybody..."

(fathers' of 9th child)

Although the sexual abuse of children can happen anywhere, in 8.7–15% of cases it is by giving money or a gift and usually takes place in the abuser's home or other quiet place. In 15.3–16.4% of cases, particularly in the case of young children, it can happen in a car, school or other building (Golge et al., 2006; Kucuk, 2016). The results show that the awareness of intellectually disabled children not to accept anything from strangers, not to accompany them to quiet places like buildings, not to get into a stranger's car increased following the lessons and it is thought that with these measures they could be exposed to less abuse. The opinions of the parents supported this result.

"....Last week, one of our neighbors know our child is interested in cars. This neighbor said, "Come, I will show you my car". I am looking from a distance. He stopped and thought about it. It is certain he wanted to go very much. But he didn't go "No I don't want" he said...."

(mothers' of 10th child)

In the study, after the lessons, all of the children accepted the behavior of 'shouting' and 'kicking' in order to fight back against strangers. Moreover, after the lesson, all the children had learned to 'say no' and 'kicking' as the appropriate behavioral response. Also following the lessons, the number of children who said that the touching of male stranger was disturbing increased and this shows their increased awareness. The parents also stated that their children learned say no and stand up for themselves.

"...She learned a lot from this lesson. I am sure it will be very useful. If something happens she will stand up for herself, I am sure."

(mothers' of 4th child)

"....Until now, I didn't see any such event but I am sure if something happen, he would stand up for himself. I am sure."

(mothers' of 11th child)

In several studies it has been found that 49.3–67.8% of sexual abuse cases are linked with violence and 41.3–81.4% of the victims didn't stand up to the abuser and of the children who did defend themselves and fight back (Golge et al., 2006; Kucuk, 2016) it was determined that 15.4% defended themselves verbally and 3.4% physically (Golge et al., 2006). However, when protecting themselves from possible sexual abuse, getting far away from the place is as important as fighting back.

In this study, the increase in the children's answers about fighting back, leaving the place and going home, which was accepted as being the most safe place, shows that their awareness of the subject also increased following the lessons ($Z=-2.835;\ p=0.005$) (Table 2). Also, following the lessons, the children's answers included more than one action. They could use different responses together and in the appropriate order concerning the children in the stories, such as, "She/he should fight back, run away, go home". In addition, the statement by a parent

"....I think, when something happens that she doesn't want, she runs. If something happen like this, she runs any more...."

(mothers' of 12th child)

supports this result.

Removing the element of secrecy in acts of abuse is important, because not repeating of abuse, not increasing of negative problems and not being risk (Davis, 2002; Glaser, 2002). Several studies have determined that sexual abusers abuse the same child more than once (Briere & Elliot, 2003; Glaser, 2002; Golge et al., 2006; Kucuk, 2016; Kurdoglu, Guler, & Ozgokce, 2010: Berenson, & Wiemann, 2003). It is important to report the abuse to an adult who they trust, so the abuse isn't repeated (Boyle & Lutzker, 2005). In this study, it was determined that following the lessons, the number of children who said that they would report a case of possible abuse, increased. So, it can be said that with this, if/when the children encounter abuse again, it might not be repeated. It is remarkable that before and after the lessons the majority of the children said that 'mother' is the more appropriate figure to speak with about the abuse. As grooming is generally a crime associated with an authoritative male figure, such as the father or stepfather, in cases of sexual abuse within families (Golge et al., 2006; Golge & Yavuz, 2007; Kucuk, 2016; Tıras, Dilli, Dallar, & Oral, 2009), children usually consider mothers to be more trustworthy. The opinions of parents also showed that following the lessons, the children had learned the importance of reporting.

"...A family moved to the building opposite us, they have a boy who's 10 years old. Yesterday my child came and said "mother A...touched our back"My child said this to me."

(mothers' of 12th child)

"...Last week she get off the school bus by crying. I asked what happened she said " my friend touched my leg".."

(mothers' of 13th child)

"....from the special class her friend named O....first touched her legs and then wanted her to touch his special body part. My child came and told me..."

(mothers' of 4th child)

As can be seen, the systematic and repeated lessons that were given using special education materials, increased the awareness of children with mild intellectually disability about how to protect themselves from sexual abuse, was as anticipated ($Z=-3.302;\,p=0.001$) (Table 2). The statement of one parent shows clearly that after the study, the anticipated level of awareness in intellectually disabled children had improved ($Z=-3.302;\,p=0.001$) (Table 2). The statement of one of the parents clearly shows that, after the study, the desired level of awareness in intellectually disabled children had been reached.

"...I asked everything. Speaking with a stranger, being touched, being given a telephone, trying to touch, telling mother. She knew about all of these."

(mothers' of 3rd child)

6. Conclusions and recommendations

Intellectually disabled children could also learn to protect themselves from a sexual abuse in the same way as their able peers. Education programs should be conducted using a particular system and consistency and by taking into considering the cognitive and intellectual abilities of disabled children. It is seen that in cooperation with the parents, in addition to teaching in school, reinforcement in the home environment will decrease the possibility of the children forgetting, and appropriate lessons, according to the individual characteristics of every child, could increase their effectiveness. Learning about how to protect themselves from sexual abuse could be effective in reducing the worries of parents, regarding the question, 'How will my child will protect himself/herself after I am gone?' and increase their confidence in their children. Overall, it is thought that these lessons could contribute to a decrease in cases of sexual abuse in children with intellectually disabilities.

References

- Abay, E. (2004). Clinic psychiatry. İstanbul, Turkey: Nobel Medicine Bookhouse480–493.
 Boyle, C., & Lutzker, J. (2005). Teaching young children to discriminate abusive from nonabusive situations using multiple exemplars in a modified discrete trial teaching format. Journal of Family Violence, 20, 55–69. http://dx.doi.org/10.1007/s10896-005-3169-4.
- Briere, J., & Elliot, D. M. (2003). Prevalence and psychological sequelae of self-reported childhood physical and sexual abuse in general population sample of men and women. *Child Abuse & Neglect*, 27, 1205–1222. http://dx.doi.org/10.1016/j.chiabu. 2003.09.008.
- Cecen, A. R. (2007). Child sexual abuse: Prevalence, effects and school based prevention. *Journal of Human Sciences*, 1, 2–17. Retrieved from https://www.j-humansciences. com/ojs/index.php/IJHS/article/view/238/199.
- Cengel, K. E., Cuhadaroglu, C. F., & Gokler, B. (2007). Demographic and clinical features of child abuse and neglect cases. *The Turkish Journal of Pediatrics*, 49, 256–262. 6. Retrieved from http://turkishjournalpediatrics.org/pediatrics/pdf/pdf_TJP_420.pdf.
- Davis, K. M., & Gidyez, C. A. (2009). Child sexual abuse prevention programs: A metaanalysis. Journal of Clinical Child Psychology, 29, 257–265 PMID: 10802834.
- Davis, L. A. (2002). People with cognitive, intellectual and developmental disabilities & sexual offenses (Q & a). The arc. Vols. 1-2, 150. Retrieved from http://www.thearc.org/what-wedo/resources/fact-sheets/sexual-offenses.
- Donmez, Y. E., Soylu, N., Ozcan, O. O., Yuksel, T., Demir, A. C., Bayhan, P. C., et al. (2014). Sociodemographic and clinical features of sexually abused children and adolescents cases. *J. Turgut Ozal Med. Cent.* 21(1), 44–48. Retrieved from http:// www.scopemed.org/?mno=213602.
- Duman, N., & Tekinaslan, I. C. (2007). The effect of story map method on understanding skills of mild mentally disabled students. Special Education Journal, 8, 33–55. Retrieved from http://dergiler.ankara.edu.tr/dergiler/39/927/11549.pdf.
- Elliot, M., Browne, K., & Kilcoyne, J. (1995). Child sexual abuse prevention: What of-fenders tell us. Child Abuse & Neglect, 19, 579–594. http://dx.doi.org/10.1016/0145-2134(95)00017-3.
- Furey, E. M., & Keharhahn, M. (2000). What supervisors, managers and executives know about the abuse of people with mental retardation. *Developmental Disabilities Bulletin*, 28, 40–59.
- Gibson, L., & Leitenberg, H. (2000). Child sexual abuse prevention programs: Do they decrease the occurrence of child sexual abuse? *Child Abuse and Neglect*, 24(1115–1125), 27. http://dx.doi.org/10.1016/S0145-2134(00)00179-4.
- Glaser, D. (2002). Child sexual abuse. In M. Rutter, & T. Taylor (Eds.). Child and adolescent psychiatry (pp. 340–358). Massaachusetts, US: Blackwell Publishing Company.
- Golge, B., & Yavuz, M. F. (2007). Classifying rape cases according the crime motivation. Journal of Forensic Medicine, 21, 11–19. Retrieved from http://www.journalagent. com/adlitip/pdfs/ADLITIP_20_1_1_17.pdf.
- Golge, B. Z., Yavuz, M. F., & Yuksel, S. (2006). Sexual assailants' profiles. *Journal of Forensic Medicine*, 20, 1–17. Retrieved from http://www.journalagent.com/adlitip/pdfs/ADLITIP_20_1_1_17.pdf.
- Gonener, D., Guler, Y., Altay, B., & Acıl, D. A. (2010). Caring of a mental-impaired child at home and nursing. *Gaziantep Medical Journal*, 16, 57–65. Retrieved from http:// gaziantepmedicaljournal.com/volumes/volume16/Issue2/GMJ-2010-16-2-13.pdf.
- Groce, N., & Trasi, R. (2004). Rape of individuals with disability: AIDS and the folk belief of 'virgin cleansing. The Lancet, 363, 1663–1664 (PMID:15158626).
- Hayward, S., & Pehrsson, D. E. (2000). Interdisciplinary action supporting sexual assault prevention efforts in rural elementary schools. *Journal of Community Health Nursing*, 17, 141–150.
- Imren, G. S., Ayaz, A. B., Yusufoglu, C., & Arman, A. R. (2013). Clinical features and risk factors related with suicide attempts in sexually abused children and adolescents. *Marmara Medical Journal*, 26, 11–16. http://dx.doi.org/10.5472/MMJ.2012. 02518.1.
- Iseri, E. (2008). Sexual abuse. In F. C. Cetin, B. Pehlivanturk, F. Unal, R. Uslu, E. Iseri, T. Turkbay, A. Coskun, S. Miral, & N. Motovalli (Eds.). Child and adolescent psychiatry basic book (pp. 470–477). Ankara, Turkey: Hekimler Publication.
- Isikdogan, N., & Kargin, T. (2010). The effectiveness of story map technique for getting understanding skills of mentally disabled students. [6: Education Sciences in Theory and Practice1489–1531. Retrieved from http://www.kuyeb.com/pdf/tr/ec42f377298ff4254492f871837fda8bnFULL.pdf.
- Jewkes, R., Levin, J., Mbananga, N., & Bradshaw, D. (2002). Rape of girls in South Africa.
 The Lancet, 359, 319–320. http://dx.doi.org/10.1016/S0140-6736(02)07530-X.
 Johnson-Reid, M., Drake, B., Kim, J., Porterfield, S., & Han, L. (2004). A prospective

- analysis of the relationship between reported child maltreatment and special education eligibility among poor children. *Child Maltreatment*, 9, 382–394. http://dx.doi.org/10.1177/1077559504269192.
- Keskin, G., & Cam, O. (2005). Psychodinamic nursing approach of child sexual abuse. Yeni Symposium, 4(3), 118–125. Retrieved from http://yenisymposium.com/Pdf/TR-YeniSempozyum-d44fde9e.pdf.
- Kocak, U., & Alpaslan, A. H. (2015). Psychiatric disorders and sociodemographic characteristics of sexually abused children and adolescents. The Bulletin of Legal Medicine, 20(1), 27–33. http://dx.doi.org/10.17986/blm.2015110915.
- Kucuk, S. (2016). Analyses of child sex abuse cases in turkey: A provincial case. *Journal of Child Sexual Abuse*, 25(3), 262–275. http://dx.doi.org/10.1080/10538712.2016. 1153557.
- Kurdoglu, M., Kurdoglu, Z., Guler, A., & Ozgokce, C. (2010). Evaluation of sexually abused cases in childhood in eastern Turkey. J. Turk. Soc. Osbtet. Gynecol. 7(4), 285–288. Retrieved from http://www.journalagent.com/tjod/pdfs/TJOD-80488-RESEARCH-KURDOGLU.pdf.
- Lumley, V. A., & Scotti, J. R. (2001). Supporting the sexuality of adults with mental retardation: Current status and future directions. *Journal of Positive Behavior Interventions*, 3, 109–119.
- Morano, J. P. (2002). Sexual abuse of mentally retarded patient: Medical and legal analysis for the primary care physician. Primary care companion. *Journal of Clinical Psychiatry*, 2001(3), 126–135 (PMCID: PMC181173).
- Simons, J., & Dedroog, I. (2009). Body awareness in children with mental retardation. Research in Developmental Disabilities, 30, 1343–1353. http://dx.doi.org/10.1016/j.

- ridd.2009.06.001.
- Skarbek, D., Hahn, K., & Parrish, P. (2009). Stop sexual abuse in special education: An ecological model of prevention and intervention strategies for sexual abuse in special education. Sexuality and Disabilities, 27, 155–164. http://dx.doi.org/10.1007/s11195-009-9127-y.
- Stein, N. L., & Glenn, C. G. (1979). An analysis of story comprehension in elementary school children: A test of a schema. Eric, 121474, 2–68.
- T.R. Legal Newspaper (9 July 2009). Regulations related to supportive education programs and finance of education expense for mentally disabled people. (Number: 27283).
- Tiras, U., Dilli, D., Dallar, Y., & Oral, R. (2009). Evaluation and follow-up of cases diagnosed as child abuse and neglect at a tertiary hospital in Turkey. *Turk. Med. Sci.* 39, 969–977. http://dx.doi.org/10.3906/sag-0805-30.
- Topbas, M. (2004). A big shame of mankind: Child abuse. *TAF Prev. Med. Bull. 3*, 7–80. Retrieved from http://www.scopemed.org/?jft=1&ft=khb_003_04_76.
- Topping, K. J., & Barron, I. G. (2009). School-based child sexual abuse prevention programs: A review of effectiveness. Review of Educational Research, 79(1), 431–463. http://dx.doi.org/10.3102/0034654308325582.
- Wu, H. Z., Berenson, A. B., & Wiemann, C. M. (2003). A profile of adolescent females with a history of sexual assault in Texas: Familial environment, risk behaviors and health status. *Journal of Pediatric and Adolescent Gynecology*, 16, 207–216 (PMID:14550384).
- Yigit, R. (2008). Sexual abuse in children and incest. *Journal of Anatolia Nursing and Health Sciences*, 3(1), 90–100 Retrieved from. file:///C:/Users/pc/Downloads/380-1490-1-PB%20(1).pdf.