Can Children with Intellectual Disabilities to be Taught to Protect to from Sexual Abuse?

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Submission: February 20, 2018; Published: May 08, 2018

Introduction

Sexual abuse is a common problem that can be seen in every part of society. Especially women and children are affected by sexual abuse. It is reported to mentally handicapped children who to be abused tend to be more than their healthy peers [1,2]. Sexual abuse can be for various reasons, such as increasing interest in sexuality with puberty [3], the events inability to express and evaluate, wants to benefit of abusers from the disadvantaged situations of intellectually disabled children [4,5].

It is reported to, healthy child who were taught about from sexual abuse, were exposed abuse to in half less than those who didn’t receive this education [6,7]. It is stated that it is important for children with mental disabilities as well as healthy children to take preventive education for abuse [8,9]. However, education on the prevention of sexual abuse of children with disabilities is often overlooked.

The training of children with mental retardation against sexual abuse is basically as follows; learning and body recognition of special body regions, good and bad touch, learning to say no, establishing a safe boundary with strangers, and reporting abuse [10].

It is reported that it is important for mentally retarded children to learn specific body regions [10] and that children who do not know the names of sexual regions are more abused [11]. The important point in learning about special body regions is learning the correct terminology and genital organ names correctly. This makes it easier for children to understand and report on touch when they are exposed to inappropriate touching behaviors [12]. It is known that mental retarded children’s ability to name and display body parts is less than that of average intelligence children, and that these children are able to identify and display body regions at the rate of their vocabulary [13]. However, it has been reported that mentally retarded children can learn specific body regions with appropriate training [10].

Another step in sexual abuse prevention education is to learn good and bad touch, and to learn to say no [14]. It is reported to be healthy [15] and mentally retarded children an important step in the protection of sexual abuse [10]. As a result of the trainings given, it shows that the authority figures of mentally retarded children are conscious about different touches [10].

Learning to say no to unwanted activities reduces the likelihood of exploitation of children. It is known that children can learn to resist behavior such as reward, request, and praise from authority figures, making it easier for them to be protected from possible abuse [16].

Resistance to abuse is another way of saying no. However, 41.3-81.4% of children can not show any resistance to sexual assault [4,17]. However, it is stated in the prevention of child sexual abuse that it is important for children to resist inappropriate behavior and, if possible, to move away from the abuser [10].

Another step in prevention of abuse training is to establish security boundaries with strangers. Especially not talking to strangers and not giving out private information, establishing a safe boundary has an important place to protect from the abuses that foreigners have caused [16].

Repetition of exploitation may produce undesirable consequences. Therefore, it is important that the abuse should not be kept secret and reported to a reliable adult [17-19]. Mother is the most reliable family members to report abuse. Because almost all of the child sexual abusers are male, and all of the intrafamilial abusers are males [12].

It is known that children with mental disabilities are influenced by special education materials, repetitive, systematic, family-supported education is particularly effective in creating awareness of protection from sexual abuse in mildly mentally retarded children [10].

Mentally handicapped children are required to use materials that are appropriate for their intelligence and cognitive levels in their education. Trainings can be given with specially arranged pictures, stories, toys, etc.
It should not be forgotten that mentally retarded children have a high likelihood of forgetting. Giving the trainings with a certain system and repetition reduces the possibility of forgetting children. It also increases the effectiveness of training.

Involvement and informing to education the parents of the education given to children with mental disabilities is important. Increasing the knowledge and awareness of family members about sexual abuse prevention can help increase the effectiveness of the training by moving it to the home environment.

Conclusion

Children with mental disabilities, like all children, need to be trained to prevent sexual abuse. These trainings can be enhanced by giving appropriate materials to children’s intelligence levels and comprehension capacities, by regularly repeating the trainings, by ensuring the involvement of family members in the trainings and by moving the education to the home environment.

References