

Comparison of Child Sexual Abuse Knowledge and Attitude Levels of Parents of Special Needs Children with Normally Developing Children

Özel Gereksinimli ve Normal Gelişim Gösteren Çocuğa Sahip Ebeveynlerde Çocuk Cinsel İstismarı Bilgi ve Tutum Düzeylerinin Karşılaştırılması

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ABSTRACT

This study aimed to compare parents' knowledge and attitudes of children with special needs and normally developing children about child sexual abuse. The study was cross-sectional, descriptive, and correlational design, and the sample consisted of 228 parents, including 153 parents of normal children and 75 parents of children with special needs. Personal Information Form and Child Abuse Knowledge/Attitude Scale for Parents were used to collect the data. The only independent variable with explanatory power on the level of Child Abuse Knowledge and Attitude was found to be educational status. In the model created with this variable, educational status explained 2.9% of the variation on the total score of the Child Abuse Knowledge and Attitude Scale. Ninety-four point eight percent of the parents had no previous education about sexual abuse against children but were informed about it. Parents' knowledge and attitudes towards sexual abuse were significantly affected by the educational status of the parents. In this context, awareness should be increased through school-based programs organized by mental health professionals.

Keywords: Parent, sexual abuse, knowledge, attitude, child

ÖZ

Bu çalışmanın amacı, özel gereksinimli ve normal gelişim gösteren çocuğa sahip ebeveynlerin çocuk cinsel istismarı bilgi ve tutum düzeylerini karşılaştırmaktır. Araştırma kesitsel, tanımlayıcı, ilişki arayıcı desende olup, örneklemini 153 normal çocuk ve 75 özel gereksinimli çocuk ebeveyni olmak üzere toplam 228 ebeveyn den oluşmuştur. Verilerin toplanmasında Kişisel Bilgi Formu ve Ebeveynler İçin Çocuk İstismarı Bilgi/Tutum Ölçeği kullanılmıştır. Çocuk İstismarı Bilgi ve Tutum düzeyi üzerinde açıklayıcılık gücü olan tek bağımsız değişkenin eğitim durumu olduğu saptandı ve bu değişken ile oluşturulan modelde, eğitim durumunun Çocuk İstismarı Bilgi ve Tutum Ölçeği toplam puan üzerindeki değişimin %2,9'unu açıkladığı belirlendi. Ebeveynlerin %94,8'inin çocuğa yönelik cinsel istismar hakkında daha önceden eğitim almadıkları, ancak bilgi sahibi oldukları belirlendi. Ebeveynlerin cinsel istismara yönelik bilgi ve tutumunun ebeveynlerin eğitim durumundan etkilendiği saptandı. Bu bağlamda, ruh sağlığı ve psikiyatri hemşirelerinin düzenleyeceği okul temelli programlar ile farkındalıkları artırılmalıdır.

Anahtar sözcükler: Ebeveyn, cinsel istismar, bilgi, tutum, çocuk

Introduction

The concept of "individual with special needs" is defined as an individual who faces varying degrees of disability in physical, mental, social, and sensory abilities and limitations in functionality because of biological or environmental factors at birth or later in development, and therefore has difficulties in social adaptation (WHO 2020). Visual, hearing, orthopedic, mental problems, chronic diseases such as asthma, diabetes, cancer, or kidney failure, mental disabilities such as developmental delay, autism spectrum disorder, and specific learning disabilities can be observed in children with special needs (Yektaş and Kaplan 2017).

The number of children with special needs is increasing worldwide and in Turkey. It was reported that the number of children who have special needs under the age of 18 was 150 million worldwide, and this number was 13-27% of the number of children who had normal development (Runyan et al. 2011). Child abuse is defined as the preventable behaviors of the caregiver that may impair the child's psychosocial and physical development,

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except as an accident (Yargıç et al. 2012). Child abuse is examined in three groups physical, emotional, and sexual. Sexual abuse, one of the types of child abuse, is defined as any behavior (e.g., voyeurism, touching the genital area, rape) in which the child or adolescent takes part (Mathews and Collin-Vézina 2019). According to DSM-5 diagnostic criteria, sexual abuse involves someone engaging in sexual acts such as stroking the child's genitals and appearing "exposed" for sexual satisfaction. Cheating, suppressing, and directing certain behaviors without touching the child for sexual satisfaction are also defined as sexual abuse (APA 2013). Child sexual abuse is a severe public health problem that increases the risk of lifelong physical and mental health problems and is a taboo topic worldwide (Ucuz et al. 2022). Scientific literature has shown for decades that child sexual abuse occurs in almost all countries and is universally silenced (Rueda et al. 2021). According to the Turkish Statistical Institute Report (2021), sexual abuse ranked third among the crimes that children were victims of, with a rate of 12.2% in 2020 (TUIK 2021). Because of its sociocultural consequences, sexual abuse is considered a sensitive issue in our country and is therefore kept secret.

For this reason, it is considered that there are higher rates than the rates reported in epidemiological studies. The rates for the prevalence of sexual abuse vary greatly depending on the country examined, regional and cultural characteristics, the characteristics of the sample, the definitions used, the type of sexual abuse examined, and the method used (Singh et al. 2014). Also, it is challenging to access accurate epidemiological information because of reasons such as the forensic and social consequences that may occur with the expression of sexual abuse and negative consequences for the child and his/her family, such as the abuse being kept secret and kept secret (Livingston et al. 2020, Del Campo et al. 2023).

Like other abuses, sexual abuse causes profound effects throughout life (Kaya et al. 2005, Barut 2021). In child sexual abuse, ecchymosis in different parts of the body, hematomas and incoherence, enuresis, genital and anal tears, sexually transmitted diseases, and pregnancy, deterioration in child-parent relations (Kamiye et al. 2016, Blakemore et al. 2017), social relations, physical and mental problems such as difficulty in developing self-esteem, low self-esteem, hopelessness, introversion, and behavioral disorders are observed (Ucuz et al. 2022). Also, the sexually abused individual during childhood is associated with several long-term psychological, physical, and behavioral problems in adulthood, such as depression, suicidal thoughts and attempts, substance abuse, post-traumatic stress disorder, sexually risky behaviors, and increased use of health services for physical health problems (Barrigón et al. 2015, Hébert et al. 2018). As reported in the literature, sexual abuse negatively affects the childhood and adulthood of children physically, emotionally, and mentally in terms of personality development (Bahali et al. 2010, Alpay et al. 2017, Hébert et al. 2018). For this reason, to prevent abuse, parents must listen to their children, communicate, show interest, and spare time, provide a good education, teach children about right and wrong behaviors, and set an example for children (Yam 2020, Bacıoğlu and Tezel 2020, Üstündağ 2022). The importance of investigating the knowledge and attitudes of parents is clear to prevent child sexual abuse and to ensure that children are least affected by the consequences of sexual abuse.

As a result, child abuse is a sensitive issue frequently faced in the world and our country. The most critical condition for forming healthy societies is the mental and physical health of the children who will make up the future. For this reason, parents are responsible for protecting their children from sexual abuse. Ensuring that parents are sensitive by increasing awareness and knowledge about child sexual abuse has a critical value. In a study conducted in Turkey, it was observed that more than a quarter of the participants did not obtain information on this subject, and those who did obtain information obtained such information from newspapers/televisions (Özer 2014). It is also essential to raise awareness of parents, who provide the first care of children and support their development in all areas because children ask their parents about their bodies from a very young age. At this point, parents also have essential roles in their children's sexual development and health (Cırık et al. 2019, Klika 2020). Parents must obtain information from suitable sources about providing their children with sex education and protecting them from sexual abuse (Cırık et al. 2019). The fact that parents have limited information on this subject feel anxious, and do not know how to talk can prevent them from talking to their children about sexual abuse. In this way, children's awareness of protection will be postponed until they start education in an institution. It may also become difficult for the child to talk to their parents in the event of possible sexual abuse. For this reason, parents need to gain awareness through training prepared by experts (Kurtça 2022).

Inevitably, the most critical task of all social and mental health stakeholders is to define the causes of childhood sexual abuse, which has such a high frequency and prevalence, observe the possible symptoms in children well, and provide the necessary treatment for children who are victims of abuse. Children with special needs and healthy children are at risk of sexual abuse (Winsk et al. 2015, Xia et al. 2016, Helton et al. 2018). In a study, 40% of disabled students were exposed to sexual harassment, and 38% were exposed to sexual touching, while

this rate was reported as 16% and 18% for individuals without disabilities (Reiter et al. 2007). This study revealed that the parents' educational status influenced their knowledge and attitude toward the child's sexual abuse. In this study, education and rehabilitation services were vital for parents to protect their children from sexual abuse.

The study aimed to compare the child sexual abuse knowledge and attitude levels of parents with special needs and typically developing children. The hypotheses of the study were as follows. (H1) There is a difference between the child sexual abuse knowledge and attitude levels of parents with children with special needs and parents with children with normal development. (H2) There is no difference between the child sexual abuse knowledge and attitude levels of parents with children with special needs and parents with children with normal development.

Method

The study was conducted in a cross-sectional, descriptive design to determine the awareness, knowledge, and attitudes of people responsible for child sexual abuse.

Sample

The study population consisted of parents who made appointments to Kastamonu Training and Research Hospital Pediatric Outpatient Clinics between 15.05.2022 and 15.09.2022. No sample calculation was made in the study, and parents who met the study's criteria at the time of the study were included. Only one parent of each child was included in the study. The sample consisted of 228 parents, including 153 parents of healthy children and 75 parents of children with special needs (diagnosed with autism, down syndrome, hyperactivity, and attention deficit). Individuals who had children under 18, between 18-65, without communication and understanding problems, and who agreed to participate in the study were included. The data were collected by the researchers using the face-to-face interview technique. The participants consisted of parents of children who came to the hospital at the appointed time on the study dates and agreed to participate. A total of 23 people who were invited to the study stated that they did not want to participate and were excluded.

Procedure

Interviews were held in a special training room in the hospital waiting queue. Each interview lasted approximately 15-20 minutes. The study adhered to the principles of the Declaration of Helsinki. Written approval was obtained from the Non-Interventional Ethics Committee of Kastamonu University (decision number 2022-24/6, dated 09/06/2022) on 27/04/2022 from the hospital where the study was conducted. Written informed consent was obtained from parents who met the inclusion criteria and agreed to participate in the study.

Measures

The data were collected using the Personal Information Form, Child Abuse Knowledge/Attitude Scale for Parents (CSAKAS).

Personal Information Form

The form consisted of questions on age, gender, marital status, occupation, child age, gender, a diagnosed mental illness of the parents, sexual abuse training, what to do to avoid sexual abuse, and what they do when one notices sexual abuse. The last two questions were open-ended, and the answers from the parents were grouped.

Child Abuse Knowledge/Attitude Scale for Parents (CSAKAS)

CSAKAS was developed by Deirdre Mac Intyre in 1999 and consisted of 38 items measuring the concerns of families about sexuality. The internal consistency coefficient of the original scale was found to be 0.80, and the scale consisted of six sub-dimensions. İkican and Küçük performed their Turkish validity and reliability. Sub dimensions were - Myths, facts (1. 4. 8. 12. 13. 16. 20. 25. 28. 29. 35), - Faith (2. 7. 22. 23. 26.), - Responsibility (3. 5. 21. 24. 27. 36.), - Information, attitude, services and reporting information (6. 9. 11. 31. 33.) - Preventive attitudes (10. 14. 17. 18. 32. 37.), and - Confidence, anxiety, facing sexual abuse again (15.19. 30. 34. 38.). The items in the scale are evaluated between 1 and 5 points, and the total score ranged between 38 and 190. As the score obtained from the scale increases, the level of knowledge also increases. Twenty-two items on the scale (3. 4. 6. 9. 10. 11. 15. 17. 18. 20. 21. 23. 25. 27. 28. 29. 30. 32. 33. 34. 35. 36.) are evaluated as "I strongly agree": 5

– "I strongly disagree": 1 point; 16 items (1. 2. 5. 7. 8. 12. 13. 14. 16. 19. 22. 24. 26. 31. 37. 38.) are evaluated negatively as "I strongly disagree": 5 - "I strongly agree": 1 point (İkican and Küçük, 2021). The Cronbach's Alpha Coefficient was found to be 0.77 for the total score of the Sexual Abuse Knowledge and Attitude Scale (CSAKAS) in the present study.

Table 1. Sociodemographic characteristics of parents			
Variable	Parents who have Children with Special Needs (n=75)	Parents who have Normally-developing Children (n=153)	p*
Age			
18-25 years	9 (12)	54 (35.3)	X2:36.47 p< 0.001
26-30 years	9 (12)	32 (20.9)	
31-35 years	28 (37.3)	15 (9.8)	
36-40 years	29 (38.7)	52 (34)	
Gender			
Female	60 (80)	110 (71.9)	X2: 1.74 p: 0.18
Male	15 (20)	43 (28.1))	
Marital Status			
Single/Widow(er)	11 (14.7)	8 (5.2)	X2: 5.86 p: 0.01
Married	64 (85.3)	145 (94.8)	
Number of Children			
Mean (SD)	2.66 (0.97)	1.96 (0.95)	t: 2.24 p: 0.02
Min-Max	1-5	1-5	
Educational Status			
Not literate or			
Literate	5 (6.7)	5 (3.3)	
Primary school	20 (38.7)	23 (15)	X2:36.57 p< 0.001
Secondary school	10 (10.3)	30 (19.6)	
High school			
University and above	19 (25.3)	16 (10.5)	
Occupation	12 (16)	51 (33.3)	
Housewife	9(3.0)	28(18.3)	
Civil Servant			
Worker	37 (49.3)	80 (52.3)	
Teacher	6 (8)	12 (7.8)	X2: 1.03 p: 0.95
Self-employed	7 (9.3)	10 (6.5)	
Other (nurse, police, engineer)	7 (9.3)	18 (11.8)	
Family Type	15 (20)	27 (17.6)	
Elementary	3 (4)	6 (3.9)	
Extended			
Presence of Diagnosed Mental Diseases in Parents	67 (89.3)	134 (87.6)	X2:0.56 p: 0.75
Yes	8 (10.7)	19 (12.4)	
No			
Age	14 (18.7)	12 (7.8)	X2: 5.83 p: 0.01
18-25 years	61 (81.3)	141 (92.2)	

X2: Chi-Square p<0.01,p* $<$ 0.05

Statistical Analysis

The study data were analyzed in the SPSS 25.0 program. The mean, standard deviation, minimum, maximum, number, and percentage were used to analyze descriptive data. CSAKAS total score and sub-score averages were taken, and Kurtosis and Skewness tests were used to determine whether it showed a normal distribution. It was found that the scale score averages showed a normal distribution. The Chi-Square and Student-t tests were used to compare the sociodemographic characteristics between groups. CSAKAS total mean scores between groups were analyzed with the Student's-t-test. Since significant differences were detected between the groups according to the sociodemographic variables of the parents, such as age, educational status, marital status, number of children, the presence of diagnosed mental disorders in the parent, and the presence of chronic disease in the child, it was aimed to determine the effect of these variables on the CSAKAS along with the variable of having a child with special needs and linear regression analysis was performed in this regard. The Cronbach's

Alpha Coefficient was calculated in the internal consistency analysis of the scale total score and subscales. All findings were evaluated at $p < 0.05$ significance level.

Results

Among the parents who participated in the study, 38.7% of parents who had children with special needs were between the ages of 36-40, 80% were women, 85.3% were married, 38.7% were primary school graduates, 49.3% were housewives, 89.3% had nuclear families, and 18.7% had a diagnosed mental disorder. On the other hand, 35.3% of normally developing parents were between the ages of 18-25, 71.9% were female, 94.8% were married, 19.6% were primary school graduates, 52.3% were housewives, 87.6% had nuclear families, and 7.8% of them had diagnosed mental disorders. When the groups were compared in terms of sociodemographic characteristics, significant differences were detected between the groups according to the independent variables of age, marital status, number of children, educational status, and the presence of a mental disorder in the parent (Table 1).

Variable	Parents who have Children with Special Needs (n=75)	Parents who have Normally-developing Children (n=153)	p
Age of the Child Cared For			
Mean (SD)Min-Max	8.53 (3.73) 3-17	8.43 (3.55) 2-17	t: 0.20 p: 0.84
Gender of Child			
Female	33 (44)	68 (44.4)	χ^2 : 0.00 p: 0.94
Male	42 (56)	85 (55.6)	
Presence of Chronic Disease			
Yes	39 (52)	19 (12.4)	χ^2 : 41.57 $p < 0.001$
No	36 (48)	134 (87.6)	
Receiving Training on Sexual Abuse			
Yes	11 (14.7)	8 (5.2)	χ^2 : 3.65 p: 0.05
No	64 (85.3)	145 (94.8)	
What to Do to Avoid Sexual Abuse?			
Training	21 (28)	37 (24.2)	
Protection	5 (6.7)	6 (3.9)3 (2)	χ^2 :15.94 p: 0.01
Reporting	-	3 (2)	
Increasing Punishment	26 (34.7)	52 (34)	
Increasing Punishment and Training	3 (4)	27 (17.6)	
Training and Protection	7 (9.3)	3 (2)	
All	13 (17.3)	25 (16.3)	
What do you Do When You Notice Sexual Abuse?			
Calling the Police	65 (87.7)	126 (82.4)	
Sharing with Relatives	3 (4)	10 (6.5)	
Trying to Sole Alone	5 (6.7)	4 (2.6)	χ^2 : 5.37 p: 0.14
Calling the Police and Sharing with Relatives	2 (2.7)	13 (8.5)	

χ^2 : Chi-Square $p < 0.01, p < 0.05$

The characteristics of the parents participating in the study regarding their children and child abuse are given in Table 2. It was found that children with special needs were 8.53 (3.73) years old on average, 56% were male, and 52% had chronic diseases. It was also found that 85.3% of the parents of children who had special needs had not received any training on sexual abuse, 34.7% stated that the penalties must be increased to prevent sexual abuse in children, and 87.7% stated that they would call the police when they noticed sexual abuse. The mean age of children with normal development was 8.43 (3.55), 55.6% were male, and 12.4% had chronic diseases. Also, 94.8% of parents with normal development had not received training on sexual abuse, 34% stated that the penalties must be increased to prevent sexual abuse, and 82.4% stated that they would call the police when they noticed sexual abuse. According to the Chi-Square Test performed between the groups, significant differences were detected regarding chronic disease in children and what must be done to prevent sexual abuse (Table 2).

The total and subscale mean scores of the parents with and without special needs are given in Table 3. According to the Student-t analysis, no significant differences were detected between the total and sub-scores of the CSAKAS parents with and without a child with special needs. Significant differences were detected between the

groups regarding the subscale of trust, anxiety, and experiencing repeated sexual abuse, and the parents of normally developing children had higher scores for these subscales (Table 4).

Measures	Parents Who Have Children with Special Needs (n=75) Mean (SD)	Parents Who Have Normally-developing Children (n=153) Mean (SD)	t/p
CSAKAS Total Score	133.72 (13.52)	134.54 (13.61)	t: -0.42 p: 0.66
Myths, facts	32.93 (3.21)	32.35 (3.67)	t: 1.15 p: 0.25
Responsibility	22.54 (3.53)	22.68 (3.75)	t: 3.43 p: 0.001
Knowledge, attitude, services, and reporting knowledge	17.54 (3.30)	18.03 (2.71)	t: -1.19 p: 0.23
Preventive Attitudes	21.93 (3.39)	22.39 (3.07)	t: -1.02 p: 0.30
Trust, anxiety, re-experiencing the sexual abuse	16.68 (2.82)	17.48 (2.65)	t: -2.10 p: 0.03

CSAKAS: Child Abuse Knowledge/Attitude Scale; p<0.05, t-test, SD: degrees of freedom

Since significant differences were detected between the groups according to the sociodemographic variables of the parents, such as age, educational status, marital status, number of children, the presence of diagnosed mental disorders in the parent, and the presence of chronic disease in the child, it was aimed to determine the effect of these variables on the CSAKAS along with the variable of having a child with special needs and linear regression analysis was performed in this regard. In the Backward Analysis, it was found that the explanatory power of the variables of the parent's age, educational level, marital status, number of children, the presence of a diagnosed mental disorder in the parent, and having a child with special needs was not statistically significant (Table 4). Educational status was found to be the only independent variable that had explanatory power on the CSAKAS. The model created with this variable found that educational level explained 2.9% of the change in the total score of the CSAKAS.

Dependent Variable	Independent Variable	B	β	t	p
CSAKAS	(Constant)	130.15		14.23	0,00
	Age	0.39	0.01	0.48	0.63
	Having a Child with Special Needs	0.55	0.01	0.25	0.80
	Marital Status	-078	-0.01	-0.23	0.81
	Number of Children	-1.11	-0.08	-1.05	0.29
	Educational Status	1.66	0.15	2.08	0.03
	Presence of Mental Disease in the Parent	0.61	0.01	0.21	0.83
	Presence of Chronic Disease in the	-2.04	-0.06	-0.87	0.38
Model (p): 0.28		R2:0.038			
CSAKAS	(Constant)	126.07		38.30	0.00
	Educational Status	1.86	0.17	2.58	0.01
Model (p): 0.01		R2: 0.029			

CSAKAS: Child Abuse Knowledge/Attitude Scale; β: coefficient of increase, Std.β: standard, t and p: significance, R2 : explanatory ratio

Discussion

The present study found that the knowledge and attitude levels of parents of children with special needs and children with normal development were positive, above the average, and similar. It was also found that the parents of the children in both groups mostly had not received any training on sexual abuse, the penalties must be increased to prevent sexual abuse in children, and they would call the police when they noticed sexual abuse. The educational status of the parents affected the total CSAKAS scale score, although it was not much. The results of the study were similar to the studies conducted by AlRammah et al. (2018) on Saudi parents, Guo et al. (2019) on Chinese parents, and Ferragut et al. (2020) on Mexican women (Al Rammah et al. 2018, Guo et al. 2019, Ferragut et al. 2020). As a result of the study conducted on Mexican women by Rueda et al. (2021), it was reported that women had sufficient knowledge of child sexual abuse (Rueda et al. 2021). In the study conducted by Cirik et al. (2020), the average score of the Parents' Child Sexual Abuse Knowledge/Attitude Scale was reported as 137.66±18.40. They also reported that parents' knowledge and attitudes about child sexual abuse are affected by their education, previous knowledge, and training on sexual abuse against their children. More than half of the parents (55.9%) feared educating their children about sexual abuse because they thought it would confuse them (Cirik et al. 2020). In his study, Uraslı (2022) reported that 78.8% of the parents wanted to

receive education on sexual abuse, 58.9% perceived sexual communication with their children adequately, and 92.0% thought they had not experienced sexual abuse in childhood (Uraslı 2022). In Zhang et al.'s study (2020), it was found that more than 90% of parents had child sexual abuse problems worldwide and that perpetrators were often repetitive, and child victims were aware that they would be prevented from being disclosed by the abuser (Zhang et al. 2020).

Also, as a result of the study by Del Campo et al. (2023) conducted with 252 parents titled "The role of parents in preventing child sexual abuse: The evaluation of previous knowledge and results of a training program." It was reported that parents had a significant lack of knowledge about child sexual abuse, various misconceptions, and inadequate skills in detecting and accepting it. However, parents significantly improved their knowledge of this risk and their perceived coping skills after participating in the program (Del Campo et al. 2023). Balcıoğlu and Tezel's (2020) and Kurtça's (2022) research results also show similarities. There are differences between Western cultures that value autonomy and independence (individualism) and Eastern cultures that value social relationships and interdependence (collectivism). The myths may be believed, and the victim is more blamed in collectivist cultures where sex is taboo (Sawrikar 2020). Mainly, in a patriarchal context, certain beliefs and perceptions are likely to develop to serve to excuse, normalize or trivialize some negative behaviors (Sawrikar 2020, Koçtürk and Şahin 2021). Parents might convey incomplete information to their children by increasing their anxiety levels because of their lack of knowledge about sexual abuse and their concerns about sexual abuse. In summary, individuals are likely to have different levels of knowledge about abuse and other traumas.

Child sexual abuse is taboo in most Muslim communities (Alzoubi et al. 2018). The more information parents have about child sexual abuse, the more likely they are to create safer environments for their children and, in this way, prevent sexual exploitation from occurring (Bacıoğlu and Tezel 2020). The study by Ganji et al. (2022) showed that 78.2% of parents believed parents were the first and most important educators in sex education for children under 13 years old. Studies also showed that parents were hesitant and reluctant to talk to their children about sexual abuse (Xie et al. 2016, Rudolph et al. 2018). A total of 186 parents who had children under the age of 15 participated in the study conducted by Artan et al. (2020), and it was concluded that mothers and fathers who had higher education managed the process better in terms of sexual communication. Based on these results, we believe that sociocultural characteristics and stereotyped thought systems adopted by parents are effective in the society in which they live and in the level of sexual communication of the parents. It can be argued that the level of knowledge of families on these issues has increased in our present day compared to the past, with both family and school-based education and information provided through the media and with an increased level of knowledge on where to apply in case of any abuse against the child. However, the fact that abuse cases are not negligible reminds us that this training must continue.

Parents can play key roles in preventing sexual abuse, provided they know the risk and appropriately pass this information on to their children (Livingston 2020, Del Campo et al. 2023). According to the Protection Motivation Theory, parents must believe their children are vulnerable to abuse to take protective measures. However, discussing sexual abuse with children is often challenging for parents (Livingston et al. 2020). Parents' discussion of sexual issues with children is taboo in many cultures, despite its benefits ranging from reducing the risk of early initiation to sexual activity to preventing pregnancy (Livingston et al. 2020). Talking about personal safety is generally accepted, but fewer parents discuss private parts and child sexual abuse with their children (Guo et al. 2019). Few parents talk to their children about this issue and convey adequate information. The main reasons for this are that many parents do not believe their children are at risk of sexual abuse or lack the knowledge, vocabulary, and practice to discuss these issues (Livingston et al. 2020, Del Campo et al. 2023). Gender role stereotypes and personal discomfort are essential barriers to discussing sexual abuse (Livingston et al. 2020).

The present study detected no significant differences between the total and sub-scores of the parents' CSAKAS in the groups. Significant differences were detected between the groups regarding the subscale of trust, anxiety, and experiencing repeated sexual abuse, and the parents of normally developing children had higher scores on these subscales. A direct article that investigated sexual abuse in children who have special needs could not be found in the literature. For this reason, it is difficult to say anything definite. However, sexual abuse studies on children with intellectual disabilities and learning difficulties could be reached. In these studies, it was reported that these children are in the highest risk groups in terms of sexual abuse and that they do not hide sexual abuse more than those with normal development (Wissink et al. 2015, Helton et al. 2018, Tomsa et al. 2021). It is a known fact that parents of children who have special needs experience intense stress and anxiety in the presence of a child with special needs. Some mothers and fathers can be demoralized easily in the face of stress or this problematic situation and may experience anxiety and depression. In the present study, the fact that the trust, anxiety, and repetitive sexual abuse subscale scores of the CSAKAS were significantly higher in the parents of

normally developing children may be because of the loss of interest in the child because of these mental problems faced by families who have children with special needs (Iscan and Malkoç 2017). Another possibility was considered to be explained by the individual with special needs spending less time thinking about sexual abuse because of the financial and moral difficulties of the parents and the burden of care.

Children are vital to the development of the world. Therefore, all forms of violence against children, including sexual abuse, which can cause various negative and even severe consequences, cannot be tolerated (Guo et al. 2019). Child sexual abuse is a taboo subject surrounded by shame, fear, and pain. However, it does not just exist; it can pose serious problems worldwide (Cromer and Goldsmith 2010) and occurs more frequently than expected (Ferragut et al. 2020). It is a fact that it is also associated with many adverse psychological and physical health outcomes (Cromer and Goldsmith 2010).

Although child sexual abuse is as old as human history and has continued for years, it started to be examined in the 1980s in Turkey. However, Turkey's traditional family structure prevents child sexual abuse and the discussion of the issues, causing the sexual abuse not to be noticed and the health problems it causes to grow, which imposes essential responsibilities on family and nurses, who are the first professional members in many service areas, to determine the level of sexual education and relationship within the family, to raise awareness of the society and to provide interdisciplinary cooperation (Kaya et al. 2005). The fact that child sexual abuse cases occur at a younger age and are seen frequently makes it important to provide education on sexual abuse at an early age. It must be aimed that families have sufficient knowledge about sexual abuse and at the same time reach competence in this framework in their society because young children have difficulty in self-defense (Tunç et al. 2018).

The limitation of the study was that the results could not be generalized because the study was conducted in one city and only in a single center. It is limited to the answers given by the parents who agreed to the interview between 15.05.2022 and 15.09.2022. Also, the study was limited to the measurement tools and statistical techniques used. Since comparative studies on two different groups in our country are insufficient, the sources used in the discussion were also limited.

Conclusion

Although the level of knowledge of parents increased through school and family-based programs or social media, child abuse is still faced at significant levels. It affects the mental health of the child and family negatively. Parents and healthcare staff has important responsibilities in preventing or effectively responding to sexual abuse of children. In this respect, parents must first be aware of the myths about sexual abuse with the awareness training to be organized by mental health and psychiatric nurses, and then increase awareness by obtaining correct information instead of these myths (Koçtürk and Şahin 2021) as well as increasing the communication of parents with children and raise their children's awareness on this issue, and teaching them what to do to protect themselves in this regard (Xie et al. 2016). Also, mental health nurses can support educators in increasing their knowledge and skills by developing and implementing school-based programs on this subject. It was considered that it is necessary to investigate the level of awareness of parents about child sexual abuse and related factors first because the lack of information combined with misperceptions on the subject can prevent people from preventing this vital issue. Repeating these variables with larger samples and studies with different designs is recommended.

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