

## ORIGINAL ARTICLE

# Childhood Sexual Abuse Myths of Mothers of Children with Intellectual Disabilities and Related Introductory Factors

## Zihinsel Yetersizliği Olan Çocukların Annelerinin Çocukluk Dönemi Cinsel İstismar Mitleri ve İlişkili Faktörler

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### ABSTRACT

**Objective:** Children with intellectual disabilities are in the risk group in terms of sexual abuse compared to healthy peers. Mothers' false beliefs about sexual abuse may cause the abuse or the abuser to be overlooked. This study aimed to determine the myths about childhood sexual abuse and related introductory factors of mothers of children with intellectual disabilities.

**Methods:** The sample of the cross-sectional study consisted of mothers of children with intellectual disabilities (n=100) enrolled in two different special education institutions. Institutional permission, ethics approval, and written consent from the participants was obtained in the study. The data were collected with introductory characteristics data form and parent form of the childhood sexual abuse myths scale (CSAMS). Descriptive and non-parametric tests were used for data analyses.

**Results:** The mean CSAMS total score of the mothers of the children with intellectual disabilities was 33.75±11.92. There were statistically significant differences between mothers' education level, family type, number of children, age, and CSAMS scores. There was no difference between the CSAMS scores of the mothers who received and did not receive training on childhood sexual abuse previously. Those who thought that they did not need information about protecting their children from sexual abuse had higher CSAMS scores.

**Conclusion:** It is recommended to plan and implement training and intervention studies by nurses to increase mothers in the risk group awareness of childhood sexual abuse myths.

**Key Words:** Belief, Child, Intellectual Disabilities, Nurse, Sexual Abuse.

### ÖZ

**Amaç:** Zihinsel yetersizliği olan çocuklar, sağlıklı yaşlılarına göre cinsel istismar açısından risk grubunda yer almaktadır. Annelerin cinsel istismara ilişkin yanlış inanışları, istismarın ya da istismarcının gözden kaçırılmasına neden olabilir. Bu araştırma, zihinsel yetersizliği olan çocukların annelerinin çocukluk çağı cinsel istismarına ilişkin mitlerinin düzeyini ve tanıtıcı faktörlerle ilişkisini belirlemek amacıyla yapıldı.

**Yöntem:** Kesitsel tipteki araştırmanın örneklemini, iki farklı özel eğitim kurumuna devam eden zihinsel yetersizliği olan çocukların anneleri (n=100) oluşturdu. Çalışmada kurum izni, etik onay ve katılımcılardan yazılı onam alındı. Veriler, tanıtıcı özellikler veri formu ve çocukluk dönemi cinsel istismarına ilişkin mitler ölçeği (ÇCIMÖ) ebeveyn formu ile toplandı. Verilerin analizinde tanımlayıcı istatistiksel analizler ve nonparametrik testler kullanıldı.

**Bulgular:** Annelerin ÇCIMÖ toplam puan ortalaması 33.75±11.92 olarak bulundu. Annelerin eğitim düzeyi, aile tipi, çocuk sayısı ve yaşı ile ÇCIMÖ puanları arasında istatistiksel olarak anlamlı fark bulundu. Daha önce çocukluk çağı cinsel istismar konusunda eğitim alan ve almayan annelerin ÇCIMÖ puanları arasında fark yoktu. Çocuklarını cinsel istismardan koruma konusunda bilgiye ihtiyacı olmadığını düşünenlerin ÇCIMÖ puanları daha yüksekti.

**Sonuç:** Risk grubundaki annelerin çocukluk çağı cinsel istismar mitlerine yönelik farkındalık düzeylerinin artırılması için hemşirelerce eğitim ve müdahale çalışmalarının planlanması ve uygulanması önerilir.

**Anahtar Kelimeler:** Cinsel İstismar, Çocuk, Hemşire, İnanış, Zihinsel Yetersizlik.

### Introduction

Sexual violence/abuse is a pervasive public health issue with a high incidence in childhood (1-3). When examined in terms of abused groups, especially individuals with intellectual disabilities are reported to have been more subjected to sexual abuse (4). A systematic review and meta-analysis of 16 million young children in 25 countries found that one in 10 young children and adolescents with disabilities experience sexual abuse (5). The results of the study

conducted by Akbaş et al., revealed that a total of 64 of 122 children, which amounts to a percentage of 52% of the evaluated victims of sexual abuse, had an intellectual disability in Türkiye (2). Two other studies reported that the rate of abuse in intellectually disabled children ranged between 4.7 and 14.6% (3,6).

Inadequate judgment and social skills in children with intellectual disabilities, inadequacy in the skills

required to report and disclose the situation, lack of education on sexual issues, and society's prejudices about the sexuality of mentally retarded individuals may cause sexual abuse to be overlooked (7,8). The most basic component of sexual abuse protection and prevention programs is parents, who have great importance in providing and protecting their children with a safe environment (9,10). Undoubtedly, mothers are the primary guardians and people that children can trust. Since mothers are the first observers of their children, they are the first people they communicate with and report the event of abuse (11,12). However, mothers' false beliefs about sexual abuse may cause the abuse or the abuser to be overlooked. Such that, although most abusers are the people known by the victims, it can be thought that the abuser is more of a stranger (13,14). On the other hand, individuals with sexual abuse myths may be critical of the reports of child sexual abuse and may suspect the accuracy of these reports (15,16).

Misconceptions or beliefs about the victim, the abuser and the abuse event, which are likely to deny, trivialize, normalize and/or justify the abuse, are called sexual abuse myths (17). Cromer and Goldsmith emphasize that studies on cross-cultural childhood sexual abuse myths are insufficient (18). Although there are studies that address the childhood sexual abuse myths of university students and parents in Türkiye, there is a gap in the literature regarding studies conducted with mothers of children with intellectual disabilities from risk groups (12,19). In this context, this study was conducted to determine the myths about childhood sexual abuse and related introductory factors of mothers of children with intellectual disabilities. The research sought answers to the following questions:

1. What are the childhood sexual abuse myths scale scores of mothers of children with intellectual disabilities?
2. What are the related introductory factors with childhood sexual abuse myths of mothers of children with intellectual disabilities?

## Material and Methods

### Design and Participants

This research was carried out as a cross-sectional study between June and August 2022 in a city center in Central Anatolia. In the city center, there are two special education schools for children diagnosed with mild and moderate/severe intellectual disabilities, affiliated with the provincial directorate of national education. The study population consisted of a total of 150 mothers of children with intellectual disabilities who were enrolled in these two different private education institutions between the specified dates. Sample selection was not made, and mothers who could be reached in the population and who met the inclusion criteria (volunteered to participate in the study, and whose native language is Turkish) were included in the sample. In this regard, the sample study occurred of 100 mothers who volunteered to participate in the study and their native language is Turkish. In the research, 66.7% of the population was included in the sample.

### Ethical Aspect of the Study

Institutional permission, ethics approval (decision no: 2022-32/49), and written consent were obtained from mothers in the study.

### Data Collection

The schools were visited and the institution personnel was informed about the purpose and scope of the study. Before the data were collected, a pilot study was conducted with the mothers who were not included in the study, and the questionnaire forms were finalized. The questionnaires were collected from the mothers who gave written consent to participate in the study according to the face-to-face interview method, paying attention to infection control principles as the COVID-19 pandemic continued. Data were collected with the data collection tools described below.

**Introductory Characteristics Data Form:** It consisted of questions prepared by the researchers according to relevant literature (18-20), questioning the sociodemographic characteristics of the participants, their information needs on protecting their children from sexual abuse, whether they received education on sexual abuse, etc.

**Parent Form of the Childhood Sexual Abuse Myths Scale (CSAMS):** The scale, originally developed by Koçtürk and Kızıldağ on university students, was also tested on parents in 2020 by the same authors. The scale, which was developed to measure the myths about childhood sexual abuse, is a 5-point Likert type and consists of 22 items. The CSAMS consists of two sub-dimensions: "reporting and reliability", and "abuser's characteristics". There are no reversely rated items in the scale. A total of 22 to 110 points are obtained from CSAMS. Higher scores to be obtained from the scale indicate higher levels of myths about the sexual abuse of children. Within the scope of the reliability study of the scale, the internal consistency coefficient was examined and the internal consistency coefficient for the whole scale was found as 0.97 (17,20). In this study, it was determined as 0.90.

### Data Analysis

The data were evaluated using the IBM SPSS Statistics 22.0 (IBM Corp., Armonk, New York, USA) package program. In the study, the data on descriptive features were evaluated using number (n), percentage (%), minimum (min), maximum value (max), mean ( $\bar{x}$ ), and standard deviation (sd). The Shapiro-Wilks test for normality was used to determine whether the scale scores were normally distributed. Accordingly, the Mann-Whitney U and Kruskal-Wallis tests, which are nonparametric tests, were used to compare scale scores according to descriptive features.  $P < 0.05$  was considered statistically significant.

### Results

In this study, 33% of the mothers were in the 29-39 age group, 68% were primary school graduates and 98% were not working. It was found that 56% of the mothers had children with intellectual disabilities between the ages of 7 and 12, and 59% of them were female. While 58% of the mothers thought that their child was

at the risk of abuse because of intellectual disability, 25% reported that they were undecided. 90% of the mothers who participated in the study reported that they had received training on childhood sexual abuse previously. It was found that 86% of the mothers thought that they had a need for information about the sexual education of their children with intellectual disabilities and 88% of them needed information to protect their children from sexual abuse (Table 1).

**Table 1.** Introductory characteristic of mothers having children with intellectual disability

Introductory features	n	%
Age		
29-39	33	33.0
40-49	43	43.0
50 years and above	24	24.0
Educational status		
Primary education	68	68.0
High school	32	32.0
Working status		
Employed	2	2.0
Unemployed	98	98.0
Spouse's educational status		
Primary education	61	61.0
High school	39	39.0
Spouse's working status		
Employed	95	95.0
Unemployed	5	5.0
Income level		
My income is less than my expense	3	3.0
My income is equal to my expense	83	83.0
My income is more than my expense	14	14.0
Number of children		
1-2	68	68.0
3-5	32	32.0
Family type		
Core family	77	77.0
Extended family	23	23.0
Age of the child with intellectual disability		
7-12	56	56.0
13-18	44	44.0
Gender of the child with intellectual disability		
Girl	59	59.0
Boy	41	41.0
Level of intellectual disability		
Mild Intellectual Disability	52	52.0
Moderate Intellectual Disability	48	48.0
Getting adequate support for your child's care		
Yes	93	93.0
No	7	7.0
Thinking that there is a risk of sexual abuse because your child has an intellectual disability		
Yes	58	58.0
No	17	17.0
I'm undecided	25	25.0
Status of receiving training about childhood sexual abuse before		
Yes	90	90.0
No	10	10.0
Whether need information about their child's sex education		
Yes	86	86.0
No	14	14.0
Consider that they need information to protect their child from sexual abuse		
Yes	88	88.0
No	12	12.0

The mothers of the children with intellectual disabilities had a mean score of  $18.42 \pm 6.18$  in the reporting and

reliability sub-dimension of CSAMS, the mean score for the abuser's characteristics sub-dimension was  $15.33 \pm 6.16$ , and the mean CSAMS total score was  $33.75 \pm 11.92$  (Table 2).

**Table 2.** Childhood sexual abuse myths scale score of mothers having children with intellectual disability

Scale sub-dimensions	Mean $\bar{x}$	Standard deviation (sd)	Minimum (min)	Maximum (max)
Reporting and Reliability	18.42	6.18	13.0	44.0
Abuser's Characteristics	15.33	6.16	9.0	38.0
Total score (min:22-max:110)	33.75	11.92	22.0	82.0

The reporting and reliability sub-dimension, the characteristics of the abuser sub-dimension and the total scores of the group of mothers aged 50 years and above were higher than the other groups ( $p < 0.001$ ). It was determined that the reporting and reliability sub-dimension, the abuser's characteristics sub-dimension, and the total scores of CSAMS of the mothers who graduated from primary school were higher than those of high school graduates ( $p < 0.001$ ). There was no difference between CSAMS scores according to employment status ( $p > 0.05$ ). It was determined that the reporting and reliability sub-dimension, the abuser's characteristics sub-dimension, and the total scores of those whose spouse's education level was primary school were higher than those who graduated from high school ( $p < 0.05$ ). It was found that the CSAMS scores of those whose spouses were not employed were higher than those whose spouses were employed ( $p < 0.001$ ). It was determined that the total and sub-dimension scores of CSAMS of those living in an extended family were higher than those living in a core family ( $p < 0.001$ ). The mothers with less income than their expenses had higher CSAMS sub-dimension and total scores than the other groups ( $p > 0.05$ ). It was determined that those with 3-5 children had higher CSAMS scores ( $p < 0.05$ ) (Table 3).

The parents whose children were 13-18 years old had higher sub-dimension and total scores of CSAMS ( $p < 0.001$ ). Mothers whose children were male had higher CSAMS scores ( $p < 0.05$ ). The mothers whose children had a moderate level of intellectual disability had higher sub-dimension and total scores of CSAMS. It was determined that those who thought that their child was not at the risk of being abused due to intellectual disability had higher CSAMS sub-dimension and total scores ( $p < 0.05$ ). There was no difference between the CSAMS scores of the mothers who received and did not receive training on childhood sexual abuse previously ( $p > 0.05$ ). The reporting and reliability sub-dimension scores of the mothers who stated that they did not need information about their child's sexual education were higher ( $p < 0.05$ ). It was determined that those who thought that they did not need information to protect their children from sexual abuse had higher CSAMS sub-dimension and total scores ( $p < 0.05$ ) (Table 4).

**Table 3.** Distribution of childhood sexual abuse myths scale scores according to the introductory characteristics of mothers

Features	Reporting and Reliability		Abuser's Characteristics		Total Score	
	$\bar{x} \pm sd$	M (min-max)	$\bar{x} \pm sd$	M(min-max)	$\bar{x} \pm sd$	M(min-max)
<b>Age*</b>						
29-39	15.66±4.51	15(13-38)	11.24±3.69	11(9-28)	26.90±7.94	25(22-66)
40-49	18.41±5.39	17(13-35)	15.58±4.95	15(9-31)	34.0±9.79	32(22-65)
50 years and older	22.20±7.58	21(13-44)	20.50±6.90	19(12-38)	42.70±14.06	39.5(26-82)
Test/p	p<0.001		p<0.001		p<0.001	
<b>Education</b>						
Primary	20.10±6.74	18(13-44)	17.39±6.32	17(9-38)	37.50±12.55	34(22-82)
High school	14.84±2.14	13.5(13-19)	10.93±2.38	11(9-19)	25.78±4.13	24.5(22-37)
Test/p	p<0.001		p<0.001		p<0.001	
<b>Working status</b>						
Employed	13.50±0.70	13.5(13-14)	9.0±0.0	9(9-9)	22.50±0.70	22.5(22-23)
Unemployed	18.52±6.21	17.0(13-44)	15.45±6.15	14(9-38)	33.97±11.93	32(22-82)
Test/p	p=0.101		p=0.050		p=0.064	
<b>Spouse's education</b>						
Primary	19.22±5.95	18(13-44)	16.77±5.70	17(9-38)	36.0±11.12	34(22-82)
High school	17.15±6.41	15(13-38)	13.07±6.25	11(9-37)	30.23±12.40	26(22-75)
Test/p	p=0.002		p<0.001		p<0.001	
<b>Spouse's employment status</b>						
Employed	17.62±5.05	17(13-44)	14.56±5.17	13(9-38)	32.18±9.71	31(22-82)
Unemployed	33.60±6.69	36(22-38)	29.80±5.89	31(21-37)	63.40±12.05	66(43-75)
Test/p	p<0.001		p<0.001		p<0.001	
<b>Family type</b>						
Core family	17.70±6.37	16(13-44)	14.36±6.25	12(9-38)	32.06±12.28	28(22-82)
Extended family	20.82±4.92	20(16-36)	18.56±4.65	18(12-32)	39.39±8.64	38(28-68)
Test/p	p<0.001		p<0.001		p<0.001	
<b>Income Level*</b>						
My income is less than my expense	29.33±8.96	34(19-35)	22.33±10.26	25(11-31)	51.66±18.92	60(30-65)
My income is equal to my expense	18.37±6.18	17(13-44)	15.53±6.21	14(9-38)	33.90±11.94	32(22-82)
My income is more than my expense	16.35±2.37	17(13-20)	12.64±3.22	11.5(9-19)	29.00±5.36	28(22-39)
Test/p	p=0.064		p=0.115		p=0.098	
<b>Number of children</b>						
1-2	17.16±5.09	17(13-38)	13.91±5.41	12(9-37)	31.07±10.14	28(22-75)
3-5	21.09±7.43	19(13-44)	18.34±6.65	17.5(9-38)	39.43±13.50	35.5(22-82)
Test/p	p=0.002		p<0.001		p<0.001	

\*Kruskal Wallis Test

**Table 4.** Distribution of childhood sexual abuse myths scale scores according to the introductory characteristics of mothers (continue)

<b>Age of the child with intellectual disability</b>						
7-12	16.48±4.75	16(13-38)	12.73±4.78	11(9-31)	29.21±9.07	28(22-66)
13-18	20.88±6.93	19(13-44)	18.63±6.17	17.5(9-38)	39.52±12.69	37(22-82)
Test/p	p<0.001		p<0.001		p<0.001	
<b>Gender of the child with intellectual disability</b>						
Girl	17.49±5.50	17(13-38)	14.20±5.77	12(9-37)	31.69±10.82	28(22-75)
Boy	19.75±6.91	18(13-44)	16.95±6.41	17(9-38)	36.70±12.90	34(22-82)
Test/p	p=0.022		p=0.009		p=0.011	
<b>Level of intellectual disability</b>						
Mild Intellectual Disability	17.32±5.29	16.5(13-38)	14.19±5.53	13(9-31)	31.51±10.30	30(22-66)
Moderate Intellectual Disability	19.60±6.89	18(13-44)	16.56±6.62	14.5(9-38)	36.16±13.13	33(22-82)
Test/p	p=0.025		p=0.030		p=0.025	
<b>Getting adequate support for your child's care</b>						
Yes	18.46±6.25	17(13-44)	15.59±6.20	14(9-38)	34.05±12.04	32(22-82)
No	17.85±5.69	16(13-30)	11.85±4.59	9(9-21)	29.71±10.06	25(22-51)
Test/p	p=0.708		p=0.058		p=0.225	
<b>Thinking that there is a risk of sexual abuse since your child has an intellectual disability*</b>						
Yes	17.37±6.17	16(13-44)	14.12±6.06	12(9-38)	31.50±11.83	28(22-82)
No	22.58±8.12	21(13-38)	18.76±7.96	19(9-32)	41.35±15.64	40(22-68)
I'm undecided	18.00±2.90	17(13-26)	15.80±3.87	15(9-23)	33.80±6.12	33(23-45)
Test/p	p=0.002		p=0.014		p=0.006	
<b>Status of receiving training about childhood sexual abuse before</b>						
Yes	17.94±5.61	17(13-44)	15.20±5.97	13.5(9-38)	33.14±11.17	32(22-82)
No	22.70±9.34	18.5(13-35)	16.50±7.93	13.5(9-31)	39.20±17.07	31.5(22-65)
Test/p	p=0.237		p=0.853		p=0.507	
<b>Whether need information about their child's sex education</b>						
Yes	17.56±5.08	17(13-44)	14.82±5.39	13(9-38)	32.39±10.02	31.5(22-82)
No	23.64±9.41	19(13-38)	18.42±9.32	16(9-37)	42.07±18.38	33(22-75)
Test/p	p=0.033		p=0.324		p=0.126	
<b>Consider that they need information to protect their child from sexual abuse</b>						
Yes	17.04±3.62	17(13-34)	14.30±4.36	13(9-26)	31.35±7.41	31.5(22-57)
No	28.50±10.70	32(13-44)	22.83±11.00	24.5(9-38)	51.33±21.47	55.5(22-82)
Test/p	p=0.001		p=0.021		p=0.006	

\*Kruskal Wallis Test

## Discussion

This study aimed to identify the mothers of children with intellectual disabilities about childhood sexual abuse myths, and related introductory factors. Although mothers' total CSAMS scores were low, there were significant differences according to introductory factors. It was determined that among the mothers who participated in the study, those who were 50 years and older had higher sub-dimension and total scores of CSAMS. Since it is assumed that the level of knowledge and experience of the person will increase with age, it is expected to be an inverse relationship between age and sexual abuse myths (12). Contrary to the study findings, it has been reported in the literature on the subject that older and mature individuals had lower levels of CSAMS (21). On the other hand, in a study conducted with mothers, age was reported as a determinant (15) while in some studies it was emphasized that there was no relationship between the age of the parents and the prevention of sexual abuse (14, 22). In the study conducted by Kızıldağ Şahin and Koçtürk to determine the myths of parents about childhood sexual abuse, no significant difference was found between the CSAMS scale scores of age groups 26-37, 38-49, and 50 and over, which are similar age groups with the present study (12).

The study determined that the mothers who graduated from primary school had higher CSAMS scores than those who graduated from high school. The absence of compulsory education in schools for sexual abuse from the past to the present, the lack of detailed education about the perpetrators of sexual abuse, and their risk factors, as well as the fact that mothers with low levels of education do not know how to access information sources may cause them to adopt social myths. In this study, it was determined that the total and sub-dimension scores on the sexual myths scale of those living in an extended family were higher than those living in a core family. This finding was attributed to the fact that extended families mostly lived with family elders such as grandparents and so may be affected by cultural norms which affect disclosure and reporting (23).

In this study, it was observed that mothers with high-income levels had lower CSAMS sub-dimension and total scores. Similar to the findings of the study, in a study conducted by Alzoubi et al. on Jordanian mothers, it was observed that the women with higher income levels had higher CSAMS awareness (15). In the study by Kızıldağ Şahin and Koçtürk, it was found that income level had an effect on CSAMS (12). In the present study, it was determined that mothers with 3-5 children had higher CSAMS scores. Contrary to the findings of the study, in Kalay's study, the sexual abuse myths sub-dimension scores of the parents with one child were found significantly higher than the scores of parents with two or more children (24).

In the present study, there was significant difference between the sex, age, and the level of intellectual disability of the children and the scores of CSAMS.

Accordingly, the sexual myths scores of mothers with intellectually disabled daughters were lower. In Kalay's study, it was reported that there was a statistically significant difference between the sex of children and the total sexual abuse awareness and sexual abuse myths sub-dimension. Accordingly, it has been reported that the sexual abuse myths score of parents with only girls is significantly higher than the scores of parents who have only boys and both girls and boys (24).

In the present study, although the CSAMS scores of those who received education on childhood sexual abuse previously were lower, no difference was found between the groups. Similar to the findings of the study, Kızıldağ Şahin and Koçtürk reported that there was no difference between parents' former education and CSAMS (12). In the study conducted by Bozcan et al. on parents' awareness of abuse, it was found that parents did not know how to act on issues related to sexual abuse or sexual education, and they gave contradictory answers to three questions about child abuse (25). This suggests that sexual abuse is a difficult subject to be understood and discussed with parents, compared to other types of abuse, even though they have received education before.

In the current study, the reporting and reliability sub-dimension of mothers who reported that they did not need information about their child's sexual education, it was determined that mothers who stated that they did not need information on protection from sexual abuse had higher scores in all sub-dimensions and total scores of CSAMS. This finding is important as it shows that parents are not aware of their information needs on the subject. Informing society about childhood sexual abuse and protection is among the roles and responsibilities of all health professionals working with children, especially pediatric nurses (26). The more parents know about sexual abuse, the more they can create a safe environment for their children and thus, prevent sexual abuse (9,11). Increasing the level of knowledge of mothers by providing education on the subject will not only create a safer environment for their children, but will also enable them to recognize the signs of sexual abuse, show an appropriate approach to the victim, repeat the information they have learned in the natural environment, and indirectly to educate children about sexual abuse (9,27). Ferragut et al., in their study of the myths and truths of child sexual abuse, have emphasized that more psychoeducation on sexual abuse is necessary in order to have a society that fully understand the problem of child abuse and can be involved in its prevention (28). The effect of education on the sexual abuse myths of mothers of children with intellectual disabilities may be the subject of a future study.

## Conclusion

In the study, although the mothers' sub-dimension and total scores on the childhood sexual abuse myths scale were low in general, the comparisons made according to the introductory characteristics

found significant differences. The high CSAMS levels of mothers who find their knowledge of protecting their children sufficient to protect their children from sexual abuse are a remarkable finding that reveals the educational needs in terms of mothers not to overlook abuse cases and increasing mothers' awareness levels. Similarly, in line with the research findings, it has been determined that especially mothers with lower education and socioeconomic level, with large families, with many children, and at an advanced age are in the risk group in terms of CSAM. With an understanding of the risk factor of CSAM, it is possible to develop effective policies to address and prevent the problem. Studies on the subject have revealed the effectiveness of education and intervention studies in preventing abuse (26,29). It is recommended to increase the number of studies for mothers in this group and to eliminate false beliefs about childhood sexual abuse through education and intervention studies by nurses.

### Conflict of Interest

No conflict of interest was declared by the authors.

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### Author Contributions

All authors contributed to the study's conception and design. Data collection was performed by RD and analysis by AŞT and RD. The first draft of the manuscript was written by AŞT and RD. All authors commented on previous versions of the manuscript. All authors read and approved the final manuscript.

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