Privacy Education for Individuals with Mental Disabilities and Teaching Protection from Neglect-Abuse

Guidebook for Teachers

Ankara / 2020

1. SEXUAL DEVELOPMENT AREAS AND RELATIONSHIP WITH OTHER DEVELOPMENT AREAS

The human is complete with several development dimensions that interact with each other and develop in parallel. Remember that according to Maslow, humans develop themselves when they develop in parallel in all development areas. The development areas include physical, intellectual, emotional, social and sexual development areas. None of the development areas should be considered of first priority over the others. Sexual development can be described as formation of infrastructure of social change and gender-specific emotional interpretation enabled by guiding actions according to intellectual capacity based on the physical development and maturity.

According to Sentilhes, development of concept of sexuality requires use of emotions and brain together. Intelligence allows to think, interpret, establish association between the events, create choices, and make appropriate choices. It is generally accepted that children requiring special education go through development phases in the same sequence but in different periods. For sexual development, this should be addressed in the same manner as intellectual development. Therefore, when planning education for children requiring special education, skills and behaviors that should be acquired in normal development phases should always be used as guidance. For this reason, it would be appropriate to review the psycho-sexual development phases allowing us to understand sexual development in order to discuss what and when we should teach. The psycho-sexual development phases are stated to have an effect on the child's acquisition of sexual roles. According to Freud, there are five psycho-sexual development phases. Having knowledge on acquisition by normal children in these development phases will provide guidance to plan education of children requiring special education.

Development Areas

Being healthy is a complete physical, mental and social well-being. In other words, absence of any disease alone does not mean being healthy. Developmentally, being healthy is survival without need for any support for people to be happy and feel good in the education, work and social life.

Development is a process of regular changes to gain physical, intellectual, social, emotional and sexual qualifications, and that body organs and systems achieve a level where they function effectively. If the childhood, puberty and youth cannot be handled healthily or approached in a stable manner, they may become a crisis or depression period.

In fact, as any change requires switching from one situation to other and adaptation to new conditions, it includes a specific difficulty, and therefore it is described as a ***period***. If parents and teachers wish to ensure that their child develops sufficiently, they should provide facilities for the child or young to gain specific knowledge, skills and experience during critical development periods, or they should support their developmental efforts to ensure that natural opportunities result in learning.

Although the development areas are mainly named as physical, cognitive and psycho-social areas, development is only possible when all the systems of human body work consistently and are complementary to each other. The systems are as follows:

a. Skeletal system

b. Muscular system

c. Nervous system

d. Respiratory system

e. Circulation system

f. Digestive system

g. Urogenital system

h. Reproductive system

If the parents and teachers wish to support physical and emotional development of children and the young, they should first know their development periods and accept them as unique individual. Unconditional love of parents and teachers for children and their interaction based on tolerance allow children to develop a healthy personality. Healthy living and acquiring healthy behaviors are closely related to physical development. The physical development involves gaining weight and growing tall as well as growth and maturity of all subsystems of the body. Development of subsystems includes growth of bones, development of muscles, growth and development of brain, and change of teeth, sense organ, endocrine glands and all internal organs in weight and volume. Sexual development is an integral part of healthy growth and development as a whole.

Sexual Development as a Development Area

Sexual development is a process including gender, sexual identity, growth and development of genital organs, and related behavioral and emotional changes. The adolescence period is a transition from childhood to adulthood, and human body gains the ability to reproduce as a result of changes in that period. Sexual development is considered an important phase of identity development.

Sexual development matures with interaction of physical, mental, intellectual and social processes (different dimensions of sexuality). Contrary to popular belief, this process in fact begins in the mother's womb and continues to adulthood.

A healthy sexual development is an integral part of healthy development and growth because an unhealthy sexual development affects human's other physical, kinetic, cognitive, emotional and social development. Especially, an important part of emotional development is under the influence of sexual development.

Sexual Development Stages and Relationship with Other Development Areas

Sexual development is a process that begins in the mother's womb and continuous lifelong in different stages, processes and speeds. To understand sexual development more easily, the widely used method is to describe common characteristics of specific ages. The age intervals that are called developmental periods should be considered approximate periods. These periods are different even in normally developing children and may be more different in children with special needs. To assess children with special needs, developmentally they are considered in the period of which they display behavior.

It is because a period will not be considered passes unless acquisitions of that period are completed. In other words, the chronological age should be considered in assessment of children with special needs.

Oral period (0-18 months): The first pleasure area in this period is the mouth. Behaviors such as sucking, chewing, and biting are the first oral actions. It gives pleasure to satisfy requirements such as hunger and thirst by sucking. This is the initial pleasure of a child. Meeting child's primary requirements in timely manner allows a trust attachment to mother. This attachment is the beginning of emotional and personal development. Erikson mentions that personality can be supported in terms of what is wanted and what should be. This period is called kinesthetic emotion period in development of intelligence. In this period, actions for emotions serve children to develop many intellectual structures.

Boys notice stimulations from their excretion organ when they are 7 months old, and this is 9 months in girls. The sexual areas are often discovered by random actions and sometimes by medical or environmental conditions (infections, nutrition, etc.) Despite erection of boys and increased vaginal secretions in girls in this period, this is not related to sexual urge.

Physical development is very fast in this period. They first try to keep their neck straight, then quick steps to walking are observed. When they start walking at about one year of age, they cognitively start to commune with their body and develop sense of self. Mahler explains this as perception of child as a different being from the mother, characterizing it as a psychological birth. Emphatic response of mother to child's needs allows child to develop a consistent sense of self, however, overprotective mothers may damage this. It is reported that failure to satisfy or over-satisfy basic needs form a basis for distrust, dependent personality, urge to constantly take, and development of negative oral habits (thumb sucking, nail biting, cigarette addiction). The attitude of mother or style of caregiver is also important during satisfaction of basic needs.

The initial actions that allow development such as sucking, chewing and biting are late or never seen in children with Autism Spectrum Disorder-ASD (+mental disabilities). Emotional perception-based interaction attempts and kinesis-based associations are also limited. The pleasure that would be experienced by sucking for satisfaction of hunger and thirst that allow development in the oral period may not be experienced.

Failure of developing a basic trust and independent personality expected to be developed by satisfying basic needs causes to increase the likelihood that urge to constantly take becomes negative oral habits (thumb sucking, nail biting). Children with ASD (+mental disabilities) that go through this period by normally developing can be considered to obtain advantages for the rest of the processes when they are diagnosed early. To allow acquisitions in this period, attempts with mouth may be changed into trials to support intellectual development. Activities may be used, including rigid objects with soft and round contour, different tastes coded by different colors, and tastes in same color but matched with different odors.

In this period, the behaviors that we want children to acquire should be performed repeatedly in the regular and natural context, by placing in the cycles of life in the acquisition format. Again in this period, it is important to satisfy child's basic needs by the same persons in order to establish a safe attachment and acquire basic privacy. Especially, when children start walking, their diaper should be changed or self-care requirements (e.g., getting dressed and undressed) should be met in specific areas, this would form the basis for privacy behaviors as well as defining private areas.

When they start walking, the same words (wee-wee) should be used when changing diapers to try to teach the language of action, at the same time, it would be appropriate to hold their hand, take them to bathroom for diaper changing, have them balanced, open the diaper when they are standing, and clean the excretion organ with water. Then they should be taken to their room (privacy area) for getting dressed, tying the nappy and putting on casual clothes; all these actions provide a natural opportunity to teach self-care skills.

Anal period (18-36 months): In this period, the anus is reported to be an area that is liked to be controlled. Attempts of child for body control that gives pleasure allow them to control their stool. This control is the first action to allow transition from passivity to independency. When the child controls urination and defecation, their life totally dependent on an adult ends in some sense. However, in children requiring special education may be late for control attempts for the muscles of this second area of pleasure. Control of defecation may also be late based on this. For this reason, child's transition from passivity to independency may be delayed. Separation and individuality may cause children to experience complex feelings. Therefore, children need assistance to feel the signals from the body for the action to say "poo-poo" that will start in this period, to interpret signals and learn to display an appropriate behavior. If the caregiver provides an inconsistent response or fails to provide a timely response to signals from the baby, the child may develop an anxious/hesitant attachment pattern. This why some children persist in returning to diapers after defecation training has started.

Therefore, the attitude and manner of the caregiver is very important during toilet training. Inappropriate behaviors are reported to form an infrastructure of some behaviors such as obstinacy, strict minded, over-organized, or stinginess. At the end of a training process where everything goes well, assistance would be provided to the child to develop cooperative relationships and skills such as independency, autonomy, entrepreneurial individualism, determinist, and cooperative.

Children with ASD (+mental disabilities) are also limited to associate the persons or objects with their symbols bon the basis of attempts of interaction with persons and objects during the emotion-kinesis period. The control over defecation is developed late based on the control attempts for anus muscles, which is the secondary pleasure area. So, child's transition from passivity to independency does not take place.

In this period, as the child is in the symbolic pre-process phase of intellectual development, they mostly may be late to feel and interpret the signals coming from their body. Therefore, toilet training may delay as well as they may have some difficulties to use the toilet seat or other accessories during training. On the other hand, some children may insist on returning to nappies after defecation training has already started. This should be considered resistance of child to separation; use of toilet should be supported and the parents should be determined. The way of interaction of person providing toilet training with the child is important to avoid any resistance specific to this period. The anal period is also important as a period when reactions of parents should start as the beginning of training on protection from sexual abuse.

It is known that basic behaviors about privacy are acquired when the functions of excretion organ are performed. In this period, developments allowing control over excretion organs take place depending on the development. This awareness developed depending on the physical and neurological development should be transformed into an appropriate behavior, for this, the parents should open the nappy and make their child felt the wet nappy and indicate it. No pressure should be used on the child for this and the child should not be punished. In case of any incidents, the diaper should be changed and the child should get dressed in the privacy area as before so that the child may acquire the privacy skills that we define as covertness, secrecy and inviolability. First and foremost, diaper should not be kept on the child as before to avoid development of awareness.

***Phallic period* (36-60 months):** In this period, the pleasure area is excretion organ that is also defined as the genitals. As the child continuous his/her attempts to recognize and control his/her body, playing with genitals is one of the actions that children do very frequently. In this period, sexual development will relatively accelerate and sexual curiosity will significantly increase. They may be over-interested in genitals of adults (they may try to see the genitals of parents or sisters/brothers). Then the child starts to understand the concept of privacy.

The normally developing children may be subject of Oedipus and Electra complex in this period. For this complex to occur in children requiring special education, they cognitively need to be in the parallel period. This period is called intuitive phase of pre-processing period in intellectual development. The child is intellectually able to put in order and sort, and reflect

development of sexual protection through symbolic games. As the child match their body features with same-sex parent, they try to identify with him/her. As the intellectual performance of child is not sufficient to understand and overcome the complexity of this period, they often ask questions for clarification. Therefore, this period is when the questions are asked most frequently. Child's questions should not be avoided but answered patiently using a language they can understand. Failure to handle conflicts of this period may result in guilt and suppression of sexual preference.

In the phallic period, social role of gender becomes clear. Children often wear clothes that suit their gender and strictly adhere to activities. Some children may show self-stimulating behaviors, but this is rare. As part of the developmental process, self-stimulating behaviors such as touching special areas may be increased during adolescence period. Efforts to resemble peers as part of the social learning processes play a role in displaying many different behaviors. They discover the physical, behavioral and emotional difference between the genders.

Children with ASD (+mental disabilities) may repeatedly play with his/her body. As this action gives an internal pleasure, its frequency may be gradually increased.

In this period, the second most common behavior is to ask questions. Children with ASD (+mental disabilities) are unlikely to ask questions. Similarly, they may not attempt to identify themselves with their same-sex parent. Therefore, they experience the Oedipus and Elektra complex, even limited, as the normally developing children. If the child's intellectual performance is not sufficient to sort or put in order, they may not reflect their sexual development.

In this period, playing with genitals is not a desired action. Therefore, we need to start to teach the child that we should not touch some (private) areas of our body in commonly shared spaces. One of the actions to teach the child is not to walk around naked in social spaces. Thus, attempt to recognize body should be considered to teach and adopt the sexual identity. If the child has developed the abilities to sort and categorize during the phallic period (36-60 months), then the "circle of trust" activity may be performed for protection from harassment.

Latent period (6-10 years of age): In this period, interest in sexual matters is reduced. In fact, this period serves as consolidation of what was learnt in previous periods. The children repeat and try the social roles of their gender (feeling

love for parent of opposite sex). They test the validity of what is learnt in different settings (school, games, and family) with feedbacks from persons around. These tests consolidate learning and help enhancing adaptation skills. They start to identify themselves with different models through hidden observation. If it is used well as a consolidation phase, acquisitions from previous phases can be supported and deficiencies can be removed.

This period is cognitively called concrete operational phase. Children with ASD (+mental disabilities) are not able to initiate attempts for self-development by themselves, therefore, activities scheduled to this period may be used to compensate the acquisitions of previous periods. Children with ASD (+mental disabilities) may not be fully aware of social roles of same sex, but they may turn towards the parent of opposite sex with exaggerated love. Some children who are diagnosed early and receive education may identify themselves with different models through observation.

In the latent period, to avoid negative results for turning towards an adult of opposite sex with love, good and bad touching as well as reporting bad touching should be taught in the beginning of this period. Reaction to peers of opposite sex in school should be broke by team management. If necessary, it should be exercised not to touch physically without permission.

***Genital* period (11- 18 years of age):** This period is called adolescence period as the childhood ends and they prepare for adulthood. They are legally considered child, therefore, the adolescent is emotionally neither a child nor an adult. This confuses them again. Children notice their physical differences and try to accept changes. This process will be easier if the discrimination between genders in the community where he/she lives. But, if there is over-prim people for a gender or there are high expectations, they will start to question acceptance of their gender as they perceive this as a pressure.

It is very important to be part of a group in this period. The future uncertainty of children (realistic objectives, choosing a profession) sometimes causes to select a wrong group or change the group. They take the same-sex parent as a model and try to display a mature passionate to the opposite sex as an independent adult. The focus of child is now a person outside of himself/herself and parents. The unsolved complexity related to parents, if any, is surfaced again. It is expected to clarify the lines of personal privacy and change them

into proper behaviors.

The children with ASD (+mental disabilities) begin to become different based on the physical development. But they cannot understand this difference. As they have to comply with the sanctions set by their community for genders, they must receive good training on this matter. They take the same-sex parent as a model and try to show a mature love to opposite sex as an independent adult. However, problems may occur as the child's focus is not outside of himself/herself and parents. If the parents are not sufficiently informed of characteristics and education of child with ASD (+mental disabilities), unsolved complexity will reoccur in the family.

Changes in the Adolescence Period

It is difficult to set an exact start time of adolescence for each child. Physical changes often occur in girls at the ages of 10-12 years and in boys at the ages of 12-14 years. Girls enter this period 1-2 years earlier than the boys. A child may enter this period earlier or later than the other children. The prominent sign of puberty is the multidirectional dramatic growth in a short period of time.

As the girls enter the adolescence period earlier, they are taller than the boys when they are 10-12 years old. The growth in height gradually slows down and stops at the age of 16 in girls and at the age of 18 to 20 in boys. It can be said that growth continuous after adolescence as well and there is a minor increase in growth between the ages of 18 and 25. In addition to growth in height, weight gain and fat deposition are observed at changing rates in boys and girls. The World Health Organization defines the adolescence period between the ages of 10 and 19 and divides this period into three periods:

- Early adolescence period (10-13 years of age)
- Adolescence (mid-adolescence) period (14-16 years of age)
- Late adolescence period (17-19 years of age)

Adolescence occurs with secretion of certain hormones in the body that trigger sexual development. Secretion of gonadotropin releasing hormone (GnRH), luteinizing hormone (LH) and follicle-stimulating hormone (FSH), and release of gonadotropins from pituitary gland trigger the sexual development, growth and maturity.

Sexual development-related hormones cause changes in sexual and emotional behaviors of adolescent. Basic changes in adolescence period are the secondary sex characteristics such as inguinal hair development, growth of breasts, and growth of penis and testicles.

The scales are used to classify and monitor the level of sexual development more specifically. According to scale developed by Tanner in 1962, development phases are divided into 5 phases in girls based on the inguinal hairing and growth of breasts and in boys based on the inguinal hairing and growth of genitals.

Adolescence and youth are periods when individuals show significant physical changes, rapid growth and development, sexual maturity, and p psycho-social development. This period may provide young people with a number of opportunities as well as pose certain risks for their health and well-being.

Development phases specific to puberty are biological, psychological and social processes. The adolescence period is a rapid development period where young people acquire new skills and face many new situation.

The most rapidly growing part of the body is the reproductive organs in this period. Generally, there is an increase in the the mass of skeleton and muscles, and glands and fatty tissues. Physical growth and development is usually accelerated between the ages of 11 and 16 and this period is called adolescent growth spurt.

	Early Adolescence Period	Mid-Adolescence Period	Late Adolescence Period
Independency	Lack of interest in family activities is very different	Reaching the peak of conflicts with parents	Denial of recommendations and value judgements of parents
Body Image	Worried about pubertal changes and having doubts about appearance	Acceptance of body image, interest in more attractive body image	Acceptance of pubertal changes
Peers	Intimacy to friends of same sex	Acceptance of peer values, increased sexual activity experience, sparing time	Peers are less important, and in-depth relationships are more
Personality development	Improvement of abstract concepts, imagination, unrealistic choices of profession, increased desire for privacy, failure to control impulses	Increased emotions, increased intellectual capability, sense of being strong, risk behaviors	Practicable realistic choices of profession, evaluation of social, religious, sexual and mental value judgements, increased agreement, setting limits

In the adolescence period, first hands and feet grow wider followed by the other parts of the arms and legs and the body. Hair growth in groins, growth of breasts and testicles, and change of voice are the major physical changes of puberty. Sexual development starts in boys when the volume of testicles is 4 cm. The penis grows longer. Development of armpit hair is generally 2 years after inguinal hair development. Growth of facial hair starts simultaneously with growth of armpit hair. Sexual development of girls start with growth of breasts.

This is followed by inguinal hair development and menstrual bleeding. The menstrual cycles are generally irregular for 2 years following the first menstruation.

Sexual development of adolescence varies with age, race, geographical region, environmental factors, genetic structure, and nutrition. However, sequence including development steps by ages can be considered average.

Ages	Girls	Ages	Boys
10	Growth starts to accelerate	11	Physical growth accelerates.
10	Thelarche – Nipples become evident.	11	Testicles grow.
10	Hips grow.	12	Swelling of breasts
10	Initial hair development in groins.	12	Shoulders widen.
11	Breast tissue starts to grow.	12	Hair growth in the penis root
12	Mild vaginal flow is possible.	12	Growth of penis, erection starts
12	Growth significantly accelerates	13	Skin color of penis darkens.
12	Menarche – First menstrual bleeding	13	Early change of voice
12	Hair growth in the armpits	13	Wet dream
13	Change of voice	14	Growth completely accelerates
13	Growth of breasts	14	Hair growth in the armpits
15	Frequent use of inguinal region	15	Significant change of voice
15	Menstrual cycles are periodic.	15	Penis reaches its full size.
17	The uterus matures.	15	Beard grows.
20	Ovaries fully mature.	16	Inguinal hair development is completed.
		16	Testicles fully develop.
		17	External genital organs mature.
		20	Maturity of genitals is completed.

2. SUPPORT FOR SEXUAL DEVELOPMENT, AND PERSONS' CARING ROLES AND RESPONSIBILITIES IN THIS PROCESS

An individual's development areas are physical development, cognitive development, linguistic development, personality development, emotional development, social development, moral development and sexual development. Sexual development is a process that begins in the mother's womb and continuous lifelong in different stages, processes and rates. Sexuality is a part of existence as a human. Healthy sexual development is the foundation for being mentally, physically, emotionally and socially healthy individuals.

Importance of Supporting Sexual Development Area

Sexual development involves growth and development of reproductive organs, associated sexual behaviors, skills, and related problems. As the other development areas, this development area should be studied, and sexual skills are natural and necessary skills to teach as the muscle skills we teach for physical development or reading-writing skills we teach for cognitive development.

Sexual development area especially influences the emotional development area and directly influences the personality development through development of sexual identity, displaying appropriate behaviors for sexual identity, and adopting appropriate roles and characteristics for sexual identity. Therefore, it would have a positive influence on any development areas, especially emotional and personality development, to provide sexual education appropriate for the developmental age of individuals at an early age. Providing support for sexual development affecting all the development areas will serve to mental well-being, thus, it will be easier for individual to adapt to society.

All these processes mentioned above show the importance of supporting sexual development area for all individuals. Support for this development area is vital for individuals with mental disabilities who have difficulty in learning abstract concepts and somehow cannot understand their own sex and sexuality.

A person who was born into a community or a culture must develop behaviors to adapt to that community and survive. Therefore they should adopt roles and traits expected from their gender. This depends on being a role model by the adults around and teaching appropriate behaviors and skills. It will only be possible for individuals with mental disabilities to display independent life skills appropriate for their sex and sexual behaviors/skills in the correct context and in the correct manner through a special education and support services that will be provided.

Importance to Support Sexual Development

Sexual development of persons with ASD (+mental disability) involves sexual emotions, behaviors, skills and beliefs. This process is closely related to daily life skills, interpersonal skills, safety skills, health skills, and independent life skills, e.g., development of sexual identity. In other words, supporting sexual development of a person with ASD (+mental disability) means supporting their cognitive and emotional development, and acquisition of independent life skills. Benefits for supporting sexual development of persons with ASD (+mental disability) can be listed as follows:

• It allows them with ASD (+metal disability) to be aware of their sex.

• It allows them to play with toys appropriate for their sex and play through roles appropriate for their sex during the early childhood.

• It allows them to realize their sex and other's sex, and express common and different characteristics of their sex during the preschool period.

• It allows them to learn special parts of the body and notice physical differences of opposite sex during the primary school.

• It supports them to dress appropriate for their sex and establish appropriate interaction with peers during primary and secondary school years.

• It allows them to learn characteristics of puberty during secondary school years.

• It allows them to learn the appropriate diet for puberty.

• It allows them to know what to consider for personal care during puberty.

• It allows girls to learn personal care for menstrual cycles.

• It allows them to acquire personal care skills including removal of unwanted hair during high school years.

• It allows them to discover their own body, and when and how to touch special areas of the body.

•It supports to acquire social skills such as correct interaction with opposite sex during puberty and post-puberty.

• It allows them to acquire basic safety skills and concepts such as privacy, protection from abuse and harassment.

• It supports to show appropriate behaviors for sexual identity including proper approach to opposite sex in social interaction, prevention of unwanted actions, self-management, decision-making, and making choices.

• It allows them to learn how to behave in many social environments during adulthood (how to behave in interaction with opposite sex, rules to be followed in social setting,

proper reactions to sexual actions in business life, and showing appropriate behaviors in events).

As is seen, supporting sexual development allows to acquire all of the lifelong basic skills and serves to normalization and involvement in society. There are basic concepts to support sexual development: sex, gender, sexuality, sexual maturity, sexual identity and sexual education.

Basic Concepts of Sexual Development

Sex: Biologically, being a male or female. It refers to biological sex.

Gender (sexual identity): Natural biological characteristics, i.e., belief systems, expectations, behaviors, values and opinions of men and women in connection with their community, are social structured. More specifically, it is the roles, manners and expectation that society expect from women and men.

Sexuality: Physical, emotional and social life and relationships related to people's instinct to reproduce. Sexuality includes all sexual interactions of women and men such as desire for emotional intimacy, instincts, and relationships.

Sexual maturity: Human reproductive system and organs reach a level to generate a healthy embryo and produce gametes.

Sexual identity: It is an ability allowing persons to be aware of their sex, perceive their body and being in the context of sexuality, and manage their emotions and behaviors accordingly.

Sexual education: It is an educational process that is provided to individuals to establish an association with sexual matters, take and manage responsibilities, control their instincts, solve sexual problems, and acquire all the concepts, skills and behaviors related to sex and sexuality.

It is important to teachers of persons with mental disabilities what the listed concepts are and how to teach them. First, teachers should learn these concepts, then they should learn how to teach them to persons with mental disabilities within the sexual education. In this regard, theories and scientific practices should be considered.

Theories of Sexual Development

There are several theories on sexual development. These theories of sexual development should be used as a basis for supporting sexual development. The theories are (1) cognitive-developmental theory, (2) social learning theory, (3) psychoanalytic theory, (4) information processing theory, and (5) learning theory.

Cognitive-developmental theory: Based on the Piaget's theory, Kohlberg suggests that three phases must occur for sex discrimination and children to perceive sex. The first one; children first learn the differences between women and men, and become aware of their own sex. The second one; children recognize that their sex will not change and they will grow with it. The third one; they understand that sex of other persons will not change although their appearance and actions change. Establishing this chain indicates acquisition of sexual protection and this corresponds to 6-7 years of age.

According to social learning theory, child imitates and learns the sexual roles, behaviors and information by observing the persons around. Therefore, sexual education starts at home, in the family. Children initially imitate the actions of their parents. Boys observe father's masculine actions and the girls observe mother's feminine actions to learn.

Psychoanalytic theory is Freud's theory of sexual development also known as psychosexual theory. This theory argues that individuals go through several developmental phases to complete personality and sexual development. He says that human libido (inner energy-sexual urge) is located in different parts of the body in different periods and explains development phases relevant to location of libido.

Information processing theory argues that sexual development is based on the schemas. Schemas are formed by the sexual roles and allow child to sort out the information and learn the roles of sexes. Children develop schemas for sexes before sexual identity is formed. Then they start to be interested in their own sex. They learn the schemas of their sex and acquire the sexual roles.

Learning theory is also known as the operant conditioning and acquiring sexual roles is based on reward and punishment. Children who show appropriate behaviors for their sex are rewarded, and who do not are punished.

All the theories summarized above can be used as a basis in different aspects for supporting sexual development. Phases of sexual development are often explained to teachers on the theory of Freud. But, considering the learning of children with ASD (+mental disability) and effective practices for their education, the influence of social learning theory and learning theory on the support for sexual development of such children cannot be ignored.

Use of Scientific-based Practices for Supporting Sexual Development

To support sexual development, it is preferable to use scientific-based practices that are followed in the area of special education.

These practices should be suitable for individual characteristics of student as well as skills or behaviors to teach. Learning characteristics of students with ASD (+mental disability) should be considered for supporting a complex, private and abstract area like sexuality; and easy-to-use and effective methods and techniques should be used that serve to be a model and protect personal areas instead of using models based on concrete examples, visual support systems, and directly working on the individual. The suitable methods may include technology-based applications such as video prompting and video model; social stories, being a model, error-free teaching methods, natural teaching methods, and role play.

Especially, animations, other audiovisual materials, and educative materials should be used to protect special areas of individuals with mental disabilities and acquire proper behaviors in sexual education or avoid sexual behavior problems.

Roles and responsibilities to support sexual development

Teachers in charge of supporting sexual development of children with ASD (+mental disability) are first expected to have special education professional ethical standards of Council for Exceptional Children (CEC). In addition to basic qualifications, they have roles and responsibilities to consider the complex, abstract, multidimensional and private nature of sexual development. They can be summarized as follows:

- Sexual development is a complex area with biological, psychological, physiological, social, cultural, moral, religious, anthropological, economic and political aspects. Therefore, teachers must consider these aspects for supporting sexual development, recognize the family structure and culture well, and work in interaction with them. Basic responsibility of teachers to provide education to individuals with different values and beliefs and different physiological conditions, and to adapt education to their social and cultural characteristics.

- Covertness and privacy are the fundamental rules for supporting sexual development and during the process of sexual education. No matter what skill or behavior is taught, special areas must be maintained between the teacher and the student. Therefore, teachers should study on the clothes or models throughout the education process and complete the education without touching the special areas.

- It is important to provide proper amount of sexual information at the right time.

It is necessary to learn sexual information appropriate for sexual age in order to provide information to satisfy student's curiosity. Missing information may cause students to make mistakes or make them face with neglect and abuse, on the other hand over-informing may result in confusion and learning wrongly.

• It should taught what sexuality is and is not, and wrong beliefs from community (such as "you were brought by the storks") must be scientifically and properly explained.

• Sexuality is an abstract concept. During the sexual education process, visual concrete examples and scientific-based practices (video model, social story, role play, errorless teaching, etc.) should be preferred when possible.

Working with parents

• The key person is the parents to support sexual development. Therefore, teachers should first arrange education of parents to support sexual development, tell what parents can do in detail, and emphasize the importance of the roles of parents.

• During education carried out by the teachers, they should work in cooperation with parents, tell parents what to do at home, and closely monitor this process. So, it is important to speak the language of parents, and maintain the boundaries in consideration of the sensitivity of subject.

• The parents should teach some information, attitudes and skills at home that need to be acquired by individuals for their own sex. Teachers should consider privacy for teaching such skills and take the role to guide the parents.

3. ACTIVITIES SUPPORTING ACQUISITION OF PRIVACY

The initial phase of sexual education should involve acquiring privacy skills. During early ages, children are not aware of existence of their genitals and concept of sexuality. It should be ensured that children acquire accurate information on vital organs and proper behaviors about their use, then they should feel the pleasure of maintaining such proper behaviors. Such behaviors acquired early will allow them to live in harmony with their community at future ages, and help them adapt to cultural, religious and legal acceptance.

Necessity of Privacy

The concept of privacy is defined by different sources as an area where persons are alone and decide on their own the conditions under which they form a relationship with others.

The lexical meaning of privacy is “”confidentiality” on the official website of Turkish Language Association (TDK). The privacy has different dimensions such as body, woman-man relationship, sexuality, home and family life, and religious and political view. Privacy includes all of the personal values of an individual, i.e., physical, intellectual, social and emotional values.

Privacy is a right of individuals, groups or organizations to determine when and how to disclose information in their possession to others to what extent. Privacy also means that an official may not disclose the information of any entity or person that they come to know as required by their duty, or shall keep confidential in accordance with the procedure described in laws. For example, doctors are obliged to keep confidential and secret the information they come to know when practicing their profession except where the patient or their legal representative provide a consent and there are legal requirements.

However, privacy as used in the community evokes sexual privacy. Privacy (mahremiyet in Turkish) comes from Arabic word of “haram” and means “being haram”. If anything is prohibited, doing that is “haram”. The word “mahrem” or “muharrem” is also used for something that is “haram”. If something is forbidden, then this is called “mahremiyet-privacy”. This term has been used for close relatives whose marriage is forbidden by religion forever and such endless prohibition of marriage is called “mahremiyet-privacy”. In a sense, this word also means inviolability. The concept of privacy is said to have three aspects. They are spatial privacy, personal privacy and information privacy. Personal privacy means the right to be left alone, not to disclose their information, and live intimacy to desired limits. Individual sexuality is also covered by this right.

It is known that victims of harassment, abuse and neglect are often children, women and disabled people in the society. It is reported that disabled women are more exposed to abuse and harassment by the persons they build a close relationship as compared to general population. Abuse and harassment are also reported to be observed in the family, relatives and immediate environment. Thus, individuals with ASD (+mental disability) are in the risk group. At this point, the concept of “privacy of body” is emerged.

Privacy of body develops at early ages depending on the family and social setting. Privacy education is an important issue for the individuals with mental disabilities. As part of protection from neglect, abuse and harassment by social environment, it

becomes important to teach how to provide privacy. Additionally, individuals with ASD (+mental disabilities) may interpret sexual actions inappropriately. Therefore, the other side of the coin is to prevent them from harassing and abusing. Although privacy education to be provided to individuals with ASD (+mental disability) does not totally protect them from risk actions, it may help to take precautions. The most important issue is to ensure required safety at home and in schools where children are mostly present.

Basic Roles of Those Providing Primary Care in Privacy Education

Privacy education, in fact, starts with infancy. Generally, it is necessary to teach all the children (whether or not they have mental disabilities) the limits of themselves and others, and to set a positive example. For instance, it is important not to change the diaper of baby in the presence of everybody but every time change the diaper only by the parents or caregiver, and this should apply to when getting dressed or undressed.

During adolescence period, it is inappropriate to prevent children from recognizing and discovering their body, or suppress saying “No, that’s a shame, sin”, and embarrass children.

This is negative both in terms of mental well-being and sexual development. Scientific and accurate information should be provided on the body, sexuality and privacy. During the adolescence period, adolescents should be informed of changes in the body as well as they should be guided to be aware of attitude of others (they may get disturbed, etc.) when sexual matters are shared o the social platforms. It is important to help child to understand that their body and changes in the body are private, not to disclose private areas and not to interfere with private areas of others. It is problem to forbid speaking about sexuality as well as disclose sexual information, which would be inappropriate for the context. Thus, it is required to inform and introduce children the areas that are considered by people private.

When the word privacy is used for the human body, especially for sexual desires, it means sexual inviolability. In this case, privacy is the state of inviolability in relation to areas that are forbidden by law to look at, to touch, and speak about. The fundamental responsibility of those who provide primary care is to be careful to protect inviolability and covertness as well as privacy of individuals.

The concept of privacy is also related to limits. The basic task of those providing primary care is to teach individuals with ASD (+mental disability) their limits and limits of others. So, it is important to ensure that they protect both themselves and others.

Actions to Support Privacy Education

When children with ASD (+mental disability) are not able to find accurate and sufficient descriptions for their curiosity about sexual matters, this may lead them to learn missing and wrong information. Missing information may lead to risk consequences. For example, when sexuality is defined as “making people happy”, this may cause child to accept sexual desires and request of a friend to make him/her happy, or to make sexual requests or force sexually for the same reasons. Sometimes children are worried or feared when sexual matters are discussed beyond the curiosity and development level of child, including unnecessary details. It is important to have specialists and receive support from a subject matter expert during providing sexual education to the child.

During puberty, attempts for self-control are increased, therefore, the control of parents over the actions of child is reduced and it may be difficult to watch the child. Child’s autonomy should be allowed, but child should not be completely left alone. It is important to create awareness of own limits and other’s limits and teach the concept of social approval to children. It is a major ability to say “No” and accept “No” as an answer (acceptance of rejection) in the life of children with mental disabilities.

It is critical to educate individuals in need of special education on what sexual skills to acquire by such individuals and their caregivers in order to complete their sexual development, and avoid or solve possible sexual problems. The most common sexual problems and sexual expectations in the research conducted on the individuals in need of special education include the desire to touch private areas for sexual relief, desire of marriage, tendency to touch the opposite sex, issue of adaptation to physical changes of puberty, failure to control sexual drives, and sexual abuse. One of the factors that deepen such problems is the understanding of individuals with mental disabilities about wrong perception and abuse (even sexual abuse). Individuals with mental disabilities may respond to interest shown them with excessive love and accept an offer of a sexual intercourse without being aware of

sexual abuse. They have difficulty in differentiating between what is real and what is not, therefore, it is easy to deceive them. Lack of sexual knowledge, limited experience in relationships and lack of knowledge on how to protect themselves increase the risk for abusing individuals with mental disabilities and complicate to recognize that a life may be abusive.

In the context of individual sexuality, ***privacy*** can be defined as having a private space and not to share the changes of body, actions performed on the body and their consequences with people they do not know through words, mimics and actions in the social spaces and environments. *Inviolability* can be defined as teaching them that their body is inviolable. *Covertness* can be defined as teaching to be dressed to prevent others from seeing the body and to take care not to expose the genitals at any time.

Introduction of Private Areas in the Body

Sometimes, we may witness that a child's genitals become an object of love. As in the example "Come on, show you're your willy", it is very risky to bring child's genitals into the forefront in every aspect.

Again, it is risky to stretch the limits with adults during the childhood. "Let him hug you" "Let her kiss you", "Seat on him/her lap", "Your teacher cares for you as wells may beat you", "You should share anything in the family"; such statements will cause child not to learn healthy limits and expose them to being abused. All these issue should be taken seriously, and thinking that "He/she is just a child", "He/she isn't aware of anything" is wrong.

It is important during the childhood that adults do not take off and put on clothes in front of the child, adults do not walk around naked in presence of children, children do not watch TV programs, videos or images where human body is displayed, and children do not witness sexual intercourse of their parents. It contributes to privacy to have own room by the child. In conjunction with the level of development of self-care skills, it is required to teach them to children before it is late in order to minimize the physical contact and avoid bad touching. For example, it is essential to provide toilet training when the child is sufficiently matured, help them clean themselves after toilet in the future periods, and help them have a bath by themselves. So, they would know that they may only touch their own special areas.

During toilet training, one should avoid actions that may stimulate sexual areas of child, one should not come down on child and show feeling disgusted. The children should also be taught the difference between good touching and bad touching, and explained that only the parents and caregivers can touch the special areas under what circumstances. Images may be used to show the difference between good touching and bad touching.

Respect for Others' Privacy

Individuals may encounter unexpected risks or conditions that are not know by everyone and are undesirable to disclose not to cause damage to individual rights and interests. One of those risks is neglect and abuse. Privacy education is intended to ensure that sexual behaviors are appropriate as well as it aims to protect children from being neglected and abused.

Although it is sad, lessons should be learned from the past experience and more careful attitude should be adopted to take action. Any person or entity that undertakes care of disabled people should prioritize activities to prevent neglect and abuse of persons with disabilities. In social spaces and during social interaction or in educational settings where disabled is with peers, it is necessary to ensure that persons with disabilities are not posed to any risk. Integration into social settings is a practice that is very important. However, it also brings the requirement to improve defense skills of disabled individuals whose perception of intention is insufficient.

Generally, debates on privacy are still continuing. Privacy of personal health information is discussed as a separate subject in the world. As the internet technologies are developed in the world, more violations of personal living spaces are observed, hence, civil organizations are gradually increasing to protect personality and privacy. In parallel to personal development of an individual, privacy education is to learn to recognize the inviolability, covertness and privacy of others through increased awareness.

Theories of development that describe and explain the development process assume that normally all individuals automatically complete developmental acquisitions. It is because all development areas have an effect supporting each other. Therefore, development must be completed in all development areas. During development process, none of the development areas can be ignored, and any development area should not be considered privileged over others. Proper behaviors that need to be adopted for sexual development area are

said to be acquired through cognitive development as part of social rules and on the basis of reasoning by oneself. The acquisitions from any development area will be complete and proper if it is experienced because it should be noted that all behaviors of human baby are acquired behaviors. In the context of privacy, people should live an appropriate life for individuals to acquire behaviors of inviolability, covertness and privacy.

4. SUPPORT FOR SELF-CARE SKILLS

Roles and Responsibilities for Providing Support for Self-Care

Caregivers (teachers and parents) that provide care to individuals with need for special education have different roles in support for self-care skills. Teachers are the persons that directly provide education when appropriate, train the caregivers to implement learning when appropriate, direct and guide the others around such individuals when appropriate, and ensure cooperation during this process. During teaching self-care skills, the primary responsibility of teacher is to accurately identify the requirements of individuals. It is the precondition to accurately identify the requirements for the individuals to achieve independency in life.

In this context, another responsibility of teachers is to identify the requirements based on the geography, sex, socio-cultural structure, income level, size of the residential area (e.g., village, district, city) and expectations of parents. In line with the identified requirements, it is necessary to develop appropriate programs, identify the preconditions for skills to be taught, perform correct skill analysis, and agree on the appropriate evidence-based education methodology. Another important responsibility of teachers is to implement the agreed education method in line with a plan with high reliability for implementation. Upon start of education, actions should be taken to ensure that skills are acquired within the given time, and teachers should act in cooperation with caregivers to generalize the skills. So, the teachers do not only allow to learn the skills but also they allow to maintain and generalize the skills after education is completed. The most important factor that paves the way for maintaining and generalizing the acquired skills is how often it is experienced. Based on this, opportunities should be provided for individuals to continue to display the acquired skills in natural settings, and this is only possible through family education and active involvement of parents in the process. Then, it would not be wrong to say that one of the responsibilities of experts is to ensure that teachers are

trained and actively involved in the process. Experts may be one of the most responsible persons to ensure that teachers carry out their activities on the basis of ethical principles in regard to teaching profession in the area of education.

Acquisition of Self-care Skills during Adolescence Period

The basic objective of special education and support education services to be provided to persons with ASD (+mental disabilities) is to support such individuals to participate into independent living. Independent living means that an individual is able to live without being depended on others. One of the basic skills that allow persons with ASD (+mental disability) to live without being depended on others is the self-care skills. Self-care skills include the basic skills that are required by the individual to perform self-care. Figure 1 shows these skills.

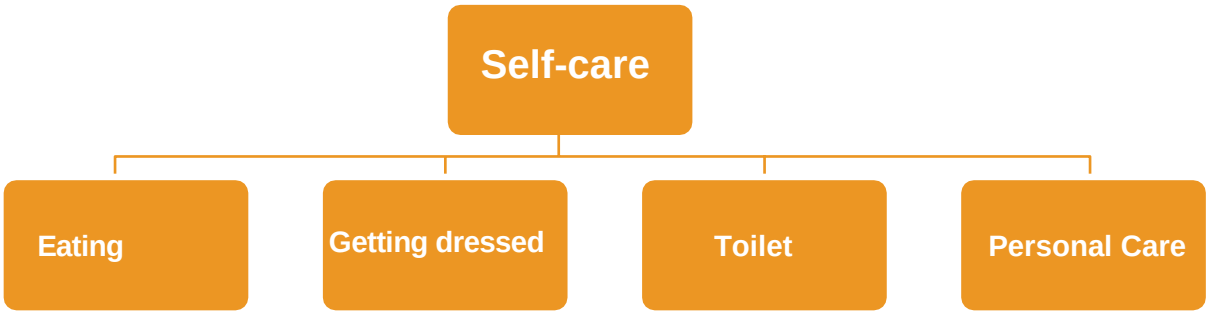


Figure *1. Self-care skills*

The basic skills including eating, getting dressed, toilet and personal care are different depending on the development phase of individual. A preschool child is expected to acquire skills “to wash hands and face” as personal care, an adolescent is expected to acquire higher skills such as “having a shower, changing sanitary napkins, and shaving”. In case of individuals with ASD (+mental disabilities), the level of development is more important than the development period that individual experiences. At this point, it is necessary to consider the performance level of disabled person, identify the skills expected from that individual, and plan the education process. Contrary to normally developing individuals, disabled individuals need systematic education to acquire self-care skills. In other words, disabled individuals acquire many skills that are displayed by normally developing peers by observing

others and taking as a model when such skills are systematically shown them. The education provided will be effective when evidence-based practices are implemented. Evidence-based practices are proven effective through research. The following sections describe the methods in detail that are included in the evidence-based practices and used for teaching self-care skills.

Modeling

Modeling is one of the evidence-based practices effective in teaching self-care skills. An individual is expected to observe and imitate the skill performed by the model. A peer as well as an adult may set an example to how self-care skills are performed. Moreover, caregivers and teachers may reinforce other persons displaying self-care skills, allowing them to be a model and motivating disabled individual to display that skill. For example, if a teacher says to his/her teacher that "It is good that you have a shower and come to school! We should care for our personal care", they will motivate his/her student with special needs to perform such skill. Another practice for being a model is the video model. In video model, how to perform self-care skills is videotaped. Then the video is verified if it is appropriate.

The disabled individuals are expected to watch the video, take as a model and imitate the skill presented in the video. For example, the teacher can videotape a peer that shows the skill of shaving and instructs his/her disabled student to watch this video. Then, the teacher provide opportunities for his/her disabled student to perform the skill in the video he/she has watched. In this process, the students may be allowed to watch demonstration of a skill from their own perspective, making feel them that they've actually performed that skill.

The video model requires a two-step process: preparation of videos for target skill and presentation of video.

The following steps can be used to prepare the video:

- The models to be included in the video are identified and models are trained to accurately demonstrate the skill.
- A scenario is prepared for the video.
- Videos are recorded and set in accordance with the scenario.
- Special care is taken that flow of images is at normal speed, acts of the model are

natural as much as possible, and the duration of video is short (2-5 minutes).

Then the video is presented. The following steps can be used to present the video:

• The teacher and the student sit side by side or opposite to each other.

• Attention of student is drawn to target skill and video: “I’ve prepared a video for you. It is about time to watch it. Are you ready?”

• Readiness of student is enhanced.

• When the attention of student is on the video, video is tuned on for the student to watch it. At this point, computers, tablets, mobile phones, smart boards and similar equipment may be used depending on the conditions.

• Student is provided with opportunity to perform the target skill they watch on the video.

• If the student performs the skill as watched on the video, it will be consolidated.

• If the student fails to perform the skill as watched on the video or performs incorrectly, he/she may be allowed to watch it again.

We should explain this on an example. Let’s say that objective of teacher is Mehmet acquires the skill of shaving.

For this purpose, teacher records a video for the skill of shaving. Then the teacher sits next to Mehmet to watch the video on a computer screen. The teacher says that “Mehmet, we’ll learn how to shave today. I’ve recoded a video for shaving. Let’s watch together”. Then, she switches on the video. When she feels that Mehmet is distracted, she says “Yes, we should be looking at the screen/Look at here” to try to get attention of Mehmet on the video. When the video is finished, “You’ve been very silent to watch the video, this is great!” says the teacher and she takes Mehmet to where he will perform the skill (toilet or bathroom). The teacher says to Mehmet “Now, you shave as you’ve watched on the video” to provide Mehmet with opportunity to perform the skill. If Mehmet is successful at performing the skill as watched on the video, the teacher confirms Mehmet. If Mehmet fails to perform the skill or performs it incorrectly, teacher may allow Mehmet to watch it again. Mehmet continues to watch the video until he learns the skill. The teacher organizes probe sessions when the video is nor watched to record the performance of Mehmet. The teacher checks the data collection form based on the response of student.

In addition to video model for teaching self-care skills, video prompting and video feedbacks may also be used.

Education with video prompting involves watching by the student a video of a step of any skill, and performing this step before the next step is presented. Let's go back to our example. For instance, the teacher prepares the skill analysis for the skill of shaving. Then they each step of skill is videotaped. Mehmet watches the video on how the first step in the skill analysis is performed. Mehmet is asked to perform this step. The process goes on like this until the last step in the skill analysis. In the video feedback, the student is asked to watch the video of previously performed skill for the target behavior.

Simultaneous prompting procedure

The simultaneous prompting procedure is one of the evidence-based practices and effectively used for both one-step skills and chain skills. In the simultaneous prompting procedure, a target stimulus is provided for the student to respond and this is immediately followed by a controlling prompt. The controlling prompt allows student to give an accurate response. The controlling prompt can be a gesture, verbal, visual, model, or physical prompting. What prompts should be used is decided based on the student and nature of the target skill. Once the controlling prompt is provided, you allow 3-5 seconds for the student to respond, and if the student responds as expected, it will be reinforced. If the student does not respond or responds incorrectly, the teacher will provide the prompt again and may correct the mistake. So, the simultaneous prompting procedure is completed. The teacher proceeds with the next exercise.

In summary, the teacher follows the following items to teach:

- The teacher and student sit next to or opposite to each other, or they stand.
- The attention-grabbing prompt is provided: "Today, we'll learn… Are you ready?" etc.
- Readiness of student is reinforced.
- The target stimulus is provided.
- The controlling prompt is provided immediately after target stimulus.
- The student is allowed 3-5 seconds to respond.
- It will be reinforced if the student gives the correct response.
- If the student does not respond or gives the incorrect response, the mistake will be corrected or next exercise will be carried out.

In simultaneous prompting procedure, the student is not provided with opportunity to

respond independently, therefore, a probe session (without controlling prompt) is conducted to verify whether the student has acquired the target skill. For this purpose, before starting teaching, the teacher may conduct probe sessions every day or every two days, or once a week. In the probe sessions, the teacher provides the target stimulus and waits 3-5 seconds for the student to respond. They will reinforce the student if he/she gives the correct response, or correct the mistake if the student gives an incorrect response or no response at all, or proceed with the next exercise. The teacher checks the data collection form as appropriate and based on the student's response.

The following steps are followed during a probe session:

- The teacher and student sit next to or opposite to each other, or they stand.
- The attention-grabbing prompting is provided: "Today, we'll learn… Are you ready?" etc.
- Readiness of student is reinforced.
- The target stimulus is provided.
- The student is allowed 3-5 seconds to respond.
- It will be reinforced if the student gives the correct response.
- If the student does not respond or gives the incorrect response, the mistake will be corrected or next exercise will be carried out.

For example, let's suppose that teacher determines a target skill for Ayşe, which is to place the sanitary pad in the pants. This is a chain skill, therefore, the teacher prepares a skill analysis specific to that skill. Two pairs of pants and two pads required for the skill are placed on the table to start teaching. During teaching, the teacher sits next to Ayşe. The teacher provides the target stimulus saying "Place the pad in the pants", then demonstrates the first step in the skill analysis to be a model for Ayşe to perform the skill. The teacher waits 3-5 seconds for Ayşe to respond. If Ayşe performs the skill properly, the teacher reinforces Ayşe saying "Well done, you're great!" If Ayşe gives an incorrect or no response, the teacher will be a model for the first step and proceed with teaching the next step. This process continues until all the steps are completed. A probe session is conducted, for example, next day before teaching is started. In the session, teacher provides the target stimulus saying "Place the pad in the pants", and waits 3-5 seconds for Ayşe to respond. If Ayşe performs the skill properly, the teacher reinforces Ayşe saying "Well done, you're great!"

If Ayşe gives an incorrect or no response, the teacher will be a model for that step, correct the mistake, and record the responses of Ayşe in the data collection form.

Graduated Guidance Teaching

The graduated guidance is one of the errorless teaching methods that is often used for teaching chain skills. In graduated guidance, the target stimulus is provided to start teaching. After target stimulus, the student is allowed 3-5 seconds to respond. If the student responds as expected, it will be reinforced. If the student does not respond or responds incorrectly, the controlling prompt will be provided. The teacher gradually withdraws (fades) the controlling prompt for the student to respond independently. In the graduated guidance, the teacher instantaneously decides when and how to withdraw the prompt depending on the student's performance. The teacher may fade the type, number and intensity or the type and intensity of prompts. So, the teacher should determine the prompting hierarchy for fading. The major aspect of graduated guidance that differs it from other errorless teaching methods is that it allows teacher to fade the prompt when the student does not need a prompt or needs a more moderate prompt, and to provide the previously faded prompt again when she/he needs prompting. In summary, the teacher follows the following items to teach:

- The teacher and student sit next to or opposite to each other, or they stand.
- The attention-grabbing prompt is provided: "Today, we'll learn… Are you ready?" etc.
- Readiness of student is reinforced.
- The target stimulus is provided.
- The student is allowed 4-5 seconds to respond.
- It will be reinforced if the student gives the correct response.
- If the student does not respond or gives the incorrect response, the controlling prompt will be provided.
- The next exercise is carried out.
- When the student starts to respond correctly with prompting used in the previous exercise, the next prompt in the hierarchy will be used.
- If the student continues to respond correctly, then that prompt will be faded and the next prompt in the hierarchy will be used.

• If the student gives an incorrect or no response, the teacher will return to the faded prompt.

• During the teaching sessions, the correct responses of student, whether with or without prompting, are reinforced.

In the graduated guidance, if there is a time between the target stimulus and the controlling prompt, the probe can be performed during teaching sessions. Thus, there is no need to conduct any separate probe sessions. The responses of student during teaching sessions are documented in the data colleting form. The student's correct responses before the prompting are considered to determine whether the student has learned. But, if there is no time left between the target stimulus and the controlling prompt, in other words, if the target stimulus and the controlling prompt are provided simultaneously, a separate probe session is conducted. This session is conducted based on the items listed in the simultaneous prompting procedure.

We will use an example to describe the graduated guidance. Let's suppose that teacher asks Deniz to use a depilatory for Deniz to acquire the skill of removing body hair, so the teacher decides to use the graduated guidance. The teacher prepares the setting and equipment to start teaching. The teacher provides the target stimulus saying "Use depilatory to remove body hair", then waits 3-5 seconds for Deniz to perform the first step of skill analysis. If Deniz gives a correct response, they say "Well done, you're doing right!" to reinforce Deniz. If Deniz gives an incorrect or no response, the teacher will provide a full physical prompting for Deniz to give the correct response. After Deniz start to gives correct responses with full physical prompting, the next prompting in the prompting hierarchy will be used: Partial physical prompting. If Deniz continues to give correct responses with partial physical prompting, the next prompt will be used. If Deniz gives a wrong or no response to partial physical prompt, teacher will return to full physical prompt. During teaching sessions, Deniz is provided with opportunity to respond independently after target stimulus is provided, therefore, the teacher will not conduct a separate probe session. During teaching sessions, Deniz's correct responses before providing the prompt provide information on whether Deniz has learned the target skill.

Social Stories

A social story can be defined as a short story to describe complicated, difficult or new conditions to individuals with ASD or different diagnosis. It is written in a specific format according to specific rules to objectively describe a skill, event or condition.

Generally, a social story is not directly used to teach the target self-care skill but is used to teach where, when and how to perform the self-care skill. Use of social stories requires a two-step process: writing a social story and implementing this story. During writing a social story, the teacher starts with collecting data for the condition of interest. The story has title, introduction, body and conclusion sections. The types and number of sentences are considered for the contents. A social story is composed of descriptive sentences and one or more guiding sentences. The descriptive sentences include internal and external factors associated with the context. The guiding sentences guide how to perform the behavior through describing effective response. The social story should be clear and understandable with appropriate words, and is written from the perspective of first-person singular and third-person singular with a positive emphasis in the present continuous. So, five basic principles are considered for writing. Upon completion of social story, appropriate images and pictures are included to finalize the story. An appropriate environment and time is selected to share the social story. A social story is presented in a quiet environment immediately before the student enters the environment where she/he will perform the self-care skill.

Teaching starts with presenting attention-grabbing prompt. For this purpose, the teacher says “I’ve written this story for you” or “I have a story about…….. It is about time to read this story.” The teacher then reads the story to the student, asks student to read it, or presents the story on a tablet, etc. The teacher asks 4-5 WH questions to see if the student has understood the story. It will be reinforced if the student gives correct answers to questions, but if she/he gives an incorrect or no answer to questions, the sentence of social story that contain the correct answer to that question is red again. The student is then taken to the environment where he/she will perform the target skill. The student is observed and her/his performance of target skill is documented in the data collection form. As the student’s performance of target skill is improved, social story is red evet couple of days not every day, or the story is faded by reading the story without certain sentences.

In summary, the following steps are followed to present the story:

- An appropriate environment and time is determined.

- Attention-grabbing prompt is provided. “Today, we’ll learn… I have a great story about…Are you ready?” etc.

- Readiness of student is reinforced.
- The story is red.
- 4-5 WH questions are asked.
- It will be reinforced if the student gives correct answers to questions.
- If the student gives an incorrect or no answer to questions, the sentence of social story that contains the correct answer to that question is red again.
- The student is taken to the environment where he/she will perform the target skill.

I must change my pad every two hours
I have bleeding in some days of the month. I use pads in days when I have bleeding. Use of pads may sometimes get smelly. This may disturb me and the others. Use of pads may sometimes damages my skin or cause itchy feeling. I need to change my pad every two hours to avoid these problems. My teacher may help me by reminding when to change my pad. If I change my pad every 2 hours, there will be no odor and itchy feeling. This will make me happy as well as make my mom happy. It is an important action to change my pad every two hours for my health. Being healthy makes me happy as well.

For example, the teacher may write a story as follows to teach Zehra when to change her pad. Then the teacher reads the story to Zehra in an appropriate environment and at the right time. They ask questions to Zehra to assess whether Zehra has understood the story. They reinforce the correct answers of Zehra. If Zehra gives an incorrect or no answer to question, they will read the sentence again that contains the correct answer. They provide Zehra with opportunity to perform the target skill and record the performance of Zehra. As the performance of Zehra is improved, they fade the presentation of story by excluding the sentence: “I need to change my pad every two hours to avoid these problems”.

Persistence and Generalization

The objective of teaching is not only to teach students new behaviors. The students are expected to maintain the acquired behavior after teaching (persistence) and to display that behavior in different environments and in presence of different persons and materials (generalization). The objectives of persistence and generalization should be identified and appropriate actions should be taken.

5. USE OF CIRCLE OF TRUST

Circle of Trust

Individuals with ASD (+mental disability) may encounter different threats when interacting with social environment. The threats in the social environment may include any maltreatment such as abuse,

harassment, japing, bullying, and neglect. These are considered a crime and pose a threat to mental and physical health of individuals. Such threats pose a hazard to any person of society and may cause many psychological, social, physical, biological and behavioral problems for individuals with mental disabilities that have difficulty in understanding abstract concepts and managing cognitive processes. It is critically important to teach such individuals the safety skills for protection from such hazards, threats and foreign people.

Although the parents take different actions to protect their children, such actions may be ineffective in ensuring safety of individuals with mental disabilities. The oral warnings (widely used) are not enough to indicate the hazard at a realistic level and to acquire the appropriate behavior. It may be difficult to acquire protection skills for foreign people, harassment and abuse for individuals with mental disabilities having difficulty in understanding social threats from harassment and abuse. Involvement of parents in teaching such skills makes a great contribution to acquisition and generalization of such skills. The parents play a big role in ensuring safety at home or teaching privacy skills. If the parents are educated, they will be able to teach safety skills at high level.

Also, to teach safety skills, it is required to embody social conditions and provide education with visual aids. The circle of trust is one of the techniques used to teach safety skills.

What is a circle of trust?

A circle of trust is one of the techniques that is often used to protect individuals with ASD (+mental disabilities) from sexual abuse. The circle of trust-based teaching forms a basis for teaching behaviors such as coping with being deceived, protection from foreign people, and rejection of contact without permission. **Prior to circle of trust-based teaching, activities should be carried out for good touching, bad touching and rejection of physical contact without permission.** The teaching should be at early ages and maintained until adulthood in accordance with the developmental age.

Deception poses a threat to any individual in any period of life. *The circle of trust* used for prevention of deception allows individual to recognize relation of others when the individual displays social skills and behaviors, and to give an appropriate response depending on whether such other people are familiar or foreign. The circle of trust involves introducing reliable persons to individual. The circle of trust teaches that

individuals may interact with persons in the circle of trust at certain level and certain physical contacts may be included in good touching in such interaction, any persons outside of the circle of trust are “foreign” and interactions with such persons are limited.

Creating a Circle of Trust

The number of persons in the circle of trust varies by the age and intelligence level of mentally disable individuals. The adults and specialists that provide care for persons with mental disability should work in cooperation to identify the persons to be included in the circle of trust. Persons in the circle of trust do not have to be relative or family member of individual. Individuals with mental disabilities should have reliable people in the immediate vicinity. It is vital to determine whether such persons are really reliable, therefore, the circle of trust should be identified by a specialist team of psychologist, pedagogue, and teacher of special education. It will be appropriate to discuss and identify by the caregivers as much as possible.

The first step of circle of trust-based teaching is to teach not to receive anything liked from anyone outside of home and circle of trust. The first thing to teach child is: “Never take anything that you like from anybody!” This is taught at oral and behavioral level. This is followed by *rejection of physical contact without permission, *good and bad touching, *special areas*, privacy, *getting permission and giving permission, *coping with deception, respectively, depending on the developmental age of individual with mental disability. In the final step, actions to take in case of sexual abuse are exercised (e.g., shouting, loudly calling for help from others, causing physical damage to the other party to keep them away).

In creating a circle of trust, e team of primary caregiver or parents of the individual with mental disabilities and the specialists (psychologist, pedagogue, teacher of special education, counsellor) comes together and follows the following steps:

1. Initially, primary caregiver or parents of the individual with mental disabilities receive education from the specialists on the abuse and harassment.

2. The parents/primary caregiver identify and list the persons that they trust in any aspect and consider close to them.

3. Specialists and caregivers together identify the persons to be selected from the list according to age of the individual with mental disabilities.

4. The number of persons in the circle of trust can be 2 or 10 according to age of the individual with mental disabilities.

5. Each identified person must be approved by the trusted primary caregiver and observed and confirmed by the counsellor/psychologist and pedagogue. This step is very important for the safety of individual with mental disabilities. It is not enough that selected persons are familiar, their reliability must be discussed and confirmed. A senior member of the family identified by the mother as reliable may not be considered reliable by the specialist in the observation team. Therefore, an interdisciplinary team discussion must take place to select the person to be included in the circle of trust.

6. After the persons of circle of trust are listed with the team, a recent photograph of persons in the list is requested.

7. The teaching method used for the circle of trust teaching is selected with the special education teacher, and appropriate materials are prepared for the method.

8. Special education teacher/counsellor/ psychologist/ pedagogue/ caregiver are contacted to describe the teaching process. Teaching is completed using picture cards and monitoring and assessment meetings are conducted with them.

9. These steps must be taught in detail to the primary caregiver, and individual with mental disabilities should be asked to carry out the same activities in the future ages. In these processes, supports should be provided for how to carry out teaching with how many people and what materials depending on the developmental age.

10. During the teaching process, learning capability of individual with mental disabilities should be considered to decide whether to use picture cards or individuals together or separately.

Introduction of Circle of Trust

To teach circle of trust created by the team of specialists, different methods, different materials or different prompts can be used based on the individual characteristics of person with mental disabilities. Introduction of circle of trust again varies by the developmental age of individual with mental disabilities. At early ages, who is familiar or who is foreign can be taught, and reliable persons, limitations on interactions with such persons, and manner of interaction with foreign people are taught in the school period and following years. The steps of teaching circle of trust may be different by the teaching method used, but basic steps of teaching can be listed as follows:

1. Special education teacher, psychologist and counsellor identify the persons to be included in the circle of trust and a list is created.

2. The persons to be selected from the list and the number of persons are identified according to the age of individual with mental disabilities.

3. A recent photograph of selected persons is requested.

4. In addition to those photographs, irrelevant photographs (of unfamiliar, foreign persons) are prepared.

5. A tool set of photographs of familiar and foreign people is produced.

6. The familiar persons are introduced through the tool set.

7. Limits to familiar persons and limits to foreign people are detailed and explained.

8. Probe sessions are conducted without prompting. A scenario is created including familiar and foreign people and generalization sessions are planned in the actual environment based on trapping.

6. PREVENTION OF BAD TOUCHING AND RESPONSE TO BAD TOUCHING

To develop a response to good and bad touching, first ability of tactile discrimination must be developed. Therefore, children must be taught that permission should be taken before touching. Likewise, they should understand that they should take permission before they touch the others.

This rule taught for touching should include teaching that if somebody touches them without permission, they must report it to any person of the circle of trust.

Getting Permission-Giving Permission

Teaching to get and give permission must involve getting permission before touching the body of others, and similarly, whether to give permission when somebody wants to touch their body.

“Getting permission” behavior is one of the rules that children should acquire at early ages. For example, children should acquire the behavior of getting permission to take a toy of their sister/brother, enter the bedroom of their parents, and eat snacks prior to dinner. However, they should be taught to take permission before touching the body of others (another context of getting permission) in parallel to sexual development.

To acquire the behavior of getting permission before touching the others, first the parents and adults in the immediate vicinity of child must display the behavior of getting permission to touch the body of child. So, they display behaviors consistent with the rules taught in the previous steps. In the phallic period of sexual development, whole body of the child starts receiving stimulus. Therefore, the parents should show their love in different forms of love instead of touching or pressuring.

They should teach their children that it is a form of love to perform any activity together, read a book together, have a conversation, and spend time together. Setting an example of creating and sharing pleasure without physical interaction would be helpful to develop an expression of love without touching at the late ages as well.

Even in case of developmental delay, toilet training of many children is completed in this period. The confidentiality, covertness and inviolability rules that are taught to child to be followed are implemented when the child relieves himself/herself. Inviolability is maintained when touching with permission and without forcing. So, the child learns that he/she is an independent individual has control over his/her body. They also learn that the rule of inviolability that applies to their body also applies to others, and their body is inviolability as well as the body of others is inviolability.

The inviolability is not an obstacle to intimacy and candidness in the social interaction. Normal individuals first shake hands and then approach to each other to hug. If one of the parties steps back or continues to hold the extended arm straight during hugging, the other party knows that this means not giving permission, and only shakes hands.

But, *children* with ASD (+mental disabilities) display limitations in using perception of intention and empathy during decision-making processes. Therefore, touching with permission is also taught to protect the adolescent with special needs. Teaching to get and obtain permission must be explained to the parents for the purposes of discrimination of harassment and developing a response.

Although the adults around them do it, children do not easily learn the behavior of getting permission. The parents must be explained that this rule is taught to protect their child from harassment in order to achieve a stable and consistent attitude of parents.

Teaching the behavior of giving permission must be designed based on the behavior of discrimination of familiar people that has been previously acquired. In this way, it is controlled that close physical contact should be avoided with persons that are not known, in other words, not included by the parents in the circle of trust. After teaching discrimination between good and bad touching, this is addressed once again to teach that shaking hands is not bad touching and they can shake hands with unfamiliar persons. In the phallic period, behavior of hugging and kissing and sitting on one's lap is displayed frequently, therefore, it is important to control such behaviors first.

Rejecting and Reporting Touching without Permission

After teaching getting and giving permission and protection of personal space, rejecting and reporting contact without permission should be exercised. Contact without permission is a behavior that breaches getting permission as well as personal space. If this behavior is performed by an unfamiliar person (not included in the circle of trust), it should not be considered well-meaning. Therefore, it should be exercised with reporting. Rejecting and reporting contact without permission is taught to get away from harassment and create awareness of an adult about what has done to them.

When there is an attempt to touch without permission, attempts to protect personal space are made. However, if there is an insist on contact without permission, the child must be taught to push the person by hand, remove him/her from their personal space, shout loudly to reject the person and call for help of others. If contact without permission cannot be avoided, the child must be explained that they are allowed to take action to damage the person holding them (e.g., kicking, biting, and scratching).

Although the child gets away from physical contact without permission, they must be taught that this need to be reported to familiar adults. In this respect, the parents must also be informed or educated

The parents should be educated to listen to their children without interrupting or judging them when they attempt to report. The parents must also be educated to develop the skill of reporting the contact without permission.

Acceptance of Rejection

The child learns to reject contact without permission, but they use this only for themselves. It may also be necessary to teach that such right also applies to their friends. If they touch a friend without permission by accident, they will encounter the behavior of rejection. So, they must taught to accept such behavior, apologize, and thank them for reminding that.

Discrimination between Good and Bad Touching

Despite teaching of getting permission, rejection of contact without permission and acceptance of rejection, it must be taught that friends who are allowed to touch should be classified by their way of touching although it allows acceptance of mutual inviolability in social environments. Discrimination between good and bad touching is a skill to teach. Children usually allow their close friends to touch them. However, children must be taught to discriminate between good and bad touching in order to avoid abuse of such permission.

For example, bad touching involves the “bikini line” in girls and boys.

The limits may be certainly re-defined in different forms in different cultural groups. The bikini line must be taught a region not to touch whether or not permission is requested for touching or whether or not a permission is given. The children must be taught to immediately report to one of the adults in the circle of trust if they are touched in a similar way.

Escaping-Avoiding in case of Bad Touching

It is necessary to start having children acquired the rules, skills and behaviors relating to sexuality prior to puberty. As we have mentioned previously however, the parents might have not taught these to their children using the natural opportunities provided by the typical behaviors of sexual development, or might have them acquired part of them. Certain risks may be increased in case of incomplete acquisition of such rules, skills and behaviors in the institutional education settings. As required by the nature of puberty, the behavior trends may also strengthen the possibility of occurrence of factors to increase the risk. Therefore, children must be observed whether they have acquired them, and if required, compensatory teaching should be arranged for each of them.

In the institutional settings, children first must be taught who to report in the institution in case of good or bad touching. For this purpose, one or two persons in the institution who are always accessible by the child and mostly reside in a certain location must be identified. In this respect, the institutional structure must adopt a policy sensitive to abuse and harassment.

Reporting in case of Bad Touching

Prevention of Bad Touching: The children have been previously taught that permission must be requested before touching their body. However, they must also be taught that they have the right to prevent ant bad touching (if any) even this is done with permission. This prevention can be performed by pushing off by hands to remove from the personal space. Even if the attempt of bad touching is stopped, the children must be taught to, get away from there, immediately report to the nearest adult and reach any adult in the circle of trust.

After a permission is obtained to touch by a peer in the institution, if a bad touching occurs, the performance of student who violates the rules must also be checked.

Except where a permission obtained for touching with permission is abused, if children are directly subject to bad touching, they must immediately get away from there to report it without interacting with the person performing bad touching.

7. PERSONAL SPACE & PROTECTION

Personal Space and Its Protection in Interaction

To protect privacy, privacy and sexual education must be provided to all individuals in parallel to sexual development. But, some specialists still argue that privacy education of children is damaged just because of providing sexual education. The sexual and privacy education that is carefully planned in accordance with sexual development, our culture, and legal infrastructure and provided properly may create awareness without the need for protection of children with special needs from abuse. Otherwise, how we can develop the self-control that would prevent individuals from harassing each other…

Acquisition of privacy skills by children in proper and correct manner is important, but it also important that this is recognized and maintained by the adults. The adults should not treat children as an object and think that they possess that object. The adults should not touch the children when they want and how they want to show their love. A child is first of all a human baby, even if we intervene them for help, this should be told them.

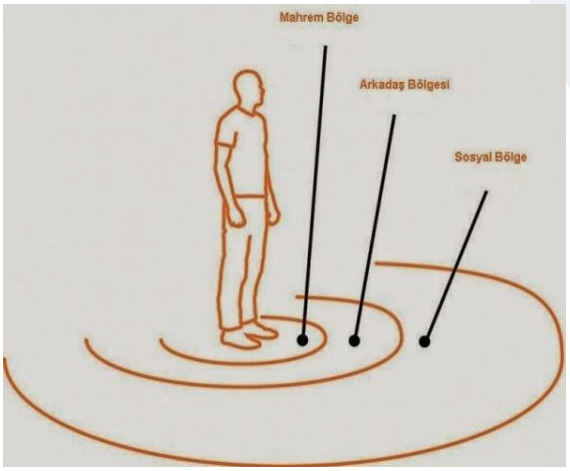
The parents are legal representative of their child. The children may not be in the position to defend themselves.

Even if the children do not know what their rights are, the adults must know their rights and avoid violation of the rights. Inability of children to defend themselves does not mean violation of their rights at any time. Since now, no individuals has opened a case against their parents for violation of personal rights or intervention of private life. As the parents fail to protect the rights of their child, they commit a crime against their personal rights without even realizing it. First of all, the children as an individual do have specific rights of name, physical features, body, inviolability of body, communication, thinking and desires. The privacy of child is disclosed and changed into actuality in front of others. For example, children are mostly get dressed, left naked, and asked to show their genitals in presence of others, and they make fun of it. In fact, the future, mental condition, development, manners and confidence of child may be shaken just because of that. Ensuring development of a child does not only mean to meet their primary needs. They should be aware of their rights and freedoms, create a personal space, protect this personal space, and request to be respected, and all this is founded in the childhood. All the adults, including the parents must:

- Ensure the privacy right of children.
- Not violate the privacy space of children.
- Request to prevent violation of privacy right of children.
- Not avoid to teach children what privacy is.
- Know that child has the right to ask questions, learn and receive education as part of the privacy right.
- Not ignore the child's personal rights.
- Ensure that child has a safe private space.
- Create and respect the space of freedom for the child.
- Avoid causing damage to child from due to technological world, and protect their privacy in shares.
- Ensure that they are aware of technology and avoid trapping by the technology.
- Support that they become an independent individual.
- Protect children and defend their rights when required.

The children reaches a physical development level to walk when they are one year old or shortly after that. Even if they are breastfed and put into sleep in their room, they will try to go to the parents' room where they feel safe when they are awake. This attempt of child indicates that it is a natural opportunity and time to teach private areas.

The parents' bedroom and their own bedroom are a private area. However, when the private area is described orally to children, children's cognitive level is not enough to understand or make sense of that, therefore, they may start to recognize private areas in the form of acquisition activity or in the form of teaching behaviors. The child has the capability of "discrimination" through his/her existing cognitive level. This can be readily observed when the children give a different response to their mother and different response to their father. Another private area is the bathroom. To teach this area, the behaviors can be directed to acquire.



Discrimination of Personal Area: The first area to teach children is the personal area. It may be planned to teach the private area and social or shared spaces when they get old. *Personal area* (area of friends) is practically defined as an arm's length distance and area that we can share with persons we know (trust). It is defined as a distance of 45-120 cm that we share with our relatives and friends. It is also called an area of friends. *The social space* is a distance of 120-300 cm between us and the persons that we do not know but have to interact. For example, this is the distance we interact with plumber that repair something in our house, or the postman, grocer, new employee in the office, and persons that we do not know much. *Private area* is the distance to our body contour from 45 cm. This area can be accessed by the caregivers during the infancy but cannot be accessed after privacy education is completed.

There may be two reasons why two adults are within the private area of each other. Those persons are very close to each other (e.g., (husband & wife, partners, etc.) or they nurture enmity towards one and other. For this reason, a private area of an individual can never be accessed without permission. One's psychological condition will be tensed and that person will automatically assumes a position of defense or step back to maintain the distance if someone who is not known or wanted enters the private area of that person. If it is not possible to step back physically, as a defense mechanism, the persons appear to turn their eyes away or turn their head away.

Protection of Personal Area

Although we sometimes tolerate that foreign people enter our personal and social areas (e.g., when we are in the queue, mass transportation, etc.), when a foreign person enters our private area, this will cause physiological changes in our body. The heart pumps the blood faster, release of adrenalin is higher, and more blood is pumped to the brain and muscles because of preparation for a possible "escape or attack". The adults may develop escape or avoidance behaviors in such cases. But in case of children (particularly children in need of special education), such skills must be developed by attitudes and behaviors to be acquired from

the early years.

If someone enters our private area without our permission or consent, this is not a well-intended action. After such actions, there is usually an intent of sexual or physical attack. The decision on whether the other person is an attacker usually becomes definite if she/he has obtained a permission for approach.

Protection of other's personal area

The child that learns to reject contact without permission uses this for only himself/herself. It should also be taught that such right also applies to their friends. Acceptance of rejection when they touch their friend without permission by accident, and thanking for reminding after apology should be taught. These behaviors are addressed in teaching acceptance of rejection.

8. ACQUIRING AND SUPPORTING APPROPRIATE AND SAFE BEHAVIORS FOR SEXUAL DEVELOPMENT

Safe and Unsafe Sexual Behaviors

We know that privacy behaviors such as covertness, confidentiality and inviolability are acquired in the early childhood. We hope that such activities are carried out in the preschool education period to complete and maintain these behaviors. However, the time elapsed and lack of automatic generalization may cause to develop inappropriate behaviors.

We also know that different behavior trends may occur in the puberty due to hormones. Puberty is one of the critical phases for children with special needs as for normally developing children. It is considered that our children go through both physical and physiological changes during adolescence. Depending on the physical development and maturity, the body structure changes as well as there are biochemical changes. Such changes affect both motor coordination and emotional reactions. You, as the persons responsible for the child's education, may expect that children would act in a more consistent and proper manner when they grow. However, children need some time in order to rapidly adapt to such changes they observe in their body and display stable behaviors. The difficulty in adaptation and coping methods must be discussed as the adolescent children in need of special education encounter such problems very often. Otherwise, an increase may be observed in their inappropriate behaviors.

Need for special education may cause

similar behavior trends in parallel to puberty in children. In the special education activities started in the early ages, difficulties may be seen in the behaviors that can be directed by behavior control techniques during puberty. Children with mild mental disabilities are unable to create a repertoire of behaviors on their own about how to behave or act in conditions that occur due to sexual stimulations.

As he school setting is a shared social space, in the context of social interaction, the concepts “do not touch without permission”, “bad touching”, “private areas of our body” should be repeated at a level to meet criteria, then the rules “friends cannot do bad touching to each other”, “you cannot do bad touching even if you are allowed”, “you cannot touch their body outside the private area”, “you cannot expose your private areas in the school”, “you cannot enter the cabinet in the toilet with others”, “you cannot use the toilet cabinet when the door is open” should be taught. Such activities can be defined as teaching generalization of privacy skills that are taught at home at early ages in other settings.

Acquiring and Supporting Appropriate and Safe Behaviors for Sexual Development

The perception and interpretation processes that initiate the emotional process that is said to expose behaviors are also part of the very extensive and complicated processes such as memory. Identification of emotions. The debates are still discussed such as identification, content and form of the emotion, what emotions are more prior over others, common emotions among the cultures and types, whether each different emotion represents different physiological requirements, roles of the acquired and environmental processes, dependency and influence of emotions on the cognitive processes, and significance of conscious and unconscious functions for the emotions and so on. Emotion processing is known to be an important part of the social interaction. The research on the emotion processing mostly investigates the concepts of recognition, recall, experience, and expression.

Most of our behaviors are based on the emotional infrastructure and experience of early ages. Sexual hormones are effective in development of sexual behaviors. So, we can say that making children adopt appropriate sexual behaviors is in fact to teach how to control behavior trends.

When teaching appropriate oral expression of sexual emotions, we have underlined that it should be adopted to become a behavior if accepted.

There is nothing wrong if intense feelings caused by sexual hormones are exposed as behaviors towards their own body (for example, touching own body and sexual relief).

When experiencing an emotional process, it is important to make sense of own feelings accurately as well as it is important to make sense of feelings of other individuals accurately. However, understanding feelings of other individuals is not a process that only conceptual reasoning should be enough. Understanding of feelings of others is the function of neuronal mirroring system. The mirror neurons are responsible for perceiving, imitating, understanding and identifying emotional expressions of others. Translation of emotional processes into appropriate behavioral forms occurs through cooperation of physical and intellectual awareness states. It is known that individuals with ASD (+mental disabilities) among the adults in need of special education are inadequate in this sense. Also, imitating and understanding requires mnemonic processing, one of the cognitive processes. As is known, the education program for individuals in need of special education includes emotional expressions and facial expressions used to understand emotions; there are skills that should be taught systematically.

The limited capability in this regard suggests the possibility of inability to completely understand the other or understanding wrongly. To overcome such limitation, what we can do is to teach to understand the types of relationships and to gradually teach what type of relationships can be experienced with who and how.

In this context, activities for directing oneself such as "I can "show" my love alone or that I love my friends without touching them", "I should orally express my feelings towards persons I like", "If my friend that I like say that he/she does not like me, I should accept his/her feelings" should be taught through social stories. In fact, acquisition of such skills should be included in the child's repertoire of behaviors through parents' non-physical demonstration of love during the phallic period. However, as each acquisition, cognitive forms of behaviors should be modelled and taught in different development periods.

Practices for Coping with Inappropriate Sexual Behaviors

Primary opinion to prevent sexual development of persons in need of special education is that less the knowledge of persons with mental disabilities on sexuality, better it is. Another opinion argues that

persons with mental disabilities have the right to experience sex as anyone. The research shows that persons with mild mental disability are able to control sexual drive as normal people; persons with moderate mental disability need help, persons with severe mental disability have minimal control over their sexual drive, and their psycho-social development is incomplete. It is known that it is mostly not possible for individuals with mental disabilities to obtain accurate and necessary information from their friends or the books; they also have difficulty in observing and learning processes, therefore adolescents with mental disabilities need guidance of their parents and teachers. The sexuality is not a subject that is comfortably talked in the society, so both parents and teachers may appear to ignore unless there is a problem. If there is a problem with sexuality, the persons with mental disabilities will be treated improperly, they will be ignored, scolded, punished, restricted, and orally and behaviorally subject to violence. Just as persons with mental disabilities get hungry and eat something in the end, or need feeding for living even if they are unable to express they are hungry, they have sexual activities due to their hormones that work properly. The persons with mental disabilities have normal physical development, thus, sexual development follows the natural sequence. Generally, individuals with mental disabilities are thought to have more sexual interest than their peers or display more sexual behavior. In fact, individuals with mental disabilities do not know where, when and in what circumstances sexual behaviors are appropriate, in other words, they cannot control sexual behaviors, therefore, this is how it is perceived.

Coping with deception

It is true that people of any age can be deceived. Deception is problem not only for children but also for the adults. Deception applies to individuals with development delay as well as normal individuals. Deception forces individuals to display a behavior, which is not quite appropriate, usually as a result of a promise of pleasure. It is because the chance of physical contact without permission is higher after deception. The harassment is usually easier after such behavior. However, to avoid injury, children with development delay should be taught behavioral pattern at very early ages to eliminate deception; and this should be maintained consistently. Therefore, although it may be defined as a little strict decision, a rule should be taught to

children with special needs to avoid being deceived.

The first step of this teaching is not to take anything that we like from anybody outside of home and circle of trust. “Never take anything that you like from anybody”; this sentence should be taught physically, i.e., in actions, at the earlier ages possible. However, if the teaching is performed later, it can be taught based on the circle of trust. Teaching of coping with deception can be carried out as additional information provided during simultaneous prompting procedure that we use for teaching rejection of physical contact without permission based on the circle of trust.

In order to coop with deception, it would be appropriate to teach the following rules until they become a behavior: “Never take anything from anybody that you do not know”, “If the person who says he/she will give what you want is a foreign person, you must report it to someone you know”, and “report the thing you do not accept but you do like to someone in the circle of trust, they will give it to you”. In fact, what lies beneath the public service announcement “do not accept anything from foreign people” for normally developing individuals is the fact of being deceived.

Methods for Response to Inappropriate Sexual Behaviors Observed in the Social Shared Spaces

The issue of sex arises concerns in the society in case of individuals with mental disabilities. The opinion of society is usually either hesitation or fear or negation. Although sexual development of individuals in need of special education is not different from normally developing individuals, differences in expression arises concerns in the surrounding. When not educated on the appropriate behaviors, the available level of maturity and life experiences cause to have problems for developing appropriate behaviors and expose them to harassment or abuse especially because they may make mistakes about understanding expressions of love and interest towards them. Sexuality means physical changes, physiological changes, sexual identity and roles, sexual desire, and acceptance of sexual identity by the individual. Sexuality also covers interest in the opposite sex as the nature of own sex. In this process where many changes occur, how to understand and control, physical and physiological changes should be explained to individuals with special needs.

What are the recommendations for coping?

In this period, it should be taught how to

control menstrual bleedings, use of pads, keeping a spare pad in the bag, and buying pads by modeling. It should be told that menstrual bleedings are natural but can be shared with closely related persons like mother and sisters. It is important that mother follows if menstrual bleedings are regular, if not, seeks medical attention. Adolescent male individuals may have wet dreams at night. In this case, the father or brothers or the appropriate persons around him should tell what to do, how to clean themselves, and that this is private.

One of the most concerned behaviors is that individuals with mental disabilities tend to touch their private area or attempt to relieve themselves in the non-private spaces. Performance of such behaviors in the designated private spaces during puberty should be considered a normal part of development. The performance of such behaviors is more frequent in individuals with mental disabilities. If possible, a relative of same sex should explain this process. It should be explained that touching special areas or sexual relief by the individuals with mental disabilities in the non-private spaces should be performed in the private areas (bathroom or the room of adolescent) without damaging themselves, this is a private matter, and he should not do it in presence of others or in a place where he can be seen.

They should be directed to different hobbies especially when such behaviors are observed frequently, and others should help them shift their attention. Again, medical attention should be sought when such behaviors are seen more frequently and it is now damaging them. Sports, handcraft activities, finding something appropriate in daily house works, and drawing into social shares may prevent such behavior from changing into a problem.

Individual education may include a painting activity, which they like; tasks may be assigned in the classroom (taking garbage outside, cleaning the board, etc.), and a symbolic star may be given for each task and the stars given may allow to access any desired event for reward at the end of the week. It is observed that their attention and interest shifts to different tasks after a while, and behaviors including touching private areas of body and having sexual relief are reduced as long as there are activities appropriate for their skills.

It is appropriate to explain and model sexual identity and roles and assign tasks appropriate for those models. It should be told that clothes, talking and behaviors should fit the sexual identity. As it is considered that individuals with mental disabilities do not understand or are not

aware, it may be observed that care is not taken for their clothes or they are not get dressed appropriate for their age. Therefore, it is important to help them chose appropriate clothes, chose clothes that suit their sex, and help them to put on clothes suitable for their privacy. In this respect, person providing special education is important as they are also a role model. The individual try to be as his/her teacher, choses or adopts them as a role model, thus, they will display similar behaviors and may take him/teacher as a model for sexual identity. Directing them to roles appropriate for their sex may be carried out during their education. It is reported that sexual interest differs between the male and female individuals with mental disabilities, and boys have more interest in sexuality than girls do. Furthermore, the literature suggests that individuals with mental disabilities have more sexual perversions because of lower quality of life, misdirection, sexual abuse, lack of having a job, inability to express needs, thus, inability to seek for help, and sexual drive and problems. The primary reason for this is to direct them wrongly instead of providing sexual education, and try to suppress sexual drives. Thus, failure to provide sexual information and guidance have very negative consequences in the long term.

When it comes to sexuality, parents expects specialists to assume the task, and specialists expect parents to assume the task. In fact, caregivers and teachers should work in cooperation especially for the individuals with mental disabilities through a good cooperation and discussing such matters in a comfortable manner.

Preventive Health Measures for Appropriate and Safe Behaviors for Sexual Development

In the phallic period when privacy behaviors are acquired, safe and appropriate health behavior for development can be defined as cleaning and changing clothes before they stay wet and dirty for a long time in cases when they cannot manage when to ejaculate. However, during latent period, safe and appropriate behavior for development should be considered changing clothes in the private areas at school when they focus on playing and leak urine. In this period, there is a vaginal flow due to growth of ovaries in girls, thus girls should be taught to change pants every day and change the pad every two hours in order to improve their hygiene habits and have a good health.

Changing clothes in the private areas for involuntary ejaculation during puberty is a

behavior to be taught in order to protect their health and act safely. Although bad touching has been exercised until this period, they should be taught not to put foods or objects that have been in the mouth of others in their own mouth to protect them from diseases transmitted by body fluids, and from infectious diseases like herpes simplex virus and hepatitis A-B. As is known, herpes is a virus that causes wounds on the lips and is transmitted by contact.

İt is important to change pads in timely manner for the menstrual bleedings that start in girls during puberty. All the body fluids create media to grow microorganisms after releasing from the body. Therefore, it is important to regularly change pads for vaginal hygiene. In this period, washing hands well after changing the pad is one of the health skills to be discussed. They should be taught how to wash hands using a nail brush, if required. It is because some children with special needs may not be able to rub and wash their hands strongly due to less development of fine motor skills.

9. COPING SKILLS FOR INAPPROPRIATE REQUESTS FOR SEXUAL ABUSE

Appropriate and Inappropriate Behavioral Patterns for Interpersonal Communication

As the broadest definition, communication is a way of telling own emotions, thoughts and requirements and of understanding others. An individual tries to communicate with others for different reasons since they were born and this is called interpersonal communication. In the human life, interpersonal communication appears to cover a significant part of human life. For example, interpersonal communication may include warning children by the caregivers about the external threats, or expressing happy news to be shared between the parents. In the interpersonal communication, a message of one party to the other party is perceived within certain patterns and this may result in some positive or negative consequences. Here, perception of both message sender and message receiver is important. Therefore, what is told as well as what is understood by the other party are an important element of interpersonal communication.

An individual tries to communicate people around to meet her/his needs since she/he was born. Some of communication methods includes crying of a baby for feeding or crying for help when she/he wets her/his clothes. Such interpersonal communication patterns during infancy are

a tool for the individual to meet their needs. I the next years, interpersonal communication itself becomes a need. The behaviors start to form, new behavioral patterns are learned each day and this process goes on for years. Especially from early ages, the child is taught where and how to act and what behaviors should be displayed for interpersonal relationships. Sometimes child learns these from his/her experience, by observing, taking as a model, or by chance. Well, what are these behaviors? Or, what type of behaviors are learned or taught? In fact, the answer to this question is very wide. For example, the list of behaviors may include child's walking, talking, sitting, standing, watching TV, using toilet, diet, healthy sexual development and so on. As is seen, behavioral patterns can be taught or learned in very different areas. Displaying appropriate behaviors facilitates adaptation of individual to society. However, what is learned may not always be appropriate behavioral patterns. Sometimes, inappropriate behavioral patterns may be learned. Inappropriate behavioral patterns can be discussed in a very wide range. Children may display inappropriate behaviors for almost anything. Some of these behaviors include tantrums, nervous breakdown, violence against parents, inappropriate sexual activities for their age and development.

The parents and teachers feel helpless about inappropriate behavioral patterns, especially about sexual matters, and they might come to a deadlock on how to act or react.

Sexuality starts in the mother's womb and continues for lifelong through certain phases. The early childhood is a period when this development is the fastest. Human being develops in many areas since infancy. Sexuality is one of these development areas.

Although sexuality is part of human nature, some sexual behaviors seen in the childhoods may be inappropriate. Here, there are certain points to consider. If the sexual behaviors of child affect his/her normal activities, forcing of other children is the case, and displayed behaviors exceed the child's development level, then displayed behaviors may be considered inappropriate. Some of the inappropriate sexual behaviors observed during childhood are as follows:

•Children imitate a sexual intercourse with their toys or friends.

•They are always interested in private areas of body,

•They frequently use words associated with sexuality,

• They attempt to touch private areas of another child or adults.

•They always try to show their private areas to others.

•They force the others to sexual activities and use force against them.

The foregoing is some of the inappropriate sexual behaviors among the children. Children may display or are exposed to such sexual behaviors. In either case, they are considered inappropriate sexual behaviors.

As normally developing children, children with special needs may also display inappropriate sexual behaviors sometimes. As the children in need of special education do not have sufficient knowledge on where, how and when sexual behaviors are appropriate and as they are unable to control sexual behaviors all the time, they may display inappropriate sexual behaviors. The relevant literature provides the following examples on inappropriate sexual behaviors of children with special needs:

•Constant and excessive desire for sexual relief

• Increased tendency to touch opposite sex

•Having difficulty in controlling sexual drives

Inappropriate sexual behaviors may not only take place among the children. It may sometimes take place between the children and adults. An adult may use and abuse children to meet his/her sexual requirements and desire. A general definition of child abuse is actions of an adult individual towards children that has negative impacts on the child's physical and psycho-social development, is socially and legally inappropriate and described by the experts as damaging. All of the following actions are considered child abuse:

•To tell children sexual things and have/try to have a conversation with children on sexual matters,

•To try to show own sexual organ or private area to children,

•Peeping, exhibitionism

•Have a sexual intercourse right before the eyes of child and force child to watch it

•Ask children to show their sexual organ and try to watch children in the bathroom or similar places

•Show children sexual objects, have children watch pornographic films, or show them pornographic pictures,

•Use children for pornographic activities,

•Show children sexual materials (forcing to watch pornographic films, showing pornographic pictures)

All of the actions above is considered child abuse and inappropriate sexual behaviors. In the relevant literature, certain children are at risk for sexual abuse more than their peers. Especially, children in need of special education are at risk for sexual abuse more than their peers. There are many reasons for this. First of all, some of the children with special needs have difficulty in expressing themselves, and this can cause them to be at risk. Besides, they may have problems with perception of events or with keeping in mind; they are likely to accept the offer of sexual intercourse or intimacy; all this again causes them to be at risk for sexual abuse. Finally, one of the risk factors is that children in need of special education can be easily rendered ineffective by the abusers.

From the general perspective, it appears that both normally developing children and children in need of special education can be subject of abuse and inappropriate sexual behaviors. The most important role to prevent this is assumed by the parents in particular, and teachers and all segments of society. It is an important factor to have children under control, to show sensitivity to this matter, and to create awareness. All segments of society must be educated in this regard. However, children may not always be under the supervision and protection of adults. For this reason, children should also be educated on how to coop such inappropriate behaviors.

Coping Methods for Inappropriate Requests

The question “how to handle inappropriate sexual requests from children” is a difficult question. It is because the primary responsibility is assumed by the parents particularly, and adults. However, it must be ensured that children are educated on major issues and protect themselves as much as possible. The most appropriate source of reference is the caregivers for all the children whether normally developing or in need of special education. Therefore, the children must be taught to immediately report to caregiver when they have a problem related to sexuality in their mind or

something has happened in this regard. Explanation of children should be comprehended and listened without judging.

Starting from the preschool period, appropriate education should be provided for each development level. One of the things that should be done is to educate them on abuse. Children must be explained who could abuse them as well as the limits for good touching and bad touching. Some of the points to address when educating children on abuse are as follows:

- It should be taught that children should ask questions relating to sexuality to their parents. The incorrect information on sexuality obtained from internet, TV and similar sources or friends may lead to serious problems in following years. Therefore, children should know that they can consult with their parents.

- Children have right to control their own body. They should know that their body belongs to them, and no one can touch or hug them if not wanted.

- It should be taught that children should not keep anything sexual secret that may be experienced. There can be no secrets between the parents and the children to a certain age, therefore, they should be able to speak everything clearly.

- Children should be explained that there is a difference between good and bad touching, and each person has private areas on their body, and if anybody touches such private areas, children must report this to their parents.

- Children must be taught how to say “No”. Children should be explained that nobody can approach them, or kiss them, or hug them without their consent. Children must know that they have the right to say “No” in such cases, and that they must report it to their parents.

- Children must know that any of their relatives may not force them to sit on his/her, or touch them, or cuddle them without their consent. Again, they must know to say “No” in such cases.

- Children should be explained what personal area and its limits are in order to provide them with information.

- Children should be taught not to get in the toilet or bathroom and share the same bed with someone other than their parents.

- If any adult or one of their friends request something sexually inappropriate from the child, the child should know that

he/she has to immediately report it to familiar persons (in the circle of trust). They should be instructed to leave that place immediately and ask for help from their family or friends.

Safe Use of Printed and Electronic Tools and Internet

As known, technology becomes more a part of the human life every day. In the changing and developing world system, technology has a very important place. Such advance of technology provides very significant facilities in human life as well. Depending on the amount of ever increasing information, information sources are diverted from the printed materials to electronic sources, so use of internet has become more attractive to individuals of any age. Today, almost everyone has a computer at home, or a smart phone and internet connection. However, there are also negative aspects that technology has become a part of life that much. These negative aspects can include negative impacts on the physical health, accessibility to all appropriate-inappropriate contents by any age groups, cyber mobbing, and online abuse. The relevant studies show that if the children meet face-to-face the persons they know from the virtual platform, they could be subject of sexual abuse, physical harassment, and kidnapping.

Furthermore, even if they do not meet face-to-face, it is very risky that children share their pictures on the internet, disclose their or their parents' confidential information to third persons, they have access to websites inappropriate for their age and development, they share sexual images with persons they meet on the virtual platform, and they have sexual conversations with such persons. The parents need to be very careful and sensitive to protect their child from such situations. Certain actions to take for safe use of such sources are as follows:

- Initially, the child should be informed on what kind of problems she/he may have on the internet.
- If possible, programs that block access to certain websites must be used.
- The children must be instructed to never disclose their name, surname, phone number, home address, and similar information to third persons.
- Children must be instructed not to share their pictures on the virtual platform.
- Children must be instructed not to open e-mails from unknown persons.
- Children must be instructed that is they talk to someone who disturbs them or requests something that cannot be done,

this must be reported to their parents.

10. PREVENTION OF NEGLECT/ ABUSE AND METHODS FOR RESPONSE TO NEGLECT/ABUSE

Sex Crimes according to Turkish Penal Code

In Turkish Penal Code (TPC), crimes of physical or oral attack to sexual integrity of any person are set out as Sexual Assault (art. 102 of TPC), Sexual Abuse of Children (art. 103 of TPC), Sexual Intercourse with a Minor (art. 104 of TPC) and Sexual Harassment (art. 105 of TPC), and all of these crimes can be committed intentionally, In other words, the actor who commits a sex crime is required to be aware of meaning and consequences of actions and act accordingly.

No doubt that the legal value to protect in crimes committed against sexual integrity is the sexual inviolability of person. The actions we will discuss below in detail set an example of sexual actions performed on the victim's body, or oral violation of sexual inviolability. In addition, the legal value indirectly protected is the physical and psychological integrity due to violation of sexual inviolability.

In the Crime of Sexual Assault (art. 102 of TPC) as detailed below, the sexual actions are performed without consent of the victim.

Circumstances that eliminate the consent may include use of force, threat or deceit against the victim as well as causing loss of conscious, or making advantage of unconsciousness due to state of sleep. The consent is required to be present before the action is performed or is being performed at the latest.

In Turkish Penal Code, sex crimes are described as a crime that can be committed intentionally, therefore, the parents of victim or victim child who is sexually assaulted or sexually abused due to neglect are not punished unless they involve in the sexual assault or sexual abuse. Sexual Assault (art. 102 of TPC) and Sexual Abuse of Children (art. 103 of TPC), the crimes that damage the sexual integrity of individuals with mental disabilities through sexual actions or words are discussed below.

Crime of Sexual assault

"(1) A person who violates one's physical inviolability through sexual actions shall receive imprisonment from five years to ten years upon complaint by the victim. If the sexual action is considered a molestation, they shall receive imprisonment from two years to five years.

(2) If the action is performed through inserting an organ or other object into the body, they shall receive imprisonment not less than twelve years.

If this action is performed on the spouse, investigation and prosecution shall be subject to complaint by the victim.

(3) Where the offence is committed

a) against a person who is physically or mentally incapable of defending themselves

b) by misusing the influence derived from a position in public office or a private working relationship,

c) against a person with whom he has third degree blood relation or kinship, or by stepfather, stepmother, half-sibling, adopter or adopted child,

d) by using weapons or together with the cooperation of more than one person,

e) by using the advantage of environment where people have to live together collectively, the punishments imposed according to above paragraphs are increased by one half, the penalties imposed in accordance with paragraphs above shall be increased by half.

(4) Where greater force than is necessary to suppress the resistance of the victim is used during the commission of the offence the offender shall also be sentenced to a penalty for intentional injury in addition.

(5) Where, as a result of the offence, the victim enters a vegetative state, or dies, a penalty of aggravated life imprisonment shall be imposed."

Article 102 of Turkish Penal Code requires to penalize a person who violates physical inviolability of another person through sexual actions upon complaint by the victim. The penalized action in this type of crime is performed by touching the body of victim through sexual conducts for the purpose of satisfying sexual desires. For example, according to settled case-law of Supreme Court of Appeals, sexual assault occurs when a person grabs and hug through the waist of victim and the victim kicks for counteracting. In this case, the actor will be punished due to simple state of offense of sexual assault. Investigation is subject to complaint by the victim for the simple procedure of offense.

However, if this offense is performed by inserting an organ or other object into the body, this will be considered matter in aggravation. The term "organ" in the law does not only mean "sexual organ" but also any organ (finger, etc.). So, any organ that is inserted into the body is considered in the scope of offense. In addition, it does not matter if the inserted object is a solid object or liquid, and it is not required that victim feels pain through offense. Inserting an organ or other object into the body can be performed by the actor or make the victim do it personally by means of force or threat. At that stage, the compliant by the victim is not required to initiate the investigation.

In case of a major offense, if the actions considered a sexual assault are performed on persons who are unable to physically and psychologically defend themselves, the imprisonment to be imposed on the offender shall be increased by half. What we should pay attention to the term "persons" who is unable to physically and psychologically defend themselves is that the victim has no capability to fight back to the sexual action that is considered an offense. It is not important whether this is permanent or temporary.

Offense of Sexual Abuse of Children

"(1) (Amended first and second sentences: 24/11/2016-art.6763/13) Any person who abuses a child sexually is sentenced to an imprisonment from eight years to fifteen years. If the said sexual abuse ceases at the level of sexual importunity, the term of imprisonment shall be from three years to eight years (Added sentence: 24/11/2016-art.6763/13) If the victim has not completed the age of twelve, the imprisonment shall not be less than ten years in case of abuse or five years in case of an importunity. If offender of the offence ceased at the level of importunity is a child, commencement of an investigation and prosecution depends on the complaint of the victim' parents or guardian. Sexual abuse involves the following actions:

a) All kinds of sexual attempt against children who are under the age of fifteen or against those attained the age of fifteen but lack the ability to understand the legal consequences of such act,

b) Sexual acts committed against other children by force, threat, fraud or another reason affecting the willpower.

(2) (Amended: 24/11/2016-art.6763/13) In case of performance of sexual abuse by inserting an organ or object into the body, the offender shall be sentenced to a term of imprisonment not less than sixteen years If the victim has not completed the age of twelve, the imprisonment shall not be less than eighteen years.

(3) If the offense is committed;

a) by involvement of more than one person in the offense,

b) by using the advantage of the environment where people have to live together collectively,

c) against a person with whom he or she has third degree blood relation or kinship, or by stepfather, stepmother, half-sibling or adopter,

d) by his/her guardian, tutor, instructor, caregiver, custodial parents or by those who provide him/her with health care or are under an obligation to protect, look after or supervise him/her,

e) by undue influence based on public

office or employment relationship, the punishment to be imposed according to the above subparagraphs is increased by half.

(4) In cases where the sexual abuse is conducted against the children identified under sub-paragraph (a) of the first paragraph by use of force or threat, or against the children identified under sub-paragraph (b) therein by use of arms, the punishment to be imposed according to the above paragraphs is increased by half.

(5) In case of use of force and violence during sexual assault in such a way to result in serious consequences of intentional injury, the offender is additionally punished for intentional injury.

(6) In case of vegetative state or death of a person as a result of the offense, the offender is sentenced to aggravated life imprisonment."

As stated in the paragraph above, article 103 of TPC sets out "Sexual Abuse of Children", and there are three groups in the code. So, although the child victim completes, or does not complete fifteen years of age, the child is incapable to understand the legal aspect and consequences of action. If the victim has completed fifteen years of age, another reason is required that affects force, threat or will for the crime to constitute.

However, the law-makers also protects the child that has not completed twelve years of age, and shall increase the imprisonment.

The legal value in this is the interest of child victim. The law-makers do not rely on the consent of children who are under the age of fifteen so that they can protect the child victim both from itself and third parties; thus the child victim is not exposed to sexual conducts in the offense of sexual abuse.

The action that is sanctioned by the first paragraph of article 103 is to abuse the child through sexual conducts and the term of the imprisonment ranges from three years to eight years.

If the offense of sexual abuse is performed by inserting an organ or other object into the body, the term of the imprisonment shall not be less than sixteen years. If the victim has completed twelve years of age, the term imprisonment shall not be less than eighteen years.

If the offense is committed by using the advantage of the environment where people have to live together collectively, or by the persons who have third degree blood relation or kinship, or by stepfather, stepmother, half-sibling or adopter, or by the public office or employment relationship, or by the by his/her guardian, tutor, instructor, caregiver, custodial parents, or doctors, then the term of the

imprisonment shall be increased by half.

If the child victim is death or in the vegetative state as result of offense, then the punishment shall be aggravated life imprisonment.

Offense of Sexual Harassment

"(1) If a person is subject to sexual harassment by another person, the person performing such act is sentenced to a term of imprisonment from three months to two years or to a judicial fine; and if the act of sexual harassment is committed against a child, the offender is sentenced to imprisonment from six months to three years upon complaint of the victim. If the offense is committed:

a) by undue influence based on public office or employment relationship or by using the advantage of intra-familial relationships,

b) by his/her guardian, tutor, instructor, caregiver, custodial parents or by those who provide him/her with health care or are under an obligation to protect, look after or supervise him/her,

c) by using the advantage of working in the same workplace with the victim,

d) by using the advantage provided by mail or electronic communication instruments,

e) by the act of exposing, the punishment to be imposed according to the above paragraph. If the victim was obliged to quit his/her job or leave his/her school or family for this reason, the punishment to be imposed shall not be less than one year. Pursuant to article 105 of TPC, the persons who orally or behaviorally assault the sexual integrity of another person without physical contact shall be punished upon the complaint by the victim. The matter in aggravation is to commit the offense against the child. If the victim is unable to go to school or is separated from their family as a result of sexual harassment, the punishment shall not be less than one year.

Symptoms in Individuals who are a Victim of Neglect and Sexual Abuse

There may be many negative symptoms in individuals who are a victim of neglect and sexual abuse. Especially, neglect and sexual abuse in the childhood may have negative impacts on the individual for his/her whole life. As a result of the neglect and abuse, they may be affected physically, cognitively, emotionally, educationally, socially, behaviorally, and sexually.

There are certain emotional symptoms in individuals who are exposed to neglect and abuse. Some of them include depression, propensity to being alone, crying spells, embarrassment, guilt feelings, inferiority complex, anxiety, and lower self-respect. Besides, nightmares, difficulty in falling into sleep and concentration, burst of anger, and trying to keep away from the persons who remind the incident or from the places

where the incident occurred in individuals who are neglected and abused. Likewise, a relevant study reports that individuals who are a victim of neglect and abuse have difficulty in interpersonal communication, difficulty in self-expression, and problems with regulating emotions. The individuals who are neglected and abused have certain sexual symptoms. Some of them include sexual activities inappropriate for age and development, imitation of sexual intercourse, touching foreign objects on the private areas, and excessive interest or indifference in sexual matters. The other symptoms of individuals who are neglected and abused include sleeping disorders, constantly being unhappy, extreme behaviors, feeling an excessive affinity towards or excessive fear from foreign people, tendency to aggressiveness, and self-harm.

Procedures to Follow and Appropriate Response Methods in case of Neglect and Sexual Abuse

In case of neglect and abuse, a special care must be taken to protect the victim from being subject to a secondary trauma. First of all, if this is the case, the child should not be blamed, our approach should not be like feeling sorry for them, and we should avoid excessive reactions. There should not be physical contact when the child describes the incident.

The child should be questioned adopting "an attitude of detective" to find out all the details of incident. It should be discriminated whether the questions are asked for a requirement or curiosity. The child must never face the abuser. The child should be informed of confidentiality and explained that he/she will be referred to experts who can help him/her. Then, the interview should be ended by thanking and actions should be taken by the teacher in accordance with the legal obligations. During each phase of the process, support can be obtained from the Children Monitoring Center (ÇİM) and children branch offices of Police Department.

11. GUIDANCE ON MARRIAGE OF DISABLED INDIVIDUALS

Rights of Disabled Individuals to Have a Healthy Sexual Intercourse and Marriage according to Turkish Civil Code and International Legislation

Concepts of capacity, marriage and tutorship according to Turkish Civil Code

The rights to have a sexual intercourse and marriage are primarily set out in articles 118 to 160 of Turkish Civil Code. But before discussing these articles, the concepts of discernment and capacity need to be defined.

Turkish Civil Code sets out two types of capacity: capacity to have rights and capacity to act.

The capacity to have rights is obtained by a complete and live birth, thus each person has the capacity to have rights and obligations. Similarly, any person is equal to have rights and obligations within the limits of law, making a reference by Turkish Civil Code to article of Constitution concerning equality.

The capacity to act is set out negatively in Turkish Civil Code. In other words, the capacity to act is not completely defined, but it is stated under which circumstances persons would have the capacity to act or under which circumstances persons would not have the capacity to act.

A person has the capacity of act when they can acquire rights or assume obligations as a result of their own act. Article 10 of Turkish Civil Code sets out the conditions for the capacity to act: two positive and one negative. The positive conditions are to be an adult and have discernment. The concepts which need an explanation are the “discernment” and “disability” in regard to our matter.

We will first explain the concept of “discernment”. The discernment is ability of a person to act reasonably and comprehend the reasons and consequences of their act. As seen in this definition, there are two components of discernment: consciousness and will. The consciousness is an ability to assess the reasons and consequences of an act. They do not have to comprehend all the consequences of an act. It is enough to know the desired consequence and act accordingly. Will is an ability to act in order to implement anything assessed by the person.

The discernment is negatively defined in article 13 of Turkish Civil Code. In other words, the law-makers consider that individuals have discernment as a rule and lists the circumstances under which they do not have a discernment. So, anyone who is unable to act reasonably due to being a minor, or having mental disorders, mental defectiveness, intoxication or similar reasons has the power of discernment according to Turkish Civil Code. The concepts that are related to our book are “mental defectiveness” and mental disorders”

A mental disorder can be defined as mental or cerebral diseases that affect the mental condition of an individual. But, it should be noted that not all the diseases that are considered by medicine a mental disorder is significant for the capacity to act. For a mental disorder to affect the capacity to act, it must affect the

discernment, i.e., the ability of individual to act reasonably. The mental defectiveness is defined as insufficiently developed or defective mental faculties. For the capacity to act to be affected by this, it must have the nature to eliminate the discernment.

Likewise, the power of discernment is a relative concept. In other words, it should be separately identified in each incident whether discernment is present. What needs to be examined is not that whether individual acts reasonably in general or always has the power of will to resist the external factors; what needs to be identified is that whether the person has the power of discernment during the action of interest. The concepts of mental disorders and discernment set out by Turkish Civil Code (TCC) are also mentioned in marriage besides the capacity to act and tutorship. Those who do not have the power to discern the legal meaning and consequences of marriage are considered incompetent in terms of legal action of marriage; in other words, they are not allowed to marry (article 125 of TCC). Disabled individuals are considered limited incompetent and are not allowed to marry unless it is allowed by the legal representative (article 127 of TCC). In this context, individuals with mental disabilities who wish to marry must document by a medical report that they have the medical capacity to marry. Otherwise, such marriages will be considered absolute nullity according to Turkish Civil Code.

The disability is set out in chapter three of the book of Family Law, which is the second book of Turkish Civil Code. Before we explain the matter it is crucial to state that why tutorship is set out under the title “Family Law” of Turkish Civil Code. As is seen, the power of discernment and capacity, which are the main components of disability and tutorship, are set out in the Law of Persons, the first book of Turkish Civil Code.

If we examine the concept of disability or tutorship, “disability” is to restrict by a court order the capacity to act of a person who is an adult and who are not under the tutorship directly and primarily for the purposes of his/her legal protection and indirectly legal protection of others on the basis of the reasons described in the code. However, disability and tutorship are set out only in certain number pursuant to principle of adherence to type, and no tutorship measures can be taken other than what is provided in the code to protect the individuals. As is seen, the concept of capacity is intended to directly protect the individuals themselves and indirectly protect their relatives, and can only be restricted by a court order on the basis of

reasons set out in the code.

Turkish Civil Code sets out two types of tutorships as a rule: family tutorship and public tutorship. The family tutorship is to transfer the authorities, obligations and responsibilities of tutorship to a special family council. The public tutorship is the civil court of peace that is more encountered in practice.

Circumstances requiring tutorship are set out in Turkish Civil Code in two main headings: minority and disability.

Mental disorders or mental defectiveness is described as splurge, alcohol and drug addiction, freedom-binding punishment, and restriction upon request. As is seen, the law-makers also set out the reasons for disability, adhering to numerus clausus. In other words, restriction may not be demanded except such circumstances. The reasons for disability, related to our matter, are the tutorship and restriction upon request depending on the mental health or mental defectiveness.

Restriction due to mental disorders or mental defectiveness is set out in article 405 of Turkish Civil Code. Accordingly, “Any adult is restricted who is unable to take care of themselves, or needs permanent help for protection and care, or puts their and others’ safety at risk due to mental disorders or mental defectiveness.” We will discuss what is a mental disorder and mental defectiveness under biological and social requirements.

To restrict a person as a biological requirement, they must have a mental disorder or mental defectiveness. However, article 409 of Turkish Civil Code states that an official report of medical board is required to decide on restriction due to mental disorders or mental defectiveness.

To restrict a person as a social requirement, the statement “Any adult is restricted who is unable to take care of themselves, or needs permanent help for protection and care…” is intended to protect the person himself/herself, and the statement “…puts their and others’ safety at risk” is intended to protect the third parties.

Another issue to be addressed is the restriction upon request. The law-makers allow to assign a guardian to an adult who has the power of discernment in case of presence of limited number of requirements other than those listed above. According to article 408 of TCC, “any adult may demand restriction who can prove that they are unable to take care of themselves due to old age (amended sentence: 6462 - 25.4.2013/art.1/52-c), “disability”, inexperience or severe illness”.

The term "disability" therein was inserted by Law No. 6462 in 2013. No doubt that law-makers mean by the term "disability" restriction of individuals with physical disabilities because Turkish Civil Code already considers individuals with mental and psycho-social disabilities to have mental disorders or mental defectiveness and assumes that they do not have the power of discernment, therefore, they are classified as completely incompetent and their legal actions are automatically deemed null. And there is already a special article. The demand for restriction therein is to use an absolute right that is strictly depended on the person in question, thus, a person who demands restriction is required to have a power of discernment. In addition, the demand must be clear, however, there is no need for the person to demand it personally, for example, they may accept the "actio tutelae" opened as a result of notifying by a third party through a notification of acceptance.

While we are discussing the notification of third parties, it is necessary to mention briefly the course of actio tutelae. The competent court in charge of actio tutelae is the Civil Court of Peace in the location of person to be under guardianship. The power herein is the final power, therefore, it concerns the public order and is observed by the court directly.

An official report of medical board is required to decide on restriction due to mental disorders or mental defectiveness; the judge may listen to the person to be restricted. However, it is set out that such person may be listened to before the judge rules out for restriction. Although the term "may" is mentioned in the code, which appears optional, in various resolutions, the Supreme Court of Appeals deems unjust to pass a decision before listening to the person to be restricted.

The decision on restriction is declared in residential place and place of registry of the restricted. The declaration involves notifying third persons of restriction on the capacity as resolved by the court.

Provisions concerning appointment of a tutor are included in articles 413 to 425 and 457 or Turkish Civil Code. The adults and non-restricted natural persons may be appointed as tutor. Besides this, in our opinion, the sentence "those who have the ability to perform such duty" in the first paragraph of article 413 of Turkish Civil Code must be earnestly addressed because our subject is that if the person to be appointed as tutor to individuals with mental and psycho-social disabilities is not a family member, "the special qualification requirement" will be required, so persons who have appropriate knowledge and experience must be appointed.

The service period of tutor is two years as set out in the imperative article 456. When this period ends, the Civil Court of Peace that decided on tutorship considers and assesses the interest of person under guardianship and may extend the service period of tutor by two years. Some authors in the doctrine argue that this period is the mandatory rule and that tutor may not take any action in the capacity of legal representative when two years are expired. However, tutor is appointed for two years as a rule in various judgments of Supreme Court of Appeals. Since this is not a mandatory rule and there is no evidence that tutor is discharged, then it deems incorrect to decide to dismiss the case on the reason that there is no additional judgment on extension of service period of tutor.

If we examine the power of attorney, the tutor is the legal representative of person under guardianship. However, the tutor is liable for the damage to the person under guardianship due to his/her misconduct when performing his/her obligations.

The tutor act as a legal representative, whether directly or indirectly, when taking legal actions in the capacity of legal representative. If the person under guardianship is totally incompetent, the tutor is obliged to directly carry out legal actions in the account of such person other than prohibited actions. Legal actions taken by total incompetent are absolutely null and any permission or ratification for such legal action shall not render the action valid.

If the person under guardianship is limited incompetent, the tutor may directly carry out actions in the account of person under guardianship other than prohibited actions, or the person under guardianship (i.e., minor or restricted with power of discernment) may directly carry out such action with permission of tutor, and the tutor may render valid the unpermitted legal action by ratifying subsequently.

The legal representative may not transfer the power of attorney to a third party. As a rule however, it is possible for the representative to grant power of attorney to a third person for an individual legal action in accordance with power of attorney. For example, legal representative may grant power of attorney to a lawyer for a lawsuit opened against the person under guardianship.

The tutor has permission that may be granted by the courts as well as prohibited actions. Article 449 of Turkish Civil Code sets out what are these prohibited actions. Accordingly, the legal representative may not be a guarantor, form a foundation, or donate something significant for the person under guardianship. In such actions, the restricted incompetent may not grant permission or ratification to legal representative.

So, it is useful to review the article 450 of

Turkish Civil Code. This article states that "If the person under guardianship is able to form and express their opinion, the tutor is obliged to receive his/her opinion on important actions before making a decision if possible." So, the tutor is obliged to listen to the person under guardianship. No doubt that tutor must inform the person under guardianship to form a healthy opinion as required. However, any legal action performed or any decision made by the tutor before listening to the person under guardianship despite the obligation to listen to will be valid. In other words, there is an obligation but there is no legal sanction. The sentence "The tutor shall not be relieved from his/her obligations even if the person under guardianship deems action appropriate" in the second paragraph of said article describes that tutor will continue to be obliged for the losses of the person under guardianship who grants permission or ratification after the legal action.

If we examine that person under guardianship acts alone, the person under guardianship that has the power of discernment may assume obligations or waive any rights by his/her tutor's direct or indirect permission or subsequent ratification. No doubt that person under guardianship that has the power of discernment means restricted incompetent.

The said permission or ratification is a complementary factor in the nature of validity requirement for legal action.

There will be no problems if the tutor initially permits the legal action, and the legal action will be validly exist. The point to be addressed is whether the tutor grants ratification. During that period, the legal action is pending and null.

If the tutor comes to know that person under guardianship enters into a legal action, they must grant ratification to that legal action within a reasonable period of time. If the legal action is ratified, such action will be deemed established valid from the beginning. However, if the tutor fails to will regarding whether or not granting a ratification to the legal action within a reasonable period of time, or states that he/she grants no ratification, such legal action will become invalid from the beginning, i.e., affecting the past.

Powers granted by TCC to tutor are not limited. Article 462 of TCC requires to obtain permission of tutor and tutelage authority. Article 453 of TCC requires to obtain permission of tutelage authority and supervisory authority (Court of First Instance).

Article 479 and following articles of TCC set out the cessation of tutorship. It is necessary to group in two: circumstances where tutelage duty ceases automatically and

circumstances where tutelage duty does not cease automatically. Circumstances where tutelage duty ceases automatically include death of tutor, incapacity of tutor (in other words, a tutor is appointed to him/her), receiving imprisonment for an offence committed intentionally, and expiry of service period of the tutor. Circumstances where tutelage duty does not cease automatically may include presence of obstacles to being a tutor, and presence of reasons for avoiding tutorship.

If the tutor severely malpractices during his/her service period, misuses his/her powers, commits conducts to damage the trust, becomes insolvent for his/her obligations or fails to perform his/her obligations as a tutor of person under guardianship for reasons other than listed above, and if the interests of person under guardianship are put at risk, the tutelage authority may dismiss the tutor. The court authorized to dismiss the tutor is the Civil Court of Peace.

Legal Regulations for Marriage of Disabled Individuals

The civil code requires a minimum age of marriage. **Those who are older than this minimum age of marriage but has no power of discernment may not marry.** On the contrary, the provisions will vary depending on whether or not those who are older than the minimum age of marriage and has the power of discernment are an adult or restricted. While those who have the power of discernment, who are an adult (older than 18 years old) and who are not restricted have the full capacity to marry, the restricted persons with power of discernment and minors older than the age of marriage (not an adult) have a limited capacity to marry. In summary, in addition to other requirements for having full or limited capacity to marry, there are two fundamental requirements: age and power of discernment. Being at the age of marriage is not enough alone to marry. In addition, the code provides that “Those who do not have the power of discernment are not allowed to marry”. So, the other requirement for marriage is to have the power of discernment. As is known, the power of discernment is a relative concept and refers to capability to comprehend the reasons and consequences of action in question. In terms of marriage, the power of discernment is to have the capacity to comprehend meaning and purpose of marriage as well as obligations and duties of marriage. As stated above, if the persons without power of discernment marry, such marriage will be null. But, type of nullity depends on whether lack of discernment is permanent or temporary. So, we will discuss the nullity here. But the difference should be briefly explained here. While the result of lack of discernment

permanently is the absolute nullity (permanent non-discernment of the reasons and consequences of an action), temporarily lack of discernment only during wedding ceremony (for example, one of the parties is drunk during wedding ceremony) is the relative nullity (partial non-discernment of reasons and consequences of an action). **Mentally ill persons are not allowed to marry unless there is an official medical board report showing that they may marry.** The mental disorder mentioned herein is a mental disorder that do not permanently eliminate the power of discernment **because if a mental disorder permanently eliminates the power of discernment, the person has already no capacity to marry.**

Possible Problems in case of Marriage of Disabled Persons and Guidance Activities

Marriage of persons with special needs may be observed especially in the groups of mild and medium incapability. There is no common opinion in this regard. In some opinions, marriage is necessary, but in some opinion, marriage should be avoided. Generally, there is an opinion that disabled persons should marry with disabled persons in the society. Such marriages should be financially and socially supported. First of all, economic supports should be considered to ensure living of a family and household. In marriage of individuals with disabilities, families may prefer to live together. In this case, the roles of married couple in the family should be well defined. They should be explained what roles they will have and how to perform these roles, and what house works they could be effective; they should be supported in doing such works. The most common problem with such marriages is the uncontrolled pregnancy. The couples should have a health check prior to marriage to avoid undesired pregnancy. They should be explained what to experience and how to give birth in case of a potential pregnancy. Pregnancy and birth may cause anxiety and fear in such individuals. Statements to increase their fear and anxiety should be avoided. It should be explained when to take the baby to the doctor for baby care, health and control. The uncontrolled pregnancy may be a problem both for the health of the mother and health of the children born. In such cases, they should be referred to a health care institution to take permanent actions.

Parenting of individuals in need of special education: Parenting of adults with special needs may be complicated and difficult. Especially, they may remain incapable to solve the problems experienced during infancy and childhood.

Care of newborns, nutrition of baby, use of diapers, getting dressed, washing, health controls, and follow-up of vaccination should be functionally explained. Guidance by the people around becomes important at this point. Development of baby and assessment of appropriate behaviors for development period may become important. Again, what to do during the childhood and school period, having interviews with the teachers during the school period, academic success, and attendance should also be explained. They may have problems with displaying correct attitudes as well as with care of, interest in and behavior against their children. In such cases, it may be appropriate to obtain help from the people around, family and professionals. The education topics of special education that concerns the adult individuals with mental disabilities should include marriage and parenting which are the natural needs and the position before the laws. It would be effective to explain what to do in case of marriage and parenting, and how to overcome the problems, how to perform their roles and responsibilities in a manner of educational discipline.

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DESEM

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Co-funded by the
Erasmus+ Programme
of the European Union

Funded by the Erasmus+ Program of the European Union. However, European Commission and Turkish National Agency cannot be held responsible for any use which may be made of the information contained therein.