IOSR Journal of Nursing and Health Science (IOSR-JNHS)
e- ISSN: 2320–1959.p- ISSN: 2320–1940 Volume 7, Issue 3 Ver. V (May-June .2018), PP 17-28
www.iosrjournals.org

Safety Disabled Children from Risk of Sexual Harassment by Their Mothers

Samia A., Elnagar*&Mona Younes**
*Assistant Professor-Pediatric Nursing-Menoufya University- Egypt**
*Lecturer-Community Health Nursing-Port Said University- Egypt***
Currently in Jazan University-KSA
Corresponding Author: Samia A., Elnagar

Abstract: *Sexual harassment is unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of sexual nature. Children's with disability are three times more likely to be abused than children without disability.**The present studyaimed to** evaluate the effect of safety educational program for mothers to protect their disabled children from sexual harassment.**Studydesign:** A qausi-experimental design was utilized.**The study Setting**: was carried out in (My son dreamsandtowards a better childhood centers)at Damietta City. **Sample**: A purposive sample of 70 mothers out of total numbers (700 children with different disability). **Tools:** Data were collected through: An interviewing questionnaire to assess mothers' demographic characteristics, sexual harassment knowledge, and Likert scale to assess mothers' attitudes related to child sexual harassment safety educational program and questionnaire to assess mothers' practices through asking questions related to disabled child sexual development and sexual harassment safety. **Results:** The results of the current study showed that, 37.1% of studied mothers aged 30 years or more while 61.4% of their children's aged 6 years or more. Also, there were highly statistically significant differences between pre and post implementation of sexual harassment safety program of studied participants regarding their level of knowledge and their practices. Also, highly statistically significant difference was found between pre and post implementation of program of studied participants concerning their attitudes toward safety sexual harassment education where p: (<0.001). **Conclusion:** The sexual harassment safety educational programenhanced mothers' knowledge, practices, and changed positively their attitudes toward disabled child sexual harassment safety education. **Recommendation:** This study recommended that the need for continuous of child sexual harassment safety programs to improve mothers' knowledge, attitude and practices to protect their disabled children.*

Date of Submission: 16-05-2018 Date of acceptance: 31-05-2018

I. Introduction

Childhood is considered a development period with high vulnerability to physical and psychosocial risks. Child abuse is a major pediatric problem in many countries.The problem of child abuse and human rights violations is one of the most critical matters on the international human rights agenda **(1, 2).**

Children with a disability are at significantly greater risk of physical, sexual and emotional abuse and neglect than non – disabled childrenand more vulnerable to harm and abuse such as harassment, bullying, humiliation, physical and sexual abuse.

Disabled children are more likely to be abused by someone in their family compared to non-disabled children**(3).**The majority of disabled children are vulnerable to victimization by family members, friends, acquaintances, colleagues, strangers, service providers or other residents in group homes ,therefore ; Sexual harassment occurs in the home by partners , step parent , sibling or relative ; or outside the home for example, by a friend , neighbor, child care person, teacher or stranger and virtually anywhere **(4,5)**.

Sexual harassment is one form of sexual violence against children which is a significant problem in many low and middle-income countries. It is a real and serious problem that can affect any child or youth regardless of gender, race or age. It can threaten physical or emotional wellbeing influence school performance and make it difficult to achieve career goals **(6,7)**.

Sexual harassment is any verbal, nonverbal, visual, physical or psychological conduct toward another person (male or female) with a sexual undertone that is unwanted, intimidating, alarming, or annoying. It includes gestures, comments, touches, and looks **(8)**. Also, it is considered as a damage of child's health, survival development or dignity as it creates an intimidating, hostile, humiliating, offensive environment for the recipient.World Health Organization estimated that about 40 million children aged 2-14 years around the world suffer from all forms of violence and neglect especially sexual violence had occurred to 73 million boys and 150

million girls under 18 years old which accompanied with unfavorable physical, psychological and social consequences **(9)**.

Parents can keep their children as safe as possible this means making sure the places they spend time are safe, giving mothers the knowledge and understanding to take action and helping children speak out about sexual abuse is very important. Because parents play an important role in child growth and development, so mothers are often the first source of information for children when it comes to education about their bodies, safety and sex**(10,11).** Therefore, mothers should have an active role in sexual harassment prevention in their disabled children's **(12).** Also training mothers about appropriate knowledge, behaviors and skills to deal effectively with their disabled children is an important part of sexual harassment prevention **(13).**

Nowadays there is many safety educational programs have been developed and implemented in kindergartens and schools. The majority of programs include information for parents and school staff to increasing children's awareness of sexual harassment and to teaching them skills with which to protect themselves. Also, provide disabled children with proper sex education and information to avoid risk **(14).**

Significance of the study:

In Egypt, studies revealed that, the overall prevalence of child abuse is 36.6%. Emotional abuse is 12.3%, physical abuse 7.6%, and sexual abuse is 7.0% and combined forms 9.7%. The 2014 Demographic Health Survey (DHS) shows that 93 per cent of children aged 1 to 14 years old have been exposed to various forms of violence, including trafficking for removal of organs and sexual exploitation **(15)**. In a cross-sectional survey conducted in Egypt among a sample of 450 undergraduate college students in Sohag University revealed that prevalence rate for child sexual abuse was 29.8%, with rates being higher for females (37.8%) than for males (21.2%) and the prevalence was higher in rural than urban residency**(1)**.

The National Crime Victim Survey found that children with disabilities experience higher rates of violence than children without disabilities (40 victimizations per 1,000 persons with disabilities compared to about 20 per 1,000 without disabilities) and other research show that disabled children are three times more likely to be abused than non – disabled children. Nurses play an important role in the prevention, identification, and intervention in the case of sexual harassment and in the ongoing care, education, support of the children and their families.Therefor this research was carried out to enhance the mother's knowledge, attitudes and practices regarding sexual harassment to protect their disabled children's **(16).**

Aim ofthe Study:

This study aimed to evaluate the effect of safety educational program to protect disabled children from risk of sexual harassment by their mothers through:

1. Assessing the strengths and weakness in mothers' knowledge regarding disabled child sexual development, and sexual harassment as well as practices to protect their children from sexualharassment.
2. Assessing mothers' attitudes regarding sexual harassment preventioneducation.
3. Designing and implementing safety educational program to protect disabled children from risk of sexual harassment by their mothers.
4. Evaluating the effects of safety educationalsexual harassment preventive program on the mothers' knowledge, attitude and practices regarding sexual harassmentprevention.

Research Hypothesis:

The mothers who received safety educational program will enhance their knowledge, attitudes and practices to protect their disabled children from sexual harassment as indicated by pre and posttestsscores.

II. Subjects and Methods

Researchdesign

A quasi-experimental research design used in this study

Setting

The study was carried out in my son dream and towards a better childhood centers at Damietta City.

Sample

A purposive sample of 70 mothers accompanying with their disabled children who attended to the previous mentioned setting which represents 10% out of nearly 700 mothers attended center. Under the following criteria: the child aged 6 to above, any type of disability,mothers accepted to participate in the study.

Tools for data collection

Two tools were used for data collection:

First tool:Interviewing questionnaire was developed by the researchers in Arabic language after reviewing of related literature. It encompassed three main parts:

Part I:Demographic characteristics of mothers and their children such as mothers' age, educational level, marital status, and fathers' educational level, number of children, child age, and mothers heard about sexual harassment.

Part II:Mother's knowledge regarding to disabled child sexual harassment and its prevention which included: definition, disabled child sexual development, the harasser, forms, and the places which may occur in, measures used to confront it, the effects of sexual harassment on the child, leading factors, safety preventive measures, and sources of sexual harassment information.

Scoring system of mothers' knowledge:The studied participants' knowledge was calculated for each item as follows: good knowledge was scored (2); while average knowledge was scored (1), and poor knowledge was scored (0).The total knowledge score was categorized into good knowledge > 60%, Average knowledge ≥ 50% - 60% and poor knowledge < 50%.

Part III:Mother's practices through asking questions. It divided into two sections.
Section (1) pertained to assess mother's disabled child sexual development practices which included: teach child correct names of body parts, avoid punish the child when touching genitals, draw the child attention to something else, teach the child how to clean his/her genitals by him or herself, avoid the child sleeping in the parent's bed, avoid kissing or touching child' private body parts (buttock or genitals), help child begin to understand how to interact respectfully with others, disperse between boys and girls in their beds during sleeping, talk with the child about the physical changes that will occur during puberty, and try to gain information about sexual development stages and puberty to answer any child's questions.

Section (2) pertained to assess mother's sexual harassment prevention practices which included: teach child the difference between wanted and unwanted touch, boundaries, provide books or audiovisual materials about sexual harassment prevention for their children, and teach child how to do if someone wants to see or touch their private parts, they should definitely say 'No' and leave at once or cry loudly and call forhelp.

Scoring system of mothers' practices

The studied mothers' practices were calculated by using a scale rated to three points usually done, sometimes done, not done: scored 2, 1, and 0 respectively.

***Second tool*:** Mother's attitudes regarding sexual harassment prevention education by using a Likert scale was adopted from **Zhang et al.,(17)**, modified and translated into Arabic language by the researchers. Response choices to the items were simply 'Agree', 'Disagree' and undecided. The scale included 4 items as: 1. Do you agree to child sexual harassment prevention education in preschool or school? 2. Are you afraid that child sexual harassment prevention education may induce your child to know too much about sex? 3. Do you agree that it is appropriate to develop sexual harassment prevention programs in care centers and local health services? 4. Do you agree that sexual harassment education will help to prevent it?

Scoring system of mothers' attitudes scale:The questionnaire included 4 items on a 3-point Likert scale ranging from 1 (agree) to 3 (undecided). Agree being scored as 'agree' 2 point, 'disagree' as 1 points and 'undecided' as 0 points. The total score range was (0-8), and a higher score indicated a more positive attitude toward sexual harassment prevention education.

Content validity

The tools were reviewed for comprehensiveness, appropriateness, and legibility by an expert panel consisting of five community health nursing as well as pediatric nursing experts. The panel ascertained the face and content validity of the tools.

Pilot study

A pilot study was carried out on 10% from total sample of the mothers to assess the clarity, visibility, and time required to fulfill the tools. Those mothers in the pilot study were not included in the main study sample since some modifications weredone.

Ethical consideration

First, consent was taken from; the administrator of districts, director of centers, and the mothers. They were informed about the purpose and expected outcomes of the study. Their approval to participate in the study were ensured, also all data obtained will be treated with anonymity and confidentiality. Each mother was informed about the purpose and benefits of the study then oral consent was obtained before starting the data collection.

Field of Work:

- A written official letter was obtained from the Dean of the Faculty of Nursing, Port Said University and delivered to the administrator of district in order to obtain his approval for conducting of the research after explaining itspurpose.
- Another written official letter was taken and delivered director of center. At the time of data collection, a verbal agreement was taken from every participant in the study after clear and proper explanation of the study purpose and its importance forthem.
- The study was carried out through four phases: assessment, planning, implementation, and evaluation. These phases were carried out from beginning of January 2017 to the end of April2017.
  The previous mentioned setting was visited by the researchers two days/week (Sunday and Monday) from 9.00 am to 2.00 pm. The tools took about 30-45 minutes. Data collection took about four months.
- The researchers met the mothers in the waiting areas in the previous mentionsetting

Program Construction:

The Program was conducted in the following phases:

1. Preparatoryphase:

The researchers reviewed the recent, current, national and international related literature in various aspects related to sexual harassment for children.

2. Assessmentphase:

Assessment started as a base line, using the previous tools to assess the socio demographic and mother's knowledge and practices regarding sexual harassmentprevention.

3. Planning and implementingphase:

1- Objectives*:*

The main objective of the educational program is to improve mother's knowledge, attitude and practices to protect their disabled children from sexualharassment.

This program was involved 5 sessions where (2) and (3) of them were devoted to theoretical and practical contents by using simple Arabic language to suit mothers' level of understanding. It was applied through sessions in individual or groups of mothers (3-4) regarding actual need assessment. Each session took 30-45 minutes. At the end of each session, the participants were informed about the content of the next session and its time. Different teaching methods were used including small group discussion, brain storming, demonstration and re-demonstration. The teaching aids used were brochures, and colored posters. Handout distributed to all studied sample to achieve its objective.

The program content included the following:

- Child sexual developmental characteristics during all stages of child'sgrowth.
- Definition of sexualharassment
- Forms of sexualharassment
- Effects of sexual harassment on thechild
- Theharasser
- Places which sexual harassment mayoccur
- leadingfactors
- How to confront sexual harassmentsituation
- Positive attitudes regarding child sexual harassment preventioneducation
- Practices to provide disabled child sexual development such as teach child correct names of body parts according to their level of understanding, avoid punish the child when touching genitals, draw the child attention to something else, teach the child how to clean his/her genitals by him or herself, avoid the child sleeping in the parent's bed, and avoid kissing or touching child' private bodyparts.
- Practices to protect the child from sexual harassment as: teach child the difference between wanted and unwanted touch, boundaries, provide books or audiovisual materials about sexual harassment prevention for

their disabled children, and teach child how to do if someone wants to see or touch their private parts, they should definitely say 'No' and leave at once or cry loudly and call forhelp.

2- Evaluationphase:

pre and posttest used to evaluate the effect of safety educational program to protect disabled children from risk of sexual harassment by their mothers**.**

Statistical Design:

The calculated data was analyzed and tabulated using "chi-square" for number and percentage distribution and correlation coefficient "r" was used; by using SPSS, version 20.0 to determine if there are statistically significance relations. A statistically significant difference was considered at p-value $p \leq 0.05$, and a highly statistically significant difference was considered at p-value $p \leq 0.001$.

III. Results

Table (1) Frequency Distribution of Studied Participants Regarding Their Demographic Characteristics

Socio demographic Characteristics	No	%
Mothers age		
Less than 25	8	11.5
25-	14	20.0
30-	22	31.4
35+	26	37.1
Total	70	100
Childs age(In years)		
Less than 6	27	38.6
6+	43	61.4
Total	70	100
Sex of children		
Boy	36	51.4
Girl	34	48.6
Total	70	100
No of Children's		
One	29	41.4
Two	9	12.9
Three	22	31.4
Four or more	10	14.3
Total	70	100
Marital Status		
Married	48	68.6
Widow	5	7.1
Divorced	17	24.3
Total	70	100
Mother's Education Level		
Can't read &Write	4	5.7
Basic education	12	17.1
Secondary education	13	18.6
University education	41	58.6
Total	70	100
Father's Education Level		
Can't read &Write	4	5.7
Basic education	23	32.9
Secondary education	13	18.5
University education	30	42.9
Total	70	100

Table (1) shows Distribution of Studied Participants Regarding Their Demographic Characteristics. It was showed that,(37.1%) of studied mothers aged 30 years or more, while (61.4%) of their children aged 6 years or more, and (68.6%) of them were married Also (58.6%) of studied mothers had university education. Also about (42.9%) of fathers had university education while (41.4%) of them had one children.

Figure (1) Socio Demographic Characteristics of Studied Participants:

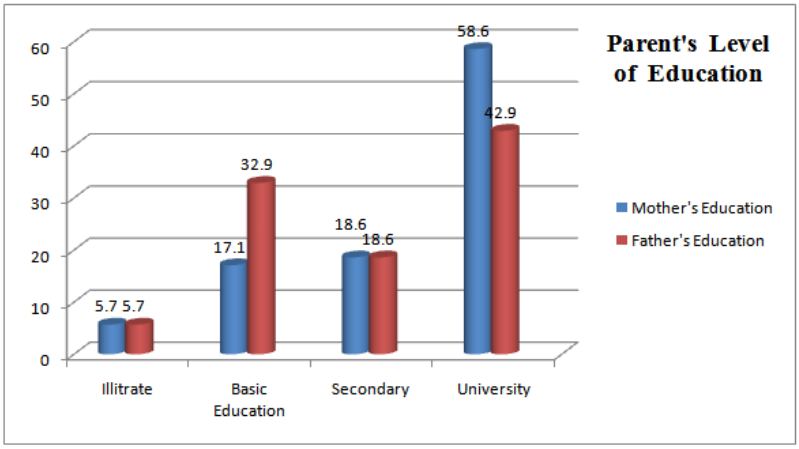

Figure (1) reveals that**,** 58.6%of studied mothers had university education, as compared to 42.9% of fathers had the same level of education. While, 5.7% of studied mothers and fathers had equal percentage of illiterate education.

Figure (2) Distribution of Disabled Children According to Their Types of Disabilities

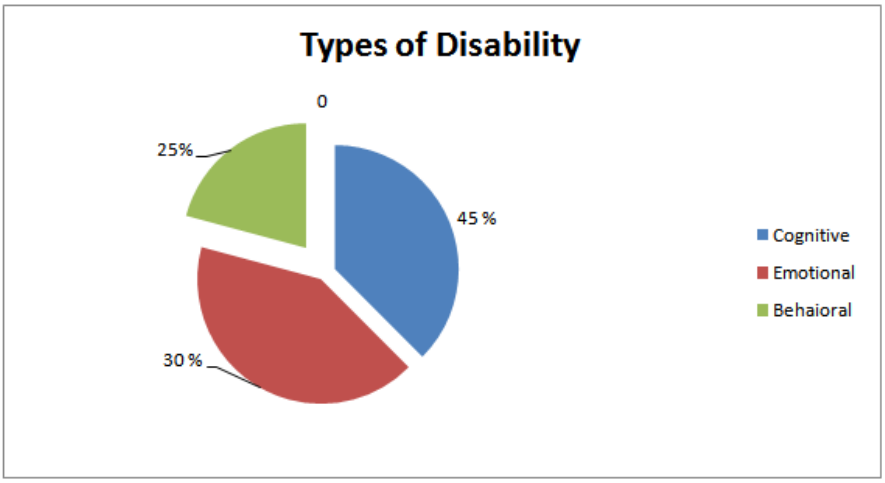

Figure (2) Showsdistribution of disabled children according to their types of disabilities**.** It was found that**,** 45%of children were cognitive disability; as compared to 30**%** of them were emotional disability. While, 25% of them were behavioural disability.

Figure (3) Distribution of Studied Participants According to Their Sources of Sexual Harassment.

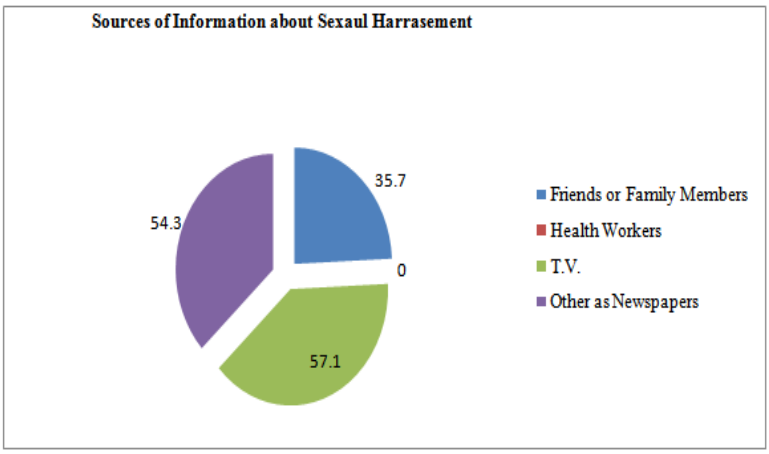

Figure (3) Distribution of Studied Participants According to Their Sources of Sexual Harassment**.** It was evident that, **57.1%** of studied participants their source of sexual harassment information was T.V followed

by **54.3%** of them acquired their sexual harassment information from newspapers, while **35.7%** of them acquire their sexual harassment information from friends or family members.

Table (2): distribution of studied participant's Knowledge concerning to child sexual harassment pre and post program implementation**.**

variables	preprogram						Post program						X^2	P
	Agree(2)		Disagree(1)		Undecided(2)		Agree(0)		Disagree(1)		Undecided(2)			
	No	%	No	%	No	%	No	%	No	%	No	%		
Do you agree to sexual harassment preventive education should taught in preschool or school?	10	14.3	48	68.6	12	17.1	30	42.9	23	32.9	17	24.3	27.747	.000
Are you afraid that sexual harassment prevention education may induce child to know too much about sex?	21	30	18	25.7	31	44.3	35	50	19	27.1	16	22.9	47.298	.000
Do you agree that it is appropriate to develop sexual harassment prevention programing in disability center and local health services?	14	20	29	41.4	27	38.6	31	44.3	26	37.1	13	18.6	58.248	.000
Do you agree that sexual harassment education will help to prevent it?	12	17.1	24	34.3	34	48.6	29	41.4	16	22.9	25	35.7	53.230	.000

Table (2) Clarifies thatthere was highly statistically significant difference between pre and post sexual harassment preventive program implementation regarding most of knowledge items. As noticed from the table, **100%** and**68.6%** of studied participants preprogram was poor knowledge about meaning of sexual harassment and its effect on the victims, which decreased to **20%** and **58.6%** respectively post program.

Table (3): distribution of studied participant's attitudes concerning to child sexual harassment pre and post program implementation.

variables	preprogram						Post program						X^2	P
	Agree(2)		Disagree(1)		Undecided(2)		Agree(0)		Disagree(1)		Undecided(2)			
	No	%	No	%	No	%	No	%	No	%	No	%		
Do you agree to sexual harassment preventive education should taught in preschool or school?	10	14.3	48	68.6	12	17.1	30	42.9	23	32.9	17	24.3	27.747	.000
Are you afraid that sexual harassment prevention education may induce child to know too much about sex?	21	30	18	25.7	31	44.3	35	50	19	27.1	16	22.9	47.298	.000
Do you agree that it is appropriate to develop sexual harassment prevention programing in disability center and local health services?	14	20	29	41.4	27	38.6	31	44.3	26	37.1	13	18.6	58.248	.000
Do you agree that sexual harassment education will help to prevent it?	12	17.1	24	34.3	34	48.6	29	41.4	16	22.9	25	35.7	53.230	.000

Table (3) As noticed from the table, **14.3%** of studied participants preprogram agreed that sexual harassment prevention education should be taught in preschool or school, **20%** agreed that it is appropriate to develop sexual harassment prevention programs in disability centers and local health services which increased to **42.9%** and **44.3%** respectively post program. According to agreement concerning to sexual harassment education will help to prevent harassment pre and post program was **17.1%** and **41.4%** respectively. Also, **30%** afraid that sexual harassment prevention program may induce child to know much about sex which increased to **50%** post program.

Table (4) Distribution of studied participant's practices regarding child sexual development pre and post program implementation

variables	preprogram						Post program						X^2	P
	Not done(0)		sometimes(1)		usually(2)		Not done(0)		sometimes(1)		usually(2)			
	No	%	No	%	No	%	No	%	No	%	No	%		
1-Teach the child correct name of body parts such as penis and vagina	47	67.1	21	30	2	2.9	37	38.6	33	47.1	10	14.3	44.789	.000
2- Avoid punish the child when touching genitals including masturbation	34	48.6	30	42.9	6	8.6	17	24.3	41	58.6	12	17.1	63.472	.000
3- Draw the child's attention to something else when touching genitals	40	57.1	28	40	2	2.9	27	58.6	40	57.1	3	4.3	79.800	.000
4- Teach the child how to clean his/her genitals by himself / herself	11	15.7	22	31.4	37	52.9	3	4.3	28	40	39	55.7	79.336	.000
5- Avoid the child sleeping in parents bed	25	35.7	31	44.3	14	20	15	21.4	41	58.6	14	20	101.756	.000
6- Avoid kissing or touching child private body parts (buttocks or genitals)	25	35.7	36	51.4	9	12.9	11	15.7	47	67.1	12	17.1	76.226	.000
7- Help child begin to understand how to interact respectfully with others	12	17.1	13	18.6	45	64.3	14	20	10	14.3	46	65.7	29.269	.000
8- Disperse between boys and girls in their beds during sleeping	20	28.6	28	40	22	31.4	14	20	33	47.1	23	32.9	08.154	.000
9- Talk with child about physical changes that will occur during puberty	56	80	14	20	0	0	22	31.4	40	57.1	8	11.4	13.125	.001
10- Try to gain information about sexual development stages and puberty to answer child question	60	85.7	10	14.3	0	0	27	38.6	37	52.9	6	8.6	10.405	.006

Table (4) reveals the distribution of studied participant's practices regarding child sexual development pre and post program implementation.

It was showed that highly significant improvement between pre and post sexual harassment preventive program implementation regarding all practices' items ($p \leq 0.001$).

Table (5) Frequency distribution of studied participants practices regarding prevention of child sexual harassment pre and post implementation.

variables	preprogram						Post program						X^2	P
	Not done(0)		sometimes(1)		usually(2)		Not done(0)		sometimes(1)		usually(2)			
	No	%	No	%	No	%	No	%	No	%	No	%		
1- Explain to the child the difference between wanted and unwanted touch	45	64.3	25	35.7	0	0	31	44.3	33	47.1	6	8.6	43.306	.000
2- Teach the child about boundaries. Let children know that his/her body belong to him and he can say no to unwanted touch	23	32.9	47	67.1	0	0	17	24.3	49	70	4	5.7	61.304	.000
3- Provide books or audios visual material about sexual prevention to their children	40	57.1	18	25.7	12	17.1	57	81.4	13	18.6	0	0	.218	.897
4- Teach child to do if some wants to see or touch their private parts they should definitely say NO and leave at once and cry loudly and call for help	9	12.9	44	62.9	17	24.3	45	64.3	25	35.7	0	0	41.986	.000

Table (5) clarifies the distribution of studied participants' practices regarding prevention of child sexual harassment pre and post program implementation. There was a statistically significant difference between pre and post sexual harassment preventive program implementation regarding most of practices items except providing books or audiovisual materials about sexual harassment preventive for their abused children,($p \leq 0.001$).

Table (6) Correlation between studied participants knowledge and attitudes and practices regarding prevention of sexual harassment pre and post program prevention

variables	Total Knowledge Level	
	r	P
Total Attitude Score level	0 .864	.000
Total Practice Level	0 .586	.000

Table (6) illustrated that, there was a positive highly statistically significant correlation between total knowledge and total practices scores groups pre and post sexual harassment preventive program implementation. Moreover, there was a positive highly statistically significant correlation between total knowledge and total attitudes scores pre and post sexual harassment preventive program implementation.

Table (7) Correlation between studied participants practices and attitudes regarding prevention of sexual harassment pre and post program implementation

variables		Total Practice Level		
		r	P	
Total Attitude Score level	Preprogram	0.756	0.000	
	Post program	0.749	0.000	

Table (7) shows that, there was a positive highly statistically significant correlation between total practices score and total attitudes score post sexual harassment preventive program implementation.

IV. Discussion

Sexual harassment is considered one of the greatest threats to a child's well-being and safety. Allchildren are vulnerable to be abused but disabled children need special interest and protection to ensure they are safe**.** So, it is very important to understand and improve public awareness of sexual harassment prevention especially for the parents and teachers.

The result of this study indicated that more than one third of studied mothers aged 35 years or more. This finding agreed with **Chen and Chen**, who found that the mean age of mothers was 33.86 +_ 2.6 years. In the current study, nearly two third of childrenaged six years and abovethis finding agree with **Aboul-**

Hagag&hamedwho found that the highest percentage child sexual abuse types were reported in the age group 10-15 years; this coincides with the results of previous studiesconductedon 87 cases of sexual assault in the Assiut Governorate from 2003 to 2007 showed that the highest percentage of cases was among the age group 15-18 followed by age group 5-9 years**(**18**).**

Concerning educational level of studied participants, the findings of the current study illustrated that, more than half of studied mothers had university education and less than half of studied fathers had university education. This finding disagrees with **Chen and Chen,**who found that most parents had a high school education. This may be due to the different culture and values between two countries(19).

According to types of disability, the majority of studied participants' children were cognitive disabilities followed by less than one third of them were emotional disabilities and one quarter was behavioral disabilities. The present study findings were in agreement with **Jones et al;** who stated that disabled children with behavior disorders, children with learning disabilities, children with health – related conditions and deaf are at greatest risk of sexual harassment and found that risk of harassment higher in children with intellectual disabilities 4.3 than in non – disabled children and risk levels were 3.1 for physical violence, 4.6 for sexual violence and 4.3 for emotional abuse (20). Moreover, similarity with present studies**Kim**, who reported that intellectual disabilities, communication disorders, and behavioral disorders contribute to higher risk of victimization(21) **..**Also in the same line Wissink etal; found that the risk of violence was higher in children with mental or intellectual disabilities than in non – disabled children (22). This may be due to dependence on other people for personal care, difficult in communicating, lack of sexual knowledge and assertiveness guilt and shame about the violence.(23)

In relation to source of information about sexual harassment , more than half of studied participants the main source of child sexual harassment information was T.V followed by more than half acquired information from others as newspapers and more than one third of them the main source of information was friends or family members. In this respect, National Sexual Violence Resource Center reported that mass media campaigns have been shown to increase awareness, change attitudes, build support for successful implementation of prevention policies and motivate many parents to discuss child sexual abuse with their children. This may be due to the health educational message about prevention of child sexual harassment provided through T.V is very effective (24).

Regarding to participants knowledge concerning to child sexual harassment,the common places of harassment were multiples but the majority of participants had poor knowledge about places which harassment occurs.The present study results were disagreed with **Moslehi etal;** who stated thatthe most common place where sexual harassment are experienced is in school. Also, in Canada, 23% of girls had experienced sexual harassment while attending school**(25)**.Also,Krohn, stated that the sexual harassment and sexual assault of children with physical disabilities is common because most children spend the bulk of their time in school. Sexual abuse of children and sexual assault occurs in the home by parents or relative.Also, outside the home especially in schools. The research done in Africa, found that schoolteachers were responsible for 32% of sexual harassment for child before age of 15 years (26).

Regarding to effect of sexual harassment, the current study highlighted that the majority of children complained from fear and anxiety, more than two third complained from difficult sleeping and anger followed by inability to study and headache. The present study findings were in agreement with Buchanan & Fitzgerald also Buchanan, et al., who stated that sexual harassment had been associated with multiple painful psychological symptoms, such as post-traumatic stress, depression, physical health problems, and work or academic disengagement(*27*&28). The present study findings were in same line with **Alazab**, who stated a study about workplace harassment associated health hazards and quality of work life among harassed workers who found that more than half of harassed woman had insomnia, lack of concentration and headache (29). Moreover, similarity with present studies Dhlomo, et al., who reported that sexual harassment negatively impacts the academic performance of the female students (30).there was highly statistically significant difference between pre and post child sexual harassment safety program implementation regarding most of knowledge items. This results supported by Pennsylvania Coalition Against Rap who reported that quantitative evaluation results from pre and post tests showed that this sexual harassment prevention program increased participants' knowledge and awareness about sexual harassment and sexual violence (31). Also, Ogunfowokan & Fajemilehin who stated that there was significant increase in the knowledge mean scores of the girls at first post intervention stage (32). In this respect Barron et al; mentioned that there is a need for more sexual harassment prevention programs targeting parents due to decrease of such programs (33). As regards participants' attitudes about sexual harassment prevention education pre and post program implementation, the findings of the current study clarified that preprogram approximately one eighth of studied participants agreed that sexual harassment prevention education should be taught in preschool or school, which increased to become about two third post program implementation. These findings slightly lower than the study of prevention of child sexual abuse in China: knowledge, attitudes, and communication practices of parents of elementary school children done by Chen et al; Who clarified that more than 80% of parents agreed on the need for child sexual assault prevention education in school to prevent child sexual abuse and were willing to let their children participate (34). At the same time, about half of the parents expressed some concern that such education may have the negative effect of leading their children to know more about "sex". Also, the current result was disagreement with **Tian,** who reported that more than 70% of the preschool teachers worried that the child sexual assault, prevention education might induce children to know too much about sex. This is due to sex has been a very sensitive topic for a long time**(35)**.

However, one fifth of studied participants agreed that it is appropriate to develop child sexual harassment prevention programs in centers and local health services preprogram, which increased to nearly half post program. This may have attributed to lack role of health workers regarding child sexual harassment prevention and the mothers are not accustomed to receive any other health information rather than centers services from doctors or nurses in centers. In addition, one sixth of studied participants agreed that sexual harassment education will help to prevent it. Which increased to two third post program.

Moreover, one third of studied participants afraid that sexual harassment prevention education may induce child to know too much about sex preprogram which increased to half post program. This result supported by Chen et al;who found that about half of studied parents expressed some concern that child sexual abuse preventive education could cause their children to know "too much about sex.

In relation to studied participants' practices regarding healthy child sexual development pre and post program implementation, the results of this study indicated that there was a significant improvement between pre and post sexual harassment preventive program implementation regarding all practices' items except studied

participants practice concerning to gain information about sexual development stages and puberty to answer child question. This may be due to thechildhood sexual development is a challenging topic, with more knowledge and skills, adults can better understand and support healthy development, parents and caregivers can develop positive and open communication around topics of sexuality, model respectful boundaries when it comes to touch and affection. This may be due to the effectiveness of child sexual harassment preventive program which provide the studied mothers with the skills needed to raise healthy sexual child **(34)**.

The current study findings revealed that there was a statistically significant difference between pre and post

sexual harassment preventive program implementation regarding most of practices items except providing books or audiovisual material about sexual harassment prevention for their children. This may be due to the unavailability of books or audiovisual material about sexual harassment prevention. This result was consistent with Chen and chen, they emphasized that parents 'practice was inadequate to protect their children from child sexual abuse and highlight the need for child sexual abuse prevention education programs for parents to improve parents' practice of child sexual abuse prevention**(19)**. However, this finding disagreed with Khanjari et al; who found that 85.71% of parents had good performance of child sexual abuse prevention and only 14.29% of parents had poor performance regarding prevention**(35)**.

The present study demonstrated that, there was a positive highly statistically significant correlation between total knowledge and total practices scores pre and post child sexual harassment preventive program implementation. Also, there was a positive highly statistically significant correlation between total knowledge and total attitudes scores pre and post sexual harassment preventive program implementation. These results supported by Zhang et al; they highlighted that teachers who ever attended the training programs had higher scores on child sexual abuse prevention had more positive attitudes toward it. This may be due to the studied participants who acquired child sexual harassment preventive knowledge and skills had positive attitudes toward child sexual harassment preventive education. Also, there was a positive highly statistically significant correlation between total practices score and total attitudes score post sexual harassment preventive program implementation. This may be due to positive attitudes leads to better practices.

V. Conclusion

Based on the results of this study and research hypothesis, it concluded that, less than half of studied mothers their age 30 years or more while more than half of their children age were 6 years. In addition, more than half of parents were had university education. The majority of mothers their source of sex harassment information was T.V. The sexual harassment preventive program enhanced mother's knowledge, practice and significantly changed positively their attitudes toward disabled child sexual harassment prevention. These study findings were supported the study hypothesis.

Recommendations

Based on the findings of the current study, the following recommendations can be suggested:

1. Continuous of disabled child sexual harassment preventive programs among disability centers attendant mothers to improve mother'sknowledge, attitudes and practices to protect their children.
2. Increasing the health educational messages provided through T.V, the messages should include detailed information about sexual harassment of disabled child and simplified practical methods of protection.

Reference

[1]. Aboul- Hagag, K.E. and Hamed A. F. Prevalence and pattern of child sexual abuse reported by cross sectional study among the university students, SohagUniversity, Egypt, Egyptian Journal of Forensic Sciences, (2012); 2, 89 – 96.

[2]. Hagras A.M., Moustafa S.M., Barakat H.N., El-Elemi A.H. Medico-Legal evaluation of child sexual abuse over a six-year period from 2004 to 2009 in the Suez Canal area, Egypt, Egyptian Journal of Forensic Sciences, (2011); 1, 58–66.

[3]. Mahrous E., Abd Elazem S. and Hassan Z. Prevalence of Child Abuse and its Long-Term Psychological Consequences among Female Students of Medical Faculties. International Journal of Science and Research (IJSR), ISSN (Online): 2319-7064 Index Copernicus Value : 6.14 | Impact Factor (2015); 6.391.

[4]. An Academy of Child & Adolescent Psychiatry .Facts for families, Child Sexual Abuse, available at, **(**2012**)**: www.aacap.org
State Government of Victoria .Child sexual abuse, Understanding and responding: for professionals working with children who have experienced sexual abuse, Victorian Government Department of Human Services Melbourne, (2013);PP1 – 19 Available at: www. dhs.vic.gov.au

[5]. Miller, D and Brown, J. 'We have the right to be safe' protecting disabled children from abuse. National society for the prevention of cruelty to children (NSPCC), (2014);United Kingdom.

[6]. Yossif, H.A and El-bahnasawy, H.T .Sexual harassment preventiveprogram for mothers to protect their children. IOSR Journal of nursing and health science, (2016); vol.5 Mar – Apr. PP 58 – 67.

[7]. Ibrahim N.K, Jalali E.A, Al-Ahmadi J.R, Al-Bar .AA. Prevalence, risk factors and outcome of childhood abuse reported by female university students in Jeddah. J Egypt Public Health Assoc.(2008);83(5-6):329-51.

[8]. Shebl A., Elmashad H.M., Hassan S.Sexual Harassment Phenomena among Female Students at Mansoura University. IOSR Journal of Nursing and Health Science (IOSR-JNHS), (2017); e-ISSN: 2320–1959.p- ISSN: 2320–1940 Volume 6, Issue 1 Ver. III, PP 37-45, www.iosrjournals.org.

[9]. Centers for Disease control and prevention (CDC) . High rates of sexual violence against children: A global problem, Available at, (2015); http://www.cdc.gov/media/releases/p0525-sexual violence.html.
[10]. Kong, Y. Q., & Chen, J. Q. Awareness of child sexual abuse prevention education among 174 primary school teachers in Fuxin, China. Chinese Journal of School Health, (2012), 33, 1170-1172.
[11]. Tessier, A; and Brown, j**.** Preventing child sexual abuse ,Toward a national strategy for England, (2015); NSPCC, PP18 – 25
[12]. Baker, C. K., Gleason, K., Naai, R., Mitchell, J., &Trecker, C**.** Increasing knowledge of sexual abuse: A study with elementary school children in Hawai'i. Research on Social Work Practice, (2012), 23, 167-178. doi:10.1177/1049731512468796.
[13]. Barron, I.G and Topping, K.J**.** "School – based child sexual abuse prevention programs: A review of effectiveness " In Review of Educational Research, (2009);Vol, No. 1, 431- 63 .
[14]. National Council for Childhood and Motherhood and Unicef**.** Violence against children in Egypt. Quantitative survey and qualitative study in Cairo, Alexandria and Assiut, NCCM and UNICEF Egypt, Cairo, (2015); Website: www. Unicef.org/egypt.
[15]. Davis L.A. People with Intellectual Disabilities and Sexual Violence, (2011); The Arc Riverside's CAN DO! Project at www.disability-abuse.com.
[16]. Zhang, W; Chen, J; and Liu, F **.**Preventing child sexual abuse early: preschool teachers' knowledge, attitudes, and their training education in china. SAGE, (2015); Open, 1 (1): 1 – 8 .
[17]. ThabetHZ . Assessment of sexual assault cases in Assiut Governorate. Egypt J Forensic Sci Appl Toxico, (2008); l: 8(Suppl.):1.
[18]. Chen,J., and Chen, D. Awareness od child sexual abuse prevention education among parents od grade 3 of elementary school pipils in Fuxin City , China. Health education research, (2005); 20(5): 540-547.
[19]. Jones, L., Bellis, M.A., Wood, S., Hughes, K., et al **.** Prevalence and risk of violence against children with disabilities: a systematic review and meta-analysis of observational studies. The Lancet July (2012). http://press.thelancet.com/childrendisabilities .pdf.
[20]. Kim, Y**.** Personal safety programs for children with intellectual disabilities. Education and Training in Autism and Developmental Disabilities,(2010); 45,312 – 319.
[21]. Wissink, I.B; Van Vugt, E; Moonen,X; Stams,G-J,J.M, and Hendriks,J**.** Sexual abuse involving children with an intellectual disability (ID): A narrative review. Research in Developmental Disabilities, (2015); 36,20 – 35.
[22]. Parker, A. and Wilson, C**.** Evaluation of the safety of children in coeducational residential special schools. A literature Review 28 July 2016, Standards and Monitoring Services (SAMS).(2016).
[23]. The National Sexual Violence Resource Center (NSVRC) **.** An overview of healthy childhood sexual development, North Enola Drive, (2013); P: 877-739-3895, Available at: www. Nsvrc.org/saam.
[24]. Mosleh,H ; Abdelhai,R ; Roudi, F & Ashford, L.Advancing Egyptian Society by Ending Violence against Women. Population Reference Bureau, Egypt, (2015); Youth Data Sheet: www.prb.org.
[25]. Krohn, J**.** Sexual Harassment, Sexual Assault, and Students with Special Needs:Crafting an Effective Response for Schools.Published by Penn Law, (2014);legal scholarship repository.
[26]. Buchanan, N. T., & Fitzgerald, L. F. Effects of racial and sexual harassment on work and the psychological well-being of African American women. Journal of Occupational Health Psychology, (2008); 13, 137–151
[27]. Buchanan, N. T., Bergman, M. E., Bruce, T. A., Woods, K. C., &Lichty, L. L. Unique and joint effects of sexual and racial harassment on college students 'well-being. Basic and Applied Social Psychology, (2009); 31, 267–285
[28]. Alazab, R. M**.** Workplace Harassment Associated Health Hazards And Quality Of Work Life Among Harassed Workers In An International Corporation, Egyptian Journal of Occupational Medicine,(2011); 35 (2) : 211-226
[29]. Dhlomo, T., Muchena, P. and Gunhu, M.R. Sexual Harassment Symptoms: The Effect on Female College Students' Academic Functioning. IOSR Journal Of Humanities And Social Science (IOSR-JHSS), (2015); Volume 20, Issue 8, Ver. I , PP 40-43
[30]. Pennsylvania Coalition Against Rape (PCAR).(2009); Sexual harassment prevention in schools.
[31]. Ogunfowokan, A. and Fajemilehin, R**.** Impact of a School – Based Sexual Abuse Prevention Education Program on the Knowledge and Attitude of High School Girls, The Journal of School Nursing, (2012); 28(6):459 – 468
[32]. Barron, I; Miller, D; and Kelly, T. School – based child sexual abuse prevention program: moving toward resiliency – informed evaluation , Journal of child sexual abuse , (2015); 24(1):77 – 96
[33]. Chen I, Dunne P; AND Han, P. Prevention of child sexual abuse in China: knowledge, attitudes, and communication practices of parents of elementary school children, Child Abuse Neg, (2007); l; 31(7):747 – 55
[34]. Tian, W. A survey on preschoolers' sexual health education among student-teachers. Journal of Educational Institute of Jilin Province, (2013); 29(1), 126-127
[35]. Khanjari, S; Bastani, F; Kamalinahad, R and Hosseini, A**.** Prevention of child sexual abuse: parents' knowledge, attitudes and practices, Iran Journal of Nursing, (2014); 27(89):12-20

Samia A., Elnagar "Safety Disabled Children from Risk of Sexual Harassment by Their Mothers" IOSR Journal of Nursing and Health Science (IOSR-JNHS) , vol. 7, no.3 , 2018, pp. 17-28.