

A decorative graphic consisting of a 3x5 grid of blue dots on the left, a horizontal line of 10 dots (5 purple, 5 blue) extending to the right, and the text 'SPORT SCIENCES RESEARCH PAPERS' in bold black font to the right of the grid.

**SPORT SCIENCES RESEARCH
PAPERS**

Kitap Adı	: Sport Sciences Research Papers
İmtiyaz Sahibi	: Gece Kitaplığı
Genel Yayın Yönetmeni	: Doç. Dr. Atilla ATİK
Kapak&İç Tasarım	: Tuğçe GÖKÇE
Sosyal Medya	: Arzu ÇUHACIOĞLU
Yayına Hazırlama	: Gece Akademi Dizgi Birimi
Yayıncı Sertifika No	: 15476
Matbaa Sertifika No	: 42539
Matbaa Adı	: GeceAkademi
ISBN	: 978-625-7958-51-6
Editörler	: Dr. Öğr. Üyesi Oktay KIZAR

The right to publish this book belongs to Gece Kitaplığı. Citation can not be shown without the source, reproduced in any way without permission. Gece Akademi is a subsidiary of Gece Kitaplığı.

Bu kitabın yayım hakkı Gece Kitaplığı'na aittir. Kaynak gösterilmeden alıntı yapılamaz, izin almadan hiçbir yolla çoğaltılamaz. Gece Akademi, Gece Kitaplığı'nın yan kuruluşudur.

Birinci Basım/First Edition ©ARALIK 2019/Ankara/TURKEY ©copyright



Gece Publishing

ABD Adres/ USA Address: 387 Park Avenue South, 5th Floor,
New York, 10016, USA

Telefon/Phone: +1 347 355 10 70

Gece Akademi

Türkiye Adres/Turkey Address: Kocatepe Mah. Mithatpaşa
Cad. 44/C Çankaya, Ankara, TR

Telefon/Phone: +90 312 431 34 84 - +90 555 888 24 26



SPORT SCIENCES RESEARCH PAPERS



CONTENTS

CHAPTER 1

ABUSE OF THE INDIVIDUALS WITH DISABILITIES

Dr. İbrahim DALBUDAK7

CHAPTER 2

INVESTIGATION OF THE REFLECTIONS OF MOUNTAINEERING ACTIVITIES ON THE QUALITY OF LIFE OF VISUALLY IMPAIRED INDIVIDUALS

Burak KURAL, Fatih BEKTAŞ 37

CHAPTER 3

SELF-ESTEEM AND LOCUS OF CONTROL AND THEIR RELATIONSHIP WITH SPORT BRANCHES

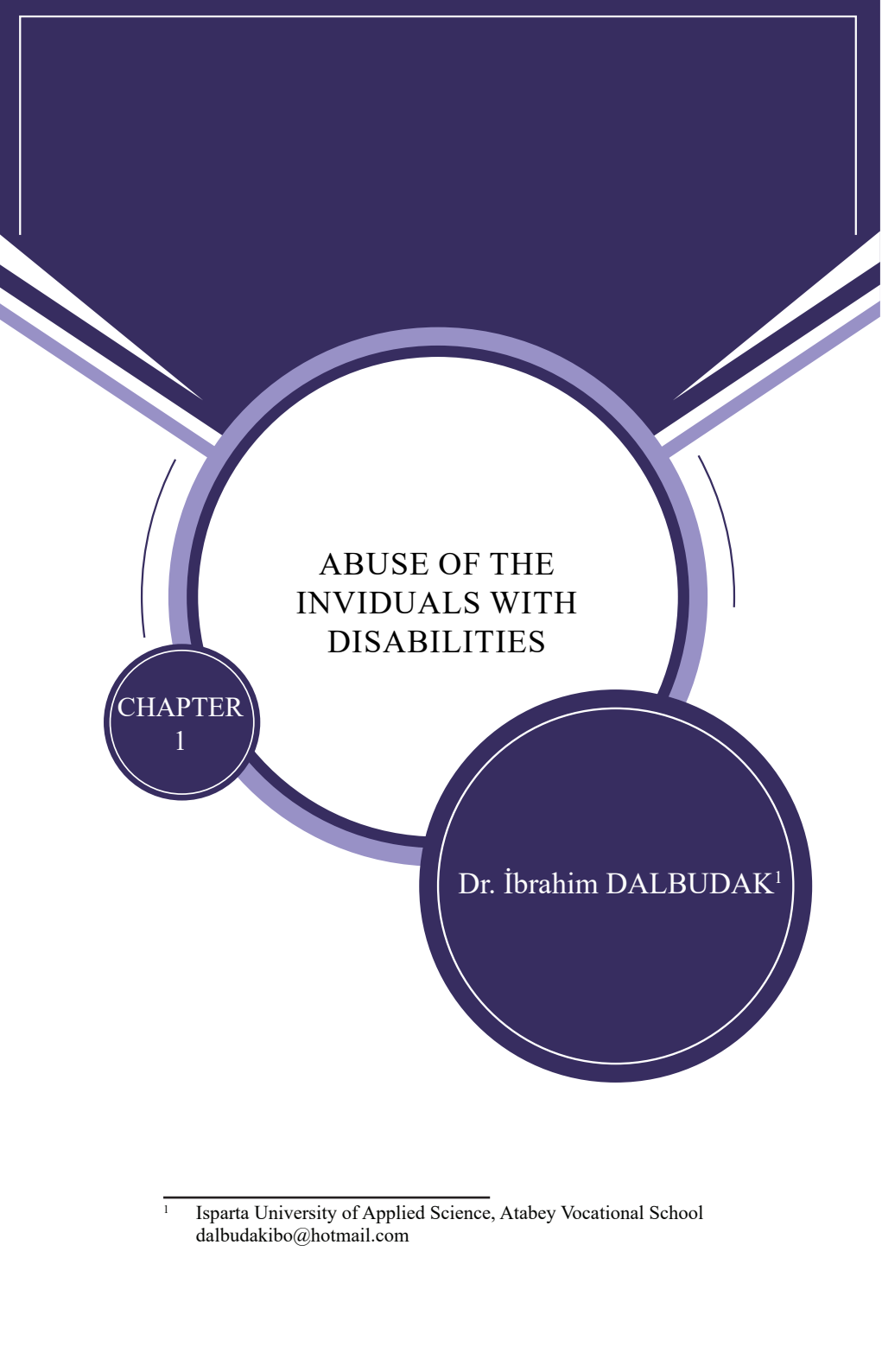
Korkmaz YİĞİTER..... 85

CHAPTER 4

ATTENTION, SELF-ESTEEM AND THEIR RELATIONSHIP WITH SPORT BRANCHES

Korkmaz YİĞİTER..... 95





ABUSE OF THE
INDIVIDUALS WITH
DISABILITIES

CHAPTER
1

Dr. İbrahim DALBUDAK¹

¹ Isparta University of Applied Science, Atabey Vocational School
dalbudakibo@hotmail.com

1. INTRODUCTION

Children are the individuals who form the basis of society and play a role in shaping the future. In the development and improvement of society, the creation of a productive and good future; it is known that the development of children in society takes a very important place. The child forms the basis of his personality and character by gathering the results from the interaction with his family and social environment in the development process starting from birth. In addition to care and nutrition which are the physical needs of the child, love and affection need which are the needs to be provided by their parents should be met (Yalçın 2010).

There are many factors that adversely affect child development. One of these is child abuse and neglect, which are very common both in the world and in our country. Child maltreatment is a global problem that has serious lifelong consequences. It is known that negative effects on emotional, social, biological and mental functions occur in children who are abused and neglected (Abbasi et al. 2015).

1.1. Child Abuse

According to lexical meaning, it means taking advantage of good intention, and exploitation. Abusing or taking advantage of the goodwill of the person or people, aiming at harming by using an idea of exploiting, and to exploit the other without minding the consent and will (Turkish Language Society).

The different perceptions of abuse in different societies bring along a problem- which behavior is abuse or which one is not. Due to perceptual and cultural differences that vary from country to country and problems arising from different disciplinary methods applied; it is very difficult to define child abuse universally. The cultural dimension

of abuse was first mentioned in 1975 by Parquet and Colimer; it was defined as “the child’s suffering a non-accidental damage as a result of actions and inactions which are out of spec about child rearing that is undertaken by parents and those who are responsible for taking care of the children” (Bartholdson, 2001).

In another definition, child abuse and neglect, these are actions and inaction, directed at the child by an adult such as a parent or carer, preventing or limiting the child’s development, which is described as inappropriate or damaging by social rules and professional persons. As a result of this action or inactions, the child’s getting physical, mental, sexual or social harmed; his health and safety are being in danger is discussed (Taner and Gökler, 2005).

In a publishing in 2016, The United Nations Children’s Fund (UNICEF) described child abuse as “in a context of responsibility, trust, or power relation, in terms of health, life, development or prestige of the child, any kind of physical and / or emotional maltreatment, sexual abuse, negligence or negligent behavior, commercial purpose, or other kind of exploitation” In this publication, it was reported that child abuse and neglect can often occur with different types of violence and that children exposed to abuse may be at risk of being the perpetrator or victim of various types of violence in their future lives (UNICEF, 2016). Sexual abuse may occur in such forms verbal abuse, sexual telephone conversations, exhibitionism, voyeurism, touching with a sexual intention, touching the body of the child’ naked skin or making him touch, inserting objects into the body, witnessing sexuality, or incest (Bulut, 2007).

Although child abuse frequently becomes the main topic of conversations, this issue has become a social problem which gradually increases. Children’ being exposed to the abuse who are vulnerable and who are in need of pro-

tection, especially when they experience it in the family environment that the child trusts, makes the case more worrying. The violence experienced by the child shakes the child biologically, psychologically and socially and adversely affects its development (Polat 2007).

Although it differs in every society, the perspective towards the child leads to child abuse. Looked at the Western countries, the whole responsibility of the child is met by the state, the parents' right to speak is met by a protective state structure at the minimum level. In Eastern countries, on the contrary, leaving all rights of children including education to parents leads to problems in education, especially in girls. (Polat, 2007).

In the study conducted using the same scale in the USA and Sweden, it was seen that Sweden reported a 5% greater prevalence of physical abuse than the US. Although the data is poor, according to the survey of children between 10-14 years of age in Macedonia, Latvia, Lithuania, and Moldova; while it is seen that severe and moderate psychological abuse were the lowest in Macedonia (12-18%), it was highest (23-49%) in Moldova. In the same study, the rates of abuse have been reported to be higher in rural areas than in urban areas (Gilbert et al., 2009).

Looking at the Turkish society, the social structure, family and cultural characteristics of the people who form the society catalyze child abuse. Economic problems, patriarchal family structure, often living in a one-room house, marriage at a young age, inequality in education, physical violence to women are seen as normal, leads to child abuse. Frequently used proverbs such as "spare the rod and spoil the child" in our language normalize the physical abuse that the family will apply to the child (Oral et al. 2010). The traditional rules in family relations prevent the development of law and policies against domestic violence.

ce, thus making it difficult to provide services to those who are subjected to violence (UNICEF 2016).

It is possible to examine child abuse under four main headings. These are physical abuse, sexual abuse, emotional abuse, and neglect.

1.1.1. Physical Abuse

The physical abuse of the child is defined by the WHO, the possibility of emergence or emergence of harmful situations in terms of the child's health, life, development or dignity as a result of physical power that is deliberately used against the child (WHO 2016). This process may begin with a minor slap or shake, and in the course of the future, it can lead to the death of the child. The most common form can be seen as slapping, kicking, biting, shaking and ear pulling. The most important point in the physical abuse of the child is "doubt". A wound or scar on the body of a child who goes to a health institution or school should bring to mind the phenomenon of physical abuse (UNICEF 2016).

Cultural norms related to physical abuse vary widely. The child may perceive physical abuse as a discipline and may not perceive it as violence. Among professionals, physical abuse is not considered a disciplinary method. The United Nations Human Rights Committee has stated that degrading treatment or punishment should be prohibited, and since 1979, 34 countries around the world have banned the punishment of children (Abbasi et al., 2015).

1.1.2. Emotional Abuse

Emotional abuse is defined as both individual events, and the failure of a parent or caregiver to provide a child with an appropriate and supportive environment for the development of the child (WHO 2016). Every child expo-

sed to physical and sexual abuse is also exposed to emotional abuse (UNICEF 2016).

It is the situation where children and young people are subjected to psychological behaviors according to social and scientific standards by being exposed to the attitudes and behaviors that affect them or by depriving them of the interest, love, and care they need (Tercier, 1998).

Emotional abuse differs from other types of abuse by two characteristics; these are physical and sexual abuse as well as the lack of physical examination findings and can be alone or in many cases with other types of abuse. Some of the frequently seen types of emotional abuse are yelling at the child, refusing, humiliating, swearing, leaving alone, scaring, threatening, not meeting emotional needs, loading heavy responsibilities, discrimination among siblings, disregard, abasing, excessive pressure, nicknaming, compelling, (Bahar et al., 2009).

1.1.3. Sexual Abuse

Sexual abuse is defined by the WHO as the child cannot fully understand himself, is not able to give full approval or is not ready in terms of development level, or is involved in a sexual activity that violates the laws or taboos of society. (WHO 2016)

Sexual abuse is the situation that a child or adolescent who has not completed his / her sexual development is forced by an adult or another child, who is at least 4 years older, to be exposed into actions aim of which is a sexual pleasure. Sexual abuse is a comprehensive and complex problem with physical, emotional, social, moral, cultural and legal dimensions. Sexual abuse is the most difficult type of abuse to detect. Sexual abuse is often kept secret because of emotions such as shame and guilt. However, it is extremely important in terms of its short and long term

effects. It contains a wide range of behaviors ranging from contactless exhibitionism, voyeurism, and to rape, and does not necessarily require to oppress (Kocaer, 2006).

Sexual abuse may occur in various way;

- **Contactless Abuse:** The sexist talk of the abusive towards the child's sexual features, showing genitalia (exhibitionism), voyeurism actions such as directly or secretly observing a child while he/she is naked.
- **Contact without sexual intercourse:** Includes touching, caressing the sexual organs of a child while he/she is clothed or naked and / or masturbation.
- **Oral-Genital Intercourse:** The abusive's having an sexual intercourse through mouth-vagina, mouth-penis, and /or mouth-anus.
- **Interfemoral Intercourse:** It is the intercourse type where the abusive places his penis between a child's legs.
- **Sexual Penetration:** It is about penetration into vagina/anus with a finger, an extraneous, or a penis.
- **Sexual Exploitation:** It is the way of child abuse aim of which is financial income more than sexual satisfaction such as child pornography or prostitution. oral and genital contact, touching and caressing behaviors are the most commonly seen behaviors (Z-Page, 2006).

In the studies, it was found that most of the abusive were male and the majority of those who were sexually abused were girls (Erdoğan et al., 2011).

Children who have a physical, mental or developmental disability, who are socially alone, trying to influence

adults, have reached an early age of sexual maturity and are physically attractive have a higher risk of sexual abuse. The family's economic problems and intrafamilial violence are also risk factors for sexual abuse. There are reports that people who have been sexually abused during their childhood or adolescence have become exploiters. There are publications that people who have been sexually abused during their childhood or adolescence may have become abusive. the foster parents' presence in the home, is among one of the reasons for abuse. Parents' illnesses especially mother's illness, alcohol addiction of the mother, prolonged absence of the mother, presence of psychiatric illness or personality disorder in the mother and father increase the sexual abuse risk of a child. It is reported that alcohol is frequently used by abusers in abuse cases and is an important factor triggering abuse. Sexual abuse can be seen in any socio-demographic group. As well as an abusive can be either a foreign person not known by the child or it can be someone who is known or loved in the community. This person can be a mother, father, stepmother, stepfather, sibling, relative, teacher, and a neighbor (Z-Page, 2004; Akduman et al., 2010).

1.1.4. Negligence

Neglect is the basic requirements of the child such as nutrition, shelter, health, clothing, education, protection and supervision are not met by those responsible for his / her caregiver. Neglect is more common than physical abuse and is often ignored (UNICEF, 1995). Neglect is not a syndrome with obvious limits, contrary to abuse. The main point that differentiates between neglect and abuse is that the abuse is active, the negligence has the signs and symptoms, the legal definition of it is more uncertain (Munkel, 1994).

Neglect can be physical, emotional, educational, and medical. The presence of at least one of the following findings is an indicator of the existence of neglect (Kara, 2010);

- If the child has dirty and improper clothing for weather conditions,
- If the child's development is not normal due to any organic reason,
- If his family can not answer the questions about the child,
- If there is a wound as a result of an accident,
- If there are people using cigarettes or alcohol around the child, and the child is exposed to these,
- If the child is introverted, he has difficulty in communicating, and shows the same actions repeatedly,
- If the child is not sent to the school even if the child is at the age of compulsory education,
- If there is no consultation to medical institution, or there is a late consultation,
- If they do not follow the suggestions about treatment, care, and protection, it is a matter of neglect.

2. DISABILITY

Disability is conceptualized as a multi-dimensional experience for the related person. Its effects may be on the organs or parts of the body and on the person's participation in living areas. In parallel, ICF defines three dimensions of disability: body structure and function (and related depredation), activity (and activity restrictions), and participation (and participation restrictions). This classification

also recognizes the role of physical and social environmental factors that affect the consequences of disability. (TM, 2011). Disability is a state of being restricted or not fulfilling the expected roles from a person depending on age, gender, social and cultural factors due to a disorder or a handicap (Özer, 2001). In another definition, disability is the situation of performing activities limitedly or completely that a healthy person can successfully perform as a result of anatomical, physiological or psychological structure and function deficiency loss or abnormal condition (Açıkak et al., 1997).

Disability has a different name in society. Among people, disability concept is known as a handicap. Again, many definitions of handicap were made. Some of these definitions are; Individual with disability is defined as Due to the loss of physical, mental, spiritual, sensory and social abilities of various degrees due to congenital or afterward reasons, the person who needs to adapt to the social life and who has difficulties in meeting his daily needs and who needs protection, care, rehabilitation, counseling and support services. (Ozida, 2005).

As long as people live with different characteristics, there will be roles in society that will depend on many factors to undertake. It is called an obstacle to an individual's inability to fulfill these roles due to his or her situation. People who draw attention to the environment due to their inadequacies differ from their peers and are called as people with disabilities. People with disabilities constitute 10% of the world population (Özer, 2001). This corresponds to approximately 500 million people (Barnes, 1998). In his study, Hargreaves (2000) has stated that this figure in Turkey around 14%. People with disabilities are mainly examined in four groups: individuals with visual impairment, wit hearing-impaired, physically impaired, and mentally handicapped.

2.1. CAUSES of DISABILITY

The causes of disability are divided into three groups as prenatal, postnatal and whilst birth reasons. Congenital, genetic disorders and risky pregnancies are among the prenatal causes of disability. Various health problems whilst birth (such as difficult birth, asphyxia) may lead to disability. Disabilities occurring after birth may be caused by nutritional disorders, infectious diseases, and accidents (Çevrim, 2009).

Prenatal Causes: Congenital disability and genetic diseases, consanguineous marriages, hereditary diseases, blood incompatibility, chronic diseases of the mother, diabetes, hypertension, epilepsy, heart diseases and infectious diseases during pregnancy (rubella, toxoplasmosis, hepatitis b, chicken pox, sexually transmitted diseases), maternal age, the problems that the mother faces during pregnancy, the medicine used not under supervision of the doctor, intoxication of the mother as a result of chemicals, being exposed to X-rays, bad and malnutrition of the mother, stress are the prenatal causes. (Çevrim, 2009).

Causes whilst Birth: During birth, a baby may not be able to get enough oxygen (anoxia) or it may be injured due to birth procedures. Careless medical care, excessive use of painkillers, etc. may lead to disability in children (Buzzle, 2011).

Postnatal Causes: When the baby starts to grow, it can be exposed to many diseases. Infections such as pertussis, measles, meningitis, encephalitis, malaria, mumps, allergies can cause disability. Children who are physically, mentally and sexually abused exhibit signs of a reduction in their mental abilities. One of the reasons for is the pollution in the environment, intrafamilial violence, accidental poisoning, and nutrition, etc. Brain injuries, infections and substance use due to traumatic brain injury may cau-

se neurodegenerative diseases that impair mental ability (Buzzle, 2011).

2.2. TYPES of the DISABILITY

There are individual differences between all people in the world. Body structure, cultural social, economic, psychological development with the emergence of differences in nature with the differences from other living creatures; it is a living being that has different characteristics within its class (Akandere, 1993).

Individuals with Visual-Impairment: A person who has complete or partial vision loss or impairment in one or both eyes. Those who use eye prosthesis, color blindness, night blindness (chicken black) with vision loss are this group (Ozida, 2008).

Attention Deficit and Hyperactivity Disorder: It is a disorder seen in children with symptoms of hyperactivity, impulsivity, and hyperactivity which are not suitable for age and development level in at least two environments (home, school) starting before 7 years of age (Ozida, 2008).

Individuals with Orthopedic Impairment: The person who has muscle and skeletal system deficiency, deficiency and loss of function. Those with shortness, shortage, redundancy, lack of motion, impaired shape, muscle weakness, bone disease in their hand, arm, foot, leg, finger, and spine, those with stroke, cerebral palsy, spastic and spina bifida are this group (Tüik, 2009).

Individuals with Hearing Impairment: Hearing disability situation is the result of a person's hearing sensitivity, social compliance and the ability to communicate with people sufficiently. In other words; hearing impairment can be defined as hearing impairment which may vary from mild to severe (Açak, 2011). An individual with a spea-

king disability is any person who cannot speak or experience some negativity in speech for any reason. Despite their hearing, those who can not speak, those with removed laryngeal, and those have problems with their mouth and jaw structure are in this group (Dalbudak, 2012).

Individuals with Mental Disability: A person with various degrees of mental disability is in this group. Those with mental retardation, Down syndrome, Phenylketonuria (if they have led to mental retardation) would be in this group (Tüik, 2009).

Chronic Disease: these are the diseases which prevent work capacity and functions of the people, and which require continuous care and treatment. (Diseases of the blood, cardiovascular diseases, diseases of the respiratory system, diseases of the digestive system, urinary tract and reproductive organs diseases, skin and skin diseases, cancers, endocrine and metabolic diseases, mental behavior disorders, nervous system diseases, HIV). Chronic diseases are included as a subtitle in the type of disability. Total disability rate is included but it is seen that it is evaluated separately from other types of disabilities (Tüik, 2009).

3. ABUSE OF THE CHILDREN WITH DISABILITY

Since abuse is a concept used to describe behaviors towards an individual who has not completed his/her development; it is seen that individuals with disabilities are at great risk. Because they are individuals who have a delay in completing their development for different reasons and need support for it. Abuse may also occur in special care institutions for people with disabilities, as well. Abuse of students staying in boarding institutions in recent years has attracted too much attention, although many investigations have been conducted, the abuse of individuals

with a disability in boarding institutions has not attracted much attention (Bulut, Karaman. 2018). In a study conducted by Metin, Gamsiz-Bilgin, and Yildirim (2014), it was found that a child exposed to abuse was examined and the abuse situation in nursing homes was presented. In addition, as children's disability increases, families need more institutional help. Many children with disabilities are separated from their families, in boarding schools, hospitals, health centers and other boarding institutions (Robinson and Stalker, 1993). Children are sent to boarding schools because of their need for care rather than education needs (Morris, 1997). As a result of the problems of individuals with disability such as being difficult to care, family's not accepting the disability of their child, the feeling to be judged by the community due to their child's disability, and uneasiness of the parents due to their child with disability, the individuals with disabilities leave their family and stay in boarding institutions. They stay here without their consent. Staying children with disabilities who feel abandoned by their families lead to different psychological problems. We can say that children with disabilities who have no disability will cause child abuse.

Studies in different countries show that children with disabilities are at risk of abuse. The reason for this is that they stay in boarding institutions, they are dependent on others for personal care, they do not understand what is done to them and they don't have any environment to tell others about the abuse they experience (Paul and Cawson, 2002). In a study in the USA, Valenti et al. (1995) found that 49% of individuals with disabilities had been abused 10 or more times compared to normal individuals (cited: Bulut, Karaman, 2018). Stalker and McArthur (2012) concluded that children with disabilities experienced abuse more than healthy children. It has been determined that the penetration rate is higher in the cases of abuse for individuals with disabilities compared to healthy individuals

and they are exposed to abuse more than one time (Soylu et al., 2012). Children with mental disabilities are the ones who are exposed to sexual abuse. As the degree of disability of children with mental disability reduces, sexual abuse and the noticing rate are high, and the child with mental handicap child cannot know that this is a bad event. In children with advanced mental disability, this cannot be noticed and the children cannot complain, do not tell and do not know that this is a bad event.

According to Kassah et al. (2012), the perspective towards children with disabilities depends on the religious and cultural characteristics of society. Beliefs towards individuals with disabilities are observed to be positive or negative. According to this belief, they do not have the right to coexist with other people in social settings or that they have rights such as being a part of society in the society of people with disabilities, knowing that they have rights as part of their society, positive behaviors of religious discourse on people with disabilities and positive behaviors are observed by individuals in society (cited: Bulut, Karaman, 2018). The negative side of this understanding is revealing social abuse, and on the positive side, we can say that it is abolishing abuse. According to Groce (2009), in terms of cultural perspective, the point of view towards individuals with a disability may also be an important factor in the prevention of abuse by individuals with disabilities or of persons with disabilities (cited: Bulut, Karaman, 2018). In our country, it is observed that there are physical, sexual, emotional abuse that individuals with disabilities experience. In the groups of individuals with disabilities, Children with mental disabilities are the ones who experience abuse the most. The children with visual disability are the ones who experience abuse at least. If we list the groups of individuals with a disability, individuals with mental, hearing, physical, visual disabilities. In different studies, the abuse that groups with disabilities are diffe-

rent. The reasons for the abuse of the children with mental disability are; hearing and physical disability the most is that personnel and the people who serve in the nursing homes where the children stay have not been educated in this field; not choosing the experts who have knowledge about the needs of the individuals with disabilities and not conducting inspections to those institutions regularly; the teachers' not having enough knowledge about this area and the families' not being conscious, and not following their children; nonacceptance towards children with disabilities; being ashamed of their own children; not accepting the children with disability and locking them at home as a result of not seeing them as normal living beings; not developing any sportive activity just he/she is a person with disability; not giving opportunity to graduates of physical education and sports in these institutions; and cutting their relationships with community. The children with mental disability are the ones who experience abuse the most. Children with mental disabilities do not know themselves. They will not know from whom good will come from whom bad will come. Their communication is almost non-existent. They cannot be in possession of themselves and cannot protect themselves. As a result of the studies conducted, sexual abuse is the most common among girls with mental disability. Male individuals with mental disability are not a lot when compared to girls with mental disabilities (Bulut, Karaman, 2018). Their families, teachers, staff serving in nursing homes learn that girls have been sexually abused when they have got pregnant. In the male, it is learned that the change in behavior of students with a mental disability was understood by the personnel working in institutions. This causes social problems. In the case of students with hearing disability, the lack of communication and the lack of understanding of the sign language of the people in the society and the people working in the institutions cause different problems.

The fact that the individuals with hearing disability cannot protect themselves and cannot receive help in the case of need can lead to disaster and abuse. The situation of children with physical disabilities are exposed to abuse by people who are in need of one because of the disability of children and stay in the house as a result of being stuck to the bed or being unable to act independently in a wheelchair, being introverted and not being intertwined with the society and not being able to express their problems and problems from the society.

Children with visual disabilities are not as common as much as other children with disabilities. Individuals with visual disability are very active in life compared to other disability groups. Regardless of age, they communicate with all individuals with visual disability. They are all united against any abuse. The level of education is at the highest level. They have accepted the disability. There is independent freedom of movement. They can undertake their own needs and do not need care. They interfere all together against any bullying. They are not regarded as odd and accepted by society. They work in all levels of state institutions. They can easily marry and set up a family and raise children. They have a say in society. They want their personal opinions taken into consideration. They are asked for their opinions at any work or meeting and their consent is taken. Many children with a visual disability who live in child protection institutions or boarding schools do not feel rejected and abandoned by their families. Their self-confidence is high. They do not experience any psychological problems. The reason for not experiencing all these negativities is that special education and sports have a very important benefit in the life of the children with visual disability as a result of opening the blind eyes. It is necessary to protect individuals with mental, hearing, physical and visual disabilities from malicious individuals in society. We need to make sure that these people are part

of the society, and that they continue to live their lives on a regular basis. The protection of children with disabilities by individuals in the community should become a responsibility.

In Turkey, team sports activities with individuals with disabilities were stated in 1980; gathering all sportive activities conducted by individuals with disabilities and developing; popularizing these studies in the level of nation, Turkey Sports Federation of Individuals with Disabilities (TSFID) started functioning with the aim of making rehabilitation a part of the sports and planning the required studies for preparation of contemporary contest environment to the individuals with disabilities in international activities. Within the context of TSFID; four basic groups- individuals with physical, mental, hearing, and visual disabilities function (Kalyon, 1997). Each of these groups, later, established federations by leaving. The reason why children with visual disability are not exposed to abuse as much as other groups with disabilities is to make a life philosophy for sports, to be in front of all sports branches, to prove themselves in Paralympics, to accept that they are blind, to defend their rights, to protect themselves and not to feel crushed against the society have been taught to stay away from such risky behaviors. The other groups with disabilities' being left behind cause abuse.

4. PREVENTION OF THE ABUSE TOWARDS INDIVIDUALS WITH DISABILITIES

According to the predetermined objectives, Education a string of effects which helps the development of certain behaviors of the people (Basaran, 1989). Every stage of education is very important. These institutions have started to gain importance all over the world as the education given in kindergartens has a positive effect on the future

life of children. Especially with cultural and social change; In pre-school education needs – even though it differs from country to country- there are many sociological reasons (Oktay, 1999: 185-189; Erbay, 2008: 4-5; Aslanergün and Tapan, 2012: 221). As preschool education is important for children; is more important for children with disabilities. It is important that pre-school education is the period in which the physical and mental development of the child is accelerated, the education given in this period gives direction to the future of the child with disabilities, the majority of the behaviors gained in childhood shaping the personality structure of the individual in adulthood, and the attitude habits, beliefs and value judgments. Unconsciously educating the children without knowing their characteristics effects the whole life of the child negatively. It is highly effective for children with disabilities as it has a positive impact on healthy children in pre-school education. Activities in pre-school education institutions will have a positive impact on the future life experiences and achievements of children with disabilities. They will have a sound step in their lives. Thanks to the education of children with disabilities, families will not be anxious to know that no disaster can happen to their children. They will be able to look at life positively. For the reasons mentioned above, pre-school education is required for children with disabilities. Social changes have increased the importance of other needs. Namely; various social changes in society have increased the importance of preschool education in the world and in our country by becoming widespread. Education, which will determine the future of children with disabilities, is pre-school education. The importance of pre-school education is very important for the transfer of moral values and social values of children with or without disabilities. It is important not only for children but also for families to get this education in the preparation of their children for the future. The education in this period will enable the

child to take more sound steps towards the future (Yaşar, 2019). Children with disabilities or non-disabled children should be given privacy training in pre-school education. Children with disabilities or non-disabled children should be given privacy training in pre-school education. Privacy, secrecy, the secret of something (private) means the hidden aspect of something. In a sense, it can be called human immunity. The concept of privacy education (sexual education) is used. Privacy education is the education given to children and adolescents with the aim of explaining “to be women or men, perceptions about being a woman or a man, to accept gender roles, to have knowledge about their own and the characteristics of the opposite gender” (Diler, 2014). Children with a disability receiving privacy education will be prevented from any abuse. If we can prevent child abuse at the young ages; children with disabilities will make their future lives more solid. Providing education to children with disabilities to understand the special parts of their body in preschool education; we can prevent abuse by doing necessary studies for families on how to protect our children. Teachers also need to be given relevant information. The way that you address children is very important. I think it is very dangerous that father or mother call their child my love. It leads to identity confusion in the child. Parents should not call each other my love. Otherwise, the child experiences identity confusion. My life, my love, my darling, these words should not be used, to make the child experience a sense of belonging; my son or daughter names should be used. Daddy and mom shouldn't be called. No pressure should be applied to sexual parts of their bodies. The children should not be kissed. These are quite sore topics. If we apply what we listed in pre-school education, we will preclude the abuse. In preschool education, privacy training should be provided with the game. The game develops the child's co-operation, learns to live together with peers. Children find

the best and organized play environment before school. Pre-school education institutions are also institutions that can teach most effectively. Children here learn to protect their rights, to share and not to harm the freedom of others (Aytekin, 2001). He will have known his own limits. We can transfer everything to the child through the game. There is a difference between pre-school education given to a child without disability and preschool education given to a child with a disability. Great responsibilities teachers are waiting for the teachers here. The children with disabilities cannot talk, they are suppressed. They are not at peace with their disabilities. They were despised by their families. They are introverted. Educating a child with a disability requires patience. Children with disabilities are a part of our society. For this reason, children with disabilities should be given privileges in preschool education and they will exist in society if measures are taken for their future. If we carry out the necessary education activities in pre-school education, the abuse towards individuals with disabilities will be prevented.

CONCLUSION

According to this study; It has been determined that it has an effect on people with disabilities and people who have received kindergarten education. In fact; it is seen that individuals with disabilities engaged in sports can use their feelings more widely, intermingle with the society, defend their rights and prevent abuse by being conscious. The most important of these findings is that sports, pre-school education, family education, and public awareness are the major influences of disability abuse. As society becomes sensitized, abuse of the individuals with disabilities will be prevented.

Based on these results;

- - It should be ensured that individuals with disabilities are brought in society through sports.
- - It should be ensured that families accept their children with disabilities through education.
- - Considering that each individual is a person with potential disability, he / she should be more sensitive to people with disabilities.
- - Education about disability abuse should be given to families, teachers, coaches and individuals in the community.
- - Individuals should be encouraged for different sports and physical activities to prevent abuse of the individuals with disabilities.
- - Visual and printed media should give news about individuals with disabilities and abuse of the individuals with disabilities.
- - Documentaries about individuals with disabilities and abuse of those people.
- - Social awareness towards individuals with disabilities people should be created.
- - In cooperation with public institutions, studies on abuse of the individuals with disability and people with disabilities should be conducted.
- The community should be informed about groups with disabilities.
- Importance should be given to pre-school education.

REFERENCES

Abbasi, M. A., Saeidi, M., Khademi, G., Hoseini, B. L., & Emami Moghadam, Z. (2015). Child Maltreatment in the World: A Review Article. *International Journal of Pediatrics*, 3(1.1), 353-365.

Açak, M., Ilgın, A., & Erhan, S. (2005). Beden Eğitimi Öğretmeninin El Kitabı. *Morpa Kültür Yayınları: İstanbul, Turkey*, 352-353.

Akandere, M. (1993), 17-22 Yaş Kız Grubu Sporcuların Esnekliklerinin Geliştirilmesinde Statik ve Dinamik Gerdirme Egzersizlerinin Etkisi, Yüksek Lisans Tezi, *Selçuk Üniversitesi, Sağlık Bilimleri Enstitüsü*, Beden Eğitimi ve Spor Anabilim Dalı, Konya, s.17.

Akduman, G. G., & Cantürk, G. (2010). Cinsel istismara uğrayan çocuklara karşı tutum ölçeği geçerlik ve güvenilirlik çalışması (Üniversite öğrencileri örnekleme). *Adli Tıp Dergisi*, 24(2), 22-29.

Aytekin, H. (2001), Okulöncesi Eğitim Programları İçinde Oyunun Çocuğun Gelişimine Etkileri, Yüksek Lisans Tezi, *Sosyal Bilimler Enstitüsü*, Beden Eğitimi ve Spor Anabilim Dalı, Kütahya.

Bahar, G., Savas, H. A., & Bahar, A., (2009). Çocuk İstismarı ve İhmali: Bir Gözden Geçirme. *Fırat Sağlık Hizmetleri Dergisi*, 2009, 4(12): 51-65.

Barnes, C. (1998).The social model of disability: *A sociological phenomenon ignored by sociologists*. In T. Shakespeare (Ed.), *The disability studies reader* (pp. 65-78). London: Cassell.

Başaran, İ. E. (1989). Eğitime Giriş, *Gül Yayınevi*, Ankara, S. 6.

Bartholdson, O. (2001). Corporal Punishment of Children and Change of Attitudes a Cross Cultural Study, Stockholm: *Context & Save the Children*, Sweden.

Bilgiç, H. (2015). Denizli İl Merkezindeki Aile Sağlığı Merkezlerinde Görev Yapan Ebe ve Hemşirelerin Çocuk İstismarı ve İhmali Konusundaki Deneyimleri, Bilgi ve Farkındalık Düzeyleri , (Uzmanlık Tezi). Denizli: *Pamukkale Üniversitesi Tıp Fakültesi*.

Bulut, S. (2007). Çocuk cinsel istismarı hakkında bir derleme [The problem of defining sexual abuse in children]. *Türk Psikolojik Danışma Rehberlik Dergisi*, 3(28), 139-156.

Bulut, S., & Karaman, H. B. (2018). Engelli bireylerin cinsel, fiziksel ve duygusal istismarı. *Ankara Üniversitesi Eğitim Bilimleri Fakültesi Özel Eğitim Dergisi*.

Çevrim, H. (2009), Engellilerde Beden Eğitimi ve Spor Dersinin Programdaki Yeri ve İşleyişinin Değerlendirilmesi, *Fırat Üniversitesi Sağlık Bilimleri Enstitüsü*, Beden Eğitimi ve Spor Anabilim Dalı, Yayınlanmış Yüksek Lisans Tezi , Elazığ, S.7.

Dalbudak, İ., (2012). 13-15 Yaş Arası Görme Engelli Sporcuların Stres ve Saldırganlık Düzeylerinin İncelenmesi. Yüksek Lisans Tezi, *Ege Üniversitesi, Sağlık Bilimleri Enstitüsü*, İzmir.

Devlet İstatistik Enstitüsü (2009). Türkiye Özürlüler Araştırması , 2. Baskı, Ankara, S.9-10.

Diler, R.(2014). Mahremiyet Eğitimi ve Önemi, *Gazi-osmanpaşa Üniversitesi İlahiyat Fakültesi Dergisi*, Cilt 2, Sayı 1, S. 69 – 98

DSÖ, Child maltreatment, 2016, <http://www.who.int/mediacentre/factsheets/fs150/en/>,Erişim:17.12.2018.

Erdoğan, A., Tufan, E., & Karaman, M. G. (2011). Türkiye'nin Dört Farklı Bölgesinde Çocuk ve Ergenlere Cinsel Tacizde Bulunan Kişilerin Karakteristik Özellikleri. *Anadolu Psikiyatri Dergisi*, 12: 55-61.

Groce, N. E. (2009). Global survey on HIV/AIDS and disability.

Gilbert, R., Widom, C., Browne, K., Fergusson, D., Webb, E., & Janson, S. (2009). Burden And Consequences of Child Maltreatment In High-Income Countries. *Lancet*, 373(3):68-81

Hargreaves, J. (2000). Heroines of sport: *The politics of difference and identity*. London: Routledge.

<http://www.buzzle.com>, "Random Facts About Animals", 4/15/2011, *Batul Nafisa Baxamusa* – Published.

Kalyon, T. A. (1997). Özürlülerde Spor. *Bağırhan Yayınevi*, Ankara.

Kara, Ö. (2010). Ankara İlinde Görev Yapan Pediatri Asistanları, Uzmanları ve Pratisyen Hekimlerin Çocuk İstismarı ve İhmal Konusunda Bilgi Düzeyleri ve Yaklaşımlarının Karşılaştırılması, (Uzmanlık Tezi). Ankara: *Ankara Üniversitesi Tıp Fakültesi*.

Kassah, A. K., Kassah, B. L. L., & Agbota, T. K. (2012). Abuse of disabled children in Ghana. *Disability & Society*, 27(5).

Kocaer, Ü. (2006). Hekim ve Hemşirelerin Çocuk İstismarı ve İhmaline Yönelik Farkındalık Düzeyleri. Marmara Üniversitesi, *Sağlık Bilimleri Enstitüsü*, (Yüksek Lisans Tezi). İstanbul:

Munke, WI. (1994). Neglect and Abandonment. Child Maltreatment., St. Louis: *GW Medical Publishing*, 1994.

Metin, A., Gamsız-Bilgin, N., & Yıldırım, V. (2014). Bakımevinde ölümlle sonuçlanan engelli çocuğa yönelik fiziksel istismar olgusu. [A case study of phisical abuse of a child died in residential care]. *Adli Tıp Bülteni*, 19(3), 193-197.

Morris, J. (1997). Gone missing? Disabled children living away from their families. *Disability and Society*, 12(2), 241-258.

Oral, Ü., Engin, P., & Büyükyazıcı, Z. (2010). Türkiye’ de Çocuk İstismarı ve Aile İçi Şiddet Araştırması, *UNI-CEF*, Özet Raporu.

Özer, D. (2001) Engelliler İçin Beden Eğitimi ve Spor, *Nobel Yayın Dağıtım*, Ankara, 1-89.

Robinson, C., & Stalker, K. (1993). Patterns of provision in respite care and the Children Act. *British Journal of Social Work*, 23(1), 45-63.

Paul, A., & Cawson, P. (2002). Safe guarding disabled children in residential settings: What we know and what we don’t know. *Child Abuse Review*, 11(5), 262-281.

Polat, O. (2007). *Tüm boyutlarıyla çocuk istismarı*. Seçkin.

Soylu, N., Pılan, B. S., Ayaz, M., & Sönmez, S. (2012). Cinsel istismar mağduru çocuk ve ergenlerde ruh sağlığını etkileyen etkenlerin araştırılması/Study of factors affecting mental health in sexually abused children and adolescent. *Anadolu Psikiyatri Dergisi*, 13(4), 292.

Stalker, K., & McArthur, K. (2012). Child abuse, child protection and disabled children: A review of recent research. *Child Abuse Review*, 21(1), 24-40. doi:10.1002/car.1154

Taner, Y., & Gökler, B. (2004). Çocuk istismarı ve ihmal: Psikiyatrik yönleri. *Acta Medica*, 35(2), 82-86.

Tercier, A. (1998). "Child Abuse". In: Maer JA (ed). *Emergency Medicine*, 4th ed., St. Louis: Mosby.

Türk Dil Kurumu, Büyük Türkçe Sözlük, *Turkish Studies - Educational Sciences*, (http://www.tdk.gov.tr/index.php?option=com_bts) Erişim Tarihi: 25.8.2017.

Unicef. (1995). Çocuk İstismarı ve İhmali, Ankara: *Türkiye Temsilciliği*.

Unicef. (2016). Çocuklara Kötü Muamelenin Önlenmesi: Bu Konuda Harekete Geçilmesine ve Kanıt Toplanmasına Yönelik Bir Kılavuz, *Dünya Sağlık Örgütü Yayınları*.

Valenti-Hein, D., & Schwartz, L. (1995). Sexual abuse interview for those with developmental disabilities. Santa-Barbara, California: *James Stanfield Company*.

Yaşar, Ö. (2019). Toplumsal Değişme ve Anaokulu İhtiyacı. *Electronic Turkish Studies*, 14(2).

Yalçın, H. (2010). Çocuk Gelişimi. Ankara: Öncü Basım Evi.

Yolcuoğlu, İ. G. (2010). Çocukların ihmal-istismara uğramasında aile ve çocuklara yönelik risk faktörleri ve sosyal hizmet müdahalesi. *Toplum ve Sosyal Hizmet*, 21(1), 73-83.

Z-Page, A. (2004). Çocuk Cinsel İstismarı: Cinsel İstismara Neden Olan Etkenler ve Cinsel İstismarın Çocuklar Üzerindeki Etkileri. *Türk Psikoloji Yazıları*;7 (13): 103-113.

www.ozida.gov.tr, Türkiye Cumhuriyeti Başbakanlık Özürlüler İdaresi – Toplum Özürlüleri Nasıl Anlıyor (2008), s.27-28.

www.ozida.gov.tr, Türkiye Cumhuriyeti Başbakanlık Özürlüler İdaresi – Bilgi İşlem Dairesi Başkanlığı (2005),1. Bölümün 3 maddesi.

