



SAFER SOCIETY FOR CHILDREN

Conference on Child Sexual Abuse Prevention

February 28th – February 29th 2020

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Special Needs Parents of Pakistan: Identifying Policy to Reduce Risks of Sexual Abuse in Special Needs Children

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Abstract. *Background:* Globally, special needs children are at a greater risk of child sexual abuse, but in the Global South there is an even greater risk due to lack of protective policy. The aim of this paper is to identify recommendations for improved support to special needs parents in improving protection for special needs children. *Methods:* A total of 21 mothers of special needs children were qualitatively interviewed across 3 cities of Pakistan through purposive sampling. Data was analyzed using the thematic content analysis approach. *Findings:* From discussions with mothers it was found that social and environmental factors in Pakistan increase the vulnerabilities of special needs children to child sexual abuse, such as: (i) lack of awareness about what constitutes as child sexual abuse generally; (ii) fear of reporting in special needs children; (iii) lack of knowledge in parents and guardians regarding how to train special needs children for protective behaviors to prevent child sexual abuse; and (iv) traditional taboos against sexual abuse awareness within the educational sector and curriculum development, in both conventional and special needs institutes. *Recommendations:* Parents - and mothers¹ especially - are front-line care providers for special needs children who can play an empowering role in improving protection against child sexual abuse. Our detailed policy recommendations include the following broad features: (1) Systematic and longitudinal assessment of sexual abuse against special needs children, (2) Development of a strong and foolproof vigilance and surveillance system for special needs children who cannot report sexual abuse, (3) Training to the following groups: a. Parents and families of special needs children, b. teachers and development professionals working with special needs children, including healthcare practitioners, (4) The extension of the social workers taskforce to cover services for protection of special needs children, and to partner with the Lady Healthcare Program and Criminal Justice System.

INTRODUCTION

According to the World Health Organization, 1 billion people, or 15 percent of the world's population, have some form of special needs (World Health Organization, 2011). Estimates for Pakistan suggest that the disability rate stands at 3% in the country, however, Mitra & Sambamoorthi predict that around 17% of people in lower income countries have special needs (Mitra & Sambamoorthi, 2014). Given Pakistan's population, this would mean an approximate 35.7 million special-needs people in the country. Given that demographically, we have a youth bulge, majority of these special-needs people are children. Apart from the challenges related to health, integration, and social acceptance, a hidden and less discussed dilemma facing special-needs families is the greater risk of special needs children to child sexual abuse (Faller, 2007).

Not only are special-needs children at greater risk for sexual abuse, but they receive the least protection from the state and community with regards to sexual abuse worldwide (Stalker & McArthur, 2012). Child sexual abuse has long-term effects on the development, function, and integration of the special-needs children. Sexual abuse of special-needs children can lead to mental health problems, compounded development problems, and delays in rehabilitation and integration in society (Browne & Finkelhor, 1986; Organization, 2017). Scholarship suggests that child sexual abuse against special-needs children is often perpetrated by the most trusted sources, including: family and relatives, neighbors and care-takers, teachers and health professionals, and other care-providers (Brown, 2002).

In a conservative country such as Pakistan, child sexual abuse is a taboo subject. This is one of the main reasons why sex education is not included in school syllabi of the country (Miles, 1996). Mothers with

We thank the participants, the mothers of special needs children, who took time out to share their experiences with us. We are grateful to Mrs. Rabia Aziz Rizvi for assistance in study development. Thanks are also due to both the special needs schools that permitted us to collect data. Staff from the special needs institutes we would like to individually acknowledge include Mrs. Zafar and Mrs. Iqbal.

Date of submission: January, 2020. Date of Publication: June, 2020

special-needs children already face great stress and anxiety due to the social shame of having a special-needs child (Azeem et al., 2013) and with regards to having to manage the burden of providing care and demanding rights for their child abuse (Algood, Harris, & Hong, 2013). To add to the burden, mothers of special-needs children also feel the stress and anxiety of not being able to leave their special-needs child alone due to fears of the type of violence which is least discussed and understood. Statistics for prevalence are varied across the world, but a generally quoted figure is that 1 in 4 girls and 1 in 9 boys are victims of child sexual abuse (Brown, 2002); with inability to identify prevalence exclusively for special-needs children. Most common perpetrators of sexual abuse against special-needs children are known to be men (Brown, 2002). Special-needs children are at greater risk of sexual abuse because of their isolation and communication difficulties (Sobsey, 1994). Perpetrators are encouraged due to the belief that they will not be reported by the special-needs child. Unfortunately, special-needs children who may try to report sexual abuse are not heard or believed very often (Miller & Brown, 2014; Sobsey, 1994).

Conceptual Definitions

Definitions of child sexual abuse range from penetrative sex to any unwanted or coerced sexual activity. The WHO definition is as follows (World Health Organization, 2011):

“Child sexual abuse is the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society. Child sexual abuse is evidenced by this activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person. This may include but is not limited to: — the inducement or coercion of a child to engage in any unlawful sexual activity; — the exploitative use of a child in prostitution or other unlawful sexual practices; — the exploitative use of children in pornographic performance and materials”.

It is important to consider that unwanted sexual activity may happen in person, and in contemporary times, it may also happen online. Another area to consider is that with regards to sexual abuse against special-needs children, the type of disability in the child can influence the type and extent of abuse. To give an example, a growing special-needs child of age 18 years with a mild intellectual disability, may be compelled to give consent to sexual acts. Another example, is that a paralyzed special-needs child being sexually abused by a caretaker while the parent is away, will not be able to report the crime. Thus, with special-needs children, we are dependent not just on the education of the child and developing self-protection, but also the provision of fool-proof vigilance and surveillance.

In 2018 the definition provided by the Government of Pakistan for a disabled person was: "a person who, on account of injury, disease or congenital deformity, is handicapped for undertaking any gainful profession or employment in order to earn his livelihood, and includes a person who is blind, deaf, physically handicapped or mentally retarded." One of the shortfalls of this definition is that it neglects to include special-needs children and this is just a precursor for the overall neglect by the government in providing a safety net for these children against sexual abuse.

PAKISTAN BACKGROUND

Pakistan had ratified the United Nations Convention on the Rights of the Child in 1990, which guarantees protection for all children as a fundamental human right, including special-needs children. The Convention binds governments to develop laws and a child protection system which secures child safety and child development. Unfortunately, Pakistan, as yet, does not have comprehensive and satisfactory children's acts or enabling law, which is applied in courts. Legislation that does exist, have weak implementation, such as: (1) Juvenile Justice System Ordinance, 2000. (2) Child Protection (Criminal Laws Amendment) Bill, 2009. (3) The Child Marriages Restraint (Amendment) Bill, 2009.

Over the years, there has been some development in Pakistan for special-needs children, through the following: 1. The 1981 Disabled Persons (Employment & Rehabilitation) Ordinance, 2. In 2002 the National Policy for Persons with Disabilities, 3. In 2006 The National Plan of Action for Persons with Disabilities, and 4. In 2018 The National Commission for Persons with Disabilities Act. However, there have been no concrete plans or policy for protection against sexual abuse for special-needs children or people. With regards to the provinces,

Sindh has made some progressive legislation, which may be emulated by other provinces. Developments in Sindh include: the Sindh Child Protection Authority Act, 2011, Child Marriage Act, and Child Corporal Punishment Act. In 2017 Pakistan's penal code was reformed to improve child protection against sexual abuse. Laws were improved in relation to child pornography, child seduction, and child sexual abuse. However, the biggest challenge to date is implementation of laws, surveillance, and identification of perpetrators.

Aim of the study

We believed mothers would be the best participants to describe their subjective feelings and fears with regards to the risks of sexual abuse facing their special-needs child. This study aims to identify the socio-cultural factors which may increase vulnerabilities of special-needs children to child sexual abuse. It is hoped that findings of this study will help to form recommendations for improvement in protective policy for special-needs children in Pakistan.

METHODOLOGY

This paper is part of a wider mixed-methods study on the challenges facing special needs families in Pakistan. A qualitative and a quantitative paper from the study are both forthcoming. Ethics approval for this study was taken from Internal Review Board, Forman Christian College University. This paper adopts a qualitative research design, which is effective in elaborating on the lived experiences and hidden perceptions of participants (Grinnell Jr & Unrau, 2005; Padgett, 2016)

Sample

The sample consisted of 21 mothers who have special-needs children challenged with both intellectual and physical disabilities. All participants were informed of the research through a cover letter and informed consent was taken for participation. Mothers were provided a number for free counseling services and were assured that they could leave the interview at any time.

As the selection criterion was mothers of special-needs children, mothers were approached through four special needs institute in Lahore, Multan and Gujranwala. A notice was provided to mothers and after a few conversations, 21 willing participants became a part of the study.

Instrument

A semi-structured and open-ended questionnaire was used to collect the data. The questions were compiled through the help of a literature review and focused on identifying the socio-cultural factors which may increase vulnerabilities of special-needs children to child sexual abuse. The cover letter of the study gave a complete definition of child sexual abuse to help mothers during the interview.

Data Collection

The data was collected in 2018 and the interviews were held in a private room at the special-needs institute or a location of the choice of the participants. Interviews lasted between 45 to 65 minutes. Interviews were conducted in both English and Urdu, as was the preferred choice of participants.

Data Analysis

Interviews or parts of conversation that were not in English were translated to English. All interviews were then transcribed to Microsoft Word. Manual coding was used to analyze the data and develop themes, by adopting the thematic content analysis approach (Anderson, 2007). The coding and theme identification were checked and discussed by both authors and a senior consultant for the research project. The reliability of the study was further confirmed by discussing the final themes with two mothers of special-needs children who were not a part of the study. Both mothers confirmed all themes identified.

FINDINGS

Four major themes were identified in this study with regards to socio-cultural factors which may increase vulnerabilities of special-needs children to child sexual abuse, as perceived by mothers of special-needs children. The themes included: (i) Lack of awareness about what constitutes child sexual abuse, (ii) Fear of inability to report in cases pertaining to special needs children, (iii) Lack of knowledge in parents and guardians regarding how to train special-needs children for protective behaviors to prevent child sexual abuse, and (iv) Traditional taboos against child sexual abuse awareness within the educational sector and curriculum development, in both conventional and special needs institutes.

Lack of Awareness about what Constitutes as Child Sexual Abuse

All mother participants unanimously stated that there was a lack of awareness about what constituted as child sexual abuse in Pakistani society. Mothers agreed that in their communities, sexual abuse was associated mostly with penetrative rape and other types of sexual abuse were less understood. However, mothers agreed that though they could not define types of sexual abuse well, as they had hidden fears regarding abuse and intuitively as mothers they were afraid to leave their special-needs child alone. Some mothers emphasized that they felt perpetually scared to leave their special-needs child alone with institutional specialists and even relatives, due to fears of the “lesser discussed” sexual abuse.

Participant 3:

“He (special needs child) is growing up and we have to be more careful now, as he is not aware of what is good and what is bad so any one can misuse him.”

Fear of Inability to Report in Cases Pertaining to Special Needs Children

All mother participants discussed the inability of their special-needs children to report any form of sexual abuse against their assailant.

Participant 11:

“*Log jenay ka haq nahi detay, jinsi ziyadati ke bare main kia karengay?* (Society doesn’t care for our special needs children to live, why would they help us in protecting them from sexual abuse). I do not leave my daughter alone with anyone, even relatives... we cannot rely on anyone... our child will not be able to tell us what has happened to her.”

Lack of Knowledge in Parents and Guardians Regarding how to Train Special Needs Children for Protective Behaviors to Prevent Child Sexual Abuse

Mother participants also shared their feelings of incompetency regarding how to teach their special-needs children about protective behaviors to prevent sexual abuse. Mothers described their excessive burden and responsibility in having to protect their child from sexual abuse and the anxiety of not knowing who would protect them once they, and their husbands, were gone from the world. Some mothers highlighted the potent fear

of sexual abuse, by mentioning that they were able to safeguard the economic survival and livelihood of their special-needs child, but were uncertain and afraid of how to protect them from sexual abuse.

Participant 4:

“As long as we are alive we will take care of him. We have left our house to him and the upper floor is rented out, thus he will always have an income. He has learned to go to the market and buy food to eat. We are confident we have done enough that he will not beg on the roads. But, we don’t know how to teach him to protect himself from sexual abuse or exploitation.”

Traditional Taboos against Child Sexual Abuse Awareness within the Educational Sector and Curriculum Development, in both Conventional and Special Needs Institutes

Mother participants recorded their feelings of despair and helplessness in the lack of support by the education sector and the curriculum to support and guide special-needs children regarding protective behaviors against sexual abuse. As secondary socializing agents, mothers expressed the need for help and support from conventional and special needs institutes, including vocational and training centers for special needs children, to provide sex education to improve protection and safety. Fears of one mother regarding the consequences of sexual abuse were manifested in her decision for opting hysterectomy for her special-needs daughter, in order to protect her from pregnancy from rape.

Participant 9:

“I have sent my child to a special education school. They have their monotonous activities and they do not educate our children for the later developments in their life. I feel she is safer at home. If our schools cannot teach our children about safety, how can they provide it? *Main sochati hoon kay is ka operation kerwa doon* (I think it is better to opt for hysterectomy), so that she is safe from sexual abuse.”

DISCUSSION

There are some limitations to our study. It is of exclusive qualitative design; the sample size is limited, and the findings are based on the perceptions of mothers with special-needs children. However, there are two benefits to this research; we are able to learn about an area that has been neglected in both research and policy development in the country. We are able to learn two important things: (1) the socio-cultural factors which may increase vulnerabilities of special-needs children to child sexual abuse, as perceived by mothers of special-needs children, and (2) proposed policy recommendations for improvement in child protection against sexual abuse for special-needs children in Pakistan.

We found firstly that there is lack of awareness about what constitutes as child sexual abuse. Our findings are aligned with other research in Pakistan (Mehnaz, 2018). Unless awareness about the types of sexual abuse is not communicated across society, we will be unable to comprehensively and completely protect special-needs children. Secondly, we found that there is fear of inability to report cases pertaining to special-needs children. This finding is also in line with findings from other research. Once special-needs children are supported and guided about reporting, and made comfortable and confident that they will be believed and protected, there will be barriers to reporting and preventing child sexual abuse.

Thirdly, we found that there is lack of knowledge in parents and guardians regarding how to train special needs children for protective behaviors to prevent child sexual abuse. Again, this particular finding is in line with international scholarship (Berrick & Neglect, 1988; Renk et al., 2002). There is great fear that unless parents and guardian are facilitated in teaching their special-needs children about sexual abuse, protection cannot be guaranteed. As primary socializing agents, it is the parents, and mothers specifically, who can instill and inculcate protective behaviors in their children. Fourth and lastly, we found that there are traditional taboos against child sexual abuse awareness within the educational sector and curriculum development, in both conventional and special-needs institutes. It is true that in conservative societies, sex education and education for the protection against sexual abuse are neglected areas (Pulla, Tarar, Ali, & Culture, 2018). Unless the educational sector joins hands in raising awareness and training children for protective behaviors, we will have an incomplete safety net for special-needs children.

POLICY RECOMMENDATIONS

We need a coherent and consistent plan to protect all children and especially special-needs children from sexual abuse and sexual exploitation. Paramount is the concern that special care must be taken for special needs children who cannot be educated or report sexual abuse due to their type of disability. For such children, apart from parents and guardians, child protection agencies, family and community social workers, and healthcare providers must become part of a concrete and foolproof vigilance and surveillance system (Brown & Craft, 1989). Systematic data collection of prevalence and longitudinal assessment is needed to identify the rate of child sexual abuse and also assess efficacy of protection policy over time. Sexual abuse of special-needs children must not be grouped together with sexual abuse against all children, as special-needs children are a distinctly vulnerable group, requiring special policy efforts. We also recommend growth in research by independent scholars to ensure that statistics and determinants of child sexual abuse against special-needs children can be comparable and tested for validity. Only joint efforts can safeguard special-needs children and help to develop a robust policy for protection against child sexual abuse.

Parents and mothers especially, are front-line care providers for special-needs children who can play an empowering role in improving protection against child sexual abuse (Ryan & Runswick-Cole, 2008). Training must be provided to parents and families of special-needs children in the following key areas: (i) raising awareness in special-needs children about private body parts and that no one should touch these private parts in ways that they understand; (ii) defining and discussing different types of child sexual abuse with special-needs children; (iii) developing skills in parents to know their child and improve monitoring and surveillance of child, when parents are absent; (iv) consulting an expert periodically for more specific help for special needs children with unique problems; (v) improving access to special-needs children for personal safety skills training and confidence in reporting to parents; and (vi) providing means to improve protection in special-needs children in their daily lives through siblings and peers.

No matter how responsible or ethical teachers are as significant secondary socializing agents for special-needs children, they would be unable to provide training and competency to special-needs children regarding sex education and self-protection without formal training themselves (McCarthy, Thompson, Baum, & Alexander, 2010). Thus, what is required is formal training to teachers and other development professionals, including healthcare practitioners, working with special-needs children in the home, at education and training centers- both private and public, at health centers, and outside the home - in the community. The major features of sex education for special-needs children must include: (i) Recognizing sexual abuse and sexual behaviors which are coercive, suggestive, or disrespectful, (ii) Providing information and confidence for reporting, (iii) Supporting special-needs children through vigilance, (iv) Encouragement of special-needs children to report and respecting them as witnesses and victims, (v) Compulsory training of special-needs child for protection.

We also recommend independent surveillance or child safety by third-party agencies and individuals. Pakistan has a very successful Lady Healthcare Program, which functions to provide primary healthcare services across the community and at the doorstep likewise. We recommend that social workers, or child protection officers from a social work background, be provided access to the homes and community health centers that Lady Healthcare Workers are currently functional in to provide a safety net for special-needs children in the communities and at their doorsteps (Kinrade, Jackson, & Tomnay, 2011). The benefit of utilizing social workers is that not only can they visit homes or be stationed at community health centers, but they can also be placed at education institutions and become essential monitoring agents for sexual abuse. We expect that social workers can become instrumental in: (i) Raising awareness for reporting of sexual abuse crimes, (ii) Facilitating complaints through the legal system and assisting in gaining justice and securing safety of children, (iii) Identifying special-needs children and families who need counselors, for emotional and psychological support to victims and their families. This is needed, as the long-term effects of child sexual abuse include numerous problems, but also fear that crimes and victimization may perpetuate in a cyclical fashion (Messman & Long, 1996; Polvi & Administration, 1990).

Some of the additional roles that social workers can be made responsible for is the: (i) Training and surveillance of healthcare practitioners, therapists, and counselors of special-needs children - which would help detection as well, (ii) Training and surveillance of specialist settings where special needs children may be housed, like welfare organizations and orphanages, (iii) Training and surveillance of religious centers or boarding houses, such as Madrassahs. Social workers can also become leaders in: (i) Identifying high risk situations and high risk communities, (ii) developing outreach, awareness and protection programs, (iv) Setting up of a helpline or a mobile app for children and families, (iv) Setting up a neighborhood or community watch scheme, which would help in identifying high risk children and reporting crimes or suspected crimes, (v) Developing and normalizing home visit programs, which is not easy in a closed and conservative climate such as Pakistan's, (vi) Improving competencies of service providers and healthcare practitioners for detection and rehabilitation, (vii) Improving inclusive education and sex education to reduce isolation of special-needs children and improve awareness of sexual abuse, respectively.

Since social workers can help reporting, we also recommend the partnership between the criminal justice system and the social welfare system of Pakistan. We know the limitations and under-development of both sectors, but this partnership will not only provide an avenue to improve efficiency and improve the protection net for special-needs children, and all children, but it will also provide more job opportunities in a nation which is struggling with employment and underemployment. With regards to improvement in reporting there is also essential need to create barriers between special-needs children and their perpetrators in court. Video reporting of evidence, so special needs children do not have to visit court or face their perpetrators will encourage children and families to report and pursue accountability against perpetrators. We need to recognize that the greater the reporting and the swifter the accountability against perpetrators, the less likelihood of more children being abused by repeat offenders.

With regards to our criminal justice system, we need strict accountability against perpetrators. A bill has been passed in February 2020 to publicly hang perpetrators. However, this law has not been implemented yet. It is also surrounded by controversy, as many fear that (i) public hanging of caught criminals will still not eliminate the roots of the crime, and (ii) due to inefficiencies in the legal system and police accountability, very few perpetrators will actually get caught and be served the sentence. Enforcement of comprehensive and strict legislation is critically needed in the country to ensure safety of special-needs children. Our legal and criminal justice system, we have to understand, is linked to our cultural values. Pakistan has a punitive culture against special-needs people. Special-needs children and their families, face great shame and exclusion in the country. Much of this is because of the lack of effective interpretation of Islamic value system. The Quran in fact exonerates special needs people of all guilt and blame:

“There is not upon the blind any guilt or upon the lame any guilt or upon the ill any guilt [for remaining behind]. And whoever obeys God and His Messenger - He will admit him to gardens beneath which rivers flow; but whoever turns away - He will punish him with a painful punishment. (An-Nur 24:61)”

To our advantage is the fact that Islam places the responsibility for the protection, equality, and inclusion of special-needs people upon society (Bazna, Hatab, & Health, 2005). Thus, one of our most important recommendations has to do with reform in community awareness and improvement in community support. Government reforms are always linked to socio-cultural values and beliefs. Once public attitudes and cultural values are reformed, collective efforts for structural improvement and protective policy will be facilitated. Once there is collective support for special-needs children combined with swift accountability from our justice system against perpetrators, safety against child sexual abuse will increase.

FUTURE RESEARCH

Based on our findings we hope to collect quantitative data for prevalence of sexual abuse against special-needs children in the future. We also aim to design an awareness and literacy intervention for special-needs children and their families for sexual abuse protection and then continue with cross-sectional research to assess change in perceived satisfaction for protective behaviors against child sexual abuse.

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