

CHAPTER - I

INTRODUCTION

1.0 Introduction

“Violence against women is a manifestation of historically unequal power relations between men and women, which have led to domination over and discrimination against women by men and to the prevention of the full advancement of women...”

- The United Nations Declaration on the Elimination of Violence against Women, General Assembly Resolution, December 1993

The status of women in India has always been a matter of crucial alarm down the ages. The women in India could never benefit from equal status and opportunities as compared to those in other countries. The Indian society being patriarchal in nature sees women as mothers and sisters. Unfavorably this has greatly hindered both the independence and safety of the women. Abuse against women is not a new or current phenomenon; women have always been the victims of abuse all through the ages in all societies, customs, religion and communities in the world.

Any woman despite having the advantages of age, race, customs, edification, cultural identity, socio - financial status, livelihood, religious conviction, sexual point of reference, physical or mental abilities or traits may experience abuse. Irrespective of age, a woman may constantly be at risk of abuse. A woman may be at risk of abuse at almost any position in her life - from infancy to old age. The panic of violence and wittiness restricts a woman's structure, prevents her mobility and her capacity to work and participate in social activities. Hundreds and thousands of incidents of physical and sexual abuse and ethnically reasonable violence happens every day to women in this country.

Abuse against girl child is often a series that manifests itself in many forms throughout their life. Even at the very beginning of life, a girl is the

target of sex, subjected to discriminatory abortion or female infanticide in cultures where preference for having male child is widespread. During childhood, violence against girls may include enforced malnutrition, lack of access to medical care and education, incest female or bonded labour.

According to 2011 census of India, there are 20 percentages (1, 18, 24, 355) of women represents the total population of persons with disabilities; in that nearly 5.6 percentages (6, 34,916) were females with Intellectual Disability. In spite of having physical or mental disabilities, these women are not spared from any kind of violence which has been mentioned. Instead, these disabilities are considered to be advantageous by the abusers. Majority of violence against women are concealed under a cloak of silence and acceptance and violence such as being beaten up, raped and even murdered at the hands of close partners prolong for some women throughout their lives. Concerns relating to women's security, dignity, equality and freedom cast a dark shadow on India's claim to growth as a developed country.

1.1 The prevalence of abuse against women with disabilities

The recent global estimates for abuse reveal that thirty percentages of women aged 15 and over have experienced physical and or sexual abuse in their life span (Devries, Mark, Garcia Moreno and Petzold, WHO, 2013; et al 2013). A systematic review and meta analysis of the global prevalence and risk of abuse against adults with disabilities published in the lancet 3 years ago found that on the whole adults with disabilities were 1.5 times more likely to be victims of violence than those without disability; while adults with mental health conditions are at nearly four times the risk of experiencing abuse (Hughes, Bellis, Jones, Wood, Bates et al, 2012).

Women and girls with disabilities are particularly susceptible to abuse. In India, a survey was conducted in Orissa (2004) found out that almost all the women and girls with disabilities were beaten up at home, twenty five

per cent of women with intellectual disabilities had been raped and 6 per cent of women with disabilities had been forcibly sterilized, accounts CRPD (ibid).

According to National Crime Records Bureau of India, (NCRB) reported the incidents of crime against women increased sixty four percentage during 2012, and a crime is committed against women every 3 minutes (Crime against Women National Crime Records Bureau 2013; <http://nrb.gov.in/CD - C112012/ cii -2012>).

According to statistics published by the National Crime Records Bureau in India, in 2014, the states and territories with the highest incidence of reported rapes in 2013 are Madhya Pradesh - 4335, Rajasthan - 3285, Maharashtra - 3063, Uttar Pradesh - 3050 and Assam - 1937.

In 2013, reports of rape increased thirty percent from the previous year. The conviction rate for rape accused in India (2013) was twenty seven percent. Approximately seventy percent of women living in India endure some form of domestic abuse (according to report by the Mumbai based rights organization Dasara). According to the latest figures presented by the NCRB, 93 rapes are reported every single day in India and ninety four percentages of rape victims know their attacker.

1.2 Risk factors for abuse against women with disabilities

Almost all types of disabled women experience the risks of violence. No disabled is out of this risk factor. Many of the risk factors for abuse against women in the general population are more prevalent among women with disabilities. Because of their disability, they are less educated and less likely to be employed and more socially isolated than women without disabilities (Brownridge 2006; Nosek, Hughes, Swedlund, Taylor & Swank 2003). Due to frequent contact with others who are accountable for assisting with activities of basic needs, individuals with developmental disabilities are often optimistic to be silent and compliant from a young age, which places them at further risk of ill treatment (Stricker, 2001).

All people of all ages with intellectual and developmental disability are at risk of sexual abuse (Tang, Levy & Butler, 1999). Lack of understanding about sexuality may increase the risk of abuse (Cheng, Urdy, 2002). Poor understanding may be due to lack of information, or the inability to process information offered. Abuse is often underreported because the abused person may not be able to adequately describe an incident or the offender (Tang and Lee 1999).

Hence these women with intellectual disabilities have a wide range of abilities and disabilities, mostly; they have difficulties in learning and understanding when compared to the normal. Most of these women have under sheltered lives than adolescents do without disabilities. Overprotection often increases the risk of abuse. Lack of knowledge, consistent over observance, limited insolvency and undifferentiated trusting were the frequent by-products of this protected lifestyle.

1.3 Abuse and the disability

Women with disabilities reveal several disability-related factors that increase their defenselessness to abuse and the challenges of evading it. These include (a) architectural barriers and transportation inaccessibility; (b) dependence on perpetrators for essential care giving, such as eating or transferring from a wheelchair to the toilet; (c) lack of adaptive equipment in shelters; (d) and social stereotypes of women with disabilities as passive and helpless (Magowan, 2003; Hassouneh-Philips & Curry, 2002).

Abuse is a complex psychosocial problem that affects many adults and children throughout the world. Abuse refers to damaging or injurious treatment of another human being that may include physical, sexual, verbal, psychological/emotional, intellectual, or spiritual maltreatment. **Abuse** against women is universal and a hidden problem. Beating and sexual assault is a concept that most of the females have a hard time imagining because violence is a deep part of Indian culture. From the womb

till her death, a woman is always faced with danger. In the womb she has the chances of being killed even before seeing light. After birth in the process of growth, she faces harsh brutalities like molestation, physical abuse and mental torture and above all a heap of workload.

People with intellectual disabilities are mostly exposed to violence and to various forms of cruelty of power on decision making, lack of self-respect, lack of access to community based services, poverty and lack of confident descriptions of people with disabilities in popular media (National clearing house on family violence 1993). Existing studies have documented that women with intellectual disabilities are at a greater jeopardy than any other group of women. Particularly women with intellectual disabilities are not in nature taught the necessary skills required to protect themselves against such abuses. In order to protect this dependent group from such assaults they need self protection techniques to be tailored in every individual's ability level.

1.4 Self Protection Skills

“Self protection is a set of awareness, assertiveness, and verbal confrontation skills combined with safety strategies that allow one to avoid a direct physical encounter [Disabled World- Nov 20, 2012]. Self protection is the standard term used today to describe the overall concepts of personal production and personal safety. (Neal Martin)

Self protection skills include awareness on private body parts, identifying feelings, understanding types of relationships, knowing the rules about touch, recognizing warning signs and awareness of “No Go Tell” strategies.

Literature on self protection for people with disabilities is the greatest in the area of developmental disabilities, although inadequate when compared to literature available for the general population. Self protection curricula for individuals with developmental disabilities must be understood

by those with cognitive abilities and learning styles and should be presented through the use of multisensory stimuli. This may include providing materials in various formats including pictures, videos, as well as simplifying language and providing positive intensification to encourage skill retention (Mazzucchelli, 2001).

1.5 Importance of self protection skills to the females with intellectual disability

Women who are disabled by nature are particularly vulnerable to all types of abuse because of their temporary helplessness and dependence on adults and their lack of knowledge about danger and self protection. Prevention of this type of abuse and teaching about it are the responsibility of adults. Researchers point out that statistics on sexual abuse reveals only the tip of the iceberg. Feelings of guilt, helplessness and lack of communication skill combined with a fear of how those closest to them will react and of the perpetrator's threats are the most common reasons why the intellectually disabled women and often adults important to them who are aware of the abuse, do not report the abuse and seek help. In 80 percentages of the cases, sexual perpetrators are known to them and mostly they are the care takers. The perpetrators use many methods to keep the intellectually disabled silent by bribes, threats, emotional blackmail and physical abuse.

Hence if they learn about this self protection skills, they can develop a safety arrangement of trusted adults to talk to, increase communication skills to talk about bodies, an understanding of healthy, reverent relationship, learn to identify and express their own personal boundaries, knowledge to identify abusive situations/ less likely to experience physical or sexual abuse.

1.6 Contents of abuse prevention program

Abuse prevention program provided for the intellectually disabled adults need to be clear, concise and pitched at the individual's level of

comprehension. Visual and concrete examples have been identified as the most appropriate and effective forms of delivering sexual education. The use of videos, slides, drawings, and role plays are all examples of strategies which are useful in this area (Baylis 1992). It is also vitally important to collaborate with people with intellectual disability to ensure that the sex education delivered, meets the needs and expectations of the individual or group that it is intended for (Mirfin-Veitch, Bray, Walker and Moore). Nevertheless, the main goal of a sexual abuse prevention program is to enable the participants to execute learned prevention skills in response to actual abusive situation.

Abuse prevention programmes not only includes protection strategies (for example, how to recognize and respond in a potential sexual abuse situation) but also education about sexual development (biological, social and emotional aspects) and appropriate sexual expression. Without promoting healthy sexual identity, teaching sexual abuse prevention may only raise anxiety (Levy and Packman, 2004). To be specific, the contents of such programmes should be tailor made according to the particular needs and characteristics of the people with mental handicap including the living environment (for simulating relevant possible sexual abuse situations), learning capacity (for determining the depth of contents and way of delivery), existing knowledge and skills, past experiences (e.g. history of sexual abuse) as well as present sexual needs (e.g. establishing friendship) and future goals (e.g. marriage).

The prevention program comprised of various steps like instructions, modeling, rehearsal, feedback and praise. The instructions describe the appropriate protective behaviours (“NOT”) where “N” stands for “No” which is to say no to the abuse, “O” refers to “Off” which means to escape from the place where the abuse happens and “T” is “Tell” which is to tell someone in trust about the incident. While teaching the sexual abuse prevention skills or sex education, one should consider that, the curriculum must be appropriate

to their mental age, because, their learning ability is slow and they may have difficulty with abstract thinking or understanding the long term consequences of pregnancy or some sexually transmitted infections.

1.7 Method of teaching sexual health for females with intellectual disability

It is very important to use repetition when teaching youth with intellectual disabilities. Concrete examples need to be used in the present and should be almost tangible. Teaching through pictures and videos is a good method. Enough number of sessions should be scheduled for each concept and there should be a few days gap between each lesson, so that they have time to think about the information. Every concept should be started from the basics and there should be an assumption that the samples have not had any education/training before. Social situations must be explained, and they have to be trained to refuse and to be quite compliant.

1.8 Importance of sex education to the intellectually disabled

Research shows that individuals with intellectual disabilities obtain a smaller amount of sex education (Levy & Packman, 2004; Murphy & O'Callaghan, 2004, McCabe et al., 1999) and that they find it difficult to retain information whether they have received sex education or not. (Lo'fgren- a'rtenson, 2011). The reason for providing less sex education to individuals with intellectual disabilities is that they have problems in understanding and attaining knowledge and possessing low levels of abstract, social and practical adaptive skills. Research has also shown that even though attitudes toward the sexuality of individuals with intellectual disabilities are becoming more positive (Lafferty, McConkey, & Simpson, 2012; Rohleder & Swartz, 2009; Cuskelly & Gilmore, 2007; Cuskelly & Bryde, 2004; Christian, Stinson, & Dotson, 2001;), sexuality is still treated as a taboo (Bernert & Ogletree, 2013; Rohleder, 2010; Lo'fgren-Ma'rtenson, 2004; McCabe et al., 1999;). This may be the reason why family and staff members do not start conversations about the subject (Kok, Maassen,

Maaskant, & Curfs, 2009; Abbott & Howarth, 2007) and are not ready to deal with sexual issues (Howard-Barr, Rienzo, Pigg, & James, 2005). Some do not feel comfortable when talking about sexuality, because they do not know how to start the discussion. This could be due to a lack of training (Lafferty et al., 2012). Also, it has been shown that staff and family primarily encourage friendships instead of sexual relationships (Healy et al., 2009; Kelly et al., 2009; Lo'fgren-Ma'rtenson, 2004), and staff members may feel under stress to limit the sexual expression of their clients (Lafferty et al., 2012). Moreover, parents or staff members may be unwilling to teach sex education.

1.9 Prompting techniques

Use of prompts is one of the most imperative tools used in teaching students with disabilities, particularly those with developmental disabilities (Wolery, Gast, Kirk, & Schuster, 1988; Wolery & Gast, 1984). Prompts are procedures that, when added to instruction, increase the chances that the student will make a correct response (Collins, 2007; Wolery, Ault, & Doyle, 1992). Prompting techniques are designed to ease acquisition of skills, minimize errors and ensure correct responding. Prompts, therefore, help learners to perform behaviours or skills they did not know and hence will decrease the chances of errors. Prompts are either classified either as the sensory modality (auditory, visual, and verbal) by which students receive support or by the types of behaviours teachers keep in providing assistance (Wolery et al.) and can be presented in any combination (Cooper, Heron, & Heward, 2007). Visual prompts have been found to be effective for individuals with developmental disabilities because they are more permanent and concrete than transient auditory prompts (Quill, 1997).

Bryan and Gast (2000) suggests that visual prompts be presented through a variety of means including photographs, texts, pictures/line drawings and symbols. Over the years, visual prompts have been presented through the use of texts or static pictures. In recent years, however, video-

based instructional measures have been widely used to teach a range of adaptive skills and behaviours to individuals with developmental disabilities. Two types of video-based methods have been used in the literature for persons with developmental disabilities: video modeling and video prompting.

1.10 Video modeling and video prompting

In video modeling, the pupil watches the video of a model performing the entire target skill or task preceding to being provided the opportunity to execute the target task (Cannella-Malone et al., 2006). Video prompting on the other hand involves the learner watching each step or task in the chain and performing the step before advancing to the next task in a chain (Sigafoos et al., 2007). There is an indication from the literature that video prompting might be more effective for some persons with developmental disabilities who have difficulty in watching lengthy videos, this is because the video prompting does not require the same cognitive load (i.e., recall the sequence of steps in the target behavior) as is necessary in video modeling for such students (Sigafoos et al.). Furthermore, literature on skill-based instruction indicates that persons with developmental disabilities acquire skills when tasks are presented in small increments, multiple opportunities are provided to perform the steps, and when using various prompting and fading strategies (Giangreco, 2011; Snell, 2007). Thus, the video prompting strategy might be more useful for persons with moderate and severe developmental disabilities.

Video prompts were reliable across the studies. Video prompts were prepared either from the participant's viewpoint or spectator's viewpoint. A majority of the videos were prepared from the spectators' viewpoint with verbal or voice-over instructions (Goodson et al., 2007; Grice & Blampied, 1994; Mechling et al., 2009; Van Laarhoven et al., 2009; Mechling & Gustafson, 2008,; Mechling & Stephens, 2009; Tiong et al., 1992;).

1.11 Picture prompting

Picture prompts are used to facilitate the acquirement of performance by first showing the client a picture of each step of the task to be performed and then training the client to use the pictures to guide his or her performance on the task.

Johnson and Cuvo (1981), Thinesen and Bryan (1981), and Martin et al. (1982) used picture prompts to train mild and moderately mentally retarded clients to become more independent in their day to day life.

1.12 Need for the study

Abuse against disabled is a persistent problem. Abuse against them can take many forms which can occur at the same time. It occurs not only as a deliberate maltreatment but also in the more passive form of neglect. This issue of abuse against disabled girls is a big problem among girls in the society.

Women with disabilities are often devaluated by society because of their gender and their disability. They are viewed by society as being physically and or sexually undesirable, incapable of emotional caretaking and or incapable of contributing to the economy. Today India is listed as the fourth dangerous country for women to live in. Women's safety is not just about safeguarding her from sexual harassment; it also includes safe space, freedom from poverty and access to all basic amenities, safe public transportation, financial security and autonomy and safe and healthy community. Building such a nation is everyone's job. It is a mandatory duty of the government and judicial system to perfectly ensure safety of women.

A girl with a disability is two times more likely to be sexually or physically assaulted than girls without disabilities. One of the reasons why women with disabilities are at such high risk of being abused is the attitude that society holds towards them. Women are generally seen as objects of

aggression and control and when a woman has a disability she is an easy target for abuse.

Chenoweth (1997) reported that the experiences of violence against women with disabilities have neither been voiced nor heard. Girls with disabilities often do not have accurate vocabulary to report instances of abuse. Without the girls' disclosures on abuse they remain unrecognized. Girls with intellectual disability are frequently excluded from sex education program. Girls who have insufficient sexual knowledge may regard abusive and inappropriate behaviour as acceptable. Development of resources and improvement of services for victims of abuse are key aspects of abuse intervention for women with disabilities (Swedlund & Nosek, 2000); Nosek, Howland, & Young, 1997)

Barkderion (1992) states that the problem of abuse of children with disabilities is a serious issue, but it is still not largely recognized by service agencies, though the disabled women constitute a large population. Development programme rarely addresses the need of the disabled women or includes them in the community development ventures. Since this issue of disability and especially abuse against women with disabilities has been neglected, as an area for research it necessitated planning a study in this direction. This study is intended to examine the level of awareness among the intellectually disabled girls towards different forms of abuse. In addition, it is planned to design and implement appropriate self protection skills for women with intellectual disabilities to protect them from different forms of physical and sexual abuse. This in turn will reduce the risk for abuse. There are very few programmes across the countries that specially address the importance of training self protection skill for girls with intellectual disability. Hence, it is the need of the hour to look into this key issue.

1.13 Statement of the problem

The problem will be worked as “**Effect of Visual Prompting Technique on Self protection Skills among Female with Mild Intellectual Disability**”.

OPERATIONAL DEFINITION

Effect

The term “**Effect**” refers to the achievement of self protection skills against abuse in mild intellectually disabled female provided through visual prompting techniques.

Visual prompting technique

In this study, the term “**visual prompting**” refers to the video clips and picture booklet prepared on self protection skills by the investigator to enhance the achievement through prompting technique.

Self protection skills

The term “**self protection skills**” refers to the skills developed by the mild intellectually disabled female to protect or defend themselves from physical abuse and sexual abuse.

Abuse

The term “**Abuse**” refers to the violence that happens against mild intellectually disabled female by physical and sexual assault.

Physical abuse

Slapping

If a person or a stranger slaps a mild intellectually disabled female in order to punish or abuse.

Burning

If a person or a stranger punishes or violates a mild intellectually disabled female with fire or any hot object.

Kicking

If a person or a stranger extends the leg away from the body or strikes out with the foot or feet on a mild intellectually disabled.

Pulling

If a person or a stranger applies force on the hands of a mild intellectually disabled female to cause or tend to cause motion towards him.

Biting

If a person or a stranger uses teeth to cut in to the skin of the hand or body of a mild intellectually disabled female.

Punching

If a person or a stranger strikes with fist to cause damage or injury on a mild intellectually disabled female.

Beating with an object

If a person or a stranger attacks with an object on a mild intellectually disabled female.

Pinching

If a person or a stranger squeezes between the thumb and finger for punishing or violating a mild intellectually disabled female.

Head hitting

If a person or a stranger suddenly hits the head of a mild intellectually disabled female on a hard surface such as wall, table or floor for punishing.

Cutting

If a person or a stranger uses sharp object to cut the hand of a mild intellectually disabled female.

Sexual abuse

Hugging

If a person or a stranger holds tightly around or against part on a mild intellectually disabled female.

Kissing

If a person or a stranger touches or caresses with the lip on a mild intellectually disabled female as a sign of sexual desire.

Sexy talk

If a person or a stranger talks about funny sexual stories or describe the private parts vulgarly towards a mild intellectually disabled female.

Fondling

If a person or a stranger touches the private parts or the body of a mild intellectually disabled female in a sexy way.

Threatening

If a person or a stranger shows an intention to make or feel vulnerable or at risk on a mild intellectually disabled female.

Molestation

If a person or a stranger tries to do the crime of sexual acts such as removing the dress to see the private parts.

Sexual activity

If a person or a stranger force the mild intellectually disabled female to have sexual intercourse or sexual relations.

Exhibitionism

If a person or a stranger expresses his genitals to the female with intellectual disability or who behaves in a way intended to attract attention or display his body parts.

Pornography

If a person or a stranger expresses the sexual intention by showing pictures or videos related to sex.

Touching the private parts

If a person or a stranger touches the breast or vagina of a mild intellectually disabled female.

Female with mild intellectual disability

The term “female with intellectual disability” refers to the female belonging to the IQ of 55-70 and the age group of 14-25 years with communication skills and adaptive functioning.

1.14 Objectives

The major objectives of the study are to

- Find out the overall achievement mean scores of knowledge on self protection skills against various types of touches before and after intervention.
- Study the overall achievement mean scores of knowledge on self protection skills against reporting skills before and after intervention.
- Explore the overall achievement mean scores of knowledge on self protection skills against physical abuse.
- Analyze the overall achievement mean scores of knowledge on self protection skills against physical abuse with respect to domains. (Slapping, burning, kicking, pulling, biting, punching, beating with an object, pinching, head hitting and cutting with sharp objects).
- Study the overall achievement mean scores of knowledge on self protection skills against sexual abuse.
- Observe the overall achievement mean scores of knowledge on self protection skills against sexual abuse with respect to domains.

(Hugging, kissing, sexy talk, fondling, make to do sexual activities, exhibitionism, pornography, touching the private parts).

- Explore the overall achievement mean scores of knowledge on self protection skills against physical and sexual abuse with respect to demographic variables. (Age, Educational qualification of the parents, Family Income, Locality and Type of Institution).
- Find out the sustainability of the effect of visual prompting technique on self protection skills.

1.15 Hypotheses

- There is no significant difference between the overall pre and posttest achievement mean scores of knowledge on self protection skills with respect to various types of touches before and after intervention.
- There is no significant difference between the overall pre and post test achievement mean scores of knowledge on self protection skills for various relationship skills before and after intervention.
- There is no significant difference between the overall pre and posttest achievement mean scores of knowledge on self protection skills against physical abuse in mild intellectually disabled females trained through visual prompting technique.
- There is no significant difference between the overall pre and posttest achievement mean scores of knowledge on self protection skills against physical abuse in females with mild intellectual disability trained through visual prompting techniques with respect to domains. (Slapping, burning, kicking, pulling, biting, punching, beating with an object, pinching, head hitting and cutting with sharp objects).

- There is no significant difference between the overall pre and posttest achievement mean scores of knowledge on self protection skills against sexual abuse in females with mild intellectual disability trained through visual prompting techniques.
- There is no significant difference between the overall pre and posttest achievement mean scores of knowledge on self protection skills against sexual abuse among mild intellectually disabled females trained through visual prompting techniques with respect to domains. (Hugging, kissing, sexy talk, fondling, make to do sexual activities, molestation exhibitionism, pornography and touching the private parts).
- There is no significant difference between the overall pre and posttest achievement mean scores of knowledge on self protection skills against sexual abuse in mild intellectually disabled females trained through visual prompting techniques with respect to variables. (Age, Educational qualification of the parents, Family income, Locality and Type of Institution).
- There is no significant difference between the overall posttest and retention test mean scores of knowledge on self protection skills against sexual abuse in mild intellectually disabled females trained through visual prompting techniques with respect to variables. (Age, educational qualification of the parents, family Income, locality and type of Institution).

1.16 Scope of the study

Since the present study is experimental in nature, the investigator has made an attempt to enhance the self protection skill among females with mild intellectual disability through visual prompting techniques. The intervention would help the intellectually disabled to become aware of different types of touches, feelings, emotions, warning signs, private and public places, and reporting skill. It also helps the intellectually disabled females to be alert and apply appropriate self protection skill in various

abusive situations. It will create a valuable rewarding and safe environment. In addition, it aids in understanding, a healthy respectful relationship and identifying and expressing the own personal boundaries. This study would reveal the factors that curtail the intellectually disabled to identify the abusive situation, so as to help the teachers or trainers to foster appropriate strategy.

However, to make them skilled at self protection skills it is vital to teach them through prompting techniques. The findings would help the parents to understand the need of the intellectually disabled and thereby they can realize their responsibilities to meet the challenges their life. Training institutes were also sensitized to introduce the component in the curriculum and enhance awareness on the significance of training in self protection skills. The outcome of the study may be incorporated in the textbook and literature related to differently abled.

1.17 Limitations of the Study

1. The study is limited to the mild intellectually disabled females in the age group of 14-25 years enrolled in Residential and Non residential special schools and institutions.
2. The study is confined to 30 females enrolled both in Residential and Non-Residential schools and Institutions in Coimbatore District.
3. The study is related to only Self Protection Skills against physical and sexual abuse using Visual Prompting Techniques a package developed by the investigator.
4. As this topic has not been investigated by many researchers, recent studies in India are not cited in the “review of literature”.

1.18 Organization of the Thesis

The study is reported in five chapters as per details given below

Chapter I: Highlights the rationale of the study, and defines the statement of the problem. This chapter also presents the need of the study, its objectives, hypotheses and the scope of the study.

Chapter II: Consists of the review of literature related to self protection skills and prompting techniques.

Chapter III: Discusses the methodology employed in the study. It covers the sample selection procedures, instrumentation, data collection and processing, and data analysis procedure.

Chapter IV: Presents the quantitative as well as the qualitative data. In the light of the findings, appropriate interpretations have also been made.

Chapter V: Contains a summary of the findings of the study with discussion, recommendation and suggestions for further research and conclusion.

The review of related literature is presented in the next chapter.