

## ORIGINAL ARTICLE

# Case-based surveillance study in judicial districts in Turkey: Child sexual abuse sample from four provinces

Zeynep Sofuoglu<sup>1</sup> | Sinem Cankardas Nalbantcilar<sup>2</sup>  | Resmiye Oral<sup>3</sup> | Basak Ince<sup>2</sup>

<sup>1</sup>Association of Emergency Ambulance Physicians, Izmir 35000, Turkey

<sup>2</sup>Department of Psychology, Istanbul Arel University, Büyükçekmece, Turkey

<sup>3</sup>Carver College of Medicine Department, The University of Iowa, Iowa City, Iowa, USA

**Correspondence**

Zeynep Sofuoglu, Association of Emergency Ambulance Physicians, Izmir 35000, Turkey.  
Email: zeynep.sofu@gmail.com

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**Abstract**

Child sexual abuse is a universal public health problem. Although studies have reported that 11% to 37% of children have been sexually abused in Turkey, no accurate information is available. Thus, this study aims to investigate child sexual abuse cases registered in legal databases in select provinces in Turkey to improve our epidemiological understanding of regionally reported cases. The sample of this study consists of child sexual abuse cases filed with courthouses in four provinces in Turkey under Articles 103 and 104 of the Turkish Criminal Law, between October 2010 and October 2011. Retrospective review of these case files revealed 1,005 cases, 86% female, and 45.7% both sexually abused and exposed to other forms of abuse. Sexual abuse was often accompanied by physical abuse. Regarding the relationship of the perpetrator to the victim, 14.3% of perpetrators were found to be family members. There was also a significant relationship between child's gender and perpetrator's relationship to the victim; boys were abused mostly by strangers (55.7%) and girls by their peers (54.9%).

**KEYWORDS**

child molesting, child sexual abuse, child welfare, judicial cases, sexual exploitation, sexual offences

## 1 | INTRODUCTION

Child sexual abuse (CSA) is a significant universal public health problem. It has several impacts on the mental health of children with many short-term and long-term negative consequences—anxiety, violent behaviour, trauma, substance abuse, suicide, depression, psychosexual problems, and somatization (Collin-Vézina, Daigneault, & Hébert, 2013; Daigneault, Hébert, & Tourigny, 2007). Although the prevalence of CSA in Turkey is not accurately known, some field studies have reported that 11–37% of selected populations have been sexually abused before the age of 18 (Akco et al., 2013; Guner, Guner, & Sahan, 2010). According to the World Health Organization's records, 20% of women and 5–10% of men report that they were exposed to sexual abuse when they were children (World Health Organization, 2014). Barth, Bermetz, Heim, Trelle, and Tonia (2013) conducted a meta-analysis of 55 studies carried out in 24 countries in Asia, Europe, and the Americas and reported that the worldwide prevalence of CSA was 8–31% among girls and 3–17% among boys.

Unlike Western societies, there are very few reports about child neglect and abuse in Turkey. For example, Child Abuse and Domestic

Violence Research in Turkey (2010) reported that among 2,216 children aged between 7 and 18 years, only 3% were exposed to sexual abuse. Moreover, according to National Statistics Institution's (Turkish Statistical Institute, 2017) data in Turkey in 2014, 127,717 children were reported to law enforcement agencies in 2013 for at least one form of abuse without any information on the category of abuse. A follow-up report in 2016 showed that 12,689 children were exposed to sexual crimes in Turkey. Of these children, 11,211 were girls and 1,478 were boys.

There are many reasons why CSA prevalence remains low in countries like Turkey. Due to a lack of national databases on child abuse and neglect and rare large-scale epidemiologic studies, there is limited knowledge on the national epidemiology of this public health concern (Agirtan et al., 2009; Tirasci & Goren, 2007). In many cultures, a child's statement is disregarded or taken under suboptimal circumstances. As a result, child victims are unable to disclose their CSA experiences (Yuille, Tymofievich, & Marxsen, 1995). Therefore, it is assumed that only a small portion of the child abuse results in criminal proceedings (Sedlak & Basena, 2014).

Given these limitations, the best place to improve our understanding of CSA in Turkey would be to look into the legal system. In this

regard, this study analysed part of data collected for a larger study carried out in nine Balkan states: Balkan Epidemiological Study on Child Abuse and Neglect. This study aims to provide an overview of the demographic information about victims and perpetrators of CSA that were filed with and litigated by the courts of four provinces in Turkey.

## 2 | LEGAL SYSTEM AND CHILD PROTECTION SYSTEM IN TURKEY

In Turkish Criminal Law (2004), Article 103 prescribes CSA as (a) any act of a sexual nature against a minor who has not completed 15 years of age or, though having completed 15 years, lacks the competence to understand the meaning and consequences of such acts and (b) sexual acts conducted against any other minor with the use of force, threat, deception, or any other method that affects the willingness of the child. Article 104 of the Turkish Criminal Law prohibits sexual intercourse with a child aged between 15 and 18 years, if the offender is more than 5 years older than the victim. If the offender is not 5 years older than the victim, the offence is only prosecuted on complaint.

In Turkey, the child protection system is provided by the government, and the services are carried by the Ministry of Family and Social Policies. In order to activate the protection system, anyone who has a concern about a child being abused needs to report this situation to the police. When the case is reported to the police, the Children's Police Department assists local public prosecutors during investigation. In the meanwhile, Child Protection, First Response, and Evaluation Units are responsible to meet the needs of the abused children until a court decision has been made (Tekindal & Ozden, 2016).

## 3 | METHOD

For the purpose of this study, sexual abuse was defined as any sexual act done to, on, or with a child by anybody for the perpetrator's sexual gratification regardless of their caretaking role. This decision was deliberately made because in a patriarchal society such as Turkey, researchers suspected, based on many years of clinical experience, that only a small portion of cases reaching the legal system would have involved abuse by a family member in the context of caregiver-child relationship.

## 4 | DATA COLLECTION

Data were collected using the National Judiciary Informatics System's electronic archives. Within the scope of the study, only CSA cases opened between October 2010 and October 2011 under the Criminal Code Articles 103 and 104 were retrospectively reviewed.

The files were reviewed by two clinical psychologists who were trained to collect data for the larger study. The training consisted of two sections. In the first section, data collection forms were introduced. Second, they were informed about the aims of this study as well as taught about the process for coding the cases into the database created for this study. In the second section, each researcher individually filled out the data collection form by using case examples. The forms

were then compared to assure inter-rater reliability. In order to protect confidentiality, cases were entered into the research database with a special coding system that omitted personal identifiers such as names and file numbers.

## 5 | DATA COLLECTION TOOLS

In order to collect data, data collection forms that were developed for the larger Balkan Epidemiological Study on Child Abuse and Neglect study were used. The variables in the data collection forms were listed under nine main categories: case ID, information about the child, information about the incident, information about the perpetrators, information about caregivers, information about family, information about housing, previous maltreatment, and case management.

## 6 | STATISTICAL ANALYSIS

Descriptive analysis of the data (mean + standard deviation) was performed using the Statistical Package for Social Sciences, version 17. The relationship between child's sex and perpetrator's relation to child was analysed by the chi-square test. Researchers obtained official permission to conduct the study from the Attorney General in Izmir, Usak, Zonguldak, and Denizli, four urban provinces in Turkey.

## 7 | RESULTS

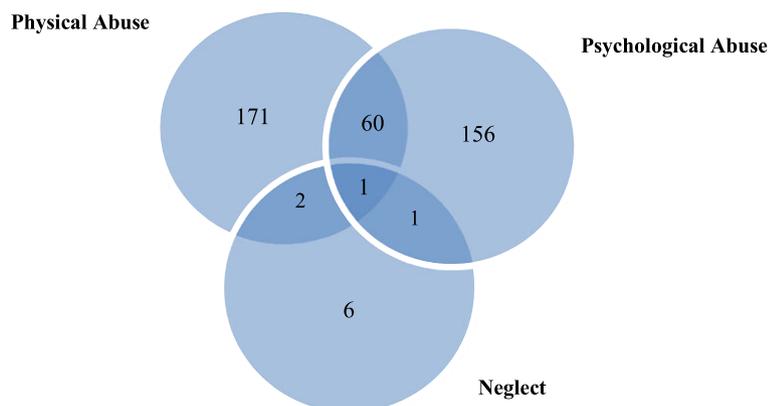
One thousand five cases opened in four provincial courts for CSA during the study period were identified. Age range of victims ranged between 0 and 18 years old ( $14.4 \pm 3.0$  years). The majority of the cases were opened in Izmir (57.3%), followed by Denizli (25.5%), Zonguldak (10.5%), and Usak (6.7%). On the basis of the child provincial population in 2010, these CSA cases consisted of 0.01% (576/3,948,848) of children in Izmir, followed by 0.03% (256/931,823) of children in Denizli, 0.02% (106/619,703) of children in Zonguldak, and 0.02% (67/338,019) of children in Usak. No significant differences among provincial reporting rate were therefore noted. The majority of victims were female (86.9%). More detailed information about age and gender is presented in Table 1.

Almost half of the cases (41.7%, 419/1,005) were exposed to more than one type of abuse. In terms of abuse, the most commonly observed type in addition to CSA was physical abuse (43.1%, 171/397) followed by psychological abuse (39.1%, 156/397). Both physical and psychological abuse cases accounted for 15% (60/397). In 2.2% (22/1,005) of cases, there was no documentation of abuse type in addition to CSA. Figure 1 outlines the number of multiple abuse cases.

Data on demographic information were limited. School enrolment was documented for only 29.5% of victims (297/1,005). In all cases in the study, 19.4% were enrolled in school, and 4.3% had dropped out by the time litigation started. Employment status was documented in 26.5% for victims (266/1,005). More specifically, of all cases in the study, 22.7% were unemployed (228/1,005) and 3.0% (30/1,005) were employed in a paid job. Runaway behaviour was documented in 66.4%

**TABLE 1** Age and gender distribution of the cases

		Female		Male		No information		Total	
		n	%	n	%	n	%	n	%
Age range	0-3	2	0.2	0	0.0	0	0.0	2	0.2
	4-6	15	1.7	8	7.8	1	3.4	24	2.4
	7-9	33	3.3	27	26.2	0	0.0	60	6.0
	10-12	67	7.7	16	15.5	1	3.4	84	8.4
	13-15	341	39.1	30	29.1	2	6.9	373	37.1
	16-18	388	44.4	19	18.4	4	13.8	411	43.0
	No information	27	3.1	3	2.9	21	72.4	51	5.1
Total		873	100.0	103	100.0	29	100.0	1,005	100.0

**FIGURE 1** Distribution of the cases by non-sexual abuse categories they were exposed to ( $n = 397$ ) [Colour figure can be viewed at [wileyonlinelibrary.com](http://wileyonlinelibrary.com)]

(97/146) and constituted 9.6% of the sample. Self-harm behaviour was documented in 2.6% (4/153) constituting 0.4% of the sample.

Mental health problems were documented minimally in the case files. Illegal drug and alcohol abuse were documented in 19% (8/42) and 14.2% (6/42), respectively, constituting 0.8% and 0.6% of the sample. Other psychiatric disorders were documented in 46.2% ( $n = 80$ ) of cases constituting 3.7% of the sample. Intellectual disability was documented in 23.7% ( $n = 80$ ) of cases, constituting 1.9% of the sample.

In 46.9% (471/1,005) of the cases, exposed to one incident of sexual abuse, 43.9% (41/1,005) of the cases exposed sexual abuse repeatedly that occurred over a range of 2 days–120 months. In 9.2% (93/1,005) of the cases, there was no related information about the incidence of abuse. Information about the repetition of maltreatment based on gender is given in Table 2.

Sexual abuse occurred in the child's residence in 25.8% (278/1,075<sup>1</sup>) of cases. In 25.1% (270/1,075) of cases, CSA occurred in the perpetrator's house or in a place that belonged to the perpetrator's extended family. In 21.7% (233/1,075) of the cases, CSA occurred in public places. Detailed information regarding the location in which CSA occurred is presented in Table 3.

**TABLE 2** Chronicity of CSA ( $n = 977^a$ )

		Female		Male	
		n	%	n	%
Chronicity of CSA	Single event	401	48.5	65	65
	More than one event	394	47.6	33	33
	No information	32	3.9	2	2

Note. CSA = child sexual abuse.

<sup>a</sup>In 28 cases, gender has not been identified.

The perpetrator's relationship to the victim was documented in 880/1,005 cases (87.6%). Boys were most commonly abused by strangers (55.7%; 54/97) and girls by their peers (54.2%; 424/782). A significant relationship between the victim's gender and the perpetrator's relationship to the victim,  $\chi^2(6, 880) = 85.523$ ;  $p = .000$ , was noted. Relationships between perpetrators and victims are outlined in Table 4.

Allegations regarding the type of the CSA included penile–vaginal penetration in 49.0% (492/1,005) of the cases, verbal–sexual harassment in 18.6% (187/1,005), and attempted penile/vaginal penetration in 10.2% (103/1,005). Table 5 presents information about the forms of CSA abuse for the total sample organized by gender. Penile/vaginal penetration comprised 85.6% (416/486) of all completed penetrations followed by penile–anal 18.9% (92/486) and penile–oral penetration 1.6% (8/486). Of the attempted penetrations, 50.0% (59/118) involved vaginal/perinatal contact, 45.8% (54/118) involved anal contact, and 4.2% (5/118) involved oral/penile contact.

It was observed that data files suffered from a high number of missing data (948/1,005) regarding information about the child protection plans ordered by court. Within all cases, 3% (30/1,005) of the child victims remained with their family without any intervention. Where information was available about a child protection plan, it was seen that 42% (23/55) of cases were removed from the family, and 48% (32/55) of the cases did not receive any out of home placement.

## 8 | DISCUSSION

The current study aimed to retrospectively review CSA cases that were reported to legal entities during a 1-year period in four

**TABLE 3** Distribution of the scene where child sexual abuse occurred<sup>a</sup>

	Male		Female		No information about child's sex		Total	
	n	%	n	%	n	%	n	%
Public places (street and public transportation)	50	44.6	178	19.3	4	9.5	232	21.7
Family/foster family home	15	13.4	257	27.9	5	11.9	277	25.8
Perpetrator's/perpetrator's extended family home	19	16.9	247	26.8	1	2.4	267	25.1
School premises	7	6.3	54	5.9	9	21.4	70	5.6
Commercial park	13	11.6	43	4.7	1	2.4	57	5.3
Medical facilities	2	1.8	3	0.3	0	0	5	0.5
Child care facility	1	0.9	1	0.1	1	2.4	3	0.3
Communication tool/internet	1	0.9	4	0.4	1	2.4	6	0.6
Other	2	1.8	13	1.4	0	0	15	2.4
No information	2	1.8	121	13.1	20	47.6	143	12.7
Total <sup>a</sup>	112	100	921	100	42	100	1,075	100

<sup>a</sup>In some cases where multiple incidents were alleged, the events took place in more than one location.

**TABLE 4** Child's relationship with the perpetrator (n = 880)

	Male		Female		Total	
	n	% <sup>a</sup>	n	% <sup>a</sup>	n	% <sup>a</sup>
Family member	8	8.2	116	14.8	125	14.2
Stranger	54	55.7	148	18.9	202	23.0
Extra-familial person known to the victim	18	18.6	94	12.0	112	12.7
Peer	17	17.5	424	54.2	441	50.1
Total	97	100.0	782	100.0	880	100.0

<sup>a</sup>Percentages were calculated vertically.

provinces in Turkey. Findings revealed that of 1,005 cases analysed, most of the victims were female (87%), 40% involved completed sexual intercourse and 40% experienced recurrent abuse. In cases that were subjected to more than one type of abuse, physical abuse was the most common. The perpetrator of CSA was mostly a peer or a stranger, and CSA mostly occurred in the family home, at the perpetrator's house, or in public places. Documentation of child victim's demographics and the child protection plans was very low, ranging from 4% to 30%.

The current study showed that the majority of children (88.5%) exposed to CSA were aged between 10 to 18 years. This finding is

consistent with a previous retrospective study from Turkey, in which 81.8% of cases were aged between 12 to 18 years (Demirci, Doğan, Erkol, & Deniz, 2008). Further, results of this study provide support for the finding that older children and teenagers are at higher risk for CSA than younger children (Kerig, Ludlow, & Wenar, 2012). This study found that the ratio of CSA among girls and boys in terms of age was 2:1 infancy, 2:1 school age, and 15:1 in adolescence; the risk of being sexually abused increased in adolescence. These findings support those of Demirci et al. (2008) who showed girls to be at a higher risk of being CSA victims at all ages in their study in Konya, Turkey. Consistent with previous Turkish literature, this study revealed that 87% of open legal cases were female.

On the basis of the previous research and present finding, the prevalence of female CSA appears to be higher in Turkey compared to more developed countries. For instance, according to the World Health Organization's review in 2004, the estimated prevalence of CSA was 27% among girls and 14% among boys (Andrews, Corry, Slade, Issakidis, & Swanston, 2004). In the United States, CSA prevalence was 25.3% among girls and 7.5% among boys, 11% among girls and 3% among boys in the United Kingdom, and 37.8% among girls and 13% among boys in Australia. One reason for this might be that developing countries lack appropriate databases and do not track child

**TABLE 5** Forms of sexual abuse (n = 1,005)

Form of sexual abuse	Female		Male		Total	
	n	%	n	%	n	%
Completed anogenital penetration	458	55.0	34	34.0	492	49.0
Verbal harassment	159	19.1	19	19.0	187	18.6
Attempted anogenital penetration	71	8.5	31	31.0	103	10.2
Touching/fondling genitals	53	6.4	11	11.0	64	6.4
Adult exposing genitals to child	23	2.8	3	3.0	26	2.6
Sexual exploitation (for money, power, or status)	19	2.3	0	0.0	19	1.9
Exposing pornographic material/use of children in pornographic materials	20	2.4	2	2.0	22	2.2
No information	29	3.5	0	0.0	29	2.9
Missing information	N/A	N/A	N/A	N/A	63	6.3
Total	832	100	100	100	1,005	100.0

Note. N/A = not available.

abuse and neglect cases. The other reason might be a lower disclosure rate of male sexual abuse cases compared to female CSA cases.

There are many barriers to disclosing CSA, especially in patriarchal societies where the perpetrator and/or other family members threaten or coach the victim. In addition, lack of resources for a safe disclosure, children's lack of understanding of grooming, and inappropriateness of sexual acts or the victim's feelings of guilt or shame also play an important role. Child's gender also assumes a part in disclosure. For example, in this study, only 10% of the victims were male. Similarly, Scrandis and Watt (2014) indicated that boys represented a smaller portion of their study populations. Another study also reported that half of female victims disclosed CSA compared to one third of male victims (Mohler-Kuo et al., 2014). This may be partially because males are concerned about becoming gay as a result of perpetration by another male (Fontes & Plummer, 2010). Additionally, the more male-dominated the culture is, the more CSA disclosure for males is likely to stay as taboo (Cermak & Molidor, 1996). Social taboos may prevent parents reporting even if the child discloses to a parent, especially if the perpetrator is a core family member. However, Lippert, Cross, Jones, and Walsh (2009) state that the likelihood of disclosure increases when parents are supportive. In this regard, it is believed that increasing awareness regarding CSA and its consequences in families should be the priority when developing and delivering interventions.

Consistent with other studies (e.g., Simsek & Gencoglan, 2014), it was observed that most of the victims of CSA were abused repeatedly. This study also found that physical abuse was the most common type of abuse reported with CSA. Similar findings were reported in a retrospective study conducted on CSA in Saudi Arabia, which reported that the most common secondary type of abuse was physical abuse (Al Madani, Bamousa, Alsaif, Kharoshah, & Alsowayigh, 2012).

CSA most commonly took place at the child's residence, the perpetrator's home, and public spaces in the current study. This is in accordance with data from the United States, which showed that most CSA incidents occurred in the victim's residence or that of the perpetrator, followed by streets, fields/woods, schools, and hotels (Snyder, 2000). Similarly, a recent study conducted in the United Kingdom reported that 45% of CSA incidents happened in someone else's home, 39% happened in the victim's own home, and 30% happened in a street or other public place (Flatley, 2016).

An earlier study conducted in Turkey reported only 1.3% of adolescent girls reported incest among 11.3% of those who reported sexual abuse (Alikasifoglu et al., 2006). Similarly, a study conducted in Egypt reported that only 4% of CSA perpetrators were a family member (Aboul-Hagag & Hamed, 2012). Consistent with previous research, only in 14.2% of the cases, the perpetrator was a family member in this study. On the other hand, in Western countries, it was reported that 30% of CSA perpetrators were family members (Finkelhor, 2012; Whealin, 2007). A possible explanation for the difference might be that compared with developed countries, in more patriarchal societies such as Turkey, intra-familial CSA may be reported at lower rates due to higher levels of shame attached to it. Thus, the discrepancy between Eastern and Western cultures may be a consequence of lower rates of reporting of intra-familial CSA rather than a real difference between these cultures. In other words, in developing countries, intra-familial CSA might be covered

up because the influence of cultural pressure is greater than those in developed countries (Futa, Hsu, & Hansen, 2001; Gilligan & Akhtar, 2006). Thus, one should be cautious about cultural factors when interpreting the present findings.

In terms of children's relationship with the perpetrator, existing literature has suggested that children are sexually abused not only by adults but also by peers. Finkelhor (2009) pointed out that one third of all CSA offenders were under the age of 18. In an epidemiological study conducted in Switzerland, more than half of CSA perpetrators were young offenders (Mohler-Kuo et al., 2014). This study also found high rates of peer perpetrators. Regardless of culture, sexual acts perpetrated by peers are a common phenomenon and need to be addressed as a public health concern in the context of CSA. This issue also raises the importance of doing more research on young sexual offenders in order to develop prevention and rehabilitation strategies.

It has been previously shown that relationship between the child and the perpetrator shows significant differences depending on the child's gender. More specifically, according to a telephone survey conducted in the United States, boys were often abused by strangers, whereas girls were abused by their family members (Finkelhor & Browne, 1985). On the other hand, Aboul-Hagag and Hamed (2012) reported that females in Egypt were sexually abused mostly by strangers, whereas males were sexually abused by their peers. In line with Finkelhor and Browne (1985), this study found that boys abused mostly by strangers; however, girls were abused mostly by peers rather than family members (Finkelhor & Browne, 1985) or strangers (Aboul-Hagag & Hamed, 2012).

In this study, 49.7% of the victims had experienced full sexual intercourse, half of which was penile–vaginal. This is consistent with the findings of studies conducted in Egypt, which showed that 79% of the cases that were litigated were contact forms of CSA (Aboul-Hagag & Hamed, 2012). Although there is a perception that full sexual intercourse is the most serious form of CSA, in fact, non-contact forms of CSA may be as traumatic as contact forms of CSA (Cutajar et al., 2010; Maniglio, 2009). Because non-contact forms such as exposing genitals to a child, exposing a child to pornographic material, and sexual harassment via digital media are considered not as harmful, litigation of such cases is very rare especially in countries such as Turkey. It is also hard to get information about the prevalence and frequency of sexual abuse types that do not consist of sexual intercourse. Differences between rates of contact and non-contact sexual abuse may be related to the societal awareness, as only the worst cases of CSA have come to light and to the attention of authorities.

It is believed that the CSA cases that were reviewed through criminal courts clearly represent a “tip of the iceberg” of all CSA that occurs in Turkey because the caseload we reviewed in each province constituted only 0.01–0.02% of the child population. Petroulaki, Tsigoti, Zarokosta, and Nikolaidis (2013) have previously reported that only 0.02% of children between 11 and 16 years old living in the region from where their study population was extracted were litigated due to CSA. Another study on a sample of the same age group of Greek adolescents and children revealed that 0.95% (99/10,451) of respondents reported having been sexually abused (Ntinapogias et al.,

2013). Thus, it appears that low rates of recorded CSA cases are not specific to Turkey but are a rather common issue.

Investigation of case files in this study revealed that the documentation of multiple variables in the files was suboptimal in Turkey. Although crime-related variables were recorded in a systematic way, variables such as demographics of the victims, the perpetrators, and non-offending family members were minimally recorded. Systematic recording of children's education, behavioural and psychological problems, employment status, marital status, and familial demographic information would allow all professions presiding over the criminal court to recognize possible risk factors to the victim and the family in the long term. In this way, the criminal court system may trigger child protection actions through collaboration between the family, civil, and criminal courts as well as social services and police.

Criminal courts can play an important role in providing opportunities for social workers to work with sexually abused children and their families. Courts can also provide significant opportunities for prevention of all forms of sexual abuse by cooperating with family and social relations provincial directorates who are responsible for child protection. In this regard, this study emphasizes that registered cases and digitized data that need to be stored may provide a resource for researchers in understanding the epidemiology of at least the most invasive forms of CSA at a national scale. Bringing government agencies that must work together to investigate and assess all aspects of CSA, under a collaborative framework such as a child advocacy centred model, and encouraging them to use a standard data collection form may help involved agencies to create a national database for future intervention and research. This may, in turn, lead to better understanding of the scope of CSA across Turkey, better legislation and policies, new services, procedures, and protocols that can protect a large number of children who are victims of abuse. Strengthening the coordination between police, courthouses, and social services would be an important step in preventing child abuse cases.

There are several limitations of the current study that should be acknowledged. First, case files of CSA from criminal courts in only four of 81 provinces in Turkey were reviewed. Hence, this study does not represent the status of CSA that is litigated in the entire country. Also, these results provide no information regarding CSA prevalence in other institutions such as health facilities, schools, and so forth.

The extensive amount of missing data in court files was another limitation of this study. Although the National Judiciary Informatics System has begun to digitize all documents on all cases that courts, district attorneys, and police officers work on, however, the scanning process for all paper documents has not been thorough. As a result, most of the medical records documenting children's health evaluations were not found in the files. The number of sexual abuse cases, therefore, might be greater than the case files included in this study.

The findings of this study highlight the necessity to develop a system that ensures cooperation and coordination in the work of courthouses, police, education, social, and health. In this study, it has been observed that although details of the event are recorded in prosecution and police reports, detailed information about children is only

available in hospital reports. The creation of a common registration form, including the characteristics of children, families, and the offender would be a useful and an important step. Ensuring the use of such registration forms in all stakeholders may also facilitate the creation of a national database for future interventions and studies. In relation to this, adding items such as "unofficial husband/wife," "religious marriage to husband/wife," and "meeting via social media/internet" to the question forms may also be helpful in obtaining information about today's risk factors for CSA. In this regard, conducting more research, clinical, and social work of identifying the risk factors and the prevalence of CSA would provide a more detailed perspective on the current situation of CSA in Turkey and suggest strategies for prevention.

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## ENDNOTES

<sup>1</sup> In 47 of CSA cases, the event took place in more than one place. This value specifies the number of events.

## ORCID

Sinem Cankardas Nalbantcilar  <http://orcid.org/0000-0003-4140-2068>

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**Zeynep Sofuoğlu MD, PhD, MSc** is Board Member of Emergency Ambulance Physicians Association in Izmir Turkey. She is also a Psychodrama Leader. She received her PhD from the University of Dokuz Eylul and MSc from Karolinska Institute.

**Sinem Cankardas Nalbantçilar MA** is working as an Instructor at the Department of Psychology in Istanbul Arel University. She is a PhD candidate in Clinical Psychology. Her current research interests focus on domestic violence and spousal violence. She received her MA degree in Clinical Health Psychology from Okan University.

**Resmiye Oral MD** is a Clinical Professor of Paediatrics at the Carver College of Medicine Department at The University of Iowa. Her current research interests focus on child abuse and neglect, adverse childhood experiences, and trauma informed care. She received her MD from Ege University Medical School in Turkey. She is the director of the Child Protection Program at the University of Iowa Children's Hospital since 2001.

**Basak Ince MSc and MA** is working as a Research Assistant at the Department of Psychology in Istanbul Arel University. She is a PhD

student in Clinical Psychology. Her current research interests focus on eating disorders and psychopathology in children and adolescents. She received her MSc degree in Cognitive and Clinical Neuroscience, specialization in Psychopathology from Maastricht University and MA degree in Clinical Psychology at Istanbul Arel University.

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