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Prevalence of The Child Sexual Abuse in Turkey: A Scoping Review

Çocuk Cinsel İstismarının Yaygınlığı: Bir Kapsam İncelemesi

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ÖZ

Çocuk cinsel istismarı (ÇCİ) farklı sosyal, kültürel ve sosyoekonomik düzeylerde ortaya çıkabilmektedir. ÇCİ olgusunu sağlıklı bir şekilde ele almak ve önleyebilmek için, ÇCİ'nin kapsamını belirlemek gerekir. Bu nedenle, bu derlemede Türkiye'de ÇCİ'nin yaygınlık oranları, Haziran-Kasım 2020 tarihleri arasında literatür taraması yapılarak elde edilen çalışmlarla ortaya konmaya çalışılmıştır. Uuluslararası ve Türk elektronik literatür veri tabanlarını (Embase, Medline, PsycInfo, Web of Science, Science Direct, PsychINFO, Google Scholar ve TÜBİTAK-ULAKBİM National Database) araştırıldı ve uygun olabilecek 523 çalışma belirlenmiştir. Dahil etme sürecinden sonra, on dört araştırma değerlendirilmiştir. Sonuçlar, çocuk cinsel istismarı yaygınlığının %2.8-32.4 arasında olduğunu göstermektedir. Ayrıca incelenen çalışmaların tamamına yakınının toplum temelli olduğu tespit edilmiştir. Ancak, popülasyon temelli çalışmaların çoğunluğunun olumlu yönüne rağmen, araştırmaların yaklaşık üçte birinin örneklem büyüklüğü yeterli değildir. Sonuç olarak, bu çalışma ile Türkiye'deki araştırmaların metodolojik özellikleri çerçevesinde ÇCİ'nin yaygınlığı hakkında çeşitli bilgilere ulaşılmıştır. Sonuçlar, Türkiye'de ÇCİ yaygınlığı ile ilgili daha fazla sayıda ve geniş ölçekli çalışmalara ihtiyaç olduğunu vurgulamaktadır.

Anahtar kelimeler: *Cinsel istismar, mağdur, kapsam incelemesi, fail.*

ABSTRACT

Child sexual abuse (CSA) can occur at different social, cultural, and socioeconomic levels. To handle the phenomenon of CSA healthily and to be able to prevent it, it is necessary to determine CSA's scope. Therefore, this review examined the prevalence rates of CSA in Turkey. We did a literature review in June- November 2020, searched international and Turkish electronic literature databases (Embase, Medline, PsycInfo, Web of Science, Science Direct, PsychINFO, Google Scholar, and TUBITAK-ULAKBIM National Database), and identified 523 potentially eligible studies. After the inclusion process, fourteen prevalence research were assessed. The results show a prevalence of child sexual abuse between 2.8-32.4%. In addition, it is found that nearly a total of the studies examined are population-based. However, despite the positive aspect of the majority of the population-based studies, the sample size of about one-third of the research is not sufficient. As a result, with this study, various information about CSA prevalence was obtained within the framework of the methodological features of the studies in Turkey. The results highlight the need for more and more large-scale studies regarding the prevalence of CSA in Turkey.

Keywords: *Sexual abuse, victim, scoping review, perpetrator.*

INTRODUCTION

The most general definition of child sexual abuse (CSA) 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, or else that violates the laws or social taboos of society" (World Health Organization, 2006). CSA, which could be observed at different social, cultural, and socioeconomic levels, is a significant problem in many countries (Pereda, Guilera, Forns, & Gómez-Benito, 2009). According to a study including twenty-four countries, males were subjected to CSA at prevalence rates between 3 and 17 percent, while girls were exposed to it between 8 and 31 percent (Barth, Bermetz, Heim, Trelle & Tonia, 2013). This substantial global problem seriously affects the victims' physical and mental health, well-being, and development throughout their lives (World Health Organization, 2006). Short- and long-term sequelae after CSA were evidenced as a wide range of mental disorders, such as post-traumatic stress disorder (Aydin, Akbas, Turla, & Dundar, 2016; Guerra, Farkas, & Moncada, 2018; Maniglio, 2012), anxiety (Guerra et al., 2018; Maniglio, 2012), depression (Aydin et al., 2016; Guerra et al., 2018; Lee, Lyvers, & Edwards, 2008), conduct disorder (Maniglio, 2015), and substance abuse (Lee et al., 2008; Tonmyr & Shields, 2017) and biological risks like differentiation in brain structure and function, troubles in information processing (Maniglio, 2012).

CSA can affect not only the childhood period of an individual but also adulthood (Higgins & McCabe, 2003). CSA could increase an individual's possibility of depression and risk-taking, such as engagement in HIV risk behaviors (Levine et al., 2018; Mullings, Marguart, & Brewer, 2000), risky sexual behavior (Thompson et al., 2017), and substance/alcohol use in adult life (Levine et al., 2018; Diaz et al., 2020). Associated with all these negative consequences, CSA can also increase the risk of sexual revictimization (Boney-McCoy & Finkelhor, 1995; Filipas & Ullmann, 2006) and delinquency (Ogloff et al., 2012). For instance, in a study examining 1915 retrospective cases, the ratio of sexual revictimization was 11.10% (Pittenger, 2016). Given these adverse outcomes, nonfatal CSA has estimated an average lifetime cost of $282,734 per victim (Letourneau, Brown, Fang, Hassan, & Mercy, 2018).

When the studies related to the prevalence, several different findings could be obtained according to the child's characteristics, family, culture (Sanjeevi, Houlihan, Bergstrom, Langley, & Judkins, 2018), and context of the case. According to a review study, the prevalence of CSA worldwide was 7.90% in males and 19.70% in females (Pereda et al., 2009). Finally, a recent review that examined prevalence rates for CSA across different studies and different countries estimated combined prevalence rates for CSA of 12.70% (7.60% among boys vs. 18% in girls; Stoltenborgh, Bakermans-Kranenburg, Alink, & van IJzendoorn, 2014). In this regard, Sanjeevi et al. (2018) highlighted that estimating the prevalence of CSA was complicated by several factors, including the absence of universal defining criteria for what constitutes CSA and the discrepancy between self-reported instances of CSA and officially reported CSA cases.

In addition to the above, in a meta-analysis study, Stoltenborgh et al. (2014) emphasized that there is not enough research on developing and Asian countries' CSA, so the prevalence rates in these regions of the world may seem low. Turkey is one of the countries with these features. To our knowledge, no scoping studies on the prevalence of CSA in Turkey have been published internationally until this time. In a study that the researchers in Turkey evaluated systematically, there were limited studies on prevalence (Uslu & Kapçı, 2014). According to the data of the Turkish Statistical Institute (2018), 28% (*n* = 22.920.422) of the Turkish population consisted of children below the age of 17, and due to the conservative nature of the culture, CSA could be treated as a taboo in society. In this regard, it was considered to be helpful to evaluate the prevalence studies on CSA. Eventually, for all these reasons, this study has aimed to determine and assess the results of the studies on the prevalence of CSA in the national and international databases in Turkey sample.

METHOD

The current study is a scoping review examining the studies regarding the prevalence of child sexual abuse in Turkey. In this context, the study emerged by following the steps below.

1. Identifying the research question: It was stated that research questions should be defined clearly in scoping review studies. The current study, "what are the characteristics of the studies about the prevalence of CSA in Turkey?" searched for the answers.

Table 1. Inclusion and exclusion criteria for the study

Criterion	Inclusion	Exclusion
Language	Turkish and English	Non- Turkish and non-English studies
Type of article	Original research published in a peer review journal	Articles that were not peer-reviewed or original research
Thesis	Original research, published in the National Thesis Center Database (2020)	The thesis was not published, and articles that were not searched in the specified databases
Study focus	Studies where the prevalence of CSA is stated	Studies where the prevalence of CSA is not stated
Method	A utilized quantitative, qualitative, or mixed-method design	Scale development or literature review studies

2. Identifying relevant studies: In this study, articles and theses were searched in EbscoHost, National Thesis Center Database (The Council of Higher Education (CHE)- Thesis [YÖK Tez], 2020), ScienceDirect, Ulakbilim and Web of Science databases between June and November 2020, using the following keywords: ("child sexual abuse" OR "sexual abuse" OR "abuse"), ("Turkey" OR "Turkish" OR "Turk" OR "Turks"), ("childhood sexual abuse" OR "child abuse"), ("prevalence of child sexual abuse" OR "prevalence of child abuse"), ("Childhood Trauma / Questionnaire", OR "sexual

violence"). In addition, inclusion and exclusion criteria for identifying relevant studies were determined (Kenny et al., 2013). These criteria have been specified in Table 1.

3. Study selection: Due to the use of keywords and scanning of the relevant databases, 523 studies were identified. First, duplicate studies were eliminated, and 241 studies remained. Later, 223 more studies were screened in line with the inclusion and exclusion criteria, and a total of 14 studies were determined. All the researchers examined all the research, and 100% consensus was achieved on the inclusion of all the studies. The process of article selection was illustrated as the Preferred Reporting of Items for Systematic Reviews and Meta-Analyses (PRISMA) Statement (see Figure 1, Tricco et al., 2018).

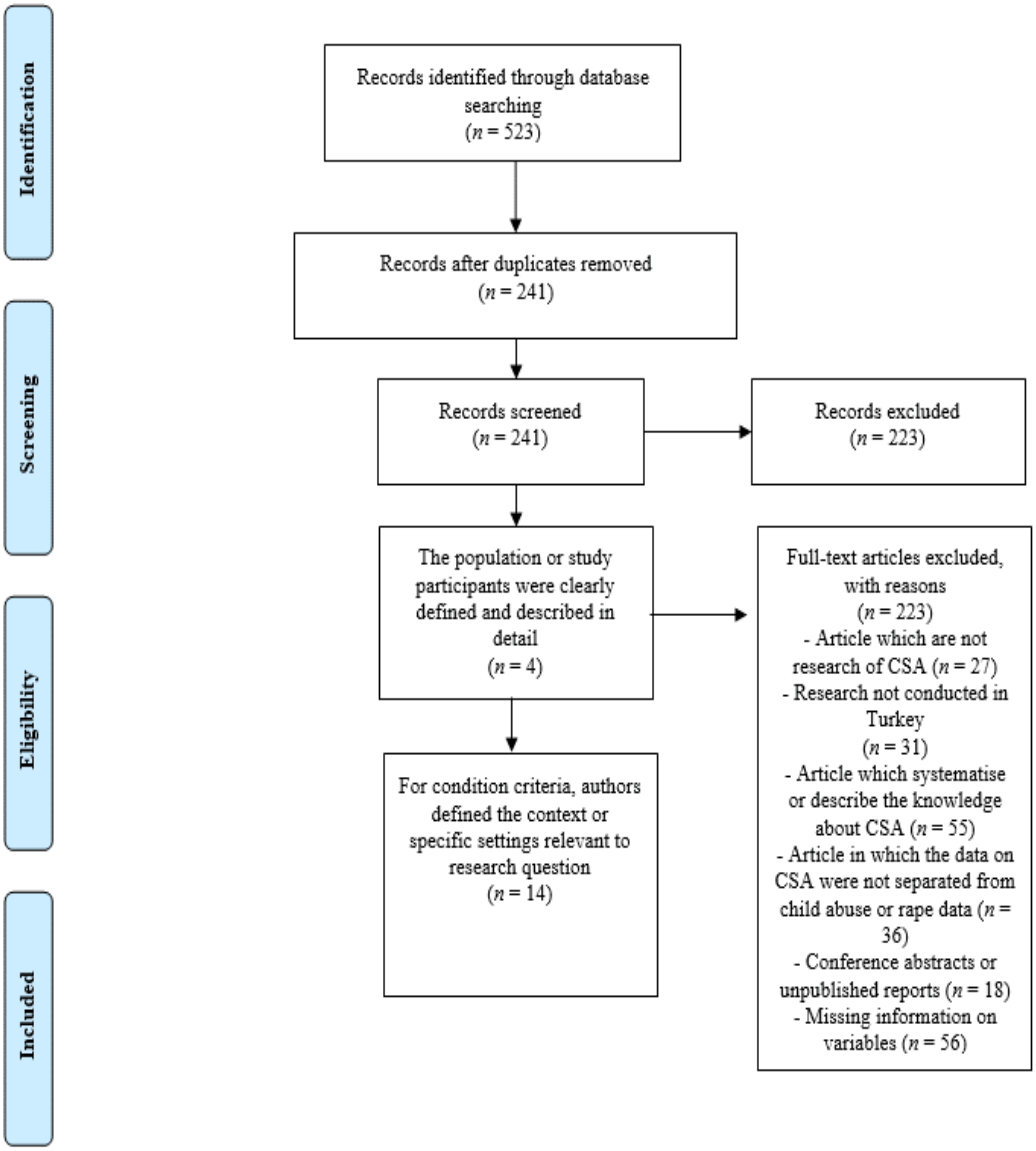

Figure 1: Flow of information during the different phases of a scoping review

4. Charting the data: In the fourth stage of the scoping review, various information about the research discussed in this study is presented in Table 2 and Table 3.

Table 2. Descriptive Statistics for the Studies

Author/s	Publication	Sample	Sampling method	Study design	Sample size
Alikasifoglu et al. (2006)	Article	Population-based	Convenience and stratified cluster / Randomly	Cross-sectional	1871
Aydın et al. (2015)	Article	Population-based*	Randomly	Cross-sectional	109
Çelik et al. (2012)	Article	Population-based	Randomly	Cross-sectional	646
Eskin et al. (2005)	Article	Population-based	Randomly	Cross-sectional	1262
Güneri-Yöyen (2016)	Article	Population-based	Randomly	Cross-sectional	530
Kıvrak et al. (2015)	Article	Population-based	Randomly	Cross-sectional	410
Mutlu (2015)	Thesis	Clinical-based	Randomly	Cross-sectional	314
Öncü (2009)	Thesis	Population-based*	Randomly	Cross-sectional	595
Özcan et al. (2017)	Article	Clinical-based	Convenience	Cross-sectional	1007
Şahin et al. (2010)	Article	Population-based	Stratified / Randomly	Cross-sectional	750
Turla et al. (2009)	Article	Population-based*	Randomly	Cross-sectional	200
Türkmen et al. (2004)	Article	Population-based**	Randomly	Cross-sectional	52
Yıldırım et al. (2013)	Article	Population-based	Clustered stratified / Randomly	Cross-sectional	5025
Zoroğlu et al. (2001)	Article	Population-based	Randomly	Cross-sectional	839

Note: * = Vocational training center; ** = Children living on the streets

Table 3. Descriptive Statistics for the Sample Characteristics

Author/s	Urban/Rural	Explicit definition of CSA	Sex of sample *n* (%)	CSA *n* (%)	FV vs. MV (%)
Alikasifoglu et al. (2006)	Urban	Question form	Female = 1871 (100%)	FV = 250 (13.4%) MV = --	--
Aydın et al. (2015)	Rural	Question form	Female = 21 (19.3%) Male = 88 (80.7%)	3 (2.8%) FV = -- MV = --	--
Çelik et al. (2012)	Urban	Childhood Trauma Questionnaire	Female = 369 (57.1%) Male = 227 (42.9%)	147 (22.8%) FV = 66 (17.9%) MV = 81 (35.9%)	44.8% vs. 55.2%
Eskin et al. (2005)	Urban	Childhood Trauma Questionnaire	Female = 683 (54.1%) Male = 579 (45.9%)	347 (28.1%) FV = -- MV = --	--
Güneri-Yöyen (2016)	Urban	Childhood Trauma Scale	Female = 303 (57.2%) Male = 227 (42.8%)	96 (18.1%) FV = -- MV = --	--
Kıvrak et al. (2015)	Urban and Rural	Childhood Trauma Questionnaire	Female = 410 (100%)	FV = 133 (32.4%)	--
Mutlu (2015)	Urban	Childhood Trauma Questionnaire	Female = 157 (50%) Male = 157 (50%)	68 (21.7%) FV = -- MV = --	--
Öncü (2009)	Urban	Question form	Female = 108 (18.2%) Male = 487 (81.8%)	150 (25.2%) FV = 26 (24.1%) MV = 124 (25.5%)	17.3% vs. 82.7%
Özcan et al. (2017)	Urban	Question form	Female = 628 (62.5%) Male = 379 (37.5%)	35 (3.5%) FV = 24 (3.8%) MV = 11 (2.9%)	68.6% vs. 31.4%
Şahin et al. (2010)	Urban	Childhood Trauma Questionnaire	Female = 750 (100%)	FV = 21 (3.2%) MV = --	--
Turla et al. (2009)	Urban	Question form	Female = 46 (23%) Male = 154 (77%)	20 (10%) FV = 7 (16.3%) MV = 13 (8.4%)	35% vs. 65%
Türkmen et al. (2004)	Urban	Question form	Female = 2 (4%) Male = 50 (96%)	3 (6%) FV = -- MV = --	--
Yıldırım et al. (2013)	Urban and Rural	International Child Abuse Screening Tool-children's version (ICAST-C)	Female = 2459 (51.1%) Male = 2566 (48.9%)	320 (6.3%) FV = 118 (4.8%) MV = 202 (7.9%)	36.8% vs. 63.2%
Zoroğlu et al. (2001)	Urban	Question form	Female = 513 (61.1%) Male = 326 (38.9%)	90 (10.7%) FV = 68 (13.3%) MV = 22 (6.7%)	75% vs. 25%

Note: *C*SA = Child sexual abuse; FV = Female victim; MV = Male victim
-- Data is not reported.

5. Collating, summarizing, and reporting the results: The fifth and final stage of Arksey and O'Malley's (2005) scoping review framework was the summarising and reporting of findings.

FINDINGS

The fifth and final stage of scoping review research is summarising and reporting findings (Arksey & O'Malley's, 2005). It is recommended to write the findings separately in scoping review studies in the related literature (Saini & Shlonsky, 2012). Accordingly, the results were analyzed under the headings of publication, method, and prevalence of CSA.

Publication: The research obtained as a result of the screening carried out within the scope of this study was first examined according to the publication type. Accordingly, 85.8% (*n* = 12) of the studies are research articles, and 14.2% (*n* = 2) are thesis studies.

Method: In this section, the findings obtained from the method sections of the studies were examined separately.

Sample: Of the studies, 85.71% (*n* = 12) were carried out in a population-based sample, and 14.29% (*n* = 2) were from a clinical-based sample. One of the studies consists of a clinical sample (7.14%) of adolescents aged 14-18 who applied to the pediatric outpatient clinic in a city center within 14 months (Özcan et al., 2017); another one (7.14%) was conducted with individuals who applied to the nutrition and dietetic clinics of the hospital in the city center within three months (Mutlu, 2015).

Sampling method: The studies examined within the research scope were also handled according to the sampling methods. Accordingly, only the random sampling method was used in 71.43% of the studies (*n* = 10). Convenience sampling and clustered stratified sampling were utilized in addition to this (*n* = 1; Alikasifoglu et al., 2006), clustered stratified sampling (*n* = 2; Şahin et al., 2010; Yıldırım et al., 2013), and convenience sampling (*n* = 1; Özcan et al., 2017).

Study design: All of the studies were designed as cross-sectional (N = 14; 100%). In addition, they were conducted by a quantitative method.

Sample size: The sample size of the studies varied between 52 (Türkmen et al., 2004) and 5025 (Yıldırım et al., 2013). Only female participants were involved in 21.43% of the studies (*n* = 3); in 78.57% (*n* = 11) of the studies, male and female participants were involved.

Urban/Rural: The regions where the studies were carried out were also examined within the scope of the current study. Accordingly, 78.57% of the studies (*n* = 11) were performed only in urban areas; 14.29% (*n* = 2) were performed both in urban and rural areas, and 7.14% (*n* = 1) were performed only in rural areas.

Tools: While standardized scales were used in only 50% of the studies (*n* = 7; e.g., Childhood Trauma Questionnaire), questionnaire forms (*n* = 7) were used in 50% of the studies.

Prevalence of Child Sexual Abuse (CSA): In this section, the findings regarding the prevalence of CSA are examined and presented in Table 4. In general, the prevalence of CSA varies between 2.80% (*n* = 3; Aydın et al., 2016) and 32.40% (*n* = 133; Kıvrak et al., 2015). In the study with the lowest prevalence of CSA (Aydın et al., 2016), the gender of the participants was not specified.

Table 4. The Findings Regarding the Prevalence of the Child Sexual Abuse

Condition	The Prevalence Ratio
General	2.80 - 32.40%
By gender	
Female	17.30 - 75.00%
Male	31.40 - 82.70%
By settlement	
Urban	3.20 - 28.10%
Rural	2.80%
Urban & rural	6.30 - 32.40%
By sampling method	
Random sampling	2.80 – 31.40%
Convenience and stratified cluster method	13.40%
Clustered stratified method	6.30%
Convenience method	3.50%
By type of study	
Population-based studies	2.80-32.40%
Clinical-based studies	3.50-21.70%
By sample size	
The smallest sample size	6.00%
The largest sample size	6.30%

When CSA prevalence was evaluated by gender, the CSA rate of females ranged between 3.20% (Şahin et al., 2010) and 32.40% (Kıvrak et al., 2015). For males, this rate varies between 2.90% (Özcan et al., 2017) and 35.90% (Çelik et al., 2012). When looking at the prevalence regarding gender, the CSA ratio of females ranges between 17.30% (Öncü, 2009) and 75% (Zoroğlu et al., 2001); it is seen that the CSA ratio of males ranges between 31.40% (Özcan et al., 2017) and 82.70% (Öncü, 2009). The prevalence of CSA in the two thesis studies was 25.20% (*n* = 150; Öncü, 2009) and 21.70% (*n* = 68; Mutlu, 2015). In studies conducted only in urban, this rate ranges from 3.20% (*n* = 21; Şahin et al., 2010) to 28.10% (*n* = 21; Eskin et al., 2005). In the studies conducted both in urban and rural, the prevalence is 32.40% (*n* = 133; Kıvrak et al., 2015) and 6.30% (*n* = 320; Yıldırım et al., 2013); only in rural (*n* = 3; Aydın et al., 2016), it was 2.80%. When prevalence is evaluated according to sampling methods, in eleven studies using random sampling, this rate was 2.80% (*n* = 3; Aydın et al., 2016) and 32.40% (*n* = 133; Kıvrak et al., 2015). In the study using the convenience and stratified cluster method, this rate was 13.40% (*n* = 250; Alikasifoglu et al., 2006), and in the

study using the clustered stratified method was 6.30% (*n* = 320; Yıldırım et al., 2013); and, it was 3.50% (*n* = 35; Özcan et al., 2017) in the study used convenience method. In two clinical-based studies, the prevalence of CSA was stated as 21.70% (*n* = 68; Mutlu, 2015) and 3.50% (*n* = 35; Özcan et al., 2017). In studies conducted on a population-based basis, this ratio ranges between 2.80% (*n* = 3; Aydın et al., 2016) and 32.40% (*n* = 133; Kıvrak et al., 2015). In the study conducted with children living on the streets, the prevalence was 6% (*n* = 3; Türkmen et al., 2004. In the study with the smallest sample size (N = 52), this rate was 6% (*n* = 3; Türkmen et al., 2004), while this rate was 6.30% (N = 320; Yıldırım et al., 2013) in the study with the highest sample size (N = 5025).

DISCUSSION AND CONCLUSION

In this study, which evaluated the prevalence of CSA in Turkey, many striking findings were obtained. The studies obtained as a result of the screening carried out within the scope of this study have been primarily examined in terms of publication type. Accordingly, most studies are research articles (86.6%), and the remaining studies are dissertations (13.4%). The most important reason why the number of articles is higher than thesis studies may be that university student researchers have more anxiety about reaching CSA victims than researchers working in the field. Conducting the thesis in a limited time and considering contacting CSA victims' complex and ethical concerns (Uslu & Kapçı, 2014) may cause this situation. In addition, in the current study, nearly a total of the studies examined are population-based. Since population-based studies can reflect the general status of society (Atiqul et al., 2019), it can be considered a positive feature that most of the studies reached are population-based.

In this review, the participants were randomly chosen in 71.43% of the studies. However, considering that all these studies (N = 14) were designed in a cross-sectional design, The results might not accurately reflect the population as a whole. Thus, it is acknowledged in the literature that there is a risk that cross-sectional studies do not represent the universe (e.g., Sedgwick, 2014). Moreover, when the number of samples in the studies is examined, the sample size of 78.57% (*n* = 11) is above 300. Domhardt, Münzer, Fegert, and Goldbeck (2015) express that having a sample size of over 300 was necessary for the quality of the research. Therefore, it can be said that the sample size of about one-third of the studies is insufficient quality.

Another important finding of this study is that most of the studies examined were carried out in urban areas in Turkey. This situation induces the CSA situation in rural regions not to be revealed sufficiently. However, while reviewing the relevant literature, it is observed that CSA is also experienced in rural areas (e.g., Çetin & Altıner, 2019); the rate of CSA might be higher in rural areas compared to urban areas (Akçınar, 2017). Considering that judicial units in rural areas may have more problems in reaching CSA victims and may fear pressures such as stigma and condemnation (Age & Erden, 2013), the findings of this study also support the need for studies to be carried out in

rural areas. Hereby, prevalence studies can be conducted in rural areas in future studies, and the accurate dimensions of the problem can be determined.

In the studies examined within the scope of the research, another important topic is the explicit definition of CSA. In the studies, standardized scale forms, questionnaire forms, and questions were utilized for the definition of CSA. Using different measurement tools related to the topic makes it difficult to achieve language unity in review articles and use a common language for an explicit definition of CSA (Stoltenborgh et al., 2011). Because of these factors, as in this study, the data collection tools cannot be explained in detail and cannot be collected under a common title in review studies. It is detected that the explicit definition of CSA was not performed in every study; in some studies, it is determined with a questionnaire form (e.g., Aydın et al., 2016; Turla et al., 2009), and in some studies with one scale (e.g., Güneri-Yöyen, 2016). As is known, CSA behaviors include different and comprehensive behaviors. Behaviors such as exhibitionism, pressure on the child to witness sexual intercourse, voyeurism, rape, caressing their genitals, oral sex, and child pornography are some of the CSA behaviors (Aslan & Alparslan, 1999; Tıraşçı & Gören, 2007). In studies conducted with questionnaire forms, not all CSA types are handled at the same level, while in studies where the scale form is used, only information about the scores obtained from the scale is given, and the study is not sufficiently detailed on issues such as the number of females and males, and the number of population-sample. This makes it difficult to compare the findings of the studies in terms of the mentioned variables. Therefore, it is crucial to use standard measurement tools and detail the sampling characteristics in future studies on CSA prevalence.

In the studies, when the prevalence of CSA is analyzed according to the sample size, it is seen that these prevalence rates vary between 2.8% (Aydin et al., 2016) and 32.4% (n = 133; Kıvrak et al., 2015). Only the CSA rate in the workplace was evaluated in the study, in which the lowest prevalence rate was determined (Aydin et al., 2016). In contrast, the study in which the highest prevalence rate was determined was performed with hospital admissions for the patient visit (Kıvrak et al., 2015). In short, the two studies differ in terms of the characteristics of the participants and the sampling method. In general, most studies' prevalence rates for CSA appear to be below 20%. Reviewing the literature, in a meta-analysis study by Stoltenborgh et al. (2011), the global CSA prevalence is 12.7%. In addition, researchers declared that due to cultural differences, the lowest prevalence rates for CSA were in Asia, and randomized trials were associated with lower estimates. Considering that there is a collectivist society in Turkey where sexual issues are considered taboo (Civil & Yıldız, 2010) and most of the studies were conducted randomly, it is expected that the prevalence of CSA in the studies is low. As a matter of fact, according to the findings of late disclosure studies, fathers are prevented from being punished for reasons such as family honor and not to cause a family problem (e.g., Koçtürk & Bilginer, 2020). Furthermore, Stoltenborgh et al. (2011) emphasize that the prevalence of CSA could be determined at a lower prevalence rate in random sampling research according to convenience sampling. In other words, studies with better methodological qualities yield

lower estimated prevalence rates (Stoltenborgh et al., 2011). Ensuring that the sampling method is random in future prevalence studies will determine the existing problem more clearly.

This study also discusses the distribution of individuals exposed to CSA by gender. When the distribution of the studies by sex is examined, firstly, it can be said that the most prominent situation in an important part of the studies is the lack of information regarding the sex of the victims. According to the PRISMA guide, the characteristics of the studies and the information related to the sampling should be given clearly (Moher, Liberati, Tetzlaff, & Altman, 2009). Considering this aspect, the absence of distribution by gender in five studies can be viewed as a negative situation in terms of comparing the studies by sex variable and determining the average frequency. While assessing the studies, including information about the sex of CSA victims, it is detected in some studies that most females were exposed to CSA (e.g., Zoroğlu et al., 2001). In other studies, males were exposed to CSA much more (e.g., Çelik & Odacı, 2012; Turla, Tomak, & Pekşen, 2009). However, it is thought that in the studies in which males are mostly exposed to CSA, the number of samples is limited (e.g., Turla et al., 2009), there is a unique population, and thus, no clear view can be obtained. For example, in a study conducted by Öncü (2009) with a total of 595 people, 108 females (18.2%) and 487 males (81.8%), the rate of exposure to abuse is determined as 25.2% (n = 150). 24.1% (n = 26) of female participants and 25.5% (n = 124) of male participants stated that they were exposed to CSA. As can be seen, the CSA exposure rate of female and male participants is very close to each other. However, when evaluated regarding those who were abused (n = 150), 82.7% (n = 124) of males are exposed to CSA. This is also a methodological problem, making it seem like men's exposure to CSA is higher than it is. But as heterosexualism is more common and males are mostly in a perpetrator position in society, females can be at risk much more in the whole world (Stoltenborgh et al., 2011). As is seen in many social problems, gender inequality and the taboo of CSA are thought to support this situation and prepare the ground for perpetrators of CSA (Koçtürk, 2020). Thusly, it is known that sexuality is a taboo, and CSA myths exist in patriarchal societies where female-male inequality is high (Cromer and Goldsmith, 2010; Koçtürk & Kızıldağ, 2018). Due to this power/weakness balance, victims can be girls and boys (Koçtürk, 2020).

This study has some limitations. As stated in the methods section, although many studies on the frequency of CSA were reached in the literature, most studies were eliminated since some did not include information such as gender ratios and CSA behaviors. This is exceptionally experienced in a limited number of clinical-based prevalence studies. Hence, many of the studies covered in this study are population-based studies. In future studies, prevalence studies can be performed on clinical samples, and this deficiency in the literature can be eliminated. Secondly, due to a lack of data in studies, CSA types, perpetrator features, etc., could not be handled in the study. As obtaining information about the victim and the perpetrators and examining the subjects, such as the way of the incident, etc., in detail, may lead to the identification of the risk group and prevention activities, it is essential to identify these points. To compare the findings among countries, the CSA definition

can be made through standard international criteria, its prevalence can be determined, and the rate of these variables (e.g., type of CSA) can be presented in detail for future studies. Finally, the prevalence results in this study consist of only self-report studies. In the study by Stoltenborgh et al. (2011), it is stated that CSA frequency may differ whether the survey is a self-report or an informant one, and the prevalence of CSA is at a higher prevalence rate in self-report studies.

Along with the limitations above, this study provides a lot of information about studies on the prevalence of CSA in Turkey. Firstly, more large-scale studies on the prevalence of CSA research in Turkey are needed. In future studies, it can be ensured that valid and reliable scale tools are used based on international criteria and the sample covers the whole country, including rural areas. Furthermore, since it was determined that there were problems in reporting many variables in studies, these issues can be considered in future studies. On the other hand, to give an idea about CSA to children at risk, causal and longitudinal new studies can be carried out regarding age, sex, being a minority/disadvantaged, etc. Because, in the literature, only one study for primary school children (Yıldırım, Karataş, Yılmaz, Çetin, & Şenel, 2013) and two studies with high school students are reached (Alikasifoglu et al., 2006; Zoroğlu et al., 2001), and it is determined that there were no longitudinal studies. It is thought that no state institution in Turkey, especially the Ministry of National Education, permits research on CSA, which makes the problem taboo and prevents the CSA from being treated seriously. As a country that accepts the Convention on the Rights of the Child and commits to working to protect children from CSA, Turkey needs to address the problem on a more scientific basis and strengthen the social services offered to children and families. In this sense, authorized state institutions can encourage experts such as social workers, psychological counselors, psychologists, and doctors to research the CSA (e.g., budget for prevalence and prevention studies) and work to raise public awareness and participation in research.

COMPLIANCE WITH ETHICAL STANDARDS

CONFLICT OF INTEREST

All authors declare that they have no conflicts of interest.

ETHICAL APPROVAL

All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards. According to the Instructions for Scientific Research and Publication Ethics guidelines issued by the Council of Higher Education, since this study is a review study, it does not require ethics committee approval.

PERCENTAGE OF CONTRIBUTION OF AUTHORS

The authors contributed equally to the study.

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