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# Assessing Resident Physicians' Knowledge and Attitudes on Child Sexual Abuse

Asistan Hekimlerin Çocuklarda Cinsel İstismar Konusundaki Bilgi ve Tutumlarının Değerlendirilmesi

[1]Damla Eyüboğlu, [2]Şengül Tosun Altınöz, [3]Albina Fazailova, [3]Mahmut Şehirlioğlu, [3]Muharrem Bolluk, [3]Ceren Fettahlı, [1]Murat Eyüboğlu

[1] Eskisehir Osmangazi University School of Medicine Department of Child and Adolescent Psychiatry, Eskişehir, Türkiye
[2] Department of Psychiatry, Private Practice, Eskişehir, Türkiye
[3] Eskisehir Osmangazi University School of Medicine, Student, Eskişehir, Türkiye

***ORCID ID of the authors***
DE. 0000-0001-6042-7768
ŞTA. 0000-0002-7629-192X
MŞ. 0009-0002-3502-7185
CF. 0000-0002-9387-6604
MB. 0000-0002-1561-1336
AF. 0000-0002-8930-5972
ME. 0000-0003-3278-0374

**Correspondence / Sorumlu yazar:**
Damla EYÜBOĞLU

Eskisehir Osmangazi University School of Medicine Department of Child and Adolescent Psychiatry, Eskişehir, Türkiye

**e-mail:** deyuboglu@ogu.edu.tr

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**Abstract:** This study aims to assess the knowledge and attitudes of resident physicians regarding child sexual abuse. Child sexual abuse is a significant public health issue worldwide, and healthcare professionals often encounter challenges in identifying and managing such cases. A total of 126 resident physicians from both preclinical and clinical branches participated. Data were collected using a two-part questionnaire developed by researchers based on current literature. The first part gathered sociodemographic information, while the second focused on knowledge of sexual abuse, risk factors, and legal responsibilities. Findings revealed that 67.5% of the participants received education on child sexual abuse during medical school, yet only 30.5% considered this training adequate. Participants demonstrated high awareness of explicit indicators of sexual abuse, such as sexualized conversations, voyeurism, and child pornography. However, lower awareness was observed for ambiguous cases, such as consensual interactions with older individuals. Regarding risk factors, most participants identified family socioeconomic status as related to abuse risk, with additional awareness of factors like separation from parents and parental mental health issues. Legal responsibility awareness was high, with 98.4% recognizing the obligation to report suspected abuse, though 7.9% expressed uncertainty about appropriate steps. These findings indicate gaps in knowledge regarding risk factors and judicial reporting processes and suggest that enhancing education in this area to be more comprehensive and practice-oriented could be beneficial. Addressing these gaps in medical education could improve the ability of resident physicians to recognize and manage child sexual abuse cases effectively, ensuring better protection for affected children and fulfilling their legal responsibilities.
**Keywords:** Child abuse, Sexual abuse, Resident physician, Risk factors, Recognition and evaluation

**Özet:** Bu çalışma, asistan hekimlerin çocuklarda cinsel istismar konusundaki bilgi ve tutumlarını değerlendirmeyi amaçlamaktadır. Çocuklarda cinsel istismar, dünya genelinde önemli bir halk sağlığı sorunu olup, sağlık profesyonelleri bu tür vakaları tanımlama ve yönetme konusunda zorluklarla karşılaşmaktadır. Çalışmaya preklinik ve klinik branşlardan toplam 126 asistan hekim katılmıştır. Veriler, mevcut literatüre dayanarak araştırmacılar tarafından geliştirilen iki bölümlü bir anket kullanılarak toplanmıştır. İlk bölüm sosyodemografik bilgileri toplarken, ikinci bölüm cinsel istismar bilgisi, risk faktörleri ve yasal sorumluluklara odaklanmıştır. Bulgular, katılımcıların %67.5'inin tıp fakültesinde çocuklarda cinsel istismar eğitimi aldığını, ancak yalnızca %30.5'inin bu eğitimi yeterli bulduğunu göstermiştir. Katılımcılar, cinsel içerikli konuşma, teşhircilik ve çocuk pornografisi gibi cinsel istismar göstergeleri hakkında yüksek farkındalığa sahipken, yaşça büyük bireylerle rıza temelli ilişkiler gibi daha belirsiz durumlar konusunda düşük farkındalık göstermiştir. Risk faktörleri açısından çoğu katılımcı, ailelerin sosyoekonomik durumunu istismar riski ile ilişkili olarak belirtmiş; ebeveynlerden ayrı yaşama ve ebeveynlerin ruh sağlığı sorunları gibi faktörlerde de farkındalık göstermiştir. Katılımcıların yasal sorumluluk farkındalığı yüksekti; %98.4'ü istismar şüphesini bildirme zorunluluğunu tanıdığını, ancak %7.9'u uygun adımlar konusunda kararsız olduğunu belirtmiştir. Bu bulgular, risk faktörleri ve adli bildirim süreçleri konusundaki bilgi eksikliklerini işaret etmekte ve bu alandaki eğitimin daha kapsamlı ve uygulamaya yönelik olarak geliştirilmesinin faydalı olabileceğini göstermektedir. Tıp eğitimindeki bu tür düzenlemeler, asistan hekimlerin çocuklarda cinsel istismar vakalarını daha etkili bir şekilde tanıma ve yönetme becerilerini destekleyebilir, böylece etkilenen çocukların korunmasına ve yasal sorumlulukların yerine getirilmesine katkı sağlayabilir.
**Anahtar Kelimeler:** Çocuk istismarı, Cinsel istismar, Asistan hekim, Risk faktörleri, Tanıma ve değerlendirme

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## 1. Introduction

Child sexual abuse is a significant public health issue seen across all societies worldwide, regardless of sociological, religious, cultural, or economic differences. International studies report prevalence rates ranging from 8% to 31% in girls and 3% to 17% in boys (1-4). Child sexual abuse in Turkey has shown a significant increase in recent years. According to data from the Turkish Statistical Institute (TÜİK), the number of children subjected to sexual abuse was 11,095 in 2014, rising to 31,890 in 2022, representing a 287% increase (5). In the literature, studies examining the increasing rates of child sexual abuse in Turkey along with healthcare professionals' knowledge and awareness in this area are limited, highlighting the significance of this study. It has been shown that children who are victims of sexual abuse carry an increased lifetime risk for both physical and mental health disorders (6).

Many cases of sexual abuse are either never reported or only come to light when the child, sometimes years after the incident, feels ready to disclose the abuse to a trusted adult. Sexual abuse may be revealed when a parent suspects it, when the child shares it with a parent, teacher, or physician, or when a physician suspects abuse after noticing certain physical or psychological signs (7). It is crucial for physicians working with children to have adequate knowledge and skills to recognize and manage sexual abuse cases. Without these skills, while obvious physical signs may be recognized, milder physical and psychological indicators can easily be missed, potentially leading to further sexual abuse with increasing severity (8). Moreover, there are gaps in the literature regarding the types of training programs that would effectively enhance physicians' knowledge in recognizing and managing child sexual abuse cases.

Children often refrain from disclosing sexual abuse to their parents for various reasons. In such cases, children may fear that they will not be believed, blame themselves for the abuse, worry about anger or punishment, or think that speaking up will lead to worse consequences. Due to these challenges, healthcare professionals have a critical role in recognizing sexual abuse, identifying risks, and reporting cases (9,10). However, many healthcare professionals feel inadequately prepared to handle cases of child sexual abuse (11). Key factors affecting the recognition of suspected sexual abuse in children include myths, distorted perceptions, denial, inconsistent reporting, variable norms, and underdeveloped policies regarding abuse victims (12,13). This underscores the need for improving physicians' skills in the early recognition and management of child sexual abuse cases.

In state hospitals, factors such as lack of privacy, high patient-to-physician ratios, time constraints, communication challenges, limited referral options, and discomfort in addressing sexual issues hinder physicians' ability to recognize abuse (14,15). Additionally, a healthcare worker's personal history of abuse, religious and cultural beliefs, and previous experiences can negatively impact their interactions with the child; sometimes, clinicians may avoid treatment due to personal values or prior experiences (14,16). Physicians also report discomfort in discussing sexual abuse with families of children they regularly follow due to concerns about damaging the relationship with the family (17).

The knowledge and attitudes of physicians regarding child abuse are critically important for the early identification of abuse, intervention, and protection of victims. Considering the physical, psychological, and social impacts of child abuse, it is vital for physicians to have sufficient knowledge and adopt the appropriate attitude to play a crucial role in the prevention and management of abuse cases. However, there are deficiencies in the literature regarding the challenges physicians face in managing child sexual abuse cases and the strategies proposed to address these challenges.

Although the topic of child neglect and abuse is included in medical education in Turkey, clinicians starting their professional careers continue to face challenges in recognizing child sexual abuse, making judicial reports, and managing the process in practical applications. In Turkey, under the Turkish Penal Code, it is mandatory for healthcare professionals to report cases of sexual abuse. However, there may be limitations in the knowledge levels of resident physicians regarding the recognition of child sexual abuse, evaluation of risk factors, and judicial reporting processes. This study aims to contribute significantly to the literature by analyzing the knowledge levels and attitudes of resident physicians in recognizing child sexual abuse, assessing risk factors, and following judicial reporting processes. Considering the prevalence of child sexual abuse, related legal regulations, and the practical challenges encountered, this study

investigates the knowledge and attitudes of resident physicians toward child sexual abuse.

## 2. Materials and Methods

### a. Participants and Data Collection

This study was conducted at Eskişehir Osmangazi University. The survey questions used in the research were developed based on the existing literature by the research team, which included child psychiatry and psychiatry specialists. The applications were carried out by the research team, who had received specialized training in this field and continuously updated their knowledge and experience regarding child abuse. This ensured the scientific validity of the applications and the reliability of interactions with the participants. The participants consisted of resident physicians continuing their training at Eskişehir Osmangazi University Faculty of Medicine Hospital. The study was designed to gain an in-depth understanding of how these residents evaluate their knowledge and clinical experiences concerning child sexual abuse. The target population of the study was designed to include all resident physicians working at Faculty of Medicine. Therefore, no sampling method was employed, and data were collected from participants who volunteered to participate in the study. Informed consent was obtained from all participants prior to their inclusion in the study. Participants were provided with detailed information about the purpose and methodology of the study, as well as the voluntary nature of their participation, and their consent was documented in writing. The medical students in the research team distributed the questionnaires to all departments. A total of 126 residents completed the questionnaire in full, while 12 participants were excluded from the study due to incomplete data. A total of 126 resident physicians from preclinical and clinical branches were included in the study. The mean age of the participants was 28.4 ± 2.8 years, with 58.7% (n=74) being female and 41.3% (n=52) male.

The questionnaire used in the study consists of two sections. The first part included questions to collect sociodemographic data of the participants, while the second part contained questions related to recognizing child sexual abuse and understanding its risk factors. The questionnaire consisted of both single-choice and multiple-choice questions.

Following a brief introduction, participants were asked questions on the following topics:

a. Training and personal experiences related to sexual abuse

b. Knowledge about preventive measures, protocols to be followed in suspected abuse 3. cases, and legal obligations of physicians

c. Awareness of factors related to the victims and perpetrators of sexual abuse

d. Opinions on what should be done to prevent child sexual abuse

### b. Ethics Committee Approval

The study was approved by Eskisehir Osmangazi University Noninterventional Clinical Research Ethical Committee (Decision no: 2019-451, Date: 15.01.2020).

### c. Statistical Evaluation

Data analysis was performed using the Statistical Package for Social Sciences (SPSS) version 23 (IBM Corp., Armonk, NY, USA). Continuous variables are summarized as means ± standard deviation (SD), while categorical variables are summarized as frequencies and percentages. The Chi-square test or Fisher's exact test, whichever was appropriate, was used to test the association between variables. The level of significance was set at a two-sided $p < 0.05$.

## 3. Results

Of the participants, 67.5% (n=85) reported receiving education on sexual abuse during their medical training, yet only 26 of them found this education to be adequate. Additionally, 23.8% (n=30) of participants stated they were aware of their professional and legal responsibilities regarding sexual abuse, and 28.6% (n=36) reported identifying at least one case of sexual abuse. Participants were also asked which situations, aside from oral/genital/anal penetration, fall under the category of sexual abuse. Responses are shown in Table 1.

**Table 1.** Participants' Awareness of Situations That Constitute Child Sexual Abuse

| Item | Correct Answer | | Incorrect Answer | |
|---|---|---|---|---|
| | n | % | n | % |
| Sexualized conversation, exhibitionism, voyeurism | 123 | 97.6% | 3 | 2.4% |
| Forcing sexual touching or being touched | 118 | 93.7% | 8 | 6.3% |
| Child pornography or prostitution | 122 | 96.8% | 4 | 3.2% |
| Forced or threatened sexual contact with someone aged 15-18 | 124 | 98.4% | 2 | 1.6% |
| Consensual sexual contact with someone aged 15-18 | 40 | 31.7% | 86 | 68.3% |
| Sexual contact with a person more than 4 years older than the child | 102 | 81% | 24 | 19% |
| Sexual play between two or more children of the same age group, causing no pain or shame | 65 | 51.6% | 61 | 48.4% |

In our study, participants were asked whether family education and income levels were associated with sexual abuse; 66.7% (n=84) indicated a correlation, while 32.5% (n=41) did not believe there was a relationship. When asked about the age groups in which sexual abuse is most frequently observed, 59.5% responded that it occurs in children under 10 years old, 34.1% indicated the 10–15 age range, and 5.6% mentioned the 15–18 age range.

The awareness of risk factors for child sexual abuse victimization was investigated, and participants were asked to identify items that were not risk factors. Among the items listed in the table, all are risk factors for child sexual abuse except for “having a high intelligence level”. Participants were instructed to mark "yes" for items they recognized as risk factors and "no" for those they did not. The responses are presented in Table 2.

**Table 2.** Participants' Awareness of Risk Factors Associated With Child Sexual Abuse

| Item | Correct Answer | | Incorrect Answer | |
|---|---|---|---|---|
| | n | % | n | % |
| Living apart from one or both parents | 100 | 79.4% | 25 | 19.8% |
| History of crime or suicide attempts in parents | 98 | 77.8% | 27 | 21.4% |
| Having two or fewer friends | 75 | 59.5% | 50 | 39.7% |
| Having many siblings | 67 | 53.2% | 58 | 46.4% |
| Attending boarding school | 93 | 73.8% | 32 | 25.4% |
| Receiving sexual education in a punitive manner | 101 | 80.2% | 24 | 19%. |
| High intelligence level | 83 | 65.9% | 42 | 33.3% |
| Substance or alcohol dependency in family members | 97 | 77% | 28 | 22.2% |
| Presence of psychiatric disorders in family members | 99 | 78.6% | 26 | 20.6% |
| Family discord/conflict | 103 | 81.7 | 22 | 17.5% |
| Mother’s occupation requiring prolonged time away from home | 96 | 76.2% | 29 | 23% |
| Mother’s illness | 101 | 80.2% | 24 | 19% |
| Mother living with or married to a young man | 99 | 78.6% | 26 | 20.6% |
| Child having a mental or physical disability | 100 | 79.4% | 25 | 19.8% |

Another topic investigated in our study was the data on the identify the perpetrators and victims. Among the participants, 73% (n=92) stated that abusers were "relatives or individuals known to the family," 20.6% (n=26) indicated "family members," 4% (n=5) mentioned "strangers," and 1.6% (n=2) referred to "individuals responsible for the child's education and care."

When asked about their legal obligations, 98.4% of the participants acknowledged that it is the physician's legal duty and obligation to report suspected sexual abuse cases. Additionally, participants were asked about their initial response when encountering a sexual abuse case; the most frequently mentioned response was "informing the hospital police" (49.2%) (Table 3).

**Table 3.** Participants' Initial Steps When Faced with Suspected Sexual Abuse

| Item | n | % |
|---|---|---|
| Notify hospital police | 62 | %49.2 |
| File a judicial report with the prosecutor's office | 30 | %23.8 |
| Request consultation from another department | 42 | %33.3 |
| Inform the hospital's social services unit | 18 | %14.3 |
| Inform the child monitoring center | 11 | %8.7 |
| Unsure of what to do | 10 | %7.9 |

When participants were asked what should be done to prevent child sexual abuse, increasing penalties was the most frequently suggested measure.

## 4. Discussion and Conclusion

Child sexual abuse is prevalent worldwide and presents considerable challenges to professionals in the field. In our study, 67.5% of the resident physicians reported receiving training on child sexual abuse during their medical education, yet only 30.5% found this training to be sufficient. In a study conducted in Turkey examining the knowledge and attitudes of family physicians, midwives, and nurses regarding child abuse and neglect, 80% of family physicians stated they had received pre-graduate training on the subject (18). Similarly, another study conducted in Turkey found that 71.4% of participants had received training on the subject, and 75.2% believed they needed additional training, aligning with our findings (19).

Our findings suggest that resident physicians have a high level of knowledge regarding situations that constitute child sexual abuse. Specifically, there was a high rate of correct responses regarding explicit categories of sexual abuse, such as sexualized conversations, exhibitionism, voyeurism, and child pornography, consistent with international studies. For example, a meta-analysis demonstrated that definitions of child sexual abuse are shaped by similar criteria across countries and that awareness increases with education level (1).

However, awareness appears to be lower for more ambiguous situations, such as peer play among children of the same age and consensual relationships with older individuals. This finding is consistent with national studies; for instance, in Turkey, it has been reported that although family physicians and other healthcare professionals receive training on child sexual abuse, there is still a lack of knowledge, especially in cases that are difficult to detect (18). Cultural factors and a lack of sex education in Turkey may hinder healthcare professionals' ability to recognize such cases.

Internationally, similar challenges and myths are particularly highlighted in low-income countries. A study by Flaherty and Stirling (2010) reported that pediatricians may have misconceptions stemming from a lack of education and guidance, leading to underreporting of child abuse cases (11).

Our study also examined knowledge of risk factors for child sexual abuse. Most participants indicated a perceived relationship between child sexual abuse and the family's education and income levels. Literature emphasizes that children from families with lower socioeconomic and educational levels are at higher risk for neglect and abuse (20,21). In addition, there was high awareness of other risk factors, such as living apart from parents and having

parents with a history of crime or suicide, which aligns with the literature. For instance, a meta-analysis by Assink et al. (2019) emphasized factors like living apart from parents and having parents with traumatic experiences as significant risk factors for child abuse (6).

On the other hand, certain risk factors, such as attending boarding school and having many siblings, were less understood. This finding is also supported by studies conducted in Turkey. For example, Mavili and Altun (2022) demonstrated that knowledge gaps related to child abuse and neglect make it challenging to understand a wide range of risk factors (18). Socioeconomic factors such as attending boarding school are perceived differently in various cultures and may be overlooked in some cases (2).

Internationally, studies conducted in the United States and European countries emphasize that awareness of risk factors varies by education level, and highlight the importance of tailoring educational programs accordingly (17). Educational programs that address risk factors for child abuse and neglect in more detail can enable healthcare professionals to make more informed clinical decisions (11).

Our study also explored knowledge regarding perpetrators of sexual abuse, with participants indicating that perpetrators are often relatives or individuals known to the family. Literature also supports that most perpetrators of child sexual abuse are family members or individuals known to the family (2, 4, 6).

In our study, it was found that resident physicians primarily preferred to notify the hospital police when suspecting sexual abuse. This finding is consistent with several studies conducted in Turkey. For instance, a study in Turkey observed that the first step for healthcare professionals in the sexual abuse reporting process is typically to inform the hospital police or security department (18). Additionally, one-third of participants stated that they would request a consultation from another department, while 7.9% indicated uncertainty about what to do. This suggests a lack of knowledge about the official reporting process for sexual abuse cases in Turkey and highlights that some healthcare professionals are not adequately informed about their legal responsibilities in such cases. In fact, all the pathways listed in Table 3 are applicable for addressing child abuse in our study. However, only reporting to the hospital police and the prosecutor's office initiates the judicial process, while notifying the social worker at the institution and the Child Advocacy Center is defined as supportive processes. Internationally, similar challenges and confusion have been observed in different countries. For example, a study by Starling et al. (2009) in the United States reported that pediatric and emergency medicine residents lacked sufficient knowledge of mandatory reporting obligations for suspected sexual abuse cases and did not fully adhere to the process (8). Additionally, in a recent study conducted in our country examining the knowledge and attitudes of nurses and physicians regarding child neglect and abuse, 9.3% of the participants reported that they did not know how to make a judicial report (22). This issue is attributed to the inadequate emphasis on reporting processes in educational programs.

In a study conducted in the United Kingdom, it was shown that healthcare professionals could apply reporting procedures more effectively in cases of sexual abuse thanks to their training programs (17). Internationally, effective practices for recognizing and managing child sexual abuse emphasize healthcare worker education, the establishment of multidisciplinary teams, and the efficient implementation of judicial processes. For example, Children's Advocacy Centers (CACs) in the United States and multidisciplinary approaches implemented in Europe are highlighted as effective models that facilitate the early identification of child abuse. In these centers, healthcare professionals, social workers, and judicial authorities work collaboratively to ensure the protection and rehabilitation of children (23,24). Strengthening such multidisciplinary structures in Turkey, supporting healthcare professionals with regular training to enhance their knowledge, and standardizing judicial reporting processes are highly recommended.

Moreover, legal obligations in Turkey (Article 280 of the Turkish Penal Code) place a direct duty on physicians to report suspected abuse. However, in practice, physicians often hesitate to report or are unaware of the proper process due to challenges in practice and hospital procedures. Therefore, updating training programs and creating practical guidelines for the reporting process are essential (21).

This study has several limitations. First, the data were collected from a single medical institution, which may limit the generalizability of the findings to other regions or healthcare settings in Turkey.

Second, the study relied on self-reported data from participants, which may introduce response biases, as participants might underreport or overreport their knowledge and experiences regarding child sexual abuse. Third, the cross-sectional design of the study does not allow for causal inferences; longitudinal studies are needed to explore changes in knowledge and attitudes over time. Additionally, the lack of validity and reliability studies for the questionnaire used in the assessments may pose limitations in interpreting the results. Future research should consider a multi-institutional approach and employ more comprehensive assessment tools to provide a broader understanding of healthcare professionals' knowledge and training needs regarding child sexual abuse.

In conclusion, this study reveals the knowledge and attitudes of resident physicians regarding the recognition, evaluation, and reporting of child sexual abuse cases. The findings suggest that while healthcare professionals generally understand the definition of sexual abuse, there are knowledge gaps in risk factors and reporting processes for certain cases. Comprehensive, practice-oriented training programs in medical education are necessary to address these gaps. Better understanding of legal processes related to child abuse and effective implementation of reporting protocols will contribute to the protection of children and help healthcare professionals fulfill their legal responsibilities effectively.

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