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Evaluation of the Characteristics of Children/Adolescents Referred to Child Advocacy Center: 4-Year Data Review

Çocuk İzlem Merkezine Yönlendirilen Çocuk/Ergenlerin Özelliklerinin Değerlendirilmesi: 4 Yıllık Veri İncelemesi

Erdal Görkem Gavcar[1]

[1] Pamukkale University Faculty of Medicine, Department of Child and Adolescent Psychiatry, Denizli, Türkiye

Öz

Amaç: Ülkemizde istismar mağduru çocuk/ergenlerin yaşadığı olayları tekrar tekrar anlatıp örselenmesinin önüne geçilmesi amacıyla Çocuk İzlem Merkezleri (ÇİM) kurulmuştur. Çalışmada; ÇİM'e başvuran çocuk/ergenlerin 4 yıllık verilerinin özellikleri değerlendirilerek çocuk istismarı konusunda literatürdeki çalışmalara katkı sunmak, çocuğun cinsel istismarı noktasında farkındalık oluşturmaya yardımcı olmak ve istatistiksel olarak ülkemizin bu konudaki veri birikimine katkı sunmak amaçlanmıştır.

Yöntem: Tanımlayıcı ve retrospektif desende yapılan çalışmada, bir devlet hastanesi bünyesinde hizmet vermekte olan ÇİM'e 4 yıllık süreç (2019-2022) içinde yönlendirilen 288 olgunun özellikleri incelenmiştir.

Bulgular: Cinsel istismar mağdurlarının büyük çoğunlukla kızlar olduğu, yaş ortalamasının ise erken ergenlik dönemini gösterdiği saptanmıştır. En sık istismar tipinin penetrasyon içeren istismar olduğu, en sık istismarcının ise bireyin tandık çevresinden olduğu ortaya koyulmuştur. İstismarcının yaşının yüksek oranda 18 yaş üstü olduğu ve istismar mağdurlarının büyük çoğunlukla gebelik durumu yaşamadığı görülmüştür. 2022 yılı verilerine göre istismar bildirimini en sık yapan grubun ebeveynler olduğu saptanmıştır.

Sonuç: Bu çalışmada incelenen vakaların özelliklerinin genel olarak literatürle uyumlu olduğu görülmüştür. Çocukların maruz kaldıkları bu süreçleri en az travmatizasyonla atlatabilmeleri ve desteklenebilmeleri için ÇİM'lerin geliştirilmesi ve yaygınlaştırılması oldukça önemlidir.

Anahtar Kelimeler: Cinsel istismar, Çocuk izlem, Çocuk istismarı, Ergen

Abstract

Aim: In our country, Child Advocacy Centers (CAC) have been established in order to prevent child/adolescent victims of abuse from repeating their experiences over and over again. As a result of the widespread use of CACs, children are prevented from recounting traumatic events over and over again and a child-friendly process has been established. In this study, it was aimed to raise awareness about child abuse and contribute to the statistics of our country by examining the 4-year data of the CAC serving within a state hospital.

Methods: In this descriptive and retrospective study, the characteristics of 288 cases referred to a state hospital's CAC within a 4-year period (2019-2022) were analyzed.

Results: It was found that the victims of sexual abuse were mostly girls and the average age of the victims was in early adolescence. It was found that the most common type of abuse was penetrative abuse and the most common abuser was from the acquaintances of the individual. It was observed that the age of the abuser was mostly above 18 years and the majority of the victims of abuse did not experience pregnancy. According to 2022 data, it was found that parents were the most frequent group to report abuse.

Keywords: Sexual abuse, Child advocacy, Child abuse, Adolescent

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Sorumlu Yazar: Erdal Görkem Gavcar, Dr.Öğretim Üyesi, Pamukkale University Faculty of Medicine, Department of Child and Adolescent Psychiatry, Denizli, Türkiye
E-posta: gorkemgavcar@hotmail.com

INTRODUCTION

According to the World Health Organization (WHO): "Child sexual abuse is the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared, or that violates the laws or social taboos of society" (1). In another definition, it is defined as the use of a child or adolescent, who has not completed the process of sexual development, by an adult for the purpose of meeting sexual desires and needs, by deceiving, threatening or using physical force (2). Activities that are considered within the concept of sexual abuse of children include situations involving contact such as oral-genital contact, genital-genital contact, genital-rectal contact, hand-genital contact, hand-rectal contact or hand-chest contact, exposure of sexual anatomy, forced viewing of sexual anatomy, showing pornographic content to a child or using a child in the production of pornographic content (3).

Sexual abuse is a serious, insidious and persistent form of child abuse that is difficult to detect, often goes unreported and therefore often remains hidden (3–5). A 2014 study involving 2,293 adolescents found that the lifetime prevalence rate of sexual abuse was 26.6% for girls and 5.1% for boys (6). A meta-analysis of 217 studies published between 1980 and 2008, involving a total of 10 million participants, found a global prevalence rate of 11.8% for the total population. This meta-analysis has also shown that there are significant differences in the prevalence of child sexual abuse across countries and continents (7). More recently, Moody et al. confirmed both the high global burden and the substantial regional variation, reporting median lifetime prevalence estimates ranging from 20.4% in North American girls to 28.8% in Australian girls, with consistently lower rates for boys (8). A global study investigating sexual violence against children, published in 2025, found that the global age-standardized prevalence was 18.9% (16.0-25.2) for females and 14.8% (9.5-23.5) for males (9). These differences are likely to stem both from cultural characteristics that shape disclosure patterns of child sexual abuse and from actual variations in the true prevalence of the phenomenon. Importantly, the true prevalence of child sexual abuse is likely substantially higher than reported, as many cases remain unrecognized or unreported (10).

In a study conducted in Turkey, the rate of sexual abuse in a clinical sample was found to be 1.3% (11). As a result of the evaluation obtained by considering the statistics of the Ministry of Justice, it is stated that cases of sexual abuse against children are increasing every year. It is thought that increased awareness and reporting of sexual abuse in Turkey may have contributed to this increase. However, as in the rest of the world, it is unclear to what extent the number of cases officially reported in our country reflects the reality (12). In Turkey, CAC-based series report substantial caseloads and broadly similar victim profiles. For example, the Sakarya CAC recorded 1,147 referrals between 2017 and 2022 (79.5% girls; mean age 12.4 years), with non-penetrative touching the most frequent abuse type (59.6%) and the majority of perpetrators known to the child (58.1%). Annual referrals ranged from 159 (2017) to 263 (2022) (13). A CAC series from Bakırköy documented 384 confirmed cases in 2015–2020 (83.3% girls; mean age 12.7 years), of which 29.7% were classified as 'qualified' sexual abuse (14). Earlier data from İzmir reported 943 referrals in one year, with 848 confirmed child sexual abuse cases; among confirmed cases, 85% were girls and non-penetrative touching predominated (15). Despite these center-based reports, comprehensive multi-year analyses from CAC settings remain scarce, underscoring the need for further studies to better characterize trends in child

sexual abuse in Turkey.

It is important to continue the process by preventing secondary traumatization that may occur as a result of the child having to tell the situation he/she was exposed to repeatedly in the judicial process. For this purpose, Child Advocacy Centers (CAC) were first established in the United States of America (USA) (16). In these centers, experts from many different fields are involved in the process and the child is enabled to express the victimization he/she has experienced in an environment where he/she can express himself/herself comfortably. The number of these centers has been increasing over time both in the USA and in European countries (17). In our country, centers similar to this structure have started to be established since the 2000s. The first child protection unit was opened in Izmir in 1998 (18). The establishment and structuring of child protection units under the name of CAC was realized in Ankara in 2010 with the contributions of Dr. Oral and the support of Ankara University (19).

The operation of CACs is carried out through the 2012/20 Prime Ministry Circular published in the Official Gazette dated October 4, 2012, and numbered 28431, and through the CAC Management and Coordination Board, which consists of representatives from relevant institutions (Official Gazette No. 28431 dated 04.10.2012).When a suspicion of abuse arises, the child is referred directly to a CAC, where judicial, medical, and psychosocial services are provided in coordination. Forensic interviews and medical examinations are conducted by trained professionals, while legal authorities observe the process remotely to prevent repeated statements (Decision Minutes of the Child Advocacy Center Management and Coordination Board Meeting No. 2012/1 dated 22.10.2012). This multidisciplinary model protects the child's psychological well-being and enhances the reliability of judicial outcomes.

In the province where the study was conducted, the CAC started to provide services as of 2018. At the time of the study, there was 1 responsible physician, 2 social workers, 1 child development specialist, 2 consultant forensic medicine specialists, 1 consultant child psychiatry specialist in the CAC.

This study aimed to evaluate the demographic and clinical characteristics of child sexual abuse cases referred to a Child Advocacy Center (CAC) between 2019 and 2022.

METHODS

The study sample is based on aggregated data concerning 288 cases referred between 2019 and 2022 to the Child Advocacy Center (CAC) operating within Kırıkkale High Specialization Hospital, located in Kırıkkale province in the Central Anatolia region of Turkey, which has a population of approximately 300,000. Designed as a retrospective analysis, the study utilized the six-month activity reports of the CAC. This study was designed as a retrospective descriptive analysis because it aimed to identify overall trends and patterns in child abuse cases reported to the CAC over time, rather than to test specific hypotheses. These reports prepared twice a year (January–June and July–December) by the staff of the center, consist of standardized tables presenting summary statistics such as gender distribution, type of abuse (e.g., penetrative vs. non-penetrative), and other categorical variables. CAC activity reports are prepared by centers affiliated with the Ministry of Health. Each report is compiled by the team assigned to the CAC and minimizes individual biases. The completed reports are sent via email to the physician responsible for the CAC, who reviews the content and provides feedback or requests corrections when necessary. In addition, data and the functioning processes of the CAC are evaluated at provincial coordination meetings held at regular intervals within provincial health directorates, under the coordination of provincial health directors or their relevant units, with the

participation of representatives from hospital management, representatives of relevant stakeholder institutions and, if invited, relevant specialist physicians. Since the dataset reflects aggregated values rather than individual case files, no additional inclusion or exclusion criteria were applied, and all cases documented in the reports over the four-year period were included. Since there is no regulation governing the operating principles of CAC, the described procedure applies to the center where the study was conducted. One of the aims of the study is to raise awareness about the possibility of differences between centers. Due to the structure of the data, the variable concerning the identity of the reporting person was fully available only in 2022 and was therefore analyzed for that year alone. Across the study period, the variables compiled from the reports included gender, age, type of abuse, identity of the abuser, age of the abuser, and pregnancy status of the abuse victim. For the current study, the data were manually extracted from the finalized reports and independently double-checked by the researcher to ensure accuracy. Ethical approval for the study was obtained through the online application system of the Bartın University Social and Human Sciences Ethics Committee, at its January 8, 2025 meeting (Protocol No. 2024-SBB-1049). Since only aggregated and anonymized data were used, no personally identifiable information was accessed, and confidentiality was fully preserved in accordance with ethical guidelines. Data were analyzed using SPSS version 26.0 (IBM Corp., Armonk, NY, USA). As the dataset was derived from aggregated six-month activity reports rather than individual-level records, only descriptive statistics (frequencies and percentages) could be presented. Inferential analyses to assess statistical significance between groups or across years could not be performed. Accordingly, the findings should be interpreted as descriptive trends rather than statistically validated differences. Missing data were retained as separate categories to maintain transparency in reporting.

For the purposes of this study, operational definitions were applied to ensure consistency in categorization. “Abuse involving penetration” included cases involving vaginal, anal, or oral penetration with a body part or object. “Non-penetrating touch” referred to inappropriate sexual contact without penetration, such as fondling or groping. “Non-touching situations” denoted cases where no physical contact occurred but the child was exposed to sexual behaviors, such as exhibitionism, or sexual verbal harassment.

In this study, perpetrators were classified into predefined categories to ensure consistency. “Domestic abuse” referred to perpetrators within the immediate household, including mother, father, sibling, half-sibling, step-sibling, stepmother, stepfather, or an unofficial spouse. “Second-degree relatives” included extended family members such as uncles, aunts, grandparents, while “other relatives” denoted more distant kin not covered in the previous categories. “Acquaintance” described individuals known to the child or family but not related by blood or marriage, such as friends, romantic partners, or employees providing services to the victim. Finally, “a foreigner” indicated individuals with no prior relationship to the child.

Since the total number of abuse types and perpetrator categories exceeded the total number of cases, it is evident that some victims experienced more than one type of abuse and/or were subjected to abuse by more than one perpetrator. This aspect has been taken into account in the data classification and analysis.

Pregnancy status was recorded victims and categorized as follows: no pregnancy, pregnancy continues, miscarriage/abortion, childbirth, and suspicious situation. The “suspicious situation” category referred to cases in which pregnancy was suspected but not yet confirmed at the time of reporting.

In the CAC activity reports, perpetrator age was recorded only in binary form (<18 years, ≥18 years). A considerable proportion of cases were also recorded as "unknown," reflecting missing or incomplete documentation in the reports. These categories were retained in the analysis to ensure transparency.

RESULTS

In the study, the distribution of cases by gender and average age over the years is shown in Table 1. Girls constitute 83% and boys 17% of the total 288 cases. The average age of the cases was determined to be 13.15 years. This finding indicates that sexual abuse is more frequently reported among adolescent girls, reflecting their higher vulnerability during this developmental stage. In the study, the distribution of abuse types by year is shown in Table 2. With a rate of 40.5%, the most common type of abuse identified was penetration-related abuse, followed by 38.1% for non-penetration touching and 10.7% for non-touching situations (verbal harassment, etc.). In cases referred to the CAC, whether penetration occurred is mostly based on the victim›s statement. In addition, it is known that some cases are also referred for forensic examination. However, since the data source used does not provide a detailed classification of this information, it is not possible to give a numerical ratio or reach a definitive conclusion. The existence of the unknown category stems from deficiencies in reporting. To ensure data transparency, these data have been included in the scope and specified in the study.

In the study, the distribution of the identity of the abuser by year is shown in Table 3. The most frequent identity of the abuser is made up of acquaintances (friends, partners, staff serving the victim) at 55.8%. This pattern suggests that abuse often occurs within the child's social environment rather than by strangers. The second place is shared by situations where the abuser is a family member (mother, father, sibling, stepmother, stepfather, common-law spouse) at 13.7% and situations where the abuser is a stranger. In third place, with 10.7%, is the group where second-degree relatives (uncle, grandfather, etc.) are the abusers.

Table 1. Distribution of the number of cases by gender and average age by year

Number of cases	**Number**				
	2019	2020	2021	2022	Total
Boy	26	4	8	11	49 / %17
Girl	79	46	54	60	239 / %83
Total	105	50	62	71	288 / %100
Average age	12.78	13.52	12.55	13.99	13.15

Table 2. Distribution of abuse type by year

Abuse type	**Number**				
	2019	2020	2021	2022	Total
Abuse involving penetration	41	13	38	41	133 / %40.5
Non-penetrating touch	56	24	18	27	125 / %38.1
Non-touching situations (harassment, verbal)	16	9	6	4	35 / %10.7
Multiple abuse type	14	4	1	1	20 / %6.1
Unknown abuse type	6	8	1	0	15 / %4.6

Table 3. Distribution of abuser's identity by years

Abuser's identity	Number				
	2019	2020	2021	2022	Total
Domestic abuse (mother, father, sibling, half-sibling, step-sibling, step-mother, stepfather, unofficial spouse)	13	9	5	15	42 / %13.7
Second-degree relatives (uncle, grandfather, etc.)	17	4	5	7	33 / %10.7
Other relatives	5	1	4	9	19 / %6.1
Acquaintance (friend, lover, employee providing services to the victim)	54	30	42	46	172 / %55.8
A foreigner	23	5	9	5	42 / %13.7

The distribution of pregnancy status among abuse victims by year is shown in Table 4. Among 239 female victims, 5 cases (2.1%) were recorded as pregnant in the CAC reports. However, the reports did not provide information on the age distribution of these cases or on the methods by which pregnancy was confirmed. The "suspicious situation" category referred to cases in which pregnancy was suspected but not yet confirmed at the time of reporting.

Table 4. Distribution of victims' pregnancy status

Pregnancy Rates	Number				
	2019	2020	2021	2022	Total
No pregnancy	77	45	49	58	229 / %95.9
Pregnancy continues	1	1	2	1	5 / %2.1
Miscarriage / abortion	0	0	1	0	1 / %0.4
Childbirth has occurred	0	0	1	1	2 / %0.8
Suspicious situation	1	0	1	0	2 / %0.8
Total	79	46	54	60	239 / %100.0

In the study, the distribution of the age of the abuser by year is shown in Table 5. In the CAC reports, perpetrators' ages were recorded only in binary form (<18 years or ≥18 years). Therefore, no further categorization was possible. The age of the perpetrators, evaluated by separating them into those above and below 18 years old, was found to be 47.8% 18 years old and above. A considerable proportion of cases were also recorded as "unknown," reflecting missing or incomplete documentation in the reports. These categories were retained in the analysis to ensure transparency.

Table 5. Distribution of the age of the abuser by years

Age of the abuser	Number				
	2019	2020	2021	2022	Total
18 years old and above	62	16	36	43	157 / % 47.8
Under 18 years old	35	3	14	15	67 / % 20.5
Exactly unknown	37	31	19	17	104 / %31.7

Data on the reporting person were fully available only for 2022; therefore, this variable was analyzed for that year alone. The distribution of persons who reported abuse to the relevant authorities in 2022 is shown in Table 6. With 39.5%, the most frequent reporters were parents, followed by teachers at 26.8% and the individuals themselves at 15.5%. This distribution reflects the growing involvement of families and educational staff in recognizing and reporting suspected cases of abuse.

Table 6. Distribution of individuals reporting abuse in 2022

Person Making the Reporting	Number	Percent
Parents	28	39.5
Himself/herself	11	15.5
Teacher	19	26.8
Doctor-Health Personnel	4	5.6
Fugitive-Police Detection	7	9.8
Other (Relatives-Neighbors etc.)	2	2.8
Total	71	100

Overall, these findings provide a descriptive overview of child sexual abuse cases over a four-year period and may serve as a reference for future studies and preventive strategies.

DISCUSSION

In the present study, 83% of the cases referred to CAC were girls and 17% were boys. The average age of the cases was found to be 13.15 years. A recent systematic review and meta-analysis estimated that the lifetime prevalence of completed forced intercourse is 6.8% for girls and 3.3% for boys globally, with lifetime sexual harassment reaching 11.4% across the population (20). While Piolanti et al. highlighted a clear gender disparity at the global level, our findings reflect a similar imbalance, emphasizing the heightened vulnerability of adolescent girls (20). This pattern is consistent with recent studies in Turkey. Analyses based on court files have shown that approximately three-quarters of victims are female (21,22). Similarly, CAC-based studies have reported that the mean age of victims tends to cluster in early adolescence (13,15). The consistency of these findings across global and national contexts suggests that both structural and sociocultural factors contribute to the disproportionate risk faced by girls, underscoring the need for targeted preventive strategies within families, schools, and broader child protection systems.

The most common type of abuse, at 40.5%, was found to be penetration-involving abuse, followed by 38.1% for non-penetrative touching abuse. When the literature is examined, the prevalence of the type of abuse involving penetration is found to be 0.3-6.8% in boys and 1.1-13.5% in girls, while the prevalence of the type of abuse involving touching is determined to be 1-12% in boys and 6-30% in girls (23). In another study, the lifetime prevalence of abuse involving penetration was reported to be 2.5% in girls and 0.6% in boys (24). A study examining child sexual abuse cases tried in courts in Turkey found that 109 of 118 victims of sexual abuse had been subjected to qualified sexual abuse, while 8 had been subjected to simple sexual abuse (21). Another study conducted in our country found that the most common type of abuse reported by victims was non-penetrative touching (25). In the literature, it has been observed that the type of abuse conducted through touch is generally more common. In the current study, it has been determined that the frequency of the type of abuse involving penetration is higher, even if by a small margin. In this result, the role of sociocultural differences can be considered. Unfortunately, in some regions, non-penetrative types of abuse are not reported and their detection is also more difficult. A study, the frequency of sexual abuse was investigated after the concept of online sexual abuse was included in the sexual abuse process. It was found that the frequency of sexual abuse increased from 13.5% to 21.7% after the concept of online sexual abuse was added to the process (26). A recent global meta-analysis focusing on online forms of child sexual abuse reported that inclusion of non-contact cyberabuse significantly raises reported prevalence estimates, highlighting the growing importance of tracking digital modes of harm (27). Similarly, Oksal et al. examined 506 cases from a CAC in Turkey and found that during the COVID-19 pandemic, overall referrals decreased by 16%, reports from teachers and public servants dropped dramatically (from 30% to 4.7%), while online abuse cases doubled, and recurrent domestic abuse increased significantly. These findings illustrate how pandemic-related restrictions altered not only the reporting pathways but also the nature of abuse itself (28). Therefore, families and child/adolescent should be informed about sexual abuse occurring online, their awareness should be increased, and they should be supported in the ways they can resort to if they are exposed to it. For these reasons, non-penetrative types of abuse may have been found to be lower. However, regardless of the type of abuse, it creates a psychologically and socially distressing situation for

children and adolescents.

The current study found that the predominant perpetrators are acquaintances (55.8%), followed by domestic abuse (13.7%) and a stranger (13.7%). This counters a widespread societal belief that child sexual abuse occurs mainly by strangers in isolated places. On the contrary, contemporary data consistently shows that most perpetrators are known to the victim. Most perpetrators of child sexual abuse are known to the child and are often family members, peers, or individuals in positions of trust such as teachers, carers, or community leaders, whereas stranger-perpetrated abuse is comparatively rare (29). For example, a recent meta-analysis of 32 studies on internet-facilitated child sexual abuse found that 68% of perpetrators were acquaintances or family members rather than strangers. This confirms that even in online contexts—often perceived as dominated by "stranger danger"—most abuse originates from individuals within the child's social environment (30). In one of the largest case series from Turkey, analyzing 1,002 child sexual abuse cases, Aydin et al. reported that in 88.2% of cases the perpetrator was someone known to the victim, most frequently a family member or acquaintance. This finding is consistent with our results, where more than half of the perpetrators were acquaintances (12). Turla et al. reported that the majority of perpetrators in their clinical sample were individuals familiar to the child, a finding consistent with both our results and broader literature on child sexual abuse in Turkey (31). Taken together, both international and national evidence—including our findings—demonstrates that perpetrators of child sexual abuse are most often individuals within the child's immediate social environment rather than strangers. This highlights the critical importance of prevention strategies focusing not only on public awareness of stranger danger but also on strengthening protective measures within families, schools, and other trusted settings where children are most vulnerable.

According to the results of our study the age of the abuser, it has been revealed that children and adolescents are highly likely (%47.8) to be abused by individuals 18 and over 18 age. In a multicenter study conducted in our country, it was noted that the average age of the perpetrators who abused children/adolescents was determined to be 28.2 (32). In another study, it was determined that 76.4% of the abusers were over 18 years old (33). In the current study, it was considered that the result obtained is compatible with the literature. More granular age categorization (e.g., 18–25, 26–40, >40), which is unavailable in the current dataset, would provide valuable insights for tailoring prevention strategies and intervention programs. The absence of this level of detail underscores the importance of establishing standardized data collection procedures in CAC reports.

In our study the pregnancy statuses of the girls who are victims of abuse, it was found that 95.9% did not have a pregnancy status, while 2.1% were found to be continuing their pregnancy during the CAC interview. In a study conducted in our country, similar to the current study, it was found that there was no pregnancy in 96% of the cases (34), while in another study, again similar to the current study's results, pregnancy was not detected in 94.9% of the case (35). The data obtained from the current study was found to be compatible with the literature. However, it should be noted that in CAC reports, pregnancy status was recorded only as a binary variable (yes/no), without details such as the age of the pregnant victims or the method of confirmation, which limits the depth of interpretation. Existing literature emphasizes that even a small proportion of pregnancies among adolescent abuse victims carries significant medical and psychosocial consequences, underscoring the need for targeted mental health and reproductive health services (31). Therefore, while the rates found in our study are consistent with previous national findings, the limited reporting structure prevents a more nuanced understanding of this outcome and highlights the importance of more

detailed and standardized data collection in CAC settings.

Due to insufficient data before 2022, only the data from that year were analyzed for the distribution of individuals reporting abuse. Parents were the most frequent reporters (39.5%), followed by teachers (26.8%) and the children or adolescents themselves (15.5%). These proportions align closely with another Turkish study reporting parents at 41.8% and teachers at 28.6% (13). However, international evidence suggests a substantial underreporting issue: in a large-scale Australian survey, nearly half of victimized children never disclosed the abuse, highlighting persistent barriers to help-seeking (36). This consistency between Turkish and international findings underscores the pivotal role that both families and schools play in the detection of abuse. It is very important for parents to adopt a supportive attitude towards their children, to indicate that they stand by them, and to show determination in bringing the issue to light. In our study, the fact that the most frequent reports were made by parents can be considered significant in terms of demonstrating the parents' support for their children and their awareness of sexual abuse. The first people children turn to when sharing their experiences of sexual abuse are often their mothers. A sense of safety and protection provided by trusted adults—most notably mothers, who are frequently the first recipients of disclosure—plays a decisive role in whether and when children reveal experiences of abuse (37). Rakovec-Felser and Vidovič emphasize that this factor is particularly critical for girls, reporting that victims with supportive mothers disclosed the abuse within an average of nine months, whereas the absence of such maternal support was associated with a disclosure delay of nearly seven years (38).

It is very important for parents to adopt a supportive attitude towards their children, to indicate that they stand by them, and to show determination in bringing the issue to light. The role of schools and teachers is also of great importance in reporting any form of abuse against children because children can share the difficulties they face and their family relationships with the teachers with whom they spend a large part of the day. It is especially known that certain events may emerge as a result of questions asked by guidance counselors during classroom activities, such as 'Is there an unforgettable event for you?" The fact that teachers are the group that reports most frequently after families can also be related to this situation (13). However, most of the teachers also state that they need education (39). For teachers, recent literature indicates that despite their proximity to children, detection and reporting of maltreatment often remain suboptimal, especially in cases of non-physical abuse (40). Training tailored to improve recognition and response to child neglect and abuse has been shown to significantly enhance teachers' knowledge and willingness to report cases to authorities—after training, both awareness and the percentage of teachers indicating they would report abuse increased (41). For this reason, in-service training on sexual abuse for teachers during their professional careers will yield beneficial results in terms of protecting children from abuse and reporting it to the relevant authorities when it occurs. Especially for individuals in the early stages of adolescence, it is of great importance to provide age-appropriate information and education for children and young people of all ages and developmental levels. Thanks to the education they receive, children and young people learn about the individuals and institutions they can report to when they are subjected to abuse. Together, these findings underline the complementary roles of families as first-line supporters and schools as institutional protectors. Equipping both groups with knowledge and support mechanisms is essential for overcoming barriers to disclosure and ensuring timely protection for children at risk. Since data on reporting persons were available only for 2022, it was not possible to evaluate longitudinal patterns in reporting

behavior. However, the relatively high rate of self-reports (15.5%) is noteworthy, as it is expected that children would rarely disclose abuse directly without adult intervention. This finding may reflect increasing awareness among adolescents, but its interpretation remains limited by the one-year dataset. Nevertheless, it should be noted that in our study these patterns could only be assessed for 2022, which limits the ability to evaluate longer-term trends in reporting behavior.

The study has some limitations. The study's retrospective nature, the lack of one-on-one interviews with abuse victims, the study's data is compiled through CAC's 6-monthly activity reports, not case-based, the relatively new establishment of CAC units, and differences in data standardization during their setup processes have resulted in some areas not being included as data (e.g., psychiatric follow-up processes for child-adolescent abuse victims, history of abuse before, does the victim have a mental illness or mental retardation, has PTSD developed after the incident, distribution of individuals reporting abuse before 2022) being considered as limitations of the study. In addition, pregnancy status was recorded in the CAC reports only as a binary variable (yes/no), without details regarding the age of the pregnant victims or the method of confirmation, which limited the depth of analysis for this variable. Another limitation is that the perpetrators' ages were recorded only as a binary variable (<18 or ≥18) in the CAC reports, which restricted the possibility of conducting more detailed age-based analyses. In addition, a substantial proportion of cases (31.7%) were categorized as "unknown," reflecting incomplete knowledge in the CAC reports, which weakened the reliability of this variable. Additionally, the fact that the regulation related to CAC has not yet been published suggests that there may be differences in operation between provinces. Furthermore, since the main objective of the study was to identify case characteristics through descriptive analyses and the data were compiled based on 6-month CAC reports rather than on a case-by-case basis (the data are not suitable for comparative analysis), no comparative statistical analysis could be performed. There may be differences in the data collection processes of CAC units in our country. This makes data collection standardization among CACs difficult. These limitations of the study also draw attention to the importance of CACs collecting case data in a standardized manner. The common standardization to be established in the collection of data will make our country's statistical pool on this subject much more valuable. Strengths of the study should also be highlighted. Despite these limitations, this study draws upon multi-year data from a Child Advocacy Center (CAC) setting, providing one of the few large-scale analyses from Turkey that spans several reporting periods. By capturing trends across four consecutive years, it offers valuable insight into the evolving characteristics of child sexual abuse cases in a real-world CAC context.

CONCLUSION

This study, based on four years of aggregated data from a Child Advocacy Center in Turkey, found that the majority of victims were girls in early adolescence, that penetration-related abuse was slightly more frequent than non-penetrative abuse, and that most perpetrators were individuals known to the victims. Pregnancy among female victims was rare, while parents and teachers were identified as the most frequent reporters, underscoring their crucial role in the detection of abuse. These findings are consistent with both national and international literature and provide multi-year CAC-based data that contribute to the limited evidence on child sexual abuse in Turkey. Overall, the results highlight the importance of strengthening prevention and reporting mechanisms and support the role of CACs as key institutions in child protection.

Declarations

Approved by the Bartın University Social and Human Sciences Ethics Committee at its meeting dated 08.01.2025 and numbered 1 (Protocol No: 2024-SBB-1049).

Author Contribution Ratios:

Design: EGG; Data collection and processing: EGG; Analysis and interpretation: EGG; Literature review: EGG; Writing: EGG.

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The author declares no conflict of interest.

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