

## Article Info/Makale Bilgisi

Received/Geliş: 26.06.2025 Accepted/Kabul: 08.10.2025 Published/Yayınlama: 31.01.2026

**Erken Çocukluk Dönemi Cinsel İstismarı için Rehabilitasyon Süreci ve Etkili Kuruluşlar\***Vural TAŞKAYA<sup>1</sup>Necla TUZCUOĞLU<sup>2</sup>**ÖZET**

Çocukluk çağı cinsel istismarı önemli bir halk sağlığı sorunudur ve dünya genelinde hızla artmaktadır. Özellikle kişiliğin şekillendiği erken çocukluk döneminde yaşanan cinsel istismar, bireylerde yetişkinlikte çeşitli fiziksel ve ruhsal bozukluklara yol açmakta ve daha fazla sağlık ve terapi ihtiyacı doğurmaktadır. Bu nedenle, istismarın önlenmesi ve rehabilitasyonu için etkili programların, terapi yöntemlerinin ve kurumların araştırılması büyük önem taşır. Bu çalışmada, erken çocuklukta cinsel istismar, rehabilitasyon yöntemleri ve etkili kurumlar güncel kaynaklar doğrultusunda derlenmiştir. Araştırmalara göre, rehabilitasyon sürecinde bilişsel davranışçı terapi en etkili yöntem olarak öne çıkarken, oyun terapisi çocuk gelişimine uygun olması nedeniyle özellikle istismarın açığa çıkarılmasında etkili bulunmuştur. Dünya genelinde ve Türkiye’de (örneğin Çocuk İzlem Merkezleri) çocuk cinsel istismarına karşı etkili çalışan birçok kurum bulunmaktadır. Ayrıca, okul öncesi dönemde kapsamlı bir cinsel eğitim programının hazırlanması ve aile farkındalığının artırılması önerilmektedir. Araştırmaların daha organize biçimde yürütülmesi ve yayınların bir araya getirilmesi de önemlidir.

**Anahtar Kelimeler:** Erken çocukluk dönemi, cinsel istismar, terapi yöntemleri, etkili organizasyonlar

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## Rehabilitation Methods and Effective Organizations for Early Childhood Sexual Abuse\*

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### ABSTRACT

Childhood sexual abuse is an important public problem and is rapidly increasing worldwide. Sexual abuse in early childhood, when a child's personality is shaped, leads to various physical and mental disorders in adulthood and more health and therapy needs. Therefore, investigation of effective programs, therapy methods and organizations about this issue is very important. In this study, sexual abuse in early childhood, rehabilitation and effective organizations were prepared as a review based on a literature review of current sources. By the researches, while cognitive behavioral therapy was the most effective in the rehabilitation process, play therapy was effective in the process of disclosing abuse due to its appropriateness for child development. There are effective programs and organizations against childhood sexual abuse in the world, including the Child Monitoring Center in Turkey. Also, it is recommended to prepare a comprehensive sexual education program in the preschool period and to raise awareness of families. It was suggested that studies on sexual abuse be conducted in a more organized manner and that the publications be brought together.

**Keywords:** Childhood sexual abuse, therapy methods, effective organizations

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\* Review article

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**For citation:** Taşkaya, V., & Tuzcuoğlu, N. (2026). Rehabilitation methods and effective organizations for early childhood sexual abuse. *Turkish Journal of Educational Studies*, 13(1), 59-75.

## INTRODUCTION

Child abuse encompasses behaviors that significantly harm a child and a person's conscious failure to prevent serious harm to a child (Stalker & McArthur, 2012). Child abuse, which can occur over a period of time or as a one-time act, can be physical, sexual or emotional and can occur in person or online (National Society for the Prevention of Cruelty to Children [NSPCC], 2025). Child sexual abuse is any completed or attempted (incomplete) sexual act, sexual contact or exploitation of a child by a caregiver (Centers for Disease Control and Prevention [CDC] 2008). Childhood sexual abuse is a problem of epidemic proportions affecting children of all ages, socioeconomic levels and cultural backgrounds (Modelli et al., 2012). Inadequate educational curricula, low awareness in the community and social stereotypes are among the factors that facilitate childhood sexual abuse (Tuzcuoğlu et al., 2024). It is also a very common event that harms millions of boys and girls in large and small communities, in various cultures and socioeconomic backgrounds (Murray & Nguyen, 2014). Approximately 1% of children experience some form of sexual abuse each year, resulting in victimization rates of 12-25% for girls and 8-10% for children under 18 (Modelli et al., 2012). Recent years have witnessed a growing concern regarding the increasing number of child sexual abuse (CSA) cases in Turkey, as evidenced by various official statistics and reports. According to data published by the Ministry of Justice in 2023, more than 40,000 case files were opened related to the crime of "child sexual abuse," and legal proceedings were initiated against tens of thousands of suspects (T.C. Ministry of Justice, 2024). Similarly, in a report submitted to the European Court of Human Rights, the Sexual Violence Prevention Platform indicated that child sexual abuse cases in 2022 increased by 33% compared to the previous year (Sexual Violence Prevention Platform, 2024). Furthermore, systematic reviews in the literature have revealed that the prevalence of CSA in Turkey ranges between 2.8% and 32.4% across different studies, highlighting both the persistence and the visibility of the problem (Büber & Taylan, 2023). Collectively, these findings demonstrate that CSA constitutes an increasingly significant social problem in Turkey and underline the urgent need for the development of comprehensive prevention policies.

Childhood sexual abuse (CSA) is a serious trauma that can have negative effects in many areas throughout an individual's life (Hailes et al., 2019). Research has revealed strong and high-quality evidence-based associations of CSA, particularly with substance use (Moustafa et al., 2021) and post-traumatic stress disorder (PTSD) (Dai & Kisson, 2025). However, CSA is also associated with psychiatric and physical health problems such as depression (Baca et al., 2023), eating disorders (Convertino & Mendoza, 2023) and obesity (Wallace & Krugman, 2024). These conditions can often develop through intermediate psychiatric factors such as depression. CSA can also lead to risky sexual behaviors (Homma et al., 2012), sexually transmitted diseases such as HIV (Tiruneh et al., 2015), and impaired body image (Guyon et al., 2024). In summary, the long-term effects of CSA are multifaceted and complex at psychological, biological and behavioral levels.

Furthermore, it is crucial to rehabilitate child victims of sexual abuse in order to support their holistic development and reintegrate them into society as well-adjusted individuals. Rehabilitation is the sum total of the processes and efforts aimed at enabling disadvantaged individuals to sustain their lives, realize their maximum potential and optimize their contribution to family life and society as a whole (Wade, 2020). Rehabilitation has five purposes in itself. According to Forsberg and Douglas (2022); 1. rehabilitation as prevention of recidivism, 2. rehabilitation as harm reduction, 3. rehabilitation as therapy, 4. rehabilitation as moral development, 5. rehabilitation as restoration. Different methods, primarily play therapy, desensitization, graduated exposure, modeling and assertiveness training are essential rehabilitation techniques for young children who have been sexually abused. These interventions are structured differently, such as play interaction, puppets, dolls, artwork, or storytelling, while gently and carefully encouraging and guiding reenactment and discussion of various aspects of the abuse experience (Odacı & Türkkan, 2023). Individual and group therapies are preferred in childhood sexual abuse (Aktay, 2020). It is not possible to make progress with a single method in abuse cases. Various techniques should be used in accordance with the situation. This is determined by the child's condition, feelings and behaviors during the process.

## METHOD

This study is a narrative review on sexual abuse in early childhood, therapy methods and effective organizations against sexual abuse. No systematic review was conducted, and the relevant studies in literature were reviewed in detail. The literature review was based on studies published in databases such as PubMed, Google Scholar and Scopus between 1996 and 2024 in English and Turkish languages. Keywords used were “child sexual abuse”, “rehabilitation after abuse”, “therapy for child survivors” and “effective organizations for sexual abuse prevention”. Only studies presenting concrete findings on rehabilitation processes after sexual abuse were included. The studies were analyzed by accessing their full texts after screening the titles and abstracts. The studies were evaluated according to factors such as methodological quality, sample size, therapy approaches used and effectiveness of rehabilitation processes. The data were synthesized through thematic analysis, and studies presenting findings on rehabilitation processes and therapy approaches were examined. In addition, the support and strategies offered by UNICEF, WHO and local non-governmental organizations, which are among the effective organizations against sexual abuse, were analyzed. Finally, this study did not require ethical approval because only published literature sources were used.

## FINDINGS

### **Therapeutic Techniques**

Traumatic symptoms, both in the short and long term, can occur in cases of child sexual abuse and other forms of abuse. However, effective therapeutic techniques applied in the short term can reduce the risk of trauma becoming chronic in the child (Nasiroğlu, 2014). During the therapy process, negative effects from the surrounding environment should be eliminated or brought under control (Kütük et al., 2020). Support from family members is particularly crucial. It is essential for the child to trust their therapist (Dedeler et al., 2016). A sense of safety must be established, and the treatment process should be carefully planned. For victims of child sexual abuse, there are a variety of psychotherapy options available, ranging from Eye Movement Desensitization and Reprocessing (EMDR) to animal-assisted therapies (Tichelaar et al., 2020).

### **Cognitive Behavioral Therapy**

Cognitive Behavioral Therapy (CBT) is based on four distinct principles of learning: classical (associative) conditioning, operant conditioning (through the use of reinforcement and punishment), observational/modeling learning, and cognitive learning, which emphasizes the impact of thought patterns on emotions and behaviors (Macdonald et al., 2012). New learning experiences facilitate change by disrupting previous maladaptive patterns of information processing, a process that is central to cognitive restructuring. This approach aims to help victims overcome maladaptive thoughts (Hazlett-Stevens & Craske, 2002). For victims of child sexual abuse, maladaptive cognitions, such as being constantly contaminated or believing it is their fault, are replaced with maladaptive internalizing or externalizing behaviors through CBT, and thus cognitions are restructured to alleviate symptoms (Macdonald et al., 2012). Victims of child sexual abuse often present clinical problems such as shame, helplessness, stigma, and sexualized behaviors. Therefore, the basic principles of CBT can be adapted to meet the specific needs of this population (McTavish et al., 2021). Specific forms of CBT for child sexual abuse have been developed to address all dimensions of trauma, including traumatic sexualization, feelings of betrayal, stigma, powerlessness, and self-blame. Moreover, in CBT designed for child sexual abuse, parents are seen not only as clients but also as facilitators of their child's recovery (Tichelaar et al., 2020).

Trauma-focused CBT (TF-CBT) emphasizes how children exposed to traumatic events, especially those with post-traumatic stress disorder (PTSD) symptoms, develop unhelpful thoughts and beliefs about the event(s) and its consequences (Deblinger et al., 2011). These thoughts and beliefs lead to unhelpful avoidance of trauma-related cues and the maintenance of an ongoing sense of threat. TF-CBT for victims of child sexual abuse often involves progressive exposure to trauma reminders, either imagined or in

vivo, and directly challenging unhelpful thoughts and beliefs about the trauma (O'Callaghan et al., 2013).

Prolonged exposure therapy, a form of CBT originally developed to treat war veterans with PTSD, has also been found effective for other populations, such as adult women survivors of rape or sexual assault. This therapy involves exposure to trauma-related stimuli, either imagined or in vivo, until the associated negative emotions subside (Foa et al., 2013). Another form of CBT, stress inoculation therapy, focuses on changing thought patterns. It consists of three phases: conceptualization (identifying triggers), skill acquisition and rehearsal (changing thought patterns related to triggers), and practice and follow-up (applying new thought patterns in real-world contexts). This approach assumes that individuals who learn to cope with mild stress can be “inoculated” against uncontrollable levels of stress. For this reason, stress inoculation techniques are sometimes included as components of trauma-focused CBT interventions (Berliner & Saunders, 1996, as cited in McTavish et al., 2021).

A study investigating the response of child sexual abuse victims to TF-CBT found that trauma-focused therapy was associated with significant reductions in dissociation, internalizing and externalizing problems in children (Hébert & Amédée, 2020). Another study found that an eight-session TF-CBT intervention involving written narratives yielded positive results in reducing abuse-related fear and anxiety and that the eight-session protocol may be a viable alternative when needed (Cohen et al., 2018). Furthermore, following CBT interventions, child victims of sexual violence experienced a reduction in trauma symptoms such as fear of being alone, nightmares, and sadness when exposed to words associated with rape or sexual violence (Susilowati & Dewi, 2019). A review of randomized controlled trials (1985-2015) of psychological interventions for victims of child sexual abuse found that CBT yielded better results than other therapies (Choudhary et al., 2016). In a 10-year prospective study of 135 children aged 5-12 years with sexual behavior problems, the cognitive behavioral therapy group showed significantly lower recidivism rates compared to the play therapy group (10% vs. 2%) (Carpentier et al., 2006).

### **Family Therapy with Risk Reduction Therapy**

This therapy is an integrated treatment protocol developed to reduce the risk of substance use and other high-risk behaviors in adolescents exposed to adverse childhood experiences such as child sexual abuse (Hahn et al., 2019). Family Therapy with Risk Reduction is based on the principles and interventions applied in empirically supported treatments for adolescent substance use (multisystemic therapy), PTSD, and depression (trauma-focused CBT), as well as other negative conditions (such as risky sexual behaviors) (Danielson et al., 2012). In risk reduction therapy through family therapy, the treatment consists of seven components: psychoeducation and engagement, family communication, substance use, coping, PTSD, healthy dating and sexual decision-making, and re-victimization and risk reduction (Hahn et al., 2019). This type of therapy is an adaptation and integration of empirically supported cognitive-behavioral interventions and principles designed to address targeted adolescent behavioral health issues, including sexual victimization (Marx et al., 2001).

### **Play Therapy**

Play therapy is a therapy method that utilizes both the facilitating and healing role of play in order to solve psychosocial problems in children and reach targeted developmental levels (Genç & Tolan, 2021). Particularly for child victims of sexual abuse, play is considered a key therapeutic activity, as it encourages the use of non-verbal expression and the symbolization of experiences (Tornero & Capella, 2017). Child-centered play therapy views therapeutic relationship factors (such as attunement, positive regard, and empathetic understanding) as primary mechanisms of therapeutic change (Landreth, 2023). Since the therapeutic relationship is the primary theoretical mechanism of change in child-centered play therapy, it emphasizes the need to consider how children with multiple adverse childhood experiences and complex trauma experience and engage with the therapeutic relationship (Frawley & Taylor, 2024). Play therapy interventions typically range from 2 to 100 sessions, with an average of 12 sessions, and participants range in age from 3 to 17 (Ray & Britton, 2010). Studies have reported evidence that play therapy in children's centers is an effective intervention to address behavioral, social, and emotional

problems among children with adverse childhood experiences (Schoonover & Perryman, 2023). For this reason, play therapy is often one of the preferred options for victims of child sexual abuse (Greenspan et al., 2013). It is widely accepted that disclosing sexual abuse is crucial for the healing process of victims. Because play therapy is believed to assist in disclosing children's experiences, it has been associated with the rehabilitation of sexual abuse victims in clinical settings (Tichelaar et al., 2020). Play enables children to express emotions they often cannot verbalize through language in a developmentally appropriate manner (Bratton et al., 2005). Most children under the age of 11 lack the capacity for abstract thinking (Piaget & Cook, 1952), so they tend to express themselves more naturally through play and activities, making play a communication tool in play therapy (Tichelaar et al., 2020). Studies on the use of play therapy with sexually abused children have shown a reduction in anxiety (Reyes & Asbrand, 2005), loneliness (Khodabakhshi-Koolaei et al., 2019), trauma (Parker et al., 2021), internalizing problems, self-blame, shame, embarrassment, and nightmares (Greenspan et al., 2013).

In one study, a pre-test-post-test single-group model was conducted with children aged 3 to 9 who were referred due to suspected sexual abuse. The children completed child-centered play therapy between 7 and 13 sessions. The study indicated an increase in feelings of competence among children in the experimental group during the therapy (Scott et al., 2003). Following play therapy, children were reported to have discussed their experiences more verbally (Rocha & Prado, 2006, as cited in Greenspan et al., 2013). Despite these findings, therapeutic treatment with sexual abuse victims, particularly play therapy, and limited research on children indicate the need for further qualitative studies, especially regarding the subjectivity of the participants involved in the treatment (Tornero & Capella, 2017).

### **Sand Tray Therapy**

Another technique used together with play therapy while providing support to children exposed to sexual abuse is the sandbox. Sand Play Therapy is one of the widely applied therapy methods internationally (Roesler, 2019). In this therapy, children use a sand tray to create their own fantasy worlds. By using various figures (miniature animals, people, and plants), they depict their understanding of the world and aspects of their reality, presenting a symbolic representation of their inner world to the clinician (Tornero & Capella, 2017). Through the figures they create, a dialogue is formed between the conscious and unconscious aspects of the individual, leading to positive therapeutic effects (Doyle & Magor-Blatch, 2017). Sand play therapy is frequently used to treat children to improve their mental health (Roesler, 2019). In one case, the progress of sand therapy was analyzed between the children's treatment for 10 months. The results show that children show a positive change in sand play (Mathis, 2001). This therapy method has also been successfully applied in cases of Attention Deficit Hyperactivity Disorder (ADHD) (Li et al., 2023), externalizing and internalizing behavioral problems (Matta & Ramos, 2021), trauma (Herce et al., 2024), family problems such as separation from siblings or divorce of parents (Hong & Kim, 2022). Sand play therapy applied to a woman who had experienced childhood abuse resulted in a decrease in her depression and stress symptoms and an improvement in her psychological well-being (Doyle & Magor-Blatch, 2017). Additionally, improvements in verbal expression and overall psychological well-being were observed following the therapy.

### **Trauma-Informed Art Therapy**

Art therapy, which is considered one of the generative art therapies, is characterized by the methodical use of art tools such as drawing, painting, collage and sculpture to shape and express emotions, thoughts and memories (Schouten et al., 2015). Art therapy has traditionally been used to treat patients experiencing a wide range of trauma symptoms and has been used in situations related to trauma, domestic violence, medical trauma and children who have been sexually abused (Luzatto et al., 2022). The use of art tools has been documented to reduce children's anxiety when discussing emotionally charged topics such as sexual abuse (Pifalo, 2007). Art therapy distinguishes itself from other therapeutic approaches through its experiential and non-verbal nature, active performance and engagement with art materials, the visual and tangible character of the process, and the resulting art production (Schouten et al., 2015). For children who have experienced sexual abuse, expression through art provides a less threatening way to articulate powerful and often contradictory emotions related to the

abuse. Children may have been silenced through fear by the perpetrator, so they may find it easier to express their fears through drawing. This is seen as an advantage of art therapy, offering a means of communication without words (Pifalo, 2007). In a study conducted in 2010, group art therapy was used as an intervention technique to reduce depression, anxiety, sexual trauma, and low self-esteem among 25 girls aged 8 to 11 who had experienced sexual abuse. The group that received art therapy showed a reduction in these symptoms (Pretorius & Pfeifer, 2010). As is well known, art is an effective tool for bringing out inner emotions, and children, in particular, are more able to express their feelings through art.

## **Music Therapy**

Music therapy is defined as the use of music to alleviate physical and psychological discomfort. It aims to change the emotional state through auditory perception and participation in music (Lun et al., 2024). It can be applied at every stage of life, from fostering healthy bonding between newborns and their parents to providing compassionate and vital palliative care at the end of life (Van Sprang & Haeyen, 2024). The effects of music therapy are to reduce heart rate (Kobus et al., 2022), blood pressure (Park et al., 2023), and respiratory rate (Erkkilä et al., 2021), while increasing excitement and relaxation. Modern research has shown that in addition to changing cardiovascular circulatory indicators, music also has positive effects on the endocrine and nervous systems (Lun et al., 2024). An important component of music therapy is the therapeutic relationship that emerges between the therapist and the client through live music interaction and play (Van Sprang & Haeyen, 2024). The topic of music therapy on child sexual abuse is the most studied topic among the research on music therapy and child maltreatment (Sun, 2023). Music therapy technique, which is particularly effective in the rehabilitation process of childhood sexual abuse, focuses on broader issues such as family love, anger, power, romance, healing, resistance, recovery and empowerment in addition to the abuse (Trivedi & Rejani, 2016). In addition, it is argued that writing lyrics or songs is a useful technique that can be applied to children who have been sexually abused because it increases the expression of emotions and builds self-esteem (Cattanach, 2008). A woman who was sexually abused by her father since the age of five was diagnosed with post-traumatic stress disorder due to childhood sexual abuse. The woman was then given music therapy, and a positive increase in emotion regulation skills, social communication skills, and self-efficacy skills was observed after music therapy (Van Sprang & Haeyen, 2024). The use of music therapy in both individual and group therapy sessions can provide an outlet for sexual abuse victims to express their emotions, memories, and feelings related to their trauma. When used in conjunction with clinical perception in individual music therapy with a sexually abused child, music can help children develop (Trivedi & Rejani, 2016). In an individual music therapy case study conducted on an 11-year-old girl who was a sexual abuse victim, spontaneous improvised songs were used (Robarts, 2003). The same study highlights how the child's defensive expressions were worked through musically and psychodynamically toward a more emotionally expressive and authentic sense of self and the unconscious aspects of self over a 14-month period, highlighting the healing potential of individual music therapy. A recent study investigated how adolescent victims of childhood sexual abuse can use music therapy for identity discovery and construction, and explained that music therapy improves victims' ability to use symbolism and helps them explore their emotions more deeply (Schulze, 2018, as cited in: Sun, 2023).

## **Animal Assisted Therapy**

Animal-Assisted Therapy is characterized by the inclusion of an animal in therapeutic interventions conducted by a professional therapist to achieve predetermined goals. It is suggested that individuals benefit from the therapeutic qualities of animals, which are perceived as intuitive, non-judgmental, and non-verbal communicators (London, 2020). Therefore, it is a goal-oriented intervention in which an animal that meets specific criteria becomes an integral part of the treatment process. During the therapy, the child may participate actively or remain an observer, and interactions with the animal are encouraged to foster the child's awareness, insight, and self-reflection (Dedeler et al., 2016). The therapy is conducted or supervised by a qualified healthcare professional (Dietz et al., 2012). This therapeutic

technique plays a significant role in the rehabilitation of children who have been victims of abuse, helping to uncover their inner emotions and relieve their mental and emotional states. For example, a study measured the heart rate and salivary cortisol levels of a group before a therapy dog was introduced. When the dog was brought into the therapy session, the group's heart rate and cortisol levels were measured again after 30 minutes, showing significant reductions in both heart rate and cortisol levels over time (Krause-Parello et al., 2018). Additionally, animal-assisted therapy has been shown to reduce stress biomarkers during forensic interviews with children who have experienced sexual assault (Krause-Parello, 2015). In another study, animals were used as part of therapeutic interventions to help abused children cope with traumatic events. It was noted that some children, who assumed roles of caregiving, neglect, or abuse toward animals, showed improvements in self-perception and empathy skills (Parish-Plass, 2008). A review of other studies on animal-assisted therapy highlighted significant improvements in attachment issues, anxiety, depression, and symptoms of post-traumatic stress disorder (PTSD) (Hoagwood et al., 2017). Although animal-assisted therapies have proven to be effective in addressing trauma in children who have experienced sexual abuse, they should always be used as a complementary method alongside other therapeutic techniques. They are not sufficient as a standalone intervention.

### **Group Therapy**

Group therapy is an approach used to bring together members who have similar problems for a predetermined purpose and to provide support for the solution of problems. According to Çamaş and Anayurt (2022), when group therapy is structured in line with a specific intervention goal and appropriately guided, it becomes an effective method to reduce symptoms and achieve desired changes in clients. In group therapies for trauma, it is generally preferred that the participants are victims of the same type of traumatic event in order to facilitate the clients' internalization of the group (Kaminer & Eagle, 2010). Sharing experiences creates group-wide social support, which can alleviate or prevent symptoms, and group therapy is considered to be an effective and low-labor method (McCrone et al., 2005). Among individuals who have experienced similar trauma, feelings of interpersonal trust, self-confidence, cooperation, and social acceptance can develop positively throughout the process (Foy et al., 2000, cited in Çamaş & Anayurt, 2022). Research shows that peers participating in group therapy can help disclose experiences of sexual abuse (McElvaney, 2015).

Group therapy is not only used to reduce emotional, behavioral, and other specific trauma symptoms related to child sexual abuse but also serves psycho-educational purposes regarding sexuality (Tichelaar et al., 2020). It is assumed that group therapy provides a unique context for addressing feelings of isolation and social stigmatization associated with child sexual abuse (Reeker et al., 1997). While a few studies report that family-based and individual approaches are more effective for trauma symptoms than group therapy, some research supports that group methods are more effective than individual therapy for children who have experienced sexual abuse (Narang et al., 2019). Nevertheless, a meta-analysis suggests that the effectiveness and superior treatment outcomes of group methods need to be better identified (Benuto & O'Donohue, 2015). One of the challenges in managing and directing group therapy is the varying stages of trauma experiences and severity among individuals with similar trauma backgrounds (Kaminer & Eagle, 2010).

### **Individual Psychotherapy**

Psychotherapy is the use of psychological methods by a therapist or counselor, usually in ongoing sessions with one person, to help a person overcome problematic thoughts or behaviors (McTavish et al., 2021). Individual psychotherapy is a treatment method that is frequently used and can be effective in childhood abuse (Nasıroğlu, 2014). Particularly in children who have experienced sexual abuse, it has been reported that individual psychotherapy leads to recovery from many of the short-term traumatic effects of abuse (Aktay, 2020). The effectiveness of individual therapy in addressing specific symptoms of sexual abuse, such as self-concept, anxiety, and depression, has been tested, with findings indicating that therapy significantly reduces anxiety and depressive symptoms (Greenspan et al., 2013).

Individual therapy can be used based on the age of the individual and their unique response to trauma. Additionally, individual therapy has been employed to treat post-traumatic stress disorder diagnosed in girls who have experienced sexual abuse. Following the application of individual therapy, a significant reduction in psychopathological symptoms and an improvement in functionality were observed (Trowell et al., 2002). Individual therapy is more appropriate for individuals who are not candidates for group work and have deeper problems. In this way, individuals can focus on their own problems more specifically and deeply and gain insight into themselves.

Institutions providing prevention and rehabilitation services for childhood sexual abuse victims

### **Child Advocacy Centers (CACs)**

Child Advocacy Centers (CACs) are established to prevent childhood sexual abuse and to ensure effective and accurate interventions for children who have experienced such abuse (Bag & Alsen, 2017). The primary goal of these centers is to minimize post-traumatic stress in children and to streamline medical and legal processes under one roof with the assistance of qualified professionals (Bilginer & Caliskan, 2018; Arslan & Erkol, 2021). The first CAC in Turkey was founded in Ankara on October 1, 2010, under the coordination of the Ministry of Health (Bilginer & Caliskan, 2018). Research has indicated that following sexual abuse, the process involves not only forensic evaluation but also treatment and social health assessments (Büber et al., 2023). Special responsibilities are assigned within these institutions, which provide 24/7 services nationwide. With their multidisciplinary approach, CACs play a crucial role in identifying and addressing cases of child sexual abuse (Kok & Erbay, 2023).

When children are referred to CACs, they undergo a series of procedures, including initial registration, preliminary interviews, family meetings, forensic interviews, medical examinations, pediatric evaluations, psychiatric assessments for children and adolescents, and social services evaluations (Bag & Alsen, 2016). Overall, CACs are considered highly beneficial by field experts due to their multidisciplinary approach, which enables the collection of sexual abuse data from a single source, reduces children's exposure to traumatic legal processes, increases public awareness, and improves child protection policies (Tonyalı et al., 2023).

### **Evidence-Based Programs and Practices (NREPP)**

The National Registry of Evidence-Based Programs and Practices (NREPP), developed by the Substance Abuse and Mental Health Services Administration (SAMHSA), serves as an objective and reliable practical information source for a range of evidence-based interventions aimed at preventing and treating mental health and substance use disorders (Hennessy & Green-Hennessy, 2011). The aim of NREPP is to "assist the public in identifying scientifically tested approaches for the prevention and treatment of mental health and/or substance use disorders that can be easily disseminated into practice." To achieve this goal, NREPP provides descriptive information about various interventions, along with independent expert evaluations regarding both the quality of the research supporting the outcomes of these interventions and their readiness for broader implementation in diverse service settings and populations. Since its launch in March 2007, SAMHSA has been dedicated to the steady and continuous growth of NREPP as a decision-support tool that helps individuals and organizations identify which evidence-based interventions best address their specific needs, resources, and institutional culture (Green-Hennessy, 2018).

### **California Evidence-Based Clearinghouse for Child Welfare (CEBC)**

Established by the California Department of Social Services (CDSS), the California Evidence-Based Child Welfare Clearance Center (CEBC) leads targeted efforts aimed at improving the lives of children and families served within the child welfare system. As part of its improvement strategies, CDSS selected the Chadwick Center for Children and Families at Rady Children's Hospital in San Diego to establish the CEBC. The CEBC plays a critical role in identifying, selecting, and implementing evidence-based child welfare practices aimed at improving child safety, increasing permanency, enhancing family and community stability, and promoting the well-being of children and families (CEBC, 2024).

## **National Child Traumatic Stress Network (NCTSN)**

The mission of the National Child Traumatic Stress Network (NCTSN) is to integrate trauma-informed services and evidence-based practices into clinical and community settings across the United States. Applied psychologists and other professionals involved in the care of children and families affected by trauma have access to NCTSN resources and opportunities for collaboration and contribution to this national initiative (Steinberg et al., 2014). The NCTSN website ([www.nctsn.org](http://www.nctsn.org)) provides numerous resources for psychologists, teachers, other professionals, policymakers, and the public, including informational guidelines on child traumatic stress, statistics, breaking news, the latest research, and a measurement-review database containing information on important assessment and screening tools for the field of child traumatic stress (NCTSN, 2024). The NCTSN Learning Center (<http://learn.nctsn.org>) provides a wide variety of educational resources available online, including courses and training videos on topics such as sexual abuse, disaster mental health, domestic violence, early childhood trauma, and more. Continuing education credits are available for many of these courses (Steinberg et al., 2014). Additionally, the network hosts a searchable online NCTSN Knowledge Base (<http://kb.nctsn.org>), which includes trauma resources developed by network centers. Professionals are encouraged to collaborate with NCTSN centers in their local communities, which often provide training and consultation on trauma-sensitive treatment to local, state, and federal partners (Pynoos et al., 2008).

## **National Center For PTSD**

The National Center for PTSD, a division of the U.S. Department of Veterans Affairs, provides a wealth of resources regarding post-traumatic stress disorder (PTSD) for both military and civilian personnel. The website ([va.gov](http://va.gov)) offers information for the public, including those affected by PTSD and their families, as well as for professionals such as clinicians and healthcare providers (Owen et al., 2017). Resources include research from the National Center and outside research organizations. Additional sources of information include About Face, a program that discusses military PTSD via video and discusses how clinical treatment methods and options can help those suffering from PTSD. Access to PILOTS, a database that provides citation and abstract information for publications, is available (Evans & Herman, 2014).

## **Cochrane Collaboration**

The Cochrane Collaboration is a non-profit international organization that conducts systematic reviews of randomized trials related to healthcare treatments (Manheimer et al., 2009). On its official website ([www.cochrane.org](http://www.cochrane.org)), Cochrane describes its mission as placing evidence at the heart of healthcare decision-making globally, with the goal of improving healthcare interventions. To this end, the work is organized around three goals: to provide reliable and timely synthesized evaluation data that address the most important issues for health and care decisions, to be a leading global advocate for evidence-based health and care services, and to inform health and care decisions by making evidence accessible and usable to all (Cochrane, 2024).

## **Campbell Collaboration**

The Campbell Collaboration (2024) aims to make systematic reviews and related evidence synthesis products, valuable sources of information for policy and practice by providing summaries of research. It significantly enhances the production, dissemination, and use of research syntheses on social, economic, and behavioral interventions (Littell & White, 2018). Campbell reviews follow guidelines and standards developed by international, multidisciplinary groups of academics, practitioners, and policymakers (Shlonsky et al., 2011). Prevent Child Abuse America, founded in 1972 in Chicago ([www.preventchildabuse.org](http://www.preventchildabuse.org)), works nationwide to ensure the healthy development of children. The organization's primary mission is to prevent abuse, promote best practices, and advocate for the establishment of a national policy framework and strategy for children and families (NCTSN, 2024).

## **Prevent Child Abuse America**

The Child Abuse Prevention and Treatment Act (CAPTA) system (2024) mandates the identification, investigation, and prosecution of parents accused of abuse or neglect. Known as child protection services, this family policing system is used by the government to address neglect, including that related to poverty, in Black families (Burton & Montauban, 2021). While most federal funding for child abuse and neglect goes toward addressing issues after they occur and supporting interventions such as foster care services, CAPTA also supports preventive services that help keep families safely together. CAPTA's primary objectives include the identification of evidence related to child abuse, addressing resistance to intervention in professional-client relationships, establishing immunity waivers for those reporting child abuse, and imposing penalties on those who fail to report (Williams-Butler et al., 2024).

## DISCUSSION AND CONCLUSION

Since cases of childhood sexual abuse cause long-term negative effects on the psychosocial development of the victimized child, it is necessary to use different types of therapy methods with early intervention. The therapy modalities described in this article have varying levels of effectiveness in terms of reducing or completely eliminating post-traumatic symptoms of the victim. The rate of benefit from each therapy method varies according to the child's age, developmental level, type and duration of abuse. Play therapy provides a developmentally appropriate environment for children to express their feelings and to symbolize and reprocess the trauma. At this point, it stands out with advantages such as providing non-verbal expression, supporting emotional regulation and secure attachment for early age group children with insufficient language development.

In addition, cognitive behavioral therapy (CBT) with its trauma-focused sub-models yields more effective results in children between the ages of 5-18. CBT supports victims to see their traumatic thought patterns, restructure wrong thoughts and develop healthy coping strategies. The structured technique of CBT makes the therapy process observable and evaluable, which is an important advantage for practitioners.

Family-based approaches based on restoring communication within the family ensure that the child is supported not only individually but also systemically within the family. Methods such as Family Therapy and Risk Reduction Therapy help to increase protective factors for the family after abuse and reduce the risk of relapse. Art therapies, animal assisted therapy, music therapy and sensory integration practices, which are among the therapeutic methods, make therapeutic processes more accessible and diverse. These methods can accelerate the cognitive strengthening and emotional recovery of the victim and reduce negative thoughts about being in therapy. Although there has been an increase in the number of Child Monitoring Centers (CMCs) in Turkey, according to TurkStat data, nearly 80% of child abuse cases reported to forensic medicine in 2022 are under the age of 12 (TurkStat, 2023). In addition, UNICEF stated that there has been a 20% increase in child abuse after COVID-19 and that access to therapy has become difficult, especially for vulnerable groups (UNICEF, 2021; 2024). These data show how vital it is to expand therapy modalities.

## Suggestions

- Play therapy should be popularized as a primary intervention method for children between the ages of 3 and 10 from a developmental perspective; the number of therapists specialized in this field should be increased.
- Cognitive Behavioral Therapy (CBT) should be systematically applied to school-age children with trauma-specific sub-models.
- By analyzing Turkey's familial and cultural dynamics, family therapies should be supported and structured within the framework of risk reduction, with the idea that not only the child but also the caregivers should be intervened.
- Art, music and animal-assisted therapies should be integrated into therapy programs as supportive intervention models in addition to traditional methods.
- The number of Child Monitoring Centers (CMCs) across Turkey should be increased and the personnel working in these centers should be specialized in therapy methods.

- Universities and research institutions should conduct evidence-based studies on the effectiveness of therapy methods applied after child abuse in Turkey and these data should be collected in an open-access national database.
- Good practice examples published by international organizations (NCTSN, CEBC, Cochrane, etc.) should be translated into Turkish and shared with local practitioners; thus, local practice based on global knowledge should be provided.
- Flexible intervention plans should be developed by continuously evaluating the appropriateness of the models used in therapeutic interventions to the child's age, developmental level and cultural context.
- A comprehensive sexual education program in the preschool period should be prepared to raise awareness of families and give fundamental knowledge to children about sex abuse.

**Etik Beyanname:** Bu çalışmada “Yükseköğretim Kurumları Bilimsel Araştırma ve Yayın Etiği Yönergesi” kapsamında belirtilen kurallara uyulduğunu ve “Bilimsel Araştırma ve Yayın Etiğine Aykırı Eylemler” başlığı altında belirtilen eylemlerden hiçbirini gerçekleştirmediğimizi beyan ederiz. Aynı zamanda yazarlar arasında çıkar çatışmasının olmadığını, tüm yazarların çalışmaya katkı sağladığını ve her türlü etik ihlalinde sorumluluğun makale yazarlarına ait olduğunu bildiririz.

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## GENİŞLETİLMİŞ ÖZET

Çocuk istismarı, günümüzde hızla artan önemli bir toplumsal sorundur ve genellikle çocuğa bakım veren kişi tarafından gerçekleştirilen, zarar verici, tehdit edici ya da potansiyel olarak zarar verebilecek sözel veya davranışsal eylemler bütünüdür. Buna karşılık ihmâl, bakım veren kişinin yeterli koşulları sağlayamaması sonucu çocuğun doğrudan veya dolaylı olarak zarar görmesi durumudur. Çocuk istismarının görülme sıklığı göz önünde bulundurulduğunda, her dört çocuktan birinin yaşamı boyunca en az bir kez istismara maruz kalabileceği tahmin edilmektedir. Bu durum, çocukların gelişimi ve sağlığı üzerinde uzun vadeli olumsuz etkiler yaratmaktadır. İstismar genellikle üç ana kategoriye ayrılmaktadır: fiziksel istismar, duygusal istismar ve cinsel istismar. Bu çalışma özel olarak çocukluk çağı cinsel istismarına odaklanmaktadır. Cinsel istismar, çocuğun gelişimsel olarak hazır olmadığı, bilişsel olarak karar veremeyeceği ve toplumun ahlaki normlarıyla çelişen herhangi bir cinsel etkinliğe dâhil edilmesidir. Türkiye’de çocukların cinsel istismara maruz kalma oranı giderek artmaktadır. Son yıllarda yapılan çeşitli adli ve istatistiki çalışmalar, çocukların suça maruz kalmaları durumunda cinsel istismarın önemli bir paya sahip olduğunu göstermektedir. Özellikle 10 yaş, çocukluk çağı cinsel istismarında en yüksek risk yaş aralığı olarak tanımlanmakta ve vakaların yaklaşık %20’sinin aile içinde gerçekleştiği belirtilmektedir. Bu veriler, özellikle erken çocukluk döneminde, çocuklara yönelik kapsayıcı ve yaşa uygun bir cinsel eğitim programının ulusal düzeyde geliştirilmesini gerekli kılmaktadır. Cinsel istismara maruz kalan çocukların sağlıklı bireyler olarak topluma yeniden kazandırılabilmesi için rehabilitasyon süreci son derece kritiktir. Erken müdahale, istismarın çocukta kronik travmaya dönüşmesini engellemede etkili rol oynamaktadır. Bu bağlamda, çocuklara yönelik psikoterapi uygulamaları geniş bir yelpazede değerlendirilmektedir. Uygulanan terapi yöntemleri arasında göz hareketleriyle duyarsızlaştırma ve yeniden işleme terapisi (EMDR), bireysel terapi, grup terapisi, müzik terapisi, hayvan destekli terapi, aile temelli risk azaltma terapisi, oyun terapisi, kum terapisi ve sanat temelli travma terapisi gibi seçenekler yer almaktadır. Her bir terapi yöntemi, çocuğun yaşına, istismarın süresine ve şiddetine, istismarcı ile yakınlık derecesine, ailenin sosyoekonomik yapısına, kültürel dinamiklere ve çocuğun gelişimsel özelliklerine göre farklı düzeylerde etkili olabilmektedir. Bu nedenle terapi süreci, çocuğun bireysel farklılıkları ve ihtiyaçları dikkate alınarak planlanmalı, tek tip müdahaleden kaçınılmalıdır. Cinsel istismarın yalnızca bireysel değil, sistem düzeyinde ele alınması gerektiği de açıktır. Bu kapsamda Türkiye’de 2010 yılından itibaren faaliyete geçen Çocuk İzlem Merkezleri (ÇİM), cinsel istismar olaylarının yalnızca adli yönüyle değil tıbbi, psikolojik ve sosyal boyutlarıyla da değerlendirilmesine olanak sağlamıştır. ÇİM’ler, çocuk odaklı yaklaşımları, sosyal farkındalığı artırma potansiyelleri ve mağdur çocuğun istismar sonrası süreçte daha az travmatize olmasını sağlama avantajları nedeniyle olumlu karşılanmaktadır. Sonuç olarak, çocukluk çağı cinsel istismarı, bireyin ruhsal ve fiziksel gelişimini doğrudan etkileyen ağır bir travmadır. Bu travmanın önlenmesi ve etkilerinin azaltılması ancak çok boyutlu bir yaklaşımla mümkündür. Hem bireysel terapötik müdahaleler hem de kurumsal düzeyde sürdürülebilir politikalar geliştirilmesi gerekmektedir. Özellikle erken çocukluk döneminde verilecek cinsel eğitim, çocukların riskli durumları tanıma, sınır koyma ve yardım isteme becerilerini güçlendirecek, istismarın önlenmesine katkı sağlayacaktır. Aynı zamanda ebeveynlere yönelik bilgilendirme ve farkındalık çalışmaları, çocuğun çevresel güvenliğini artırmada etkili olacaktır. Çocukları korumaya yönelik kurumlar arası iş birliği artırılmalı, müdahale ve rehabilitasyon hizmetleri daha sistematik ve bütüncül bir yapıya kavuşturulmalıdır.