

# Cause-Effect Dynamics in the Social System Towards Child Sexual Abuse – Forensic Approach

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## ABSTRACT

Child sexual abuse is a global phenomenon since time immemorial. It is a daunting aim for good governance to ensure the protection of children and to administer justice to victims of sexual assaults. Due to zillions socio-cultural and economic factors, many of CSA cases remain unreported. During this study, various facets of CSA have been deliberated to understand law and practice to deal with this menace. Emphasis is placed on impact analysis during the administration of justice in CSA cases in India after the enactment of the POCSO Act. Keeping in view that the nature of evidence and legal doctrines involved in sex crimes having commonalities across the countries using adversarial justice system, the legal process on various tenets of CSA in other jurisdictions have also been studied to capture global perspectives and the best practices used for investigation and trial process. Learning from others' experience is indeed wisdom for life. Ever since the dawn of civilization, at global landscape, women and children continued to be the most vulnerable segments of society who suffered from a bundle of sexual exploitations. Child Sexual Abuse (CSA) encompasses genital penetration, inappropriate touching, groping and fondling, but most reported cases are those involving penetration and defilement. CSA has been recognized as a prevailing international problem of great magnitude that affects children of all generations, ages, sex, ethnicities and socio-economic strata. It entails pressing human rights issues, public health concerns and poses a sustained challenge to the justice system. Child abuse tantamount to be a silent emergency both for health and justice; but it often goes unnoticed and unreported; thereby making children more susceptible to repetitive exploitation and sufferings. Poverty is the mother of several social evils and CSA is one of such derivatives. Child trafficking further contemplates various kinds of exploitations including sexual violence, flesh trade and forced marriages. Worldwide, there are a series of myths and stereotypes associated with CSA, resulting in further complications. (Cromer & Goldsmith, 2010) No community or jurisdiction so far could evolve any mechanism to ensure that none of their young ones shall be sexually violated.

**Keywords:** Child Sexual Abuse (CSA), POCSO Act, Child trafficking and sexual violence

## **Introduction**

Child sexual abuse is a global phenomenon since time immemorial. It is a daunting aim for good governance to ensure the protection of children and to administer justice to victims of sexual assaults. Due to zillions socio-cultural and economic factors, many of CSA cases remain unreported. During this study, various facets of CSA have been deliberated to understand law and practice to deal with this menace. Emphasis is placed on impact analysis during the administration of justice in CSA cases in India after the enactment of the POCSO Act. Keeping in view that the nature of evidence and legal doctrines involved in sex crimes having commonalities across the countries using adversarial justice system, the legal process on various tenets of CSA in other jurisdictions have also been studied to capture global perspectives and the best practices used for investigation and trial process. Learning from others' experience is indeed wisdom for life.

Ever since the dawn of civilization, at global landscape, women and children continued to be the most vulnerable segments of society who suffered from a bundle of sexual exploitations. Child Sexual Abuse (CSA) encompasses genital penetration, inappropriate touching, groping and fondling, but most reported cases are those involving penetration and defilement. CSA has been recognized as a prevailing international problem of great magnitude that affects children of all generations, ages, sex, ethnicities and socio-economic strata. It entails pressing human rights issues, public health concerns and poses a sustained challenge to the justice system. Child abuse tantamount to be a silent emergency both for health and justice; but it often goes unnoticed and unreported; thereby making children more susceptible to repetitive exploitation and sufferings. Poverty is the mother of several social evils and CSA is one of such derivatives. Child trafficking further contemplates various kinds of exploitations including sexual violence, flesh trade and forced marriages. Worldwide, there are a series of myths and stereotypes associated with CSA, resulting in further complications. (Cromer & Goldsmith, 2010) No community or jurisdiction so far could evolve any mechanism to ensure that none of their young ones shall be sexually violated.

The need for protection of children found historical trace in legal history from Mary Allen McCormack's case in 1874. Mary Allen, had been orphaned as a baby; Thomas Wilson, her father, was a soldier who sacrificed his life in the Second Battle of Cold Harbour in Virginia. Her mother, because of acute poverty, was forced to deposit the baby Allen to city orphanage home on Blackwell Island. Mary Allen was adopted, a few years later, by Thomas McCormack and Mary Connolly, a Manhattan couple. Soon after adoption, Thomas passed away and Mary married France Connolly. Frustrated and doomed adoptive mother took to physically abusing the foster child. At the age of ten, Mary Ellen was brutally battered and was compelled into a life of servitude, confinement and beatings by Mary Connolly, the foster mother.

## **Objectives of the study**

1. To study the social dimension of the minor victims and the accused in the study area.
2. To Examining Child sexuality, sexual abuse in the study area.
3. To give policy and suggestions of the study.

## **MATERIALS & METHODS**

### **Research Type**

The study was conducted retrospectively and descriptively to evaluate the child sexual abuse cases admit

ted to the CAC in terms of the child, family, and the abuser, and to identify the associated factors.

## Population-sample

No sample selection was performed in the study, and all cases who were admitted to the CAC between 20.08.2023 (the date the center was opened) and 20.04.2024 (the onset of collecting the data) included in the sample (n=220).

## Data Collection Tools

The data were collected using a data collection form developed by the researchers including questions about the child, the abuser, and family dynamics like the age and gender of the child, economic status and education level of the family, type of abuse, the abuser, and the degree of relationship.

## Statistical Analysis

The evaluation of the data was made using the SPSS (Statistical Package for Social Sciences) 22.0 statistical package program. Descriptive statistical methods like numbers and percentage calculations and arithmetic mean were used in the analysis of the data.

**Table.1**  
**Social Dimension of children and their families**

Particulars	No. of Respondents	Per centage
<b>Gender</b>		
Male	180	81.81
Female	40	18.19
<b>Level of Education</b>		
Pre-school	9	4.09
Primary School	25	11.36
Secondary school	78	35.45
Hr.Sec School	94	42.72
Special Education	9	4.09
No Education	5	2.27
<b>Marital Status</b>		
Yes	36	16.36
No	184	83.63
<b>Criminal status of Parents</b>		
No	188	76.81
Mother	16	7.27
Father	16	7.27
<b>Having a Sibling</b>		
Yes	199	90.45
No	21	9.55
<b>Genetic / Step Parents</b>		

Genetic	200	90.90
Step	20	9.09
<b>Education level of Mother's</b>		
Secondary school	187	85
Higher secondary school	30	13.63
Degree	3	1.36
<b>Health Insurance</b>		
Yes	114	51.82
No	106	47.78
<b>Suicide History</b>		
No	198	90
Mother	03	1.36
Father	04	1.81
Victim Child	15	6.81
<b>Presence of a mental illness</b>		
No	145	65.90
Psychotic disorder	4	1.82
Depression	20	9.09
Mood disorders	11	5
Mental retardation	20	9.09
ADHD	9	4.09
Impulsive disorder	4	1.81
Dyslexia	3	1.36
Others	10	4.54
<b>Presence of a Physical illness</b>		
No	197	89.54
Speech disorder	14	6.36
Diabetes	4	1.81
Heart disease	1	0.45
Blind	1	0.45
Growth retardation	1	0.45
Asthma	2	0.90
<b>Employment status of Mother</b>		
Yes	53	24.09
No	167	75.90
<b>A family member with a disability</b>		
Yes	146	66.36
No	74	33.63
<b>The status of parents being alive</b>		
Both alive	35	15.90
One of both parents deceased	185	84.09
<b>Father's Education level</b>		

Primary and secondary school	175	79.54
High School	39	17.72
University	6	2.72
<b>Socio economic situation</b>		
High	4	1.81
Middle	84	38.18
Low	132	60
<b>Parents living together</b>		
Yes	127	57.72
No	93	42.27

Source: Primary Data.

Within the possibility of the research, 220 children who were exposed to sexual abuse were evaluated. The study showed that the mean age of the victim children was  $13.33 \pm 3.33$ , 81.81% were girls, and 42.72% were high school students. 34.1% had a mental illness, 57.72% of the parents lived together, 16.36% of the parents had a consanguineous marriage, 75.90% of the mothers and 33.63% of fathers were unemployed, and 7.27% of fathers had a criminal record. 15.90% of the victims had a family member with a disability, 85% of mothers and, 79.54% of fathers were primary school graduates, 47% did not have health insurance, and 60% had a low financial situation. In addition, 10% of the families of abused children had suicide case and 6.81% of those who committed suicide were sexually abused children.

**Table.2**  
**Abuses and the abusers according to the victims**

Particulars	No. of Respondents	Per centage
<b>Gender of abuser</b>		
Female	3	1.6
Male	215	97.72
Female and Male	3	1.36
<b>Degree of Relationship</b>		
Family (Genetic)	20	9.09
Family (step)	9	4.09
Close relative	30	13.63
Neighbour	40	18.18
Lover / Friend	74	33.63
Stranger	30	13.63
Teacher	11	5.00
More than one person	5	27.00
<b>Type of abuse</b>		
Penetration	78	35.45
Verbal abuse	4	1.81
Exhibitionism	9	4.09

Pornography	3	1.36
Sexual touch	89	40.45
Genital touch	3	1.81
<b>Medical Examination</b>		
Yes	97	44.09
No	123	55.90
<b>The number of abuses</b>		
Once	77	35.00
More than Once	127	57.72
Regularly	16	7.27
<b>The number of Abuses</b>		
1	180	81.82
2-3	30	13.63
4+	10	4.55
<b>Pregnancy</b>		
Yes	6	2.73
No	204	92.73
Suspected	10	4.55
<b>Penetration location [ n=77]</b>		
Vaginal	35	45.45
Anal	21	27.27
Anal and Vaginal	21	27.27

Source: Primary Data.

In Table 2 gives to the children's statements, the mean age of the abusers was  $25.64 \pm 16.68$ , and 97.72% were male. Abusers was described as "lover/friend" by 33.63% of the victimized children, also 81.82% of the children were only abused by one person and 92.72% were irregularly abused many times. The study shows that; 40.45% of the children were exposed to sexual touch, 77 were exposed to abused including penetration. In addition to all this 45.45% of those exposed to penetration had vaginal penetration, 44.09% had a medical examination and 2.73% were pregnant

**Table.3**  
**Attitude of the families of Child victims towards abuse**

Particulars	No. of Respondents	Per centage
<b>The reporter of the abuse</b>		
Victim	20	9.09
Family	63	28.63
Teacher	80	36.36
Physician	28	12.72
Relative / neighbour	28	12.72
Police	01	0.45
<b>Family filing a complaint</b>		

Yes	116	52.72
No	54	24.54
indecisive	50	22.72
<b>Family attitude to Child victim</b>		
Protective	163	74.09
Rejecting	15	6.82
Accusatory	20	9.09
Not accepting	31	14.09
<b>Victim filling a complaint</b>		
Yes	128	58.18
No	69	31.36
Indecisive	6	2.72
No reasoning	16	7.27

Source: Primary Data

According to table.3 results, 36.36% of the people who reported the abuse were teachers, 74.09% of the families had a “protective” attitude towards the victim child, 74.09 % of the families, and 58.18 % of the victims filed a complaint against the abuser.

**Table.4**  
**The protective injunctions given for the abuse**

Particulars	No. of Respondents	Per centage
Providing care	47	21.36
Staying with the family	167	75.90
Health care	65	29.54
Counseling	184	83.63
Social Investigation	39	17.72
Education	14	6.36

Source: Primary Data.

In table 4 gives a “Counselling” was the protective injunction given to 83.63% of abused children, staying family is 75.90% and below 20% is social investigation and Education..

## Argument

In the study, the child sexual abuse cases admitted to the CAC were evaluated. It is believed that identifying risk groups for sexual abuse and associated factors with a retrospective and descriptive study will be a guide to struggling against sexual abuse. Discussing the Findings Regarding the Victim In the study, most of the sexually abused children were found to be girls, and in some societies, being a girl is considered as a risk factor for sexual abuse<sup>1</sup>. Similar studies also report that victims of abuse are mostly

<sup>1</sup> Gürhan N. Child Abuse and Neglect in All Aspects. (1st ed.). 2015. Ankara: Nobel Medical Publications



girls<sup>2</sup>. In our study, children were mostly exposed to sexual abuse during adolescence. Literature has citations that being a girl during adolescence can be considered a significant risk factor for sexual abuse, which is consistent with our finding<sup>3</sup>. In the study, it was determined that 10.3% of the cases had a diagnosis of physical disease, 34.3% of them had a diagnosis of mental illness, and children with a diagnosis of depression, mood disorder and mental retardation were predominantly mental disorders. Malnutrition, moodiness, sleep problems, excessive crying, hyperactivity, behavioral disorders, chronic diseases, mental and physical problems are often observed in abused children<sup>4</sup>. Various studies conducted with sexually abused children highlighted that a significant number of victims had diagnosed with a mental illness<sup>5</sup>. The literature on sexual abuse cases report that children's perceptions of good and bad touch are distorted, their beliefs that they are loved through sexuality are reinforced, the victims blame themselves and feel lonely and desperate as they think that this situation only happens to them, they are exposed to threats and exploitation of emotions by their closest relatives, and their basic sense of trust is damaged<sup>6</sup>. The families of the victims are questioned about whether their children have been diagnosed with a mental disorder or not when they are admitted to CACs, and health care injunctions are provided when necessary. After the health care measures, some cases are also diagnosed with mental disorders, so it is thought that the actual rates are higher than the findings obtained in our study.

### Argument of Abuse

The mean age of the abusers in the study was found to be  $25.84 \pm 16.84$ , and most of them were male. Child victims often described the abuser as a lover/friend, and they reported exposure to sexual abuse many times. Güney<sup>7</sup> indicated that 37.6% of the sexually abused adolescents abuses were their family members (parents, stepparents, siblings, relatives), and 62.4% reported a stranger as their abuser. A similar study found that most children were exposed to sexual abuse more than once<sup>8</sup>. It is known that the age of the victim, the frequency of abuse, the occurrence of the act by force, the presence of penetration, and the familiarity of the abuser cause more destructive and permanent effects on the

<sup>2</sup> Zengin BY. Evaluation and proposed solutions for the sexual abuse cases among 9-17 age groups during the forensic medical dissertation. Istanbul University. The Department of Forensic Medicine at Istanbul University Medical School. 2014

<sup>3</sup> Bag O, Alsen S. The evaluation of child sexual abuse in a child advocacy center: One year experience of a center. *Alpha Psychiatry*. 2017;18(1):62-68. doi: 10.5455/apd.214951

<sup>4</sup> McElvaney R, Moore K, O'Reilly K, Turner R, Walsh B, Guerine S. Child Sexual Abuse Disclosures: Does Age Make a Difference? *Child Abuse Negl*. 2020;99:104121. doi: 10.1016/j.chiabu.2019.104121

<sup>5</sup> Spataro J, Mullen PE, Burgess PM, Wells DL, Moss SA. Impact of child sexual abuse on mental health: prospective study in males and females. *Br J Psychiatry*. 2004;184(5):416-21. doi: 10.1192/bjp.184.5.416

<sup>6</sup> Soylu N, Şentürk P, Ayaz M, Sönmez S. Study of factors affecting mental health in sexually abused children and adolescent. *Anatolian Journal of Psychiatry*. 2012;13(4): 292-8. Available at: <https://www.proquest.com/openview/b66af4c265b773430f2ecba69ee6b6bb/1?pq-origsite=gscholar&cbl=136214>

<sup>7</sup> Güney SA. How do variables related to sexual abuse in adolescence affect self-esteem? a child advocacy center experience. *Turk J Child Adolesc Ment Health*. 2017;24(3):251-65. Available at: [https://cms.galenos.com.tr/Uploads/Article\\_27524/cogepderg-24-251.pdf](https://cms.galenos.com.tr/Uploads/Article_27524/cogepderg-24-251.pdf)

<sup>8</sup> . Koctürk N, Bilge F. The irrational beliefs and the psychological symptoms of the sexual abuse victims. *Dusunen Adam The Journal of Psychiatry and Neurological Sciences*. 2017;2(30):113- 123. doi: 10.5350/DAJPN2017300205



victim<sup>9</sup>. The degree of relationship with the abuser is among the most critical variables associated with post-traumatic psychopathology, and those who are sexually abused by familiar person blame themselves more and have more difficulty in building trust again. Therefore, it is thought that child victims will be in a risk group in terms of mental disorders at later ages. Exposure to sexual abuse within the family adversely affects family integrity, creates a family crisis, and may lead to the blaming and exclusion of the victim child<sup>10</sup>. Children tend to trust a person they know more easily, which makes them more vulnerable to these people, which is a risk factor. Many children in this study were exposed to sexual abuse in the form of sexual touch or penetration. Most of those sexually abused were exposed to vaginal penetration, and medical examination was performed in most of the cases. In a study conducted by Imren Gökçe et al<sup>11</sup>. with sexually abused children and adolescents, it was found that 56.1% of the sexual abuse occurred by touching, caressing, and rubbing, 36.7% of girls were exposed to vaginal penetration, and 38.5% of boys were exposed to anal penetration, in another study 58.3% of the cases were exposed to penetration, and 41.7% were exposed to sexual touch<sup>12</sup>. The findings in this current study are consistent with the similar studies.

### Argument of the Interlocutory

Injunction Considering the best interests of the child, within the scope of Child Protection Law No 5395, the protective injunction is given<sup>13</sup>. The protective injunction, including counseling, was given for most child victims in the study, and health care injunction, institutional care, social investigation, and education are among the other protective injunction types. All children taken into institutional care in the study had been exposed to serious abuse, and their family dynamics were not at the desired level 82.75% of the cases were offered counseling injunction on issues such as family and child communication, adolescence characteristics, and risk factors, and in line with the observations of the forensic interviewer, health care injunctions were applied in some cases when necessary. It was thought that families with lower level of education might have limited awareness of child sexual abuse and also low socioeconomic status might also have formed the basis for this situation. It was determined that 82.75% of the cases were offered counseling injunction on issues such as communication between the family and the child, adolescence characteristics and risk factors, and also health care injunctions were taken when deemed necessary in line with the observations of the forensic interviewer. CACs are centers where children who are victims of abuse and their families are evaluated holistically, risk factors are

<sup>9</sup> Uytun Cıkılı M, Oztop BH. Evaluation of Psychiatric Diagnosis and Continuity of Treatment of Children and Adolescents Who Abused Sexually. Journal of New Symposium. 2016;54(3):18-24. <http://dx.doi.org/10.5455/NYS.201606020>

<sup>10</sup> Işeri E. Sexual Abuse. Çetin, F. Ç., Pehlivan Türk, B., Unal, F., Uslu, R., Işeri, E., Türkbay, T., Coskun, A., Miral, S. & Motavallı, N. (Eds.). Handbook of child and adolescent psychiatry. 2008;1st ed.470- 477. Ankara: Doctors Publication Association.

<sup>11</sup> Güney SA. How do variables related to sexual abuse in adolescence affect self-esteem? a child advocacy center experience. Turk J Child Adolesc Ment Health. 2017;24(3):251-65. Available at: [https://cms.galenos.com.tr/Uploads/Article\\_27524/cogepderg-24-251.pdf](https://cms.galenos.com.tr/Uploads/Article_27524/cogepderg-24-251.pdf).

<sup>12</sup> Imren Gökçe S, Ayaz BA, Yusufoglu C, Arman Rodopman A. Clinical features and risk factors related with suicide attempts in sexually abused children and adolescents. Marmara Medical Journal. 2013;26(1):11-16. <https://doi.org/10.5472/MMJ.2012.02518.1>

<sup>13</sup> Presidential Legislation Information System (Website). Child Protection Law. (Retrieved: 25.08.2020), Available at: [mevzuat.gov.tr/MevzuatMetin/1.5395](http://mevzuat.gov.tr/MevzuatMetin/1.5395).pd

determined and necessary precautions are taken for the best interest the child and therefore they are regarded as effective organizations in this respect.

### Limitations of the study

In the study is based on the sequence obtained from the interview reports of the cases admitted to the CAC. In a superior model, multicenter and multidisciplinary studies can be intended.

### Conclusion

The study exposed that being a girl and being in the minor age group are significant factors for revelation to sexual abuse and that low education and monetary status of parents are among the other allied factors for child sexual abuse. The preponderance of sexually abused children experience repeated victimization. After all these consideration, within the scope of defensive injunctions, it is optional to give children training programs covering subjects like distinguishing between finer and horrific touch patterns, asking for help, family commutation and possible risk factors of adolescence, reporting abuse, etc. in accordance with their growth level. Besides, there is a need for counseling training on the establishment of strong family dynamics, communication with the child, possible risk factors, symptoms that can be seen in sexually abused children, the approach to the child and how to report abuse etc.

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