ORIGINAL ARTICLE

Child sexual abuse knowledge/attitude scale for parents: Reliability and validity of the Turkish version

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Abstract

Purpose: The aim of this study was to determine the validity and reliability of the Turkish version of the child sexual abuse knowledge/attitude scale for parents (CSAKAS).

Design and Methods: This methodological study was carried out with 193 parents in between February and May 2018.

Findings: The validity and reliability of the six-factors structure scale were confirmed. The Cronbach's alpha coefficient of the whole scale is 0.793, the item-total score correlations ranged between 0.341 and 0.719 and the test–retest coefficient was 0.841.

Practice Implications: The CSAKAS Turkish scale was found to be a valid and reliable tool that can be used to evaluate the knowledge and attitudes of parents about child sexual abuse.

KEYWORDS
child sexual abuse, parent, reliability, Turkish, validity

1 | INTRODUCTION

According to the World Health Organization (WHO), child abuse, one of the most important public health problems today, is defined as any type of abuse (physical, emotional, and sexual), neglect, or commercial or other exploitation of a child resulting in actual or potential harm to the child's health, life, development, or dignity.[1] Sexual abuse, which is one of the types of child abuse, is defined as unwanted sexual contact between a child and an adult for the sexual stimulation or satisfaction of the elder.[2]

Since child abuse is highly underreported, incidence rates vary.[3] According to WHO 2016 data, 23% of children living in the world have been exposed to physical abuse, 36% to neglect, and 26% to sexual abuse.[4] According to 2015 data by the Turkey Statistical Institute, 25.4% of children have been exposed to physical violence, 9.5% to sexual violence, and 28.1% to both physical and sexual violence.[5] Also according to the Negative Childhood Experiences in University Students Survey Report (2014), prepared by WHO and the University of Ankara, 7.2% of women and 8.7% of men were exposed to sexual abuse during childhood.[6] According to the Child Abuse Report presented by the Turkey Violence Prevention and Rehabilitation Association

in 2016, rates of abuse have increased by about 700% in the last decade.[7]

Abuse, which is one of the most traumatic experiences for children, affects the child physically and mentally, causing serious and even permanent problems. Physical problems include ecchymosis, lacerations, and contusions on different parts of the body and in varying severities; lacerations to the genital and anal regions, hyperemia, enuresis, encopresis pregnancy, and sexually transmitted diseases.[8,9] Psychological problems include decreased self-esteem, deterioration in child–parent or child–teacher relations, difficulty in developing social relationships, hopelessness, and extreme introversion, along with psychiatric problems such as behavioral disorders, regression, attachment problems, and eating disorders; such problems result from failures in psychosocial and psychosexual development.[9–11] In addition, individuals who were abused during childhood continue to experience these problems into adulthood, during which they often manifest as impulse control problems, eating disorders, depression, anxiety, or alcohol/substance addiction.[11,12]

Child abuse is an important issue for our country and many others.[13] Studies conducted on preventing and protecting children from sexual abuse show it is necessary to increase

knowledge and awareness for both children and their families.[14–16] Families must be able to provide accurate information about sexuality to their children, take precautions against abuse, explain how to behave in situations suggestive of sexual abuse, and detail how and where to report it. In this context, the current knowledge and attitudes of families toward abuse should be determined to analyze the home situation before prevention and rehabilitation practices are initiated. After determining the informational needs and attitudes of each family toward abuse, appropriate practices will be developed and implemented to increase awareness in different families.[15–18]

The aim of this study was to determine the validity and reliability of the Turkish version of the child sexual abuse knowledge/attitude scale for parents (CSAKAS).

2 | METHODS

2.1 | Design and participants

This research, a Turkish validity reliability study of the CSAKAS, is methodological. The sample for this study was formed by considering the proper sample volume as 5–10 times the number of items in the scale to obtain accurate results from factor analyses in reliability studies.[13,19] Thus the sample consists of 38 items and 193 parents. Data were collected from parents of children attending primary school in Istanbul.

Criteria for the inclusion of parents in the study were:

- being over 18 years old,
- having at least one child,
- not having a psychiatric disease,
- no history of sexual abuse or harassment.

Test–retest assessments of the study were conducted on 34 parents with a time interval of 2 weeks (15 days).

2.2 | Instruments

2.2.1 | Sociodemographic information form

This form was developed by the researchers within the literature and consists of eight questions about the personal characteristics (age, gender, education level, marital status, employment status, number of children).[13]

2.2.2 | Child sexual abuse knowledge/attitude scale for parents

CSAKAS is a scale developed by Deirdre MacIntyre in 1999. The scale assesses the prevalence, causes, and indicators of child sexual abuse, as well as the characteristics of victims and offenders. The scale consists of 38 items measuring families' concerns about sexual abuse, their attitudes to preventing sexual abuse, their likelihood of believing children who express concerns of abuse, and their knowledge and attitudes about the aftermath of abuse.

In the content of the scale, parents are provided to express their own thoughts and attitudes towards child sexual abuse. Also, the scale provides more information about parents' thoughts by asking childrens' behavior, attitudes, and responsibilities in sexual abuse (e.g., item 3—Child sexual abuse is never the child's fault, item 7—Children often misinterpret touches as sexual). In addition, this scale evaluates child sexual abuse as multifaceted with six subscales, which provide a wide scope.

The scale is a 5-point Likert scale varying from "strongly agree" to "strongly disagree." Each item is assessed between 1 and 5 points, with a total score range between 38 and 190 and a high score indicating a good level of knowledge and healthy attitudes associated with child abuse. Twenty-two items (3, 4, 6, 9, 10, 11, 15, 17, 18, 20, 21, 23, 25, 27, 28, 29, 30, 32, 33, 34, 35, and 36) on the scale are rated from "1—strongly disagree" to "5—strongly agree;" 16 items (1, 2, 5, 7, 8, 12, 13, 14, 16, 19, 22, 24, 26, 31, 37, and 38) are rated in reverse, with the expression "strongly disagree" rated as "5," and the phrase "strongly agree" rated as "1."

The internal consistency coefficient of the original scale was found to be 0.80, and the scale consists of six subscales.

- Myths/facts subscale: consists of 11 items (1, 4, 8, 12, 13, 16, 20, 25, 28, 29, and 35) containing myths and accurate information about child sexual abuse. In this subscale, parents' knowledge of the prevalence of child sexual abuse, and characteristics of victims and offenders is evaluated.
- Faith subscale: consists of five items (2, 7, 22, 23, and 26) assessing parents' attitudes towards a child's recounting of sexual abuse and expression of the rights of victims or defendants.
- Responsibility subscale: consists of six items (3, 5, 21, 24, 27, and 36) about the sexual victimization and postvictimization responsibilities of parents.
- Information, attitudes, services, and reporting information subscale: consists of five items (6, 9, 11, 31, and 33) that assess parental knowledge and attitudes on reporting, counseling, social work, and police participation in protection against child sexual abuse.
- Preventive attitudes subscale: consists of six items (10, 14, 17, 18, 32, and 37) that assess parental attitudes toward child sexual abuse prevention programs.
- Confidence, anxiety, and re-experiencing sexual abuse subscale: consists of five items (15, 19, 30, 34, and 38) about parents' confidence in their children, concerns about untrue allegations of sexual abuse, and their children's own vulnerability to sexual abuse.[20]

2.3 | Study procedure

This study was carried out between February and May 2018 with 193 parents whose children attended primary school in Istanbul.

Linguistic equivalence of the Turkish Scale: Translation of items from the English scale into Turkish was completed by three academics. The Turkish translation was checked by one Turkish language and literature expert and then translated back into English to compare items with those from the original scale. After verifying the equivalence of the scale in the context of language, validity, and reliability analyses were performed.

Content validity of the Turkish Scale: Items in the Turkish scale were evaluated using the Davis technique by 12 academicians who are experts in the field of psychiatry. Experts were asked to rate all items on the scale with the expressions "not appropriate: 1," "somewhat appropriate: 2," "quite appropriate: 3," and "very appropriate: 4."

Structural validity of the Turkish Scale: To test and evaluate the structural validity of the Turkish version of the scale, exploratory factor analysis (EFA), and confirmatory factor analysis (CFA) were used. The suitability of data for factor analysis was evaluated using the Kaiser–Meyer–Olkin (KMO) test and Bartlett's Sphericity test.

Internal consistency of the Turkish Scale: The internal consistency of the Turkish form of the scale was evaluated by determining test–retest, Cronbach's alpha, and item-total scale correlation coefficients. Pearson's Correlation and intraclass correlation coefficients (ICC) were also calculated.

Invariance of the Turkish Scale by time: To test the validity of measurements obtained from the Turkish version of the scale against time, the form was readministered to 34 parents at 2-week intervals (15 days) and test–retest reliability was determined.

2.4 | Statistical analysis

Data analysis was performed using IBM's SPSS Statistics 22 and SPSS AMOS 22 programs.[21] The Shapiro-Wilk normality test was conducted to assess the data in a normal distribution. The data were evaluated using descriptive statistical methods (mean, standard deviation, and frequency), EFA, CFA, and reliability analyses of the scale with Cronbach's alpha and Pearson's correlation. Test–retest reliability was measured using the ICC, and more than two intergroup evaluations were measured using a one-way analysis of variance test. The statistical significance level was determined as $p < .05$.

2.5 | Ethical considerations

Permission was obtained from the scale's author to adapt the scale from English into Turkish. Approval from the Istanbul University Social and Humanities Ethics Committee was received before data collection began (date: December 27, 2017, issue: 35980450-663.05-). The purpose of the study was explained in detail to participants by the researcher and necessary information was given. Furthermore, an informed consent form was prepared according to the Declaration of Helsinki and signed by participants; thus, written consent was obtained.

3 | RESULTS

3.1 | Characteristics of participants

A total of 193 parents who met the inclusion criteria were included in the study. The mean age of parents was 37.98 ± 6.76 years. Females composed 68.4% of the sample, while 31.6% were male. In addition, 93.2% were married, 39.5% were university graduates or higher, 37.3% worked as civil servants, and 42% had two children (Table 1).

3.2 | Validity process

3.2.1 | Language and content validity

Translation of the English scale items into Turkish was completed by three academicians in psychiatry. The Turkish form of the scale was checked by a Turkish language and literature expert before being translated back into English for comparison with the original scale.

TABLE 1 Sociodemographic characteristics of parents ($N = 193$)

	Min–max	Mean ± SD
	21–67	37.98 ± 6.76
Age	n	%
Gender		
Female	132	**68.4**
Male	61	31.6
Marital status		
Married	180	**93.2**
Divorced	10	5.2
Widow	3	1.6
Education level		
Literate	7	3.6
Elementary school	58	30.0
High school	52	26.9
University and higher	76	**39.5**
Employment status		
Housewife	71	36.8
Retired	4	2.1
Worker	29	15.0
Civil servant	72	**37.3**
Self-employed	17	8.8
Number of children		
1	79	40.9
2	81	**42.0**
3 And above	33	17.1

After verifying the equivalence of the scale in the context of language, validity, and reliability analyses were performed.

Items in the Turkish scale were evaluated by 12 academicians who are experts in the field of psychiatry. Experts were asked to assess the scale to determine whether each item was intelligible, correct, accurate, and clear using the Davis technique with a range of 1–4 points ("not appropriate: 1," "somewhat appropriate: 2," "quite appropriate: 3," and "very appropriate: 4"). While evaluating each item, the number of experts who chose (3) or (4) options was divided by the total number of experts, and the content validity index (CVI) for each item was obtained. CVI values ranged from 0.917 to 1.000 in this study. The CVI value mean of this scale was found to be "excellent" at 0.989. CVI values and scale items were found to be appropriate in terms of language and content validity.

3.2.2 | Structural validity

To determine the construct validity of the CSAKAS, EFA, and CFA were performed.

Exploratory factor analysis

The data adequacy value of the CSAKAS was found to be 0.745 using the KMO. This shows that the study sample is sufficient for EFA. Bartlett's Sphericity test results were also statistically significant ($\chi^2 = 1960.356$; $df = 703$; $p = .001$; $p < .01$). This demonstrates that the data are suitable for EFA.[22]

In EFA, Varimax rotation and principal component analysis were used for extraction. As a result of factor analysis, the scale was consolidated under six factors. The first factor accounted for 9.07% of the total variance; a combination of two factors accounted for 17.49%, three for 28.75%, four for 35.88%, five for 46.18%, and six for 61.26% of total variance. The factor load of the scale ranged from 0.341 to 0.719 (Table 2).

Confirmatory factor analysis

Compatibility of the item-factor structure obtained from EFA was tested by CFA. For this, the following compliance indexes were examined: χ^2 fit test, normed χ^2 (NC), goodness of fit index (GFI), root mean square error of approximation (RMSEA), comparative fit index (CFI), normed fit index (NFI), relative fit index (RFI) and incremental fit index (IFI).[23]

CFA and fit indices of the six-factor model of the Turkish scale were investigated. The concordance index values were found as NC = 1.560, GFI = 0.971, RMSEA = 0.053, CFI = 0.951, NFI = 0.933, RFI = 0.980, and IFI = 0.967. Compliance indexes of the CSAKAS were found to be significant: ($\chi^2 = 985.087$; $df = 643$; $p = .001$; $p < .01$). The factor structure of the original form of the scale was confirmed in the Turkish sample (Table 3).

After CFA analysis, modifications were made between 1 and 25, 20 and 21, 10 and 11, and 6 and 34. After the modification process, the fit indices of the model were found to be of moderate validity (Figures 1 and 2).

3.3 | Reliability process

3.3.1 | Internal consistency

The internal consistency coefficient (Cronbach's alpha) of the CSAKAS was found to be of good value at 0.793. Each subscales' Cronbach's alpha values were found Myths/facts subscale: 0.755, Faith subscale: 0.789, Responsibility subscale: 0.770, Information, Attitudes, Services, and Reporting Information subscale: 0.778, Preventive Attitudes subscale: 0.770, and Confidence, Anxiety, and Reexperiencing Sexual Abuse subscale: 0.772. It was found that the Cronbach's alpha values of all subscales were very close to each other, and the lowest Cronbach alpha value is the Myths/facts subscale.

Item-total correlation values on the scale were found in the range of 0.341–0.719. Item-total correlations of subscales' values were found in the range of Myths/facts subscale 0.341–0.653, Faith subscale 0.410–0.576, Responsibility subscale 0.454–0.719, Information, Attitudes, Services, and Reporting Information subscale 0.374–0.627, Preventive Attitudes subscale 0.440–0.657, and Confidence, Anxiety, and Reexperiencing Sexual Abuse subscale 0.374–0.596 (Table 2).

Cronbach's alpha obtained from items with a factor load of around 0.30 was deleted separately and did not deviate much from the general internal consistency coefficient. Declination rates were in the range of 0.01–0.05. For this reason, the analysis was continued without removing items.

Table 5 shows that the lowest and highest scores that could be obtained from the CSAKAS and subscales. The total score average of the CSAKAS was 139.43 ± 4.60. It can be said that a person with an average score of 139.43 has a moderate level of knowledge/attitude about child sexual abuse. The lowest–highest scores that can be taken from the Myths, facts subscale is 11–55, Faith, Information, attitudes, services and reporting information and Confidence, anxiety, and reexperiencing sexual abuse subscales are 5–25 and Responsibility and Preventive Attitudes subscales are 6–30. It was determined that subscales' total score average among parents is 33.01 ± 3.98 for Myths, facts, 18.31 ± 2.66 for Faith subscale, 21.56 ± 2.63 for Responsibility, 19.59 ± 2.78 for Information, Attitudes, Services, and Reporting Information, 24.65 ± 2.60 for Preventive attitudes and 22.31 ± 2.98 for Confidence, Anxiety, and Reexperiencing (Table 5).

3.3.2 | Test–retest reliability

To determine the test–retest reliability of the scale, 34 parents were administered the scale at 2-week intervals (15 days) and the ICC was calculated.

Test–retest results of the scale were examined and the ICC was obtained for all subscales and the overall scale: Myths/facts = 0.827; Faith = 0.797; Responsibility = 0.821; Preventive Attitudes = 0.669; Information, Attitudes, Services, and Reporting Information = 0.708;

TABLE 2 Factor loads of scale after exploratory factor analysis

Items	Factor 1 (Myths, facts)	Factor 2 (Faith)	Factor 3 (Responsibility)	Factor 4 (Information, Attitudes, Services, and Reporting Information)	Factor 5 (preventive Attitudes)	Factor 6 (Confidence, Anxiety, and Reexperiencing Sexual Abuse)
1	0.341					
4	0.425					
8	0.548					
12	0.434					
13	0.543					
16	0.653					
20	0.465					
25	0.445					
28	0.451					
29	0.410					
35	0.551					
2		0.561				
7		0.534				
22		0.576				
23		0.452				
26		0.410				
3			0.454			
5			0.552			
21			0.509			
24			0.471			
27			0.517			
36			0.719			
6				0.374		
9				0.584		
11				0.461		
31				0.627		
33				0.532		
10					0.563	
14					0.657	
17					0.567	
18					0.440	
32					0.523	
37					0.477	
15						0.374
19						0.496
30						0.563
34						0.417
38						0.596

TABLE 3 Model fit indices of confirmatory factor analysis

	Model fit indices
NC (χ^2 = 985.087/df = .643) (normed χ^2)	1.560
GFI	0.971
RMSE	0.053
CFI	0.951
NFI	0.933
RFI	0.980
IFI	0.967

Note: χ^2: Chi-Square Fit Test df: Degree of Freedom.
Abbreviations: CFI, comparative fit index; GFI, goodness of fit index; IFI, incremental fit index; NFI, normed fit index; RFI, relative fit index; RMSE, root mean square error of approximation.

Confidence, Anxiety, and Reexperiencing Sexual abuse = 0.731; and the total scale = 0.841. These figures were quite high, finding an advanced level of significance in the full scale and all subscales (p < .001) (Table 4).

4 | DISCUSSION

This study was conducted with the aim of assessing the validity and reliability of the Turkish version of CSAKAS, which is used to evaluate the knowledge and attitudes of parents towards child sexual abuse. This study was conducted due to the limited number of scales that can evaluate parents' knowledge and attitudes towards child sexual abuse in Turkey.

After consecutively interpreting studies to ensure the linguistic equivalence of the Turkish version of CSAKAS, it was decided that the scale was understandable and applicable to the Turkish population. In the scope of analysis of the scale, items in the Turkish form were evaluated with the Davis method by 12 experts from the psychiatry field before and after the evaluation; some expressions were revised in accordance with the recommendations of these experts. The CVI values of scale items ranged from 0.917 to 1.000, and the CVI value obtained for the overall scale was found to be perfect at 0.989. When the literature was examined, it was seen that scale items with a value higher than 0.800 are suitable in terms of scope validity.[19,24] In this context, the mean CVI coefficient of the Turkish version of CSAKAS shows that the content validity is quite good.

KMO and Bartlett's Sphericity tests need to be performed before the EFA of the Turkish version of the scale to determine the effect of sample adequacy value and sample size on the results with a normal data pattern. From these tests, it is expected that the KMO value is higher than 0.50 and that the Bartlett's Sphericity test indicates a significant difference.[22,25] The KMO value of CSAKAS was found to be 0.745, and Bartlett's Sphericity test results (χ^2 = 1960.356; df = 703, p = .001; p < .01) were found to be statistically significant. These findings show that the study sample is sufficient and appropriate for EFA.[22,25]

In the exploratory factor analysis of the Turkish version of the scale, the Varimax rotation method was used. As a result of the analysis, a six-factor model of the scale was supported. Also, a
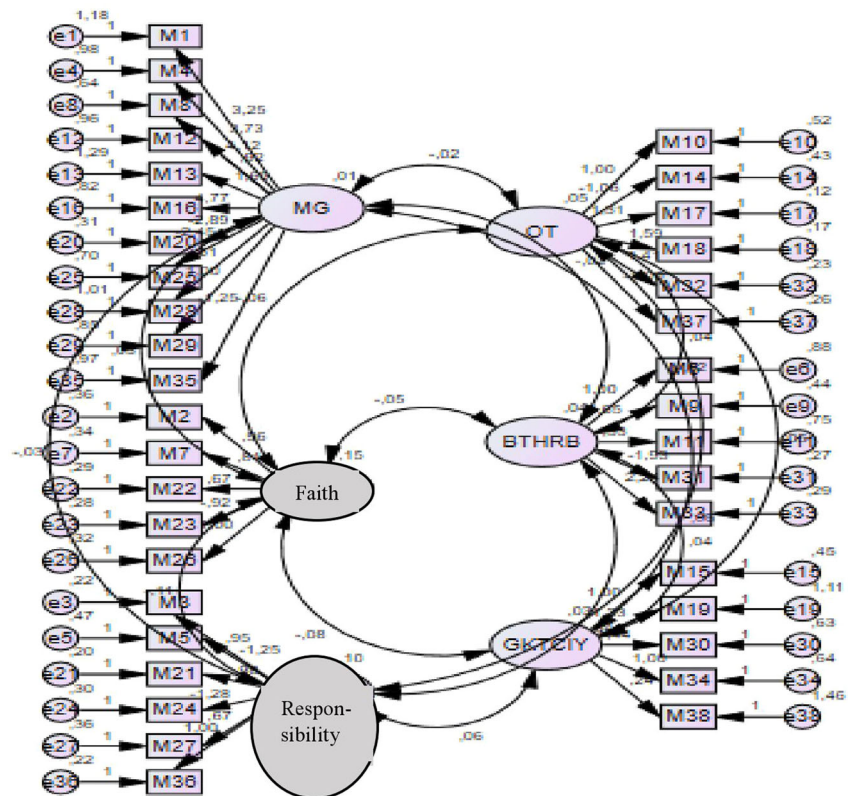

FIGURE 1 Premodification path diagram and factor loads [Color figure can be viewed at wileyonlinelibrary.com]
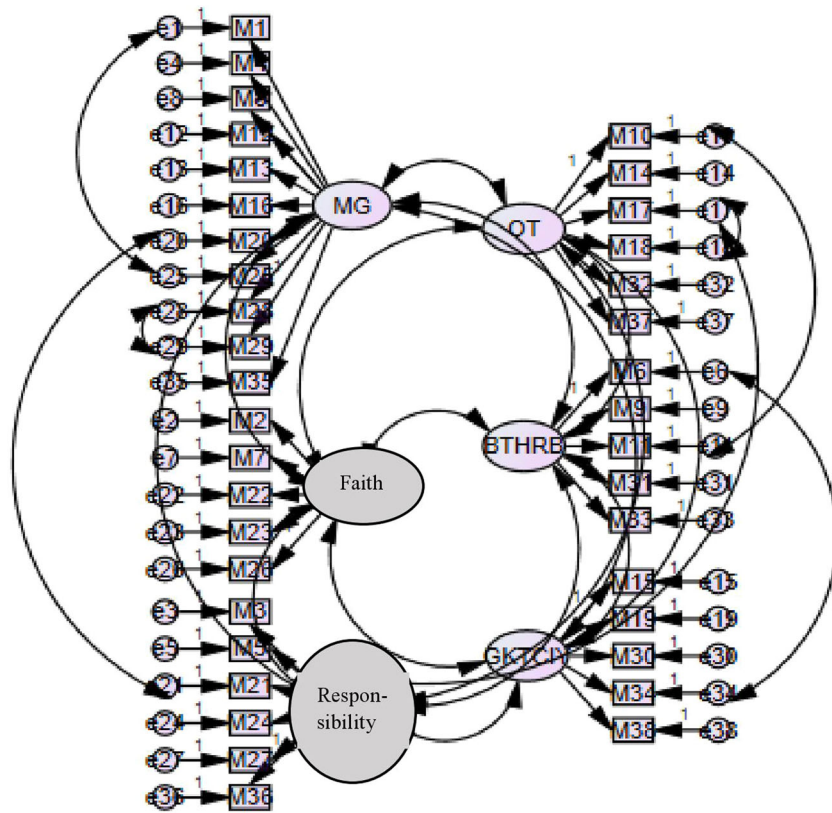
FIGURE 2 Postmodification path diagram and factor loads [Color figure can be viewed at wileyonlinelibrary.com]

six-factor model was similarly verified on the original scale. As a result of factor analysis, six subscales, together, explain 61.267% of the total variance. If the variance range is between 40% and 60% or more, the scale has strong structural validity.[19,26] This result shows that the scale has a strong factor structure.

After the EFA, CFA is performed to determine whether the structure in the original study is suitable for the sample to which the scale is applied.[24] In the analysis, fit indexes such as the χ^2 fit test, NC, GFI, RMSEA, CFI, NFI, RFI, and IFI are examined to assess model fit. For the NC, a value of 2.5 or less is accepted as a perfect fit, for GFI, CFI, NFI, RFI, and IFI indexes, the acceptable fit value is 0.90 and above, and the perfect fit value is 0.95 and above. For RMSEA, the acceptable fit value is 0.08 and perfect fit value is 0.05.[19,26] In this study, fit index values were found to be NC = 1.56, GFI = 0.97, RMSEA = 0.053, CFI = 0.95, NFI = 0.93, RFI = 0.98, and IFI = 0.96. In the scale, χ^2 test results were found to be high and values of RMSEA, NFI, RFI were at a good level of fit. In this context, the CFA and the factor structure of the Turkish version of the CSAKAS were found to be similar to the structure of the original form.

TABLE 4 Test–retest analysis

Subscales	ICC	95% Confidence interval		F	p
		Lower bound	Upper bound		
Myths, Facts	0.827	0.653	0.913	**5.767**	**.001****
Faith	0.797	0.594	0.899	**4.927**	**.001****
Responsibility	0.821	0.642	0.911	**5.597**	**.001****
Information, Attitudes, Services, and Reporting Information	0.708	0.416	0.854	**3.427**	**.001****
Preventive Attitudes	0.669	0.338	0.835	**3.024**	**.001****
Confidence, Anxiety, and Reexperiencing Sexual Abuse	0.731	0.462	0.866	**3.721**	**.001****
Total	0.841	0.683	0.921	**6.308**	**.001****

Note: Bold rates are considerable and remarkable rates in the study.

Abbreviation: ICC, intraclass correlation coefficient.

**p < .01.

TABLE 5 Results of subscales

CSAKAS	Min–max	Mean ± SD
Myths, Facts	11–55	33.01 ± 3.98
Faith	5–25	18.31 ± 2.66
Responsibility	6–30	21.56 ± 2.63
Information, Attitudes, Services, and Reporting Information	5–25	19.59 ± 2.78
Preventive Attitudes	6–30	24.65 ± 2.60
Confidence, Anxiety, and Reexperiencing Sexual Abuse	5–25	22.31 ± 2.98
Total	38–190	139.43 ± 4.60

To determine the internal consistency of data obtained from the scale, Cronbach's alpha analysis was used with Likert type scales. Cronbach's alpha coefficient, which reflects internal consistency, was greater than .40, indicating that the scale is unreliable; a range of $0.40 < \alpha < 0.60$ indicates low reliability, a range of $0.60 < \alpha < 0.80$ indicates moderate reliability, and a range of $0.80 < \alpha < 1.00$ indicates high reliability.[19,23] In this study, the Cronbach's alpha coefficient of the scale was found to be high at 0.793 and this is similar to the findings of the original study.

To determine the reliability of the scale in terms of time, the same test is applied to the same sample group at certain time intervals. Although there is no definite information about the time that should elapse between the two applications, it is stated that the test should be performed at intervals of 2–3 weeks or 4–6 weeks.[19,26] The correlations between the scores obtained after application determine the invariance of the test in terms of time. The correlation coefficient for time invariance is required to be at least 0.70.[23,25,26] In this study, the tests were applied at 2-week intervals and it was found that coefficients of the subscales of the Turkish version of the CSAKAS ranged from 0.699 to 0.827, while the total coefficient was 0.841, and that all subscales and total scores had high significance. Another significant finding in determining internal consistency is the item-total correlations score. While a high item-total correlation score increases the reliability of the item, a low correlation coefficient decreases reliability.[19,25] Item-total correlation coefficients are expected to be at least 0.30 and this study has been found to vary between 0.341 and 0.719. In this context, Cronbach's alpha coefficients, test–retest reliability, and item-total scale correlation coefficients of the scale showed that the internal consistency of the Turkish version of the scale is good and the scale is a valid and reliable assessment tool.

4.1 | Strengths and limitations

This study is important in terms of drawing attention to child abuse, which is one of the most important problems today, being one of the limited studies with validity and reliability presented in Turkish. During the research process, it was difficult to reach a certain number of samples again within a period of 2 weeks for the test–retest.

5 | CONCLUSION

According to the results of this study, it was determined that the Turkish version of CSAKAS was a valid and reliable scale that could evaluate the knowledge and attitudes of parents towards child sexual abuse.

5.1 | Implications for nursing practice

The most important role of healthcare workers in child abuse cases is to identify the characteristics of children at risk for abuse in society and to conduct prevention studies on this issue. Practices within the scope of primary prevention activities aimed at protecting children from abuse include identifying risk situations and parental education. One of the main sources of information used to identify children at risk is parents. Therefore, this scale will be used to identify situations that may pose a risk to child sexual abuse by faith subscale and confidence, anxiety, and reexperiencing sexual abuse subscale and to identify the level of education of parents about child sexual abuse by myths/facts subscale, preventive attitudes subscale and information, attitudes, services, and reporting information subscale.

In this study, to determine the parents' knowledge and attitudes about child sexual abuse by adopting a valid and reliable tool, and then health workers, especially nurses will be able to identify parents whose knowledge and attitudes about child sexual abuse do not sufficient and hence their children who are at risk of sexual abuse. Then, training and rehabilitation programs, including general information about abuse, reducing the risk of abuse and protection from abuse, can be implemented for these parents and children.

CONFLICT OF INTERESTS
The authors declare that there are no conflict of interests.

AUTHOR CONTRIBUTIONS
All authors designed the study, collected data, analyzed the study, and wrote the manuscript. All authors approved the final version for submission.

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