



The Adaptation of children's knowledge of abuse questionnaire-revised (CKAQ-R) to Turkish: Validity and reliability study¹²

Yasin Yılmaz, Ministry of National Education, Turkey, ysnylmzpd@gmail.com

ORCID: 0000-0002-1081-7976

Fulya Cenkseven Önder, Çukurova University, Turkey, fulyac@cu.edu.tr ORCID: 0000-0001-9748-626X

Abstract. The purpose of this study is to investigate the psychometric properties of the Turkish form of Children's Knowledge of Abuse Questionnaire revised by Tutty (1997). The sample of the study was composed of 476 female (47.4%) and 528 male (52.6%) students who were enrolled in primary and secondary schools. The construct validity was analyzed using the Confirmatory Factor Analysis (CFA) and Similar Scale Validity methods. The CFA results indicated that the Bad Touch sub-scale was composed of 22 items, and the Good Touch sub-scale was composed of 8 items, which formed a 30-item questionnaire. The model which was tested based on the results was found to have very good fit indices, and the dimensions obtained fit the original form of the questionnaire. The Spearman rank correlation coefficient between the questionnaire and the Good Touch Bad Touch Scale (Çeçen and Kaf Hasırcı, 2013) used for Similar Scale Validity was found .62 ($p < .001$). Reliability analysis indicated the KR-21 coefficient as .74. The results showed that the Children's Knowledge of Abuse Questionnaire was a valid and reliable tool for measuring children's knowledge about sexual abuse.

Keywords: Child sexual abuse, scale adaptation, validity, reliability

Received: 01.05.2019

Accepted: 08.08.2019

Published: 15.01.2020

INTRODUCTION

The World Health Organization (WHO) defines child abuse and child maltreatment as

"all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power." (1999; p.15).

Child abuse, which is considered as a kind of sexual abuse, refers to abusing a child for sexual pleasure. This kind of abuse might occur in various ways (oral, anal or genital) and frequencies (once or consistent) (Thompson, Rudolph and Henderson 2004). According to Gelfand and Drew (2003), sexual abuse might occur *directly* as any kind of sexual relationship, or *indirectly* as exhibitionism or exposing child to pornography. Sexual abuse might also occur by touching the child's genitals directly or through clothes (Akbaş, Karabekiroğlu, Şenses, Karakurt, Taşdemir and Böke, 2009).

Various studies report different results on the prevalence of sexual abuse. The World Health Organization data indicate that 1 in every 5 women and 1 in every 13 men were exposed to sexual abuse during their childhood (2014, p. 14). As to Turkey, child abuse has been commonly accepted as a social problem within the last 15 years and investigated through various studies. Majority of these studies were conducted by medical faculties and forensic specialists and most them included case studies (Sözen, Elmas, Sözen and Fincancı, 1999); prevalence of abuse (Akyüz, Şar, Kuğu and Doğan 2005; Alikasıfoğlu and Erginöz 2006; Ceylan,

¹ This study produced from Yasin YILMAZ's doctoral thesis that is conducted under the supervision of Prof. Dr. Fulya CENKSEVEN ÖNDER.

² This study was presented as a verbal statement at the 1st International Symposium of Academic Studies on Education and Culture held on 13-15 September 2018.

Tuncer, Melek, Akgün, Gülmehmet and Erden 2009; Çengel-Kültür, Çuhadaroğlu Çetin and Gökler 2007; Demirci, Doğan, Erkol and Deniz 2008; Taner and Gökler 2004; Yılmaz, İşiten, Ertan and Öner 2003; Zoroğlu, Tüzün, Şar, Öztürk, Eröcal Kora and Alyanak 2001); and reviews of the related studies (Güler, Uzun, Boztaş and Aydoğan 2002; Ovayolu, Uçan and Seridağ 2007; Tıraşçı and Gören 2007).

A study conducted by Zoroğlu et al. (2001) about the prevalence of abuse among high school students in Turkey reported the presence of neglect (16.5%), emotional abuse (15.9%), physical abuse (13.5%), sexual abuse (10.7%), and incest (4.4%) respectively. A study conducted with 1871 female high school students in İstanbul indicated that 13.4% of the students (250 students) reportedly experienced sexual abuse. Of these students, 213 (11.3%) reported that someone touched the private parts of their body in a way they did not like, 91 (4.9%) had sexual intercourse, and 54 (3%) experienced both cases. While 1.8% of these cases were incest relationships, 93% of the abusers were males (Alikaşifoğlu and Erginöz, 2006).

Çeçen-Eroğlu and Kaf Hasırcı (2013) describe child sexual abuse as a serious social problem that has complicated reasons, leads to severe short-term and long-term psychological outcomes, affects the individual's quality of life and life satisfaction negatively, and involves all parts of society. Abuse is a phenomenon that is known but not mentioned by society, which causes limitations to the studies on abuse. In other words, the first thing that comes to mind when abuse is mentioned is the assisted services to be provided to the child who is abused. However, we have the chance of taking protective measures for individuals before abuse occurs. Bahar, Savaş and Bahar (2009) consider these kinds of protective activities as primary level prevention. These kinds of activities include organizations for society to prevent the occurrence of abuse; identification of the risk groups about violence and abuse; services providing the risk groups with guidance and protection; and services about conflict and stress management.

Çeçen-Eroğlu and Kaf Hasırcı (2013) reported that developed countries such as the United States of America and Canada applied school-based skills education programs under various names such as "Personal Safety" or "Good Touch Bad Touch" within the scope of prevention of child abuse; as the cognitive characteristics of students from the first to fifth year vary a lot, these programs are recommended to be applied through intervention programs that are appropriate to the cognitive development of each level instead of standard psycho-education programs. A review of the literature in other countries indicates that compared to older children, younger children benefit from prevention programs more (Davis and Gidyey, 2000; Rispens, Aleman and Goudena 1997). In addition, a review of the sexual abuse prevention programs in other countries indicates that even younger children starting from kindergarten have been benefiting from these programs in recent years (Chen, Fortson and Tseng, 2012; Daigneault, Hébert, Mcduff and Frappier, 2012; Del Campo Sánchez and López Sánchez, 2006; Zhang, Chen, Feng, Li, Zhao and Luo 2013).

As mentioned above, an important starting point for the prevention of sexual abuse is to provide individuals with a school-based skills program at young ages so that they can protect themselves from sexual abuse. On the other hand, various measurement tools should be utilized to test the efficiency of these programs and plan activities about this issue. A review of the related literature shows that there is only a limited number of tools to be used to measure children's knowledge of sexual abuse. Table 1 presents the tools in the literature that can be used for measuring knowledge of sexual abuse.

As seen in Table 1, in the "What If Situations Test-WIST" developed by Wurtele, Hughes and Owens (1998), the child is given 3 good touch and 3 bad touch behaviors and asked "what if" questions to find out what s/he will say and do and who s/he will tell and report in such case. Another tool, the Personal Safety Questionnaire –PSQ (Wurtele, Saslawsky, Muller, Marrs, & Britcher, 1986) is composed of 13 questions that measure children's knowledge about sexual abuse. The questions aim to identify children's knowledge level about sexual abuse through

their responses as “yes”, “no”, or “I do not know”. The Good Touch Bad Touch Scale developed by Church, Forehand, Brown and Holmes (1988) is another tool. The 10-item scale aims to find out whether children have basic knowledge about the skills for coping with sexual abuse and utilize this knowledge in specific situations. Children's Knowledge of Abuse Questionnaire-Revised (CKAQ-R) (Tutty, 1997), the adaptation of which is performed in this study, has 33 items (24 items Inappropriate/Bad Touch sub-scale, 9 items Appropriate/Good Touch sub-scale). The form requires students to respond the questions as “Yes” “No” or “I do not know”. Once the calculation of reverse items is done, the correct responses are given 1 point, and incorrect and I do not know responses are given 0 points.

Table 1. *Tools used for measuring knowledge of sexual abuse*

| Scale | Author and Year |
|--|---|
| “What If” Situations Test –WIST- | Wurtele, Hughes & Owens (1998) |
| The Personal Safety Questionnaire –PSQ- | Wurtele, Saslawsky, Muller, Marrs & Britcher (1986) |
| Good Touch Bad Touch Scale | Church, Forehand, Brown & Holmes (1988) |
| Children's Knowledge of Abuse Questionnaire-Revised (CKAQ-R) | Tutty (1997) |

In our country, there is a “Good Touch Bad Touch” Scale (Church et al., 1988) which was adapted to Turkish by Çeçen-Eroğlu and Kaf Hasırcı (2013) for fourth-grade primary school students during the skills education program for the prevention of sexual abuse. The main purpose of performing a new adaptation in the present study is to contribute to the literature for the studies to be conducted on child abuse. Secondly, while it is possible to obtain a total score from the scale, the scale also has two sub-scales as “Appropriate/Good Touch” and “Inappropriate /Bad Touch”. These sub-scales are important in terms of finding out how much students know about appropriate and inappropriate behaviors. Thirdly, instead of measuring one single title instructed in the sexual abuse prevention programs (good secret-bad secret, good touch-bad touch, saying no, etc.), the scale enhances the measurement of the information given in these programs in tandem. Hence, the purpose of this study is to perform the adaptation, validity, and reliability of the Children’s Knowledge of Sexual Abuse Questionnaire developed by Tutty (1997) in a sample composed of primary and secondary school students.

METHODS

Study Group

The study group is composed of three state schools, one secondary school and two primary schools, from low and middle socioeconomic levels in Tarsus, Mersin. Data collection included 1004 primary and secondary school students that involved 111 (11%) first-grade students, 168 (16,7%) second-grade students, 219 (21.8%) third-grade students, 256 (25,5%) fourth-grade students, and 250 (24,9%) fifth-grade students. Of all the students, 47.4% (n=476) were females and 52.6 %were males (n=528). The average age was 9,14 (sd=1,23) with ages ranging from 6 to 12.

Data Collection Tools

Children's Knowledge of Abuse Questionnaire-Revised (CKAQ-R)

Children's Knowledge of Abuse Questionnaire (CKAQ) developed by Tutty (1992) aims to measure children’s knowledge level about the key concepts instructed in many sexual abuse prevention programs. Instead of measuring one single title instructed in the sexual abuse prevention programs (good secret-bad secret, good touch-bad touch, saying no, etc.), the questionnaire enhances the measurement of the information given in these programs in tandem

(Tutty, 2000). The original questionnaire which was composed of 40 items was administered to 322 students whose ages ranged from 6 to 12. The form required students to respond to questions as “yes” “no” or “I do not know”. After the reverse items are calculated, each correct response is given 1 point, and each incorrect and I do not know response is given 0 points. Hence, the scores to be obtained from the questionnaire range between 0 and 40. The scale has no cut-off points, but higher scores indicate higher knowledge about sexual abuse prevention. As a result of the new analysis performed on the questionnaire by Tutty (1995), the questionnaire was transformed into a 24-item shortened form instead of 40. The revised 24-item form was composed of Inappropriate (Bad) Touch sub-scale. Internal consistency of this form (KR-20) was found .87, and the one-month test-retest reliability was measured as .88. The norms of the Inappropriate (Bad) Touch sub-scale did not differ significantly by gender of children at any age (Tutty, 1997). Tutty (1997) revised this 24-item questionnaire and turned it into a 33-item form (24 items Inappropriate /Bad Touch sub-scale, 9 items Appropriate/Good Touch sub-scale). This revised form includes appropriate situations and examples of good touch and appropriate situations such as doctors' needing to see children's private parts of their body and asking for help from security if they are lost. Like in the original questionnaire, scoring is done as 0 and 1. The score to be obtained from this questionnaire ranges between 0 and 33, and higher scores indicate more knowledge about sexual abuse prevention. Tutty (2000) states that the questionnaire has the psychometric values that belonged to the Inappropriate /Bad touch sub-scale only. On the other hand, Tutty (1997, 2000) assessed the study results through the Bad Touch and Good Touch sub-scales separately and out of the total score. Oldfield, Hays, and Megel (1996) used and assessed the 33-item revised form of CKAQ-R questionnaire out of the total score, and they found the Cronbach's α value as .84.

The Good Touch Bad Touch Scale

The 10-item scale was developed originally by Church, Forehand, Brown, and Holmes (1988) to measure first-grade primary school students' knowledge about sexual abuse. The items in this tool aim to identify whether children could distinguish between good touch and bad touch, whether they know the key skills about how to cope with sexual abuse, and whether these sexual abuse prevention skills are used by the child in case of some specific situations. The scale is scored as 0 and 1, and the child responds to the questions using three options as “Yes”, “No”, or “I do not know”. Each correct response is scored 1, and each incorrect and I do not know response is scored 0. Hence, the scores to be obtained from the scale range between 0 and 10. Higher scores indicate the child's higher knowledge level about sexual abuse prevention. Turkish reliability and validity of the scale were performed by Çeçen-Eroğlu and Kaf Hasırcı (2013) on 235 primary school first-grade students. Factor structure of the scale was analyzed in the M plus 5.21 (Muthen and Muthen, 2009) package program using the WLSMV estimation method for binary data, and the one-factor hypothesis of the scale and goodness of fit values were found to explain the data at hand (χ^2 : 30.969, df: 25, $p > .190$, CFI=.90, TLI= .88, RMSEA: 0.028). The internal consistency coefficient of the scale (KR-21) for reliability was calculated as .78 using the (KR-21) formula. The test-retest analysis performed in three-week intervals indicated the reliability level as .80. Hence, the "reliability and validity" results of the data obtained from the "Good Touch Bad Touch" Scale was found to have a satisfactory level.

Procedure

Initially, for the adaptation of the scale, permission was obtained from M. Leslie Tutty, who developed the Children's Knowledge of Sexual Abuse Questionnaire. The English form was translated to Turkish by two academics with an advanced level of Turkish and English languages. The questionnaire translated to Turkish by language experts was transformed into one form. Then translation expert assessment form was prepared for the Turkish and English

forms and emailed to 6 academics who had at least a doctorate level in the field of Psychological Counseling and Guidance; the experts were then asked to share their opinions about whether the questionnaire items were appropriate to the Turkish language. The final version of the questionnaire was formed based on the opinions and recommendations of the experts. The Turkish form was then given to two language experts for back-translation to English. This back-translated form was shared with M. Leslie Tutty, and the final version of the questionnaire was created in line with her suggestions.

Once these procedures were completed, necessary permissions were obtained from Çukurova University Social Sciences Scientific Research and Publication Ethics Committee to make sure that the questionnaire posed no problems for the participants in terms of ethics. Then necessary official permissions for data collection were obtained from Mersin Provincial Directorate of National Education. The data collection forms were administered by the researcher to students enrolled in three state schools, one secondary and two primary schools, located in Tarsus, Mersin within 4 weeks. Each administration took about 40 minutes.

Data Analysis

Validity analysis of the questionnaire included construct validity through Confirmatory Factor Analysis (CFA) and Similar Scale validity. As the questionnaire was coded as 0 and 1, CFA analysis was done using correlation matrix and asymptotic covariance matrix. Robust Diagonally Weighted Least Squares (DWLS) was utilized for the estimation method. The reliability of the questionnaire was analyzed using the KR-21 method. Data obtained from the study were analyzed using SPSS 21.0 and LISREL 8.7 programs.

RESULTS

Construct validity of the scale was analyzed using the Confirmatory Factor Analysis and Similar Scale Validity methods. According to the CFA results, the 1st, 29th, and 30th items in the original questionnaire were excluded as they did not fit the factor structure; the 30-item final version of the questionnaire had 22-item Bad Touch sub-scale and 8-item Good Touch sub-scale.

The model which was tested based on the results was found to demonstrate very good fit indices, and the dimensions obtained were found to fit the original version of the questionnaire. Reliability and validity analyses of the Knowledge of Children's Abuse Questionnaire are presented below.

Reliability Analysis

Confirmatory Factor Analysis

Confirmatory Factor Analysis (CFA) was performed to analyze the validity of the two-factor structure of the CKAQ-R on a Turkish sample. CFA is an analysis that tests whether a predefined and limited structure is confirmed as a model or not (Çokluk, Şekercioğlu and Büyüköztürk, 2014). Considering that the questionnaire was assessed as two factors in the study conducted by Tutty (1997, 2000), it was decided that the analyses of the questionnaire should be assessed within a two-factor structure. The first analyses showed that the 1st, 29th, and 30th items did not fit the factor structure of the questionnaire. Once these items were excluded from the questionnaire, analyses showed that the questionnaire fit a two-factor structure. To accept the confirmatory factor analysis results valid, the efficiency of various goodness of fit indices of the model were analyzed. No modifications were done since the analysis results showed that the fit indices were at a sufficient level. Table 2 demonstrates the CFA fit indices and questionnaire values.

Table 1. *Fit indices and questionnaire values*

| Fit Indices | Good Fit | Acceptable Fit | Questionnaire Values |
|-------------|---------------------------|-----------------------------|----------------------|
| χ^2/df | $0 \leq \chi^2/df \leq 3$ | $3 \leq \chi^2/df \leq 5$ | 2.39 |
| p value | $0.05 < p \leq 1.00$ | $0.01 \leq p \leq 0.05$ | 0.00 |
| RMSEA | $0 \leq RMSEA \leq 0.05$ | $0.05 \leq RMSEA \leq 1.00$ | 0,03 |
| GFI | $0.95 \leq GFI \leq 1.00$ | $0.90 \leq GFI \leq 0.95$ | 0.95 |
| NFI | $0.95 \leq NFI \leq 1.00$ | $0.90 \leq NFI \leq 0.95$ | 0.95 |
| RFI | $0.95 \leq RFI \leq 1.00$ | $0.90 \leq RFI \leq 0.95$ | 0.94 |
| CFI | $0.95 \leq CFI \leq 1.00$ | $0.90 \leq CFI \leq 1.00$ | 0.97 |

An analysis of Table 2 shows that the ratio of chi-square value to degrees of freedom ($966,97/404= 2,393$) was below 5, indicating a sufficient level. The other fit indices included RMSEA= 0.03, GFI= 0.95, NFI= 0.95, RFI= 0.94 and CFI= 0.97. A RFI value of 0.90 and above indicates acceptable fit, and FI, GFI and CFI indices over 0.95 indicate good fit values. A RMSEA value of below 0.05 indicates a good fit level. An analysis of the goodness of fit indices obtained from the Confirmatory Factor Analysis showed that the model was fit. Item factor loads of the questionnaire ranged between 0.12 and 0.71. Error variance of the items ranged between 0.54 and 0.99. Figure 1 demonstrates the standardized parameter estimations concerning the factors and items of the questionnaire.

Similar Scale Validity

The Good Touch and Bad Touch Scale developed by Church, Forehand, Brown and Holmes (1988) and adapted by Çeçen-Eroğlu and Kaf Hasırcı (2013) was taken as a criterion to identify the Similar Scale Validity of the questionnaire. Based on the data obtained from 114 students, 55 females and 59 males, aged between 7 and 12 who were administered the Good Touch Bad Touch Scale and Children's Knowledge of Sexual Abuse Questionnaire, the Pearson correlation coefficient between the two scales was significant at .69 level ($p < .05$). This value indicates that there was a medium-level, positive relationship between the total scores of the two scales.

Reliability Analysis

Reliability analysis of the Children's Knowledge of Sexual Abuse Questionnaire was performed using the KR-21 coefficient. The KR-21 coefficient was calculated as .74. KR-21 coefficient of the Inappropriate/Bad Touch sub-scale was found .72, and the KR-21 coefficient of the Appropriate/Good Touch sub-scale was found .50.

A reliability level of .70 and above calculated for a psychological test is generally considered sufficient for the reliability of the test scores (Büyüköztürk, 2007). These findings indicate that the questionnaire is a reliable tool.

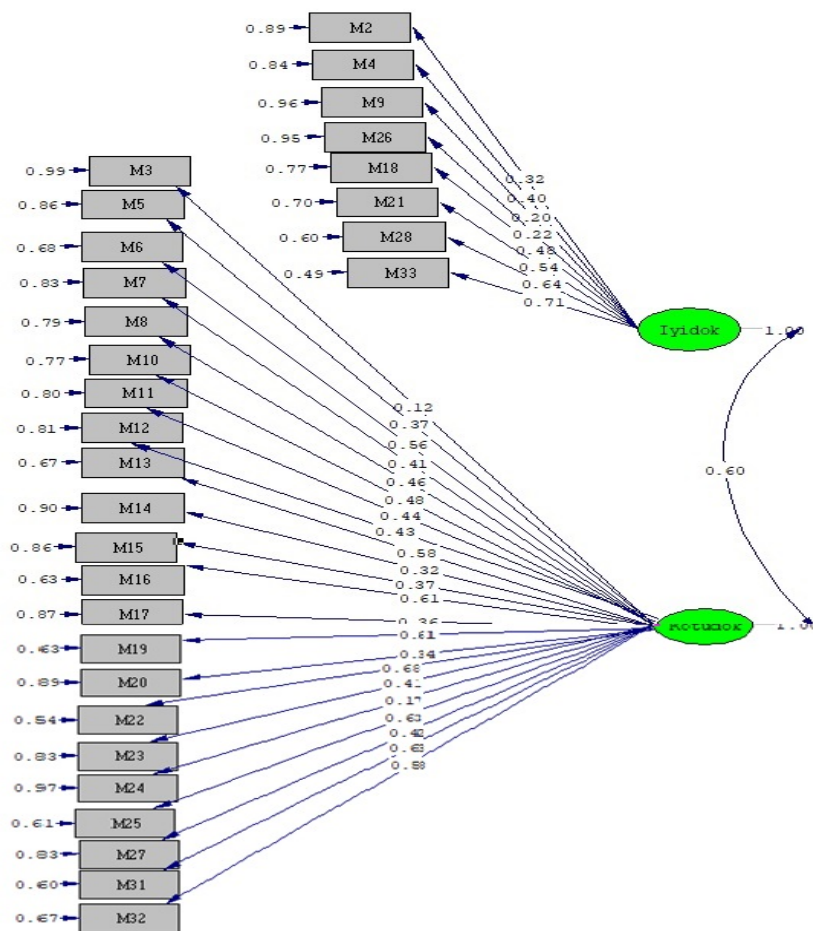


FIGURE 1. Confirmatory factor analysis model

DISCUSSION and CONCLUSIONS

The purpose of this study was to investigate the psychometric characteristics of the Children’s Knowledge of Sexual Abuse Questionnaire developed by Tutty (1997) on a Turkish sample composed of primary and secondary school students. Tutty (1997) reports that there are psychometric data of the Bad Touch Sub-scale only; the Good Touch sub-scale has no psychometric data. The literature includes no data concerning the test of the two-factor model of the questionnaire. An analysis of the studies about the questionnaire showed that the two-factor model of the questionnaire was used by Tutty (1997, 2000). In their study where they assessed the questionnaire out of the total score, Oldfield, Hays and Megel (1996) did not perform any factor analyses. Deigneault, Hébert, McDuff and Frappier (2012) adapted the Bad Touch sub-scale of the CKAQ to French and utilized it. They also did not have any findings concerning the factor analysis about the Bad Touch sub-scale. Therefore, the present study aims to test the two-factor structure of the Good Touch and Bad Touch sub-scales of the CKAQ. The Confirmatory Factor Analysis results showed that the ratio of the chi-square value to degrees of freedom ($966,97/404= 2,393$) was below 5, indicating a sufficient level. An analysis of the other fit indices demonstrated RMSEA= 0.03, GFI= 0.95, NFI= 0.95, RFI= 0.94 and CFI= 0.97. When the goodness of fit indices obtained from the Confirmatory Factor Analysis were analyzed, the two-factor model was found to be fit.

The Spearman Rank Correlation coefficient between the Good Touch Bad Touch Scale (Çeçen-Eroğlu and Kaf Hasırcı, 2013) and Children’s Knowledge of Sexual Abuse Questionnaire

was found to be at .69 level ($p < .05$). A correlation coefficient between .50 and .69 is interpreted as a medium-level positive correlation. This result indicates a positive and significant relationship between both scales, which can be considered as an indicator of the Similar Scale Validity of the questionnaire.

Reliability analysis of the questionnaire was performed using the KR-21 coefficient. The KR-21 coefficient was calculated as .74. The KR-21 coefficient of the Inappropriate/Bad Touch sub-scale was found .72, and the KR-21 coefficient of the Appropriate/Good Touch sub-scale was found .50. Deigneault, Hébert, McDuff and Frappier (2012) also utilized the Bad Touch sub-scale of the CKAQ in their study. Cronbach's α value of the French version of the questionnaire was found .78. Oldfield, Hays and Megel (1996) used the 33-item revised version of the CKAQ and made assessments out of total scores. Cronbach's α value was found .84 in that study. An analysis of these results demonstrated similar reliability levels of the CKAQ in different studies. In line with these findings, the questionnaire was found to be a reliable tool in the total score. On the other hand, while the Bad Touch sub-scale demonstrated reliable results, the results of the Good Touch sub-scale were not at the desired level and thus is considered that it should be reassessed in different studies.

In conclusion, the questionnaire, the validity and reliability analyses of which were performed in this study, is considered to be a valid and reliable tool for the researchers to conduct research on child sexual abuse. It is recommended that in the future the validity and reliability analyses should be performed with different sample groups and in a way to involve the total scores and sub-scales.

REFERENCES

- Akbaş S, Turla A, Karabekiroğlu K, Şenses A, Karakurt M.N., Taşdemir G.N. ve Böke Ö. (2009) Adli makamlarca çocuk psikiyatrisi polikliniğine gönderilen cinsel istismara uğramış çocukların istismar şekilleri, ruhsal ve fiziksel muayene özellikleri. *Adli Bilimler Dergisi*; 8(1):24-32.
- Akyüz, G., Şar, V., Kuğu, N. ve Doğan, O. (2005). Reported childhood trauma, attempted suicide and self-mutilative behavior among women in the general population. *European Psychiatry*, 20: 268-273
- Alikaşifoğlu, M. ve Erginöz, E. (2006). Sexual Abuse Among Female High School Students in İstanbul, Turkey, *Child Abuse & Negl.* 30: 247-255
- Bahar, G., Savaş, H. A. ve Bahar, A. (2009). Çocuk İstismarı ve İhmali: Bir Gözden Geçirme, *Fırat Sağlık Hizmetleri Dergisi*, 12(4): 51-65.
- Büyüköztürk, Ş. (2007) *Sosyal Bilimler İçin Veri Analizi El Kitabı* (7. Baskı) Ankara: Pegem Akademi Yayınları.
- Ceylan, A., Tuncer, O., Melek, M., Akgün, C., Gülmehmet, F. ve Erden, Ö. (2009). Van Bölgesindeki Çocuklarda Cinsel İstismar, *Van Tıp Dergisi*, 16 (4):131-134
- Chen, Y., Fortson, B.L. & Tseng, K. (2012) Pilot Evaluation of a Sexual Abuse Prevention Program for Taiwanese Children. *Journal of Child Sexual Abuse*, 21:621-645
- Church, P., Forehand, R., Brown, C. & Holmes, T. (1988). The prevention of sexual abuse: Examination of a program with kindergarten-age children. *Behaviour Therapy*, 19, 429-435.
- Çeçen-Eroğlu, A. R. ve Kaf Hasırcı, Ö. (2013). İlköğretim Birinci Kademe Öğrencilerine Yönelik Geliştirilen Cinsel İstismarı Önleme Psiko-eğitim Programının Etkililiğinin Sınanması, *Kuram ve Uygulamada Eğitim Bilimleri*, 13(2) :719-729
- Çengel-Kültür, E., Çuhadaroğlu-Çetin, F. ve Gökler, B. (2007). Demographic and clinical features of child abuse and neglect cases. *The Turkish Journal of Pediatrics*, 49: 256-262
- Çokluk, Ö., Şekercioğlu, G. ve Büyüköztürk, Ş. (2014) *Sosyal Bilimler İçin Çok Değişkenli İstatistik: SPSS ve LISREL uygulamaları* (Üçüncü baskı). Ankara: Pegem Akademi Yayınları.
- Daigneault, I., Hébert, M., McDuff, P. & Frappier, J. (2012). Evaluation of a Sexual Abuse Prevention Workshop in a Multicultural, Impoverished Urban Area. *Journal of Child Sexual Abuse*, 21:521-542
- Davis, M. K. & Gidycz, C.A.(2000). Child Sexual Abuse Prevention Programs: A Meta-Analysis. *Journal of Clinical Child Psychology*, 29 (2), 257-265
- Del Campo Sanchez, A., & Sanchez, F. (2006). Evaluation of schoolbased child sexual abuse prevention program [Evaluacion de un programa de prevencion de abusos sexuales a menores en Educacion Primaria]. *Psicothema*, 18, 1-8.

- Demirci, Ş., Doğan, K.H., Erkol, Z. ve Deniz, İ. (2008). Konya'da Cinsel İstismar Yönünden Muayenesi Yapılan Çocuk Olguların Değerlendirilmesi. *Türkiye Klinikleri J. Foren. Med.* 5(2): 43-9
- Dünya Sağlık Örgütü (WHO). (1999). Report of the Consultation on Child Abuse Prevention, 29–31 March 1999, WHO, Geneva. World Health Organization: Geneva.
- Dünya Sağlık Örgütü (WHO). (2014). Global Status Report On Violence Prevention, WHO, Geneva. World Health Organization: Geneva. (ISBN 978 92 4 156479 3)
- Gelfand, D. M. & Drew, C. J. (2003). *Understanding Child Behaviour Disorders (4. ed)*, Wadsworth Pres, USA
- Güler, N., Uzun, S., Boztaş, Z. ve Aydoğan, S. (2002). Anneleri Tarafından Çocuklara Uygulanan Duygusal ve Fiziksel İstismar/İhmal Davranışı ve Bunu Etkileyen Faktörler *Cumhuriyet. Ü. Tıp Fakültesi Dergisi*, 24 (3):128 – 134
- Muthen, B., & Muthen, L. (2009). *MPlus 5.21 Base program and combination add-on*. MPlus user's guide.
- Oldfield, D., Hays, B. J., & Megel, M. E. (1996). Evaluation of the effectiveness of project trust: An elementary school-based victimization prevention strategy. *Child Abuse & Neglect*, 20, 821–832.
- Ovayolu, N., Uçan, Ö. ve Serindağ, S. (2007). Çocuklarda Cinsel İstismar ve Etkileri. *Fırat Sağlık Hizmetleri Dergisi*, 2 (4): 13-22
- Rispens, J., Aleman, A., & Goudena, P.P., (1997). Prevention of child Sexual Abuse Victimization: A Meta-Analysis of School programs. *Child Abuse & Neglect*, 21 (10): 975-987
- Sözen, M.Ş., Elmas, İ., Sözen, A. ve Fincancı, Ş.K. (1999). Aile içi bir istismar olgusu. *Adli Tıp Bülteni*, 4(3): 109-12.
- Taner, Y. ve Gökler, B. (2004). Çocuk İstismarı ve İhmali: Psikiyatrik Yönleri, *Hacettepe Tıp Dergisi*, 35: 82-86.
- Thompson, C. L., Rudolph, L. B., & Henderson, D. A. (2004), *Counselling Children*, (6 ed.), Brooks-Cole Pres, USA
- Tıraşçı, Y. ve Gören, S., (2007). Çocuk İstismarı ve İhmali. *Dicle Tıp Dergisi*, 34 (1): 70-74
- Tutty, L. (1992). The ability of elementary school aged children to learn child sexual abuse prevention concepts. *Child Abuse & Neglect*, 16, 369-384.
- Tutty, L.M. (1995) The revised Children's Knowledge of Abuse Questionnaire: Development of a measure of children's understanding of sexual abuse prevention concepts. *Social Work Research*, 19(2): 112-120
- Tutty, L. M. (1997). Child sexual abuse prevention programs: Evaluating "Who do you tell." *Child Abuse & Neglect*, 21, 869–881.
- Tutty, L. M. (2000). What children learn from sexual abuse prevention programs: Difficult concept and developmental issues. *Research on Social Work Practice*, 10, 275–300.
- Yılmaz, G., İşiten, N., Ertan, Ü. ve Öner, A. (2003) Bir çocuk istismarı vakası. *Çocuk sağlığı ve Hastalıkları dergisi*, 46: 295-298
- Zhang, W., Chen, J., Feng, Y., Li, J., Zhao, X., & Luo, X. (2013). Young children's knowledge and skills related to sexual abuse prevention: A pilot study in Beijing, China. *Child Abuse & Neglect*. 37: 623– 630
- Zoroğlu, S.S, Tüzün, Ü., Şar V., Öztürk, M., Eröcal Kora, M. ve Alyanak B.,(2001). Çocukluk dönemi istismar ve ihmalinin olası sonuçları. *Anadolu Psikiyatri Dergisi*, 2(2):69-78