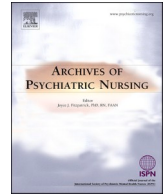


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# Adaptation of the Child sexual abuse myth scale to Turkish culture: A reliability and validity study

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## ABSTRACT

This study aims to analyze the reliability and validity of the Child Sexual Abuse Myth Scale (CSAMS) in Turkish society. This methodological and cross-sectional study was conducted with 334 individuals between the ages 19 to 65. Data were collected through the Personal Information Form and the Child Sexual Abuse Myth Scale. Content Validity Ratio values of the scale items in the study ranged between 0.500 and 1.00, and the Content Validity Index was found to be 0.68. Exploratory Factor Analysis was appropriate based on Kaiser-Meyer-Olkin Measure of Sampling Adequacy (KMO = 0.809) and Bartlett's Test of Sphericity ( $X^2 = 1269, p < 0.001$ ). Factor Analysis resulted in 4 sub-scales (Accusation, Causality, Normalization, and Sexist Approach). Item factor loads of the scale were found to range between 0.501 and 0.839, and the total explained variance was 59.4%. Pearson correlation coefficients of all the items ranged between 0.32 and 0.60, and Cronbach's alpha coefficient was 0.81. Accusation, Normalization, and Sexist Approach sub-scale scores were found to increase with age. Sub-scale scores were found to demonstrate significant differences by gender, marital status, education level, working or not, income level, family type, number of siblings, and number of children ( $p < 0.05$ ). The findings of this study show that the CSAMS is valid and reliable for Turkish culture in its 14-item and 4 sub-scale form.

## Introduction

Child sexual abuse myths (CSAM) are prejudiced and stereotyped beliefs about abusive experiences, victims, and perpetrators (Boakye, 2009; Cromer & Goldsmith, 2010). CSAM is defined as incorrect thoughts or beliefs about the victim, perpetrator, or abuse case which potentially looks like denial, trivialization, normalization and/or justification of child sexual abuse (CSA) (Boakye, 2009; Cromer & Goldsmith, 2010). CSA myths are generally caused by the beliefs that blame the victim and accept the seductive behaviors of particularly female children. In line with these beliefs, it is accepted that CSA is generally performed by individuals known to the victim rather than a foreigner; perpetrators generally do not use threat and force; and victims rarely resist physically. Besides, due to the developmental features, some claims indicate that children might make up the case or lie based on adults' prompts; their words cannot be trusted; or things they say may not be reliable (Cromer & Goldsmith, 2010; Stolzenberg and Lyon, 2014; Lyon & Stolzenberg, 2015; Márquez-Flores, Márquez-Hernández, & Granados-Gómez, 2016; Giroux, Chong, Coburn, & Connolly, 2018;

Wangamati, Sundby, & Prince, 2018). In addition to the general societal population, CSAMs can also be encountered among professionals in the field, such as health personnel, psychologists, teachers, police officers, and judges (Collings, 2003; George, Denne, & Stolzenberg, 2021; Greeson, Campbell, & Fehler-Cabral, 2016; Márquez-Flores et al., 2016; Sleath & Bull, 2017). Scientific evidences from different samples around the world reveals misconceptions about CSA (Collings, 2003; Collings, Lindblom, Madu, & Park, 2009; Márquez-Flores et al., 2016; Chim, Magalhães, Graça, Antunes, & Ferreira, 2020; George et al., 2021; Magalhães, Graça, Antunes, Ferreira, & Pinheiro, 2021; Ferragut, Rueda, Cerezo, & Ortiz-Tallo, 2022; Rueda, Ferragut, Cerezo, & Ortiz-Tallo, 2022). This may prevent obtaining sufficient data regarding the reliability of CSA claims.

CSAM is an important topic for Turkey, like other countries in the world. The prevalence of sexual violence in Turkey is not fully known. However, in the year 2021, 13.1% of 186,014 children who came or were brought to security units as victims of crime were reported to be victims due to sexual crimes (Turkish Statistical Institute, 2021). In recent years, Turkey has gone through social changes with related to

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problems such as poverty, immigration, and urbanization. According to the World Economic Forum 2021 report, Turkey was ranked 133rd out of 156 countries in terms of the gender equality index (World Economic Forum's Global Gender Gap Report, 2021). Studies conducted in our country show that traditional roles are the norm, with a framework of patriarchal points of view (Belli & Aynacı, 2020; Can & Girgin Büyükbayraktar, 2018; Erzeybek & Gökçearsan Çifci, 2019). In Turkish culture, parents discourage and often do not approve of their daughters' romantic relationships, with significant disapproval of sexual intercourse and losing virginity before marriage. In cases when the perpetrator is someone from the family, a lover, or fiancé, generally the victim is blamed and does not receive social support (Alşen Güney & Bağ, 2020; Bilginer, Bağ, & Cekin Yilmaz, 2020). Unfortunately, according to the Turkish Penal Code, crimes against people between the ages of 15 and 18 are subject to legal action in case of complaints. When there are complaints, in order for sexual abuse to constitute a crime, the perpetrator needs to commit acts that affect will, such as force and threat (Turkish Penal Code, 2004). In addition, people who identify as LGBTQ+ are not supported in our country, and these individuals are subject to negative attitudes and marginalization (Biçmen & Bekir-oğulları, 2014). All of these concepts support CSAM possessed by Turkish society.

Today, measurement tools that evaluate CSA myths are very limited in number. One of them is the Child Sexual Abuse Myths Scale (CSAMS) developed by Collings (1997). The scale was adapted and used in samples from United States, South Africa, South Korea, Sweden, and Portugal (Chim et al., 2020; Collings, 1997; Collings et al., 2009; Rheingold et al., 2007). This scale is acknowledged in international literature, having been found to be reliable and valid in these specific cultural contexts. There is a scale on CSAM developed by Koçtürk et al. in Turkey. However, these studies were performed with university students enrolled in only one city and parents included mostly mothers. Thus, the results limited the generalizability of this information to the whole society (Koçtürk & Kızıldağ, 2018; Koçtürk & Şahin, 2021). These developed scale cannot be applied to the general population. Since the validity and reliability of this scale have not been established in different cultures, comparisons of CSAMs with different cultures cannot be made. Hence, there is a need for a measurement tool that has been accepted in the international literature, whose reliability and validity were performed in different cultures, and which can be implemented in the general population. Collings' scale CSAMS, which has been validated and reliable in different cultures and populations, can be adapted to Turkish culture as well. It can be determined whether it is a valid and reliable tool in Turkish society (Chim et al., 2020; Collings, 1997; Collings et al., 2009; Rheingold et al., 2007).

Determining CSAM can first help understand the extent of the problem, identify risks and needs, allocate resources, and develop policies and regulations. Moreover, it is an important step in terms of raising public awareness and education. All of these are important in terms of creating a safe environment for children, protecting children and improving their well-being, providing support to children and providing effective services (Cromer & Goldsmith, 2010; Ferragut, Rueda, Cerezo, & Ortiz-Tallo, 2022; Mkonyi et al., 2021; Rueda et al., 2022). As a result, this study aims to investigate the reliability and validity of the Child Sexual Abuse Myth Scale (Collings, 1997) in Turkish society. The study sought an answer to the following question. Is the Child Sexual Abuse Myths Scale valid and reliable in Turkish society?

## Materials and methods

### Study design

This study was carried out methodological, cross-sectional study evaluating the validity and reliability of the Turkish form of CASMS. The Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) guideline and The Checklist for Reporting Results of Internet

E-Surveys (CHERRIES) were used in the study (Eysenbach, 2004; Von Elm et al., 2014).

### Sample

In scale adaptation studies, the number of individuals in the sample is recommended to be 10–20 times higher than the number of items on the scale (DeVellis, 2017; Kyriazos, 2018). CASMS is a 15-item scale. In the study, it was decided that there would be 20 participants for each item in the scale and 300 people would be included in the study. In order to prevent data loss, the study included 334 individuals who met the research criteria (Dong & Peng, 2013; Koçak & Çokluk Bökeoğlu, 2017). Inclusion criteria for all participants were reading and understanding Turkish, being aged 19 to 65 years, ability to use a smartphone, and agreeing to participate in the study. Those who did not meet the inclusion criteria were excluded from the study.

### Data collection tools

#### The personal information form

The form included questions about characteristics such as age, gender, education level, family type, economic condition, etc.

#### The Child Sexual Abuse Myth Scale (CASMS)

The scale developed by Collings (1997) is utilized to evaluate CSA myths and stereotypes. The 15-item scale is comprised of with three subscales: 1) Blame Diffusion, 2) Denial of Abusiveness, and 3) Restrictive Stereotypes. Blame Diffusion includes items that direct the blame from the perpetrator to children, homosexual, and parents who did not commit the crime (e.g., "Children who do not report ongoing sexual abuse must want the sexual contact to continue"). Denial of Abusiveness includes myths that decrease the harms of CSA to a minimum and show the child as if s/he consents (e.g., "Sexual contact with an adult can contribute favorably to a child's subsequent psycho-sexual development"). Restrictive Stereotypes contain myths related to perpetrator-victim relationships as well as perceptions related to demographic and social contexts for abuse (e.g., "Child sexual abuse takes place mainly in poor, disorganized, unstable communities"). Questions are posed in a 5-point Likert format where 1 = I strongly disagree, 2 = I disagree, 3 = I am not sure, 4 = I agree, and 5 = I strongly agree. Higher scores indicate a greater acceptance of myths and stereotypes about CSA. The original version of the scale indicated Cronbach's alpha ( $\alpha$ ) as 0.76 and test-retest reliability as  $\alpha = 0.87$  (Collings, 1997). In the Portuguese sample,  $\alpha = 0.81$  for Blame Diffusion,  $\alpha = 0.64$  for Denial of Abusiveness,  $\alpha = 0.73$  for Restrictive Stereotypes,  $\alpha = 0.86$  for general scale (Chim et al., 2020).

### Scale adaptation process

Prior to implementation, permission was obtained from the original author of the CSAMS to perform the reliability and validity analysis of the scale in Turkish. The following stages were followed in the adaptation process of the scale: translation, synthesis, back translation, expert committee review, and pretesting (Beaton, Bombardier, Guillemin, & Ferraz, 2000). The such a way was used in the first three stages. Translations were performed separately by two translators specializing in English Literature and Language. Both translated versions were then reviewed by the researchers, who derived a single Turkish version. The Turkish scale was back-translated by another translator who specialized in English Literature and Language who had no previous review of the Turkish language version. Through this process, compatibility was achieved between the Turkish and English versions of the scales. In the fourth stage, an expert committee was created. The purpose of expert committee was to assess the appropriateness of the Turkish version of the scale using a multidisciplinary approach. The expert group was composed of 16 individuals who worked with children in clinical and academic settings and included a teacher, nurse, doctor, psychological

counselor, lawyer, and social service specialist (Ayre & Scally, 2014; Lawshe, 1975). The scale items were submitted to the experts with the following options: 3 = appropriate, 2 = appropriate but requires revision, and 1 = not appropriate. Likewise, the experts provided further input for each item by responding to the following questions: “What do you suggest?” if they marked option 2 and “Why?” if they marked option 3. Content validity was performed after expert opinions. Qualitative data obtained from the expert reviews were converted to quantitative data by calculating the Content Validity Ratio (CVR) and Content Validity Index (CVI). As a result, no items were removed from the scale. In the final stage of the adaptation process, a pre-test was performed. The literature reports that the pre-test sample size should range from 5 to 100 individuals based on the diversity of the target sub-populations (Carpenter, 2018). After consensus was achieved among expert reviewers, a pilot test of the Turkish version of the scale was performed with 20 people who met the research inclusion criteria, which resulted in a final version of the scale for the study administration. As a result of the pretest, the comprehensibility of each item was evaluated. There was no negative feedback from the participants. 20 people who participated in the pretest were excluded from the main sample and the study was conducted with 334 people.

#### Data collection

Data were collected through a Google.doc questionnaire due to Covid-19 pandemic measures. Data were collected between the 15th of June 2021 and the 15th of December 2021 using the snowball sampling method in Turkey. The authors announced the study on their social media accounts. The participants were sent via e-mail and whatsapp the questionnaire link of the data collection tools and asked to respond to them. Participants had direct access to the survey when they clicked on the survey link. The first page included an informed consent form, which gave a description of the study. The participants were told that they were free in their decision to participate and could withdraw from the study without any explanations at any time; their responses would not be recorded if they withdrew from the study, and data would be kept confidential and used only for scientific purposes. In addition, on this page, it was stated that the inclusion criteria for the study and the answers of those who did not meet these criteria would not be included in the study. On the same page, there was a box that participants could check to declare that they met the inclusion criteria and that they participated in the study voluntarily. Once they checked this box, they were able to move on to the next step and respond to the data collection forms. In addition, an obligation to mark each question in the data collection tools was added to avoid missing or missing data. Participants could not move on to the next question without answering the current question. It took them 15–25 min to complete the scale. When participants clicked the submit button on the Google.doc survey, their responses were automatically recorded by the system. As a feature of the Google.doc survey and as an opportunity and convenience provided by it, all responses were downloaded by the researchers, converted into SPSS format and analyzed. To enhance confidentiality and data privacy, the database was saved in hardware protected with a password, and access was limited to the researchers. Participants' responses were anonymous and confidential in line with Google's privacy policy (Google Privacy Policy, 2022).

#### Data analysis

Data were analyzed in IBM SPSS Statistics Standard Concurrent User V 26 and IBM AMOS 23 statistical package program.

#### Descriptive statistics

Descriptive statistics were demonstrated as numbers ( $n$ ), percentages (%), mean  $\pm$  standard deviation ( $\bar{x} \pm ss$ ), median ( $M$ ), minimum ( $min$ ),

maximum ( $max$ ), and interquartile range ( $IQR$ ) values. Normality distributions of the data's numeric variables were analyzed using the Shapiro Wilk normality test, while the Levene test was used to examine the homogeneity of the variances.

#### Content validity

For content validity in the scale, Content Validity Ratio (CVR) and Content Validity Index (CVI) were calculated using the Lawshe technique.

#### Validity and reliability

Appropriateness of the 15-item Child Sexual Abuse Myth Scale to Turkish culture was assessed using Confirmatory Factor Analysis (CFA). Fit indices in CFA included Chi-squared/degrees of freedom, Standardized Root Mean Squared Residual (SRMR), Root Mean Square Error of Approximation (RMSEA), Comparative Fit Index (CFI), Joreskog Goodness of Fit (GFI), Joreskog Adapted Goodness of Fit (AGFI), Bentler Bonett Normed Fit Index (NFI), and Bentler Bonett Non-Normed Fit Index (NNFI). According to CFA, the results obtained from the study did not fit the structure in the original scale, so Exploratory Factor Analysis (EFA) was performed. Before EFA, items that had item-total correlation values of below 0.30 were removed from the scale. Adequacy of the number of units in the sample was analyzed using the Kaiser Meyer Olkin (KMO) test. Factorability between items was evaluated using the Bartlett's Test of Sphericity (BTS), and principal components analysis was performed to determine the factor structure. The internal consistency coefficient between the items was analyzed using  $\alpha$  coefficient and Strictly Parallel Model. Varimax rotation was utilized as the factor rotation method. Statistical significance was accepted at  $p < 0.05$ .

#### Ethical considerations

Ethics committee approval was obtained from the Social and Human Sciences Scientific Research and Publication Ethics Committee of Hatay Mustafa Kemal University (meeting date: 03.05.2021, meeting/decision number: 07/01). The study followed the principles of the Declaration of Helsinki. Informed consent was received from all participants.

## Results

#### Descriptive characteristics

The average age of the participants ( $n = 334$ ) was  $37.2 \pm 10.3$  years with an age range of 19 to 65. Of all the participants, 180 (53.9 %) were men, 235 (70.4 %) were married, 122 (36.5 %) graduated from university, and 235 (70.4 %) were employed. Additionally, 231 (69.2 %) had middle income and 236 (70.7 %) resided in a nuclear family. While 232 (69.5 %) participants had 1–3 siblings, 189 (56.6 %) had 1–3 children. Most participants (204, 61.1 %) had resided in a city for the longest period of time (Table 1).

#### Content validity

CVR values of the scale items in the study were found to range between 0.50 and 1.00. No items were eliminated from the scale since the minimum value of each item was above 0.500. CVI values were calculated as 0.68. A CVR value which is higher than the CVI value ( $CVI (0.680) > CVR (0.500)$ ) indicates that the content validity of the remaining items in the scale are statistically significant (Ayre & Scally, 2014; Lawshe, 1975).

#### Confirmatory factor analysis

The appropriateness of the factor structure to Turkish culture in the

**Table 1**  
Descriptive statistics about the participants (n = 334).

Variables	Statistics
<b>Age, (year)</b>	
$\bar{x} \pm ss$	37.2 ± 10.3
M (min-max)	37.0 (19.0–65.0)
<b>Gender, n (%)</b>	
Female	154 (46.1)
Male	180 (53.9)
<b>Marital Status, n (%)</b>	
Single	71 (21.3)
Married	235 (70.4)
Divorced /Widowed	28 (8.3)
<b>Education Level n (%)</b>	
Primary school	44 (13.2)
Secondary school	65 (19.5)
High school	103 (30.8)
University	122 (36.5)
<b>Working or not, n (%)</b>	
Working	235 (70.4)
Not working	99 (29.6)
<b>Income level, n (%)</b>	
High	62 (18.6)
Middle	231 (69.2)
Low	41 (12.3)
<b>Family Type, n (%)</b>	
Nuclear	236 (70.7)
Divorced / single parent	45 (13.5)
Other	53 (15.8)
<b>Number of siblings, n (%)</b>	
None	29 (8.7)
1–3	232 (69.5)
4 and more	73 (21.8)
<b>Number of children, n (%)</b>	
None	95 (28.4)
1–3	189 (56.6)
4 and more	50 (15.0)
<b>The place where they lived the longest period, n (%)</b>	
Village/town	44 (13.2)
City	204 (61.1)
Metropolitan	86 (25.7)

$\bar{x}$ : Mean, *sd*: Standard Deviation, *M*: Median.

original scale was first analyzed using CFA. The 14th item in the original scale is included both in the first and the second factor. Due to the linear dependence in this study, the 14th item could be included only in the first factor. CFA results indicated the model fit indices as  $\chi^2/df = 4.959$ , SRMR = 0.0926, RMSEA = 0.109, CFI = 0.732, GFI = 0.833, AGFI = 0.768, NFI = 0.690 and NNFI = 0.736. Table 2 also demonstrates threshold values of fit limits, and Figs. 1 and 2 provide the results of the path diagram obtained by forming three factors and the path diagram with standardized coefficients. Within the scope of the fit limits, the scale model fit indices were not within the acceptable range; thus, the original scale is not appropriate for Turkish culture.

Table 3 demonstrates statistics belonging to 15 items. Since the corrected item-total correlation value of the 3rd item was below 0.3 (Table 2), this item was removed from the scale, and statistics were

**Table 2**  
Analysis of the Goodness of Fit Criteria obtained from the confirmatory factor analysis of the scale.

Statistics	Abbreviation	Cut-off	Results
Chi-squared/degrees of freedom	$\chi^2/df$	<3	4.959
Probability value for the model	<i>p</i>	<0.05	<0.001
Standardized Root Mean Squared Residual	SRMR	<0.05	0.0926
Root mean square error of approximation	RMSEA	<0.10	0.109
Comparative Fit Index	CFI	≥0.95	0.732
Joreskog goodness of-fit	GFI	≥0.90	0.833
Joreskog adapted goodness of-fit	AGFI	≥0.85	0.768
Bentler-Bonett Normed Fit Index	NFI	≥0.90	0.690
Bentler-Bonett Non-Normed Fit Index	NNFI	≥0.95	0.736

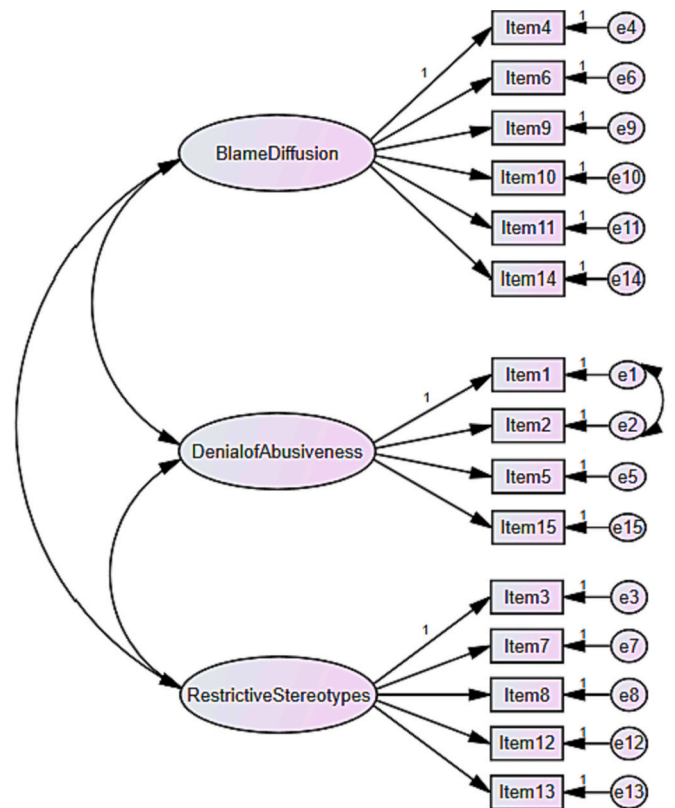


Fig. 1. Path diagram.

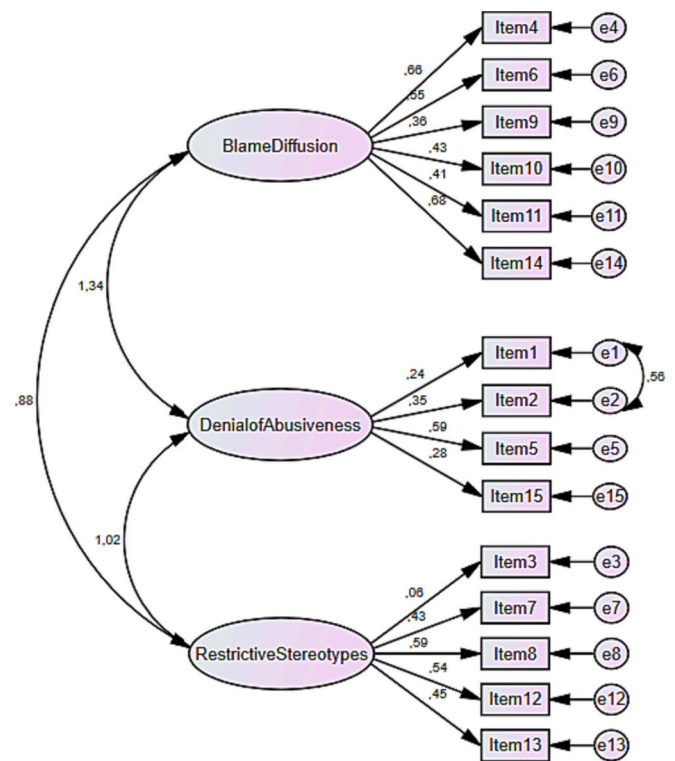


Fig. 2. Path diagram (standardized coefficients).

recalculated for 14 items. According to the new values obtained, the corrected item-total correlation value of all items was found to be over 0.3.

**Table 3**  
Statistics about the 15 items in the scale.

Items	$\bar{x}$	<i>sd</i>	<i>M</i>	<i>min</i>	<i>max</i>	Corrected Item-Total Correlation
Item 1	1.40	0.69	1.0	1.0	5.0	0.301
Item 2	1.45	0.81	1.0	1.0	5.0	0.398
Item 3	2.52	1.26	2.0	1.0	5.0	0.081
Item 4	1.60	0.97	1.0	1.0	5.0	0.509
Item 5	1.72	1.06	1.0	1.0	5.0	0.528
Item 6	1.71	1.20	1.0	1.0	5.0	0.406
Item 7	2.56	1.20	3.0	1.0	5.0	0.409
Item 8	1.96	1.19	2.0	1.0	5.0	0.506
Item 9	2.19	1.20	2.0	1.0	5.0	0.406
Item 10	1.64	1.06	1.0	1.0	5.0	0.324
Item 11	2.30	1.15	2.0	1.0	5.0	0.434
Item 12	1.99	1.01	2.0	1.0	5.0	0.465
Item 13	2.31	1.26	2.0	1.0	5.0	0.434
Item 14	1.74	1.11	1.0	1.0	5.0	0.577
Item 15	2.59	1.36	2.0	1.0	5.0	0.366

$\bar{x}$ : Mean, *sd*: Standard deviation, *M*: Median, *min*: minimum, *max*: maximum.

**Exploratory factor analysis**

The results of Exploratory Factor Analysis (EFA) was  $KMO = 0.809$ ,  $BTS: \chi^2 = 1269.5; p < 0.001$ . According to the EFA results, the 14 items were included in 4 factors, respectively (i.e., Factor 1: Accusation, Factor 2: Causality, Factor 3: Normalization, and Factor 4: Sexist Approach). Factor 1 included items 4, 5, 6, and 14, and these items explained 17.8 % of the total variance value. The first factor was found to internal consistency with a Cronbach’s alpha of 0.780. Factor 2 included items 7, 8, 9, 13, and 15, which explained 16 % of the total variance ( $\alpha = 0.679$ ). Factor 3 included Items 1 and 2; the items in Factor 3 explained 13.3 % of the total variance ( $\alpha = 0.736$ ), and Factor 4 included items 10, 11, and 12, which explained 12.3 % of the total variance ( $\alpha = 0.623$ ). The total explained variance was 59.4 % for the four factors ( $\alpha = 0.811$ ). According to the Strictly Parallel Model results, the Cronbach’s alpha of Factor 1 is 0.779, the Cronbach’s alpha of Factor 2 is 0.659, the Cronbach’s alpha of Factor 3 is 0.735, and the Cronbach’s alpha of Factor 4 is 0.569. Cronbach’s alpha of the total scale is 0.779 (Table 4).

The mean scores belonging to the CSAMS sub-scales were  $1.69 \pm 0.85$  for the Accusation,  $2.32 \pm 0.82$  for the Causality,  $1.43 \pm 0.67$  for the Normalization, and  $1.97 \pm 0.81$  for the Sexist Approach (Table 5).

**Discussion**

Handling a problem and developing intervention strategies for it require knowing its presence and understanding what it is. Determination of the problem should primarily include the use of valid and reliable measurement tools. This study aims to determine the CSAM of individuals in Turkish society. The study adapted the Child Sexual Abuse Myth Scale (CSAMS) developed by Collings to Turkish. The 14-item and 4-factor version of the scale was found to be a valid and reliable measurement tool for Turkish society. However, it is important to conduct further studies to confirm that the CSAMS is fully valid and reliable for the Turkish population.

After the CFA, this study found that the 15-item original form of the scale was not appropriate to Turkish culture. As expected, CSAMS demonstrated differences by culture. The myth in the original scale indicating that abuse was committed by foreigners or people who are not well known by the child was found to be inappropriate to Turkish culture and thus was removed from the scale. The literature in Turkish society and other societies indicates that children are exposed to CSA mainly by individuals they know (Stoltenborgh, Bakermans-Kranenburg, Alink, & van IJendoorn, M. H., 2015; Azzopardi, Eirich, Rash, MacDonald, & Madigan, 2019; Alaggia, Collin-Vézina and Lateef, 2019; Gewirtz-Meydan and Finkelhor, 2020; Alşen Güney & Bağ, 2020; Uslu, 2022). Since there is a limited number of studies on CSA in Turkish

**Table 4**  
Exploratory factor analysis results for the 14 items in the scale.

Items	Corrected Item-Total Correlation	Factor loadings	Factor Characteristics
Item 4	0.552	0.730	<b>Accusation</b> 17.8 of variance $\alpha = 0.780$ Strictly parallel model results
Item 5	0.423	0.809	
Item 6	0.376	0.789	
Item 14	0.328	0.545	$\alpha_s = 0.779$
Item 7	0.526	0.675	<b>Causality</b> 16.0 of variance $\alpha = 0.679$ Strictly parallel model results
Item 8	0.380	0.516	
Item 9	0.373	0.629	
Item 13	0.601	0.651	$\alpha_s = 0.659$
Item 15	0.407	0.679	<b>Normalization</b> 13.3 of variance $\alpha = 0.736$ Strictly parallel model results
Item 1	0.328	0.814	
Item 2	0.407	0.839	
Item 10	0.435	0.501	<b>Sexist Approach</b> 12.3 of variance $\alpha = 0.623$ Strictly parallel model results
Item 11	0.484	0.788	
Item 12	0.407	0.758	
<b>TOTAL</b>			$\alpha_s = 0.569$ Total explained variance %59.4 $\alpha = 0.811$ Strictly parallel model results $\alpha_s = 0.779$

Kaiser-Meyer-Olkin Measure of Sampling Adequacy =0.809, Bartlett’s Test of Sphericity:  $\chi^2 = 1269.5; p < 0.001$ .

**Table 5**  
Statistics about factors for 14 items.

Factors	$\bar{x}$	<i>sd</i>	<i>M</i>	<i>min</i>	<i>max</i>
Accusation	1.69	0.85	1.50	1.00	4.50
Causality	2.32	0.82	2.20	1.00	5.00
Normalization	1.43	0.67	1.00	1.00	5.00
Sexist Approach	1.97	0.81	1.67	1.00	4.33

$\bar{x}$ : Mean, *sd*: Standard deviation, *M*: Median.

society, it is not clear if this myth is accepted in Turkish culture. Data on CSA in Turkish culture are generally composed of the results of file investigation studies obtained from formal notifications (Alşen Güney & Bağ, 2020; Isık, Aktepe, & Simsek, F., Akyıldız, A., Yıldız, A., 2019; Uslu, 2022). On the other hand, few studies provide empirical and in-depth qualitative data on what Turkish society thinks about CSAM, which limits data on CSA in Turkish society and our interpretation of the causes of CSA (Berkmen & Seçim, 2018; Doğan & Mutlu, 2022; Dombak & Çelik, 2021). In this respect, due to the Turkish cultural structure, it is considered that sexuality and CSA are still seen as taboo. A cultural environment that represses discussing sexuality and CSA makes children’s disclosure and/or reporting to professionals difficult. This factor may contribute to the belief that the probability of realizing CSA is very low, which may lead to a decrease in the prevention efforts in the family. There is a need for more studies on both CSA and CSAM to prevent this.

One of the culture-specific differences about CSAMS is that the factor analysis of the 14 items forms a four-factor structure (Accusation, Causality, Normalization, and Sexist Approach). These findings are not consistent with the findings obtained from the original scale and the findings obtained from its South African and Portuguese samples. *Blame Diffusion* is one of the factor structures in these samples. Although *Accusation* is one of the factors in this study as well, items loaded to each

factor and the content and meanings of factor structures vary among cultures (Chim et al., 2020; Collings, 1997). In addition, although South Korean and Swedish samples also determined different factor structures like in the present study, these samples revealed a three-factor structure. However, while social responsibility stands out in these samples for instance in South Korea, mainly individual responsibility stands out in South Africa and Sweden (Collings et al., 2009). In our study, the majority of the responsibility for CSA is shouldered on children, but gender roles also came into the province. These differences in our study could be caused by factors such as the patriarchal structure of Turkish society, common traditional roles in gender roles, seeing sexuality as taboo, and acceptance of mostly men dominance in sexual function (Alşen Güney & Bağ, 2020; Bilginer et al., 2020; Doğan & Mutlu, 2022). Particularly patriarchy could cause the development of some beliefs and perceptions that serve to excuse, normalize, or trivialize some negative behaviors (Boakye, 2009). In this regard, it is self-evident that there is a need for research and trainings that reveal gender roles and the effects of various variables on CSAM. Gender ideology and cultural beliefs play an important role in CSAM (Glina, Carvalho, Barroso, & Cardoso, 2022). The programs on this issue should be designed for children and adults with specialists in the field. In this framework, evaluation of the gaps between knowledge and reality and reflection on current beliefs could be an opportunity for focusing on the most needed areas while planning education, prevention and intervention programs.

The reliability of the scale was tested by calculating  $\alpha$  coefficient, a method to assess internal consistency, and item-total correlations were utilized to assess the internal consistency of the items (Ahmed & Ishtiaq, 2021; DeVellis, 2017). The original study performed by Collings reported as  $\alpha = 0.76$  while the ones performed in Korean, South African, and Swedish samples were reported as 0.71, 0.74, and 0.86 respectively. The internal consistency coefficient of the Portuguese version of the scale was reported as 0.86. This study found it  $\alpha = 0.81$ . Inter items and item-total correlations of the scale also indicate that the scale has a positive correlation and high reliability.

### Limitations

This study provides a measurement tool that determines the CSAM of individuals aged 19–65 in Turkish society and helps to clarify their knowledge. However, the present study has some limitations. Firstly, as the study included individuals aged 19 to 65, it does not involve school-age and adolescent individuals in the 6 to 12 and 12 to 18 age groups. Future studies should analyze the reliability and validity of the scale in these age groups considering the generalizability of the current findings. Although it enhanced accessibility and was beneficial in terms of time and costs, the use of Google Docs for data collection was another limitation of the study because it did not include individuals who had no access to online platforms or who did not know how to use it. The generalizability of the findings can be enhanced by determining myths about CSA in future studies using larger and more representative samples. The lack of a test-retest approach was another limitation of the study because data were collected considering covid-19 measures and the participants were anonymous. Since it was during the pandemic period, we did not have the opportunity to reach people again. Therefore, its reliability was evaluated using the parallel method. Future studies could utilize longitudinal designs based on a test-retest approach in which reliability is tested through differences both within and across cultures. Despite these limitations, the results of this study have important guiding implications for the formation of social policies, prevention and intervention programs to be implemented, and future studies to be conducted.

### Conclusion

The presence of adequate and well-trained nurses plays an important role in uncovering undisclosed CSA cases both in area and during the

clinic visit. Nurses are also in a unique position to early identify, refer, rehabilitate and support CSA (Lines, Grant, & Hutton, 2018; Lines, Hutton, & Grant, 2020; Mkonyi et al., 2021). In the world and in Turkey, forensic nurses, psychiatric nurses, pediatric nurses and public health nurses stand out as strong voices in the care of sexual abuse victims and in the education of parents, community members and other health professionals about sexual abuse. This scale, whose validity and reliability has been established in Turkish society; In this context, it is clear that nurses will contribute to their roles in this regard.

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### CRediT authorship contribution statement

**Nevin USLU:** Conceptualization, Data curation, Formal analysis, Methodology, Project administration, Resources, Validation, Writing – original draft, Writing – review & editing. **Merve Çamlıbel:** Conceptualization, Data curation, Formal analysis, Funding acquisition, Methodology, Project administration, Resources, Writing – original draft, Writing – review & editing. **Rabiye Erenoglu:** Conceptualization, Data curation, Formal analysis, Methodology, Project administration, Resources, Validation, Visualization, Writing – original draft, Writing – review & editing.

### Declaration of competing interest

The authors report there are no competing interests to declare.

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