



## Evaluation of Child Abuse Cases Affected by COVID-19 Pandemic

### COVID-19 Pandemisinde Etkilenen Çocuk İstismar Olgularının Değerlendirmesi

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**Abstract:** **Objective:** As a result of the measures and restrictions taken in our country during the COVID-19 Pandemic period, it was aimed to analyze the quantitative decrease in the number of cases applied to Antalya Child Monitoring Center and to develop recommendations against its effects. **Methods:** A total of 309 cases applied to Antalya Center for sexual abuse in 2019 March-April and 2020 March-April were included in the cross-sectional study. Both groups were examined in terms of socio-demographic parameters and evaluations made at the center. **Results:** 211 cases were evaluated in March-April 2019 and 98 cases were evaluated in March-April 2020 in Antalya Center. The age range of all cases varied between 1-18, and the average age was  $12.95 \pm 3.24$ . 257 (83.2%) of the cases were girls. Definitive sexual abuse findings were detected in 225 cases. Considering the reporters and their rates, it was found that the most frequent reporters in the control group were teachers, then parents, while the most frequent reporters in the study group were parents, then teachers. While the ratio of the offender to be lover-friend in the control group was 40.8%, this ratio decreased to 24.5% in the study group. **Conclusion:** While the risk factors of child sexual abuse increased during the pandemic period, the rate of reporting decreased during the same period. In this study, the role of teachers in reporting abuse was revealed. In terms of multidisciplinary approach among legal and medical professionals, there was no significant difference in this period.

**Keywords:** Child abuse, Child Monitoring Center, pandemic, COVID-19, informing.

**Öz:** **Amaç:** COVID-19 Pandemi döneminde ülkemizde alınan önlemler ve kısıtlamaların bir sonucu olarak Antalya Çocuk İzlem Merkezine müracaat ettirilen olgu sayılarındaki nicel azalmanın analizi ve etkilerine karşı öneriler geliştirilmesi amaçlanmıştır. **Gereç ve Yöntem:** Kesitsel çalışmaya 2019 Mart-Nisan ve 2020 Mart-Nisan aylarında cinsel istismar nedeni ile Antalya Çocuk İzlem Merkezine müracaat ettirilen toplam 309 olgu alınmıştır. Her iki grup sosyo-demografik parametreler ve merkezde yapılan değerlendirmeler açısından incelenmiş, istatistiksel analizler yapılmıştır. **Bulgular:** Antalya Çocuk İzlem Merkezinde 2019 yılı Mart-Nisan aylarında 211 (%68.3); 2020 yılı Mart-Nisan aylarında 98 (%31.7) olgu değerlendirilmiştir. Tüm olguların yaş aralığı 1-18 arasında değişmekte olup yaş ortalaması  $12.95 \pm 3.24$ 'tür. Olguların 257'si (%83.2) kadındır. 225 (%72.8) olguda kesin cinsel istismar bulguları saptanmıştır. Bildiren kişilere ve oranlarına bakıldığında kontrol grubunda en sık öğretmenler (%39.3) ardından ebeveynler (%37.4) iken; çalışma grubunda en sık ebeveynler (%35.1) ardından öğretmenler (%30.9) olduğu saptanmıştır. Kontrol grubunda failin sevgili-arkadaş olma oranı %40.8 iken, çalışma grubunda (pandemi döneminde) bu oran %24.5'e düşmüştür. **Sonuç:** Pandemi döneminde çocuk cinsel istismarı risk faktörleri artarken aynı dönemde ihbar edilme oranlarının düştüğü saptanmıştır. Çalışmamızda öğretmenlerin istismarın ihbar edilmesindeki rolü ortaya konmuştur. Hukuk ve tıp profesyonellerinde multidisipliner yaklaşım açısından bu dönemde anlamlı bir fark saptanmamıştır.

**Anahtar Kelimeler:** Çocuk istismarı, Çocuk İzlem Merkezi, pandemi, COVID-19, bildirim

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#### Ethical Declaration

Our study was written in accordance with the Helsinki Declaration, and the ethics committee approval was not obtained since the files of our centre were scanned retrospectively.

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## Introduction

Child abuse and neglect is an important worldwide problem with physical, mental and social consequences in the short and long term (1). However, reporting rates are low in the world and in our country. Therefore, efforts should be made to identify and prevent risk factors and protective factors before child abuse and neglect occurs. The efforts of child health professionals, the state and general policies of the state in the country in question are considered important in solving this problem (1). In extraordinary situations such as war, political conflict and pandemic, the importance of the mentioned factors becomes more prominent.

In case of suspicion of abuse and neglect towards children, the notification of health professionals, teachers and everyone who knows is both mandatory in our country and also a necessity at the social level that we have reached. In cases of child sexual abuse, law enforcement takes the child to the nearest Child Monitoring Center (CMC) or University Child Protection Practice and Research Centers (CPC) upon the order of the child prosecutor. In these centers, a forensic medical interview and examination of the child is carried out. Emergency medical and legal measures are taken for the sexual abuse incident that the child is exposed to. At the same time, professional guidance is given to both the child and his family (2-4).

The new type of coronavirus (SARS-CoV-2), which emerged in Wuhan, China in December 2019 and rapidly caused pandemic disease (COVID-19) worldwide, has affected all areas, especially health, all over the world and in our country. Of course, as in all countries of the world, sanitation studies and the fight against viruses have been the main agenda items in our country. In addition to the precautions taken in the health system, starting from March 16, 2020, education was interrupted for a week in all schools and then distance education was initiated. Judicial proceedings have been postponed except for emergency ones. In addition, with the Circular issued by the Ministry of Internal Affairs on March 21, 2020, a curfew was introduced to children under the age of 20 ( $n = 23.5$  million) and people over the age of 65 ( $n = 7.6$  million) until April 31st. In addition, with the Circular, there were restrictions on social and working environments, and many sports and social facilities were closed. In this period, there were temporary layoffs as well as layoffs. Judicial proceedings have been postponed except for emergency ones. Although many non-governmental organizations and institutions carry out support programs for people who remain at home and unemployed, this situation will have acute and chronic effects in our country

as well as the whole world caught unprepared for the epidemic (5-8). These effects will mostly affect the fragile parts of the society, especially children. It is stated that the fight against epidemic requires a public responsibility, not just individual, and that the quarantine-isolation practice should be regulated according to basic public health principles and by considering basic human rights and children's rights (8).

In this period, there was a significant decrease in the number of children and adolescents reported to Antalya CMC due to sexual abuse. Is this decrease caused by the iceberg sinking to the bottom for the reasons listed above during this period? We think that especially children staying at home and being away from school will have short and long term effects. These are all kinds of exposure to domestic violence, cyber violence and various rights losses. For example, previous emergency experiences show that the longer the child takes a break from education, the lower the rate of back to school. UNICEF has described this as an unprecedented emergency and has begun working on alternative methods to ensure continuity of access to education. In this context, studies on preparing alternative learning programs to access education have been funded in approximately 145 countries (5,9).

Since this situation (limited period) reduces the level of social and physical contact, we believe that the reporting rates of violence and loss of rights will decrease relatively. In this study, arguments that will reveal the importance of determining the situation qualitatively and quantitatively in the pandemic period, as well as keeping the risk and protective factors in balance by the social environment in which the child lives, will be developed in order to prevent child abuse.

## Materials and Methods

A total of 309 cases evaluated in Antalya CMC due to sexual abuse in March-April 2019 and March - April 2020 were included in the study. It is a cross-sectional study. The cases that were applied to Antalya CMC in March-April in 2020 constituted the study group, and the cases that were applied to the center in March-April 2019 were added into the control group. The data were collected by examining the forensic interview reports, family interview forms, forensic and psychiatric examination reports in the central archive. Both groups were examined in terms of socio-demographic data and forensic medical evaluations, and the data were recorded in the SPSS database. Data outputs analyzed statistically were used in the writing phase of the study.

The data headings evaluated are as follows: year, month, the person reporting, social environment,

disability in the victim, multiple perpetrators, age-gender of the exposed person, perpetrator identity-age, sexual abuse type, pregnancy status, procedures in the center, cooperation with stakeholder institutions, sexual commerce, accommodation in the center.

Statistical analysis was performed using SPSS 22.0 package program using chi-square test and Fisher's Exact test. P values below 0.05 were considered statistically significant.

## Results

211 cases (68.3%) were evaluated in March-April 2019 and 98 (31.7%) cases were evaluated in March-April 2020 in Antalya CMC. The age range of all cases varied between 1-18, and the average age was 12.95 ± 3.24. 257 (83.2%) of the children and adolescents were girls and 52 (16.8%) were boys. There were no disabled children and adolescents. After the forensic interview and examination at the center, definite sexual abuse findings were detected in 225 (72.8%) cases, suspicious findings were found in 38 (12.3%) cases and in 46 (14.9%) cases definite sexual abuse findings were not detected. 12 (3.9%) cases were reflected in the statistics as an additional statement or a second application. Sexual trade was not detected in any cases. Temporary accommodation and physical requirements of all cases applied to the center were provided, and the first directions after abuse were made by the center.

It was found that the children in the study group were asked short questions about the way of life recently by the forensic interviewer before the forensic interview. It was understood that children who were interviewed were living at home (88.8%) or in a dormitory (11.2%) during the pandemic period and living a limited life (away from schoolmates, watching the school program via television or internet from home, where the pandemic was spoken at home, and sports and social activities were limited).

Considering the individuals reporting child sexual abuse in the study group; the parents in 34 (34.7%) incidents, the teachers in 32 (32.7%) incidents, the children themselves in 10 (10.2%) incidents, the police in 10 (10.2%) incidents (police detection), the health personnel in 8 (8.2%) incidents, relatives-neighbors in 4 (4.1%) incidents were determined as the reporters. In the control group, the rates were found as: teachers in 83 (39.3%) incidents, parents in 79 (37.4%) incidents, children in 18 (8.5%) incidents, law enforcement in 12 (5.7%) incidents (police detection), relatives-neighbors in 10 (4.7%) incidents, health personnels in 9 (4.3%) incidents ( $p = 0.419$ ) (Table 1).

**Table 1. The distribution of individuals reporting child sexual abuse in control and working groups.**

Individuals reporting	Groups (Year)			
	Control group (2019)		Study group (2020)	
	n	%	n	%
Teacher	83	39.3	32	32.7
Parent	79	37.4	34	34.7
Child	18	8.5	10	10.2
Law enforcement	12	5.7	10	10.2
Relatives - neighbors	10	4.7	4	4.1
Health personnel	9	4.3	8	8.2
Total	211	100	98	100

After the forensic medical evaluation in the center, the study group and the control group were compared in terms of the rates of detection of definitive sexual abuse findings in children, and a statistically significant difference was found between them ( $p = 0.015$ ). In the study group, definitive sexual abuse findings were found in 64 (65.3%) cases, definite sexual abuse findings were not detected in 23 (23.5%) cases, and suspicious findings were found in 11 (11.2%) cases. In the control group, 161 (76.3%) cases had definitive sexual abuse findings, suspicious findings were found in 27 (12.8%) cases, and 23 (10.9%) cases had no definite sexual abuse findings.

One perpetrator was detected in 282 (91.3%) incidents, and more than one perpetrator was detected in 27 (8.7%) incidents. The study group and the control group were compared in terms of the number of perpetrators or suspects in the same event, and there was no statistically significant difference between them ( $p = 0.336$ ).

When the identity of the perpetrator was analyzed in all cases included in the study; in both groups, it was determined that friend-lover was in the first frequency and familiar people were in the second frequency. The study group and the control group were compared in terms of the identity of the perpetrator, and there was no statistically significant difference between them ( $p = 0.128$ ). However, when an analysis was performed by comparing the group one with which the perpetrator was friend or flirt (Group 1) and the group with other perpetrators (group 2), a statistically significant difference was found between the study group and the control group ( $p = 0.007$ ). While the ratio of the offender to be friend or flirt in the control group was 40.3%, this ratio decreased to 24.5% in the study group (during the pandemic period) (Table 2). In all cases, the age of perpetrators ranged between 18-73, and 1/3 of them were found to be in the 18-20 age group.

**Table 2. The distribution of the control group and the study group in terms of the identity of the perpetrator (friend or flirt and others\*).**

GROUP	Identity of the perpetrator				TOTAL	
	1st group (friend or flirt)		2nd group (others*)		n	%
	n	%	n	%		
Control group	85	40.3	126	59.7	211	100
Study group	24	24.5	74	75.5	98	100
Total	109	35.3	200	64.7	309	100

(\*): Familiar, foreign, own father, own brother, stepfather, half-brother, formal-informal spouse (forced child marriage), 2nd degree relatives, those serving the child, mother, stepmother

The study group and the control group were compared in terms of the age of the perpetrator, and there was no statistically significant difference between them ( $p = 0.098$ ). In 145 (68.7%) cases sexual abuse without penetration, in 43 (20.4%) cases sexual abuse with penetration, in 19 (9%) cases abuse in the form of other non-touch sexual abuse, in 4 (1.9%) cases sexual abuse between underage peers has been identified in the control group. In the study group, 61 (62.2%) cases had sexual abuse in the form of non-penetration touch, 27 (27.6%) cases of sexual abuse with penetration were detected, 7 (7.1%) cases of other non-touch sexual abuse were detected, in 2 (2%) cases sexual abuse was detected as early marriage, in 1 (1%) case, sexual abuse was found in the form of a relationship between underage peers ( $p = 0.145$ ).

Pregnancy was not detected in 288 (93.2%) cases, pregnancy was still continuing in 12 (3.9%) cases, suspicious pregnancy was detected in 5 (1.6%) cases, and 4 (1.3%) cases were found to have given birth due to abuse. The control group and the study group were compared in terms of pregnancy, and there was no statistically significant difference between them ( $p = 0.278$ ).

All cases underwent forensic medical examination by the responsible physicians (Forensic Medicine Specialist) at the center. The rate of genital examination in all cases is 20.4% (n: 63). In the study group, 79 (80.6%) cases did not have genital examination, and 19 (19.4%) cases were performed. In the control group, 167 (79.1%) cases did not have genital examination, and 44 (20.9%) cases were performed. No statistically significant difference was found between the two groups in terms of the number of cases undergoing genital examination ( $p = 0.446$ ).

In addition to 235 (76.1%) cases, pediatric psychiatry consultation was requested, and 5 (1.6%) cases were requested for gynecology clinic consultation in terms of possible gestational week and sexually transmitted

disease. In 69 (22.3%) cases, no consultation was requested. The study group and the control group were compared in terms of the number of consultations and forensic examinations requested, and no statistically significant difference was detected ( $p = 0.319$ ).

Apart from the routine forensic examinations and evaluations conducted in CMC no additional procedures were made in 55 (56.1%) incidents in the study group, only the prosecution claim file was prepared. In addition, in 28 (28.6%) incidents, a detailed social examination was requested, 10 (10.2%) cases were under institutional care and a decision was made for continuing, and 5 (5.1%) cases were taken into institutional care for the first time. In 140 (66.4%) incidents in the control group, no procedures were performed other than routine forensic examinations and evaluations in CMC, in 55 (26.1%) incidents detailed social examination was requested, 14 (6.6%) cases were taken into institutional care for the first time and a decision was taken for the continuation of institutional care for 2 (1%) cases. It was determined that. The study group and the control group were compared in terms of transactions with stakeholder institutions, and a strong statistically significant difference was found between them ( $p = 0.001$ ). This difference was found to be due to the increase in the application of children in institutional care during the pandemic period compared to the control group.

## Discussion

In this study, although the risk factors of child sexual abuse increased in our country during the pandemic period, it was also determined that the rate of reporting decreased and protective factors were largely disabled. In the literature, in the etiology of child abuse and neglect, there are biopsychosocial interacting factors that can be expressed at four levels: individual factors, parental characteristics, familial factors, social and communal factors (1,10-15.).

We can state that the effects of familial, social and communal factors increased from these factors during the pandemic period. Past epidemics and economic crises have shown that informal workers and people without social security protection are more affected by these crises (16). Social protection networks weakened by the crisis pushed states to take more intrusive steps, and these steps limiting the state's intervention in social and economic life after the COVID-19 outbreak are expected to decline (5).

In our study, it was found that all children who were evaluated in the center during the pandemic period stayed at home and dormitory due to social and physical

limitations and lacked many supports and social environments that they had access to before. These can be listed as limited day care or constant home parents, absence or limited relationship with friends as they do not go to school, lack of access to social facilities, less physical activity, decreased neighborly relationships, stressful and same event (pandemic) focused society and media, sudden drop in family income level.

In this study, very few of the individual factors of child sexual abuse were examined. Data on a limited number of parameters such as age, gender, and disability of children and adolescents exposed to sexual abuse were obtained from the files. It was determined that the exposed individuals were concentrated between the ages of 12-16, 257 (83.2%) were female and 52 (16.8%) were male. No apparent physically and mentally disabled children were detected. Studies show that the majority of child sexual abuse cases are girls and girls are at higher risk (2-5 times) than boys (17-18). Based on international studies, WHO reports that 18% of girls and 8% of boys are exposed to sexual abuse, 23% of all children are physically abused and many children are exposed to emotional abuse and neglect (1). In this study, in accordance with the literature, the rate of reporting of girls was 5 times higher than that of boys.

In the study although the concentration of the case age range between 12-16 years which is especially related with adolescence was remarkable for this period, no difference was found between the study group and the control group. Although the reactions of children and adolescents against traumatic experiences are generally similar, initiatives in extraordinary periods such as pandemics should be planned by considering the developmental characteristics of children and additional measures should be taken against risks (19). It is also necessary to pay attention to the negative effects of individual or mass stigma especially on adolescents.

In the study, not all of the risky parental characteristics (alcohol and substance addiction, chronic disease, domestic violence, fragmented family, etc.) could be observed, it was only possible to check whether the parents were in the informing position and whether the child lived with the family (1,10-15.). Considering the individuals reporting sexual abuse in the child; in the study group, parents were in the first place with a number of 34 (34.7%), while in the control group, teachers were in the first place with a number of 83 (39.3%) and parents were in the second place with 79 (37.4%) (Table 1). 88.8% of the cases live with their family. In this period, parental surveillance seems to be at the forefront as a protective factor. In the literature, family support or measures taken by the

mother for her child are shown as one of the most important protective factors (1). Since the parental factors that may increase the risk in etiology could not be observed, a definite assessment could not be made in this regard. However, it can be stated that children may have been subjected to other situations such as witnessing domestic violence in this period when they have limited social relations and cannot go to school. However, according to the 19th article of the Convention on the Rights of the Child; those responsible for the upbringing of the child cannot exercise their rights in a way that harms the child. The state is responsible for protecting the child from all forms of ill-treatment of the parent or other persons responsible for the child's care, to prevent child abuse and to prepare social programs aimed at the treatment of children exposed to such behavior (20). "Restriction" is already taking away many rights of the child. It is a situation that can open doors to all kinds of abuse and neglect. The quarantine-isolation practice should be organized according to basic public health principles and by considering basic human rights and children's rights. The quarantine process itself should be prevented from turning into a traumatic factor, and conditions enabling the individual to live his life well in this process should be provided (8).

In this period, the family, the related institutions or the state should fulfill their most basic responsibilities towards the child in order to avoid negligence and abuse (21). In fact, even if there is no pandemic, millions of children are struggling to survive with "limited" opportunities in war, prison and political conflict environments. In these cases, it is stated that many children are losing their parents, relatives, friends, they are physically, emotionally or sexually abused, and they are deprived of their school and other social support structures (19).

In this study, when the rates of people reporting sexual abuse both in the study group and the control group were evaluated separately as March and April, teacher reporting rates were very close between March (46.1%) and April (28.9%) 2019 and March 2020 (38%), it was found to have decreased significantly in April 2020 (10.5%). This month, unlike the others, is the month where we can clearly see the effects of distance education. It can be predicted that some possible cases remain confidential without notice for the above environmental reasons, and the possibility of teachers and others noticing is eliminated. Qualified education and counseling is important in preventing child abuse and neglect. Educational institutions and educators have important roles in the diagnosis and prevention of child abuse (22). In accordance with the literature, the role of teachers in reporting abuse was clearly demonstrated in this study. When schools are

opened (June 2020 and later), notification rates are expected to increase compared to the same period of the previous year. Many new approaches such as WEB Based Education, Distance Education and E-Learning, which were suddenly implemented as a search for a new paradigm in education, has been the subject of debate today (23). After pandemic, these forms of education will enter our lives more. Studies on child abuse and neglect should be identified through questionnaires and scales on the internet, and efforts should be made to raise the awareness of children on digital media in this regard.

We think that many factors such as social segregation, stress (unemployment, flexible working, home working system, isolation), domestic violence, adult male living without biological relationship at home, lack of social support are important factors in this period (1,6,11-14). However, the study group and the control group were compared in terms of the identity of the perpetrator, and there was no statistically significant difference between them ( $p = 0.128$ ). When the identity of the perpetrator was analyzed in all cases included in the study; in both groups, it was determined that friend-lover was in the first frequency and familiar people were in the second frequency ( $p = 0.128$ ). It was determined that 1/3 of the perpetrators in both groups gathered in the 18-20 age group. Likewise, in two studies held in Turkey, it was determined that girls are most often sexually abused by their male friends (24, 25). In many publications, violence occurring in a dating relationship may have consequences ranging from pregnancy and sexually transmitted diseases, fractures, soft tissue traumas, head traumas or post-traumatic stress disorder and depression. Therefore, it is stated that this violence should be handled as a multi-faceted public health problem (26,27).

Especially in the pandemic period, while the incidence of abuse in the form of intercourse is expected to increase, no finding in this direction has been obtained in this study (Table 2). It is a known fact that incest victims do not talk about this situation because of shame, guilt and fear, and families hide this situation (28). We believe that the relationship between pandemic and incest cannot be evaluated with the data of this study and that a comprehensive and separate study should be planned.

To look at the identity of the perpetrator from a different perspective, an analysis was performed by comparing the group one with which the perpetrator was friend or flirt (Group 1) and the group with other perpetrators (group 2), a statistically significant difference was found between the study group and the control group ( $p = 0.007$ ). While the ratio of the offender to be friend or flirt in the control group was 40.3%, this ratio decreased to 24.5% in

the study group (during the pandemic period). This is of course an expected result due to social isolation.

In the literature, if there is a suspicion that the child has sexual and physical symptoms in the story, or if the incident occurred within the last 72 hours, it is recommended to inform the forensic medicine specialist and conduct a forensic examination (29). However, general body examination is routine in our center and in such centers and genital examination is performed in case of doubt and when necessary. Because of this routine, all cases included in the study underwent forensic medical examination by the responsible physicians at the center. The genital examination rate of all cases was 20.4% ( $n: 63$ ). When the study group and the control group were compared in terms of genital examination rates, there was no statistically significant difference between them. This result shows that the operation at the center continues with a professional approach and unnecessary examinations are avoided. In addition, it should be kept in mind that children have the right to refuse the examination and this should not be insisted on. Turkey is seen as changing the approach to victims of sexual violence. However, it is known that the approaches that abuse the victims of abuse for the second time continue (30).

In children exposed to sexual abuse, it is often stated that physical examination findings are less dramatic or not at all (10,31). It is stated that even if there are significant physical injuries, children often encounter physicians long after the incident, most wounds will heal and semen and other materials will be washed away in time (10,31). In the center, after the forensic medical examination, in terms of definitive sexual abuse findings in children, the study group and the control group were compared, and a statistically significant difference was found between them ( $p = 0.015$ ). In the pandemic period, the rate of detection of a definitive or suspicious finding of sexual abuse decreased from 89.1% to 75.5%. On the other hand, the rate of sexual abuse finding detection including penetration during genital examination increased from 20.4% in the control group to 27.6% in the study group during the pandemic period. There was no significant difference between the two groups in terms of pregnancy rates. In the pandemic period, the findings related to the delayed application of children were deleted, but in cases where sexual examination was performed, the rate of penetration detection was higher than that of the control group.

The sexual exploitation of the child by an adult in a way that provides in kind or cash response to the child or third parties is explained by the concept of "commercial sexual exploitation" (14,30). This situation is reported to

increase in extraordinary periods, especially in war and political conflict environments (19). In our cases, sexual trafficking was not detected in either the control group or the study group.

Emphasis is given to the negative physical and social effects of chaotic environments on children, and these children are also reported to suffer from psychological problems such as intense fear and helplessness (19). These fears are said to be related to repetition, injury or death, being alone and defenseless, being punished or accused of their mistakes (19,32). Although they are not directly exposed, children who receive the message that the world is an insecure and abusive place may experience similar fears due to such news in various media organs such as radio and television (20,33). In the study, the number of notifications may have decreased for all these reasons. However, considering that there are hidden cases and no medical aid, professionals should be careful in the post-pandemic period in terms of short and long term medical, mental health and social sequelae.

It is stated that the clinical features and effects of sexual abuse, which is our subject, on the child may change depending on the relationship of the child with the abuser, the form of abuse, duration, the use of violence, the presence of physical harm, the child's age and developmental stage, psychiatric characteristics, and pre-traumatic spiritual development (14 ,18). The intensity of trauma is also associated with the response of the social environment in which the person lives to trauma, and it is mentioned that family and friend support will play a very important role in the victim's coping with the situation (1,34). Some children appear to be more comfortable due to protective factors or early interventions (1).

If child abuse and neglect is identified, the first thing to do is to ensure that the child is protected from recurrent abuse. For this, it is recommended that the family should be handled socially, monitored, benefited from social supports, if the success cannot be achieved, the child should be removed from the family quickly and included in the appropriate social support program (10). In the study, the rate of not performing any additional procedures (social examination, protection measure, etc.) in the control group, except for the forensic examinations and evaluations carried out in CMC, was 66.4%, while this rate decreased to 56.1% in the study group ( $p = 0.001$ ). This is a misleading meaning. The rates of asking for detailed social examination about the child and the family and the rates of taking the child for the first time in institutional care are very similar in both groups. It was found that this difference was due to the increase in the application of children in institutional care during the pandemic

period compared to the control group. The increase in the reporting of children in institutional care in this period is a separate research topic.

**As a conclusion;** no approach such as avoiding additional action and taking precautions was detected in medical and legal practitioners during the pandemic period, and it was determined that the professional multi-disciplinary approach was also shown in this period. Considering the importance of the role of teachers in the awareness and diagnosis of sexual abuse, it is thought that studies should be carried out to adapt these roles to the distance education system, and risk groups should be identified and supported.

### Limitations of the Study

The study is planned to determine the reflections of the pandemic primarily to CMC and indirectly to child abuse cases. Due to the period we are in, the single-center planning and execution is one of the limited sides of the study. On the other hand, psychiatric diagnostic scales could not be used on the cases due to the retrospective file scanning. Considering that child sexual abuse cases that remain hidden in this period may come to light in the future, a complementary study is also needed.

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