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RESEARCH ARTICLE/ ARAŞTIRMA MAKALESİ

The effect of the covid-19 pandemic on applications to the children's advocacy center

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Abstract

The purpose of the study is to determine and compare the characteristics of child sexual abuse (CSA) cases who applied to the children's advocacy center (CAC) before and during the pandemic. The population and sample of this descriptive, retrospective study consists of the files of children who came to Burdur CAC for CSA between April 1, 2019-March 31, 2020 and April 1, 2020-March 31, 2021. A total of 171 files were examined in study. Data were collected using the Data Collection Form developed by the researchers. Descriptive statistics, Chi-square test, Man Whitney U and Bonferroni tests were used for the analysis of the data. Prior to the study, permission was obtained from the Ministry of Health, Provincial Health Directorate, and Ethics Committee. The results showed that that 113 out of 171 children came to CAC before pandemic, and the number of children who came to CAC decreased during the pandemic (n=58). It was found that 60.8% of children were exposed to non-penetrative sexual abuse, and the number of sexual abuse decreased during pandemic process compared to pre-pandemic period. Regarding the characteristics of perpetrators; mean age was 32.6±16.1 years and 98.8% of them were males. It was also found that both before and during pandemic, children were mostly abused by their friends/lovers, and most of the abuse took place in home of the perpetrator. Those who reported abuse before and during pandemic were found to demonstrate statistically significant differences (p<0.001). Most of the notifications were found to be made by teachers (n=69) before pandemic, while number of teachers' notifications decreased (n=9) during pandemic process, and the most notifications were made by mothers and fathers (n=23). In the future, it is recommended to carry out studies to determine types of CSA faced by children in digital environments before, during and after pandemic.

Keywords: Child Sexual Abuse, Covid-19 Pandemic, Children's Advocacy Center

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1. INTRODUCTION

Covid-19 has dramatically affected many countries around the world and has had negative consequences on daily life. With the worldwide lockdown measures to combat Covid-19, the daily lives of children and families have suddenly and significantly been turned upside down. (Nay, 2020, Wang et al., 2020, Lawson, Piel&Simon, 2020). It has brought with it health and socio-economic crises globally (Rasmussen & Thompson, 2020, United Nations, 2020, Fernandes, 2020). In this process, the increase in unemployment rates, poverty, food insecurity and housing problems, the personal, social and relational stress caused by the pandemic conditions, the negative impact on adult mental health, the increase in the time spent at home and the difficulties of parents in fulfilling their child care responsibilities increased the risk of abuse and neglect for children (Bullinger et al., 2021, Lee et al., 2021, Lawson et al., 2020). At the same time, the closure of schools and other educational institutions, the decrease in social activities and access to health services have also reduced the visibility of children by those who report child abuse and neglect, such as teachers and healthcare professionals. Additionally, curfews and the online delivery of education have resulted in children spending more time online, including communicating with peers and others. This situation not only makes children vulnerable to different digital risks, but also increases the risk of abuse and neglect. (Bullinger et al., 2021, Lee et al., 2021, Lawson et al., 2020, Rodriguez et al., 2021, Harris et al., 2021).

Child abuse and neglect is an important problem that can have very serious consequences and needs to be evaluated from multiple perspectives. CSA is one of the types of child abuse that leaves deep scars on children throughout their lives (World Health Organization, 2016). CSA can lead to serious injuries, dangerous coping behaviors and even death in the short term (Maguire, 2010, Hillis, Mercy ve Saul, 2017). In the long run, CSA may adversely affect the biopsychosocial health and development of children, as well as cause unwanted pregnancies and infectious diseases (Ramaswamy & Seshadri, 2020, Maalouf et al., 2020). Furthermore, intergenerational transmission and future victimization or perpetration of sexual violence are both increased in children who are exposed to violence (Lutz&Turecki, 2014, Cicchetti et al., 2016, Papalia, Mann & Ogloff, 2021, Scoglio et al., 2021).

Although CSA is a significant issue for children's health, it still remains one of the most difficult types of abuse to detect and intervene (World Health Organization, 2016). Children are often exposed to sexual abuse by people they know in a familiar environment. Sexual abuse is often not disclosed, disclosed late, or hidden by children. Because the subject of sexual abuse in society is sensitive and taboo (Morrison et al., 2018, Sivagurunathan et al., 2019). In addition, reasons such as the child's age, being seen as a shame for sexual abuse, being stigmatized, being mocked by friends, fear of not being believed/ taken seriously, threatening the perpetrator or silencing the child prevent the disclosure of sexual abuse (Morrison et al., 2018, Sivagurunathan et al., 2019, Azzopardi et al., 2019). While child sexual abuse is a difficult situation to explain and reveal, the pandemic process increases the incidence of child abuse and neglect by creating an environment where the socio-ecological systems of children deteriorate (Martinkevich et al., 2020). As a matter of fact, studies on epidemics in the past report that the risk of CSA increases, especially among girls (United Nations Development Programme, 2015, International Rescue Committee, 2019). The results of some studies conducted in the Covid 19 pandemic reported that CSA has increased and mostly girls are victims (Sserwanja et al., 2021, Harris et al., 2021, Alenezi et al., 2022, Augusti et al., 2023). A systematic review in which 35 articles were analyzed reported the prevalence of sexual abuse between 1.4% and 19.5% during the pandemic (Huang et al., 2023). However, results from many countries around the world show a significant decrease in CSA reports. Some study results showed a decrease in the notifications made to the helplines and the number of children coming to the emergency services due to sexual abuse (Aslan, Timur&Pakiş, 2020, Martinkevich et al., 2020, Güney& Bağ, 2021, Petrowski et al., 2021, Amick et al., 2022, Wong et al., 2022, Long et al., 2022, Huang et al.,

2023). However, despite these studies, the evidence on the effects of the Covid 19 pandemic on CSA is scarce and comes from limited data (Fraser, 2020, Amick et al., 2022, Katz et al., 2022, Huang et al., 2023). For this reason, there is a need for studies investigating the effects of more and different variables on CSA.

CSA becomes the subject of criminal investigation when disclosed, as it constitutes a crime under the law in many countries. The process should be carried out by experts so that children do not have to testify many times during the investigation process and stress and secondary trauma to children and families is not experienced (Cross et al., 2007, Olafson, 2012). For this, CAC was established both in different countries of the world and in Turkey (Bağ&Alşen, 2016, Bayrak et al., 2021, The National Children's Advocacy Center, 2023). In these centers, which are under the Ministry of Health, examinations and medical interviews of the child are carried out in a child-friendly environment. With the gathering of stakeholder institutions under the same roof, forensic, health and child protection professionals display a multidisciplinary approach together. Urgent medical and legal measures are taken against the CSA by professionals who have received special training. At the same time, professional guidance is provided to both the child and his family (Bağ&Alşen, 2016, Bayrak et al., 2021).

The purpose of the this study is to determine and compare the characteristics of CSA cases who applied to the child monitoring center before and during the pandemic.

2. MATERIAL AND METHODS

2.1. Study Design

This study was conducted as a descriptive retrospective study.

2.2. Target Population and Sample of Study

The target population and sample of the study consist of the files of children who came to Burdur Children's Advocacy Center for sexual abuse between April 1, 2019-March 31, 2020 and April 1, 2020-March 31, 2021. A total of 171 files were examined retrospectively, and all the files were included in the study.

2.3. Data Collection

The files in the archive of the Burdur Provincial Health Directorate between February 2022 and July 2022 were scanned. The data were collected through the examination of forensic interview minutes, family interview forms, and forensic and psychiatric examination reports in the children's files. Data were collected via the Data Collection Form developed by the researchers. Reviewing each file took 30-45 minutes.

2.3.1. Data Collection Tools

2.3.1.1. Data Collection Form: This form was created by the researchers by reviewing the literature (World Health Organization, 2016, World Health Organization, 2020a). After the data collection form was prepared, it was sent to three faculty members who are subject-matter experts for feedback,and it was given its final form based on their suggestions. The form included data about the child's age, gender, place of residence, whether the mother and father are alive, disability, presence of psychiatric and chronic diseases, and the protective measures decision taken. There was information about the perpetrator such as how many people were at the time of the incident, closeness to the child, age and gender. In addition to these, the form also included information about the person who made the notification, the type of sexual abuse, how many times it happened, the findings of sexual abuse, and where the incident took place.

2.4. Ethical Dimension

Before the study was conducted, permission was obtained from Mehmet Akif Ersoy University Non-Interventional Clinical Research Ethics Committee (meeting no: 2022/01, decision no: 2022/442), Ministry of Health and Provincial Health Directorate. The study complies with the Declaration of Helsinki.

2.5. Data Analysis

IBM SPSS 25 was used to analyze the data (IBM Corp., Armonk, New York, USA). The figures were created in Microsoft Office Excel 2016 program (Microsoft Corp., Redmond, Washington, USA). Data were presented as frequency (n), percentage (%), mean and standard deviation

($\bar{x} \pm SD$). The normality of the data for numerical variables was evaluated by the ShapiroWilk test. Categorical variables were analyzed using Chi-square test. Mann-Whitney U test was used to compare the differences between groups . Post-hoc analyzes were performed in chi-square analyzes, and Bonferroni method was used.

3. RESULTS

3.1. Children's Characteristics

The files of 171 children who came to CAC were examined. The characteristics of the children are shown in Table 1. Of the children, 58.6% were between the ages of 13 and 18, 77.8% were girls, 38.0% were at secondary school level and 45.6% lived in the district. The age, gender, education level and place of residence of the children did not indicate any statistically significant differences before and during the pandemic. An analysis of the characteristics of children's parents showed that 85.4% of the children had their parents alive, 59.6% of them had their parents together and 57.3% of them were living with their parents (Table 1).

3.2. Applications Before and During the Pandemic

It was determined that 113 of 171 children came to CAC before the pandemic, and the number of children who came to CAC decreased during the pandemic process (Table 1). The distribution

Table 1. Characteristics of Children Coming to CAC Before and in the Pandemic Process

	Pre-pandemic		In the pandemic		Total		
	n	%	n	%	n	%	*p*
Child's age range							
0-5	4	3.5	3	5.2	7	4.1	0.624
6-12	49	43.4	21	36.2	70	40.9	
13-18	60	53.1	34	58.6	94	58.6	
Gender							
Female	90	79.6	43	74.1	133	77.8	0.264
Male	23	20.4	15	25.9	38	22.2	
School level studied							
Pre-school	6	5.3	5	8.6	11	6.4	
Primary Education Level 1	26	23.0	9	15.5	35	20.5	0.364
Primary Education Level 2	42	37.2	18	31.0	60	35.1	
Secondary education	39	34.5	26	44.8	65	38.0	
Place of residence							
Province	28	24.8	15	25.9	43	25.1	0.780
County	50	44.2	28	48.3	78	45.6	
Village	35	31.0	15	25.9	50	29.2	
Parents' condition							
His/her parents live	89	78.8	57	98.3	146	85.4	
His/her father died	5	4.4	1	1.7	6	3.5	NA
Unknown/no data	19	16.8	-	-	19	11.1	
Parents' union							
Together	61	54.0	41	24.0	102	59.6	
Separate	25	22.1	16	27.6	41	24.0	NA
One of the parents died	3	2.7	1	0.6	4	2.3	
One of the parents is married to another	5	4.4	-	-	5	2.9	
Unknown/no data	19	16.8	-	-	19	11.1	
People with whom the child lives							
Mother and father	60	53.1	38	65.6	98	57.3	
Only mother	18	15.9	10	17.2	28	16.4	
Only father	6	5.3	5	8.6	11	6.4	
Grandparents	2	1.8	-	-	2	1.2	NA
Institution	3	2.7	4	6.9	7	4.1	
Relatives	5	4.4	-	-	5	2.9	
Spouse	-	-	1	1.7	1	0.6	
Unknown/no data	19	16.8	-	-	19	11.1	
TOTAL	113	100.0	58	100.0	171	100.0	

NA: No analysis was done.

of children coming to CAC by months showed that all the cases came in April the most; before the pandemic, children came in April the most, and after the pandemic, they came in August and September the most (Figure 1).

3.3. Types of Sexual Abuse Suffered by Children

Table 2 shows the types of sexual abuse that children were exposed to. The results showed that while 60.8% of the children were exposed to non-penetrative sexual abuse, 22.7% of them were exposed to penetrative sexual abuse. The number of non-penetrative and penetrative sexual abuse decreased during the pandemic process compared to the pre-pandemic period. It was found that 16.3% of the children were not sexually abused. Touching was found to be the most common non-penetrative type of abuse in total, before the pandemic, and during the pandemic process. Penetrative abuse was found to be mostly vaginal penetration (Table 2).

3.4. Characteristics related to perpetrator and abuse

When the characteristics of the perpetrators of CSA were examined, it was found that the mean age of the perpetrators was 33.2±15.1 years before the pandemic and 31.4±18.2 years during the pandemic period. It was found that the mean age of the perpetrators did not show a statistically significant difference before and during

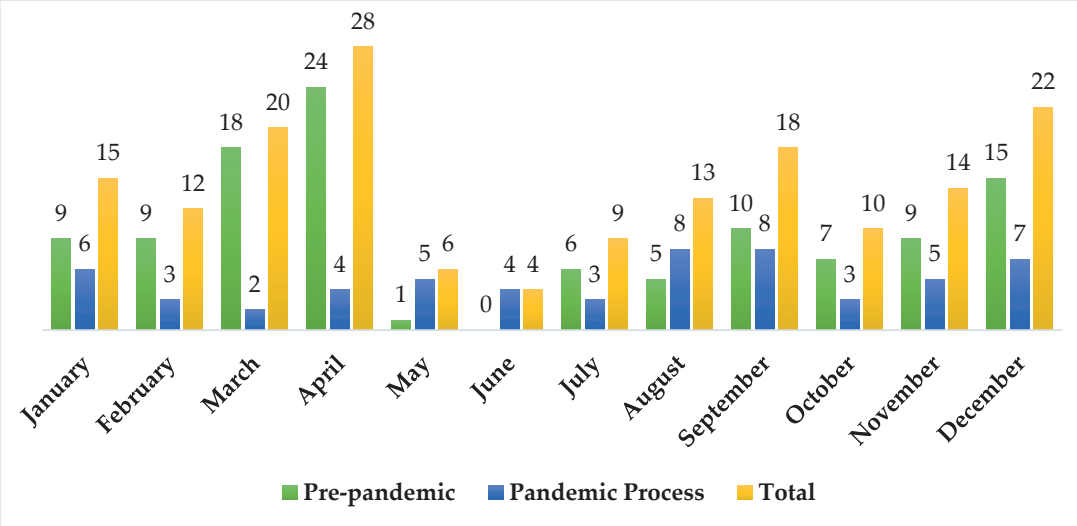

Figure 1. Number of Arrivals of Children by Month in the Year

Table 2. Types of Sexual Abuse Suffered by Children

	Pre-pandemic		In the pandemic		Total	
	n	%	n	%	n	%
Types of Sexual Abuse						
Non penetrative abuse*	72	63.7	32	55.1	104	60.8
Penetrative abuse	23	20.4	16	27.5	39	22.7
No sexual abuse	18	15.9	10	17.2	28	16.3
Non-penetrative abuse*						
Touch	60	70.6	20	50.0	80	64.0
Bawdy	7	8.2	8	20.0	15	12.0
Exhibitionism	10	11.8	9	22.5	19	15.2
Kiss	8	9.4	3	7.5	11	8.8
Penetrative abuse*						
Oral	1	4.3	2	12.5	3	7.7
Anal	2	8.7	3	18.8	5	12.8
Vaginal	17	74.0	9	56.2	26	66.7
Vaginal+Oral	3	13.0	2	12.5	5	12.8

* More than one option was chosen since children were exposed to one or more than one type of abuse

the pandemic (*p=0.293*). The majority of the CSA cases that children were exposed to (79.5%) were found to be were carried out by a single perpetrator, 98.8% of the perpetrators were men, and children were abused mostly by their boyfriend/lover. There was no statistically significant difference between the groups in terms of the number of perpetrators, gender, and the perpetrator's relationship with the child before and during the pandemic (Table 3).

Table 3 shows the characteristics of the place where sexual abuse took place. Before the pandemic, most of the abuse were found to have occurred at the home of the perpetrator (24.4%), around the school/school environment (22.8%) and in the home of the victim (16.3%). It was found that the three places where abuse took place the most during the pandemic process and in total included the perpetrator's house, the victim's house, and the closed/deserted area, respectively (Table 3). Those who reported abuse before and during the pandemic demonstrated a statistically significant difference ($p<0.001$). Most

Table 3. Characteristics Related to Perpetrator and Abuse Before and during the Pandemic

	Pre-pandemic		In the pandemic		Total		
	n	%	n	%	n	%	*p*
Number of perpetrators							
One	90	79.6	46	79.3	136	79.5	0.959
More than one	23	20.4	12	20.7	35	20.5	
Gender of the perpetrator							
Female	1	0.9	1	1.7	2	1.2	0.565
Male	112	99.1	57	98.3	169	98.8	
The perpetrator's relationship with the child							
Family	20	17.7	12	20.7	32	18.7	
Relative	22	19.5	7	12.1	29	17.0	0.351
Boyfriend/lover	33	29.2	17	29.3	50	29.2	
Familiar	30	26.5	13	22.4	43	25.1	
Foreign	8	7.1	9	15.5	17	9.9	
Where the abuse took place*							
At the perpetrator's own home	30	24.4	17	28.3	47	25.7	
School/school environment	28	22.8	2	3.3	30	16.4	
In the victim's own home	20	16.3	13	21.7	33	18.0	NA
Closed/deserted area	19	15.5	13	21.7	32	17.5	
Street/Public space	10	8.1	5	8.3	15	8.2	
On the phone	4	3.2	4	6.7	8	4.4	
In the car	3	2.4	1	1.7	4	2.2	
Unknown	9	7.3	5	8.3	14	7.6	
Person reporting abuse							
Teacher	62_a	54.9	9_b	15.5	71	41.5	
Mother and father	30_a	26.5	23_a	39.7	53	31.0	
Health personnel	13_a	11.5	9_a	15.5	22	12.9	<0.001
Victum herself/himself	3_a	2.7	7_b	12.1	10	5.8	
Police	1_a	0.9	3_a	5.2	4	2.3	
Other	4_a	3.5	7_b	12.1	11	6.4	
Genital examination							
Examined	27	23.9	18	31.0	45	26.3	0.412
Not examined	86	76.1	40	69.0	126	73.7	
Pregnancy							
Positive	3	2.7	6	10.3	9	5.3	0.033
Negative	110	97.3	52	89.7	162	94.7	
Presence of an protective measure decision							
Yes**	30	26.5	13	22.4	43	25.1	
None	61	54.0	44	75.9	105	61.4	NA
Unknown	22	19.5	1	1.7	23	13.5	
Toplam	113	100.0	58	100.0	171	100.0	

*More than one option is marked.

**All of the protective measure decisions are health measures.

NA: No analysis was done.

a and b indicate the groups that make up the difference.

notifications were found to be made by teachers (n=69) before the pandemic, while the number of teachers' notifications decreased (n=9) during the pandemic process, and the most notifications were made by mothers and fathers (n=23) (Table 3).

Of the children who came to CAC, 23.9% were subjected to genital examination before the pandemic, 31.0% were subjected to genital examination during the pandemic, and in total 26.3% of all children who came to CAC were subjected to genital examination. Pregnancy test was positive for 2.7% of the children before the pandemic, 10.3% of the children during the pandemic, and 5.3% of the children in total. Medical measures were taken in 26.5% of children before the pandemic, 22.4% during the pandemic, and 25.1% children in total.

4. DISCUSSION

The current study investigated changes in CSA before and during the pandemic and identified some of the potential risk factors. Similar to the findings of different studies in the literature, our findings found a decrease in CSA during the pandemic process (Aslan, Timur&Pakiş, 2020, Martinkevich et al., 2020, Güney& Bağ, 2021, Petrowski et al., 2021, Amick et al., 2022, Wong et al., 2022, Long et al., 2022, Huang et al., 2023). However, this decrease can be considered as an "artificial decrease", not a real decrease. This finding can be explained in two ways. First, with the quarantine calls to stay at home and the fear of contracting Covid-19, parents started to spend more time at home with their children. With the quarantine, the attention and supervision of parents towards children may have increased and this may have been a factor protecting children from sexual abuse. Second, the quarantine and social isolation measures implemented to combat the Covid-19 pandemic have led to the withdrawal of children from school and society, a lack of communication with the wider social networks of family and friends, and the limitation of their social relationships (Bullinger et al., 2021, Lee et al., 2021, Lawson et al., 2020, Rodriguez et al., 2021, Harris et al., 2021). However, studies have reported a significant decrease in visits to emergency services, hospital admissions and utilization of health services (Aslan, Timur&Pakiş, 2020, Martinkevich et al., 2020, Güney& Bağ, 2021, Petrowski et al., 2021, Amick et al., 2022, Wong et al., 2022, Long et al., 2022, Huang et al., 2023). These may have prevented early detection, exposure and reporting of sexual abuse. Hence, the notifications made by teachers, health professionals and parents during the pandemic process decreased in our study compared to the pre-pandemic period, which supports this view.

One of the important findings in the study is that the children who came to CAC mostly came in April before the pandemic, and there was a significant decrease in April during the pandemic process. In addition, another important result that emerged in the context of the findings in our study is that while the most notifications were made by teachers before the pandemic, these notifications decreased significantly during the pandemic. Similar results were reported in the study conducted by Aslan et al. (Aslan, Timur&Pakiş, 2020). Another study conducted in Turkey indicated that law enforcement officers directed children to CAC during the quarantine process, and most of the notifications were made by mothers and fathers (Güney& Bağ, 2021). In our study, the reason for the decrease in the number of children and teachers' reporting rates in April can be considered as a result of distance education. Teachers are the people with whom children spend most of their time during the day after their parents. They have an important role in detecting and reporting abuse by recognizing the biopsychosocial changes in children (Koçtürk, 2018). With distance education, children spent time in front of a screen with all their friends in the classroom and their teachers. This situation may have prevented children from explaining CSA to their teachers and may have caused teachers not to notice CSA. Unfortunately, these findings once again reveal that CSA remained behind closed doors during the pandemic process and were not disclosed.

CSA continues to affect children in all countries and societies around the world. However, some risk factors make children even more at risk. One of these risk factors is the age of the child. Like

some other studies in the literature, this study found that the risk of CSA increases with age, and adolescence is a risky period. (Sofuoglu et al., 2018, Azzopardi et al., 2019, Gewirtz-Meydan and Finkelhor, 2020, Scoglio et al., 2021, Uslu, 2022). Risky behaviors during adolescence increase the vulnerability of adolescents and the risk of becoming a victim of CSA (Kloppen et al., 2016, Castro et al., 2019). Considering the effects of sexual abuse on children, sexual education should be given to children to protect them from sexual abuse. In schools where it is easy to reach children, sexual education can be given to children both by integrating it into the official curriculum and as a separate subject. (Walsh et al., 2015).

Another important factor associated with CSA in the study is gender. Similar to previous studies, while girls were the group with the highest risk of sexual abuse in this study, the number of children arriving during the pandemic period was not different according to gender, compared to the pre-pandemic period (Aslan, Timur&Pakiş, 2020, Güney& Bağ, 2021, Sserwanja et al., 2021, Harris et al., 2021, Alenezi et al., 2022, Augusti et al., 2023). The low number of boys in our study may be related to the patriarchal characteristic of our society. In patriarchal societies, sexual abuse is taboo for men. Men often do not report CSA due to fear of stigmatization and fear of being gay (Morrison et al., 2018, Sivagurunathan et al., 2019, Azzopardi et al., 2019).

During the pandemic process, children could not continue their daily leisure activities, could not spend time with their peers and could not go to school. In this process, internet usage rates increased and children attended online classes and communicated with their peers and other people (Harris et al., 2021, Hantaris et al., 2021). However, this situation has created security gaps in children's digital platforms, increased the risk of children being exposed to CSA and the production of content for child pornography. Moreover, the restriction of international travel and tourism has led perpetrators of child abuse to use the internet to reach children (Harris et al., 2021, Rahamathulla, 2021, Marchi et al., 2021). In this study, it was determined that the most common type of sexual abuse that children were exposed to was non-penetrative CSA. Similar to this study, other studies before the pandemic reported that sexual abuse without physical contact was more common in CSA cases, and penetration was absent or low in most cases (Ajdukovic et al., 2013, Aydin et al., 2015, ECPAT, 2020). Another striking finding of the study is the lack of reporting of sexual abuse and pornography, which are among the types of abuse that children are exposed to, via the internet. In the future, different studies are needed to determine and compare the types of sexual abuse that children are exposed to in online and offline environments before, during and after the pandemic. In addition, qualitative studies should be carried out to determine why children do not report cyber violence and why this situation remains confidential.

In CSA, children's relationship with the perpetrator is important. The perpetrators are often a person or family member the children know rather than strangers (Sofuoglu et al., 2018, Azzopardi et al., 2019, Gewirtz-Meydan and Finkelhor, 2020, Scoglio et al., 2021, Uslu, 2022). The study conducted by Wong et al. in Hong Kong reported that most of the CSAs were performed by a family member of the child during the pandemic process (Wong et al., 2022). Stevens et al. stated that in Kenya children are more likely to be victimized by a neighbor during Covid-19 (Stevens et al., 2021). A study conducted in Turkey found that the number of children who were abused more by their friends/lovers before the pandemic and by their friends/lovers during the pandemic period decreased and they were abused by other people (Aslan, Timur&Pakiş, 2020). In this study, it was found that the perpetrators were mostly the boyfriend/lover of children and they were exposed to dating violence before and during the pandemic. Consistent with the literature, this study also found that the victims of dating violence are girls. (World Health Organization, 2020b, 2020c). Intervention studies are needed so that children can resolve their romantic relationship problems on the basis of gender equality, say no, resist inappropriate offers and pressure, and learn to complain. In this context, it is important and necessary to include perpetrators of dating violence in this picture

and to carry out perpetrator-oriented prevention and intervention studies.

5. LIMITATIONS

The current study is one of the limited number of studies evaluating CSA cases before and during the pandemic in Turkey. However, we have some limitations. One of the limitations is that it was carried out in a single center due to time and cost, and it only included the sample of children who came to the CAC. Another limitation is that due to its retrospective nature, this study collected data only from file information; face-to-face interviews could not be conducted with the victim and his family, and detailed data on risk factors at socioecological levels could not be collected. Longitudinal studies are needed to make causal inferences about CSA during the pandemic.

6. CONCLUSION

This study found that the number of applications to CAC and the notifications of teachers decreased during the pandemic process. The results showed that adolescent children and girls were at risk among children, there was no notification about the types of CSA that children were exposed to in online and offline environments, and children were mostly exposed to dating violence by their friends/lovers. The important thing in the approach to CSA is to protect children from exposure to abuse and to prevent abuse. In this regard, a multidisciplinary team approach should be exhibited within the framework of INSPIRE strategies developed by the World Health Organization based on evidence (World Health Organization, 2016). In this framework, first of all, service models that can be screened in terms of individual, relational, community and social factors that may be risk factors for children's exposure to CSA should be developed, a risk map should be created in our country, and care should be provided in line with the needs of individuals. Especially today, with the increase in internet usage rates, risk screenings should be made for children on digital platforms and intervention studies should be developed to protect them from risks. In the future, both screening studies and longitudinal studies should be conducted to determine the types of CSA that children are exposed to during the pandemic process, and to evaluate different variables that affect CSA. However, school-based CSA prevention programs should be developed from the pre-school period to prevent CSA. School-based CSA prevention programs should focus on children's sexual education, information about CSA and dating violence, how to protect themselves from abuse and personal safety skills. School nurses, teachers, administrators and social workers should be able to take an active role in these programs.

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