

Characteristics of Children at Risk for Whom Protective and Supportive Measures are Taken and the Reasons for the Measures: A Retrospective Study

Koruyucu ve Destekleyici Tedbir Kararı Alınan Risk Altındaki Çocukların Özellikleri ve Tedbir Kararı Nedenleri: Retrospektif Bir Çalışma

 Nevin USLU^a

^aDepartment of Pediatric Nursing, Burdur Mehmet Akif Ersoy University Faculty of Health Sciences, Burdur, TÜRKİYE

ABSTRACT Objective: This study aims to identify the characteristics of children at risk for whom protective and supportive measures are taken and reasons for measures. **Material and Methods:** In this retrospective study, protective and supportive measures for children taken by in Burdur Family Court between years 2012-2017 were examined. Before the study, ethics approval and permission from City Public Prosecutor's Office were obtained. Data were collected through a data collection form developed by the researcher and by reviewing final measure decision files of children retrospectively (n=270). Data analysis was performed using descriptive statistics. **Results:** The average age of the children in this study was 12.7±5.2 years, and 53.7% of them were males. The most frequently taken measures included care measures, consultancy measures, and urgent protection decisions, respectively. An analysis mainly consultancy measures and urgent protection decisions were taken for girls, mainly care and consultancy measures were taken for boys. The most common reasons for protective and supportive measures included being an unaccompanied asylum seeker child, sexual abuse, and running away from home. While measures for girls were taken mainly due to sexual abuse and running away from home, measures for boys were mainly taken due to being an unaccompanied asylum seeker child and being involved in crime. **Conclusion:** This study is one of scarce studies that analyzed protective and supportive measures taken for children in Turkey. The results provide data regarding children risk groups for professionals working with children.

Keywords: Child; children at risk; protection; protective and supportive measures

ÖZET Amaç: Bu çalışma, çocuklarla ilgili alınan koruyucu ve destekleyici tedbir kararları ve nedenlerini belirlemek için yapılmıştır. **Gereç ve Yöntemler:** Retrospektif özellikteki bu çalışmada, Burdur Aile Mahkemesi'nde 2012-2017 yılları arasında çocuklara yönelik alınan koruyucu ve destekleyici tedbir kararları incelenmiştir. Çalışma öncesinde etik kurul ve İl Cumhuriyet Başsavcılığından izinler alınmıştır. Veriler, araştırmacı tarafından geliştirilmiş veri toplama formu ile tedbir kararları kesinleşmiş çocukların (n=270) dosyaları geriye dönük taranarak toplanmıştır. Verilerin analizinde tanımlayıcı istatistikler kullanılmıştır. **Bulgular:** Çalışmada çocukların yaş ortalaması 12,7±5,2 yıl olup, %53,7'sinin erkek olduğu belirlenmiştir. Koruyucu ve destekleyici tedbirlerden en çok sırasıyla bakım, danışmanlık tedbiri ve acil koruma kararının alındığı belirlenmiştir. Cinsiyete göre kız çocuklarına yönelik danışmanlık tedbiri ve acil koruma kararı, erkeklere ise bakım ve danışmanlık tedbirinin alındığı saptanmıştır. Koruyucu ve destekleyici tedbirlerin en çok refakatsiz sığınmacı çocuk olma, cinsel istismar ve evden kaçma nedenleri ile alındığı bulunmuştur. Kız çocuklarında en çok cinsel istismar ve evden kaçma nedenleri ile tedbir kararı alınırken, erkeklerde refakatsiz sığınmacı çocuk olma ve suçta karışma nedeniyle tedbir kararı alınmıştır. **Sonuç:** Çalışma, Türkiye'de çocuklara yönelik verilen koruyucu ve destekleyici tedbir kararlarının incelendiği nadir çalışmalardan biridir. Sonuçlarımız, çocuklarla çalışan profesyonellere çocuklardaki risk grupları hakkında veri sağlamaktadır.

Anahtar Kelimeler: Çocuk; risk altındaki çocuklar; koruma; koruyucu ve destekleyici tedbirler

Children become vulnerable as a result of being abandoned due to reasons such as poverty, war, migration, fragmented families, physical or mental dis-

orders of the mother or the father, family problems, neglect, abuse, forced marriage, adolescent marriage, or being born out of marriage.^{1,2} These children can

Correspondence: Nevin USLU

Department of Pediatric Nursing, Burdur Mehmet Akif Ersoy University Faculty of Health Sciences, Burdur, TÜRKİYE/TÜRKİYE

E-mail: nuslu@mehmetakif.edu.tr



Peer review under responsibility of Türkiye Klinikleri Journal of Forensic Medicine and Forensic Sciences.

Received: 07 Oct 2021

Received in revised form: 22 Dec 2021

Accepted: 15 Jan 2022

Available online: 20 Jan 2022

2619-9459 / Copyright © 2022 by Türkiye Klinikleri. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

face numerous risks such as separating from parents/caretakers, domestic violence, sexual exploitation and abuse, violence in schools and society, early marriage, problems with justice, living and working on the streets, child labor, human trafficking, human immunodeficiency virus and acquired immune deficiency syndrome, and inability to meet basic needs.² In addition to these, some parents could be reluctant to take care of their children. Children's becoming at risk due to various reasons and having lack of access to basic needs make them vulnerable in terms of neglect and abuse. These kinds of conditions cause children to become at risk, requiring protecting and taking protective measures for them.^{3,4}

The main purpose of child protection services is to protect families together with children and to provide parents with support services including social, medical, and psychological counseling. When living with the family is not for the child's high benefit, family-based approaches such as adoption and placing the child in a family are considered, and institutional care is usually considered as the last resort. Because every country in the world has its own child protection system and different mechanisms, it is difficult to obtain and compare data about child protection.^{3,4} A study covering more than 80.0% of children living in residential and foster care from 142 countries worldwide investigated data on children from 2001 to 2017; the study found that around 2.7 million children aged between 0-17 could be living in institutional care.⁵ As for Turkey, it is reported that 129.422 children were supported in a family without being placed under protection, 13.524 children were put in institutional care, 17.896 children were adopted, and 7.864 children were placed in a foster family in the year 2020.⁶

Children in need of protection are not only in emergency services or clinical settings but also in judicial processes. Professionals working with children, as experts who integrate clinical and criminal evaluation in patient care, are also advocates of children in different settings.⁷ Within the framework of the primary and secondary prevention approach, routine screening for risk factors for children is an intervention that has positive results.⁸ Professionals working with children should assess the presence of child risk

factors and protective factors to protect children. They can meet physical and forensic needs of children. In this regard, in order to provide a quality care service, they should know the characteristics of this group, the protection decisions made, and the reasons for these decisions in planning the service and directing treatment and care.

This study aims to identify the characteristics of children at risk for whom protective and supportive measures are taken and the reasons for the measures.

MATERIAL AND METHODS

STUDY DESIGN

This descriptive, retrospective study was conducted in a city located in the Mediterranean Region, Turkey between the 8th of June, 2018 and the 10th of January, 2020.

DATA COLLECTION

This study screened 321 files that included protective measures between the years 2012 and 2017. Since the place where the study was conducted had no juvenile courts, protective measures were taken in family courts, and the study collected data from the concluded files. Some of the files were excluded from the study because protective measures were canceled (n=35), the protective measure was not considered necessary (n=7), and the children were aged over 18 (n=9). A total of 270 files with protective measure content were analyzed. However, some of the data analyzed in the files were excluded from the study because they included no data or missing data. These 270 files included data about the child's age, gender, physical or mental disability, chronic diseases, people living with him/her, parents' being alive, parents' being together/separate, protective and supportive measures and the reasons for the measures taken. However, there was no or minimum data about the characteristics of the mother and father. These missing data were parents' age, education level, number of children, income level, disability, presence of a psychiatric or chronic illness, substance use, and criminal history. These data were not included in the scope of the study. Reviewing each file took about 45-60 minutes.

DATA COLLECTION TOOLS

Data collection form: The data were collected using a data collection form developed by the researcher after a review of the relevant literature.⁹ After the data collection form was created, it was submitted to the expert opinion of 3 faculty members who are experts in the field, and the form was given its final form. The form was composed of 2 parts including court-related information and the child's characteristics. The court-related information was composed of the case/file number, decision number, and file subject. The child characteristics part was composed of characteristics related to both children and their families. The characteristics related to both child and families included age, education level, income level, number of children, place of living, presence of a physical and mental disability, substance use, and presence of a chronic or psychiatric illness. In addition to these features, the number of people living with the child, parents' being alive, parents' being together/separate, criminal history in the family, protective and supportive measures and the reasons for the measures were also included.

ETHICAL APPROVAL

Mehmet Akif Ersoy University Non-interventional Clinical Research Ethics Committee (decision no: 2017/115, decision date: 21.06.2017) and permission from City Public Prosecutor's Office were obtained prior to the study. The study was carried out in accordance with the principles of the Helsinki Declaration.

DATA ANALYSIS

The data were analyzed using IBM SPSS Statistics Standard Concurrent User Version 25 (IBM Corp., Armonk, New York, USA) software package. The figures were created in Microsoft Office Excel 2016 program (Microsoft Corp., Redmond, Washington, ABD). The data were shown as frequency (n) and percentage (%), and mean and standard deviation.

RESULTS

CHARACTERISTICS OF THE CHILDREN FOR WHOM PROTECTIVE AND SUPPORTIVE MEASURES ARE TAKEN

An analysis of the demographic characteristics of the children showed that their average age was 12.7 ± 5.2

years and 53.7% of them were males. Of all these children, 1.4% had a physical disability, 5.6% had a mental disability, and 1.4% had a chronic disease. Data regarding family characteristics showed that parents of 38.1% lived together, parents of 29.6% lived apart or got divorced, one or both parents of 18.5% were dead, one or both parents of 1.9% were in jail, and no information was available whether parents were together or not for the parents of 11.9%.

PROTECTIVE AND SUPPORTIVE MEASURES TAKEN FOR CHILDREN

Protective and supportive measures for children included mainly care measures, consultancy measures, and urgent protection decisions respectively (Figure 1). Figure 2 demonstrates the protective and supportive measures by age, indicating that the measures were taken mainly for children in the 13-18 age group. The most frequently taken measures for children aged 13-18 were care measures, consultancy measures, and urgent protection decisions respectively. The most frequently taken measures for children aged 0-6 years included adoption, care measures, and urgent protection decisions. As for children aged 7-12, the measures taken included consultancy measures, urgent protection decisions, and care measures respectively.

An analysis of the protective and supportive measures by gender showed that the number of measures for male children was higher than that of female children, and the measures demonstrated differences by gender (Figure 3). While mainly care measure was taken for male children, mainly urgent protection decisions were taken for female children.

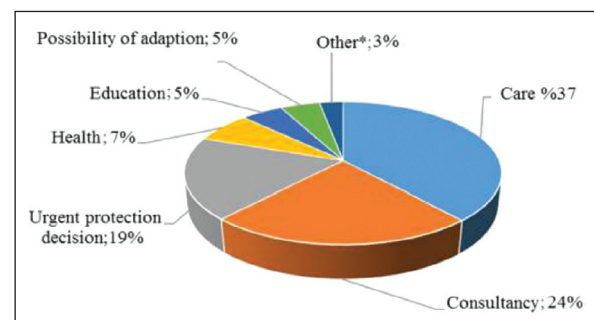


FIGURE 1: Numbers of protective and supportive measures by years.

*Other: Extension of maintenance injunction, in-kind financial aid, foster home.

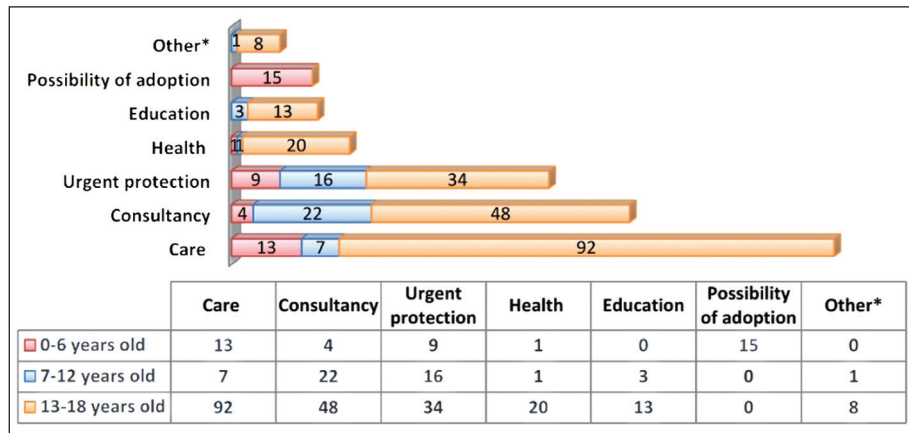


FIGURE 2: Numbers of protective and supportive measures by age.

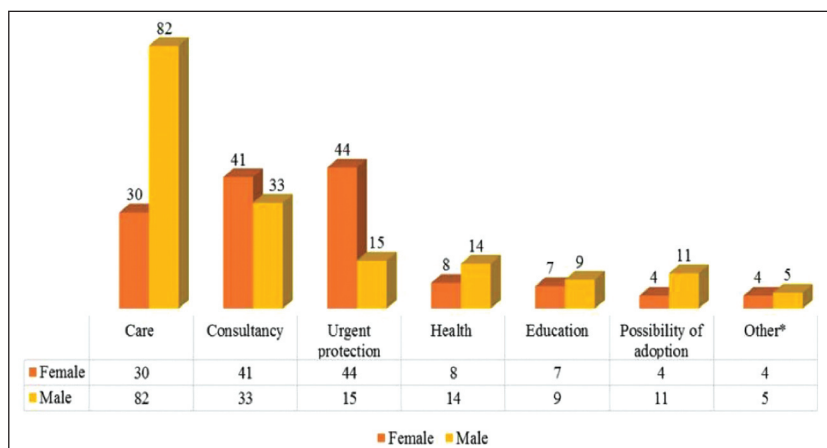


FIGURE 3: Numbers of protective and supportive measures by gender.

*Other: Extension of maintenance injunction, in-kind financial aid, foster home.

Among protective and supportive measures, care, health, and education measures and adoption and other measures were higher among male children. As for female children, the numbers of consultancy measures and urgent protection decisions were higher than those of male children (Figure 3).

REASONS FOR PROTECTIVE AND SUPPORTIVE MEASURES FOR CHILDREN

When the reasons for protective and supportive measures were analyzed, a total of 32 different reasons were identified. These reasons included mainly being an unaccompanied asylum seeker child, sexual abuse, running away from home, and being involved in crime respectively. When the measures were analyzed by age, reasons for measures for children aged 0-6 included being born out of wedlock (22.5%), being abandoned

(17.5%), and economic reasons (15.0%). The reasons for measures taken for children aged 7-12 included mainly being involved in crime (24.5%), sexual abuse (17.8%), and neglect (11.1%). For children aged 13-18, the reasons for measures included being an unaccompanied asylum seeker child (36.3%), sexual abuse (19.0%), running away from home (12.5%), and being involved in crime (5.5%) (Table 1).

When the reasons for protective and supportive measures were analyzed by gender, the reasons included mainly sexual abuse (30.4%), running away from home (18.4%), and neglect (5.6%) respectively for girls. The reasons for measures included being an unattended asylum seeker child (46.4%), being involved in crime (13.7%), financial reasons (4.9%), and being born out of wedlock (4.9%) respectively for boys (Table 2). Table 3 demonstrates the reasons

TABLE 1: Reasons for protective and supportive measures by age.

Reasons for protective and supportive measures	0-6 years old		7-12 years old		13-18 years old		Total	
	n	%	n	%	n	%	n	%
1. Unattended asylum seeker child	2	5.0	-	-	67	36.3	69	25.4
2. Sexual abuse	1	2.5	8	17.8	35	19.0	44	16.2
3. Running away from home	-	-	-	-	23	12.5	23	8.5
4. Being involved in crime	-	-	11	24.5	10	5.5	21	7.8
5. Economic reasons	6	15.0	3	6.7	3	1.6	12	4.4
6. Neglect	2	5.0	5	11.1	3	1.6	10	3.7
7. Being abandoned	7	17.5	1	2.2	2	1.1	10	3.7
8. Being born out of wedlock	9	22.5	-	-	-	-	9	3.3
9. Being made to beg	5	12.5	3	6.7	-	-	8	2.9
10. Domestic violence	2	5.0	3	6.7	2	1.1	7	2.5
11. Substance use	-	-	1	2.2	5	2.7	6	2.2
12. Physical abuse	1	2.5	3	6.7	1	0.5	5	1.8
13. Suicide	-	-	-	-	5	2.7	5	1.8
14. Death of parents	-	-	1	2.2	3	1.6	4	1.4
15. Child's passing the university exam and not wanting institutional care	-	-	-	-	3	1.6	3	1.2
16. Reluctance of one of the divorced parents to look after the child	-	-	2	4.4	3	1.6	5	1.8
17. Having conflicts with the family during adolescence	-	-	-	-	4	2.1	4	1.4
18. Physical or mental disability or mental disorder of parents	-	-	-	-	2	1.1	2	0.8
19. Being kidnapped	-	-	1	2.2	2	1.1	3	1.2
20. Forced marriage	-	-	-	-	3	1.6	3	1.2
21. Child's not wanting the institutional care	-	-	-	-	2	1.1	2	0.8
22. Parents' not wanting the newborn to be vaccinated and have screening tests	2	5.0	-	-	-	-	2	0.8
23. Not attending the school	-	-	1	2.2	1	0.5	2	0.8
24. Supervising the child's behaviours	-	-	-	-	2	1.1	2	0.8
25. Divorce of parents	2	5.0	-	-	-	-	2	0.8
26. Child's not wanting to live with his/her family	-	-	-	-	1	0.5	1	0.4
27. Child's having a disability	1	2.5	-	-	-	-	1	0.4
28. Family's not wanting the adopted child	-	-	-	-	1	0.5	1	0.4
29. Child's lying	-	-	-	-	1	0.5	1	0.4
30. Mother's not wanting to take back the child from institutional care	-	-	-	-	1	0.5	1	0.4
31. Parents' being in jail	-	-	1	2.2	-	-	1	0.4
32. Child's injuring his/her sibling while playing with a gun	-	-	1	2.2	-	-	1	0.4
Total	40	100.0	45	100.0	185	100.0	270	100.0

according to protective and supportive measure types. Care measures were taken mainly due to being an unattended asylum seeker child (61.3%), urgent protection decisions were taken mainly due to sexual abuse (35.4%), and adoption decisions were taken mainly due to being born out of wedlock (33.3%) and being abandoned (33.3%). In addition, consultancy, health, and education measures were taken mainly due to being involved in crime (28.0%, 28.0%, and 37.6% respectively).

DISCUSSION

Children at risk in Turkey can be given one or more of the measures of education measures, health measures, care measures, housing measures and consultancy measures according to their needs. In the presence of a situation that requires immediate protection, an urgent protection decision is taken. Various studies in the literature reported that mainly care, consultancy, and health measures were taken for-

children and consultancy, health, and education measures were also taken.¹⁰⁻¹² This study found the most frequently taken measures as care measures, consultancy measures, and urgent protection decisions respectively.

Although multiple factors could have a role in taking protective measures for children, the child's age is one of the primary factors among them. Although for all children, every period of childhood forms a basis for the following period, it should also

be acknowledged that each period can affect other periods. The United Nations Committee on the Rights of the Child also emphasizes the need for focusing on the adolescence period during childhood.¹³ The population of adolescents, who are defined as young people aged 10-19, is 1.2 billion worldwide, accounting for 16.0% of the world population.¹⁴ Many adolescents have limited access to fundamental services such as health, education, social protection, child protection, and justice.

TABLE 2: Reasons for protective and supportive measures by gender.

Reasons of protective and supportive measures	Female		Male		Total	
	n	%	n	%	n	%
1. Unattended asylum seeker child	1	0.8	68	46.4	69	25.4
2. Sexual abuse	38	30.4	6	4.2	44	16.2
3. Running away from home	23	18.4	-	-	23	8.5
4. Being involved in crime	1	0.8	20	13.7	21	7.8
5. Economic reasons	5	4.0	7	4.9	12	4.4
6. Neglect	7	5.6	3	2.1	10	3.7
7. Being abandoned	5	4.0	5	3.5	10	3.7
8. Being born out of wedlock	2	1.6	7	4.9	9	3.3
9. Being made to beg	6	4.8	2	1.4	8	2.9
10. Domestic violence	3	2.4	4	2.8	7	2.5
11. Substance use	3	2.4	3	2.1	6	2.2
12. Physical abuse	2	1.6	3	2.1	5	1.8
13. Suicide	4	3.2	1	0.7	5	1.8
14. Death of parents	3	2.4	1	0.7	4	1.4
15. Child's passing the university exam and not wanting institutional care	-	-	3	2.1	3	1.2
16. Reluctance of one of the divorced parents to look after the child	1	0.8	4	2.8	5	1.8
17. Having conflicts with the family during adolescence	4	3.2	-	-	4	1.4
18. Physical or mental disability or mental disorder of parents	2	1.6	-	-	2	0.8
19. Being kidnapped	3	2.4	-	-	3	1.2
20. Forced marriage	2	1.6	1	0.7	3	1.2
21. Child's not wanting the institutional care	2	1.6	-	-	2	0.8
22. Parents' not wanting the newborn to be vaccinated and have screening tests	1	0.8	1	0.7	2	0.8
23. Not attending the school	-	-	2	1.4	2	0.8
24. Supervising the child's behaviours	2	1.6	-	-	2	0.8
25. Divorce of parents	-	-	2	1.4	2	0.8
26. Child's not wanting to live with his/her family	1	0.8	-	-	1	0.4
27. Child's having a disability	1	0.8	-	-	1	0.4
28. Family's not wanting the adopted child	-	-	1	0.7	1	0.4
29. Child's lying	1	0.8	-	-	1	0.4
30. Mother's not wanting to take back the child from institutional care	1	0.8	-	-	1	0.4
31. Parents' being in jail	1	0.8	-	-	1	0.4
32. Child's injuring his/her sibling while playing with a gun	-	-	1	0.7	1	0.4
Total	125	100.0	145	100.0	270	100.0

TABLE 3: Reasons by types of protective and supportive measures.

	Care measure		Consultancy measure		Urgent protection		Health measure		Education measure		Possibility of adoption		Other	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%
1. Unattended asylum seeker child	69	61.3	1	1.3	-	-	3	13.5	1	6.2	-	-	-	-
2. Sexual abuse	9	8.1	11	15.1	21	35.4	2	9.0	5	31.4	1	6.7	1	11.0
3. Running away from home	3	2.7	15	20.5	4	6.8	-	-	1	6.2	-	-	1	11.0
4. Being involved in crime	3	2.7	20	28.0	-	-	6	28.0	6	37.6	-	-	-	-
5. Economic reasons	6	5.4	-	-	1	1.7	1	4.5	-	-	3	20.0	2	22.5
6. Neglect	2	1.8	3	3.9	5	8.5	1	4.5	-	-	-	-	-	-
7. Being abandoned	2	1.8	-	-	3	5.1	-	-	-	-	5	33.3	-	-
8. Being born out of wedlock	2	1.8	-	-	3	5.1	-	-	-	-	5	33.3	-	-
9. Being made to beg	3	2.7	3	3.9	2	3.4	-	-	1	6.2	-	-	1	11.0
10. Domestic violence	1	0.9	3	3.9	3	5.1	-	-	-	-	-	-	-	-
11. Substance use	1	0.9	2	2.6	1	1.7	4	18.0	1	6.2	-	-	-	-
12. Physical abuse	-	-	1	1.3	4	6.8	-	-	-	-	-	-	-	-
13. Suicide	-	-	1	1.3	3	5.1	1	4.5	-	-	-	-	-	-
14. Death of parents	2	1.8	-	-	1	1.7	1	4.5	-	-	-	-	1	11.0
15. Child's passing the university exam and not wanting institutional care	1	0.9	1	1.3	-	-	-	-	-	-	-	-	1	11.0
16. Reluctance of one of the divorced parents to look after the child	1	0.9	1	1.3	1	1.7	-	-	-	-	-	-	2	22.5
17. Having conflicts with the family during adolescence	1	0.9	3	3.9	-	-	-	-	-	-	-	-	-	-
18. Physical or mental disability or mental disorder of parents	2	1.8	-	-	-	-	-	-	-	-	-	-	-	-
19. Being kidnapped	1	0.9	-	-	2	3.4	-	-	-	-	-	-	-	-
20. Forced marriage	-	-	-	-	3	5.1	-	-	-	-	-	-	-	-
21. Child's not wanting the institutional care	-	-	1	1.3	-	-	1	4.5	-	-	-	-	-	-
22. Parents' not wanting the newborn to be vaccinated and have screening tests	-	-	1	1.3	-	-	1	4.5	-	-	-	-	-	-
23. Not attending the school	-	-	1	1.3	-	-	1	4.5	1	6.2	-	-	-	-
24. Supervising the child's behaviours	-	-	1	1.3	1	1.7	-	-	-	-	-	-	-	-
25. Divorce of parents	1	0.9	-	-	1	1.7	-	-	-	-	1	6.7	-	-
26. Child's not wanting to live with his/her family	-	-	1	1.3	-	-	-	-	-	-	-	-	-	-
27. Child's having a disability	1	0.9	-	-	-	-	-	-	-	-	-	-	-	-
28. Family's not wanting the adopted child	-	-	1	1.3	-	-	-	-	-	-	-	-	-	-
29. Child's lying	-	-	1	1.3	-	-	-	-	-	-	-	-	-	-
30. Mother's not wanting to take back the child from institutional care	-	-	1	1.3	-	-	-	-	-	-	-	-	-	-
31. Parents' being in jail	1	0.9	-	-	-	-	-	-	-	-	-	-	-	-
32. Child's injuring his/her sibling while playing with a gun	-	-	1	1.3	-	-	-	-	-	-	-	-	-	-
Total	112	100.0	74	100.0	59	100.0	22	100.0	16	100.0	15	100.0	9	100.0

* Other: Extension of care measure, in-kind financial aid, foster home.

Adolescents could face violence, abuse, neglect, or exploitation and thus need protection.^{14,15} Similar to the findings of previous studies, this study also indicated that adolescents had several problems in accessing some rights, and protective and supportive measures were taken mainly for children aged 13-18.^{11,16} These findings once more reveal that the adolescence period is sensitive.

The adolescence period is a crisis process when biopsychosocial changes are experienced. In this period, adolescents experience conflicts with family and problems with friends and thus demonstrate some risk behaviors. These characteristics make them more at risk in terms of some factors.¹³ Some of these risks include substance use and addiction, violence and abuse, running away from home, sexual and economic exploitation, smuggling, immigration, radicalization, or involving in gangs or armed groups, and these risks become even more intensified together with digital environments.^{17,18} Unfortunately, these kinds of situations create the need for protection for adolescents. When the risks in the adolescence period are taken into consideration, this study found the most frequently taken measures as being an unaccompanied asylum seeker, sexual abuse, running away from home, and being involved in crime, respectively. Previous studies in the literature indicated the reasons for protection primarily as child abuse and neglect; as for the types of abuse and neglect, while physical and emotional neglect and emotional abuse were reported the most, sexual abuse was reported the least.¹⁹⁻²¹ Different from these studies, the present study has 2 important points. The first one is that emotional abuse was not among the reasons for measures, and sexual abuse was the most common reason for measures. In fact, the results of different studies in Turkey indicate that children are mainly exposed to emotional abuse, and parents use this as a discipline method.^{22,23} With this aspect, emotional abuse is considered to be perceived as normal by parents and children in our country; it forms the totally invisible side or the iceberg; it is not put on the legal record; and it remains to be the most difficult type of violence to detect. On the other hand, the general prevalence of sexual violence is reported 12.7% in the world, 7.6% among boys and 18.0% among

girls.²⁴ Although the prevalence of sexual abuse is not known exactly in Turkey, 12.2% of 150,615 children who went to security units as victims of crime in the year 2020 were found to be victims of sex crimes.²⁵ In addition, an increase was found in the literature by years regarding the number of child sexual abuse, and protective measures due to sexual abuse were taken mainly for female children.^{26,27} Similar to the studies conducted before, this study also indicates much protective and supportive measures for children due to sexual abuse. This situation could be associated with the increased competence of professionals working with children and the demonstration of a multidisciplinary approach. Increased knowledge of professionals is known to contribute to better diagnose, report, assess, and intervene with the situation. In addition, similar to the studies conducted before, although female children are assumed to be more at risk, one should keep in mind that male children are also at risk.

Being an unaccompanied asylum seeker child was the top among the reasons for protective and supportive measures. Unaccompanied asylum seeker children were aged mainly 13-18 and were males, and mainly care measure was taken for these children. A study conducted recently reported that being an unaccompanied asylum seeker child was the least common reason for protective measures.²⁸ It is reported that 13,800 unaccompanied children were accepted to the United Nations in 2019, and a majority of these children (85.0%) were males. Two-third of these children were aged 16-17, 22.0% were aged 14-15, and 11.0% were aged below 14.²⁹ One of the countries that were affected by immigration the most, Turkey hosts a significant number of unaccompanied children from Syria due to both its strategic location and current policies implemented. As a country that signed the Convention on the Rights of the Child, Turkey takes unaccompanied children under protection and places them in Child Support Centers.³⁰ As of 2022, statistics show that 51.9% of Syrian children aged 0-18 who are under temporary protection were males, and 60.0% of these children were aged below 10, 25.2% were aged 10-14, and 14.8% were aged 15-18. However, there are no formal statistics about the number of unaccompanied children among these

children.³¹ The findings of this study are in line with the results and statistics on the immigration from Syria, which started with domestic disturbances in Syria after 2011 and continues since then. However, the majority of unaccompanied children that started their immigration journey want to end this journey by moving to a third country. They could encounter various risks and even die in this journey. Therefore, there is a need for both national and international policies and implementations considering the high benefits of unaccompanied asylum seeker children.

Running away from home was one of the reasons for the protective and supportive measures for children. Running away from home is one of the adolescence period problems. Parallel to the studies in the literature, this study also found that running away from home was common mainly in children aged 13-18 and among female children.^{32,33} The literature associates running away from home with poverty, living in disadvantaged regions, weak parent-child relationship, lack of parent support, conflicts between parents, and weak parent supervision.³²⁻³⁵ Various studies also show that running away from home was associated with dropping out of school, alcohol/substance use, physical, emotional and sexual abuse, bullying, disability, inadequate coping skills, depression, self-harm, suicide, and crime.³²⁻³⁵ These factors could be either the reasons for running away from home or risks to be encountered after running away from home. Studies in the literature regarding the factors associated with running away from home and consultancy measures taken for children who ran away from home in the present study reveal the importance of psycho-social and educational interventions assessing the risks and protective measures for both families and children and supporting the normal development. However, in our country, no organized or detailed official statistics are available about children who ran away from home. The children who run away from home are identified only when they are reported to be lost via a formal application; no data are available about the number of children brought to the security center when there are no applications. In addition, a limited number of studies on children who ran away from home in our country shows that there

are many unknown and invisible sides of this topic, indicating that it should be tackled as a primary issue.

LIMITATIONS

One of the most important limitations of this study is some missing points in the files. Therefore, the data collection included no information about parents' characteristics such as age, economic condition, education level, etc. Hence, no causal implications or relationships could be indicated. Another limitation of this study is that it analyzed only court files since it was conducted in a determined period. In addition, the study was conducted in only one city due to time and cost limitations.

CONCLUSION

This study found that care measures for children were high and adoption and protective family approaches were low among the measures taken for children. As much as possible, children's being in a family environment is important for their healthy growth and development. Therefore, children should primarily be protected within their own family, and if such protection is not possible, adoption and protective family approaches should be prioritized. However, the number of children benefiting from these approaches is quite low in our country, and the attitudes of society towards these protective approaches are generally negative. Reasons for the negative attitudes of society towards these approaches should be examined through qualitative studies, and service models to change negative attitudes should be developed. Besides, people should be provided with education and consultancy services about adoption and protective family approaches. Bringing this implementation into force in our country initially requires developing social policies. Different country examples about this issue should be investigated, evidence-based longitudinal studies should be carried out, and care models specific to our country should be developed.

Another notable finding of this study is some inadequacies about social study reports and file records. In Turkey, social study reports are utilized when measures are taken about children. However, there are no standardized social study reports in our country, and these reports are filled by only one so-

cial worker who graduated from various undergraduate programs. Besides, social study reports are not analyzed by a commission, and measures are not taken by the courts. This condition could limit participation of children, family, and relatives in the decisions as well as expression of their views and opinions, which causes lack of details and data in the social study reports. Standardized social study reports should be formed for the high benefit of the child and a family-centered care, the reports should be prepared by experts on this issue, they should be analyzed by a commission, and necessary regulations should be made to take measure decisions by courts. These regulations could help to access accurate and reliable statistical information about children for whom protective measures are taken, to transfer sources to the right direction, and increase the quality of the services to be provided.

Acknowledgements

Thanks to the Chief Public Prosecutor, prosecutors, judges and all courthouse staff for their supports in data collection.

Source of Finance

During this study, no financial or spiritual support was received neither from any pharmaceutical company that has a direct connection with the research subject, nor from a company that provides or produces medical instruments and materials which may negatively affect the evaluation process of this study.

Conflict of Interest

No conflicts of interest between the authors and / or family members of the scientific and medical committee members or members of the potential conflicts of interest, counseling, expertise, working conditions, share holding and similar situations in any firm.

Authorship Contributions

This study is entirely author's own work and no other author contribution.

REFERENCES

1. UNICEF. For Child Every Right. 2019. Accessed date: 05.09.2020. Accessed from: [\[Link\]](#)
2. UNICEF. A Generation to protect. 2020. Accessed date: 27.08.2020. Accessed from: [\[Link\]](#)
3. Skivenes M, Sorsdal LM. The child's best interest principle across child protection jurisdictions. In: Falch-Eriksen A, Backe-Hansen E, eds. Human Rights in Child Protection: A Manual of Good Practice and Policy. 1st ed. Switzerland: Palgrave Macmillan; 2018. p.59-88. [\[Link\]](#)
4. Desai M. Rights-based Integrated Child Protection Service Delivery Systems, Secondary and Tertiary Prevention. 1st ed. Singapore: Springer Singapore; 2020. [\[Crossref\]](#)
5. Petrowski N, Cappa C, Gross P. Estimating the number of children in formal alternative care: Challenges and results. *Child Abuse Negl.* 2017;70:388-98. [\[Crossref\]](#) [\[PubMed\]](#)
6. Republic of Turkey, Ministry of Family and Social Services, General Directorate of Child Services. Our Institutional Statistics, Year-End Institutional Statistics. 2020 year end data. Accessed date: 20.08.2020. Accessed from: [\[Link\]](#)
7. Hornor G. Children in foster care: what forensic nurses need to know. *J Forensic Nurs.* 2014;10(3):160-7. [\[Crossref\]](#) [\[PubMed\]](#)
8. Trujillo AC, Delapp TD, Hendrix TJ. A practical guide to prevention for forensic nursing. *J Forensic Nurs.* 2014;10(1):20-6; quiz E1-2. [\[Crossref\]](#) [\[PubMed\]](#)
9. World Health Organization. INSPIRE, Seven Strategies for Ending Violence Against Children. Geneva: WHO; 2016. Accessed date: 17.12.2019. Accessed from: [\[Link\]](#)
10. Erbay E, Günes DK, Ege A, Baksi Y, Civelek F. 2010-2012 yılları arası koruyucu ve destekleyici tedbir kararlarının incelenmesi: Ankara 1. Çocuk mahkemesi örneği [Reviewing the protective and supportive measure orders between 2010 and 2012: Ankara 1st juvenile court sample case]. *Toplum ve Sosyal Hizmet Community and Social Work.* 2015; 26(2): 31-51. [\[Link\]](#)
11. Alşen Güney S, Bağ Ö. Protective and supportive injunctions for children exposed to sexual abuse: the first data from Turkey. *J Child Sex Abus.* 2020; 29(6): 627-37. [\[Crossref\]](#) [\[PubMed\]](#)
12. Bilginer C, Karadeniz S, Hizarcı S, Yılmaz Cekin B, Kandil S. Forensic psychiatric evaluation and reports of juvenile pushed to crime: a two-year retrospective chart review. *Journal of Clinical Psychology.* 2021; 24(2): 217-27. [\[Crossref\]](#)
13. UN Committee on the Rights of the Child (CRC), General comment No. 20 (2016) on the implementation of the rights of the child during adolescence, Accessed date: 08.02.2021 Accessed from: [\[Link\]](#)
14. UNICEF. Adolescents overview. 2019. Accessed date: 16.12.2020 Accessed from: [\[Link\]](#)
15. UNICEF. Adolescent safety and protection. 2018. Accessed date: 22.12.2020. Accessed from: [\[Link\]](#)
16. Internet Media Child Rights Violation Monitoring Report. 2018. Accessed date: 25.12.2020. Accessed from: [\[Link\]](#)
17. Maslowsky J, Owotomo O, Huntley ED, Keating D. Adolescent risk behavior: differentiating reasoned and reactive risk-taking. *J Youth Adolesc.* 2019;48(2):243-55. [\[Crossref\]](#) [\[PubMed\]](#) [\[PMC\]](#)
18. Bozzini AB, Bauer A, Maruyama J, Simões R, Matijasevich A. Factors associated with risk behaviors in adolescence: a systematic review. *Braz J Psychiatry.* 2021;43(2):210-21. [\[Crossref\]](#) [\[PubMed\]](#) [\[PMC\]](#)
19. Sainero A, Bravo A, del Valle J.F. Examining needs and referrals to mental health services for children in residential care in Spain: an empirical study in an autonomous community. *Journal of Emotional and Behavioral Disorders.* 2014;22(1):16-26. [\[Crossref\]](#)

20. Sainero A, del Valle JF, Bravo A. Detección de problemas de salud mental en un grupo especialmente vulnerable: ni-os y adolescentes en acogimiento residencial. *Anales de Psicología/Annals of Psychology*. 2015;31(2):472-80. [[Crossref](#)]
21. González-García C, Bravo A, Arruabarrena I, Martín E, Santos I, Del Valle JF. Emotional and behavioral problems of children in residential care: Screening detection and referrals to mental health services. *Children and Youth Services Review*. 2017;73:100-6. [[Crossref](#)]
22. Research Study On Child Abuse And Domestic Violence In Turkey-Summary Report 2010. Accessed date: 13.01.2021 Accessed from: [[Link](#)]
23. Turkey Family Structure Survey. 2016. Accessed date: 24.11.2020 Accessed from: [[Link](#)]
24. Stoltenborgh M, Bakermans-Kranenburg MJ, Alink LR, van IJzendoorn MH. The prevalence of child maltreatment across the globe: review of a series of meta-analyses. *Child Abuse Review*. 2015;24(1):37-50. [[Crossref](#)]
25. Turkish Statistical Institute, Juvenile Statistics Received Into Security Unit. 2020. Accessed date: 07.02.2022 Accessed from: [[Link](#)]
26. Sofuoglu Z, Cankardas S, Nalbantcilar R, Oral IB. Case-based surveillance study in judicial districts in Turkey: child sexual abuse sample from four provinces. *Child & Family Social Work*. 2018;23(4):566-73. [[Crossref](#)]
27. Akce I, Dogan H. Cinsel istismara maruz kalmiř çocuklar üzerine bir deęerlendirme [An evaluation on children exposed to sexual abuse]. *Turkish Journal of Social Work*. 2020;4(1):12-20. [[Link](#)]
28. Águila-Otero A, Bravo A, Santos I, Del Valle JF. Addressing the most damaged adolescents in the child protection system: an analysis of the profiles of young people in therapeutic residential care. *Children and Youth Services Review*. 2020;112:104923. [[Crossref](#)]
29. EUROSTAT, Asylum applicants considered to be unaccompanied minors. 2020. Accessed date: 28.08.2021. Accessed from: [[Link](#)]
30. United Nations High Commissioner for Refugees, Legal framework in Turkey regarding child refugees. Accessed date: 13.07.2021 Accessed from: [[Link](#)]
31. Republic of Turkey, Ministry of Interior, Directorate of Migration Management, Temporary protection. 2022. Accessed date: 07.02.2022 Accessed from: [[Link](#)]
32. Gambon TB, Gewirtz O'Brien JR; Committee on Psychosocial Aspects of Child and Family Health, Council on Community Pediatrics. Runaway youth: caring for the nation's largest segment of missing children. *Pediatrics*. 2020; 145(2): e20193752. [[Crossref](#)] [[PubMed](#)]
33. Moon SH, Kim HR, Kim M. Predictors of runaway behavior among at-risk youth. *J Sch Nurs*. 2020; 36(4): 283-92. [[Crossref](#)] [[PubMed](#)]
34. Kokkevi A, Rotsika V, Botsis A, Kanavou E, Malliori M, Richardson C. Adolescents' self-reported running away from home and suicide attempts during a period of economic recession in Greece. *Child & Youth Care Forum*. 2014;43(6):691-704. [[Crossref](#)] [[PubMed](#)]
35. Embleton L, Lee H, Gunn J, Ayuku D, Braitstein P. Causes of child and youth homelessness in developed and developing countries: a systematic review and meta-analysis. *JAMA Pediatrics*. 2016;170(5):435-44. [[Crossref](#)] [[PubMed](#)] [[PMC](#)]