



The Child Protection Team in a Tertiary Care Center in Turkey: There Years Experience

Türkiye’de Eğitim ve Araştırma Hastanesinde Çocuk Koruma Birimi: Üç Yıllık Deneyim

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ABSTRACT

Introduction: The Child Protection Unit was established to minimize the traumatization of children who have been abused and neglected and to carry out all procedures in the best interest of the child at Gulhane Training and Research Hospital. The purpose of this article is to retrospectively review the case series followed by Gulhane Child Protection Unit's (GÜLÇÖK) and to describe the establishment and functioning of the first child protection team structured among hospitals affiliated with the Ministry of Health.

Material and Method: In this study, 134 cases with the diagnosis and suspicion of abuse, neglect and admitted to GÜLÇÖK between 2019 and 2022 were retrospectively analyzed.

Results: A total of 134 children, 86 (64.2%) girls and 48 (35.8%) boys, aged 1 day to 17 years were studied in GÜLÇÖK. The mean age of the children evaluated in GÜLÇÖK was 9.87±5.99 years. While girls are exposed to more physical and sexual abuse than boys, boys are exposed to more neglect (53.3%) (p=0.005). The rate of neglect at age 0-2 and sexual abuse rate at age 13-18 (72.7%) were statistically higher (p=0.001).

Conclusion: The perception of child abuse and neglect as a problem in Turkey is still very recent. The number of child protection facilities and centers are increasing. However, these hospital-based centers are mostly located in university hospitals. Child protection units to be planned in hospitals affiliated to the Ministry of Health will not only serve more children, but also contribute to more accurate determination of the frequency of child abuse and neglect in Turkey. In addition, increasing the number of departments will ensure communication between departments, increase knowledge and experience regarding the interventions to be carried out, and strengthen the equipment of physicians in this regard.

Keywords; Abuse, neglect, child protection team, child

ÖZ

Giriş: Sağlık Bakanlığına bağlı Gülhane Eğitim ve Araştırma Hastanesinde (GEAH) çocuk koruma birimi istismara ve ihmale uğrayan çocukların süreçte örselenmesini en aza indirmek ve tüm işlemlerini çocuğun yüksek yararını gözeterek gerçekleştirmek amacıyla kurulmuştur. Bu makalenin amacı Gülhane Çocuk Koruma Birimi (GÜLÇÖK) tarafından takip edilen olgu serisinin retrospektif olarak incelenmesi ve Sağlık Bakanlığına bağlı hastaneler arasında yapılandırılmış ilk çocuk koruma ekibinin kurulması ve uygulamalarının işleyişini tanımlamaktır.

Gereç ve Yöntem: Bu çalışmada 2019 ile 2022 tarihleri arasında GÜLÇÖK’ a başvuran istismar, ihmal tanısı ve şüphesi olan 134 olgu retrospektif olarak incelendi.

Bulgular: Bu çalışmada çocuk istismarı tanısı alan yaşları 1 günlük-17 yaş arasında değişen 86’si (%64,2) kız, 48(%35,8)’i erkek toplam 134 çocuk değerlendirildi. Çocukların yaş ortalamaları 9.87±5.99 idi. Kız çocukları erkek çocuklara göre daha fazla fiziksel ve cinsel istismara maruz kalırken, erkek çocukları kız çocuklara göre daha fazla ihmale maruz kalmaktadır (%53,3)(p=0.005). 0-2 yaşta ihmal oranı ve 13-18 yaşta ise cinsel istismar oranı (%72.7) istatistiksel olarak daha yüksektir (p=0.001).

Sonuçlar: Türkiye’de çocuk istismar ve ihmalinin sorun olarak algılanması çok yenidir. Çocuk koruma birimi ve merkezlerinin sayısı artmaktadır. Ancak hastane temelli bu merkezler daha çok üniversite hastanelerinde bulunmaktadır. Sağlık Bakanlığına bağlı hastanelerde planlanacak çocuk koruma birimleri hem daha fazla sayıda çocuğa hizmet verecek hem de Türkiye’de çocuk istismarı ve ihmali sıklığını çok daha doğru tespit edilmesine katkıda bulunacaktır. Bunun yanı sıra birimlerin sayıca artması birimler arası bir iletişimin, dolayısıyla olgulara yapılacak müdahalelerde bilgi birikimi ve deneyimin artmasını, hekimlerin bu konudaki donanımının güçlenmesini de sağlayacaktır.

Anahtar Kelimeler: Istismar, ihmal, çocuk koruma birimi, çocuk

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INTRODUCTION

Children have been abused and neglected throughout history, being subjected to events such as killing, abandonment, sacrifice, mutilation, strict disciplinary rules, and exploitation through child labor. The perception of child abuse and neglect as a problem as old as human history (1). Child abuse and neglect are affecting more and more children worldwide and remain a serious and significant problem. According to the World Health Organization (WHO), child maltreatment includes all forms of physical and emotional abuse, sexual abuse, neglect, and exploitation that are actually or potentially harmful to the child's health, development, or dignity (2,3).

The World Health Organization's (WHO) World Violence and Health Report in 2002 and the World Health Assembly in 2003 highlighted that child maltreatment is a public health problem (2).

It is estimated that 1 in 15 people under 18 years of age worldwide are victims of maltreatment each year (4). Cross-national comparison of child maltreatment prevalence rates and corresponding statistics is difficult because of many factors, including differences in legal frameworks and recording systems. In their study, Gilbert et al. determined the cumulative prevalence of maltreatment using self-reports from children aged 0-18 years in high-income countries (5). In this study, physical abuse was found to be 15-35%, sexual abuse 15-30% in girls and 5-15% in older children, emotional abuse 4-9%, and neglect 6-12%. The studies conducted in recent years show that the cases of child maltreatment in developed countries are gradually decreasing (5,6).

In Türkiye, according to Child Abuse and Domestic Violence Research, 51% of children between the ages of seven and eighteen are exposed to emotional abuse, 45% to physical abuse, and 25% to neglect(7).

Child abuse and neglect have been recognized as a health problem since 1995 when the Convention on the Rights of the Child came into force in Türkiye. In the last twenty-five years, various institutions and organizations have been activated in Türkiye to prevent child abuse and neglect and to treat their possible consequences. The Child Protection Units established in the University Hospitals have played a pioneering role in this regard(8). These facilities include pediatricians, physicians in fields such as child and adolescent psychiatry, pediatric surgery, forensic medicine, orthopedics and traumatology, ophthalmology, and social workers and nurses(8).

Besides the Child Protection Units, Child Monitoring Centers (CMC) established under the coordination of the Ministry of Health. CMC is an organization that established with the aim of carrying out procedures for child victims of abuse. Currently, there are 62 in CMC 59 provinces in Türkiye (9,10). Since there are no child protection

departments in hospitals under the Ministry of Health, when doctors encounter a case of sexual abuse, they refer the child to the Child Monitoring Center with the support of the hospital's social services department. In the same way, an intervention plan is created by informing social workers for children who need social support or health interventions. For abused children who show signs of physical abuse, they contact the medical examiner's office, if available, otherwise the hospital police. (11).

In the absence of a multidisciplinary team, this situation leads to the child being traumatized in all assessments and reports, and sometimes problems arise in the decision to report. The Child Protection Unit (GÜLÇOK) at Gulhane Education and Research Hospital(GEAH), affiliated with the Ministry of Health, was established to minimize the traumatization of children who have been abused and neglected and to carry out all procedures in the best interest of the child. The purpose of this article is to retrospectively review the case series followed by GÜLÇOK and to describe the establishment and functioning of the first child protection team structured among hospitals affiliated with the Ministry of Health.

MATERIAL AND METHOD

This study retrospectively analyzed 134 cases referred to the GÜLÇOK, between 09/30/2019 and 08/30/2022 that were diagnosed with abuse and neglect. The study was approved by the Clinical Research Ethics Committee of the Gulhane Training and Research Hospital.

Age, sex, family characteristics, family risk factors, types of maltreatment, reporting unit, termination of maltreatment, and sociodemographic characteristics of cases were recorded. Characteristics of neglect, physical abuse, and sexual abuse were examined by age group, gender, reporting clinic, and child protective services decisions.

Descriptions

The following definitions were considered in determining the types of abuse.

1. Physical abuse of infants or children is defined as harm to physical health, development, and dignity through the intentional use of physical force by parents, caregivers, or others. This includes hitting on the head, choking, restraining hands and feet, sticking needles into the body, hitting, slapping, biting, pinching, pushing, kicking, hitting with an object, burning, scalding, contact of the body with harmful chemicals, shaking, overexertion, etc.(1)
2. Sexual abuse: Sexual abuse of children (SA) occurs when a child is subjected to sexual acts of which he or she cannot developmentally approve, the consequences of which he or she does not understand, or against which he or she resists because of legal

social taboos on sexual gratification by an adult or a child older than himself or herself.

3. Emotional abuse: includes caregiver behavior that negatively impacts the child's mental health and development, and failure to provide an appropriate and supportive environment for the child's healthy development.
4. Neglect: The failure of parents to meet the needs of their children, even though they have the power to meet their needs for healthy development (2).

About GÜLÇOK

GEAH is one of the largest training research hospital hospitals in Ankara and the region. It is also the hospital of the Faculty of Medicine of the University of Health Sciences. The number of patients in the pediatric emergency department of GEAH (largest and most crowded hospital in the region) was about 97,000 in 2019.

GÜLÇOK was established within Gulhane Training and Research Hospital with the approval of the Chief Medical Officer on September 30, 2019. As a result of the effort to establish a Child Protection Unit, it was determined that it could be established within Training and Research Hospitals with the approval of the Chief Medical Officer under the "Operating Rules for Residential Treatment Facilities" dated 10/9/1982 (3). The unit consists of personnel who work, volunteer, or are assigned to the Gulhane Training and Research Hospital. The medical staff shall consist of at least one faculty member and/or specialist working in the clinics of child health and diseases (social pediatrics), child and adolescent psychiatry, forensic medicine, pediatric surgery, and psychiatry. In addition, consultation requests from departments such as orthopedics, neurosurgery, dermatology, ophthalmology, otolaryngology, and plastic surgery were answered on a voluntary basis, and a contribution was made to the child protection department as needed.

Statistics

Normality control was performed with Kolmogorov-Smirnov tests, histogram, Q-Q plot, and boxplot diagrams. Data were expressed as mean, standard deviation, median, minimum, maximum, frequency, and percentage. Data with normal distribution were analyzed with Student's t-test, and variables between two groups were analyzed with Mann Whitney U-test. Nominal variables were analyzed with Chi-square tests. Analyses were performed using the SPSS 22 software program. The significance threshold was taken as $p < 0.05$ and bidirectional.

RESULTS

A total of 134 children, 86 (64.2%) girls and 48 (35.8%) boys, aged 1 day to 17 years were studied in GÜLÇOK. 5 (3.7%) of the children registered with suspicion of abuse and neglect were foreign nationals.

Sociodemographic Data

The mean age of the children evaluated in GÜLÇOK was 9.87 ± 5.99 years. Although 6% ($n=8$) of the children who approached and were referred to GÜLÇOK were of school age, they did not attend school. 15.7% ($n=21$) of the children had a diagnosed illness.

The 47.8% ($n=64$) of the families were nuclear families, 10.5% ($n=15$) were extended families, and 32% ($n=43$) were divorced. More than half of the children ($n=78$; 58.2%) lived with their families and only two children were under the protection of the child protection unit of social services. The mean number of siblings (\pm standard deviation) of the children was 1.68 ± 1.59 years (Table 1).

Table 1. Demographic data of abused and neglected children.

| | (n, %) |
|--|-----------------------------------|
| Age (years) (mean \pm standard deviation) | 9.87 \pm 5.99 (min:0 max:18) |
| Number of siblings (mean \pm standard deviation) | 1.68 \pm 1.59 (min:0 max:9) |
| Nationality (n. %) | |
| Turkish Citizen | 129 (96.3) |
| Foreign | 5 (3.7) |
| Gender (n. %) | |
| Male | 48 (35.8) |
| Female | 86 (64.2) |
| Education (n. %) | |
| Baby | 31 (23.1) |
| Pre-school | 14 (10.4) |
| Primary school | 28 (20.9) |
| Middle School | 16 (11.9) |
| High school | 36 (26.9) |
| No Education | 8 (6.0) |
| Disease history (n. %) | |
| No | 113 (84.3) |
| Yes | 21 (15.7) |
| Family structure (n. %) | |
| Single parent* | 8 (5.9) |
| Nuclear family | 64 (47.8) |
| Extended family | 14 (10.5) |
| Divorced/separated | 43 (32.1) |
| Child Protection Service** | 2 (1.5) |
| Unknown | 3 (2.2) |
| Family Risk Factors (n. %) | |
| Domestic violence | 17 (12.7) |
| Mental illness or suicide | 18 (13.4) |
| Alcohol problem | 10 (7.5) |
| Drugs | 4 (3.0) |
| Crime/ prison | 1 (0.8) |
| Child who lives with (n. %) | |
| With family | 78 (58.2) |
| Child Protection Service** | 2 (1.5) |
| With relative | 8 (6.0) |
| Mother's and boyfriend | 4 (3.0) |
| Mother | 26 (19.4) |
| Father and stepmother | 1 (0.7) |
| Mother and stepdad | 4 (3.0) |
| Father | 6 (4.5) |
| Unknown | 5 (3.7) |

* Parents unmarried/One died, ** Ministry Of Family, Labor And Social Services

The mean age of mothers is 36.9±9.3 (min:17 max:56), and that of fathers is 40.3±8.9 (min:19 max:58). 21.6% (n=29) of mothers are employed. On the other hand, 24.8% (n=29) of fathers are unemployed. The mothers of the employed parents mostly work in the private sector (10.4%) and the fathers (26.9%) work in their own businesses. When evaluating the educational level of the parents, it was found that 26.9% of the mothers have an elementary school degree and 26.1% of the fathers have a high school degree (Figure 1).

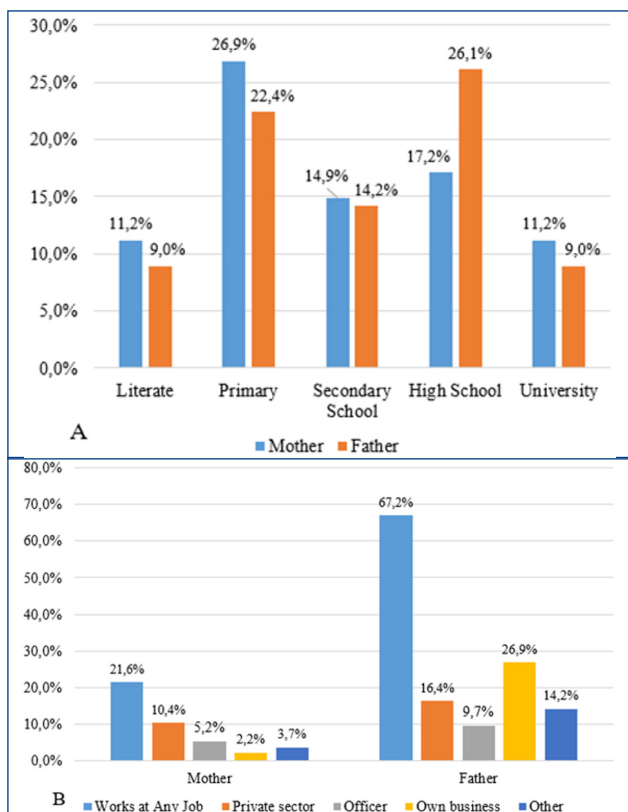


Figure 1. Education (A) and job (B) status of parents

Features of Abuse and Neglect

Almost all requests to the department (97.75%) came from within the hospital. Only three families from outside the hospital approached the department. The outcome of the investigations was that 26 (19.4%) children were not diagnosed with abuse or neglect. Sexual abuse (33;24.8%), emotional abuse (23;17.4%) and physical abuse (14;10.4%) were the most frequently diagnosed cases. Some cases were classified as children with suspected abuse or neglect. Sexual abuse was diagnosed in 15 (11.2%) children and physical abuse was suspected in 10 (7.5%) children (Figure 2). Of the children who were victims/suspected victims of abuse and neglect, 2 (1.6%) had a history of substance abuse and 5 (20%) had a history of previous abuse. It was noted that most inquiries to the agency were made by parents or their relatives. The most common abuser was the father at 22% (21). The most common referral was from the Child and Adolescent Psychiatry (CAP) clinic, which referred 62 (46.6%) children (Table 2).

Table 2. Findings of Abuse and Neglect

| | (n, %) |
|---|----------------|
| Time to hospital admission (days) after abuse (mean±standard deviation) | 564.95±1040.03 |
| Reported Unit (n=134) | |
| Pediatric Emergency | 33 (24.80) |
| Pediatrics Clinic | 9 (6.80) |
| Child Mental Health Clinic | 62 (46.60) |
| Gynecology Clinic | 5 (3.80) |
| Others* | 21 (15.65) |
| Applied directly | 3 (2.25) |
| Substance abuse (n=133) | |
| No | 131 (98,4) |
| Yes | 2 (1.6) |
| History of previous abuse (n=18) | |
| No | 107 (90.7) |
| Yes | 11 (9.3) |
| Child Protection unit Assessment | |
| No notification | 26 (19,4) |
| Prosecutor's Office(PO) | 44 (32,8) |
| Ministry Of Family, Labor And Social Services (MFLSS) | 59 (44.0) |
| PO and MFLSS | 4 (3,0) |

*.paediatric subspecials, dermatology, forensic medicine

In all cases of physical abuse, stab and bite wounds, nail marks, and ecchymosis were found on the body. Only one case was diagnosed with the shaken baby syndrome. The patient diagnosed with the shaken baby syndrome was cared for in an incubator for 28 months and was hospitalized for a long time at 2 months of age because of bite wounds, retinal hemorrhages, and subdural hematomas (Figure 2).

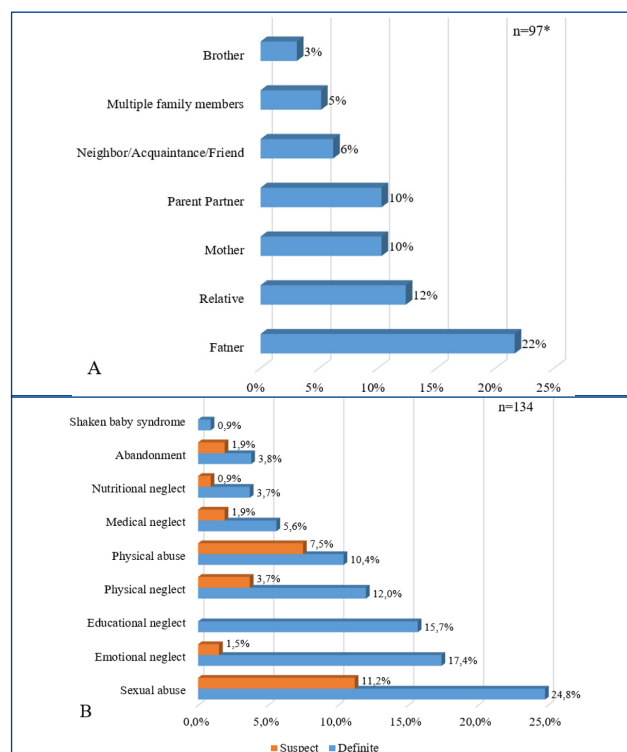


Figure 2. Relationship of Alleged Perpetrator to Child(A) Distribution of Cases According to Type of Abuse (B)

Comparison of related factors based on different types of abuse

When the gender distribution by types of maltreatment was examined, it was found that girls were more often physically and sexually abused (71% and 85%, respectively) than boys. The cases of neglect were higher in boys than in girls (53.3%) ($p=0.005$) (Table 3).

Table 3. Comparison of related clinical factors based on different types of abuse.

| | Neglect n=30 | Physical Abuse n=14 | Sexual Abuse n=33 | p |
|---|-----------------|---------------------------|----------------------|--------|
| Gender | | | | |
| Female (n, %) | 14 (46.7) | 10 (71.4) | 28 (84.8) | 0.005 |
| Male (n, %) | 16 (53.3) | 4 (28.6) | 5 (15.2) | |
| Age | | | | |
| 0-2 years | 9 (30.0) | 2 (14.3) | 0 | 0.001 |
| 3-5 years | 5 (16.7) | 2 (14.3) | 1 (3.0) | |
| 6-12 years | 6 (20.0) | 1 (7.1) | 8 (24.2) | |
| 13-18 years | 10 (33.3) | 9 (64.3) | 24 (72.7) | |
| Child Protection unit assessment | | | | |
| Prosecutor's Office (PO) | 1 (3.4) | 5 (35.7) | 29 (87.9) | <0.001 |
| Ministry Of Family, Labor And Social Services (MFLSS) | 25 (86.2) | 6 (42.9) | 2 (6.1) | |
| PO and MFLSS | 0 | 1 (7.1) | 2 (6.1) | |
| Reported Unit | | | | |
| Pediatric emergency | 10 (33.3) | 4 (28.6) | 2 (6.3) | 0.004 |
| Pediatrics clinic | 2 (6.7) | 0 | 0 | |
| Child mental health | 11 (36.7) | 7 (50.0) | 27 (84.4) | |
| Gynecology outpatient clinic | 1 (3.3) | 0 | 2 (6.3) | |
| Others* | 6 (20.0) | 2 (14.3) | 1 (3.1) | |
| Time between abuse and reporting (days) | | 25.2±19.9 | 1279.6±236.9 | |

The neglect rate was statistically higher than the rate of sexual abuse in the 0-2 age group (30%), and the rate of sexual abuse was statistically higher than the neglect rate in the 13-18 age group (72.7%) ($p=0.001$) (Table 3).

The most common abuse reported to prosecutors was sexual abuse (87.9%), while the second most common was physical abuse (35.7%) ($p<0.001$). The Ministry of Family, Labor and Social Affairs most frequently reports neglect (86.2%), physical abuse (42.9%), and least frequently reports sexual abuse (6%), and this difference was significant ($p <0.001$). The frequency of neglect (33%) among children referred to GULÇOK by services was higher than that of sexual abuse (6.3%). The victims of sexual abuse were mostly referred by child psychiatry (36.7%) ($p= 0.004$) (Table 3).

The time that elapses between the child's maltreatment and the request for GULÇOK, we find that this time averages 25.2 days for physical abuse and is significantly longer for sexual abuse, averaging 1279.6 days. This duration is statistically significantly higher for sexual abuse ($p <0.001$) (Table 3).

DISCUSSION

UNICEF (United Nations International Children's Emergency Fund) research estimates that approximately 3,500 children under the age of 15 die each year in developed countries as a result of physical abuse and neglect. Globally, approximately 155,000 children die each year as a result of abuse or neglect (15). This number is almost double that of high-income countries (16). Although there is no general data in Turkey, there are studies compiled from case reports, forensic scans and newspaper reports (17,18).

In order to recognize, assess, and respond to child abuse and neglect, health professionals must be aware, know the potential risks, and consider this possibility. The most important point in diagnosing cases of child maltreatment is to keep in mind and suspect the possibility of abuse. If abuse is suspected, a detailed history should be obtained and recorded prior to the physical examination. Browne and Herbert have identified family characteristics that may be considered a risk for abuse and neglect as early as a child's birth(19). These factors include divorce, extramarital affairs, single parenthood, drug and alcohol addiction in the family, low educational level of mothers, and families with many children. There are studies that show that child abuse is more common in divorced families and in families with only one parent (20). Studies with children in Turkiye who had been the victims of abuse revealed that 37% to 42% of the children's families were divorced. (21). Similarly, in our study, 32% of families were separated/divorced and 6.7% lost their parents. A 2012 study published in a university hospital's clinic found that 68.5% of mothers and 78.7% of fathers of child victims of abuse/neglect had primary education(21). Oral et al. one of the first studies on child abuse in our country, found that 60% of the parents had a low level of education (2-2). The educational level of parents in our study is higher than in other studies. 26.9% of mothers and 22.4% of fathers had a primary school diploma. According to other studies, the fact that it is a new study, the increase in the level of education of society or the socioeconomic situation of the area around the hospital could be the cause.

In their study, Hurme et al. defined the risk factors for physical abuse of infants and their families as parental alcohol and drug use, prematurity of children, hyperactivity, and crying episodes.(23). The only patient who reported to us who was diagnosed with shaken baby syndrome was premature at 28 weeks, the mother was 18 years old, and the father was 19 years old, unemployed, and addicted to drugs.

According to the 2020 report published by WHO, 75% of children ages 2 to 4 experience violence by their caregivers and/or parents each year (24).One in four parents in the United States has reportedly inflicted violence on their children aged 2-17 years, and similarly, 22.3% of the



adult population in Canada has been exposed to physical abuse of varying degrees before the age of 16 years (25). According to studies conducted in Türkiye, mothers use physical abuse between 64% and 89.7% and emotional abuse between 63.3% and 79.5% (26)(27)(28). Fathers are more often accused as perpetrators of physical child abuse (29)(30). In our study, fathers ranked first in causing maltreatment to their children with a frequency of 22% and mothers with 10%.

Although emotional abuse is the most common form of child abuse, sexual abuse is the most studied form of abuse (31). The issue is same in Türkiye too, academically more research has been published about sexual abuse (32). In this study, the most common form of maltreatment is sexual abuse. When evaluating the types of abuse in our study, sexual abuse (24.8%) ranked first and emotional abuse (17%) ranked second. In the previously published data on child abuse from Gazi University, Hacettepe University, and Ege University, cases of sexual abuse ranked first and cases of physical abuse ranked second (21,33). In the Ankara Training and Research Hospital data (2009), neglect ranked first at 39.5% and physical abuse ranked second at 29.8% (34). In a hospital affiliated with the Ministry of Health in Eskişehir, the incidence of neglect was 75.9% (35). Neglect is more common in families with low socioeconomic status (36).

In this study, also educational neglect was found to be particularly prevalent among parents. Shortly after GULÇOK was established, the COVID-19 health crisis emerged. According to UNICEF reports, more and more households are falling into monetary poverty as families lose their sources of income and the global economy falls into recession due to COVID-19. It has been noted that many students do not have sufficient access to educational materials (computers, Internet, etc.) to participate in online classes (36). When students feel left alone during long-term school closures, their attachment to school diminishes as they move away from the classroom and their friends' environment, and the lost motivation causes them to turn away from the classroom.

According to a study conducted in Türkiye on child abuse and domestic violence, it was found that 10% of children aged 7-18 years witnessed the sexual abuse of another child, mostly in the school environment and 3% were sexually abused themselves (37). Girls are at higher risk for sexual abuse than boys (16,21,24,31). Family members, friends, acquaintances, babysitters, or strangers are usually responsible for child sexual abuse (33). In our study, 85% of children who were sexually abused were girls. The abusers were the people they knew.

Researchers have found that available statistical information is insufficient and that most sexual abuse cases are kept confidential, but only 15% of cases are reported (39). Collaboration should be established with

health professionals, teachers, and families to identify child abuse and neglect at an early stage.

Another important finding of our study is that adolescents aged 13 to 18 are more likely to be exposed to physical and sexual abuse than other age groups. Adolescents' emotional focus on relationships with peers, especially of the opposite sex, their inability to recognize risk, their perception that they can do anything, and their desire for independence leads to conflict with their parents. As a result, the possibility of physical, emotional, and sexual abuse increases during this time. When adolescents stay away from their families and join friend groups, they become more vulnerable to abuse during this time (38).

Child abuse and neglect not only violate children's basic human rights, but also negatively impact their mental and physical health, lifelong development, and behavior. A meta-analysis that examined the relationship between physical abuse, emotional abuse, or neglect of children and their health outcomes concluded that abused individuals are three times more likely to suffer from depression than nonabused individuals. Mental disorders such as anxiety disorders, substance use, and suicidality are also more common (39). In our study, children reported at CAP for mental health and behavioral problems resulting from abuse and neglect, were referred to GULÇOK. Health care professionals, in the course of providing health care services, may encounter children who are neglected in terms of health, nutrition, and education or who are physically, sexually, emotionally, and economically abused. In such cases, however, they may not want to see what is there, overlook the findings, or have difficulty determining the appropriate intervention because they often do not have the knowledge, skills, and experience in dealing with the current situation.

Health care workers are not responsible for proving crime. However, it is part of their duties to report forensic cases when they encounter evidence of a crime (including suspected cases that have not yet been definitively diagnosed). This matter is stipulated in Article 280 of the Turkish Criminal Code. Judicial and administrative authorities, law enforcement officials, health and educational institutions, and nongovernmental organizations are required to report children in need of protection to social services and child protection authorities (Child Protection Law Article 6). Our study found that sexual abuse (87.9%) and physical abuse (35.7%) were most frequently reported to the prosecutor's office.

Strengthening the family through education, counseling, and social support to educate and nurture the child in the family; The Ministry of Family, Labor and Social Affairs Service (MFLSS) carries out the necessary services to identify children in need of protection, care and assistance and ensure their protection, care, placement

and rehabilitation (9). In the Child Protection Unit, most cases of neglect (86.2%) were diagnosed, followed by cases of physical abuse (42.9%) reported to MFLSS. The MFLSS requests the court to initiate the necessary social investigation on the victim child and request a court action with a social investigation report, which contains the appropriate precautionary proposal for the child depending on the results of this investigation.

The perception of child abuse and neglect as a problem in our country is still very recent. The number of child protection facilities and centers are increasing. However, these hospital-based centers are mostly located in university hospitals. According to the Yearbook of Health Statistics 2019, the number of outpatient applications is about 46,000 in university hospitals, about 400,000 in hospitals affiliated with the Ministry of Health, and about 70,000 in private hospitals (40). Hospital-based child protection centers will contribute to a more accurate determination of the incidence of child abuse and neglect in our country. In addition, increasing the number of child protection center will ensure communication between child protection center, increase knowledge and experience regarding the interventions to be carried out, and strengthen the equipment of physicians in this regard.

ETHICAL DECLARATIONS

Ethics Committee Approval: The study was approved by the Clinical Research Ethics Committee of the Gulhane Training and Research Hospital. (2020/04)

Informed Consent: Because the study was retrospective, written informed consent was not obtained from patients.

Referee Evaluation Process: Externally peer-reviewed.

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