Journal of Scientific Perspectives

Volume **5, Supplement Issue 2021:** pp. **231-242**
2. International Understanding the Violence Congress
E - ISSN: **2587-3008**
URL: https://journals.gen.tr/jsp
DOİ: https://doi.org/10.26900/jsp.5.5.13
Research Article

THE LEVEL OF RECOGNITION OF PHYSICAL AND SEXUAL CHILD ABUSE OF DOCTORS AND NURSES WORKING IN SULTANBEYLİ STATE HOSPITAL

Zuhal KOPARAN *

** Marmara University Pendik Training and Research Hospital Child Monitoring Center, Social Worker, Turkey, e-mail: zhlzdmr@gmail.com*
ORCID ID: https://orcid.org/0000-0001-9260-7528

Received: 17 March 2021; Accepted: 07 April 2021

ABSTRACT

Physical and sexual acts of violence against children seriously harm the life and mental health of the child. These actions that harm the child often tend to hide by the child or his family. The termination of the actions that harm the child and being noticed due to the damage caused by the child depends on the level of recognition of the physical and sexual violence of the physicians and nurses faced during the provision of health services.

In this study, it is aimed to measure the physical and sexual violence recognition levels of physicians and nurses, which are most likely to encounter cases of child victims of physical and sexual violence. With the questionnaire study, it was aimed that physicians and nurses would try to question their awareness of abuse and develop sensitivity. With the developing sensitivity, it will be ensured that each phenomenon is taken with a different perspective and the violent action that is carried out or planned to be carried out as a result. In this way, every child awaiting help can be intervened before the violent act becomes chronic and reaches a level that threatens the child's life. It is aimed to approach the patients with a multidisciplinary approach and to adapt the child to normal life with social support.

Keyword: *exploitation, awareness, health worker awareness*

I. INTRODUCTION

Council of Europe Convention on the Protection of Children Against Sexual Exploitation and Abuse, which includes the determination that "the sexual exploitation and abuse of children has reached alarming rates both at national and international level, especially in relation to the increasing use of information and communication technologies (ICT) by children and perpetrators", entered into force by being approved by the Council of Ministers and was published in the Official Gazette on 10/09/2011. Being one of the countries signing this agreement, Turkey is also imposed on a responsibility to make more effort to protect children. The aim of this study is to measure and evaluate the awareness levels of physicians and nurses, who are likely to encounter cases of physical and sexual violence of children, about the physical and sexual violence of children. "Questionnaire form containing questions about child physical and sexual violence symptoms and the obligation to report" was used in collecting the data. SPSS Program was used in the analysis of the data.

The places where child neglect and abuse cases can be detected primarily are the emergency services and hospitals. Anamnesis, physical examination and examination are important steps in the detection phase of the cases. Health professionals working in these areas should always keep the possibility of abuse in mind and carry out a meticulous work in a multidisciplinary approach from the moment of suspicion because doubt is considered to be the most important step in determining child neglect and abuse (Dubowitz, Bennett, 2007).

2. METHOD

The survey created by the authors of the study aims to measure the awareness levels of physicians and nurses on child neglect and abuse. The questionnaire starts with questions containing socio-demographic data of physicians and nurses and continues with questions prepared to recognize the sexual and physical abuse of the child. Each question in the knowledge scale consists of "yes", "no" and "I don't know" answers.

In order to evaluate the findings obtained from the study, the SPSS 24 program was utilized for statistical analysis. Percentage and frequency are given in interpreting study data.

3. FINDINGS

95 (72.0%) participants are male and 37 (28.0%) participants are female. 22 (16.7%) participants between the ages of 20-24, 33 (25.0%) participants between the ages of 25-29, 43 (32.6%) participants between the ages of 30-39 and 33 (25.0%) participants 40 years and older. 80 (60.6%) participants are married, 52 (39.4%) participants are single. 61 (46.2%) participants have children, 71 (53.4%) participants have no children. 54 (40.9%) participants are physicians and 78 (59.1%) are nurses. 19 (14.4%) participants have less than 1 year professional experience, 37 (28.0%) participants 2-4 years, 26 (19.7%) participants 5-9 years and 50 (37.9%) participants 10 years or more. 68 (51.1%) participants received information about child neglect and abuse before graduation, 63 (47.7%) participants did not. During the study period, 61 (46.2%) participants encountered abuse cases, 71 (53.8%) participants did not.

The beating was seen as a means of punishment and discipline, accompanied by sayingsuch as ‘don’t spare the rod’, 'the rose blossoms where the mother hits', 'the beating is out of heaven', ‘spare the rod and spoil the child’ and still this point of view has not been completely erased (Polat, 2019).

According to some studies, it is that negligence, which is more difficult to diagnose, is the most common type of abuse.

Table 1. Demographic Characteristics of the Participants			
Variables	***Groups***	***N***	***%***
Gender	Female	95	72,00
	Male	37	28,00
	Total	132	100,0
Age	20-24	23	17,4
	25-29	33	25,0
	30-39	43	32,6
	40 or older	33	25,0
	Total	132	100,0
Having a child	Yes	61	46,2
	No	71	53,8
	Total	132	100,0
Marital status	Married	80	60,6
	Single	52	39,4
	Total	132	100,0
Occupation	Doctor	54	40,9
	Nurse	78	59,1
	Total	132	100,0
Working time	Less than 1 year	19	14,4
	2-4 years	37	28,0
	5-9 years	26	19,7
	10 or more	50	37,9
	Total	132	100,0
Education / Information on Child Neglect and Abuse Before Graduation	Yes	68	51,9
	No	63	48,1
	Total	131	100,0
Encountering a Case of Child Neglect and Abuse During Working Time	Yes	61	46,2
	No	71	53,8
	Total	132	100,0

Table1. 'A healthcare professional who fails to report the situation to the competent authorities despite having any indication that a crime has been committed while performing his duty or who shows delay in this matter is punished with imprisonment from 6 months to one year in accordance with Article 280 of the TCK.' Frequency and Percentage Values

Sampling	**Groups**	**Number**	**Percentage**
Doctor	Correct	41	75,9
	Incorrect	1	1,9
	I don’t know	12	22,2
	Total	54	100,0
Nurse	Correct	52	66,7
	Incorrect	0	0,0
	I don’t know	26	33,3
	Total	78	100,0

While 41 (75.9%) of the doctor participants answered as correct, 1 (1.9%) as incorrect, and 12 (22.2%) as do not know, 52 (66.7%) of the nurse participants answered as correct, 0 (0%) as incorrect and 26 (33.3%) as do not know.

Table 2. "The presence of inconsistent statements in the child's injury history suggests child abuse."

Sampling	Groups	Number	Percentage
Doctor	Correct	54	100,0
	Incorrect	0	0,0
	I don't know	0	0,0
	Total	54	100,0
Nurse	Correct	71	91,0
	Incorrect	4	5,1
	I don't know	3	3,8
	Total	78	100,0

54 (100.0%) of the doctor participants answered as correct, 0 (0%) as incorrect, and 0 (0%) of them as do not know to the proposition that there should be inconsistent statements in the history of the injury to the child, while 71 (91%) of the nurse participants answered as correct, 4 (5.1%) as incorrect, and 3 (3.8%) as do not know.

The general statement given by the families who applied to the hospital with the history of the injury of the child is that the child was injured due to reasons caused by him. An opposite statement may be encountered in cases where information is obtained from the child while the cause of the accident is attributed to the child. In this statement, the child can show his mother and father as the cause of injury. In cases where there are such and similar inconsistent discourses, it is important that the healthcare personnel approach the situation with more suspicion and sensitivity.

Table 3. Frequency and Percentage Values Regarding the Responses to the Proposition 'The Existence of Multiple Fractures / Trauma and Multiple Trauma Stories in Children Under 3 Years Old Suggest Child Abuse and Neglect.'

Sampling	Groups	Number	Percentage
Doctor	Correct	51	98,1
	Incorrect	1	1,9
	I don't know	0	0,0
	Total	52	100,0
Nurse	Correct	72	92,3
	Incorrect	4	5,1
	I don't know	2	2,6
	Total	78	100,0

Whereas 53 (98.1%) of the doctor respondents answered as correct, 1 (1.9%) as incorrect, and 0 (0%) as do not know to the statement 'The existence of multiple fractures / trauma and multiple trauma stories in children under 3 years old suggests child abuse and neglect.', 72 (92.3%) of the nurse participants gave 'Correct' response, 4 (5.1%) 'Incorrect' response and 2 (2.6%) answered as 'I don't know'.

Minor injuries are usually expected in children under the age of 3. For instance, many abrasions occur in cases of falling from stairs, but life-threatening lesions occur very rarely. (Williams, RA, 1991)). Deaths due to child abuse are mainly due to head trauma, and those who survive may suffer severe neurological damage. (Yağmur, Asil, Canpolat, Per, Coşkun, 2010). Head trauma ranks fourth as the cause of childhood death between the ages of 1 and 4 (Bays, 2001). These rates should suggest more child abuse in possible cases.

Table 4. Frequency and Percentage Values Regarding the Responses to the Proposition 'Eliminating Open Traumas Such As Traffic Accidents in Scapula and Sternum Fractures Increases the Suspect of Abuse'

Sampling	Groups	Number	Percentage
Doctor	Correct	49	90,7
	Incorrect	1	1,9
	I don't know	4	7,4
	Total	54	100,0
Nurse	Correct	57	73,1
	Incorrect	8	10,3
	I don't know	13	16,7
	Total	78	100,0

To the statement 'Eliminating open traumas such as traffic accidents in scapula and sternum fractures increases the suspicion of abuse.' 49 (90.7%) of the doctor participants answered as correct, 1 (1.9%) as incorrect and 4 (7.4%) as I don't know; 57 (73.1%) of the nurse participants answered as correct, 8 (10.3%) as incorrect and 13 (16.7%) as I don't know.

Such serious injuries as scapula and sternum fractures are not expected in accidents inside house or short-distance falls. For this reason, suspicion should increase in cases where there is no history that is easy to detect or there is no witness to the accident.

Table 5. Percentage and Frequency Values about "While performing laboratory tests and radiological examinations, the child should be kept in the hospital until results are obtained in suspicious cases."

Sampling	Groups	Number	Percentage
Doctor	Correct	51	94,4
	Incorrect	2	3,7
	I don't know	1	1,9
	Total	54	100,0
Nurse	Correct	68	87,2
	Incorrect	6	7,7
	I don't know	4	5,1
	Total	78	100,0

51 (94.4%) of the doctor participants answered as correct, 2 (3.7%) as incorrect and 1 (1.9%) of them as 'I don't know' to the statement 'The child should be kept in hospital until results are obtained in suspicious cases while performing laboratory tests and radiological examinations'. But 68 (87.2%) of the nurses responded as correct, 6 (7.7%) incorrect and 4 (5.1%) 'I don't know'.

At the stage of making the necessary examinations and the diagnosis, the child should be kept in hospital and in a safe area, and in cases of doubt, Medical Social Service Unit of the hospital should also be provided with a simultaneous consultation with other clinics.

".

Sampling	Groups	Number	Percentage
Doctor	Correct	52	96,3
	Incorrect	0	0,0
	I don't know	2	3,7
	Total	54	100,0
Nurse	Correct	68	87,2
	Incorrect	0	0,0
	I don't know	18	12,8
	Total	78	100,0

52 (96.3%) of the doctor participants' answers were 'correct' for the statement 'Shaken Baby Syndrome should be suspected when the fontanel is swollen, the head circumference is increased, intraocular (retinal) bleeding, latergia and convulsion findings are seen' despite the fact that 0 (0%) answered as incorrect and 2 (3.7%) as do not know. On the other hand, 68 (87.2%) of the nurse participants answered as correct, 0 (0%) as wrong and 10 (12.8%) as do not know.

It was first described by pediatric radiologist Jhan Coffey. It is a syndrome characterized by bleeding in the brain, retinal hemorrhage and / or fractures due to ruptures in the cortical bridging veins extending from the cortex to the dural venous sinus, as a result of the excessive movements of the head by shaking the baby's arms or body by an adult and shaking the weak neck muscles.

Table 7. Frequency and Percentage Values Regarding the Responses Given to the Proposition "The Presence of Burns in Protected Areas of the Child's Body Suggests Physical Abuse."

Sampling	Groups	Number	Percentage
Doctor	Correct	53	98,1
	Incorrect	0	0,0
	I don't know	1	1,9
	Total	54	100,0
Nurse	Correct	70	89,7
	Incorrect	2	2,6
	I don't know	6	7,7
	Total	78	100,0

53 (98.1%) of the doctors responded as correct, 0 (0%) as incorrect, and 1 (1.9%) as do not know to the statement 'The presence of burns with defined borders in the protected areas of the child's body makes us think of physical abuse'. Contrarily, 70 (89.7%) of the nurse participants answered as correct, 2 (2.6%) as incorrect, and 6 (7.7%) as I do not know.

Scars can be used as evidence in suspicious cases. For this reason, it is important to record and document the traces. The presence of bite marks and burns with defined borders on the child's body do not indicate abuse to a large extent (Polat vd., 2019). Accidental burns usually occur on the face, shoulders, arms and upper body. In such cases, irregular burned edges and multiple scars (due to splashes) occur. Accidental burns are usually limited to a single experience.

51 (94.4%) of the doctors responded as correct, 0 (0%) as incorrect, and 3 (5.6%) as do not know to the statement 'The presence of verruca acuminata in the anogenital areas of the child makes suspicion of sexual abuse'; however, 55 (70.5%) nurses answered as correct, 0 (0.0%) as incorrect, and 23 (29.5%) as I do not know.

It has been reported that non-sexual transmission in children under the age of 18 may occur as a result of shared use of bedding, towels, swimwear, underwear and bath. (Pacheco, Paola, Ribas, Vighi, Rueda, 1991). However, a multidisciplinary approach is very important in these cases. In order not to overlook the cases, there should be a social service specialist in the team in order to carry out the family examination and to determine the child's exposure, the child should be included in the child tracking system, and social examination should be carried out without disturbing the child and the family and without increasing the level of anxiety. The inclusion of the child in the judicial system without sufficient suspicion may be traumatizing rather than protecting the child.

8 (14.8%) doctor participants answered as correct, 34 (63.0%) as incorrect, and 12 (22.2%) as do not know, whereas 10 (12.8%) of the nurse participants responded as correct. 41

(52.6%) as incorrect and 27 (34.6%) as do not know to the statement "The fact that the old tears of hymen has healed by leaving scar tissue or interrupting the hymenal edge is not considered a diagnostic sign of abuse."

Table 8. Frequency and Percentage Rates of "Himenal openness dimensions are not a reliable indicator of sexual abuse."

Sampling	Groups	Number	Percentage
Doctor	Correct	33	61,1
	Incorrect	10	18,5
	I don't know	11	20,4
	Total	54	100,0
Nurse	Correct	26	33,3
	Incorrect	24	30,8
	I don't know	28	35,9
	Total	78	100,0

33 (61.1%) of the doctor respondents answered as correct, 10 (18.5%) as incorrect, and 11 (20.4%) as do not know to the statement 'hymenal opening dimensions are not a reliable indicator of sexual abuse'; on the other hand, 26 (33.3%) of the nurse participants answered as correct, 24 (30.8%) as incorrect, and 28 (35.9%) as I do not know.

The size of himenal openness has been the subject of a great debate and disagreement. The measurements are not reliable and vary according to the position, technique, relaxation state of the child and the skills of the examiner (Polat vd., 2019)

Studies indicate that almost half of the cases with penetration do not have any findings.

Table 9. "The examination of the child victim of abuse should be done once in order not to suffer secondary trauma."

Sampling	Groups	Number	Percentage
Doctor	Correct	38	70,4
	Incorrect	7	13,0
	I don't know	9	16,7
	Total	54	100,0
Nurse	Correct	50	64,0
	Incorrect	14	18,0
	I don't know	14	18,0
	Total	78	100,0

38 (70.4%) doctors responded as correct, 7 (13.0%) as incorrect and 9 (16.7%) as do not know to the statement "Examination of the child victim of abuse should be done once in order to avoid secondary trauma." On the contrary, 50 (64.0%) of the nurse participants answered as correct, 14 (18.0%) as incorrect and 14 (18.0%) as do not know.

Table 10. Frequency and Percentage Values for the Responses to the Proposition "Marriage / Pregnancy under the Age of 18 Is Not a Type of Child Abuse."

Sampling	Groups	Number	Percentage
Doctor	Correct	6	11,1
	Incorrect	46	85,2
	I don't know	2	3,7
	Total	54	100,0
Nurse	Correct	8	10,3
	Incorrect	63	80,8
	I don't know	7	9,0
	Total	78	100,0

The responses of 6 (11.1%) doctor participants were 'correct', 46 (85.2%) were 'incorrect, and 2 (3.7%) 'I do not know' to the statement that **'marriage / pregnancy under the age of 18 is not a type of child abuse.'** On the other hand, 8 (10.3%) of the nurses responded as correct, 63 (80.8%) as incorrect and 7 (9.0%) as I do not know.

Perception of early marriages as normal by the society is one of the most important factors preventing this problem and legally reporting it. (Duman, Gökten, Rana, 2017).

Table 11. Frequency and Percentage Values for the Responses to the Proposition "Children with Anomaly / Mental Retardation Have a Lower Risk of Abuse than Other Children."

Sampling	Groups	Number	Percentage
Doctor	Correct	4	7,4
	Incorrect	49	90,7
	I don't know	1	1,9
	Total	54	100,0
Nurse	Correct	8	10,3
	Incorrect	60	76,9
	I don't know	10	12,8
	Total	78	100,0

Answers of 4 (7.4%) of the doctor participants were correct, 49 (90.7%) were incorrect and 1 (1.9%) of the doctors were I don't know for the statement 'Children with anomaly / mental retardation are at a lower risk of being abused than other children'. 8 (10.3%) of the nurses responded as correct, 60 (76.9%) as incorrect and 10 (12.8%) as I do not know.

Westcott and Jones (1999) addressed the relationship between disability and abuse in their studies and established a strong connection between them. They emphasized that physical disability, blindness, deafness, mental retardation, and mental illnesses may pose a risk in sexual abuse. Looking at the researches carried out so far, it is possible to see that the factors that increase the vulnerability of the child may pose a risk in sexual abuse. These include social isolation. The lack of connection with the outside world and social support networks may make the child more sensitive to abuse (Westcott, Jones, 1999).

Table 12. Frequency and Percentage Values for the Responses to the Proposition "Abuse are not Seen In Families with High Socio-Cultural and Economic Levels."

Sampling	Groups	Number	Percentage
Doctor	Correct	2	3,7
	Incorrect	51	94,4
	I don't know	1	1,9
	Total	54	100,0
Nurse	Correct	5	6,4
	Incorrect	68	87,2
	I don't know	5	6,4
	Total	78	100,0

With the statement 'Abuse cases are not seen in families with high socio-cultural and economic levels', 2 (3.7%) of the doctors answered as correct, 51 (85.2%) as incorrect and 1 (1.9%) as I do not know. Conversely, 5 (6.4%) of the nurses responded as correct, 68 (87.2%) as incorrect, and 5 (6.4%) as I do not know.

The statement "abuse is not seen in families with a high socio-cultural level" is wrong, and the statement "abuse is more common in families with a low socio-cultural level" is also not true. In families with a low socio-cultural level, it is widely believed that intense stress

factors, low quality of life, weak family ties, irregular lifestyle, living in crowded environments and having a complex structure make the child vulnerable to abuse.

While 2 (3.7%) of the doctors responded as correct, 49 (90.7%) as incorrect, and 3 (5.6%) of them responded as I do not know to the statement 'Most of the children who said that they were abused are lying'. However, 3 (3.8%) nurse participants answered as correct, 61 (78.2%) as incorrect and 14 (17.9%) as I do not know for the same statement.

Table 13. Frequency and Percentage Values for Responses to the Proposition 'In cases of sexual abuse, the abuse is usually carried out by strangers outside the family.'

Sampling	**Groups**	**Number**	**Percentage**
Doctor	Correct	2	3,7
	Incorrect	48	88,9
	I don't know	4	7,4
	Total	54	100,0
Nurse	Correct	11	14,1
	Incorrect	63	80,8
	I don't know	4	5,1
	Total	78	100,0

2 (3.7%) of the doctor responded as correct, 48 (88.9%) as incorrect, and 4 (7.4%) as I do not know to the statement 'In cases of sexual abuse, the abuse is usually carried out by strangers outside the family.' while 11 (14.1%) of the nurses responded as correct, 63 (80.8%) as incorrect, and 4 (5.1%) as I do not know.

Although different results were obtained in different studies, the abuser is a family member or relative that the child knows and trusts at a rate of 60-80%.

When sexual abuse occurs especially within the family, many different psychiatric disorders and behavioral problems such as borderline personality disorder, dissociative identity disorder, depression, anxiety, alcoholism, eating disorder, somatisation disorder, sexual dysfunction and suicide attempt can be seen in adulthood (Figueora, 1997. Allen, 2008).

DISCUSSION AND CONCLUSION

When the studies on the prevalence of child sexual abuse around the world are regarded as a whole, it is indicated that 71 % of the children and adolescents being exposed to sexual abuse are girls and 29 % are boys. In almost half of these abuse cases, there is repetitive sexual abuse. The rate of adolescents who have been subjected to sexual assault at least once in their life time is reported as 21 %. However, incest cases make up of roughly 20-25 % of sexual abuse with a significant rate. Researches demonstrate the fact that 51 % of child sexual abuse does not involve contact, and 5 % of them have anal or vaginal intercourse. While 42 % of males encounter anal intercourse or intercourse attempt, this rate is 72 % for females. However, it is understood that boys and adolescents prefer not to explain sexual abuse, and girls make more explanations than boys (Yüksel, Saner, 2019).

Although sexual abuse is substantial in many societies, it is mostly hidden and uncovered. The perspective of society causes the abuser to hide this issue and put pressure on the child to hide it. In some cases, although the family is aware of the abuse, they tend to hide it because of their fear from the perspective of the society. Not only the abuser but also the victim may feel anxious against the pressure and stigma that may come from the society. Victims of abuse may want to hide the abuse because they are afraid of being labeled, found guilty, or abandoned. At the same time, it is thought that the emergence of the sexual abuse will harm the social status of the family and from this point on, it is ensured that the abuse remains hidden within the family. (SONER, Aykut, 2020).

In the Child Rights Awareness research conducted in Izmir with the cooperation of IMDAT and ASUMA with 700 people between the ages of 18-65, the rate of awareness of the UN Convention on the Rights of the Child was founded to be 67% (ASUMA & İMDAT (2018)). The abuse remains hidden in the cases in which the child does not know his / her rights or where or to whom to tell his or her experiences and she or he feels alone and helpless. Non-disclosure of abuse and risk factors are among the issues that should be taken into consideration in studies carried out on abuse. (Kök, 2019).

There are multiple reasons why healthcare personnel do not report child neglect and abuse. These are as follows:

- Lack of information on the subject, not knowing where and how to report the cases, high-density workload on the healthcare personnel,
- Insufficient in-service training on the subject,
- There is a widespread wrong attitude that only Social Workers should report and inform about the cases of negligence and abuse, and that doctors are not obliged to report to law enforcement officers,
- Being less aware of social indications due to the high workload of healthcare professionals,
- It is also suggested that thoughts about not wanting to intervene in family relationships cause disruptions in reporting.

Doctors' concern about reporting is thought to grow out of the idea that the reporting would harm the therapeutic relationship. However, Watson and Levine reported that 75 % of the patients notified during their treatment did not impair the therapeutic relationship, and 25 % ended the treatment. In the survey study conducted by Weinstein et al., it was stated that 48 % of the patients did not develop any resistance in the therapy relationship after the report, the resistance that developed at the beginning was resolved in 25.6 % of the patients, and the resistance developed in 24.4 % of them continued (Watson, Levine, 1989).

Mistakes known to be true about the low socio-cultural level of the family in the delay in reporting sexual abuse; the approach accepting the idea that the family will not harm the child, accepting the family's statements as correct without questioning, and only getting information from the family instead of asking questions to the child cause the facts to be skipped. Swanson (1968) suggested that in 76 % of the cases, the child knew the aggressor and 60 % of the cases were subjected to repeated abuse many times (Finkelhor, 1993). For this reason, early diagnosis of sexual abuse will reduce the burden that the child has to bear, stop the abuse and ensure that social support becomes swift, and mental problems are minimized.

Social Work Dimension

The generalist social work approach to risk factors that threaten the well-being of the child is to deal with the problem in a holistic perspective. This means not just focusing on that problem, but addressing all the systems the problem interacts with, and understanding the relationships between these systems. Strengthening social work practices and making an accurate assessment of the problem depend on a healthy social service interview. Insufficient information received during the interview or some ignored, unobserved problems / situations regarding the individual may cause the individual to receive a service that is not suitable for his or her needs or the service provided to be dysfunctional (Yolcuoğlu, 2010).

Interview with a child who is a victim of a crime is a type of forensic interview. The primary purpose of the forensic interview is to collect information, and that of treatment is to help (Walker, 2002). The only negative side of the forensic interview with the child on behalf of the child is that the interviews are conducted more than once and the risk of secondary trauma to the child increases due to insufficient cooperation between multiple institutions.

As it is known, social work can be defined as a discipline and profession with human in its focus. It aims to increase the well-being of people, to develop ways to cope with the problems they encounter, to strengthen them, and to connect with the resources they need (Soner vd., 2020). Within this scope, the basic steps that social workers working in the Medical Social Service Unit should take on abuse are as follows;

- To create a multidisciplinary team,
- To ensure that the team is actively involved in the field,
- To organize in-service trainings,
- To increase the awareness of healthcare personnel about abuse,
- To take part in the crisis response team,
- To evaluate the risks faced by the child and manage the crisis intervention correctly.

During his / her professional intervention, the social worker should pay special attention to parenting knowledge and skills and the personal and social factors that affect it. In this context, social support mechanisms should be activated so as to provide help and support with parents and family in the face of difficulties they encounter. Sometimes conflict between parental needs and children's needs can be the cause of violence. In this case, the social worker works to uncover the true causes of the conflict and reach a compromise between parental needs and the needs of the children. In the resolution of this conflict, in the last analysis, the best interests of children and protection needs are taken into account. (Karataş, 2015).

While considering the best interests of the child, a social worker working with child abuse should be experienced in the following issues;

- Accepting the child,
- Avoiding blaming the child,
- Believing the child,
- Observing the child's body language
- Focus on the child
- Trauma.

At the same time, the social worker is responsible for doing the necessary professional work with the child's family and relatives to prepare the child for his or her new life and taking part in the monitoring of his/her new life, following the necessary procedures for taking the child under protection (where necessary), solving the legal and health problems of the child, engaging with psychiatry clinics, bar association, prosecution office, police and similar units to follow up cases, and participating in educational activities for parents, students, teachers and the community in order to spread the service to a wider and more effective area.

The correct approach of the professionals in the health institution is the element that supports the child's compliance with the treatment and the continuity of the treatment. The social service specialist should conduct training studies to increase the knowledge level of experts in health institutions on abuse and ensure coordination between healthcare professionals due to the fact that it is highly important that lawyers, healthcare personnel and social service specialists work in coordination within the institution and in an effective cooperation between institutions in order to protect the best interests of the child.

In the last step, it matters a lot to make necessary precautionary decisions so as to protect the best interests of the child and to monitor whether they have been implemented or not, and to take measures to prevent the child from being victimized in another situation or going through a secondary trauma.

REFERENCES

www.healtychildren.org, 2017

Dubowitz H, Bennett S. Physical abuse and neglect of children. Lancet 2007;369:1891-9

Polat O, Tüm Boyutlarıyla Çocuk İstismarı-1, Tanımlar. Ankara,2019

Williams, RA. İnjuries in infants and small corroborated free falls. J Trauma 1991;31(10):1350-2

Yağmur F, Asil H, CANPOLAT M, PER H, Coşkun A. Kısa Mesafeli Düşme ve Sarsılmış Bebek Sendromu, Türkiye Klinikleri J Med Sci 2010;30(2)

Bays J. Conditions mistaken for child physical abuse. In: Reece RM, Ludwing S, eds. Child Abuse Mediacal Diagnosis and Management 2 ed. Philadelphia: Lippincott Williams&Wilkins;2001.p, 177-206

Polat O, Tüm Boyutlarıyla Çocuk İstismarı-1, Tanımlar. Ankara,2019

Pacheco BP, Paola G, Ribas JMM, Vighi S, Rueda NG. Vulvar infection caused by human papilloma virüs in children and adolescents without sexual contact. Adolesc Pediatr Gynecol 1991;4: 136-142

Polat O, Tüm Boyutlarıyla Çocuk İstismarı-1, Tanımlar. Ankara, 2019

Duman N. S, Gökten E, Rana H. N, Hekimlerin Erken Yaşta Evliliklere Yönelik Farkındalık ve Tutumları, Klinik Psikiyatri 2017; 20:203-208

Westcott, H., & Jones D. Annotation: the abuse of disabled children. J Child Psychol Psychiatry, 1999, 40, 497–506

Figueora ve diğerleri, 1997; Akt: Allen, 2008, s.148

Yüksel, Ş., Saner, S. (t.y.) Çocuk Cinsel İstismarı ve Zor Açığa Çıkması Bilgilendirme Dosyası. 2019 http://www.psikiyatri.org.tr/uploadFiles/219201618057-CocukCinsel_istismar_bilgilendirme_dosyasi.pdf.

SONER, S. Aykut, S. A Socıal Problem On The Basıs Of Dıssocıatıve Identıty Dısorder: Incest And Socıal Work Doktora Öğrencisi Sosyal Hizmet Bölümü, Hacettepe Üniversitesi Öğr. Gör. Sosyal Hizmet Bölümü, Medipol Üniversitesi, 2020

ASUMA & İMDAT (2018). Türkiye'de Çocuk İstismarı Raporu 2. Erişim adresi: http://imdat.org/wp-content/uploads/2018/05/RAPOR-%C3%87OCUK-%C4%B0ST%C4%B0SMARI-tam.pdf

Kök, Hilal, Türkiye'de Cinsel İstismara Uğrayan Çocuklara Yönelik Hizmet Ve Uygulamaların Değerlendirilmesi: Bir Model Önerisi, Doktora Tezi, Ankara;2019

Watson H, Levine M. Psychotherpy and mandated reporting of child abuse. Am J Orthopsychiarty 1989;59, 246-56

Finkelhor, D,. Epidemiological Factors in the Clinical İdentification of Child Sexual Abuse. Child Abuse and Neglect. 1993, Vol. 17, S:67-70

Yolcuoğlu İ, G. Çocukların İhmal-İstismara Uğramasında Aile ve Çocuklara Yönelik Risk Faktörleri ve Sosyal Hizmet Müdahalesi. 2010

Walker, N.E., Children as Victims and Witnesses in the Criminal Trial Process. Law and Contemporary Problems, 2002, 65(1), 149-178.

Dissosiyatif Kimlik Bozukluğu Temelinde Sosyal Bir Sorun: Ensest Ve Sosyal Hizmet A Socıal Problem On The Basıs Of Dıssocıatıve Identıty Dısorder: Incest And Socıal Work Sezen SONER, Doktora Öğrencisi Sosyal Hizmet Bölümü, Hacettepe Üniversitesi Serdar AYKUT, Öğr. Gör. Sosyal Hizmet Bölümü, Medipol Üniversitesi,2020

Karataş, Kazım; Çocuk İhmal ve İstismarında Sosyal Hizmet Yaklaşımı, Mart;2015