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Child abuse in Turkey: an experience in overcoming denial and a description of 50 cases

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Abstract

Objective: To share the experiences of the first clinical multidisciplinary child abuse and neglect (CAN) team in Turkey with international child abuse community.

Methods: The authors established the first Turkish CAN follow-up team at Dr. Behcet Uz Children's Hospital. Following a training program in five teaching hospitals in Izmir, the authors kept a record of every case diagnosed with CAN from these hospitals between 1996 and 1998. The demographic, epidemiologic, and medical features of this case series are summarized.

Results: Fifty cases were diagnosed and followed-up. Seventy-six percent of patients were reported from Dr. Behcet Uz Children's Hospital. Age and sex distribution was 9.2 ± 6.7 years and 46% male, 54% female, respectively. The offenders were only father in 38%, only mother in 28%, and multiple in 34%. More than three CAN risk factors were present in 94%. Of the children reported 44% survived, 14% died, and 42% were lost to follow-up. Sixteen percent were free of reabuse, and 42% survived with handicaps.

Conclusions: Child abuse and neglect is a reality in Turkey. The team's work increased pediatricians' awareness of CAN. Reporting these cases to Social Affairs Bureau was established for the first time in Turkey. Physicians in Turkey need training to diagnose and properly report CAN. The implemen-

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tation of a national CAN prevention program is an urgent need for Turkey. © 2001 Elsevier Science Ltd. All rights reserved.

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Introduction

Child abuse and neglect (CAN) is a fairly new topic for Turkish society at large, although the Turkish Society for the Prevention of Child Abuse and Neglect (TSPCAN) was founded in the early 1980s (Kesim, 1993). The law in Turkey defines CAN within the statutes relating to violation of well being of a human being. It is not mandatory to report abuse cases to child protection agencies and there is no distinct child protection agency in Turkey. If abuse is discovered, physicians are mandated to report only to law enforcement as assault. Turkey has a Ministry of Social Affairs, and the Regional Social Affairs Bureaus (RSAB) are organized regionally. This social work network is so small that it can deal only superficially with issues with a very small number of cases.

Public, professional, and governmental awareness of CAN is very low in Turkey. Physicians tend to treat only the presenting symptoms with limited legal and social intervention on cases of injuries, unless there is a third party asking for legal intervention, or mass media involvement. The absence of a child abuse prevention system in Turkey excludes statistical surveillance of the very few child abuse cases diagnosed at hospitals. From all over the country, only a few cases are reported in hospital statistics under the heading of abuse.

Social services and RSABs

RSABs are organized in each city as the agencies assigned to handle child protection issue in addition to all other social support. Professional or lay, all citizens are welcomed to report abuse cases to RSABs and the police. These reports must be in writing and signed by the reporter. This makes people reluctant to report and prevents investigation. There is no time limit to reporting of abuse cases to RSABs. The network of RSABs is small. There may be 20–30 social workers serving a population of over 2,000,000 in a city. It is impossible for RSABs to handle all abused and neglected children even if the medical professionals report them appropriately.

The law and CAN

If a case finds its way to law enforcement, the legal system is basically concerned if there is a crime. Forensic medicine physicians appointed as expert witnesses for criminal courts serve the medical needs of the legal system. Perpetrators of physical abuse rarely get convicted. The greatest number of cases in which the offenders were tried criminally and

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