

**THE SECTIONAL EVALUATION OF HEALTH WORKER'S
KNOWLEDGE, ATTITUDE AND BEHAVIOUR ON CHILD
MALTREATMENT IN HAKKARI, TURKEY**

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<https://doi.org/10.37602/IJSSMR.2023.6306>

ABSTRACT

Child Abuse is a serious global public problem that negatively effects the growth and development of children. Children abuse cases' detection and the lack of necessary interventions during childhood years cause significant physical and psychological problems until adulthood years and the future. Parents, educators, health workers, lawyers, social workers, and many professional groups should be made aware of child sexual abuse and the necessary level of knowledge should be provided. Especially, it is critically important to recognize cases of abuse against child patients in hospitals, to make necessary interventions, and to apply judicial authority.

In this study, it was aimed to determine the level of knowledge, attitudes, behaviors, and intervention steps in cases of child abuse. All participants (n %100) stated that there was no poster with instructions, templates, and awareness related to child abuse and neglect, %62 of

the cases were mostly neglected and abused in hospital admissions for pediatric patients. Participants (n=100); %39 expressed their opinion as no or undecided on the question of “Is negligence within the scope of abuse?” and it is understood that they do not know that the situation is considered as abuse. In light of the data in this narrow cross-sectional study, it is seen that healthcare professionals should be informed about child abuse.

Keywords: Child Abuse; Sexual Abuse; Health Workers

1.0 INTRODUCTION

Cases of child abuse and neglect are increasing each day. One of the most fundamental principles of the United Nations Convention on the Rights of the Child, signed in 1989 and of which Türkiye is a signatory, is the protection of children (Simon et al., 2020) although the number of cases of abuse and neglect in our country is constantly increasing. (Child Abuse Commission Report, 2021). Child abuse can occur in different ways. In addition to physical abuse, which we see as the most common form of beating, sexual abuse cases as such as pedophilia, incest, harrasment and sexual assault are cases that can have lesions in the body. (Polat, 2021). Emotional abuse behaviours created by acts such as nicknames, humiliation, and rejection are also very common. Neglect also occurs when care givers do not give their children necessary care and do not show care (Polat, 2020). In addition to the short-term damage suffered by the abused child, there are also many long-term effects such as psychological trauma symptoms, substance addiction, which are more difficult to recover and manifest themselves most frequently with depression, anxiety, insecurity and attachment problems (Wang, 2020).

When we look at the numerical data on the frequency of Child Abuse, it is noteworthy that these rates vary according to countries. Although the number of emerging cases is much less than the cases that remain hidden, it is observed that they still contain very serious numbers and rates. While the rates of child victims of abuse are 1.5% in Germany, 1.3% in England and 0.5% in the Netherlands; in a study conducted in Iran, the rate of victims of at least one type of abuse is 66% (Pirdehghan et al. 2015; Mahram et al. 2013). In the study of Mahram and his colleagues, physical abuse was found to be 5%, emotional abuse 60,1 % and neglect %38.3 (Mahram et al. 2013).

According to World Health Organization, it is estimated that 34,000 children under the age of 15 die each year due to child abuse and neglect (WHO, 2022).

In a study conducted in 2014 in the United States (USA), where more than 650,000 children are affected by child abuse each year, it is established that the rate of physical abuse by the caregiver was 5 %, the rate of emotional abuse was 9.3% and the neglect rate was 5,1% (Finkelhor et al., 2015; Quiroz et al., 2020).

According to the Child Abuse Report published in the United States of America in 2017, the number of child abuse and neglect cases is 673,830 when recorded cases are taken as criteria. Neglect is in the first place with a rate of 74.9 %, followed by children who are victims of physical abuse with 18,3 % and sexual abuse 8.6 % (Children's Bureau, 2017).

In another study, out of 1,654 children admitted to the Child Protection Service of Lahore Children's Hospital in Pakistan between 2009 and 2018, 70,5% were neglected, 16,9% were physically abused, 8,3% were sexually abused, and %1 were children. It is seen that 0,3 % of them are victims of emotional abuse (Zafar et al. 2020).

In the "Child Abuse and Domestic Violence" research conducted in 61 provinces in Türkiye between 01.05.2008 and 18.08.2008. It has been determined that 45% of children in the 7-18 age group are exposed to physical abuse. According to the "Türkiye Child Abuse and Domestic Violence Research Summary Report", in a study conducted with children aged 7-18 in our country, 51% of the children were exposed to emotional abuse in the last year, 25 % experienced neglect, 45 % experienced physical abuse and it was revealed that 3% of them were victims of sexual abuse (SHÇEK-UNICEF, 2010)

In Türkiye, it is stated that 56 % of children between the ages of 7-18 are exposed to physical abuse, 49% to emotional abuse, 10 % to sexual abuse and 25 % to neglect (Yılmaz and Çalışkan, 2015).

Cankur and her colleagues (2012) found that children were exposed to physical violence at least once at home. It was determined that his ears were pulled, slapping and pulling his ear as a form of violence 6.

In the study of Kara et al., which included 550 physicians, the frequency of violence most frequently encountered by physicians was found to be neglect (45,8%), physical abuse (29,8%), emotional abuse (23,6%), and sexual abuse (10%) has been noted. (Kara et al. 2014)

In the study of conducted by Tekin and Kaya Kılıç (2020) with healthcare professionals consisting of physicians and nurses, it was revealed that 42% of the participants encountered cases of child neglect and abuse during their professional life.

In the study, in which the files of 523 cases referred to Necmettin Erbakan University Meram Faculty of Medicine, Department of Child and Adolescent Psychiatry for forensic report between 2014 and 2019 were retrospectively analyzed, 39,8% of the cases were found to be victims of sexual abuse (Sertdemir et al., 2020).

Health workers are the most active occupational group in the emergence of child abuse cases. In cases of abuse, the tendency of children to hide their experiences with others due to unawareness of the incident causes most cases to remain confidential. This is especially true in cases of sexual abuse (Polat, 2021).

We encounter abuse against children as following: physical, psychological, and sexual and neglect.

Anamnesis that is, telling the patients's experiences in her own words is very important in the resolution of violence cases (Polat, 2021). However, children may have difficulty or do not describe the abuse they have suffered. Child may not tell about the incident due to reasons such as self-blame, thinking that the abuse child experienced cannot be believed, the threat of the abuser, not being able to express the situation and not being aware that this situation may be

abuse. This situation may cause delay in the detection of abuse cases or keep them hidden (Polat, 2020). This situation is seen much more especially in cases of sexual abuse.

The option of abuse and neglect should also be questioned while taking a routine anamnesis in children who apply to hospital for any ailment (Polat, 2019). The increase in social awareness and awareness in cases of abuse has increased the detection rate of abuse and neglect in the number of cases admitted to hospitals.

For hospitals that are at the secondary level in preventing abuse, healthcare professionals; as stated above, children who come to the hospital for any reason should have evaluated in terms of neglect and abuse, even if a suspicious situation arises, it should be intervened immediately and the procedure should be carried out (Selçuk et al. 2020).

For hospitals that are in the secondary level in preventing abuse, healthcare professionals; in order to do this, well-trained and knowledgeable personnel are needed. It is very important that both physicians and nurses have received training on abuse and neglect.

In Tuğut and Daşlı's (2019) descriptive study conducted with nurses in Family Health Centers in Sivas, the rate of receiving training on child abuse and neglect was 45%, reporting the case to the official authorities was 63,6 %, and the rate of seeing himself as competent for the cases was 86,7 %. On the other hand, the rate of those who say that they need more information is 85%.

In the study of Bür-Durgun (2019), 84,1% of the nurses stated that they did not receive information about child abuse. The most difficult situations for those who encounter the phenomenon: It was stated that taking a history with 30.7 %, physical examination with 31,2 % and reporting to the relevant institution/initiating the legal process.

In the study of Başdaş and Bozdağ (2018), the reasons for the insufficient reporting of child abuse and neglect cases; insufficient information on reporting 26,1 %, inability to fully understand the signs of abuse and neglect 25,5 %, and the thought that the child's life would be endangered 19,1% after reporting. All the participants stated that they needed training on child abuse and neglect.

In Şahin's (2019) study; It is seen that 49,3 % of the nurses received training on child abuse and neglect. 54,9 % of the nurses who encounter the phenomenon of child abuse and neglect find themselves sufficient. 91,5 % of the nurses willing to get more information on this subject. While 25,4 % of the nurses stated that there is a procedure applied for child abuse and neglect in the institution they work, 74,6 % stated that there is no procedure.

Kara et al. (2014) in his study with 550 physicians in Ankara; While the mean total acknowledge score of pediatric residents about child abuse and neglect was $12,4 \pm 4,5$ it was found to be $13,7 \pm 2,8$ for specialists and $13,6 \pm 2,8$ for general practitioners. The level of knowledge about child neglect and abuse was found to be significantly higher in women, those who were married, those who received pre-and post-graduate education, and those who encountered and reported abuse cases or suspicions, compared to other groups.

In the study of Kılıçaslan et al. (2020) 55 % of physicians stated that they received training on child abuse and neglect during their education, and 21,7 % attended postgraduate training. However, more than half of the participants stated that they found this training insufficient. The results of the scale, which was applied to evaluate the awareness of neglect and abuse of physicians, showed that the level of knowledge about child abuse and neglect was not sufficient, even though it showed some improvements compared to previous studies.

Situations such as the lack of adequate training of healthcare professionals, their reluctance to interfere with family matters, the thinking of parents that they harm their children, and similar reasons, cause cases of abuse to be overlooked and reported (Biçer et al., 2002). Healthcare professionals are obliged to report child abuse, and this is stated in Article 280 of the Turkish Penal Code as an obligation of healthcare professionals. A healthcare professional who does not report the situation to the competent authorities or delays in this matter, despite encountering an indication that a crime has been committed while performing his duty, is sentenced to up to one year in prison. The term "healthcare professional" includes physicians, dentists, pharmacists, midwives, nurses and other healthcare providers. (Turkish Penal Code 280)

2.0 METHODOLOGY

2.1 Research Model

Questionnaire method, which is a technique of collecting information by asking questions to people representing the universe was used in the research. Data were collected using the random sampling method. The study is designed in descriptive type.

2.2 Study Group

The study group of research consists of health workers (physician, nurse, midwife, health officer and social worker) in a state hospital.

2.3 Data Collection Methods and Measurement

A 40 question survey was conducted to 100 volunteer healthcare professionals in Hakkari. This survey questions planned in the form of 30 questions about the basic information on child who is the victim of abuse and what principles of approach are, and their knowledge, attitudes and behaviours about child abuse. The findings are analyzed through SPSS 26 program. Chi-square test is used and the statistical significance $p < 0,05$ is accepted. The required ethics committee permissions were obtained from Acibadem University Health Sciences Institute, and the questionnaires were conducted in places other than work (home, cafeteria etc.) on a voluntary basis. In the last question, healthcare professionals were asked to state their opinions and suggestions about abuse against children.

2.4 Data Collection Tools

In the study, survey questions were prepared by the researchers in order to determine the knowledge level of health workers about child neglect and abuse, in line with the literature, to determine the level of knowledge and behavioural characteristics.

The questionnaire used consists of two parts. In the first part of the questionnaire, information was collected with demographic characteristics of the hospital staff. The sociodemographic data questionnaire consists of three questions prepared about the occupational group, professional experience and whether training on child abuse has been received in the institution.

In the second part of the questionnaire, the awareness level of the participants about child abuse and neglect were measured. Awareness levels were examined in different sub-dimensions;

Sexual Abuse,

Physical Abuse,

Emotional abuse and neglect,

Awareness about taking anamnesis,

Awareness of health professionals about their parents' discourse and attitudes,

To which persons and institutions the application was indicated in the case report.

The data obtained and defined in tables and graphics with expressions in the form of ratios and percentages.

3.0 RESULTS

100 volunteer health workers were included in the study. Of the respondents, 20 are doctors, 50 of them are nurses, 12 are wives, 16 are health officers, and 2 are social workers. When their professional experience levels are examined, it is seen that 6 % of them are 1 year or less experienced, 38 % are between 1-5 years experience, 56 % are 5 years or more experienced (Table 1).

| Occupation | | |
|------------------------------|----|-----|
| Doctor | 20 | 20% |
| Nurse | 50 | 50% |
| Midwife | 12 | 12% |
| Health Officer | 16 | 16% |
| Social Worker | 2 | 2% |
| Professional Experience Rate | | |
| 1 year and less | 6 | 6% |

| | | |
|-------------------|----|-----|
| Between 1-5 years | 38 | 38% |
| 5 years and above | 56 | 56% |

The definition of abuse determined by the World Health Organization (WHO) was directed to the participants. 82% of the participants stated that this definition was correct, 3 % incorrect, and 15% were undecided. 20 % of the participants who gave the answer stated that neglect is not abuse, and 13% stated that child labor is not abuse (Figure 1).

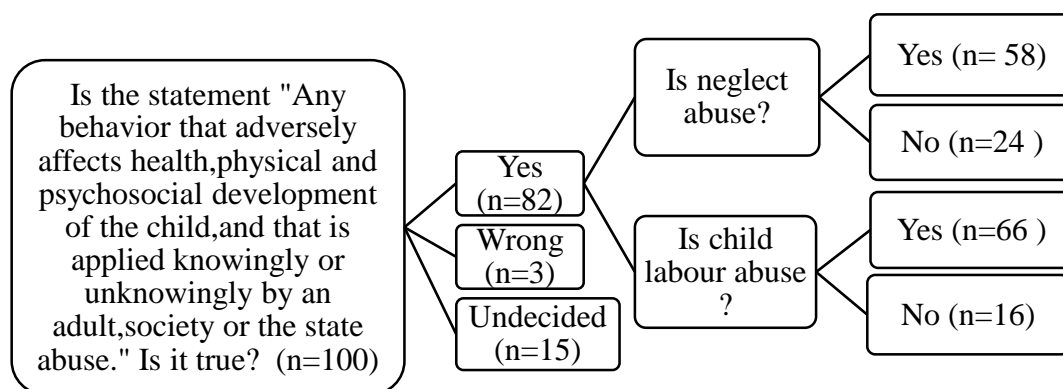


Figure 1: Professional competence and awareness level in child abuse and neglect from a participant perspective

It is seen that 75% of the participants do not attend any training, seminar and/or conference related to child abuse and neglect (Figure 2)

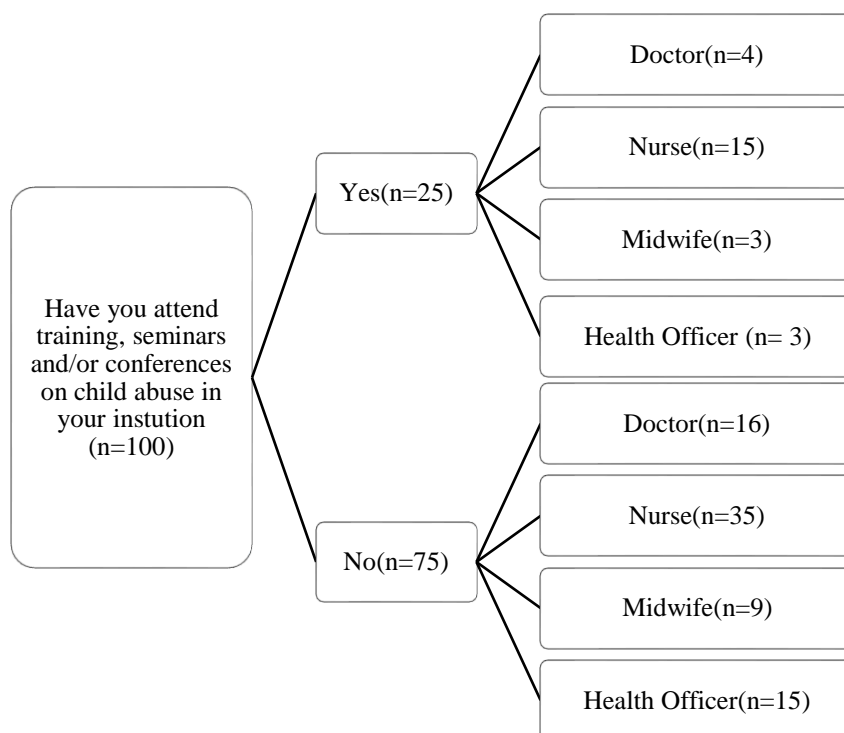


Figure 2: Level of participation in any training, seminar and/or conference related to child abuse and neglect

When 61% of the participants self-assessed about child abuse, they reported that they were low, moderate and neither good nor bad in this regard.39 % reported their own good as very good (Figure 3)

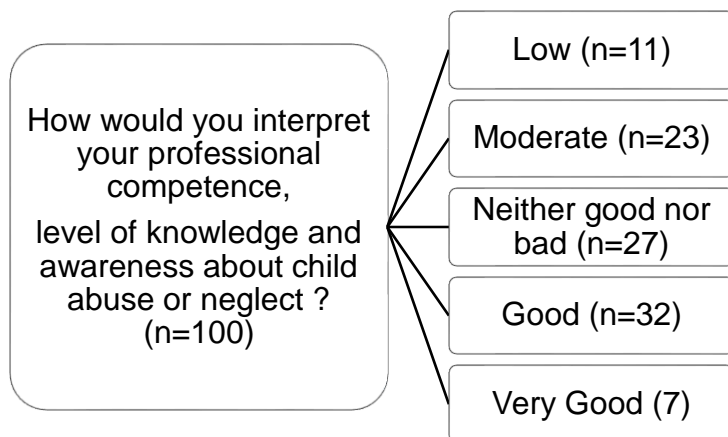


Figure 3: Professional Competence and awareness level in child abuse and neglect from a participant perspective

All of the participants 100 % stated that there are no guidelines or templates about the reporting steps related to child abuse in a way that all employees can see in the hospital where they work. 74 % of the participants stated that it is obligatory to report all types of abuse (physical, sexual, emotional and neglect) to legal bodies for children who apply to the hospital.

81% of participants stated that they would notify when they think of abuse and neglect in pediatric patients who applied to the hospital without a forensic case. (Table 2) Persons and place to be notified are hospital police (46%), social service unit (18%), parents (15%), child police (6%), psychologist (1%), chief physician (6%), public prosecutor (2%), the ministry of family and social studies (3%). (Figure 4)

Table 2: Awareness levels of reporting responsibilities on child neglect and abuse (n=100)

| Question | Doctor | | | Nurse | | | Midwife | | | Health Officer | | | Social Worker | | |
|---|--------|----|---|-------|----|---|---------|----|---|----------------|---|---|---------------|---|---|
| | Y | N | U | Y | N | U | Y | N | U | Y | N | U | Y | N | U |
| Is there a guideline or template about the reporting steps of child abuse in your hospital and it is located in a way that all employees can see? | 0 | 20 | 0 | 0 | 50 | 0 | 0 | 12 | 0 | 0 | 1 | 0 | 0 | 2 | 0 |
| All types of abuse for children admitted to the hospital;In case of physical,sexual,emotional | 10 | 0 | 1 | 41 | 5 | 4 | 11 | 0 | 1 | 1 | 1 | 2 | 1 | 0 | 1 |
| | | | 0 | | | | | | | 3 | | | | | |

and neglect, it is mandatory to report to legal bodies.

| | | | | | | | | | | | | | | | |
|--|----|---|---|----|---|---|----|---|---|---|---|---|---|---|---|
| If you think of abuse and neglect in pediatric patients who apply to the hospital without a forensic case, do you report it? | Y | N | U | Y | N | U | Y | N | U | Y | N | U | Y | N | U |
| | 18 | 0 | 2 | 39 | 3 | 8 | 12 | 0 | 0 | 1 | 3 | 3 | 2 | 0 | 0 |

Y=Yes N=No U=Undecided

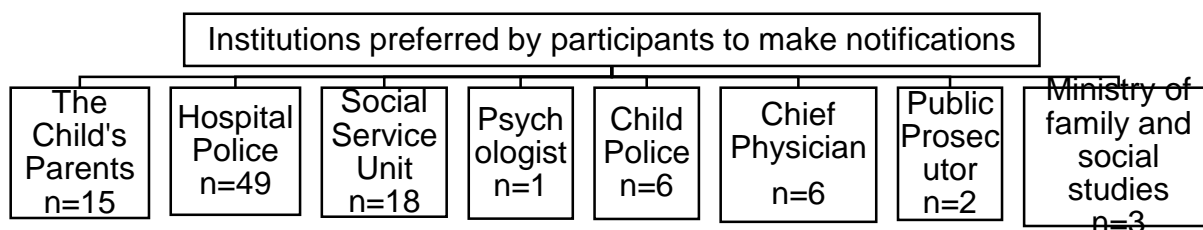


Figure 4: Instructions preferred by participants to make notifications

%47 of the participants reported that they encountered a case of abuse in the unit where they worked, %14 reported that they were undecided about abuse and neglect. During taking the anamnesis, %77 of the participants stated that guiding questions should be asked on the grounds that the child cannot express himself. It is seen that if the story is different from the story of the first visit, while taking the anamnesis, %74 of the participants could be considered abuse and neglect, %3 did not think, and %23 were undecided. When abuse and neglect are suspected, %87 answered yes, %7 undecided to take anamnesis separately from the child and the parents. %20 of the participants answered yes, %60 answered no, %11 were undecided about not using the child’s language while taking anamnesis for a child who is thought to be abused and putting pressure on the child to resolve the incident quickly. (Table 3)

Table 3: Awareness of health workers on taking anamnesis (n=100)

| | Doctor (n=20) | | Nurse (n=50) | | Midwife (n=12) | | Health Officer (n=16) | | Social Worker (n=2) | |
|--|---------------|----|--------------|----|----------------|----|-----------------------|----|---------------------|---|
| | Y | N | Y | N | Y | N | Y | N | Y | N |
| Do you also consider issues of abuse or neglect while taking anamnesis of pediatric patients admitted to the hospital? | 8 | 12 | 22 | 28 | 3 | 9 | 4 | 12 | 1 | 1 |
| Have you encountered cases of child abuse in the | 9 | 9 | 26 | 16 | 2 | 10 | 10 | 2 | 0 | 2 |

unit where you work at the hospital?

| | | | | | | | | | | | | | | | |
|--|----|----|---|----|----|----|----|----|---|----|---|---|---|---|---|
| While taking anamnesis, guiding questions should be asked to the child, because children cannot express themselves. | Y | N | U | Y | N | U | Y | N | U | Y | N | U | Y | N | U |
| | 14 | 2 | 4 | 44 | 4 | 2 | 10 | 1 | 1 | 9 | 1 | 6 | 0 | 2 | 0 |
| For children admitted to hospital, if the anamnesis obtained from the parents is different from the first visit, does it suggest abuse? | Y | N | U | Y | N | U | Y | N | U | Y | N | U | Y | N | U |
| | 18 | 1 | 1 | 36 | 2 | 12 | 10 | 0 | 2 | 9 | 0 | 7 | 1 | 0 | 1 |
| It is important to take anamnesis separately from the parents when there is a suspicion of abuse in pediatric patients brought to the hospital. | Y | N | U | Y | N | U | Y | N | U | Y | N | U | Y | N | U |
| | 19 | 1 | 0 | 43 | 3 | 4 | 12 | 0 | 0 | 12 | 1 | 3 | 1 | 1 | 0 |
| While taking an anamnesis for the child to continue a life of abuse, children should not use language, ask questions and talk to quickly discuss the incident. | Y | N | U | Y | N | U | Y | N | U | Y | N | U | Y | N | U |
| | 9 | 10 | 1 | 9 | 37 | 4 | 0 | 11 | 1 | 2 | 9 | 5 | 0 | 2 | 0 |

4.0 DISCUSSION

Healthcare workers are an occupational group which mostly likely to encounter abused or at-risk children. The aim of this study, which was conducted in Hakkari, is to examine the experiences of health workers about abuse and neglect cases, the level of competence of their knowledge and practices, and their attitudes towards being more educated on this subject. Our study reflects the general situation in the research universe. Based on the results of this research and relevant literature, the knowledge and attitudes of health workers in cases of abused and neglect were examined.

4.1 WHO definition

82% of the participants correctly defined the definition of child abuse made by WHO, which is generally accepted worldwide. However, it is seen that there is superficial knowledge in the concepts of child abuse and neglect. Of those who answered the definition correctly, 58% know that neglect is abuse, and 66 % know that child labor is abuse.

4.2 Having sufficient knowledge in taking history-anamnesis

Correct identification and processing of the correct procedure when faced with an abused child is also vital to the child's care. In our study, (%47) 47 of the healthcare professionals stated that they encountered abuse and/or neglect in the institution they work in. When the knowledge of the participants in taking the history-anamnesis was evaluated, 77% of the participants stated that the children should be asked guiding questions because they thought that the children would not be able to express themselves during the story-anamnesis. Çetin et al. (2021), it was observed that residents who detected cases of child abuse had insufficient knowledge in reporting the most and taking history and anamnesis in the legal process. Özyürek et al. (2018) , it was determined that family physicians and teachers had difficulties in reporting to the instution,taking history and physical examination in cases where neglect/abuse in business life. According to Kara et al. (2014) and Kocear (2006), taking a history-anamnesis is among the difficulties faced by doctors/nurses who are faced with a case or suspicion of child abuse and neglect.

4.3 Level of reporting in case or suspicion of abuse and/or neglect and evaluation of their own knowledge level of healthcare professionals

Health workers have responsibilities in detecting the situation in cases of abuse and neglect against children and initiating the necessary legal process. When healthcare professionals encounter cases of child neglect and abuse, they should report the cases immediately. In this process,it is important to manage the process with the right steps in order to protect the rights of child.

In our study, it was seen that 62% of the health professionals evaluated the issues of abuse or neglect while taking anamnesis of the pediatric patients who applied to the hospital, and 19% were not willing to report the children who applied to the hospital to the legal bodies in all types of abuse (physical, sexual, emotional and neglect). Kara et al. (2014), it was stated that 15,1% of the doctors did not reporting in cases of abuse and neglect. In the study conducted by Tekin and Kılıç (2020) with physicians and nurses,63 (42%) of the participants encountered cases of child neglect and abuse throughout their professional lives,49 (77,7 %) of them reported cases,14 (22,3%) were not reported.

It was determined that 26 (53,1 %) of the reported cases were reported to the hospital service unit, 16 (32,6 %) to the hospital police, 7 (14,3 %) to the hospital administration. In the study carried out with the participation of physicians, nurses and midwives in Malatya, when suspicion of child abuse and neglect is encountered, the security forces and ÇİM, with a high percentage of Aspim (Provincial Directorate of Family and Social Policies), Hospital, Prosecutor's Office, ŞÖNİM (Violence Prevention and Monitoring Center), It is seen that there are institutions such as a community health center (Yükseller, 2020). In our current study, the hospital police (n=49) ranks first when looking at the preferred individuals and institutions for reporting. Respectively, the social service unit (n=18),the child's parents (n=15),the child

police (n=6), the chief physician (n=6), the ministry of family and social studies (n=3), the public prosecutor (n=2) and psychologist (n=1).

Similar results were obtained in a study conducted in Italy. In the study conducted in Italy, %62 of the participants stated that they would not report a case to social institutions when they encounter it (Manea et al., 2007). In a study conducted in Saudi Arabia, %11 of the participants stated that they suspected a case of child abuse in their clinic (50 cases in total) and only 3 % (6 cases) of these reported. (Mogaddam, 2016) According to the study conducted with health professionals consisting of nurses, doctors and dentists in Ireland, the level of encountering a case with suspected abuse is 60%, while the level of reporting is 47 %

In our study, it is seen that health professionals evaluate their awareness of abuse and neglect as 11 % low, 23 % moderate, 27 % neither good or bad, 32 % good, 7 % very good. In the study conducted by Yükseler (2020) with physicians, nurses and midwives, %98,1 of the participants said that they would report when they encounter child abuse and neglect. In the study, it was observed that the main reasons for not reporting health workers were that they did not have sufficient information about child abuse and neglect, and those who thought they had enough information did not have the right information. Çetin et al. (2021), according to the research conducted with family medicine residents, it was determined that 6,2 % of the residents consider themselves competent in terms of child abuse and neglect, 43,1 % consider themselves partially sufficient, 41,5 % do not see themselves as sufficient, and 9,2 % of them did not see themselves enough at all. According to a study done by Solak et al. (2020) with family physicians, 27,8 % of physicians who encountered cases of child abuse and neglect evaluated themselves as adequate, 27,8 % of them in terms of intervention. In a study conducted with physicians in Sri Lanka, it was determined that 21 % of the participants received training on child abuse, but 65,8 % of them were not satisfied with their level of knowledge (Sathiadas, 2018). As a result of the unwillingness to report and their poor self-awareness, there may be cases of not reporting correctly or incomplete reporting in the process of encountering a forensic case.

4.4 Levels of education on child abuse and neglect

When education level of health workers in first contact with abused and neglected children is examined, it is seen that there is an inadequacy in the quantity and quality of education. There appears to be a significant gap between recognizing the signs of child abuse and responding effectively. In our current study, 100 health workers who participated in the study reported that 25 % received training on child abuse and neglect. Examining the participants' levels of knowledge about child abuse or neglect, it was revealed that their knowledge of the signs and symptoms of abuse was insufficient.

Özyürek et al. (2018) study, it was determined that 41,37 % of family physicians and 66,11 % of teachers, 96,61 % of family physicians and 89,95 % of teachers did not receive in-service training regarding child neglect/abuse cases. In the study conducted by Yıldırım (2019) with health workers, 78 % of the participants stated that they did not receive in-service training. In the study conducted by Yükseler (2020) with physicians, nurses and midwives, 75,2 % of the participants reported that they did not receive training on child abuse and neglect in the

institution they work. 19,2 % of health personnel who received training in the institution they work for did not find the training they received useful and sufficient.

Similar to our study, in a study conducted with 130 resident physician in India, %49 of the participants stated that they received formal training in recognizing child abuse, while the rate of benefiting the child in practice was lower (Deshpande, 2015). It is seen that similar results were obtained in another study conducted with 762 dentists. While the participants thought that they had sufficient knowledge and equipment to detect suspicious cases, it was seen that very few of them answered all the symptoms of abuse and neglect correctly (Malpani S. Et al., 2017). According to the research conducted in Saudi Arabia, 77 % of the participants believe that they can detect cases of physical abuse against children if they encounter them. However, half of the participants correctly described all the signs and symptoms of child physical abuse (Mogaddam, 2016).

When examining the possibilities of the institution in terms of raising awareness of child abuse and neglect, the majority of the participants (65%) stated that their workplaces did not provide the procedures they would follow in case of suspicion of child abuse, and 29% did not know whether the workplaces provided a procedure or not (Mogaddam, 2016). All participants (100 %) in our current study reported that there was no guideline or templates for reporting steps related to child abuse in their institution.

5.0 SUGGESTION

- In order to prevent abuse, awareness should be raised as a society and the media should be used actively.
- State policies on abuse should be developed and improved.
- Training, seminars and panels on abuse should be organized in schools, community centers, and universities.
- Especially in universities where healthcare professionals are trained, education on child abuse should be provided, awareness, knowledge levels and skills acquisitions of students should be supervised by conducting surveys and exams.
- In-house training, seminars and certificate programs for healthcare professionals should be organized and continued.
- Health professionals; information should be given on Diagnosing the Symptoms and Risks of Child Abuse and Neglect, in-house posters and presentations should be prepared.
- There should be child monitoring centers in each province; These centers should provide services in coordination with other public institutions that need cooperation such as health, education, law enforcement, law and justice system, which are deemed necessary during the examination and treatment of the child who had been sexually abused.
- A single standard procedure should be established regarding the path to be followed by healthcare professionals and the notification process should be facilitated. A standard of care should be established throughout the country and should be applied in all health institutions.

Limitation of the study: The main limitation of this study is the use of a measurement tool whose validity and reliability has not been determined.

Data Collection: The data were collected to coincide with the break times of healthcare workers. Informed consent form was distributed to participants and the purpose of the study was explained. Participants who agreed to participate in the study were included in the study. Filling the information form approximately 10 minutes.

Ethics Committee Approval: In order to conduct the study, approval was obtained from the Clinical Research Ethics Committee of Acıbadem University with the decision numbered 2022/2011.

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