



# WP4



## BECAN Project

“Balkan Epidemiological Study  
on Child Abuse and Neglect”

Grant agreement no.: 223478,  
Collaborative Project



AAHD Association of Emergency  
Ambulans Physicians  
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## CASE-BASED SURVEILLANCE STUDY (CBSS): TURKEY REPORT

In the context of Achievement 4.2: “Incidence rates of reported and/or detected CAN cases, types of CAN and socio-demographic characteristics of families, in 9 Balkan countries” & Achievement 5.4: “Ten Reports of the researches results (9 National and 1 Balkan)” for the preparation of Deliverable 4.2: “Report on Incidence rates (on national and Balkan level) of reported CAN cases”

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Child abuse and neglect is regarded as a significant public health problem all over the world (WHO, 1999). Children have a risk to be abused in all over the world from all social segments by the familiar or unfamiliar people in the lives at home or at other life spaces (WHO, 2006). Child maltreatment is based on giving harm to child's physical and psychological well-being and not providing care for the basic needs of the child for healthy development. This concept is basically classified as physical, psychological, sexual abuse and neglect. Although abuse is of vital importance in child's life with permanent effects, this experience is usually not revealed for the reasons like social isolation. In addition, the real magnitude of the problem is not understood due to insufficiency in legal regulations and recording mechanisms.

For effective intervention and prevention studies on child abuse and neglect, the cases of abuse is required to be recorded in all aspects of the problem. In Turkey, many numbers of agencies play a role in surveillance of abuse cases. The child-victim in our country is usually referred to police and then referred to courts of law. In investigation period, the child is also referred to forensic medicine institute for physical examination and other hospitals for psychological evaluation. In this period, all reports given for the victim are collected in courts. However, this central mechanism is only distinctive for regional courts of law rather than a national database for all agencies. In addition, every institution collects data of abuse in frame of their own proficiency. The risk factors concerning the children, the incident, perpetrators, and caregivers are recorded in significantly different ways in agencies. Under these circumstances, the abuse is not perceived as a whole phenomenon.

In light of these facts, this study was a product of BECAN Project (Balkan Epidemiological Study on Child Abuse and Neglect) that was implemented under EU 7<sup>th</sup> Framework Programme on the basis of the lack of screening data on child abuse. This study had three major aims: a) to explore CAN incidence of the recorded cases (substantiated, unsubstantiated or ongoing) of 11, 13 and 16 years of children in courts and hospitals in a one year period between November 2010 and 2011 by revealing the demographic characteristics of children and abuse and comparing the results with main epidemiological study, b) to provide a better understanding of how information of children were recorded in agencies, c) to provide suggestions for development of standard structure of recording CAN cases.

This study was conducted in the same geographical area and in the same period with WP3 main epidemiological study. Total of 8 agencies – four hospitals and four courts of law - have provided study permission in three provinces of Izmir, Zonguldak and Denizli. The Turkish version Extraction Forms that were developed for the purposes of BECAN Project were used as a research tool for the standard recording of CAN cases. In all courts of law, sexual abuse cases were extracted that were defined in Turkish Criminal Law Article 103. In some courts, additional data was collected for other Turkish Criminal Law articles: 104 (Sexual intercourse between/with persons not attained the lawful age), 105 (Sexual harassment), 86 (Felony injury) and 232 (Cruelty). In hospitals, two types of data were collected that consisted of both sexual abuse cases referred from courts of law and the cases that were identified by the professional awareness in hospital in-patients. In this study, the collected data were entered and analyzed in SPSS 16.0 program.

Total of 443 cases were extracted in this study. The CAN incidence of the cases according to population in three provinces, three age groups and all abuse types was recorded as at least one every 1000 children were recorded in agencies. In general, females were recorded in agencies approximately three times more than males. In single physical abuse cases, males were more recorded than females. This finding was parallel with the results of main epidemiological study that male children were reported more exposure to physical acts at home than girls. The mostly exposed acts were found as slapping/beating, pushing/kicking/throwing, hitting with an object, locking up and frightening with a knife or gun. Due to these acts, cuts/bite/open wound and bruise were the most type of injuries with minor severity. No cases were recorded with injury of life threatening severity. Sexual abuse cases in this study have higher representativeness of the issue. The incidence rates were found to be distinctive among provinces. The incidence of sexual abuse cases of 16 year old females were found more than two times higher than the cases of the same age group in Zonguldak. Sexual harassment acts were found more common for 11-13 years old children; while 16 year-old were reported as experiencing completed sexual activity more. The psychological abuse cases in this study were threatening acts that were co-occurred with sexual abuse cases. Other types of psychological cases were less recorded. In neglect cases, children working in the streets were recorded as judicial cases; while physical and medical neglect cases were recorded in in-patient referrals of hospitals.

There was limited information in files about education level, work status, education-related problems and behavior problems. The most recorded problems were school attendance problems, running away, self-harming behavior, impaired cognitive functioning and psychiatric disorders. Half of the perpetrators were found only-perpetrators of people out of family like strangers, friends, and dates. 10 % of the perpetrators were caregivers of the children that were mostly fathers and secondly mothers. Education level, work status and marital status of the perpetrators and caregivers requires to be recorded in a more reliable manner. The possible risk factors of being a perpetrator like previous maltreatment history, similar allegations were almost never recorded in files.

This study provide significant results for the especially the incidence of sexual abuse. However, all types of abuse could not be reached in all agencies, especially in courts. Therefore, the study does not provide robust conclusions on the incidence of CAN in recorded cases. Although the results of the main epidemiological study indicate that adverse childhood experiences were high at home, only a part of them were reflected in agencies. Therefore, the gap between experienced and recorded abuse events was spotted once more.

In this study, the recording mechanism in agencies was mostly incident-based rather than a systematic approach. Incident-related information were recorded reliably. However, the living conditions of children, familial characteristics and other risk factors to be abused were recorded according to the features of each event rather than in a specific system. The study had practical benefits in this regard. The professionals in each agency experienced the significance of using standard extraction forms and made attempts to use these forms. Additionally, this study was pioneering in terms of research methodology due to the difficulty of obtaining permission from legal agencies to view content of cases with high confidentiality. This step will be illuminating for further studies.

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## CHAPTER A: INTRODUCTION & BACKGROUND

### A.1. The BECAN Project

The Project “Balkan Epidemiological Study on Child Abuse and Neglect” (B.E.C.A.N.) run from September 2009 until January 2013 in 9 Balkan countries and was co-funded by the EU’s 7<sup>th</sup> Framework Programme for Research and Innovation (FP7/2007-2013)<sup>1</sup> and the participating partner Organizations. The project’s coordinator was the Institute of Child Health, Department of Mental Health and Social Welfare, Centre for the Study and Prevention of Child Abuse and Neglect (ICH-MHSW), in Athens (Greece), while the national coordinators for each of the participating countries were the following Organizations:

- Children's Human Rights Centre of Albania (Albania)
- Department of Medical Social Sciences, South-West University "Neofit Rilski" (Bulgaria)
- Faculty of Political Sciences, University of Sarajevo (Bosnia & Herzegovina)
- Department of Social Work, Faculty of Law, University of Zagreb (Croatia)
- University Clinic of Psychiatry, University of Skopje (F.Y.R. of Macedonia)
- Social Work Department, Faculty of Sociology and Social Work, Babes-Bolyai University (Romania)
- Faculty for Special Education and Rehabilitation, University of Belgrade (Serbia)
- Association of Emergency Ambulance Physicians (Turkey)

The project’s evaluation was conducted by Istituto degli Innocenti (Italy) and the project’s external scientific supervision was undertaken by Prof. Kevin Browne, Head of the W.H.O. Collaborating Centre for Child Care and Protection (United Kingdom) and Chair of Forensic Psychology and Child Health, Institute of Work, Health & Organisations, University of Nottingham.

The BECAN project included the design and realization of an **Epidemiological field survey** and a **Case-Based Surveillance study** in 9 Balkan countries (Albania, Bosnia & Herzegovina, Bulgaria, Croatia, F.Y.R. of Macedonia, Greece, Romania, Serbia and Turkey).

The 9 Epidemiological Surveys that were conducted aimed at investigating the prevalence and incidence of child abuse and neglect (CAN) in representative randomized samples of the general population of pupils attending three grades (the grades attended mainly by children 11, 13 and 16 year-olds). In addition, supplementary surveys were conducted to convenience samples of children that have dropped-out of school in countries where the drop-out rates are high for producing estimates of respectful CAN indicators at national level. Data were collected by two sources, namely by matched pairs of children and their parents, by using two of the ICAST Questionnaires (the ICAST-CH and the ICAST-P) modified for the purposes of the BECAN project.

The Case-Based Surveillance Study (CBSS) aimed at identifying CAN incidence rates based on already existing data extracted from the archives of agencies involved in the handling of CAN cases (such as child protection, health, judicial and police-services and NGOs) in the same geographical areas and for the same time period as the epidemiological field survey. The collected data were related to the characteristics of individual cases such as child, incident, perpetrator(s), caregiver(s), and information concerning the family. At the same time, the CBSS targeted to map the existing surveillance mechanisms, where available, and to

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outline the characteristics of the surveillance practices in each participating country. Moreover, comparison at national level between inductance rates of CAN as found in field survey in one hand and in case based surveillance study on the other would produce evidence based estimates of the instantiation of the “iceberg” phenomenon regarding CAN, viz. that actual rates of the phenomenon are substantially higher than the number of cases actually known or provided for by services in the participant countries.

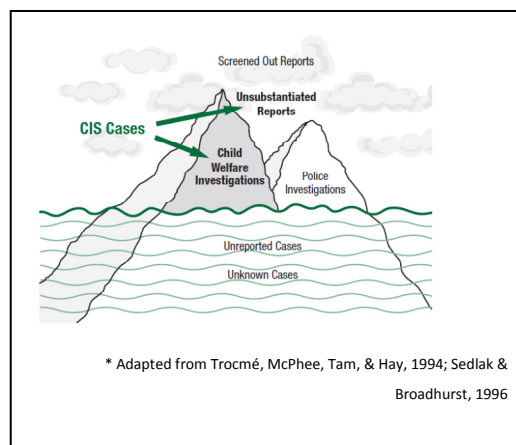
In addition, in the context of the BECAN Project were built National Networks of agencies (governmental and non-governmental) working in the fields of child protection from the areas of welfare, health, justice, education, and public order. In total, 9 National Networks were developed in the participating countries, having more than 430 agencies-members. Last but not least, a wide range of dissemination activities were conducted which included the organization of National Conferences and one International Conference, scientific papers, announcements to scientific conferences and meetings, publications in press/media, publication of Reports, etc (more information about the project’s activities can be found at the project’s website: [www.becan.eu](http://www.becan.eu)).

Finally, BECAN aimed to include all aforementioned outcomes in terms of evidence produced, experience gained and networking of resources into comprehensive consolidated reports at national and Balkan level that could facilitate evidence based social policy design and implementation for improving child protection services and overall provisos.

The current Report describes in detail the methodology and the main results of the case-based surveillance study in Turkey for the child and abuse cases in hospitals and courts in Izmir, Zonguldak and Denizli.

## A.2. CBSS in Turkey: Background, Aim, and Objectives

Research and interventions in CAN despite laborious efforts and undoubted progresses achieved insofar, still face a number of serious shortcomings. First of all, there is still a considerable distance between reported cases and the actual incidence and prevalence of cases of child abuse, the later remaining quite unclear in a substantial part of the world. This results in serious deficiencies in the epidemiological understanding of the phenomenon, obscuring the picture and, thus, decreasing effectiveness of respectful interventions. Secondly, there are – even today - disparities in definitions utilized by services and professionals as well as discrepancies in research and monitoring tools used.



Thirdly, due to the very nature of the subject matter, interdisciplinary approaches are necessary (from health, social and legal scientific discourses), implying wide diversities in methodological approaches employed by different disciplines. This is the source of another known problem, namely, the sometimes occurring, incommensurability of health, social and legal processes employed to address a single case of child abuse. Additionally, since at the onset of sensitization of modern societies towards child abuse, the issue was heavily charged, sometimes activist human-rights’ approaches are still intergraded with scientific – empirical studies



and interventions, creating disputes and yet unresolved conflicts on critical questions about the nature, incidence and characteristics of the phenomenon (not always dealt within the constraints of required scientific austerity). Finally, on the grounds of all the above, policy and decision makers seem often to be left without vital information in resources prioritizing and procedures harmonizing, resulting in sometimes fragmented interventions, campaigns and networks. Moreover, within the range of the EU, things concerning child abuse seem to face severe troubles towards the targets of harmonization of procedures and health unification. BECAN study aims at tackling all issues mentioned above, facilitating the progress from currently existing condition in all these aspects.

Among the objectives of the BECAN Project were the following:

- A more realistic picture to be revealed concerning the difference between reported and hidden incidence of CAN cases in school-aged children in Balkan countries through the Consortium's access to national databases of identified cases of CAN and the obtaining of epidemiological data.
- Comparable and compatible data on CAN to be delivered, facilitating future research and better understanding of CAN features via the use of common instruments for data collection from all potential data-sources and unified definitions related to CAN issues.

Following up annually at CAN's level will provide a longitudinal view of the problem and thus a better understanding of the effectiveness of intervention and prevention programs, permitting for corrective decisions.

Differences between reported and hidden incidence and prevalence: Even today, throughout the world, there aren't many widely accepted field surveys of a general population's randomly selected sample. Seen from this angle, BECAN study will be a pioneering attempt to map (a) prevalence and incidence of child abuse in a randomized population sample and (b) observed differences between findings of population-based research and reported cases of abuse. Thus, a more realistic picture will be revealed and the relation between reported and hidden prevalence will be clarified (will be achieved through milestones 2 and 9, and reported in Final Report to EC). Consequently, a number of indicators can be delivered concerning the actual incidence, prevalence and observed socio-demographic and regional differences of child abuse in respect to reported/registered cases (will be achieved through milestones 2, 4 and 9, and reported in Final Report to EC).

#### Case-based surveillance study (CBSS)

A case-based surveillance study is scheduled to be conducted in the nine Balkan countries in the context of the BECAN Project in conjunction with the epidemiological survey in the same geographical areas and for the same time period.

#### Aim & Objectives

BECAN CBSS, which is the subject of the present protocol, constitutes a systematic effort to collect CAN data from already existing archives and databases of agencies and facilities involved in the handling of CAN cases, such as child protection services, health, judicial and police services and NGOs and at the same time to map the existing surveillance mechanisms.

The primary aim of the CBSS is to measure all forms of CAN incidence rate, namely the number of children maltreated in a single year, including substantiated, suspected, and unsubstantiated cases based on already existing CAN surveillance practices from a variety of related agencies in 9 Balkan countries for a specific time period.

CAN prevalence concerns the measurement of the number of people maltreated at any time during their childhood. Given that data collection will target a specific 12-month time period, CAN prevalence estimation is not feasible and therefore is out of the scope of this study.

The second aim of the study is to compare its results with the results of the epidemiological survey; in this manner the opportunity will be provided to test whether the non-systematic recording of CAN cases (reported/detected) in some of the participating countries and the more systematic surveillance in some others sufficiently depict the CAN incidence rates. Such a comparison is expected to reveal a more realistic picture concerning the difference between reported and hidden incidence of CAN cases in school-aged children nationally in the nine Balkan countries. Therefore, the results can be used as a "needs assessment" indicator in order to identify potential weaknesses of the existing surveillance mechanisms in each individual country, even for those that have already established a CAN surveillance system. The conclusions of the CBSS and the results of its comparison with the respective results of the epidemiological survey could be used for the development of a strategic plan in the context of the BECAN project suggesting the establishment of national permanent CAN monitoring systems in countries where no such systems exist or to improve already available systems. Furthermore, these data would operate as a starting point to enable the analysis of fundamental questions about the causes of variation between and within these countries, cultures, and ethnic groups. Moreover, identification of the differences between the epidemiological survey and the CBSS results within each country and consequent comparison of these differences among countries could potentially indicate what works better in CAN surveillance and to assess the quality of the already existing CAN surveillance systems in terms of their usefulness, simplicity, flexibility, acceptability, sensitivity, specificity, representativeness, timeliness and resources, given that different methodologies, tools and mechanisms are currently employed for the monitoring of CAN.

Specific objectives of BECAN CBSS are:

- To identify CAN incidence rates, namely to quantify the size of the problem based on already existing data in the same geographical areas and for the same time period the epidemiological survey will be conducted in nine Balkan countries.
- To collect data on child maltreatment from a range of sources nationwide in each country about the characteristics of individual cases including case identity, child-, incident-, perpetrator(s)-, caregiver-, family-, household, previous maltreatment-, agencies involved- and services provided-related information (see also "indicators to be explored"). On the basis of this information the objective is to outline the profile of maltreated children and their families, to identify potential risk factors and characteristics of groups at risk, to explore the severity of CAN in terms of duration and harm/injury and to outline investigation outcomes, including substantiation rates, placement in care, use of child welfare court, and criminal prosecution.

- To collect data related to characteristics of the existing surveillance systems targeting the outline of the current situation in the participating countries concerning CAN-surveillance infrastructures and identify common patterns and differences in the methods and tools used. Towards this objective, data are going to be collected concerning the identity of the agencies keeping CAN-related records, their legal status, the sector they belong to and their mission, their size (number of employees and the number of CAN cases turnover), the people who make the recording and whether they have received any special training in handling CAN cases, the sources of referrals, whether routine screening is being enforced and implemented and whether these agencies collect statistic data on CAN. Furthermore, data will be collected on characteristics of the records, namely the format of the record (database or archive, electronic or paper), the total time-period covered by the archive/database, whether a specific "CAN recording form" is used, and the type of cases that are included in the record and whether further documentation accompanying the record is available in the agencies.

#### Indicators

The following are specific indicators suggested to be explored targeting:

- to measure the extent of CAN (total incidence and incidence per form of CAN and status of substantiation)
- to outline risks for CAN related to child, family and household, characteristics of perpetrator exposure to abuse
- to map the characteristics of existing archives/databases and agencies collecting CAN data or recording CAN cases

#### *Specific objectives*

In Turkey, there is an absence in child abuse and neglect monitoring systems which results in difficulty in management and follow-up of cases. Additionally, in Turkey different types of agencies involve in management of abuse cases. Cases are not evaluated in unified child protection mechanisms, therefore there is a lack of studies that compare and contrast different agencies in terms of recording culture of the cases. In this regard, this study in Turkey aimed to make evidence-based contributions for establishment of monitoring systems and to outline the structure of recorded cases specifically in different agencies.

### **A.3. Current situation concerning CAN Monitoring System in Turkey**

In Turkey, there is no surveillance system that abuse and neglect cases are systematically recorded and managed. The courts of law are the most centralized mechanisms in case management. If a child was abused and referred to any agency like hospitals, police, social welfare services, then the Professional in the agency is obliged to compile a report of abuse. Then the child is referred to court and the investigation begin. In this process, the children visit all these agencies mentioned above for approval for otherl of abuse. The

information collected in all agencies are recorded in the electronic database system of courts. However, this system is not a central mechanism agencies.

In Turkey, there is no comprehensive national database to survey child victims of abuse and neglect, nor to track child abuse perpetrators. Ministries of Social Services, Interior Affairs, and Justice do have their own national databases, which are not interfacing. Ministry of Health does not have a coding system for child abuse and neglect, nor does it have a comprehensive system to educate medical providers to recognize and diagnose cases of child abuse. The diagnostic systems currently established include close to 20 university hospital settings and less than 10 child advocacy centers established within department of health teaching hospitals. (Altunay, 2009; Fırat; 2007; Koc et. Al., 2012; Ozer et. al., 2007; Sahin et. al, 2009; Salim, 2011). As a result of this, the Ministry of Health does not have national statistics regarding cases of child abuse and neglect.

#### ***A.4. The necessity for development of a National CAN Monitoring System***

The lack of interface and lack of a database within the Ministry of Health system, lead to one agency becoming aware of child abuse and neglect, but others not causing many missed opportunities of optimal management and prevention of recidivism. This also leads to incorrect decision-making (acquitting perpetrators of severe abuse) and lack of service provision to families that need it.

It is necessary for these key ministries to expand on the already established inter-ministerial council and charge this council and the council members' professional organizations with the tasks of:

- 1) developing mandatory intra-agency periodic in-service training of field workers on child abuse and neglect
- 2) developing diagnostic guidelines to guide field professionals in their decision making process
- 3) developing guidelines on multidisciplinary management of cases bringing the above agencies together on a case by case basis.
- 4) developing a national database for all substantiated cases of child abuse and neglect and perpetrators of child abuse and neglect.

#### ***A.5. CBSS Challenges Encountered in Turkey***

In Turkey, it was not a difficult process to identify the agencies regarding CAN. Courts of law, hospitals, social welfare services, forensic medicine institute and child police and NGO's were identified. In Turkey, it was experienced that NGO's were not collecting CAN data, therefore they were removed from the list agencies.

Social Welfare Services, Forensic Medicine Institute and Child Police were not cooperated for the study due to ethical codes of confidentiality of the cases. However, this deviation from the initial plan was not a major gap in the study. An abuse case in an institution have to be referred to courts of law, and since the study was conducted in these agencies, the records of forensic medicine institute eg. was also reached.

## CHAPTER B. METHODOLOGY

### B.1. Organization of CBSS in Turkey

#### B1.1. Timeframe

BECAN CBSS study consisted of the preparation of the WP4 toolkit, training of national research teams, data collection, data entry, and screening and finally preparation of national reports.

The preparation of WP4 toolkit approximately took 3 months between January – March 2011. This process included the Turkish translation and evaluation of Extraction Forms Part I and II, The CBSS Protocol and The Operations Booklet. Then the researchers' training was conducted in June, 2011 for one day. After this period, data collection period was started immediately.

BECAN CBSS Study in Turkey was conducted in 11-months period between September 2011 and August 2012. Data collection period according to months for each agency are shown in Table 1. In each agency, the cases of the previous year were scanned. The cases that were processed between 01.10.2010 and 30.09.2011 were included in the study.

Table 1. Data collection period of CBSS in Turkey according to months

	2011				2012							
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	Jul	Aug
Izmir Behcet Uz Child Hospital	■	■										
Karsiyaka Court of Law		■	■			■	■					
Tepecik Training and Education Hospital			■									
Izmir Court of Law			■	■	■							
Ege University Child Protection Center								■				
Dokuz Eylul University Child Psychiatry Department												■
Zonguldak Court of Law							■				■	
Denizli Court of Law									■			

The detailed timeline of the study is listed in Table 2.

Table 2. The detailed timeline of CBSS in Turkey

	First Data Collection Period		Second Data Collection Period	
	Beginning Date	End date	Beginning Date	End date
<b>Izmir Behcet Uz Child Hospital</b>	27 Sep 2011	11 Oct 2011	-	-
<b>Karsiyaka Court of Law</b>	31 Oct 2011	04 Nov 2011	21 Feb 2012	23 Mar 2012
<b>Tepecik Training and Education Hospital</b>	18 Nov 2011	22 Nov 2011	-	-
<b>Izmir Court of Law</b>	29 Nov 2011	06 Jan 2012	-	-
<b>Ege University Child Protection Center</b>	06 Apr 2012	12 Apr 2012	-	-
<b>Dokuz Eylul University Child Psychiatry Department</b>	6 Aug 2012	17 Aug 2012	-	-
<b>Zonguldak Court of Law</b>	28 Mar 2012	30 Mar 2012	23 Jul 2012	27 Jul 2012
<b>Denizli Court of Law</b>	21 May 2012	25 May 2012	-	-

While the data collection process was continuing, the data entry was also started. It took six- months time between January 2012 and August 2012. Then, data screening was started in August 2012 and finished in September 2012 that took approximately three months. After all, national reports were written in between September and December 2012 in two months.

### ***B.1.2. Identification of Eligible Services-CBSS Data Sources***

In identification of eligible services, initially the agencies that are related to child abuse and neglect were identified for three cities, Izmir, Zonguldak, and Denizli. These agencies included courts of law, hospitals, social services and child welfare agency, child police, institute of forensic medicine and NGO's (child protection, associations of child abuse and neglect, etc.). The contact information of these agencies was collected and a letter was sent them to invite them in BECAN Network on BECAN Website and participate in the CBSS. These agencies accepted to participate in the BECAN Forum, and then they were contacted via phone call. In telephone calls, the study was introduced by the coordinator in detail and the responsible of the agency was asked for presenting the structure of the agency. In this information gathering period, it was understood that NGO's in Turkey about CAN were not collecting or recording any data on CAN cases.

After the elimination of NGO's in CBSS in Turkey, the target services for the study were limited to five agencies: courts of law, hospitals, social services and child welfare agency, child police, institute of forensic medicine. In the permission process, initially social services and child welfare agency and then child police were contacted to take an appointment. In the meetings with two agencies, the permission for this

study was verbally rejected due to confidentiality of the cases. Therefore, these two agencies were not formally applied and they were unfortunately eliminated from the list of eligible services. Then, institute of forensic medicine in Izmir was called for an appointment. The agency was very interested in work and permitted to formally apply for the study to center of the institute in Istanbul. However, the permission application could not pass the scientific and management committee of the institute. Therefore, this agency was also eliminated from the services of CBSS in Turkey.

Then, the necessities of conducting the study in courts of law were intervened. It was offered to apply for permission centrally to the Ministry of Justice in Ankara, Turkey. An application portfolio was prepared for this ministry. This portfolio included the aim and structure of the study, the benefits of using the extraction forms in agencies, the materials, and conditions required to conduct study in courts. In the reply letter of Ministry of Justice, there was no permission or a rejection for the study. The legal regulations for conducting a scientific research were explained in the letter and it was mentioned that courts of law should be applied individually. Additionally, it was pointed in the letter that the responsibility to share the personal information of files was given in charge of chief prosecutor of each court. In this condition, it was necessary to apply to each court by using the reference of reply letter of Ministry of Justice.

In applying to courts, firstly the courts that were responsible for high criminal courts of child abuse and neglect. In Izmir, centrally two courts work for the crime of child abuse and neglect. One of them was the biggest one Izmir Court of Law and the other one was relatively smaller, Karsiyaka Court of Law. Initially, a judge in Karsiyaka Court of Law in Izmir was contacted and an appointment with chief prosecutor was arranged. In the meeting with the chief prosecutor, the aim of the study and the application process to Ministry of Justice was presented. The permission was obtained formally and the same procedures were applied for other courts in Izmir, Zonguldak and Denizli, respectively.

In applying to hospitals, in Izmir, four hospitals were visited and head doctor of each hospital and each related department was contacted. The details of the study were presented to head doctors. The responsible people in hospitals were very interested in the study and the permission was obtained easily. CBSS study in hospitals was only conducted in Izmir. Izmir is more than 5 times bigger than Zonguldak and Denizli. Due to this larger population hospitals were more integrated in child abuse work. Additionally, the hospitals in Zonguldak and Denizli were not willing to participate and give permission for the study.

Finally, four hospitals in Izmir and Courts of Law in Izmir, Zonguldak and Denizli were the final identified eligible services of the CBSS in BECAN Project.

In this study, since only two researchers have studied in data collection, the double-cases could be easily identified. In addition, there were records of each case about which agencies were visited. By the help of these records, the case could be easily identified and not recorded if it was recorded before.

### **B.1.3. Preparation of the National Research instruments**

The national instruments included CBSS Protocol, the Operations Booklet, The Extraction Forms of Part I and II. These instruments were translated into Turkish. Then, the training presentations were prepared by using the explanations of operations booklet and the elements of extraction forms.

### **B.1.4. Train the National Research Team**

The training program was formed as one day long, 8 hours training.

The outline of the training is presented in Table 3 below:

Table 3. CBSS Training Program in AHHD - Turkey

<b>BECAN Case Based Surveillance Study Training Program – Turkey</b>
<b>09:00 – 09:15 – Introduction, Discussing expectations about training</b>
<b>09:15 – 09:30 – Introducing CBSS Study</b>
<b>09:30 – 10:30 – Presenting the Extraction Forms –Part 1</b>
<b>10:30 – 10:45 – Coffee Break</b>
<b>10:45 – 12:15 – Presenting the Extraction Forms –Part 2</b>
<b>12:15 – 13:00 – Lunch Break</b>
<b>13:00 – 14:30 – Case study – 1</b>
<b>14:30 – 14:45 – Coffee Break</b>
<b>14:45 – 16:00 – Case study – 2</b>
<b>16:00 – 16:15 – Coffee Break</b>
<b>16:15 – 17:15 – Case study – 3 (and 4 if possible)</b>
<b>17:15 – 17:45 – Evaluation</b>

The first part of the study aimed to introduce the aim of CBSS, the structure and the usage of extraction forms of part I and II. In the second part, the aim of the training was to practice extracting data from cases to forms. In preparation of the second part, a meeting was arranged with the psychologists working in child courts of law in Izmir. They are responsible for preparing detailed reports of childrens' lives who committed/alleged to commit crime. These reports included all the detailed information existing in extraction forms. The psychologists shared three of their cases by deleting all the names in the file. Therefore, these real cases were used due to educational purposes with attaching high significance on confidentiality.

The training of CBSS was conducted after the two trainings of WP3 were conducted. The participants of these two trainings were invited to CBSS training. 5 of them have attended in total. The characteristics of the researchers are outlined in Table 4 below:



Table 4. Characteristics of Researchers in CBSS Training in Turkey

A/A	Sex (M=male, F=female)	Researcher's Specialty/Education Credentials
1.	F	Clinical Psychologist, MA
2.	M	Psychologist, Human Resources, MA
3.	F	Clinical Health Psychologist, MA
4.	F	Psychologist, BA
5.	F	Psychologist, BA

The training was conducted in July, 2011 in the meeting room of Association of Emergency Ambulance Physicians. After the forms were presented in the training, three practices were conducted in the second part. The researchers reported that using real life cases, which were very detailed reports, were very helpful for them to clarify the concepts better. For further trainings of other researches, using real cases can be very illustrative and beneficial for training groups.

## **B.2. Process followed for Data Collection**

### Physical Conditions of Agencies

After the eligible services were identified, the permissions were obtained, and the researchers were trained, the data collection process began in September 2011 in Behcet Uz Child Hospital in Izmir. In the child psychiatry department of this hospital, paper archive was used. Only one researcher, clinical psychologist, worked in data collection process. Cases were read in the room of where nurses and other personnel worked for hospital records. In the remaining three hospitals, Ege University, Dokuz Eylul University, and Tepecik Training Hospital, same procedures were applied. Paper archive was used and only two clinical psychologists have worked at most. Agencies were not physically available for working of more than two people in the related departments.

In courts, both paper archive and electronic database are used for recording cases. However, for the purposes of this study, the researchers were allowed to use only electronic archive. Therefore, computer was required to conduct the study. Similar to hospitals, either one or at most two researchers have worked in courts of law due to limited space and computer availability.

### The types of abuse data in each agency

The major aim of this study was to collect data on four types of abuse: physical, psychological, sexual abuse and neglect. In the CBSS in Turkey, the data consisted of sexual abuse cases in majority. Only in some agencies, physical abuse and neglect cases could be reached. The content of the data in each agency are explained below.

### Courts of Law

In every court of law in this study, sexual abuse cases were scanned. Only, in two courts, Karsiyaka and Zonguldak Courts of Law, physical abuse and neglect cases could be extracted. The process of obtaining the numbers of physical abuse and neglect cases were different from gaining the number of sexual abuse cases. The sexual abuse case numbers could be obtained locally; while it was not possible to list the physical abuse cases locally. This difference was sourced from the different article structures of sexual and physical abuse. To understand this difference, it is necessary to clarify the structure of the database in courts in Turkey.

The electronic database used in courts in Turkey is called UYAP. This is the Turkish initials of “National Judiciary Informatics System”. In order to use this system, every personnel use a specific username and a password. Every personnel are not authorized to view the content of the files. The judges and the prosecutors are warranted to open the details of files for “only the cases they are responsible for”. The only person who is authorized to view the details of “all” cases in the court is the chief prosecutor. Since, it was necessary to view the abuse cases that every judge has worked through; the study was conducted by using the password of the chief prosecutor.

In using UYAP system, the engineers in information processing centers helped to outline the number of cases in the limited timeframe of last year. A data filtering system was used. In this system, the target information is obtained by entering “two criteria”. One of them is the number of the article and the other criterion is the target timeline of the cases. In this study, the first criterion was article 103 and the second one was the timeline of 01.10.2010 and 30.09.2011. Using this system, the total number files and the specific number of cases were obtained. The researchers used the printed list of these numbers. After the UYAP system was open on computer, the specific case number was entered to the system and the details of the cases were viewed. The sexual abuse cases were scanned by using this method in every court of the study.

As explained in Current CAN Monitoring Systems in Turkey, only sexual abuse is clearly defined as “child abuse” in Turkish Criminal Law in Article 103 and 104. Therefore, the victims of the cases judged under these articles were children. Namely, their ages were under 18 who were the target population of CBSS. Therefore this data filtering could be done in every court on a local base. However, in physical abuse, Turkish Law is not specified as “children’s physical abuse”. The article 86 is related to “physical harm of others”. Although the perpetrator of this crime is defined as adults, the victim of the case can either be an adult or a child. In this condition, when the data was filtered in the system, the files were consisted of both adult and child victims. Due to high numbers of cases, it was impossible to distinguish adult and child cases. A different data filtering system was used for physical abuse cases. The “age” criterion was added as a third element in the database. It was necessary to add the criteria “the victims under age 18 – the children born after 1993”.

The data filtering system in each court of law was not suitable for including the third. Data filtering by using three criteria was only available in information processing center of Ministry of Justice in Ankara. To overcome this issue, a formal letter was written to Ministry of Justice in Ankara. This procedure was followed for Karsiyaka and Zonguldak Courts of Law. In the reply letter of Ministry of Justice in Ankara, the list of physical abuse cases with case numbers were sent and the study was conducted in these courts again. In Izmir Court of Law, physical conditions were not available for conducting the study. In addition, Izmir Court of Law was responsible for a broad and crowded area of the city that there would be hundreds of physical abuse cases. Collecting this data was not appropriate for both agency and project limitations. In Denizli Court of Law, the Court responsible did not give permission to conduct study for the second time.

### Hospitals

The data collected in each hospital have different characteristics for abuse types, substantiation, and legal status. The data collected in Behcet Uz Child Hospital are consisted of judicial sexual abuse cases. These cases are referred by judges for psychological reports of children to clarify whether they were affected from this abuse or not. The courts that make referral to this hospital were Izmir and Karsiyaka Courts -where CBSS was also conducted- and other peripheral courts of Izmir city.

In Tepecik Training Hospital, the study was conducted in social services department. No psychiatry department was available in this hospital and the cases were not judicial cases. They were inpatients of the hospital that were detected by the awareness of the pediatrician and referred to social services department. For instance, the father brings his child to hospital alone and the pediatrician asks for the mother of the child when examining the patient. If the father gives suspicious answers for the where the mother was, then the pediatrician obligatorily refers the family to social services for the neglect of the mother. These cases were mostly managed by family counseling rather than judicial referral.

In Ege University, the data was collected from child protection center of the hospital. Similar to Tepecik Training Hospital, the cases were referred by the awareness of the doctors in the hospital. In these cases, some of them were referred to judicial personnel and some of them were not. Cases were consisted of all types of abuse.

In Dokuz Eylul Hospital, all the cases were judicial cases in child psychiatry department.

<b>The abuse types of data collected in each agency</b>				
	Sexual Abuse	Physical Abuse	Psychological Abuse	Neglect
<b>Izmir Behcet Uz Child Hospital</b>	Yes Article 103 Judge referrals for psychological well-being report	No	No	No
<b>Karsiyaka Court of Law</b>	Yes Article 103	Yes Article 86	No	Yes Article 232
<b>Tepecik Training and Education Hospital</b>	Yes Hospital inpatient referral Non judicial cases	Yes Hospital inpatient referral Non judicial cases	Yes Hospital inpatient referral Non judicial cases	Yes Hospital inpatient referral Non judicial cases
<b>Izmir Court of Law</b>	Yes Article 103	No	No	No
<b>Ege University Child Protection Center</b>	Yes Hospital inpatient referral Non judicial cases	Yes Hospital inpatient referral Non judicial cases	Yes Hospital inpatient referral Non judicial cases	Yes Hospital inpatient referral Non judicial cases
<b>Dokuz Eylul University Child Psychiatry Department</b>	Yes Article 103 Judge referrals for psychological well-being report	No	No	No
<b>Zonguldak Court of Law</b>	Yes Article 103 Article 104	Yes Article 86	No	No
<b>Denizli Court of Law</b>	Yes Article 103 Article 104	No	No	No

## CHAPTER C. CBSS RESULTS IN TURKEY

The analysis of the results made with the Statistical Package for Social Sciences (SPSS) version 16.0

### C.1. Description of Participating Services & their Archives-Databases

Following the process described in part B.1.2 and given the situation (adapted per country), a total of 16 organizations/child services were identified in the three geographical areas (geographical areas that were the same as WP3). From these organizations/services 13 fulfilled the eligibility criteria set for the needs of the CBSS in Turkey. Out of the 13 of the eligible organizations that were invited to participate in the CBSS, 8 (number) provided access to their archives. In Table C.1.1 the identified, eligible, and finally participating organizations/services-data sources for the CBSS are presented below.

Table C.1.1. Organizations/Services that participated in CBSS by providing access to their archives/databases by geographical area

	Total		IZMIR		ZONGULDA K		DENIZLI	
	f	%	f	%	f	%	f	%
<b>Total Agencies identified</b>	16	100	12	75	2	12,5	2	12,5
<b>Agencies invited to provide data</b>								
Eligible	13	81,2	9	75	2	100	2	100
Non eligible	3	18,8	3	25	0	0	0	0
<b>Eligible agencies</b>								
Provided data	8	50	6	50	1	50	1	50
Non cooperated	5	31,2	3	25	1	50	1	50
<i>Refused to participate</i>	3	60	3	25				
<i>Cooperation not achieved due to practical reasons</i>	2	40	0	0	1	50	1	50
<b>Non eligible agencies</b>								
<i>Accepted the invitation but had no CAN cases in 2010</i>	3	18,8	3					

Table C.1.2. Profile of the Organizations/Services that provided data for the CBSS

	Legal Status	
	f	%
<b>Total Agencies</b>	8	100
<b>Sector</b>		
Health Sector	4	50
Social Welfare	0	0
Judicial Sector	4	50
Public Order/Police	0	0
Education	0	0
<b>Mission</b>		
Tertiary Prevention/Treatment	4	50
Legal Support	4	50
<b>Geographic area</b>		
Urban	8	100
Suburban	0	0
Rural	0	0
<b>Routine Screening Policy</b>		
No	8	100
<b>Special CAN-training for personnel</b>		
No	4	100
Yes	4	50
<b>Availability of CAN data</b>		
No	6	75
Yes	2	25

Table C.1.3. Main characteristics of Archives/Databases from which the data were derived

	Total		Area A		Area B		Area n	
	F	%	f	%	f	%	f	%
<b>Total CSW</b>	8	100	6	75	1	12,5	1	12,5
<b>Trained staff for recording cases</b>								
No	4	50	2	33,3	1	100	1	100
Yes	4	50	4	66,7	0	0	0	0
Yes, but not formal	0	0	0	0	0	0	0	0
<b>Specialties of staff who record CAN</b>								
Social Workers	2	25	2	33,3	0	0	0	0
Health Professionals	2	25	2	33,3	0	0	0	0
Mental Health Professionals	0	0	0	0	0	0	0	0
Education-related professional	0	0	0	0	0	0	0	0
Police officer	0	0	0	0	0	0	0	0
Judicial officer	4	50	2	33,4	1	100	1	100
<b>Type of archive</b>								
Paper archive	6	46,2	6	100	0	0	0	0
Electronic archive	3	23,1	3	50	0	0	0	0
Database	4	30,7	2	33,3	1	100	1	100
<b>Existence of recording form</b>								
No	6	75	4	66,6	1	100	1	100
Yes	2	25	2	33,4	0	0	0	0
<b>Type of cases recorded in the files</b>								
Reported CAN cases	7	87,5	5	83,3	1	100	1	100
Detected CAN cases	1	12,5	1	16,7	0	0	0	0
Mixed file (including non-CAN cases)	0	0	0	0	0	0	0	0
<b>Availability of text description</b>								
No	0	0	0	0	0	0	0	0
Yes	8	100	6	100	1	100	1	100
<b>Availability of further documentation</b>								
No	0	0	0	0	0	0	0	0
Yes	8	100	6	100	1	100	1	100

## C.2. CAN incidence in Turkey

Table C.2.1. Child maltreatment incidence per form of CAN, age, gender and geographical area

		General population for selected areas*	CAN Cases identified*				Incidence /1000 children						
			Physical Abuse	Sexual Abuse	Psychological Neglect	All forms	Physical Abuse	Sexual Abuse	Psychological Neglect	All forms			
IZMIR	Male	86239	67	39	18	21	114	0,78	0,45	0,21	0,24	1,32	
	11	28197	13	8	6	4	24	0,46	0,28	0,21	0,14	0,85	
	13	29366	18	12	5	14	38	0,61	0,41	0,17	0,48	1,29	
	16	28676	36	19	7	3	52	1,26	0,66	0,24	0,10	1,81	
	Female	80668	73	164	37	10	204	0,90	2,03	0,46	0,12	2,53	
	11	26176	6	15	2	3	21	0,23	0,57	0,08	0,11	0,80	
	13	27564	17	36	4	4	43	0,62	1,31	0,15	0,15	1,56	
	16	26928	50	113	31	3	140	1,86	4,20	1,15	0,11	5,20	
	Overall	166907	140	203	55	31	318	0,84	1,22	0,33	0,19	1,91	
	11	54373	19	23	8	7	45	0,35	0,42	0,15	0,13	0,83	
	13	56930	35	48	9	18	81	0,61	0,84	0,16	0,32	1,42	
	16	55604	86	132	38	6	192	1,55	2,37	0,68	0,11	3,45	
	ZONGULDAK	Male	13534	15	2	2	0	16	1,11	0,15	0,15	0,00	1,18
		11	4505	4	1	2	0	5	0,89	0,22	0,44	0,00	1,11
		13	4590	1	0	0	0	1	0,22	0,00	0,00	0,00	0,22
		16	4439	10	1	0	0	10	2,25	0,23	0,00	0,00	2,25
Female		13100	13	24	4	1	32	0,99	1,83	0,31	0,08	2,44	
11		4337	2	6	0	1	8	0,46	1,38	0,00	0,23	1,84	
13		4406	4	2	0	0	5	0,91	0,45	0,00	0,00	1,13	
16		4357	7	16	4	0	19	1,61	3,67	0,92	0,00	4,36	
Overall		26634	28	26	6	1	48	1,05	0,98	0,23	0,04	1,80	
11		8842	6	7	2	1	13	0,68	0,79	0,23	0,11	1,47	
13		8996	5	2	0	0	6	0,56	0,22	0,00	0,00	0,67	
16		8796	17	17	4	0	29	1,93	1,93	0,45	0,00	3,30	
DENIZLI		Male	22577	2	3	1	0	4	0,09	0,13	0,04	0,00	0,18
		11	7634	1	1	1	0	2	0,13	0,13	0,13	0,00	0,26
		13	7769	1	2	0	0	2	0,13	0,26	0,00	0,00	0,26
		16	7174	0	0	0	0	0	0,00	0,00	0,00	0,00	0,00
	Female	21722	18	71	32	0	73	0,83	3,27	1,47	0,00	3,36	
	11	7269	0	4	0	0	4	0,00	0,55	0,00	0,00	0,55	
	13	7447	1	8	2	0	8	0,13	1,07	0,27	0,00	1,07	
	16	7006	17	59	30	0	61	2,43	8,42	4,28	0,00	8,71	
	Overall	44299	20	74	33	0	77	0,45	1,67	0,74	0,00	1,74	
	11	14903	1	5	1	0	6	0,07	0,34	0,07	0,00	0,40	
	13	15216	2	10	2	0	10	0,13	0,66	0,13	0,00	0,66	
	16	14180	17	59	30	0	61	1,20	4,16	2,12	0,00	4,30	
	Total	Male	182350	84	44	21	21	134	0,46	0,24	0,12	0,12	0,73
		11	60336	18	10	9	4	31	0,30	0,17	0,15	0,07	0,51
		13	61725	20	14	5	14	41	0,32	0,23	0,08	0,23	0,66
		16	60289	46	20	7	3	62	0,76	0,33	0,12	0,05	1,03
Female		175490	104	259	73	11	309	0,59	1,48	0,42	0,06	1,76	
11		57782	8	25	2	4	33	0,14	0,43	0,03	0,07	0,57	
13		59417	22	46	6	4	56	0,37	0,77	0,10	0,07	0,94	
16		58291	74	188	65	3	220	1,27	3,23	1,12	0,05	3,77	
Overall		357840	188	303	94	32	443	0,53	0,85	0,26	0,09	1,24	
11		118118	26	35	11	8	64	0,22	0,30	0,09	0,07	0,54	
13		121142	42	60	11	18	97	0,35	0,50	0,09	0,15	0,80	
16		118580	120	208	72	6	282	1,01	1,75	0,61	0,05	2,38	

\* Source: Turkish Statistical Institute

Table C.2.1 shows the child maltreatment incidence per form of CAN, age, gender and geographical area. In this study, basically the sexual abuse cases were reached. Therefore, the results of the sexual cases are significant. The incidence percentages for 16 year-old females were as follows: Izmir, 4,20/1000 children; Zonguldak, 3,67/1000 children, Denizli, 8,42/1000 children. The incidence rates in Denizli for sexual abuse were recorded as two times higher than Izmir and Zonguldak.

Similar pattern was observed for physical abuse and psychological abuse cases in the same age group. Physical abuse rates per geographic area for 16 year-old females were 1,86/1000 children for Izmir; 1,61/1000 children for Zonguldak; 2,43/1000 children for Denizli. The physical abuse cases in Izmir and Zonguldak included the work of collecting court data on physical abuse cases identified by law. The incidence rates in Denizli for physical abuse are in fact sexual abuse cases that included physical abuse acts.

Additionally, psychological abuse cases were found higher for 16 year old female children in Denizli (4,28/1000 children) compared to Izmir (1,15/1000 children) and Zonguldak (0,92/1000 children). In this study, psychological abuse cases are not the ones that were defined in law. These cases are in fact sexual abuse cases in which children were threatened by being killed by the perpetrator. Therefore, in Denizli children are more exposed to psychological abuse than children in Izmir and Zonguldak.

Table C.2.2. Status of CAN's substantiation\* for children 11, 13 & 16 years old, per form of maltreatment and geographical area (for the year 10.2010-10.2011)

	Status of Substantiation											
	No of Cases**	Substantiated		Indicated		Unsubstantiated		Ongoing		Unspecified		
		f	%	f	%	f	%	f	%	f	%	
<b>IZMIR-Total</b>	<b>318</b>											
Physical abuse	139	101	72,7	4	2,9	17	12,2	15	10,8	2	1,4	
Sexual abuse	200	117	58,5	6	3,0	16	8,0	59	29,5	2	1,0	
Psycholog. Abuse	55	38	69,1	5	9,1	3	5,5	8	14,5	1	1,8	
Neglect	31	17	54,8	5	16,1	8	25,8	0	0,0	1	3,2	
<b>ZONGULDAK-Total</b>	<b>48</b>											
Physical abuse	28	24	85,7	0	0,0	4	14,3	0	0,0	0	0,0	
Sexual abuse	26	16	61,5	0	0,0	9	34,6	1	3,8	0	0,0	
Psycholog. Abuse	5	3	60,0	0	0,0	2	40,0	0	0,0	0	0,0	
Neglect	1	0	0,0	0	0,0	1	100,0	0	0,0	0	0,0	
<b>DENIZLI-Total</b>	<b>77</b>											
Physical abuse	20	15	75,0	0	0,0	4	20,0	1	5,0	0	0,0	
Sexual abuse	74	51	68,9	0	0,0	20	27,0	2	2,7	1	1,4	
Psycholog. Abuse	33	24	72,7	0	0,0	9	27,3	0	0,0	0	0,0	
Neglect	0	0	0	0	0	0	0	0	0	0	0	
<b>Overall-Total</b>	<b>443</b>											
Physical abuse	187	140	74,9	4	2,1	25	13,4	16	8,6	2	1,1	
Sexual abuse	300	184	61,3	6	2,0	45	15,0	62	20,7	3	1,0	
Psycholog. Abuse	93	65	69,9	5	5,4	14	15,1	8	8,6	1	1,1	
Neglect	32	17	53,1	5	15,6	9	28,1	0	0,0	1	3,1	

\*According to the Agencies that provided information for maltreatment

\*\* In many cases multiple forms of CAN were identified; therefore, sum of CAN's forms is higher than the number of cases

In Turkey, substantiation rates of files constitute a similar pattern in three cities. The rates of substantiation for sexual abuse are significant for comparison of three cities due to the fact that sexual abuse data was collected in three areas while other abuse type data were not collected in all agencies. The rates substantiation of sexual abuse cases (Izmir: 58,5 %; Zonguldak: 61,5 %; Denizli: 68,9 %) are similar in three geographical areas. The ongoing substantiation file rates are higher in Izmir compared to Zonguldak and Denizli due to higher file load of courts in Izmir.



## C.2.1. Children's vulnerability to CAN and to Specific Forms of Maltreatment

Table C.2.1.1 Single versus Multiple Forms of abuse per age, gender and geographical area

	Total CAN cases		Single vs. Multiple CAN				Individual forms of CAN							
			Single form		Multiple forms		Physical abuse		Sexual abuse		Psychol. abuse		Neglect	
<b>IZMIR-Total</b>	<b>318</b>	<b>100,0</b>	<b>223</b>	<b>100,0</b>	<b>95</b>	<b>100,0</b>	<b>140</b>	<b>100,0</b>	<b>203</b>	<b>100,0</b>	<b>55</b>	<b>100,0</b>	<b>31</b>	<b>100,0</b>
<i>male</i> 11	24	7,5	18	8,1	6	6,3	13	9,3	8	3,9	6	10,9	4	12,9
13	38	11,9	29	13,0	9	9,5	18	12,9	12	5,9	5	9,1	14	45,2
16	52	16,4	43	19,3	9	9,5	36	25,7	19	9,4	7	12,7	3	9,7
<i>subtotal</i>	114	35,8	90	40,4	24	25,3	67	47,9	39	19,2	18	32,7	21	67,7
<i>female</i> 11	21	6,6	16	7,2	5	5,3	6	4,3	15	7,4	2	3,6	3	9,7
13	43	13,5	28	12,6	15	15,8	17	12,1	36	17,7	4	7,3	4	12,9
16	140	44,0	89	39,9	51	53,7	50	35,7	113	55,7	31	56,4	3	9,7
<i>subtotal</i>	204	64,2	133	59,6	71	74,7	73	52,1	164	80,8	37	67,3	10	32,3
<b>ZONGULDAK-Total</b>	<b>48</b>	<b>100,0</b>	<b>37</b>	<b>100,0</b>	<b>11</b>	<b>100,0</b>	<b>28</b>	<b>100,0</b>	<b>26</b>	<b>100,0</b>	<b>6</b>	<b>100,0</b>	<b>1</b>	<b>100,0</b>
<i>male</i> 11	5	10,4	3	8,1	2	18,2	4	14,3	1	3,8	2	33,3	0	0,0
13	1	2,1	1	2,7	0	0,0	1	3,6	0	0,0	0	0,0	0	0,0
16	10	20,8	9	24,3	1	9,1	10	35,7	1	3,8	0	0,0	0	0,0
<i>subtotal</i>	16	33,3	13	35,1	3	27,3	15	53,6	2	7,7	2	33,3	0	0,0
<i>female</i> 11	8	16,7	7	18,9	1	9,1	2	7,1	6	23,1	0	0,0	1	100,0
13	5	10,4	4	10,8	1	9,1	4	14,3	2	7,7	0	0,0	0	0,0
16	19	39,6	13	35,1	6	54,5	7	25,0	16	61,5	4	66,7	0	0,0
<i>subtotal</i>	32	66,7	24	64,9	8	72,7	13	46,4	24	92,3	4	66,7	1	100,0
<b>DENIZLI-Total</b>	<b>77</b>	<b>100,0</b>	<b>33</b>	<b>100,0</b>	<b>44</b>	<b>100,0</b>	<b>20</b>	<b>100,0</b>	<b>74</b>	<b>100,0</b>	<b>33</b>	<b>100,0</b>	<b>0</b>	<b>0,0</b>
<i>male</i> 11	2	2,6	1	3,0	1	2,3	1	5,0	1	1,4	1	3,0	0	0,0
13	2	2,6	1	3,0	1	2,3	1	5,0	2	2,7	0	0,0	0	0,0
16	0	0,0	0	0,0	0	0,0	0	0,0	0	0,0	0	0,0	0	0,0
<i>subtotal</i>	4	5,2	2	6,1	2	4,5	2	10,0	3	4,1	1	3,0	0	0,0
<i>female</i> 11	4	5,2	4	12,1	0	0,0	0	0,0	4	5,4	0	0,0	0	0,0
13	8	10,4	5	15,2	3	6,8	1	5,0	8	10,8	2	6,1	0	0,0
16	61	79,2	22	66,7	39	88,6	17	85,0	59	79,7	30	90,9	0	0,0
<i>subtotal</i>	73	94,8	31	93,9	42	95,5	18	90,0	71	95,9	32	97,0	0	0,0
<b>All areas-Total</b>	<b>443</b>	<b>100,0</b>	<b>293</b>	<b>100,0</b>	<b>150</b>	<b>100,0</b>	<b>188</b>	<b>100,0</b>	<b>303</b>	<b>100,0</b>	<b>94</b>	<b>100,0</b>	<b>32</b>	<b>100,0</b>
<i>male</i> 11	31	7,0	22	7,5	9	6,0	18	9,6	10	3,3	9	9,6	4	12,5
13	41	9,3	31	10,6	10	6,7	20	10,6	14	4,6	5	5,3	14	43,8
16	62	14,0	52	17,7	10	6,7	46	24,5	20	6,6	7	7,4	3	9,4
<i>subtotal</i>	134	30,2	105	35,8	29	19,3	84	44,7	44	14,5	21	22,3	21	65,6
<i>female</i> 11	33	7,4	27	9,2	6	4,0	8	4,3	25	8,3	2	2,1	4	12,5
13	56	12,6	37	12,6	19	12,7	22	11,7	46	15,2	6	6,4	4	12,5
16	220	49,7	124	42,3	96	64,0	74	39,4	188	62,0	65	69,1	3	9,4
<i>Subtotal</i>	309	69,8	188	64,2	121	80,7	104	55,3	259	85,5	73	77,7	11	34,4

The distribution of single and multiple cases have similar percentages in Izmir and Zonguldak. However, there are differences in gender distribution for Denizli due to the fact that there were discrepancies between gender rates of cases.

Table C.2.1.2 Physical abuse (n=188): Specific types of physical abuse, injuries sustained and severity of injuries per gender and age (for the year 10.2010-10.2011)

	Male				Female				Total			
	11	13	16	All	11	13	16	All	11	13	16	All
Total CAN cases identified	31	41	62	134	33	56	220	309	64	97	282	443
Total Physical Abuse cases identified	18	20	46	84	8	22	74	104	26	42	120	188
Type of physical ab.-Unspecified	0	5	2,2	2,4	12,5	0,0	1,4	1,9	3,8	2,4	1,7	2,1
Type of physical abuse-Specified	100	95	97,8	97,6	87,5	100,0	98,6	98,1	96,2	97,6	98,3	97,9
Spanking	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Slapping/Beating	83,3	40,0	58,7	59,5	37,5	40,9	52,7	49,0	69,2	40,5	55,0	53,7
"Beat-up"	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Pushing/Kicking/Throwing	22,2	30,0	34,8	31,0	12,5	13,6	24,3	21,2	19,2	21,4	28,3	25,5
Hitting with an object	5,6	10,0	21,7	15,5	0,0	9,1	9,5	8,7	3,8	9,5	14,2	11,7
Grabbing/Shaking	5,6	20,0	21,7	17,9	12,5	4,5	13,5	11,5	7,7	11,9	16,7	14,4
Hitting on head	5,6	15,0	23,9	17,9	0,0	13,6	12,2	11,5	3,8	14,3	16,7	14,4
Hair pulling	0,0	0,0	0,0	0,0	25,0	9,1	12,2	12,5	7,7	4,8	7,5	6,9
Twisting ears	11,1	0,0	0,0	2,4	12,5	0,0	0,0	1,0	11,5	0,0	0,0	1,6
Locking up	0,0	15,0	0,0	3,6	12,5	0,0	10,8	8,7	3,8	7,1	6,7	6,4
Forcing to hold painful position	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Pinching	0,0	0,0	0,0	0,0	0,0	4,5	0,0	1,0	0,0	2,4	0,0	0,5
Threatening with a knife or gun	11,1	0,0	13,0	9,5	0,0	4,5	9,5	7,7	7,7	2,4	10,8	8,5
Burning/Scalding	0,0	5,0	0,0	1,2	12,5	0,0	0,0	1,0	3,8	2,4	0,0	1,1
Tying up or tying to something	0,0	0,0	2,2	1,2	0,0	0,0	1,4	1,0	0,0	0,0	1,7	1,1
Choking/Smothering/Squeezing Neck	5,6	10,0	6,5	7,1	0,0	0,0	4,1	2,9	3,8	4,8	5,0	4,8
Stabbing/Shooting	0,0	0,0	10,9	6,0	0,0	0,0	2,7	1,9	0,0	0,0	5,8	3,7
Biting	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Forcing Spicy Foods	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Severity of Injury- Unspecified	0,0	0,0	2,2	1,2	12,5	9,1	8,1	8,7	3,8	4,8	5,8	5,3
Severity of Injury- Specified	44,4	20,0	65,2	50,0	25,0	13,6	16,2	16,3	38,5	16,7	35,0	31,4
No Injury	27,8	55,0	15,2	27,4	37,5	36,4	35,1	35,6	30,8	45,2	27,5	31,9
Minor	44,4	15,0	52,2	41,7	12,5	13,6	13,5	13,5	34,6	14,3	28,3	26,1
Moderate	0,0	5,0	10,9	7,1	12,5	0,0	1,4	1,9	3,8	2,4	5,0	4,3
Severe	0,0	0,0	0,0	0,0	0,0	0,0	1,4	1,0	0,0	0,0	0,8	0,5
Life threatening	0,0	0,0	2,2	1,2	0,0	0,0	0,0	0,0	0,0	0,0	0,8	0,5
Nature of Injury- Unspecified	11,1	0,0	0,0	31,1	0,0	40,0	20,0	74,6	44,4	69,6	51,7	53,9
Nature of Injury- Specified	88,9	100,0	100,0	68,9	100,0	60,0	80,0	25,4	55,6	30,4	48,3	46,1
Bruise	38,9	10,0	41,3	33,3	12,5	9,1	10,8	10,6	30,8	9,5	22,5	20,7
Cute/Bite/Open wound	16,7	15,0	28,3	22,6	12,5	13,6	8,1	9,6	15,4	14,3	15,8	15,4
Burn	0,0	0,0	0,0	0,0	12,5	0,0	0,0	1,0	3,8	0,0	0,0	0,5
Fracture	0,0	0,0	6,5	3,6	0,0	0,0	0,0	0,0	0,0	0,0	2,5	1,6
Organs system injury	0,0	0,0	13,0	7,1	0,0	0,0	2,7	1,9	0,0	0,0	6,7	4,3
Concussion	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Sprain/Strain	0,0	0,0	0,0	0,0	0,0	0,0	1,4	1,0	0,0	0,0	0,8	0,5

In specific types of physical abuse, the acts of slapping/beating and pushing/kicking/throwing were more common, 53,7% and 25,5 % for all, respectively. These acts were followed by grabbing/shaking (14, 4 % in all) and hitting with an object (14, 4 % in all). Threatening with a knife or gun was also found in 8,5 % for all types of maltreatment.

Due to these acts of perpetrators, the most common injury reported in files were bruise (20,7 % in all) and cute/bite/open wounds (15,4 % in all) that were mostly resulted in minor injuries (26,1 % in all).

Table C.2.1.3 Sexual abuse (n=303): Specific types of sexual abuse per gender and age (for the year 10.2010-10.2011)

	Male				Female				Total			
	11	13	16	All	11	13	16	All	11	13	16	All
Total CAN cases identified	31	41	62	134	33	56	220	309	64	97	282	443
Total Sexual abuse cases identified	10	14	20	44	25	46	188	259	35	60	208	303
Type of Sexual abuse- Unspecified	10,0	0,0	0,0	2,3	0,0	6,5	2,7	3,1	2,9	5,0	2,4	3,0
Type of Sexual abuse-Specified	90,0	92,9	100,0	95,5	100,0	87,0	96,3	95,0	97,1	88,3	96,6	95,0
Completed sexual activity	40,0	50,0	40,0	43,2	8,0	21,7	69,1	54,8	17,1	28,3	66,3	53,1
Attempted sexual activity	30,0	14,3	20,0	20,5	24,0	13,0	5,9	8,9	25,7	13,3	7,2	10,6
Touching/fondling genitals	30,0	14,3	30,0	25,0	48,0	2,2	5,9	9,3	42,9	5,0	8,2	11,6
Adult exposing genitals to child	20,0	7,1	10,0	11,4	16,0	4,3	3,2	4,6	17,1	5,0	3,8	5,6
Sexual exploitation	0,0	0,0	0,0	0,0	4,0	2,2	2,7	2,7	2,9	1,7	2,4	2,3
Sexual harassment	30,0	28,6	45,0	36,4	72,0	56,5	22,3	33,2	60,0	50,0	24,5	33,7
Voyeurism	0,0	0,0	0,0	0,0	4,0	0,0	0,0	0,4	2,9	0,0	0,0	0,3

In specific types of sexual abuse, the most prevalent act was completed sexual activity (53,1 % in all) especially for 16 year old children of both males and females. This rate was followed by sexual harassment with 33,7 % in all that was more pervasive for children of 11 and 13 years old females (72 % and 56,5 %, respectively).

Table C.2.1.4 Psychological abuse (n=94): Specific types of psychological abuse per gender, age and geographical area (for the year 10.2010-10.2011)

	Male				Female				Total			
	11	13	16	All	11	13	16	All	11	13	16	All
Total CAN cases identified	31	41	62	134	33	56	220	309	64	97	282	443
Total Psychol. abuse cases identified	9	5	7	21	2	6	65	73	11	11	72	94
Type of Psychol. abuse- Unspecified	0,0	0,0	0,0	0,0	50,0	0,0	0,0	1,4	9,1	0,0	0,0	1,1
Type of Psychol. abuse-Specified	88,9	100,0	100,0	95,2	50,0	100,0	100,0	98,6	81,8	100,0	100,0	97,9
Rejection through verbal abuse	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Isolation	22,2	0,0	0,0	9,5	0,0	0,0	0,0	0,0	18,2	0,0	0,0	2,1
Ignorance	22,2	20,0	0,0	14,3	0,0	16,7	0,0	1,4	18,2	18,2	0,0	4,3
Corruption	22,2	0,0	0,0	9,5	0,0	0,0	6,2	5,5	18,2	0,0	5,6	6,4
Exploitation	0,0	0,0	0,0	0,0	0,0	16,7	1,5	2,7	0,0	9,1	1,4	2,1
Terrorization	55,6	60,0	85,7	66,7	0,0	33,3	50,8	47,9	45,5	45,5	54,2	52,1
Witnessing family violence	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0

The highest rates for specific types of psychological abuse is terrorization of the child (52,1 % in all). As indicated in the explanations of the Table C.2.1., these acts are not single psychological abuse acts that occur at home without any sexual, physical abuse or neglect. The acts identified in this study are the ones that co-occur with sexual abuse acts to break the resistance of the victim in sexual acts. The cases about other psychological abuse types are not identified in this study. Therefore, the rates of other types have low percentages.

Table C.2.1.5 Neglect (n=32): Specific types of neglect per age, gender and geographical area (for the year 2010)

	Male				Female				Total			
	11	13	16	All	11	13	16	All	11	13	16	All
Total CAN cases identified	31	41	62	134	33	56	220	309	64	97	282	443
Total Neglect cases identified	4	14	3	21	4	4	3	11	8	18	6	32
Type of Neglect-Unspecified	0,0	0,0	0,0	0,0	25,0	0,0	0,0	9,1	12,5	0,0	0,0	3,1
Type of Neglect-Specified	100,0	100,0	100,0	100,0	75,0	100,0	100,0	90,9	87,5	100,0	100,0	96,9
Physical neglect	50,0	0,0	0,0	9,5	25,0	50,0	33,3	36,4	37,5	11,1	16,7	18,8
Medical neglect	50,0	7,1	0,0	14,3	0,0	50,0	66,7	36,4	25,0	16,7	33,3	21,9
Educational neglect	0,0	0,0	0,0	0,0	0,0	25,0	0,0	9,1	0,0	5,6	0,0	3,1
Economic exploitation	50,0	85,7	66,7	76,2	50,0	0,0	0,0	18,2	50,0	66,7	33,3	56,3
Failure to protect from physical harm	0,0	14,3	0,0	9,5	0,0	25,0	0,0	9,1	0,0	16,7	0,0	9,4
Failure to protect from sexual abuse	0,0	0,0	0,0	0,0	0,0	25,0	33,3	18,2	0,0	5,6	16,7	6,3
Failure to provide treatment for mental problems	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Permitting maladaptive/criminal behavior	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Abandonment/Refusal of custody	0,0	0,0	33,3	4,8	0,0	0,0	33,3	9,1	0,0	0,0	33,3	6,3

In neglect cases, rates in economic exploitation were higher (56,3 %) that was followed by medical neglect (21,9 %) and physical neglect (18,8 %). Economic exploitation cases were recorded under the cases identified by Turkish Criminal Law Article 232. Medical and physical neglect cases were identified in hospitals due physicians' awareness and referral to mental health workers.

Table C.2.1.6 Single and Multiple forms of abuse (n=443) per gender, age and geographical area (for the year 2010)

	Male				Female				Total			
	11	13	16	All	11	13	16	All	11	13	16	All
Total cases	31	41	62	134	33	56	220	309	64	97	282	443
<b>Single CAN form</b>	<b>71,0</b>	<b>75,6</b>	<b>83,9</b>	<b>78,4</b>	<b>81,8</b>	<b>66,1</b>	<b>56,4</b>	<b>60,8</b>	<b>76,6</b>	<b>70,1</b>	<b>62,4</b>	<b>66,1</b>
Physical abuse	41,9	24,4	58,1	44,0	12,1	12,5	1,8	4,9	26,6	17,5	14,2	16,7
Sexual abuse	19,4	22,0	21,0	20,9	63,6	50,0	2,3	17,5	42,2	38,1	6,4	18,5
Psychological abuse	3,2	0,0	1,6	1,5	0,0	0,0	2,7	1,9	1,6	0,0	2,5	1,8
Neglect	6,5	29,3	3,2	11,9	6,1	3,6	4,5	4,5	6,3	14,4	4,3	6,8
<b>Multiple CAN forms</b>	<b>29,0</b>	<b>24,4</b>	<b>16,1</b>	<b>21,6</b>	<b>18,2</b>	<b>33,9</b>	<b>43,6</b>	<b>39,2</b>	<b>23,4</b>	<b>29,9</b>	<b>37,6</b>	<b>33,9</b>
Physical & Sexual	3,2	9,8	4,8	6,0	9,1	21,4	14,1	14,9	6,3	16,5	12,1	12,2
Physical & Psychological	12,9	7,3	3,2	6,7	0,0	0,0	1,8	1,3	6,3	3,1	2,1	2,9
Physical & Neglect	0,0	2,4	1,6	1,5	3,0	0,0	0,5	0,6	1,6	1,0	0,7	0,9
Sexual & Psychological	6,5	0,0	0,0	1,5	3,0	5,4	20,5	15,9	4,7	3,1	16,0	11,5
Sexual & Neglect	0,0	0,0	0,0	0,0	0,0	0,0	0,5	0,3	0,0	0,0	0,4	0,2
Psychological & Neglect	3,2	0,0	0,0	0,7	3,0	1,8	0,0	0,6	3,1	1,0	0,0	0,7
Physical, Sexual & Psych.	0,0	2,4	6,5	3,7	0,0	3,6	5,9	4,9	0,0	3,1	6,0	4,5
Physical, Sexual & Neglect	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Physical, Psych. & Neglect	0,0	2,4	0,0	0,7	0,0	1,8	0,5	0,6	0,0	2,1	0,4	0,7
Sexual, Psych. & Neglect	3,2	0,0	0,0	0,7	0,0	0,0	0,0	0,0	1,6	0,0	0,0	0,2
Physical, Sexual, Psychological & Neglect	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0

In single vs. multiple forms of maltreatment, 66,1 % of the cases were single and 33,9 % of them were multiple cases. 18,5 % of the single cases were sexual abuse and 16,7 % of them were physical abuse with highest rates. In multiple cases, sexual abuse cases were mostly co-occurred with physical abuse (12,2 %) and psychological abuse (11,5 %).

Table C.2.2.1 Child-CAN victims' characteristics per age and gender

	All forms of Maltreatment											
	Male				Female				Total			
	11	13	16	All	11	13	16	All	11	13	16	All
Total CAN cases	31	41	62	134	33	56	220	309	64	97	282	443
<b>Educational status</b>												
Unspecified	3,2	7,3	6,5	6,0	3,0	12,5	5,9	6,8	3,1	10,3	6,0	6,5
Not attending school at all	0,0	0,0	1,6	0,7	0,0	3,6	1,8	1,9	0,0	2,1	1,8	1,6
Dropped out	3,2	2,4	12,9	7,5	0,0	7,1	13,2	10,7	1,6	5,2	13,1	9,7
Attends school	61,3	65,9	33,9	50,0	72,7	37,5	22,7	30,7	67,2	49,5	25,2	36,6
<b>Work status</b>												
Unspecified	6,5	0,0	3,2	3,0	30,3	17,9	4,5	9,7	18,8	10,3	4,3	7,7
Not working	48,4	46,3	24,2	36,6	60,6	35,7	9,1	19,4	54,7	40,2	12,4	24,6
Working domestic/ unpaid	0,0	0,0	3,2	1,5	0,0	0,0	0,5	0,3	0,0	0,0	1,1	0,7
Working salaried work	0,0	7,3	17,7	10,4	0,0	0,0	5,5	3,9	0,0	3,1	8,2	5,9
<b>Education-related problems</b>												
Unspecified	0,0	0,0	0,0	0,0	3,0	7,1	4,1	4,5	1,6	4,1	3,2	3,2
None	12,9	9,8	3,2	7,5	18,2	19,6	5,9	9,7	15,6	15,5	5,3	9,0
Learning disability	0,0	0,0	0,0	0,0	3,0	0,0	0,0	0,3	1,6	0,0	0,0	0,2
Specialized education class	0,0	0,0	0,0	0,0	3,0	0,0	0,0	0,3	1,6	0,0	0,0	0,2
Irregular school attendance	2,0	4,1	2,0	8,2	2,0	2,0	14,3	18,4	4,1	6,1	16,3	26,5
<b>Behavior-related problems</b>												
Unspecified	0,0	0,0	0,0	0,0	3,0	7,1	3,2	3,9	1,6	4,1	2,5	2,7
None	16,1	9,8	4,8	9,0	21,2	19,6	5,0	9,4	18,8	15,5	5,0	9,3
Problems in school	0,0	0,0	0,0	0,0	0,0	1,8	1,4	1,3	0,0	1,0	1,1	0,9
Problems in home	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Violent behavior	0,0	0,0	1,6	0,7	0,0	0,0	0,0	0,0	0,0	0,0	0,4	0,2
Bullying	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Self-harming behavior	0,0	0,0	0,0	0,0	0,0	7,1	6,4	5,8	0,0	4,1	5,0	4,1
Running away	0,0	2,4	1,6	1,5	3,0	3,6	12,3	9,7	1,6	3,1	9,9	7,2
Negative peer involvement	0,0	0,0	0,0	0,0	0,0	1,8	0,0	0,3	0,0	1,0	0,0	0,2
Inappropriate sexual behavior	0,0	0,0	0,0	0,0	0,0	0,0	0,5	0,3	0,0	0,0	0,4	0,2
Criminal involvement	0,0	0,0	0,0	0,0	0,0	0,0	0,5	0,3	0,0	0,0	0,4	0,2
<b>Substance abuse problems</b>												
Unspecified	0,0	0,0	0,0	0,0	3,0	7,1	3,6	4,2	1,6	4,1	2,8	2,9
None	16,1	7,3	6,5	9,0	21,2	17,9	5,5	9,4	18,8	13,4	5,7	9,3
Drug abuse	0,0	2,4	0,0	0,7	3,0	0,0	1,4	1,3	1,6	1,0	1,1	1,1
Alcohol abuse	0,0	2,4	0,0	0,7	0,0	0,0	1,4	1,0	0,0	1,0	1,1	0,9
<b>Diagnosed Disabilities</b>												
Unspecified	0,0	0,0	0,0	0,0	3,0	7,1	3,2	3,9	1,6	4,1	2,5	2,7
None	12,9	7,3	3,2	6,7	15,2	14,3	3,6	6,8	14,1	11,3	3,5	6,8
Physical handicap	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Visual-hear-speechimpairment	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Impaired cognitive functioning	0,0	4,9	1,6	2,2	0,0	3,6	1,8	1,9	0,0	4,1	1,8	2,0
Psychiatric disorder	3,2	9,8	0,0	3,7	3,0	3,6	5,5	4,9	3,1	6,2	4,3	4,5

In child characteristics, educational status of children were mostly recorded as attending school (36,6 % in all) and dropped out school (9,7 %). In this issue, missing information and non-available information were also more common, that will be presented in following table of Availability of information.

In working status of the child, the information that younger children were not working was higher for 11 year old children (48,4 % for males, 60,6 % for females). For older children, 16 year- olds, salaried work rates were higher than younger children (17,7 % for males, 5,5 % for females).

Education-related problems were mostly recorded for irregular school attendance with 26, 5 %. Other types of problems had lower rates, however, this frame was not resulted from the absence of problems, but it originated from the lack recording this information in agencies. Similar pattern was consistent in behavior problems. Among the gathered information, self-harming behavior (4,1 %) and running away (7,2 %) were mostly recorded. Substance – abuse problems and Diagnosed disabilities were also very rarely recorded in agencies. In the collected data, only total of 2 % of the children had alcohol and substance problems and only 4,5 % of them recorded as having psychiatric disorder.

Table C.2.2.2 Child-physical abuse victims' characteristics

	Physical Abuse (n=188)											
	Male				Female				Total			
	11	13	16	All	11	13	16	All	11	13	16	All
Total number of children-victims (n)	31	41	62	84	33	56	220	104	64	97	282	443
<b>Educational status</b>												
Unspecified	3,2	4,9	1,6	4,8	0,0	8,9	1,8	8,7	1,6	7,2	1,8	2,9
Not attending school at all	0,0	0,0	0,0	0,0	0,0	1,8	0,5	1,9	0,0	1,0	0,4	0,5
Dropped out	0,0	0,0	11,3	8,3	0,0	3,6	5,5	13,5	0,0	2,1	6,7	4,7
Attends school	25,8	31,7	30,6	47,6	21,2	8,9	10,9	34,6	23,4	18,6	15,2	17,2
<b>Work status</b>												
Unspecified	3,2	0,0	1,6	2,4	0,0	7,1	2,3	8,7	1,6	4,1	2,1	2,5
Not working	19,4	34,1	19,4	38,1	15,2	14,3	12,3	38,5	17,2	22,7	13,8	16,3
Working domestic/ unpaid	0,0	0,0	1,6	1,2	0,0	0,0	0,5	1,0	0,0	0,0	0,7	0,5
Working salaried work	0,0	0,0	16,1	11,9	0,0	0,0	2,3	4,8	0,0	0,0	5,3	3,4
<b>Education-related problems</b>												
Unspecified	0,0	0,0	0,0	0,0	0,0	1,8	0,5	1,9	0,0	1,0	0,4	0,5
None	3,2	4,9	3,2	6,0	0,0	5,4	1,8	6,7	1,6	5,2	2,1	2,7
Learning disability	0,0	0,0	0,0	0,0	0,0	0,0	0,5	1,0	0,0	0,0	0,4	0,2
Specialized education class	0,0	0,0	0,0	0,0	3,0	0,0	0,0	1,0	1,6	0,0	0,0	0,2
Irregular school attendance	0,0	4,1	2,0	6,1	2,0	2,0	6,1	10,2	2,0	6,1	8,2	16,3
<b>Behavior-related problems</b>												
Unspecified	0,0	0,0	0,0	0,0	0,0	1,8	0,9	2,9	0,0	1,0	0,7	0,7
None	3,2	4,9	3,2	6,0	3,0	7,1	1,4	7,7	3,1	6,2	1,8	2,9
Problems in school	0,0	0,0	0,0	0,0	0,0	0,0	0,5	1,0	0,0	0,0	0,4	0,2
Problems in home	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Violent behavior	0,0	0,0	1,6	1,2	0,0	0,0	0,0	0,0	0,0	0,0	0,4	0,2
Bullying	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Self-harming behavior	0,0	0,0	0,0	0,0	0,0	1,8	3,6	8,7	0,0	1,0	2,8	2,0
Running away	0,0	2,4	0,0	1,2	3,0	1,8	5,9	14,4	1,6	2,1	4,6	3,6
Negative peer involvement	0,0	0,0	0,0	0,0	0,0	1,8	0,0	1,0	0,0	1,0	0,0	0,2
Inappropriate sexual behavior	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Criminal involvement	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
<b>Substance abuse problems</b>												
Unspecified	0,0	0,0	0,0	0,0	0,0	1,8	0,5	1,9	0,0	1,0	0,4	0,5
None	3,2	4,9	4,8	7,1	3,0	7,1	1,8	8,7	3,1	6,2	2,5	3,4
Drug abuse	0,0	2,4	0,0	1,2	3,0	0,0	0,9	2,9	1,6	1,0	0,7	0,9
Alcohol abuse	0,0	2,4	0,0	1,2	0,0	0,0	0,9	1,9	0,0	1,0	0,7	0,7
<b>Diagnosed Disabilities</b>												
Unspecified	0,0	0,0	0,0	0,0	0,0	1,8	0,9	2,9	0,0	1,0	0,7	0,7
None	3,2	4,9	3,2	6,0	0,0	5,4	1,8	6,7	1,6	5,2	2,1	2,7
Physical handicap	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Visual-hear-speechimpairment	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Impaired cognitive functioning	0,0	2,4	0,0	1,2	0,0	1,8	0,9	2,9	0,0	2,1	0,7	0,9
Psychiatric disorder	0,0	7,3	0,0	3,6	0,0	0,0	1,8	3,8	0,0	3,1	1,4	1,6

In physical abuse, the case numbers were higher for 16 year old children for both males and females. Therefore, most characteristics of children for educational, working status, behavioral and educational problems were higher for this age group.

Table C.2.2.3 Child-sexual abuse victims' characteristics

	Sexual Abuse (n=303)											
	Male				Female				Total			
	11	13	16	All	11	13	16	All	11	13	16	All
Total number of children-victims (n)	31	41	62	44	33	56	220	259	64	97	282	443
<b>Educational status</b>												
Unspecified	0,0	4,9	3,2	9,1	3,0	7,1	4,1	5,4	1,6	6,2	3,9	4,1
Not attending school at all	0,0	0,0	1,6	2,3	0,0	3,6	1,8	2,3	0,0	2,1	1,8	1,6
Dropped out	3,2	0,0	1,6	4,5	0,0	5,4	10,9	10,4	1,6	3,1	8,9	6,5
Attends school	25,8	12,2	6,5	38,6	51,5	32,1	16,4	27,4	39,1	23,7	14,2	19,9
<b>Work status</b>												
Unspecified	3,2	0,0	0,0	2,3	0,0	3,6	5,5	5,4	1,6	2,1	4,3	3,4
Not working	22,6	14,6	8,1	40,9	39,4	44,6	24,1	35,1	31,3	32,0	20,6	24,6
Working domestic/ unpaid	0,0	0,0	1,6	2,3	0,0	0,0	0,5	0,4	0,0	0,0	0,7	0,5
Working salaried work	0,0	2,4	3,2	6,8	0,0	0,0	4,5	3,9	0,0	1,0	4,3	2,9
<b>Education-related problems</b>												
Unspecified	0,0	0,0	0,0	0,0	3,0	7,1	4,1	5,4	1,6	4,1	3,2	3,2
None	6,5	7,3	1,6	13,6	15,2	16,1	5,0	9,7	10,9	12,4	4,3	7,0
Learning disability	3,2	2,4	1,6	6,8	0,0	1,8	0,5	0,8	1,6	2,1	0,7	1,1
Specialized education class	0,0	0,0	0,0	0,0	3,0	0,0	0,0	0,4	1,6	0,0	0,0	0,2
Irregular school attendance	2,0	2,0	2,0	6,1	0,0	2,0	14,3	16,3	2,0	4,1	16,3	22,4
<b>Behavior-related problems</b>												
Unspecified	0,0	0,0	0,0	0,0	3,0	7,1	3,2	4,6	1,6	4,1	2,5	2,7
None	9,7	9,8	3,2	20,5	18,2	16,1	5,0	10,0	14,1	13,4	4,6	7,9
Problems in school	0,0	0,0	0,0	0,0	0,0	1,8	1,4	1,5	0,0	1,0	1,1	0,9
Problems in home	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Violent behavior	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Bullying	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Self-harming behavior	0,0	2,4	1,6	4,5	0,0	1,8	0,5	0,8	0,0	2,1	0,7	0,9
Running away	0,0	0,0	1,6	2,3	3,0	3,6	9,1	8,9	1,6	2,1	7,4	5,4
Negative peer involvement	0,0	0,0	0,0	0,0	0,0	1,8	0,0	0,4	0,0	1,0	0,0	0,2
Inappropriate sexual behavior	0,0	0,0	0,0	0,0	0,0	0,0	0,5	0,4	0,0	0,0	0,4	0,2
Criminal involvement	0,0	0,0	0,0	0,0	0,0	0,0	0,5	0,4	0,0	0,0	0,4	0,2
<b>Substance abuse problems</b>												
Unspecified	0,0	0,0	0,0	0,0	3,0	7,1	3,6	5,0	1,6	4,1	2,8	2,9
None	9,7	7,3	4,8	20,5	18,2	12,5	5,0	9,3	14,1	10,3	5,0	7,4
Drug abuse	0,0	2,4	0,0	2,3	0,0	0,0	0,9	0,8	0,0	1,0	0,7	0,7
Alcohol abuse	0,0	0,0	0,0	0,0	0,0	0,0	0,9	0,8	0,0	0,0	0,7	0,5
<b>Diagnosed Disabilities</b>												
Unspecified	0,0	0,0	0,0	0,0	0,0	7,1	3,2	4,2	0,0	4,1	2,5	2,5
None	6,5	4,9	1,6	11,4	15,2	10,7	3,2	6,9	10,9	8,2	2,8	5,2
Physical handicap	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Visual-hear-speechimpairment	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Impaired cognitive functioning	0,0	4,9	1,6	6,8	0,0	3,6	1,8	2,3	0,0	4,1	1,8	2,0
Psychiatric disorder	0,0	7,3	0,0	6,8	0,0	1,8	5,0	4,6	0,0	4,1	3,9	3,4

In sexual abuse cases, 77 % of them were recorded as attending school and 83, 8 % of them were not working. 22,4 of these cases were recorded as having irregular school attendance and 13,8 % of them had self-harming behavior and running away problems in total.

Table C.2.2.4 Child-CAN psychological abuse victims' characteristics

	Psychological Abuse (n=94)											
	Male				Female				Total			
	11	13	16	All	11	13	16	All	11	13	16	All
Total number of children-victims (n)	31	41	62	21	33	56	220	73	64	97	282	443
<b>Educational status</b>												
Unspecified	0,0	2,4	1,6	9,5	0,0	0,0	0,9	2,7	0,0	1,0	1,1	0,9
Not attending school at all	0,0	0,0	0,0	0,0	0,0	1,8	0,5	2,7	0,0	1,0	0,4	0,5
Dropped out	0,0	0,0	0,0	0,0	0,0	0,0	2,7	8,2	0,0	0,0	2,1	1,4
Attends school	19,4	7,3	4,8	57,1	3,0	5,4	5,5	21,9	10,9	6,2	5,3	6,3
<b>Work status</b>												
Unspecified	3,2	0,0	1,6	9,5	0,0	0,0	1,4	4,1	1,6	0,0	1,4	1,1
Not working	12,9	7,3	4,8	47,6	0,0	7,1	9,1	32,9	6,3	7,2	8,2	7,7
Working domestic/ unpaid	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Working salaried work	0,0	0,0	1,6	4,8	0,0	0,0	1,4	4,1	0,0	0,0	1,4	0,9
<b>Education-related problems</b>												
Unspecified	0,0	0,0	0,0	0,0	0,0	0,0	0,5	1,4	0,0	0,0	0,4	0,2
None	6,5	2,4	3,2	23,8	3,0	3,6	1,4	8,2	4,7	3,1	1,8	2,5
Learning disability	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Specialized education class	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Irregular school attendance	2,0	2,0	0,0	4,1	0,0	0,0	6,1	6,1	2,0	2,0	6,1	10,2
<b>Behavior-related problems</b>												
Unspecified	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
None	6,5	2,4	3,2	23,8	3,0	3,6	0,9	6,8	4,7	3,1	1,4	2,3
Problems in school	0,0	0,0	0,0	0,0	0,0	0,0	0,9	2,7	0,0	0,0	0,7	0,5
Problems in home	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Violent behavior	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Bullying	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Self-harming behavior	0,0	0,0	0,0	0,0	0,0	0,0	2,7	8,2	0,0	0,0	2,1	1,4
Running away	0,0	2,4	0,0	4,8	0,0	0,0	0,0	0,0	0,0	1,0	0,0	0,2
Negative peer involvement	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Inappropriate sexual behavior	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Criminal involvement	0,0	0,0	0,0	0,0	0,0	0,0	0,5	1,4	0,0	0,0	0,4	0,2
<b>Substance abuse problems</b>												
Unspecified	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
None	9,7	2,4	3,2	28,6	3,0	3,6	1,4	8,2	6,3	3,1	1,8	2,7
Drug abuse	0,0	0,0	0,0	0,0	0,0	0,0	0,9	2,7	0,0	0,0	0,7	0,5
Alcohol abuse	0,0	2,4	0,0	4,8	0,0	0,0	0,9	2,7	0,0	1,0	0,7	0,7
<b>Diagnosed Disabilities</b>												
Unspecified	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
None	6,5	2,4	3,2	23,8	0,0	1,8	1,4	5,5	3,1	2,1	1,8	2,0
Physical handicap	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Visual-hear-speechimpairment	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Impaired cognitive functioning	0,0	0,0	0,0	0,0	0,0	0,0	0,9	2,7	0,0	0,0	0,7	0,5
Psychiatric disorder	0,0	4,9	0,0	9,5	0,0	1,8	2,3	8,2	0,0	3,1	1,8	1,8

As mentioned before, psychological abuse cases were not single abuse cases, but they were acts in sexual abuses. Therefore, the characteristics of children exposed to psychological abuse had the same features with sexual abuse victims.



Table C.2.2.5 Child-neglect victims' characteristics

	Neglect (n=32)											
	Male				Female				Total			
	11	13	16	All	11	13	16	All	11	13	16	All
Total number of children-victims (n)	31	41	62	21	33	56	220	11	64	97	282	443
<b>Educational status</b>												
Unspecified	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Not attending school at all	0,0	0,0	0,0	0,0	0,0	1,8	0,0	9,1	0,0	1,0	0,0	0,2
Dropped out	0,0	2,4	0,0	4,8	0,0	0,0	0,5	9,1	0,0	1,0	0,4	0,5
Attends school	12,9	31,7	1,6	85,7	9,1	3,6	0,5	54,5	10,9	15,5	0,7	5,4
<b>Work status</b>												
Unspecified	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Not working	12,9	9,8	0,0	38,1	0,0	7,1	0,5	45,5	6,3	8,2	0,4	2,9
Working domestic/ unpaid	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Working salaried work	0,0	4,9	0,0	9,5	0,0	0,0	0,9	18,2	0,0	2,1	0,7	0,9
<b>Education-related problems</b>												
Unspecified	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
None	3,2	0,0	0,0	4,8	3,0	3,6	0,0	27,3	3,1	2,1	0,0	0,9
Learning disability	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Specialized education class	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Irregular school attendance	2,0	2,0	0,0	4,1	0,0	0,0	0,0	0,0	2,0	2,0	0,0	4,1
<b>Behavior-related problems</b>												
Unspecified	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
None	3,2	0,0	0,0	4,8	3,0	5,4	0,0	0,0	3,1	3,1	0,0	1,1
Problems in school	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Problems in home	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Violent behavior	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Bullying	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Self-harming behavior	0,0	0,0	0,0	0,0	0,0	1,8	0,0	9,1	0,0	1,0	0,0	0,2
Running away	0,0	2,4	0,0	4,8	0,0	0,0	0,0	0,0	0,0	1,0	0,0	0,2
Negative peer involvement	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Inappropriate sexual behavior	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Criminal involvement	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
<b>Substance abuse problems</b>												
Unspecified	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
None	0,0	0,0	0,0	0,0	3,0	7,1	0,0	0,0	1,6	4,1	0,0	1,1
Drug abuse	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Alcohol abuse	0,0	2,4	0,0	0,0	0,0	0,0	0,0	0,0	0,0	1,0	0,0	0,2
<b>Diagnosed Disabilities</b>												
Unspecified	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
None	3,2	0,0	0,0	4,8	0,0	5,4	0,0	27,3	1,6	3,1	0,0	0,9
Physical handicap	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Visual-hear-speechimpairment	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Impaired cognitive functioning	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0	0,0
Psychiatric disorder	0,0	2,4	0,0	4,8	0,0	1,8	0,0	9,1	0,0	2,1	0,0	0,5

In neglect cases, only a limited amount of cases could be collected and the characteristics of children could be rarely recorded. Among the gathered information, there was no different pattern from the characteristics of children exposed to other types of abuse.

### C.2.3. Characteristics of Families and Households of Maltreated Children

Table C.2.3 Children-victims' Family and Household characteristics per form of maltreatment

	Form of Maltreatment				
	Physical abuse (n=188)	Sexual abuse (n=303)	Psychological abuse (n=94)	Neglect (n=32)	All forms of maltreatment (n=443)
<b>Family Status</b>					
Unspecified	1,1	0,7	4,3	3,1	0,9
Married parents	41,0	25,4	114,9	121,9	40,4
Divorced parents	12,8	7,9	30,9	34,4	10,8
Single parent family	3,2	2,0	12,8	6,3	3,8
Step Family	0,0	0,0	2,1	0,0	0,5
Foster family	0,0	0,0	0,0	0,0	0,0
Adoption family	0,0	0,0	0,0	0,0	0,0
<b>Number of co-habitants</b>					
Unspecified	5,9	6,9	6,4	0,0	5,4
1	0,0	0,0	0,0	0,0	0,0
2	3,7	0,7	1,1	9,4	2,7
3	13,3	2,0	4,3	3,1	7,0
4	2,7	1,3	1,1	21,9	3,2
>5	2,7	1,0	2,1	21,9	3,6
<b>Co-habitants identity</b>					
Unspecified	3,7	5,0	2,1	0,0	3,6
Mother	43,1	33,7	37,2	75,0	40,6
Father	33,5	26,1	28,7	56,3	31,6
Siblings	35,6	27,7	26,6	81,3	34,1
Grandparent(s)	4,8	3,6	3,2	9,4	4,1
Other blood/in-laws relative(s)	0,0	0,0	0,0	0,0	0,0
Parent's partner	4,3	4,6	3,2	6,3	4,3
<b>Other CAN victims</b>					
Unspecified	1,6	5,0	2,1	21,9	4,7
None	6,9	5,6	11,7	18,8	6,1
Siblings	6,9	1,7	3,2	9,4	4,1
<b>Other types of abuse</b>					
Unspecified	1,1	4,0	1,1	0,0	2,7
None	4,3	3,3	9,6	15,6	3,8
Intimate partner violence	4,3	0,3	2,1	3,1	2,0
Elderly abuse	1,1	0,3	0,0	0,0	0,7
Sibling abuse	0,5	0,0	0,0	0,0	0,2
<b>Housing adequacy</b>					
Unspecified	5,3	6,6	11,7	21,9	6,8
No	1,6	2,3	3,2	6,3	2,0
Yes	1,1	0,7	0,0	0,0	0,5
<b>Household income</b>					
Unspecified	1,1	2,3	2,1	3,1	1,8
Very low	2,1	3,0	2,1	6,3	2,7
Low	2,7	2,3	3,2	0,0	2,0
Moderate	1,6	1,7	7,4	12,5	2,0
High	0,0	0,7	0,0	3,1	0,7
Very high	0,5	0,3	0,0	0,0	0,2
<b>Source of income</b>					
Unspecified	0,5	1,3	4,3	3,1	1,1
No source of income	0,0	1,0	1,1	3,1	0,9
Full time employment	5,3	7,9	9,6	15,6	6,8
Part time/Seasonal employment	0,0	0,0	0,0	0,0	0,0
Social assistance	0,0	0,3	0,0	3,1	0,5
No reliable source	1,1	0,7	0,0	3,1	0,7
<b>Financial problems</b>					
Unspecified	5,9	6,9	11,7	15,6	6,5
No	0,5	1,0	1,1	6,3	1,1
Yes	1,6	2,0	3,2	6,3	1,8

In family characteristics of children, 40,4 % of them were recorded to have married parents. For divorced parents, the rate was 10,8 %. The identity of people living together were mostly fathers (40,6 %), mothers (31,6 %) and siblings (34,1 %).

Other CAN victims, household income, housing inadequacy rates were very lower due to lack of information recorded in agencies.

#### **C.2.4. CAN-Perpetrators & Caregivers of maltreated children**

Table C.2.4 Perpetrators and Caregivers

	Perpetrators and Caregivers			Total
	Perpetrators only	Perpetrators & Caregivers	Caregivers only	
<b>Frequency</b>	<b>482</b>	<b>87</b>	<b>381</b>	<b>950</b>
<b>%</b>	50,74	9,16	40,11	100

In this study, 50,74 % of perpetrators were only perpetrators, while 9,16 % of them were both caregivers and perpetrators.

## C.2.5. Characteristics of Perpetrators and Caregivers

Table C.2.5.1 Perpetrators' characteristics per form of maltreatment

	Form of Maltreatment				
	Physical abuse (n=188)	Sexual abuse (n=303 )	Psychological abuse (n=94 )	Neglect (n=32)	All forms of maltreatment (n=443 )
<b>Number of Perpetrators</b>	<b>237</b>	<b>336</b>	<b>107</b>	<b>6</b>	<b>482</b>
Unspecified	0,0	0,0	0,0	0,0	0,0
1	44,3	65,5	54,2	33,3	58,3
2	33,8	21,4	23,4	66,7	24,5
3	11,8	5,1	8,4	0,0	8,3
4 or more	10,1	8,0	14,0	0,0	8,9
<b>Status of allegation</b>					
Unspecified	0,0	0,0	1,9	33,3	0,4
Perpetrator	79,0	61,4	69,5	33,3	67,7
Alleged Perpetrator	21,0	38,6	28,6	33,3	31,9
<b>Gender</b>					
Unspecified	0,0	0,3	0,0	0,0	0,2
Male	87,8	96,0	87,7	66,7	91,4
Female	12,2	3,7	12,3	33,3	8,4
<b>Age group</b>					
>18	43,6	25,0	26,0	0,0	33,3
19-24	26,7	34,8	35,4	20,0	29,7
25-34	9,4	16,4	17,7	0,0	13,1
35-44	10,4	9,4	8,3	40,0	11,0
45-54	5,4	8,2	8,3	20,0	7,3
55-64	4,0	4,5	4,2	0,0	4,5
>65	0,5	1,6	0,0	20,0	1,0
<b>Educational Level</b>					
Unspecified	44,8	68,8	57,7	40,0	52,6
Has not attended school	0,0	1,6	5,8	20,0	1,3
Elementary school	10,4	7,2	7,7	40,0	9,2
Middle School	20,9	5,6	7,7	0,0	14,9
High School	17,2	9,6	13,5	0,0	14,5
Technical School	0,0	0,8	0,0	0,0	0,4
University	6,7	6,4	7,7	0,0	7,0
Post-graduate studies	0,0	0,0	0,0	0,0	0,0
<b>Employment status</b>					
Unspecified	20,3	28,4	23,8	0,0	23,6
Employed	44,2	51,2	46,0	33,3	47,9
Unemployed	34,8	19,1	27,0	66,7	27,4
Retired	0,7	1,2	3,2	0,0	1,1
<b>Marital Status</b>					
Unspecified	8,7	9,4	0,7	20,0	7,8
Single	73,9	68,9	48,0	20,0	70,1
Married	12,0	15,7	8,0	20,0	15,1
Living together	0,5	2,6	0,0	0,0	1,7
Separated	0,0	0,0	0,0	0,0	0,0
Divorced	4,9	3,4	2,0	40,0	5,3
Widow/er	0,0	0,0	0,0	0,0	0,0

In perpetrator characteristics, there was only one perpetrator in most of the cases (58, 3 %). 67,7 of them were identified as perpetrator and 91, 4 of them were male. Their age mostly ranged under 18 (33,3 % ) and between 19-24 (29,7 %). Less than half the cases could be reached for educational status, but among the gathered information, total of 29,4 of the perpetrators were graduated from middle and high school. 70,1 of them were recorded as single. Their relation to children victims were dates (19,3 %), friends (22, 5 %) and strangers (30,7 %). In half of the cases, no information could be reached for substance abuse problems, however, total of 40 % of the information-available cases were recorded to have drug and alcohol problems. There was limited information about physical-mental disabilities, history of victimization and previous similar allegations.

(Table C.2.5.1 cont.)

	Form of Maltreatment				
	Physical abuse (n=188)	Sexual abuse (n=303)	Psychological abuse (n=94)	Neglect (n=32)	All forms of maltreatment (n=443)
<b>Relation to child</b>	<b>219</b>	<b>272</b>	<b>77</b>	<b>120</b>	<b>404</b>
Unspecified	3,2	3,3	5,2	4,2	3,2
Mother	0,9	1,1	5,2	1,7	1,7
Father	0,0	0,4	1,3	0,0	0,2
Step-mother	0,0	0,0	0,0	0,0	0,0
Step-father	0,0	0,7	0,0	0,0	0,5
Full sibling	2,3	0,4	1,3	0,0	1,5
Partial/half sibling	0,0	0,0	0,0	0,0	0,0
Step-sibling	0,0	0,0	0,0	0,0	0,0
Grandparent	0,0	0,4	1,3	0,0	0,2
Other blood relative	1,4	7,0	5,2	0,0	5,0
In-laws	0,0	1,1	3,9	0,0	0,7
Foster Parent	0,0	0,0	0,0	0,0	0,0
Caregiver in institution	0,0	0,0	0,0	0,0	0,0
Health care provider	0,0	0,4	0,0	0,0	0,2
Parent's partner	0,5	1,1	1,3	0,8	1,0
Date	11,0	26,1	23,4	0,0	19,3
Roommate	0,0	0,0	0,0	0,0	0,0
Work-relation	1,8	3,7	2,6	0,0	3,0
Neighbor	8,2	3,7	6,5	0,0	6,4
Friend	32,9	16,5	20,8	0,0	22,5
Official /legal authority	0,0	0,0	0,0	0,0	0,0
Stranger	34,2	31,6	19,5	1,7	30,7
School Teacher	3,2	1,5	2,6	0,0	2,7
Teacher/Coach (outside school)	0,0	0,0	0,0	0,0	0,0
Family friend	0,5	1,1	0,0	0,0	1,0
<b>History of substance abuse</b>					
Unspecified	41,2	52,9	14,3	50,0	51,1
None	5,9	2,9	21,4	50,0	8,9
Drug abuse	29,4	20,6	21,4	0,0	17,8
Alcohol abuse	23,5	23,5	42,9	0,0	22,2
<b>Physical-Mental Disabilities</b>					
Unspecified	3,2	5,5	2,6	1,7	5,0
None	0,5	0,4	3,9	1,7	1,0
Physical handicap	0,0	0,0	0,0	0,0	0,0
Psychiatric Disorder	0,0	0,7	1,3	0,0	0,5
Impaired cognitive functioning	0,0	1,1	2,6	0,0	0,7
<b>History of victimization</b>					
Unspecified	1,4	5,1	0,0	0,0	3,5
None	0,0	0,0	0,0	0,0	0,0
Yes	0,0	0,7	1,3	0,0	0,5
<b>Previous similar allegations</b>					
Unspecified	1,4	6,3	1,3	0,8	4,2
None	14,6	13,6	14,3	0,8	14,9
Yes	5,5	8,1	11,7	0,0	6,9

Table C.2.5.2 Caregivers who are also Perpetrators' characteristics per form of maltreatment

	Form of Maltreatment				
	Physical abuse (n=188)	Sexual abuse (n=303 )	Psychological abuse (n=94 )	Neglect (n=32)	All forms of maltreatment (n=443 )
<b>No of Caregivers/Perpetrators</b>	<b>30</b>	<b>33</b>	<b>28</b>	<b>50</b>	<b>87</b>
Unspecified	0,0	0,0	0,0	0,0	0,0
1	76,7	33,3	21,4	52,0	54,0
2	23,3	9,1	17,9	14,0	21,8
3	0,0	42,4	57,1	32,0	18,4
4 or more	0,0	15,2	3,6	2,0	5,7
<b>Status of allegation</b>					
Unspecified	0,0	0,0	0,0	0,0	0,0
Perpetrator	82,1	93,8	89,3	73,0	83,5
Alleged Perpetrator	17,9	6,3	10,7	27,0	16,5
<b>Gender</b>					
Unspecified	0,0	0,0	0,0	0,0	0,0
Male	70,0	72,7	57,1	64,9	67,8
Female	30,0	27,3	42,9	35,1	32,2
<b>Age group</b>					
>18	0,0	8,0	5,0	2,9	4,1
19-24	0,0	4,0	0,0	2,9	1,4
25-34	21,4	4,0	10,0	11,8	12,2
35-44	46,4	48,0	50,0	50,0	48,6
45-54	32,1	28,0	35,0	23,5	28,4
55-64	0,0	4,0	0,0	5,9	4,1
>65	0,0	4,0	0,0	2,9	1,4
<b>Educational Level</b>					
Unspecified	33,3	76,9	68,4	58,3	54,7
Has not attended school	0,0	0,0	5,3	0,0	1,9
Elementary school	38,1	23,1	15,8	25,0	26,4
Middle School	14,3	0,0	0,0	4,2	7,5
High School	14,3	0,0	10,5	12,5	9,4
Technical School	0,0	0,0	0,0	0,0	0,0
University	0,0	0,0	0,0	0,0	0,0
Post-graduate studies	0,0	0,0	0,0	0,0	0,0
<b>Employment status</b>					
Unspecified	22,7	23,5	26,3	23,1	21,1
Employed	68,2	58,8	57,9	46,2	59,6
Unemployed	9,1	17,6	15,8	23,1	15,8
Retired	0,0	0,0	0,0	7,7	3,5
<b>Marital Status</b>					
Unspecified	0,0	0,0	0,0	0,0	0,0
Single	6,7	7,1	3,8	5,9	6,3
Married	80,0	85,7	88,5	82,4	81,3
Living together	0,0	0,0	0,0	0,0	0,0
Separated	3,3	0,0	0,0	0,0	1,3
Divorced	3,3	7,1	3,8	8,8	7,5
Widow/er	6,7	0,0	3,8	2,9	3,8

(Table C.2.5.2 cont.)

	Form of Maltreatment				
	Physical abuse (n=188)	Sexual abuse (n=303)	Psychological abuse (n=94)	Neglect (n=32)	All forms (n=443)
<b>Relation to child</b>	<b>30</b>	<b>33</b>	<b>28</b>	<b>37</b>	<b>86</b>
Unspecified	0,0	0,0	0,0	0,0	0,0
Mother	26,7	24,2	35,7	32,4	30,2
Father	60,0	45,5	50,0	56,8	54,7
Step-mother	3,3	3,0	7,1	2,7	2,3
Step-father	6,7	12,1	3,6	0,0	5,8
Full sibling	3,3	3,0	0,0	5,4	3,5
Partial/half sibling	0,0	0,0	0,0	0,0	0,0
Step-sibling	0,0	0,0	0,0	0,0	0,0
Grandparent	0,0	3,0	0,0	2,7	1,2
Other blood relative	0,0	3,0	0,0	0,0	1,2
In-laws	0,0	0,0	0,0	0,0	0,0
Foster Parent	0,0	0,0	0,0	0,0	0,0
Caregiver in institution	0,0	0,0	0,0	0,0	0,0
Health care provider	0,0	0,0	0,0	0,0	0,0
Parent's partner	0,0	3,0	0,0	0,0	1,2
Date	0,0	3,0	3,6	0,0	0,0
Roommate	0,0	0,0	0,0	0,0	0,0
Work-relation	0,0	0,0	0,0	0,0	0,0
Neighbor	0,0	0,0	0,0	0,0	0,0
Friend	0,0	0,0	0,0	0,0	0,0
Official /legal authority	0,0	0,0	0,0	0,0	0,0
Stranger	0,0	0,0	0,0	0,0	0,0
School Teacher	0,0	0,0	0,0	0,0	0,0
Teacher/Coach (outside school)	0,0	0,0	0,0	0,0	0,0
Family friend	0,0	0,0	0,0	0,0	0,0
<b>History of substance abuse</b>					
Unspecified	0,0	0,0	0,0	20,0	7,1
None	25,0	0,0	66,7	80,0	42,9
Drug abuse	0,0	0,0	0,0	0,0	0,0
Alcohol abuse	75,0	100,0	33,3	0,0	50,0
<b>Physical-Mental Disabilities</b>					
Unspecified	0,0	0,0	0,0	2,7	1,2
None	3,3	0,0	14,3	10,8	5,8
Physical handicap	0,0	0,0	0,0	0,0	0,0
Psychiatric Disorder	3,3	0,0	0,0	0,0	1,2
Impaired cognitive functioning	0,0	0,0	0,0	0,0	0,0
<b>History of victimization</b>					
Unspecified	0,0	0,0	0,0	0,0	0,0
None	0,0	0,0	0,0	0,0	0,0
Yes	0,0	0,0	0,0	0,0	0,0
<b>Previous similar allegations</b>					
Unspecified	0,0	0,0	0,0	0,0	0,0
None	20,0	6,1	21,4	10,8	11,6
Yes	13,3	6,1	0,0	2,7	7,0

Similar to characteristics of perpetrators, caregivers and perpetrators were mostly only one person in the incident (54 %). 83, 3 of them were identified as perpetrator. 83,5 of them were male and the remaining 16,5 were female. Total 77 % of them were in age range between 35-44 and 45-54. Educational level of them were mostly

unspecified (54,7) and 26,7 % of them were graduated from elementary school. High amount of these people were recorded as working (59,6) and 81,6 % was married. These caregiver perpetrators were recorded as fathers (54,7 %) and mothers (30, 2%). In substance abuse problems, 42, 9 % was recorded as having no problem. In recorded cases, no drug problem was recorded. In line with the information of only perpetrators, there was limited information about physical-mental disabilities, history of victimization and previous similar allegations.

Table C.2.5.3 Caregivers' characteristics per form of maltreatment

	Form of Maltreatment					All forms of maltreatment (n=443)
	Physical abuse (n=188)	Sexual abuse (n=303)	Psychological abuse (n=94)	Neglect (n=32)		
<b>Number of Caregivers</b>	<b>168</b>	<b>261</b>	<b>73</b>	<b>18</b>	<b>380</b>	
Unspecified	0,0	0,0	0,0	0,0	0,0	
1	23,8	17,2	17,8	88,9	21,6	
2	76,2	82,8	82,2	11,1	78,4	
3	0,0	0,0	0,0	0,0	0,0	
4 or more	0,0	0,0	0,0	0,0	0,0	
<b>Gender</b>						
Unspecified	0,6	1,1	0,0	0,0	0,8	
Male	41,4	44,2	43,1	11,8	42,3	
Female	58,0	54,7	56,9	88,2	56,9	
<b>Age group</b>						
>18	0,0	0,0	0,0	0,0	0,0	
19-24	1,2	0,8	0,0	0,0	0,3	
25-34	13,4	15,2	12,5	50,0	8,7	
35-44	52,4	53,6	45,0	0,0	30,7	
45-54	26,8	25,6	30,0	25,0	14,3	
55-64	6,1	4,0	10,0	0,0	3,3	
>65	0,0	0,8	2,5	25,0	0,7	
<b>Relation to child</b>						
Unspecified	0,0	0,7	0,0	0,0	0,5	
Mother	53,8	50,2	54,8	83,3	53,1	
Father	39,2	41,6	42,5	5,6	39,9	
Step mother	0,6	1,9	0,0	0,0	1,3	
Step father	1,8	0,7	0,0	5,6	1,3	
Grandmother	1,2	1,5	1,4	5,6	1,6	
Grandfather	0,6	0,7	0,0	0,0	0,5	
Sibling	0,0	0,0	0,0	0,0	0,0	
Step sibling	0,0	0,0	0,0	0,0	0,0	
Other blood relative	0,0	0,0	0,0	0,0	0,0	
In laws relative	0,0	0,0	0,0	0,0	0,0	
Foster mother	0,0	0,0	0,0	0,0	0,0	
Foster father	0,0	0,0	0,0	0,0	0,0	
Caregiver in institution	2,9	2,6	1,4	0,0	1,8	
Parent's partner	0,0	0,0	0,0	0,0	0,0	
<b>Type of Guardianship</b>						
Unspecified	1,2	3,4	0,0	0,0	3,0	
Parent	91,8	91,0	97,2	88,2	118,0	
Legal guardian	0,0	0,8	0,0	0,0	0,7	
Step parent	2,9	1,9	0,0	5,9	3,0	
Foster parent	0,0	0,0	0,0	0,0	0,0	
Caretaker	4,1	3,0	2,8	5,9	3,3	

In caregiver characteristics, in 78,4% of the all forms of maltreatment cases, there were two caregivers of the child-victim. These caregivers consisted of females in 56,9 % rate that 53,1 % of these females were mothers of children.



Parallel to these rates, 42,3 % of the caregivers were male; while 39,9 % of them were fathers of the children for all forms of maltreatment. Age range was higher between 35-44 years old with 30,7 % in all forms of maltreatment.

(Table C.2.5.3 cont.)

	Form of Maltreatment				
	Physical abuse (n=188)	Sexual abuse (n=303)	Psychological abuse (n=94)	Neglect (n=32)	All forms of maltreatment (n=443)
<b>Educational Level</b>					
Unspecified	40,9	40,5	38,1	25,0	47,4
Has not attended school	4,3	5,8	2,4	25,0	3,7
Elementary school	20,4	30,6	38,1	50,0	23,7
Middle School	12,9	5,0	9,5	0,0	8,4
High School	14,0	11,6	11,9	0,0	10,0
Technical School	0,0	0,0	0,0	0,0	0,0
University	7,5	6,6	0,0	0,0	6,8
Post-graduate studies	0,0	0,0	0,0	0,0	0,0
<b>Employment status</b>					
Unspecified	16,0	26,4	34,9	25,0	26,0
Employed	54,0	43,1	37,2	25,0	44,7
Unemployed	26,0	24,3	25,6	50,0	24,2
Retired	4,0	6,3	2,3	0,0	5,1
<b>Marital Status</b>					
Unspecified	0,7	1,7	1,5	0,0	1,4
Single	3,9	2,5	1,5	5,9	2,3
Married	86,3	86,3	87,9	82,4	86,5
Living together	0,0	0,0	0,0	0,0	0,0
Separated	0,0	1,7	0,0	0,0	1,1
Divorced	8,5	6,6	6,1	5,9	7,3
Widow/er	0,7	1,2	3,0	5,9	1,4
<b>History of substance abuse</b>					
Unspecified	66,7	68,4	33,3	0,0	70,0
None	33,3	26,3	33,3	0,0	25,0
Drug abuse	0,0	0,0	0,0	0,0	0,0
Alcohol abuse	0,0	5,3	33,3	0,0	5,0
<b>Physical-Mental Disabilities</b>					
Unspecified	4,3	10,7	2,4	0,0	7,4
None	2,2	2,5	0,0	0,0	1,6
Physical handicap	0,0	0,0	0,0	0,0	0,0
Psychiatric Disorder	0,0	0,8	0,0	0,0	0,5
Impaired cognitive functioning	0,0	0,0	0,0	0,0	0,0
<b>History of victimization</b>					
Unspecified	5,4	11,6	4,8	0,0	8,4
None	2,2	0,0	0,0	0,0	1,1
Yes	1,1	0,8	2,4	0,0	1,1
<b>History of CAN allegations</b>					
Unspecified	5,4	11,6	2,4	0,0	7,9
None	3,2	0,8	0,0	0,0	1,6
Yes	2,2	1,7	0,0	0,0	1,1

In terms of education level, 47,4 % of the cases were unspecified. Among the specified files, 23,7 % of the caregivers were reported as graduated from primary school and 44,7% of the caregivers were recorded as working. Only caregivers were married in 86,5 % rate. There was also limited information about substance abuse, diagnosed disabilities, history of victimization, and other child abuse allegations.

**C.2.6. Agencies involved in administration of CAN cases and Services provided to children-victims and their families**

Table C.2.6.1 Agencies involved in CAN cases' administration per form of maltreatment

	Form of Maltreatment				
	Physical abuse (n=188)	Sexual abuse (n=303)	Psychological abuse (n=94)	Neglect (n=32)	All forms of maltreatment (n=443)
<b>Case assessment of allegation</b>					
Unspecified	0,0	0,0	0,0	0,0	0,0
Medical /Health services	32,4	39,6	42,6	28,1	34,3
Mental Health services	17,6	28,1	14,9	3,1	20,1
Education services	0,0	0,0	0,0	0,0	0,0
Social services	0,0	0,3	1,1	3,1	0,5
Police services	2,1	3,3	0,0	0,0	2,9
Legal/Judicial services	88,3	84,5	81,9	78,1	87,4
<b>Maltreatment confirmation</b>					
Unspecified	0,0	0,0	0,0	0,0	0,0
Medical /Health services	38,3	33,3	47,9	31,3	33,4
Mental Health services	15,4	26,4	19,1	3,1	19,0
Education services	0,0	0,0	0,0	0,0	0,0
Social services	0,0	0,0	0,0	3,1	0,2
Police services	0,5	0,3	0,0	0,0	0,5
Legal/Judicial services	77,1	63,0	67,0	65,6	70,2
<b>Legal Action Taken</b>					
Unspecified	0,5	0,3	0,0	0,0	0,2
None legal action taken	5,9	11,6	16,0	75,0	10,8
Social service/police -NO court involvement	0,0	0,3	1,1	3,1	0,5
Emergency protection procedures implemented	2,1	0,0	0,0	3,1	1,1
Judicial action to protect victim by court order(s)	0,0	0,0	0,0	3,1	0,2
Judicial action to remove parent(s) rights	0,0	0,7	0,0	0,0	0,5
Police/Judicial action to prosecute abuser	87,8	72,6	75,5	68,8	77,2
<b>Care plan for child</b>					
Unspecified	0,0	0,3	0,0	0,0	0,2
Child remains in family with no intervention	2,1	5,9	11,7	15,6	5,4
Child remains in family with planned intervention	0,0	0,7	0,0	0,0	0,5
Child removed from family (parents co-operation)	0,5	0,7	0,0	0,0	0,5
Child removed from family home by court order	0,0	0,0	0,0	3,1	0,2
<b>Out of home placement</b>					
Unspecified	0,0	0,3	0,0	0,0	0,2
No out of home placement	2,7	6,3	10,6	15,6	5,6
Children's Home Institution-NO individual carer	0,5	1,0	0,0	3,1	0,9
Mother/child shelter	0,0	0,0	0,0	0,0	0,0
Kinship Care with relatives/extended family	0,0	0,0	0,0	0,0	0,0
Foster Care with volunteer/paid carers	0,0	0,0	0,0	0,0	0,0
Adoption with parents agreement or court order	0,0	0,0	0,0	0,0	0,0
Abuser leaves the family home	0,0	0,0	0,0	0,0	0,0

In case assessment of allegation, three agencies were identified that were highly engaged in. These were legal/judicial services (87,4 %), medical/health services (34,3) and mental health services (20.1%). Similarly, these agencies were identified as taking role in maltreatment confirmation with 70,2 %, 33,4 %, 19,0 %, respectively. In 77,2 % of the cases there was police/action to prosecute abusers as a form of legal action. In 10, 8 % of the cases no legal action was taken. The information of care plan for the child and out of home placement was rarely recorded in the cases; therefore almost all titles have no recorded value.

Table C.2.6.2 Referrals made to services and services provided to children-victims and their families per form of maltreatment

	Form of Maltreatment				
	Physical abuse (n=188)	Sexual abuse (n=303 )	Psychological abuse (n=94 )	Neglect (n=32)	All forms of maltreatment (n=443 )
<b>Referrals made to services</b>					
Unspecified	0,5	3,0	1,1	0,0	2,0
None	0,0	0,0	0,0	0,0	0,0
Parent support program	0,0	0,3	0,0	0,0	0,2
Drug or alcohol counseling	0,0	0,0	0,0	0,0	0,0
Other family counseling	0,5	0,7	1,1	0,0	0,7
Social welfare assistance	0,0	0,0	0,0	0,0	0,0
Food Bank	0,0	0,0	0,0	0,0	0,0
Shelter services	0,0	0,3	0,0	0,0	0,2
Domestic violence counseling	0,0	0,0	0,0	0,0	0,0
Psychiatric services	9,6	11,6	12,8	18,8	9,5
Psychological services	1,1	0,3	0,0	0,0	0,5
Special education referral	0,0	0,0	0,0	0,0	0,0
Recreational program	0,5	0,3	1,1	0,0	0,2
Victim support program	0,0	0,0	0,0	0,0	0,0
Medical/dental services	0,0	0,0	0,0	0,0	0,0
Other child counseling	0,0	0,0	0,0	0,0	0,0
<b>Services received</b>					
Unspecified	1,1	4,0	1,1	0,0	2,7
None	0,0	0,0	1,1	3,1	0,2
Parent support program	0,0	0,3	0,0	0,0	0,2
Drug or alcohol counseling	0,0	0,0	0,0	0,0	0,0
Other family counseling	0,0	0,7	2,1	3,1	0,7
Social welfare assistance	0,0	0,0	0,0	0,0	0,0
Food Bank	0,0	0,0	0,0	0,0	0,0
Shelter services	0,0	0,0	0,0	0,0	0,0
Domestic violence counseling	0,0	0,0	0,0	0,0	0,0
Psychiatric services	0,0	0,0	0,0	3,1	0,2
Psychological services	8,5	9,2	11,7	15,6	7,7
Special education referral	0,0	0,0	0,0	0,0	0,0
Recreational program	0,5	0,3	1,1	0,0	0,2
Victim support program	0,0	0,0	0,0	0,0	0,0
Medical/dental services	0,0	0,0	0,0	0,0	0,0
Other child counseling	0,0	0,0	0,0	0,0	0,0

In referrals made to services and the received services, the recorded information was limited. In this limited information psychiatric services had the highest rate in referrals (9,5 %); however psychological services were recorded as the most received service (7,7 %).

### C.3. File completeness concerning the characteristics of the recorded CAN cases: lessons learned from the missing values

Table C.3 Availability of information concerning the characteristics of the recorded CAN cases

	Availability of information (n=758)			
	Available information		Non-available information (missing/unspecified)	
	f	%	f	%
Report date (exact date of intake)	426	96,2	17	3,8
<b>Child-related information</b>				
Age	443	100,0	0	0,0
Date of birth	442	99,8	1	0,2
Gender	443	100,0	0	0,0
Nationality	443	100,0	0	0,0
Educational Status	220	49,7	223	50,3
Work Status	207	46,7	236	53,3
Education-related problems	67	15,1	376	84,9
Behavior related problems	94	21,2	349	78,8
Substance-abuse problems	50	11,3	393	88,7
Diagnosed Disabilities	66	14,9	377	85,1
<b>Contact details</b>				
Telephone number	290	65,5	153	34,5
Address	428	96,6	15	3,4
<b>Incident related information</b>				
Duration of maltreatment	412	93,0	31	7,0
Source of referral	432	97,5	11	2,5
Scene of incident	409	92,3	34	7,7
Form of maltreatment	443	100,0	0	0,0
<b>Physical abuse</b>				
Status of substantiation	185	41,8	258	58,2
Specific Forms	184	41,5	259	58,5
Injury due to physical abuse	119	26,9	324	73,1
Nature of injury(-ies)	59	13,3	384	86,7
<b>Sexual abuse</b>				
Status of substantiation	298	67,3	145	32,7
Specific Forms	288	65,0	155	35,0
<b>Psychological abuse</b>				
Status of substantiation	92	20,8	351	79,2
Specific Forms	92	20,8	351	79,2
<b>Neglect</b>				
Status of substantiation	31	7,0	412	93,0
Specific Forms	31	7,0	412	93,0
<b>Case assessment of allegation</b>	440	99,3	3	0,7
<b>Maltreatment confirmation</b>	371	83,7	72	16,3
Legal action taken	399	90,1	44	9,9
Care plan for child	30	6,8	413	93,2
Out of Home placement	29	6,5	414	93,5

(Table C.3. cont.)

	Availability of information (n=758)			
	Available information		Non-available information (missing/unspecified)	
	f	%	f	%
<b>Perpetrator(s)' related information</b>				
Number of perpetrators	1748	98,6	24	1,4
Status of allegation	568	32,1	1204	67,9
Gender	567	32,0	1205	68,0
Age	466	26,3	1306	73,7
Nationality	518	29,2	1254	70,8
Educational level	132	7,4	1640	92,6
Employment status	252	14,2	1520	85,8
Marital status	414	23,4	1358	76,6
Relationship to child	543	30,6	1229	69,4
History of substance abuse	35	2,0	1737	98,0
Physical-Mental Disabilities	17	1,0	1755	99,0
History of victimization/abuse	2	0,1	1770	99,9
Previous similar allegations	104	5,9	1668	94,1
<b>Contact details</b>				
Telephone number	328	18,5	1444	81,5
Address	471	26,6	1301	73,4
<b>Caregiver(s) related information</b>				
Relation to Perpetrators	1720	97,1	52	2,9
Number of caregivers	940	53,0	832	47,0
Relationship to Child	386	21,8	1386	78,2
Type of Guardianship	376	21,2	1396	78,8
Gender	380	21,4	1392	78,6
Age	174	9,8	1598	90,2
Nationality	346	19,5	1426	80,5
Educational level	101	5,7	1671	94,3
Employment status	166	9,4	1606	90,6
Marital status	350	19,8	1422	80,2
History of substance abuse	6	0,3	1766	99,7
Physical-Mental Disabilities	4	0,2	1768	99,8
History of victimization/abuse	4	0,2	1768	99,8
History of CAN allegations	5	0,3	1767	99,7
<b>Contact details</b>				
Telephone number	278	15,7	1494	84,3
Address	315	17,8	1457	82,2
<b>Family-related information</b>				
Family status	191	43,1	252	56,9
Number of co-habitants	207	46,7	236	53,3
Co-habitants' identity	201	77,0	60	23,0
Other CAN victims	47	10,6	396	89,4
Other types of abuse	32	7,2	411	92,8
Referrals made to services	45	10,2	398	89,8
Services received	37	8,4	406	91,6
<b>Household-related information</b>				
Housing adequacy	12	2,7	431	97,3
Household income	34	7,7	409	92,3
Source of income	41	9,3	402	90,7
Financial problems	13	2,9	430	97,1
<b>Previous maltreatment</b>				
Type of most severe maltreatment	3	0,7	440	99,3
Perpetrator(s)	3	0,7	440	99,3
Investigating agencies	3	0,7	440	99,3
<b>Follow-up information</b>	30	6,8	413	93,2

In file completeness, report date, age, date of birth, gender, and nationality of the child was totally available. In child related information, the information of educational status and work status was available in percentages of 49,7 and 46,7, respectively. The ranges of education-related problems (15,1 %), behavior-related problems (21,2 %), substance-abuse (11,3) and diagnosed disabilities (14,9 %) were lower than other child-related information. In contact details, address was more available (96,6 %) compared to telephone number information (65,5 %).

In specification of abuse types, there were differences in ranges due to differences in case numbers. In physical abuse, the information of injury due to physical abuse (26,9 %) and the nature of injury (13,3 %) was limited. In case assessment of allegation, maltreatment confirmation and legal action taken information was almost totally available; while out of home placement (6,8 %) and care plan for the child (6,5 %) was very limited.

In perpetrators related information, available information rates was highest for the number of perpetrator (98,6 %), followed by gender information (32 %). The information of education status (7,4 %), history of substance abuse (2 %), physical-mental disabilities ( 1 %), history of victimization of (0,1 %) and previous similar allegations (5,9 %) was almost non-available in the files. Similar pattern was situated in caregiver-related information.

In family-related information there was also a limited information that was especially about other child-abuse victims (10,6 %) and other abuse types (7,2 %) at home. Household-related information was limited to source of income with 9,3 % as the highest rate. Previous maltreatment (0.7 %) was almost non-available and follow-up information was very limited (6,8 %).

In this study, the child abuse and neglect cases of 11, 13, 16 years old children recorded in hospitals and courts of law of three cities –Izmir, Zonguldak and Denizli – in Turkey in a limited time of September 2010 – 2011 were investigated and extracted for three major aims: a) to identify the incidence of CAN and to explore the demographic characteristics of children, caregivers, perpetrators, family and the characteristics of the abusive incident, b) to explore the characteristics of recording culture in agencies, c) to evaluate the structure of standard extraction forms and to make suggestions for developing these forms. The results of this study are discussed in line with these major aims under three major headings of the incidence of CAN, demographic characteristics and availability of information in agencies. In addition, the structure of extraction forms will be evaluated in recommendations part.

### The Incidence of CAN

In this study, total of 8 agencies (4 Hospitals in Izmir, 2 Courts of law in Izmir and Courts of law in Zonguldak and Denizli) were visited and total of 443 child abuse cases were identified. The incidence of CAN should be discussed for each abuse type of physical, sexual, psychological abuse and neglect, separately.

#### *Physical Abuse Incidence, Specific Forms of Physical Abuse and Severity of Injuries*

Physical abuse cases consisted of two types of data: a) physical abuse cases identified due to physical harm article in Turkish Criminal Law that were basically single abuse cases and b) physical abuse cases that were co-occurred with sexual abuse cases.

The first type of physical abuse data was collected in two courts of law: Karsiyaka (in Izmir) and Zonguldak. In order to make clear comparisons between ages, gender, and provinces in terms of CAN incidence on physical abuse, the physical abuse cases from other sources of information was also needed. In this study, less than one in every 1000 child was recorded as physically abused in all age groups in three cities. This finding is not even representative of the recorded cases of abuse. More clearly, the top of the iceberg in physical abuse for child abuse phenomenon cannot be revealed with these limited sources of information.

In Zonguldak court of law, findings are significant since, the physical abuse cases in this city are evaluated “only” in this court. Therefore, the numbers obtained in this province are the total number of cases in physical abuse. According to these numbers 1/1000 children are recorded in courts due to being physically harmed in Zonguldak. In Izmir, the data is not representative of the population since; the data could be obtained from one court. According to this data, similar to Zonguldak court of law, 1/1000 children are recorded as victims of physical abuse. The childrens’ populations in three ages are six times bigger in Izmir than in Zonguldak, therefore, this finding refers to only a limited part of the population that Karsiyaka Court of Law was responsible for managing cases.

As a general evaluation of physical abuse in this study, rather than indicating exact incidence, male children were found to be more recorded as victims of abuse compared to female children. The findings of WP3 Epidemiological Study also indicate that male children reported physically inappropriate acts of their parents more. However, in this study, judicial cases of physical abuse were mostly based on single events that occurred between two male friends at school or at street, public area or at home that a father has "beaten up" his son. These acts do not cover the systematic abuse of children that occur many times in years. However, the physical abuse data gathered in this study also points to the significance of how male children are at risk for being physically harmed by their peers at school or elderly people at home and street.

The physical abuse acts that co-occurred with sexual abuse, on the other hand, were recorded significantly more for females. In this case, 13 years old children were more exposed to physically violent acts of abusers. This age may have developmental significance for being exposed to these acts. 11 years old children were not developmentally capable of understanding the aim of this sexual act that may resulted in not resisting to the abuser and then not physically punished. On the other hand, 16 years old children were usually aware of the aim of the abusive act that may result in not resisting to the abuser for knowing that she may also be physically punished. However, 13 year-old children are in middle ages for awareness of abuse and preventing themselves from the physical acts of abusers. In WP3 Epidemiological Study, 16 year-old children of both males and females reported more physical abuse than 11 and 13 year-old children. There was a different pattern in recorded cases that for males younger children of 11 years-old were more exposed to physical violence.

In the types of physical abuse, pushing, kicking, throwing, and slapping, beating were more common compared to other types of physical acts. Another common method was locking up the child in a room or in the car and not permitting to go out. Hair pulling was more recorded for females and twisting ear was also recorded in cases that these acts were also consistent with the findings of epidemiological study. Hair pulling and twisting ear can be considered as culturally common physical acts against children. Parallel to these acts, children were reported as having minor injuries of open wounds, bites, cuts, and bruises. More severe forms of injuries like fractures or organs systems injury were not identified in these recorded cases. This finding brings the issue for the necessity of physicians' high awareness on physical abuse for the fact that the incidents with severe injuries are usually presented as accidents at home and therefore overlooked and not recorded as abuse cases.

Interestingly, no cases of forcing to eat spicy foods were recorded as an act of physical abuse. However, in the results of epidemiological study, forcing to eat spicy foods to punish the child had high rates of prevalence and incidence in children's lives for each gender and age group. At this point, cultural meaning attribution for physical abuse acts needs consideration. Although, this act is widely used in child discipline methods in Turkey, it is not regarded as an act of physical abuse. It is not recorded in agencies, but rather it is reported by children as adverse childhood experience.

Another physical act that needs comparison with epidemiological study findings was forcing to hold painful position. This act is never recorded in physical abuse cases and similarly, the prevalence and incidence rates of childrens' report in schools very low. This act is almost never used as a way of inappropriate discipline method on a population level and as a form of abuse on surveillance level.

In addition, spanking "beat up" and biting acts were also never recorded in these cases. However, more detailed work on physical abuse is required to evaluate the incidence of these acts as a form of physical abuse.

### *Sexual Abuse Incidence and Specific Forms of Sexual Abuse*

Sexual abuse cases were the most robust aspect of this study. These cases were collected in each agency. Although there are also gaps for drawing clear conclusions on incidence of sexual abuse in this study, the rates provide a significant frame for comprehending the issue.

In this study, approximately one in 1000 children were found to be recorded as a victim of sexual abuse cases in three cities. However, there are significant differences between gender, age, and province types. Initially, in terms of gender difference girls are at least two times more recorded than boys as victims of sexual abuse. In age distribution,



males in three age groups are in similar risk for experiencing sexual abuse and being referred to courts; while for girls there is a significant increase in the cases of 16 years-old children. Girls of younger ages are also under risk for experiencing sexual abuse, however, revealing the issue and taking an action in courts to record cases may have lower degrees. Sexual abuse is also kept as a secret in families.

In age distribution of girls, 16 year old children are worth mentioning that there are differences between provinces. In Izmir approximately 4-5 in 1000 female children were recorded in sexual abuse cases in this age group. In Zonguldak, similarly, approximately 4 in 1000 children were recorded; while in Denizli 8-9 in 1000 children of 16 years old girls were recorded in sexual abuse cases. In Zonguldak and Denizli, the cases of sexual abuse are managed in one court in which these studies were conducted. In Izmir, the sexual abuse cases are also managed from certain courts in peripheral locations of the city where this study could not be conducted. Although the peripheral courts of law could not be included in this study, the cases that were collected from Behcet Uz Child Hospital and Dokuz Eylul University Hospital were consisted of judicial cases that were referred from the peripheral courts. However, these referrals do not represent the whole sexual abuse cases in these peripherals. To sum up, the findings of Izmir are not strong enough to draw conclusions for recorded cases incidence of sexual abuse. In Zonguldak and Denizli, there is a comparable data on this age group for the fact that cases could only be extracted from one court of law. Therefore, the two times higher incidence rates in Denizli compared to Zonguldak is parallel with the population of these cities. Denizli is two times more crowded than Zonguldak and 16 year-old girls are also two times more recorded as victims of sexual abuse. These rates indicate that approximately one in 100 children in Denizli have the risk of visiting courts of law as victims. More clearly, in a school with 35 students in each classroom, one 16 year-old girl in three classrooms have the potential to be referred to courts of law for sexual abuse.

In WP3 Epidemiological Study, the sexual abuse data could not be collected, therefore, there is no comparable data between these two studies in terms of sexual abuse. However, these incidences – even if there are not enough agencies for comparison – reveal the significance and magnitude of the issue to be intervened by policy makers.

In specific types of abuse, completed sexual activity was highly repeated in cases for both males and females in all age groups. In all age groups, males were exposed to completed sexual activity in high percentages; while female children of 16 year-olds were more exposed to this act compared to 11 and 13 years-old females. This pattern was similar for boys and girls in attempted sexual activity. In line with these acts, 11 and 13 years old girls were more exposed to sexual harassment and touching/fondling genitals in ratio compared to older girls. The ratio of these acts for younger boys were lower compared 16 year old males. Sexual harassment was mostly co-occurred with adults' exposure of genitals to child. In addition, exposing children to sexually explicit photographs and videos were very common as "other" forms sexual abuse.

Sexual exploitation and voyeurism were rarely recorded in cases. However, these acts are defined under different article in Turkish Law that could not be studied in this study. Especially, sexual exploitation is a significant issue in Turkey that needs to be elaborated by further studies.

#### *Psychological Abuse Incidence and Specific Forms of Psychological Abuse*

The incidence of recorded psychological abuse cases cannot be drawn from the findings of this study. Psychological abuse is not defined under Turkish Criminal Law, and therefore, no single psychological abuse judicial case in courts was extracted in this study. The cases obtained from hospitals were usually physical, sexual abuse

cases or neglect. Single psychological cases were rare. In this study, the psychological abuse cases were multiple events that usually co-occurred with sexual abuse acts.

In terms of psychological abuse types, terrorization of the child was mostly recorded in relation to sexual abuse acts of the perpetrator. In sexual abuse cases, especially 16 year-old girls were terrorized by the perpetrators for being killed unless they do not have sexual intercourse or show their genitals and they were frightened by being disclosed to their family as they had sexual intercourse. Additionally, these types of psychological acts upon girls were two times higher in rate than boys.

Only in some cases recorded in hospitals were based on isolation, ignorance and corruption of the child. It is significant to note that the findings of WP3 epidemiological study in Turkey provide higher rates children's reports for psychological punishment at home. Especially, rejection through verbal abuse was very common in childrens' reports of 16 year olds in epidemiological study.

In light of this framework, the findings of psychological abuse in this study are not representative of children who are systematically exposed to their caregivers' psychologically abusive acts at home. The lack of related articles in law and the difficulty of suspecting these cases even in hospitals by professionals' awareness are the major reasons for this conclusion. On the other hand, the psychologically abusive acts of perpetrators in sexual abuse acts are revealed in this study that highlights the significance for how children are impinged to take place in sexual acts.

#### *Neglect Incidence and Specific Forms of Neglect*

The results of neglect cases in this study are also inadequate for framing the incidence of the issue. Neglect cases were collected via the article 232 in courts and professionals' awareness in two hospitals. Since, the hospitals were in Izmir and the article 232 could be scanned and extracted only in one court in Izmir, the number of cases were higher than the other provinces.

The article 232 has a broad frame for defining neglect in many aspects. However, it is mostly applied in a narrow perspective for the cases of children working in the streets by usually selling tissues. Therefore, most of the neglect cases were based on economic exploitation. Children who are selling tissue are the ones who have a very high public apparency and they can be easily detected by police in the streets. The children working at home or working in other works was not detected and recorded in courts under this law article. For this fact, these cases were not recorded in case-based surveillance study. These results of neglect in this study indicate that the application of the law regarding child neglect need to be broadened for better understanding of children's well- being.

In other forms neglect, there were very few cases of physical, medical, and educational neglect, inability to protect from physical harm/sexual abuse and refusal of custody that were detected in hospitals. These cases were usually informed by the social workers about the necessities of parenting and limits of neglect and then no legal action was taken for the lack of basic needs of the child.

#### *Substantiation Rates of the Cases*

In this study, substantiation rates are high, since most of the data were collected from the courts in which legal action is taken as the final referral sources of abuse cases. There are changes between abuse types in substantiation rates for the differences in identification and for the extent of each abuse type in this study.

In physical abuse cases, substantiated file rates are higher than seventy percentages. Physical abuse is - as by its name- a physical phenomenon that can more clearly be viewed at a first glance by the physician. It is easily

reported to judges and a legal action was taken. There are no remarkable changes between provinces in substantiation of physical abuse.

In sexual abuse cases, which is the most significant and robust aspect of this study, substantiation rates are lower than physical abuse for the fact of its difficulty to identify. As a general rate in three provinces, almost 60% of the cases were substantiated and the remaining files were unsubstantiated. The rates in Zonguldak and Denizli are close to each other; while substantiation rates in Izmir provide lower rates at first glance. Izmir, as a more than six times bigger city compared to other two cities, have higher workloads in courts. This workload results in higher number of cases and higher number of ongoing investigation cases in Izmir. Therefore, substantiation rates are similar in each province that two in every three court referred cases were recorded as substantiated sexual abuse and the remaining one in three cases were unsubstantiated.

In psychological abuse cases, substantiation rates were related to sexual abuse substantiation for the fact that they were co-occurred. Therefore, it is not appropriate to draw conclusions on substantiation rates of psychological abuse cases in this study.

In neglect cases, highest rates belong to Izmir for the fact that most of the data was collected in this city. Neglect phenomenon has also a confirmation difficulty that in Izmir approximately half of the issues were substantiated. This rate is lower than physical and sexual abuse substantiation rates. Especially in neglect cases of hospitals, families were usually informed about appropriate parenting and they were not referred to judicial courts. Therefore, both neglect and psychological abuse cases recorded in hospitals were evaluated as no legal action taken.

#### *Multiplicity of Abuse Cases*

In this study, single vs. multiple abuse events were analyzed to overview the structure and complexity of abuses. In this study, single forms of events were more recorded than multiple events. Highest rates of single incidence were related to sexual abuse cases. These acts were usually co-occurred with physical and psychological abuse acts. Neglect events were also usually recorded as single incidents.

In the literature, abuse is widely accepted as a complex phenomenon in which many aspects of abuse occur at the same time on the same victim. Therefore, the single cases recorded in this study are “intuitively” known as multiple events. To elaborate, if a child is sexually abused by anyone and if this not known by the caregivers, then there are signs of neglect for not protecting from the harm of sexual abuse. However, in order to record these cases as multiple events, more information on how the family functions as whole is needed. Although, the structure of family can be elaborated by the related professional in each agency, it is also needed to record this information in files. Unless they were recorded, the information cannot be extracted for the purposes of this study.

Therefore, it is significant to note that an abuse is, in fact, always a multiple event in a child's life. The rates of single events in this study should not be regarded as absolute structure of abuse cases.

### *Children's Characteristics*

In this study, characteristics of children were recorded for the educational status, work status, education-related problems, behavioral problems, history of substance abuse and diagnosed disabilities.

In educational status, only half of the children could be recorded for their educational status in agencies (Table 2.3). In the information-available cases, almost one third of children were recorded as attending the school in all forms of maltreatment. Attending to school rate was more than two times higher in 11 and 13 years of children than 16 year-old children. Education in Turkey is obligatory for 8 grades that 16 year old children are out of the age-range of this obligatory attendance to school. In this regard, drop-out school rates are also higher in this study for older age group.

Similar to the educational status, only half of the cases could be recorded for their work status. According to this, almost one fourth of the children were recorded as not working. Only a limited amount of children were found to be working. Working ratio was higher for 16 year old children in both males and females compared to younger age groups. Males in this age group had highest ratios of paid working than females. Unpaid working ratios were also higher in older age groups.

Working conditions are needed to be more carefully recorded in files, since working constitutes a significant risk for children to be abused.

In education-related problems very limited information could be reached in the content of files. In the recorded information, school non-attendance had the highest rate among other problems. There was almost no information about learning disabilities and attending to special education classes.

In behavioral problems, a similar pattern of educational problems was observed that there was almost no information. In the collected data, the most frequently recorded issues were running away and self-harming behavior.

Substance-abuse problems of children were also rarely recorded, although there were lots of cases in which 16 year-old children were using alcohol at the time of the incident. However, it was not recorded in files if they had alcohol or drug problems.

In diagnosed disabilities, children with mental disorders were mostly recorded as impairment in cognitive functioning. In addition, psychiatric disorders were also recorded in some of the cases. However, the rates of recorded information were very low.

As a general evaluation of child characteristics, childrens' school attendance, the information of dropping out, education-related problems, behavior problems, substance abuse, and diagnosed disabilities should be more systematically recorded in agencies. The children who are in paid/unpaid work, who tend to run away from school, to have irregular attendance, to give self-harm, to have diagnosed disabilities like impaired cognitive functioning, psychiatric disorders and to have drug-alcohol use are all high risks for children to be abused. For preventive actions these features of children should be better known and recorded in agencies for further studies.

### *Characteristics of Only Perpetrators*

In this study, half of the perpetrators were identified as only perpetrators who were not caregivers of the children. These perpetrators were mostly male and young people aged lower than 18 years old. They were usually friends or dates of children or strangers. In general, the information of their education level, work status, relation status, substance-abuse history, disabilities, previous allegations, history of victimization were unsatisfactory to outline the general characteristics. This information was usually obtained from courts, since only the victim child is referred to hospital in judicial cases. The information regarding the perpetrator is recorded by the report of the victim-child. Therefore, a child can only report the extent of s/he knows about the perpetrator. In courts, these data are collected to a certain extent like previous allegations etc. However, they were not totally scanned and available on UYAP system.

The profile of only perpetrators in this study does not provide the risk factors of them to be perpetrators. However, the relationship of perpetrator to the child is a significant finding. The highest rates of perpetrators were strangers that especially 11 year-old children were more exposed to sexual harassment at street, near their schools, or in the entrance of their apartments. This finding indicates that little children are more at risk for establishing a relationship with a person they do not know. This also points to childrens' lower abilities to protect themselves from the harm of unknown people.

Older children of 16 years-olds were more at risk for being abused by their friends and dates. At this point, children with risk factors who have lower mental capacities, diagnosed psychiatric disorders etc. have a tendency to be abused by the familiar people like friends and dates. This is an indication for the lack of knowledge on sexuality, impulsive tendencies like running away from home or child-care institution that positions the child as an open source for being abused.

In addition to these perpetrators, children were also abused by their neighbours, family friends, other blood relatives like uncles, brothers as well. The lower rates of these people as a perpetrator in childrens' lives are not an indication of lower risks for being abused by these people. The judicial cases are not representative of the family dynamics in which abuse is usually kept as a secret.

These findings stress the fact that children are both abused at home and by their environment outside the home. This brings the reality and necessity of working on child abuse and neglect issue in deeper and broader terms.

### *Characteristics of Perpetrator-Caregivers*

The perpetrators who are also caregivers in child's life were identified as 10 % of all the perpetrators in this study. Most of them were male and fathers of these children. Mothers, stepfathers, grandmothers and grandfathers or the sisters, brothers who were also caregivers were also recorded as perpetrator and a caregiver in child's life. Most of the research findings indicate that children are exposed to violence by a person they know rather than a person they do not know (REF). In this study, unknown people were recorded more than the caregivers of children or other familiar people in child's life. As this was a surveillance study, the judicial cases represent the incidents that are only referred to agencies by the awareness of professionals or by any people in child's life that have the courage to reveal the fact of abuse. Therefore, people with low awareness on child abuse or with limited sources to reveal the abuse acts of perpetrators at home do not reach the agencies as a case.

The caregiver-perpetrator results of this study are not representative of the abuser rates at home. However, in our country the awareness on this issue is increasing and professionals report that cases occurred at home by perpetrators are being more noticed by other caregivers and more referred to agencies.

In terms of characteristics of these caregiver-perpetrators, age range was higher, but education level was lower than only perpetrators. Other characteristics of abuse problems, previous maltreatment history and acid abuse allegations could not be satisfactorily reached in files. Therefore, risk factors of caregivers as perpetrators were not clearly revealed.

### *Characteristics of Caregivers*

Caregivers of children in this study were mostly identified as two people of mostly mothers and fathers and in some cases they were stepfathers or stepmothers as the second caregiver. Most of the caregivers were married. This is an interesting finding that the children with married parents were more reported to institutions than children with other family characteristics. The married caregivers whose children were abused by only perpetrators can be using more help-seeking behavior and may be more protecting their children by applying to services. In order to draw conclusions from this finding, more caregiver related characteristics are needed to be recorded in agencies and extracted to standard forms.

The risk factors of caregivers were also inexistent in files like the previous maltreatment history. It is significant to know the abuse history of the family that provide a ground for understanding the risk factors of abuse of children.

### *Characteristics of the Family*

As mentioned in the caregivers' characteristics, families of the children were mostly recorded as married couples and 10% of them were reported as divorced parents. People living together were mostly mothers, fathers and siblings of the child-victims.

The information on household inadequacy, income, and financial problems were inadequate in files. The relation between socio-economic status and abuse risk are significant; however, in this study, the cases of children do not provide a comprehensive framework for the socio-economic characteristics of the families.

In findings of WP3 epidemiological study, significant results were found that children in lower socio-economic families were reported more physical and psychological victimization experiences at home. This result refers to the importance of recording family characteristics of cases in agencies.

### *Agencies in involved in Administration of CAN cases and Referrals to Agencies*

In administration of CAN cases, legal services, medical services and mental health services play a significant role together. If a case is reported to police, then the file should be send to legal system. The legal system is obliged to start investigation of the cases. If the physical or sexual abuse was suspected than the child was referred to institute of forensic medicine for physical inspection of the evidence of abuse. In some cases of sexual abuse, the child was also referred to hospitals mental health department for psychological evaluation of the child to indicate if the child was negatively affected from sexual abuse or not.

In this evaluation process, medical evaluation of the services may provide no signals of abuse on child. More clearly, no physical abuse symptoms may be identified on the body of the child, or no signals of recent sexual contact can be identified on children's body for sexual abuse. In mental health services, it is more difficult to view the records of reports stressing that "the child was not psychologically affected from sexual abuse", however, it rarely occurs. In light of these findings, the judges in courts may give "verdict of non-prosecution due to lack of adequate evidence". Therefore, many agencies involve in management of cases, while the confirmation of maltreatment has lower rates.

At this point, it is significant to note that confirmation of maltreatment in courts is not solely based on evidence gathered from medical and mental health services. Even if these agencies provide reports of “no visible signs of abuse”, the judges have the authorization for deciding on the existence of CAN and prosecuting the abuser by the sincere testimony of the child victim and contradictory expressions/testimony of the abuser.

In these cases, care plan of the child or out of home placement was limitedly recorded that the National Judge Systems is mainly based on mainly evaluating the child in his/her own home environment and apply to out of home placement as the final source of solution. If the perpetrator is at home, then they receive jail sentence and they are automatically sent away from home that permits the child to stay in a safer place. However, especially in court cases, it was difficult to record this data from the available files.

In the management process of the cases, very low rates referrals were made to the child-victims and their family. At this point, it is significant to mention that these referrals are not a part of “case management”. More clearly, in management and maltreatment confirmation of the cases, the child is formally referred to medical and mental health services via letters between agencies. In this process, the children have to receive this service. However, during or after the case was identified as abuse or not, they are informally referred to services. This referral was made by the professional verbally, then it is not recorded as formal source of information. In Turkey, there are no obligatory medical or mental health services provided to children and their families. Therefore, no referrals are made within courts formally, but there are some informal referrals made via physicians’ or mental health professionals’ awareness and sensitivity on abuse issues. These referrals are usually psychiatric or psychological services. However, the information of the received services are even lower; since the judicial cases are not followed up in every hospital. Only the hospitals that follow-up the cases record the information of received services.

#### *Availability of Information in Agencies*

Evaluation of the information availability in agencies was a very significant aspect of this study that was as valuable as the first major of the study to identify CAN incidence. The identification of CAN incidence in a healthy method also belongs to how systematically this information was recorded in agencies.

In this study, hospitals and courts were visited as two different types of agencies to be observed and studied. As a general evaluation, awareness in Turkey for recording cases, using statistical methods for evaluation and the need for constructing databases are increasing as signals of child abuse awareness. However, there are similar and distinctive patterns of recording cases in hospitals and courts that need to be stressed in this study and then considered in agencies for further studies.

Initially, the record date, the birth date of children, children’s age and gender are very systematically recorded in agencies. The other systematically recorded data was the incident-related information that consisted of duration of maltreatment, sources of referral, scene of incident and form of maltreatment. In courts and hospitals – especially in hospitals that work with judicial cases with the responsibility of providing report for child’s welfare – the case of abuse is regarded as a crisis situation that requires very rapid intervention. This approach leads agencies to focus on the characteristics of the incident in detail. This is an important base and a robust characteristic for agencies to develop their recording culture and to improve databases.

In incident characteristics, the characteristics of sexual abuse were more than satisfactorily recorded. The sexual abuse was separately identified in Turkish Criminal Law for children that the incidence details were significant for judges to prosecute perpetrators appropriately. However, the recording of physical abuse cases can be improved in terms of specific types of physical act and the results of the act as the type and severity of injury. In Turkish Criminal

Law, physical abuse is not specified for children. The only significant cut point for determining the level of penalty is to causing the death of the victim or not. Therefore, all the physical acts upon a victim that can be treated by a basic medical intervention are treated approximately the same in courts. This legal regulation may be leading professionals to treat physical acts in more general sense rather than outlining the details of an event. In terms of psychological abuse and neglect, recorded data is limited due to study limits and due to the difficulty of recognizing this type of abuse. The cases collected in these types of abuse are weaker in representativeness for discussing their recording styles. However, the absence of information in this study even provide a framework that institutional education is needed for these types of abuse for their “invisible” structure compared to more “visible” acts of physical and sexual abuse.

Although the characteristics of the incident were systematically recorded, there is a remarkable decrease in recording relatively deeper characteristics of victims, abusers and caregivers. One of the most significant characteristics was recording the education level. Only in half of the cases the education level of children could be reached. The rates of education level recording for perpetrators and caregivers were even lower than half of the cases. The same pattern was observed for work status of the child, perpetrators and caregivers. The marital status of perpetrators and caregivers were also relatively less recorded in agencies. These types of basic demographic characteristics are usually obtained very easily via asking simple questions. This data is in fact easily collected, but the long term effects of this data is even more valuable to outline the educational, working and marital characteristics of each people involved in an abuse case. Systematic record of this data may help to better understand the risk factors for children in the long term, since it is significant to know whether children had a tendency to drop-out school before or after abuse and to know that whether they were working or not in time of abuse.

Apart from demographic characteristics, there is also very significant decline in records of some detailed and difficult aspects of child's, caregivers' and perpetrators' life that constitutes a substantial risk factor for being abused or to behave as an abuser. Initially, as a very crucial medical evaluation, which has enormous psychological consequences, the substance abuse history of the child, the perpetrator and the caregiver was very insufficient and the recorded data was unsystematic. This is also easily-obtained information by asking certain questions that is necessary to be recorded for intervention and prevention studies.

The questions that require proficiency to work through in intervention of the case were education- related problems and behavior problems of children. These two issues are more difficult to elaborate on for a professional and to talk for an abused a child as well. Initially, they are more time demanding to work on; however, these information are significant for outlining the risk factors of children before and after abuse and to illuminate further prevention studies. For caregivers and perpetrators, previous maltreatment history and previous allegations of either CAN issues or other criminal issues are vital for defining the transformation of trauma and abuse in the family. Historical evaluation of caregivers and perpetrators are also time demanding and proficiency-seeking aspects of CAN intervention, however, they are valuable for better understanding of children. These were almost unavailable in agencies that were more attentive to the details of incidence on surface rather than background of the phenomenon in the deep.

Finally, the follow-up of cases were very insufficient that only in some hospitals, the children who were referred to these agencies for psychological evaluation or who identified by physicians' awareness were treated as the beginners of a long abuse-rehabilitation journey and followed up for at least six months. In these hospitals, the children and their families were regularly phone-called and invited to counseling or therapies. In courts, children as victims are not followed-up and it is not known if this child was abused again by another perpetrator or if s/he had a tendency to act as an abuser on other children or adults.





This study was a pioneering work in our country for working on files with high confidentiality. The permission obtained from agencies to view judicial cases were regarded as the first study in the history of courts in Turkey in which researchers from outside the agency were accepted to view the content of the abuse cases. This research will initially provide wisdom for further studies on recorded abuse cases.

In the further studies, however, including all law articles of abuse cases in all agencies will be more representative of the recorded cases of CAN incidence. Additionally, all legal regulations need to be scanned and may be further law articles of child protection should be added to the extent of further studies.

In practical benefits of the study, the extraction forms were found very useful and evaluated as an excellent product of project professionals. For further studies, some recommendations to improve the usefulness and cultural adaption of the extraction forms were provided below.

In section “B. Child-related Information” there is no item for recording the marital status of children. In our country, early religious marriage cases were very common, therefore adding these items will be useful for evaluating these cases. In relation to this issue, it can be appropriate to add an item to the variable “D9: Perpetrators’ relation to the child” as “husband – informal or religious marriage-“. Since, the meaning of religious-marriage husband is culturally different from “date”.

In the variable “B9: Diagnosed disabilities”, a line for detailed explanation can be added to the variables of “impaired cognitive functioning” and “psychiatric disorders”. If the content of these disabilities were known in detail, more appropriate intervention and prevention studies could be conducted.

In section “C. Incident-related information” the variables of C18, C19 and C20 were needed to be culturally better adapted according to the Turkish legal system. For instance, in the variable C18, an item of verdict of non-prosecution can be added under the item of “no legal action taken”. Verdict of non-prosecution means that the child was referred to the court, the investigation was done; however the case could not be turned into a court file due to lack of evidence of abuse. This decision is different from “no legal action taken”, since there is also a right to appeal against this verdict of judge. Therefore, it does not mean that the way of judgement was closed for a child when the case received this decision.

In light of these minor changes, these forms will provide professionals and researchers very significant guidelines of evaluating and recording CAN cases.

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## ANNEX I: List of Organizations that provided data

- 1) Behcet Uz Child Hospital / Child Psychiatry Department (Izmir)
- 2) Tepecik Training and Research Hospital / Social Services Department (Izmir)
- 3) Ege University Hospital / Child Protection Center (Izmir)
- 4) Dokuz Eylül University Hospital / Child Psychiatry Department (Izmir)
- 5) Izmir Court of Law (Izmir)
- 6) Karsiyaka Court of Law (Izmir)
- 7) Zonguldak Court of Law (Zonguldak)
- 8) Denizli Court of Law (Denizli)