

THEMATIC STUDY / TURKEY

How to Improve Responsiveness of Service Providers in Identifying, Reporting and Referring Cases of Violence Against Children



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ACRONYMS

CPL	Child Protection Law
CRC	Convention on the Rights of the Child
CSO	Civil Society Organization
EU	European Union
NGO	Non-governmental organization
UN	United Nations
UNICEF	United Nations Children's Fund
VAC	Violence against Children

EXECUTIVE SUMMARY

Study Rationale and Research Questions

Children are subjected to violence in all spheres of their lives; from the ‘private’ domain of home to the ‘public’ space of school, care and detention facilities, children require protection. In all settings, the state has an obligation under the UN Convention on the Rights of the Child (CRC) to prevent violence and to protect children from all forms of violence. However, states often fail in this obligation. Weak or absent legal definitions of what constitute violent acts against children, general and widespread social acceptance of some behaviors, e.g. for disciplining children, contribute to situations where violence against children (VAC) goes un-reported and un-acted upon. The fact that reported cases of **violence against children** are often only the most extreme ones was confirmed in a UNICEF study on the responsiveness of service providers in identifying, reporting, and referring cases of violence against children in Albania, FYR Macedonia, Moldova, Bulgaria, and Tajikistan in 2006. The same study revealed a lack of adequate systems, official mandates, and guidance available to service providers; lack of knowledge, regulations, and mechanisms to refer cases, and a general reluctance to “interfere in the private sphere” and to report cases of violence among service providers.

According to UNICEF reports of four country offices (Albania, BiH, Serbia and Turkey), a number of state actions were taken to address the issue of violence against children, within the broader scope

of child protection system reforms in these countries. All four countries have developed and/or enforced various policies, protocols, and action plans at different levels. Nevertheless, these countries still seem to experience challenges in the response of their systems and a lack of social services to properly identify, report, and intervene in cases of VAC.

The **purpose** of the present study was to develop a better understanding of where the systems and service providers fail in identifying, reporting and responding to violence against children in Turkey, one of the four countries which are beneficiaries of a new EU-UNICEF project. The study aimed to provide clear recommendations on how to improve the system of public services, the system of monitoring and complaints, and to identify the opportunities in on-going efforts to reform child protection that may serve to strengthen the system.

In order to fulfill the goals of the study, three main **research areas** were explored:

1. Identification, recording and reporting of cases of VAC
2. Referrals of cases of VAC and service trajectories
3. Systemic mechanisms for action/change: monitoring, evaluation and best practices



Methodology

The national research team carried out a **desk review research and content analysis** of:

- National legislation, policy documents, regulatory documents, and guidelines/protocols, related to violence against children and child protection;
- Official data on violence against children at the national, regional, and facility levels;
- Published materials, including NGO reports, on the problem of violence against children; and
- Published materials on services and programs for children that are victims of violence

In addition, this study combined both qualitative and quantitative data collection through two main research instruments: a structured questionnaire (quantitative) and semi-structured interviews (qualitative). The purpose of the quantitative research was to collect the perceptions of service providers at the local level through a micro/scale survey, which would then provide baseline data useful to confirm the validation of main findings from the qualitative research.

Participants

The data sources of the research included administrators and practitioners from social services, justice and monitoring sectors. The final sample included a total of 23 administrators (interviewed) and 191 practitioners (39 interviewed and 152 surveyed) from 3 sectors (social services, justice, and monitoring) in 8 provinces. The sampling of the provinces was based on a set of criteria including the region (one province per region and Istanbul),

size of the child population (small, medium, and large) and existence/non-existence of child courts, child protection centers, and university hospitals (urban and rural). Additional interviews were conducted with the representatives of two universities' child protection centers/units in Istanbul and a modified questionnaire was conducted with 23 NGO representatives.

Findings

The study identified several actionable areas for social change in the service response to violence against children. Currently the **main challenges** with the system of child protection are:

- There is a high social acceptance of VAC.
- The terms of references of service providers are vague and there are no standard guidelines for professionals on identification, reporting, and follow-up of cases of VAC.
- The reporting and complaints mechanism is complicated.
- There is a lack of an effective recording system for cases of VAC and the information sharing is not regulated.
- Services for child victims and their families are scarce.
- Inter-agency service coordination is poor.
- There is a lack of staff specialization and of a results-based performance monitoring and evaluation system.
- Internal and external monitoring mechanisms are not effective.

- Policy changes are reactive (not proactive) and not based on strategic planning.

The study also identified the following as the main strengths of the current system:

- There is a general consensus among service providers on the broad definition of VAC.
- There is a relatively new and comprehensive legislative basis for responding to cases of VAC.
- The new Ministry of Family and Social Policies provides an opportunity for putting in place new, effective, and sustainable policies.
- There is a group of professionals working in different provinces across sectors who are motivated enough to find creative ways to overcome the weaknesses of the system.
- Hospital-based child protection centers constitute a new method of service delivery that prevents secondary victimization of children.

(6) Strengthen knowledge and skills of service providers.

(7) Improve inter-agency coordination.

(8) Assign one easily accessible authority to receive complaints about cases of VAC.

(9) Establish an effective mechanism for data recording and an information sharing system that would protect the child's best interest.

(10) Improve service availability for child victims and families.

(11) Establish an independent monitoring mechanism.

Recommendations

- (1) Conduct a public perceptions analysis on VAC.
- (2) Increase public awareness on VAC through national and local campaigns.
- (3) Include VAC into the primary education curricula to break the vicious cycle of violence.
- (4) Develop a comprehensive and strategic plan of action to prevent and better respond to VAC.
- (5) Establish a prevention-oriented child protection system.

INTRODUCTION

1.1 Study Rationale and Research Question

Children are subjected to violence in all spheres of their lives; from the ‘private’ domain of home to the ‘public’ space of school, care and detention facilities, children require protection. In all settings, the state has an obligation under the UN Convention on the Rights of the Child (CRC) to prevent violence and to protect children from all forms of violence. However, states often fail in this obligation. Weak or absent legal definitions of what constitute violent acts against children, general and widespread social acceptance of some behaviors, e.g. for disciplining children, contribute to situations where violence against children (VAC) goes un-reported and un-acted upon.

The fact that reported cases of **violence against children** are often only the most extreme ones was confirmed in a UNICEF study on the responsiveness of service providers in identifying, reporting and referring cases of violence against children in Albania, FYR Macedonia, Moldova, Bulgaria, and Tajikistan in 2006. The same study revealed a lack of adequate systems, official mandates and guidance available to service providers; lack of knowledge, regulations and mechanisms to refer cases, and a general reluctance to “interfere in the “private sphere” and to report cases of violence among service providers.

According to UNICEF reports of four country offices (Albania, BiH, Serbia and Turkey), a number of state actions were taken to address the issue of violence against children, within the broader scope of child protection system reforms in these countries. All four countries have developed and/or en-

forced various policies, protocols and action plans at different levels. Nevertheless, these countries still seem to experience a failure in the response of their systems and a lack of social services to properly identify, report, and intervene in cases of VAC.

The development of a **child protection system** requires a set of laws, policies, regulations and services across all social sectors — especially social welfare, education, health, security and justice — to support prevention and response to protection related risks. These systems are part of social protection, and extend beyond it. To date, states’ responses have focused primarily on child protection services or alternative systems of care, rather than on prevention.

To give proper attention to and act upon the issues mentioned above, a **new project** titled “Protection of children from violence in South East Europe” is being funded by EU and implemented in four countries (Albania, BiH, Serbia, and Turkey). This project aims at reinforcing the capacities of civil society partners in independent monitoring of child rights violations, in particular violence against children. It will also reinforce partnerships between civil society organizations (CSOs) and State decision-makers with an aim to strengthen the system of public services in identifying, reporting, and referring VAC cases. The project is embedded in reform agendas of existing child protection and social protection systems and will contribute to sharing lessons learned on child rights monitoring (including independent) mechanisms in South East Europe.

The **purpose** of the present study was to develop a better understanding of where the systems and service providers fail in identifying, reporting and



responding to violence against children in Turkey, one of the four countries which are beneficiaries of a new EU-UNICEF project. The study aimed to provide clear recommendations on how to improve the system of public services, the system of monitoring and complaints, and what are the opportunities in on-going efforts to reform child protection systems that may serve to strengthen this aspect of the system.

Both at country and regional levels, UNICEF will use the overall findings of the study to shape policy dialogue in addressing violence against children in the region. UNICEF will also use the study findings in its work with governments, policy and decision makers, donors, etc., to ensure protection of children's rights from all forms of violence, and to continue strengthening child protection systems through the reforms at all levels. Having the results of the study, the key stakeholders for child protection will further follow up to address key findings and recommendations to take actions while planning the strategy for child protection programs in their respective countries. Additional users will be NGOs and independent monitoring mechanisms (such as Ombudspersons for children), who can contribute to a constructive policy dialogue on the issue in the four countries participating in the project as well as those in other countries of the region. In addition, child protection professionals and training facilities will use the study findings for their work in child protection field.

The study was formulated based on the following goals:

- Conduct research for action
- System analysis to include the formal system of response that is in place, as well as perspectives of national government officials, manager/director professionals, and technical staff working at the implementation level; to result in recommendations to improve the system (including capacity of the system to identify and take action in cases of VAC, provide services to victims of VAC, to monitor the functioning of the system, and to be able to identify and advocate for systemic change);
- Capture the current government systems of response to VAC (and the protection of children from violence), and aim towards adherence to and regular monitoring of the functioning of the system;
- Capture the degree to which the larger system (not just government, but also NGOs) is responding to VAC (and protecting children from violence) as a whole (e.g. inter-sectoral or multi-sectoral responses);
- Capture national level reforms that have recently occurred or are occurring for responding to VAC and protecting children from violence (descriptive), and officials and stakeholders perceptions about what influence those reforms are having on the actual system of response to VAC, how they are actually being implemented at the local level, and barriers that may exist at the local level that restrict implementation of the national level reforms;
- Analyze the Ombudsman Office: what they are doing and how they are functioning, what examples can be provided on how they have responded to VAC and set out to protect children from violence, and/or monitored the system of response to cases of VAC;

- Compile national definitions of VAC, compare with UNICEF definition of VAC and identify differences; and how that impacts the forms of VAC are responded to (or not) and the reasons for this selection.

In order to fulfill the goals of the study, three main research areas were explored:

1. Identification, recording and reporting of cases of VAC

- What is the level of understanding of VAC among different service providers?
- What seem to be the main reasons for strong/weak identification, recording/reporting of cases of VAC (i.e. training, professional guidance, availability of agreed upon definitions, tools for identification) within the services assessed?

2. Referrals of cases of VAC and service trajectories

(Are appropriate services available/provided for a child(ren) and/or family?)

- What seem to be the main reasons for strong/weak referring of cases of violence against children (i.e. training, professional guidance, availability of agreed upon definitions, tools for identification, protocols for referrals etc., inter-sectoral cooperation) within the services assessed?
- Are there sufficient as well as quality services available for the referred cases (skillful professionals, regulations, functioning standards, protocols of cooperation, follow up mechanisms, etc.?) What are the main reasons for high/low quality services?

3. Systemic mechanisms for action/change: monitoring, evaluation and best practices

- Are monitoring and supervision mechanisms of service providers available at national and regional levels? How do these influence the performance of service providers in identification, reporting and referral of cases of VAC?
- What is the level of involvement of Ombudsman office in addressing the VAC issues/cases? Are there independent monitoring mechanisms in place?
- Does there seem to be any significant difference among urban/rural area-based services and public/private service providers in any of the areas of inquiry?
- What are the main opportunities to influence an improvement in the way the system identifies and intervenes in VAC cases?



1.2 Methodology

1.2.1 Study Design

This study combined both qualitative and quantitative data collection through three approaches: a desk review of relevant legislation and policy documents; a structured questionnaire and semi-structured interviews. The purpose was to collect the perceptions of service providers at the local level through a micro/scale survey, which would then provide baseline data useful to confirm the validation of main findings from the qualitative research.

The national research team carried out a desk review research and content analysis of:

- National legislation, policy documents, regulatory documents, and guidelines/protocols, related to violence against children and child protection;
- Official data on violence against children at the national, regional, and facility levels;
- Published materials, including NGO reports, on the problem of violence against children; and
- Published materials on services and programs for children that are victims of violence

To ensure wide participation of country level participants and local audiences in the study, **quantitative survey/questionnaires** (see Appendix C) were used to elicit service provider knowledge and practices in response to VAC issues. Within this structured questionnaire, a series of case scenarios were developed that were designed to assess respondents' recognition, reporting and referral attitudes in cases of suspected violence against children. The use of self-report surveys, however, provides the opportunity for each of the survey participants to

have an equal voice, and to have anonymity and confidentiality in the process. The self-report survey was administered to a cross-sectional sample of technical level practitioners that came in contact with children on a daily basis, had technical expertise in the field of child protection, and were in a position to identify, report, respond to cases of violence against children.

The purpose of the **qualitative research interview** (see Appendices A and B) was to obtain descriptions from interviewees about how they interpreted the issue of identifying, reporting and referring the VAC cases. The semi-structured interview with key informants was used to elicit service provider and policy-makers knowledge and practices in response to VAC issues, and to ensure wide, cross-country participation of local audiences in the study. The face-to-face interview was administered to a cross-sectional sample of technical level practitioners that came in contact with children on a daily basis, had technical expertise in the field of child protection, and were in a position to identify, report, and respond to cases of violence against children.

1.2.2 Sample and Recruitment

For designing the sampling, the selection of the main sectors dealing with children rights protection was considered, together with the respondent's role in identifying, reporting and referring VAC cases, with the sectors selected being: justice, social services, and monitoring.

While it was not the intention of the study to establish a representative sample of service providers in Turkey, efforts were made to include participants from the range of services that come into contact with children on a regular basis. The sample of ser-

vice providers included those working in both urban and rural settings as well as private and public service providers. The final sample of the research included a total of 23 administrators (interviewed) and 191 practitioners (39 interviewed and 152 surveyed) from 3 sectors (social services, justice, monitoring) in 8 provinces.

1.2.3 Data Sources and Data Collection

The fieldwork for this research was conducted by Humanist Bureau researchers in all of the 8 provinces within of the country between May and June 2012. This fieldwork had two components, a quantitative (survey) and a qualitative (interview) component. Two researchers were present during all interviews in order to make sure that all the discussion points were reflected in the results. The interviews took between 30-90 minutes depending on the availability and the interest of the interviewees. Although the instruments were standardized for the project, some local adaptation within the interviews and the survey was made by the national research team. The data sources of the research included administrators and practitioners from

social services, justice and monitoring sectors. The composition of data sources by sectors can be found below (Table 1):

The sampling of provinces was based on a set of criteria including the region (one province per region and Istanbul), size of the child population (small, medium, large) and existence/non-existence of child courts, child protection centers and university hospitals. The provinces included in the sample (Map 1), sample provinces selection criteria (Table 2) and details of the quantitative and qualitative samples (Table 3-4) can be found below:

1.2.4 Description of the Quantitative Sample

The sample size for the structured questionnaires/micro-scale survey was 152 respondents. The demographics from the survey respondents indicated that 77 women and 72 men participated. Participants represented all of the sectors surveyed: social services (111), justice (39), and monitoring (2), and were all governmental organizations (152). The average number of years working in the field was 3.59 years. The majority had completed undergraduate education (78%), with 18% having

Table 1: Composition of Data Sources By Sectors

Sector	Administrators	Practitioners
Social Services	Provincial directors and directors of social services institutions	Social workers and other practitioners (psychologists, child development experts, etc.) working at provincial directorates and social services institutions
Justice	Administrators from Forensic Medicine Institution	Judges, prosecutors and social workers working for child and family courts, and forensic medicine experts working at the courthouses
Monitoring	Deputy governors heading provincial human rights boards	Practitioners from provincial human rights boards

Map 1: Research Provinces



Table 2: Sample Provinces Selection Criteria

Province	Region	Child Population	Child Protection Center	Child Court	University Hospital
Edirne	Marmara	Small	No	Yes	Yes
Istanbul	Marmara	Large	Yes	Yes	Yes
Izmir	Aegean	Large	Yes	Yes	Yes
Ankara	Central Anatolia	Large	Yes	Yes	Yes
Isparta	Mediterranean	Medium	No	No	Yes
Şanlıurfa	Southeast Anatolia	Large	No	Yes	Yes
Mus	East Anatolia	Medium	No	No	No
Artvin	Black Sea	Small	No	No	No

post-graduate education. This sample indicated that only 30% of research participants had received training related to violence against children.

1.2.5 Description of the Qualitative Sample

The sample size for the implementation of the semi-structured interviews was 62 respondents; the geographic representation along with the organi-

zational affiliation of participants in the sample is presented in Table 4, below:

Additionally, in order to get the feedback of the health sector, meetings were conducted with the representatives from Marmara University Child Protection Center and Istanbul University Child Protection Unit, where medical examination, diagnosis, and forensic reporting services are provided to child victims of abuse and neglect.

Table 3: Quantitative Sample – Surveys With Practitioners By Sectors And Provinces

	Edirne	Istanbul	Izmir	Ankara	Isparta	Sanliurfa	Mus	Artvin	T
Social services	7	30	4	22	16	12	13	7	111
Justice	3	15	6	8	3	1	3		39
Judges		1		3	1				
Prosecutors				1	1		3		
Social workers at courts	2	11	6	2					
Forensic medicine	1	3		2	1	1			
Monitoring				1			1		2
TOTAL	10	45	10	31	19	13	17	7	152

Table 4: Qualitative Sample - Interviews With Administrators (A) & Practitioners (P) By Sectors and Provinces

	Edirne		Istanbul		Izmir		Ankara		Isparta		Sanliurfa		Mus		Artvin		Toplam	
	A	P	A	P	A	P	A	P	A	P	A	P	A	P	A	P		
Social services	2	2	4	3	1	1	2	4	2	3	3	1	1	1	1	1	1	32
Justice		1	1	4	1	4	1	5				2		1				19
Judges				1		2		1				1						
Prosecutors				2		1		1						1				
Social workers at courts		1		1		1		3				1						
Forensic medicine			1				1											
Monitoring	1		1	4			1		1			1	1			1		11
Interviews (A)	3		6		1		4		3		3		2		1			23
Interviews (P)		3		11		5		9		3		4		2		2		39
TOTAL		6		17		6		13		6		7		4		3		62

Finally, although NGOs were not included in the formal sampling of the research, the feedback of 23 NGO representatives, who are also the members of the NGO platform established within the context of the “Protection of children from violence in South East Europe” Project, were received through a modified questionnaire with more open ended questions in order to inform the research on the role of the civil society in preventing and responding to VAC.

1.2.6 Analytical Strategy

Both qualitative and quantitative analyses were employed in the study. Qualitative interviews were conducted with two researchers present in order for detailed notes to be taken. This data was analyzed for both content and themes using a modified grounded theory methodology by local researchers.

To analyse the data from the quantitative survey, a series of descriptive analyses were conducted in SPSS, version 20. Frequencies and crosstabulations were run on all variables collected by the study. Where appropriate, frequencies were run separately by service sector. However, due to limitations of the data (discussed below) and the small sample size, no multivariate analyses were run, and no comparisons (i.e., tests of statistically significant differences) are made between service sectors.

1.2.8 Limitations

Given the fact that violence against children often remains a hidden issue in societies, the major limitation has been the collection of official statistical data on VAC cases (baseline indicators). The original research methodology included 6 sectors: social services, education, health, justice, police and monitoring. However, 3 of these sectors (education, health and police) had to be excluded from the final sample since the official approvals from respective ministries could not be received prior to the field research. Therefore this report is only able to reflect the views of the sectors involved in the research and does offer a full analysis of the situation within the country. The difficulties in this official permission stage may be a reflection of the sensitivity around this issue and the challenges of doing research on VAC. However, in order to compensate for some of the missing feedback from these 3

sectors to a certain extent, additional surveys and interviews were conducted with academicians from child protection units of university medical faculties and NGO representatives. In addition the focus of this study was the service system itself and may have been enhanced by the exploration of issues for the individuals that the system is designed to impact (such as children, parents, communities and perpetrators of violence).

However, the qualitative and quantitative research instruments used enabled some cross theme analysis supported by quotations, as presented in the following sections of this report. In addition, the quantitative portion of the research is not based on a representative sample that would have led to generalizable results. Results should be considered exploratory only. Further, due to the small sample size, and the particularly small subsample size for some sectors, many analytical approaches are not possible, and comparisons between sectors should not be contemplated. However, the sample used is sufficiently large and diverse to allow for the identification of some general themes that require further study and follow-up. Finally, the use of two different languages in the research design, planning, and implementation, including in the translation of research instruments and documents, always brings with it certain challenges and limitations, while at the same time allowing for richer knowledge and collaborations.

BACKGROUND

There are approximately 25 million children living in Turkey, constituting over 1/3 of the total population. Even with the lack of comprehensive data on VAC, the available indicators on socio-economic development, family structure and domestic violence indicate that many children are subjected to different types of violence and many others live at risk of it.

According to the available data the following statistics illustrate some of the potential risk factors that contribute to the prevalence of VAC:

- 1 out of 4 children aged 0-6 live under the poverty line¹. While the rate of child poverty has decreased from 33% in 2002 to 24% in 2009 nationwide, the percentage of children living in poverty has significantly increased in the rural areas during the same period and increased from 37% to 49%;
- 1 out of 3 girls get married before the age of 18² (the data does not indicate any progress since 2002);
- Over 20% of the population thinks that children negatively affect the social, educational, and work life of the father. This percentage goes up to almost 50% when the social, educational and work life of the mother is considered³;
- Over 40% of women aged 15-24 experience physical or sexual violence at one point in their lives⁴;
- The number of children (0-18) brought to the security units as crime victims has doubled between 2008-2011 (the rate, which represents around 25 million children, has increased 2.5 to 3.5 out of 1.000 children)⁵;
- A total of 6.448 individuals (80% adults) were accused of sexual abuse crimes against children in 2008 and 2.621 of them (84% adults) were found guilty⁶.

2.1 Current Context of the Child Protection System in Turkey

The child protection system in Turkey has undergone a major reform in the last decade. New legislation and institutions have been established, measures have been taken for strengthening inter-agency coordination and various policies and action plans were developed in order to better respond to cases of VAC. Some of these state actions since 2005 include the following:

- Child Protection Law was enacted in 2005.
- Prime Ministry issued a circular on measures to be taken to prevent honor killings and violence against children and women in 2006.
- National action plans were developed to prevent violence in educational settings (2006-2011) and to combat domestic violence (2007-2010).

¹ Poverty Study (2009), Turkish Statistical Institute

² Family Structure Survey (2006), Ministry of Family and Social Policies

³ Family Structure Survey (2006), Ministry of Family and Social Policies

⁴ Domestic Violence against Women in Turkey (2008), Ministry of Family and Social Policies

⁵ Juveniles Received Into Security Unit (2011), Turkish Statistical Institute

⁶ Turkish Grand National Assembly Report on Missing Children (2010)



- National strategies on child rights, child protection and interagency coordination were adopted in 2011.
- Ministry of Family and Social Policies was established in 2011.
- Law on Protection of Family and Prevention of Violence Against Women was enacted in early 2012.

2.2 ___ Legal Context

International Conventions

According to Article 90 of the Turkish Constitution, “International agreements duly put into effect bear the force of law... In the case of a conflict between international agreements in the area of fundamental rights and freedoms duly put into effect and the domestic laws due to differences in provisions on the same matter, the provisions of international agreements shall prevail.” A complete list of the conventions directly related to the protection of children from all forms of abuse, neglect and exploitation that were ratified by the Government of Turkey can be found in Appendix D.

The Government of Turkey ratified the CRC in 1994 (with reservation to Articles 17, 29, and 30) and thus committed to undertake measures for the prevention of violence against children and to provide protection of the child from all forms of violence in family, institutions and wider community, as follows:

- physical and mental violence, abuse and neglect (Art. 19),
- all forms of sexual exploitation and sexual abuse (Art. 34),

- abduction of and trafficking in children (Art. 35),
- all other forms of exploitation prejudicial to any aspect of the child’s well-being (Art. 36),
- inhuman and degrading treatment and punishment (Art. 37).

The Convention also determines the obligation of the state to provide measures to promote physical and psychological recovery and social reintegration of a child victim of violence (Art. 39).

Turkish Constitution

The Turkish Constitution does not make a comprehensive reference to child rights, but a narrow reference to child’s right to protection was included in Article 41 (with the recent amendment in 2010), according to which every child has the right to adequate protection and care, and the right to have and maintain a personal and direct contact with his/her parents unless explicitly contrary to his/her best interest. The same article also gives the state the duty of taking necessary measures for the protection of the child against any kind of abuse and violence.

The Turkish Grand National Assembly has been working on preparing a new constitution since late 2011 and expects to complete it by end 2012. Various NGOs have prepared proposals for articles related to child rights; however, there is no official draft published by the Parliament yet.

Approved relevant laws in Turkey

There are several laws in Turkey which include provisions related to protection of children and which are used by service providers to perform

the functions required as part of the overall child protection system, namely to identify, report, and refer cases of VAC. The most commonly used ones among these legal documents are the following (a complete list can be found in Appendix D):

Child Protection Law (2005)

The Child Protection Law (CPL) regulates procedures and principles with regard to protecting juveniles who are in need of protection or who are pushed to crime (Art. 1). Within this context, the Law covers provisions related to (Art. 2):

- The principles and procedures of the measures that will be taken with regard to juveniles who are in need of protection and the safety measures to be applied with regard to juveniles pushed to crime;
- The establishment, duties, and capacities of juvenile courts (both ordinary and heavy penalty).

CPL envisages five types of protective and supportive measures (Art. 5):

- Consultancy measures (provision of guidance/counseling to children and their parents)
- Education/training measures (attendance in school, boarding school, vocational training programme, apprenticeship or employment)
- Care measures (placement in institutional or foster care)
- Health measures (participation in a temporary or continuous medical care and rehabilitation programme or substance abuse programme)
- Shelter measure (placement of those who have children but do not have a place to live or pregnant women whose lives are in danger in shelters)

Law on Social Services (1983)

The Law on Social Services regulates the social services provided to families, children, disabled, elderly and other individuals who are in need of protection or assistance; as well as the functions, authorities and responsibilities of the institution established to provide these services. The Law also defines the social services to be provided and types of social services institutions to be established. These institutions include orphanages, child and youth centers providing residential and day care services, community and family counseling centers and protection and rehabilitation centers for children in contact with the law.

Assessment of the need for protection is also regulated by this Law and depending on the identified need, children are provided with institutional care, in-kind and cash assistance and/or counseling services.

According to this Law, the punishment is increased by one third for staff of social services institutions in case they commit a crime against individuals under their care and protection.

Law on Protection of Family and Prevention of Violence against Women (2012)

The Law on Protection of Family and Prevention of Violence Against Women has recently entered into force in March 2012 and replaced the Family Protection Law of 2008. The purpose of this new more comprehensive law is to regulate the measures to be taken to protect women, children and family members and the prevention of violence against these individuals. These measures include provision of shelter, financial assistance, counseling and temporary protection; changing of the work-



place, house re-settlement and provision of new identity for the victim. The perpetrators can also be ordered to move out of the shared dwelling and not to approach or cause any distress to the protected individuals.

Contrary to the previous law, the new law encompasses all women irrespective of their marital status and provides for the administrative authorities, besides judges, to grant protection and support services to victims of violence or to those at risk of it. The new law also foresees establishment of violence prevention and monitoring centers to operate on a 7/24 basis and carry out protective and preventive measures.

Turkish Criminal Code (2005)

The Turkish Criminal Code defines the basic principles for criminal responsibility and types of crimes, punishments and security precautions to be taken in this respect. The law includes special provisions for sexual abuse of children and sexual intercourse with minors. Physical violence against children, on the other hand, is not regulated separately but the punishment to be imposed is increased if the crime of physical violence, including injury and homicide, is committed against a child.

2.3 Institutional Context of the Sectors Involved in Child Protection Work

Social Services

The Ministry of Family and Social Policy was established in 2011, replacing the State Ministry responsible for women and family affairs. The Ministry is responsible for preventing domestic violence and ensuring healthy development of children

through protecting them against all kinds of abuse and neglect. To this end, the Ministry's responsibilities include development of national policies and strategies, providing social services and social assistance to families and children, and ensuring inter-agency coordination. The former Social Services and Child Protection Agency General Directorate was also abolished in 2011 and the Child Services General Directorate was established under the new Ministry.

The main responsibilities of the Child Services General Directorate include:

- Strengthening families through educational support, counseling and social assistance in order to ensure protection of children within the family environment
- Identification of children in need of protection and providing necessary protection, care and rehabilitation services
- Establishment and management of social services institutions
- Monitoring the implementation of the UN Convention on the Rights of the Child

In addition to the Child Services General Directorate at the central level, the Ministry has provincial level administrative units (provincial directorates) which provide day-care and residential care services for children in need of protection.

Education

The Ministry of National Education is responsible for providing both formal and non-formal education. The key administrative units under the Ministry include the general directorates of primary education, secondary education, special education

and counseling and vocational and technical education. The respective responsibilities of these units in prevention of violence in the education system have been identified in the “2006-2011+ Strategy Document and Action Plan to Prevent and Reduce Violence in Educational Settings” developed by the Special Education and Counseling General Directorate, which is mandated to coordinate the Ministry’s efforts to this end. The Ministry has also been working on establishing a mechanism in the schools for early identification of the risks that children may be exposed to.

Health

The Ministry of Health is responsible for protecting the physical, mental and social health and well-being of individuals and the public in general. Within this framework, the Ministry’s responsibilities include risk surveillance starting from prenatal period and the treatment of child victims of violence. The Ministry has recently piloted establishing “child monitoring centers” in public hospitals which bring together medical and judicial services under one roof for child victims of abuse in order to prevent their secondary victimization. “Child protection centers/units” with similar objectives have also been established in 6 university hospitals. Both models are in the process of expansion throughout the country.

Interior

The Ministry of Interior is mainly responsible for ensuring national and public security, managing the general administration of the provinces and

overseeing the local administrations as the warden acting on behalf of the central authority. The Turkish National Police and the General Command of Gendarmerie are subordinate to the Ministry of Interior, both of which have specialized child units. All judicial and administrative policing services towards children aged 0-18, including children in conflict with the law, child victims, abandoned and missing children and children in need of protection are carried out by child police units (the Gendarme is responsible to perform the same duties in rural areas) which have been operating in all 81 provinces since 2001.

Justice

The Ministry of Justice is responsible for the establishment and organization of the courts, and setting up and improving prisons and penitentiary houses. Within this framework, the Ministry’s responsibilities include ensuring that both child courts and detention houses and reformatories for children are equipped with the necessary technical infrastructure.

The juvenile courts are responsible for administering the cases related to children in conflict with the law and children in need of protection. The Child Protection Law (art. 25) foresees establishment of child courts in all 81 provinces, however as of May 2012, child courts are operational only in 27 provinces and 6 districts.⁷ The judges to be appointed to these courts are required to have special trainings on child development and child psychology. The fact that these trainings are systematically provided only during pre-service trainings, the high turnover

⁷ Adalet Bakanlığı, 2012-610.01-127/2530/5087 Sayılı ve 11 Temmuz 2012 Tarihli Yazı



rates among judges poses a challenge against specialization of child court judges.

The staff of juvenile courts includes social workers who are responsible for preparing social inquiry reports, if deemed necessary by the judges or prosecutors, prior to the court decision and accompanying children throughout the court procedures. The Child Protection Law (art. 33) asks the Ministry of Justice to appoint adequate number of social workers to the courts, however as of March 2012, there are only 121 social workers appointed to the existing 205 cadres and continue to have limited status/power within the system.⁸

There are also specific family courts dealing with cases related to family law, including cases of divorce, custody and adoption. The duties of family courts include prevention of domestic violence and protection of the victims.

Additionally, juvenile bureaus are supposed to be established at the prosecutor's offices according to the Child Protection Law (art. 29), in order to carry out the investigation procedures related to children in conflict with the law. While these bureaus have been established in a few provinces, the common practice is to assign one of the public prosecutors to perform related duties. Similar to the child court judges, lack of systematic in-service training and high turnover rates prevent specialization for these prosecutors as well.

The last institution within the justice system related to violence against children is the Forensic Medicine Institution, which is responsible for providing

expertise services for courts, including preparation of expert reports on child victims of violence. The fact that the institution is located only in Istanbul and does not provide localized services poses a serious challenge for effective and timely provision of these services. Similar expertise services can be provided by the "child monitoring centers" and the "child protection centers/units" being established in the public and university hospitals and their expansion in number will contribute to the quality of these services.

Monitoring

An independent monitoring mechanism has not yet been established in Turkey. The main monitoring agency is the Human Rights Presidency (located at the central level) operating under the Prime Ministry (legislative efforts are ongoing to transform the Presidency into an independent monitoring institution). There are also human rights boards at provincial and sub-provincial levels.

The main duties of the Human Rights Presidency include monitoring the implementation of the legislation related to human rights and investigating allegations of human rights violations. The Presidency has published various reports related to violence against children, including reports on missing children, honor killings, the fight against torture and ill-treatment, and child marriages.

Human rights boards at provincial and sub-provincial levels are headed by the governors and the district governors and composed of representatives from public institutions and invited NGOs. Their

⁸ Adalet Bakanlığı, 2012-610.01-141/2053/4167 Sayılı ve 16 Temmuz 2012 Tarihli Yazı

duties include protection of human rights and investigating human rights violations. Human rights violations can be reported to these boards located at the governor's or district governor's office.

Two other monitoring mechanisms available in Turkey are the parliamentary "child rights monitoring committee" and the "child rights monitoring and assessment board" established by the Ministry of Family and Social Policies. The parliamentary committee consists of representatives of all political parties in the parliament and its main objective is to monitor the implementation of the CRC and related national legislation throughout the country. The "child rights monitoring and assessment board" was established in April 2012 and headed by the Minister of Family and Social Policies. The board members include (but are not limited to) representatives of ministries of justice, labour and social security, foreign affairs, youth and sports, development, education and health, the Turkish Bar Association, the Human Rights Presidency, NGOs and children.

There are also two very recent laws enacted in June 2012 on the establishment of a new Human Rights Presidency and an ombudsman office. The new Human Rights Presidency will replace the existing one and is expected to be more independent in nature. The Ombudsman Office is foreseen to have a chief ombudsman and five ombudsmans, one of whom will be assigned to be responsible for issues related to women and children. Neither of these institutions have been established yet.

Interagency Coordination

Interagency coordination is expected to be ensured through coordination boards to be established at the central and local levels for more effective implementation of different measures envisaged in the Child Protection Law. The central coordination board is composed of the deputy undersecretaries of the Ministries of Justice, Interior, Health, National Education, Labour and Social Security and headed by the Ministry of Family and Social Affairs. The provincial and district coordination boards are composed of the representatives of the same institutions at the local level. Representatives from NGOs can also participate in these boards upon invitation by the board president.

STUDY FINDINGS

Any child protection system has important functions to carry out in order to ensure a continuum in its response to cases of violence abuse and neglect. Early identification, assessment of cases, referral and reporting are necessary steps in a process that links a child who has become a victim of violence with the appropriate type of response, be that service provision or access to justice. The system is only as strong as its weakest link in this chain. Below are the findings for this study on how these functions are performed within the child protection system in Turkey.

3.1 Identification, Reporting, and Recording of Cases of Violence against Children

Violence against children first needs to be identified as such before it can be addressed. Therefore, understanding how VAC is identified by all the sectors and stakeholders concerned is a crucial part of any VAC response assessment. Professionals and service providers generally use VAC definitions available to them from policies and laws, as well as from their own organizations. Ideally, definitions would be comprehensive and cover all possible manifestations of abuse/violence (e.g., emotional, physical, neglect, exploitation, trafficking, etc.) as well as all possible settings (e.g., home, school, workplace, etc.). They would also be widely known, would not be contradicted by the country's cultural and social norms, supported by consistent laws and policies, and would be applied consistently across all sectors.

Generally, the law, policies, and protocols that identify VAC also set out the reporting and recording requirements. They need to be consistent

and comprehensive, and also easily accessible to stakeholders and the general public. As with identification, standards set in laws and policies are only as good as the level of knowledge about them and the systemic resources and support available. Ideally, all stakeholders would be knowledgeable about the VAC definitions and aware of their legal and organizational obligations to report VAC (or to receive reports of VAC) and of the avenues available for them to do so. All service providers and professionals from all sectors would also be required to record all instances of VAC, in a way that is consistent across sectors and without adding unmanageable amounts of paperwork (i.e., undue administrative burden) to workloads. The accumulated data on VAC cases would then provide an invaluable tool for assessing the strengths and weaknesses of the overall response to VAC.

The study findings, available in detail in the following section, indicate that while there is a comprehensive legislative basis on definition of VAC as well as reporting and recording requirements in Turkey, there is a lack of standardized implementation among service providers in identification, reporting and recording of VAC cases.

3.1.1 Identification

Almost all the interview participants **defined** violence against children (VAC) as sexual, physical, and emotional violence and most included ignoring the child, lack of compassion, and discrimination on any ground into the definition of emotional violence. However, most of the participants also stressed that the 'public' is not ready yet to accept this broad definition of violence.



"Our definition of violence would not conform with international standards. Emotional violence would not be considered as violence in our society."

Interview participants perceived that it was a low level of education amongst the public about what constitutes abusive behaviour as the main reason behind acts of violence against children. Other reasons included poverty, crowded families with too many children, poor knowledge and skills about fatherhood, low social value of women and children, and lack of psychological support within the family. Vicious cycle of violence (children tend to repeat violent behavior that they learn in their childhood) was also noted as an important factor.

"Men do not have sense of parenting, women are not valued... Thus, mothers can neither make their children feel valued nor teach them not to use violence."

There was a common opinion that violence against children is more widespread but less visible than violence against women (exceptionally, in one province the participants indicated that violence against children is not a prevalent problem). When asked about why VAC is less visible, the participants mentioned the following reasons: (1) Physical and emotional violence is accepted to a certain extent as a form of discipline for children, (2) Violence is a part of traditional family culture and even children justify violence against themselves in some circumstances, (3) There is a learned helplessness and distrust in the system which result in low levels of reporting.

The participants indicated that although there are some exceptional cases where not so serious physical violence (like slapping) or even emotional violence got reported and acted upon, it is usually the serious cases of physical and sexual violence (re-

peated violence which result in serious physical or emotional harm) which are taken seriously.

"We cannot usually act on VAC before it results in permanent damage to child's physical or emotional development."

A series of case scenarios (describing the following situations of violence against children: physical abuse in the home, within the school system, sexual abuse, child exploitation, institutional neglect and emotional maltreatment) were developed for the survey that were designed to assess respondents' recognition of abuse/neglect, assessed level of seriousness of violence against children and referral practices in cases of VAC. Table 5 (below) illustrates participants' response to four questions about these case scenarios. Survey respondents were asked to identify whether or not they thought the depicted case was serious, whether it constituted a specific form of abuse (or neglect), whether or not they would refer the case to services, and whether or not services were available. As illustrated below, practitioners consistently identified the cases as "abuse;" however, there were interesting differences between identifying abuse and indicating a likelihood of referring such cases for services.

For example, although respondents almost unanimously agreed that each scenario constituted a form of abuse or neglect, considerably fewer respondents stated they would refer the depicted case of physical abuse in the home for services, and fewer still indicated they would refer the depicted case of physical abuse in the school. Rates of referral were somewhat higher for sexual abuse and child exploitation. Further, of concern was respondents' perception that despite a need for service in the scenarios depicted, their jurisdiction did not have appropriate and/or available services to offer children and families in similar situations.

Respondents were asked to rank order (from 1, meaning “most important” to 4, meaning “least important”) a series of actions that could be taken in cases of VAC, such as education, punishment, counselling, and removal of child from family. It was assumed that the order of importance ascribed to each potential intervention provides insight into how the problem of violence against children is viewed. Forty-three percent (43%) of practitioners ranked education as being the most important action, followed closely by counselling (30% rated this as most important), with 13% supporting removal of the child from family, while the punishment of the perpetrator was least likely to be viewed as the most important measure (2% rated this as most important). These findings, while exploratory only, suggest a family support orientation of service providers towards intervening in cases of violence against children rather than a more punitive approach. However context is very important in that the question did not specify the kind of education (whether individual awareness, parenting skill or social attitudes for example), nor can we assume that low endorsement of punishment is about leni-

ency or rather a lack of faith in the current justice system to appropriately punish or deter these kinds of crimes.

When asked about urban / rural differences, the participants agreed that while the extent of the problem is similar in urban and rural settings, VAC is even less reported in rural areas and usually not before it gets ‘really’ serious as communities tend to find their own solutions to the problem instead of using formal reporting mechanisms.

Regarding which level of violence ‘should’ be acted upon, the participants indicated that there are no standards or guidelines available on this, but they use their own judgment to decide whether or not to intervene. While there was a shared knowledge about the service providers’ legal authority to act upon ‘all’ types and levels of violence, few participants believed that they should or could use this authority. The general consensus was that each case should be assessed individually and not only the type and level of violence but also other factors should be taken into account in deciding whether or not to intervene. These factors included frequen-

Table 5: Assessment of Seriousness, Abuse and Referral Response by Form of Violence, N = 152

	Physical Abuse-Home	Physical Abuse-School	Sexual Abuse	Child Exploitation	Neglect	Emotional / Psych. Abuse
Incident is serious	%	%	%	%	%	%
Incident is "abuse" or "neglect"	97	92	99	99	99	99
Would refer for services	91	84	100	99	98	98
Would refer but no service	86	61	93	91	N/A	N/A
Yönlendirme gerekebilir ancak hizmet mevcut değildir	11	15	5	7	N/A	N/A



cy, purpose and results of violence, level of social acceptance in the region and availability of quality alternative care services. The participants indicated that if the decision to act upon a case would be made without due consideration of these factors, the intervention may be too intrusive for the family and can even be more detrimental.

“Purpose of violence is important. Slapping etc. may be justified as long as it is with good faith and for educational purposes.”

It is important to note, however, that the service providers were more sensitive regarding VAC in residential care. The participants from social services sector stated that neither physical violence (light or serious) nor emotional violence is acceptable in institutions.

“We think that even shouting to children would constitute violence in our institutions. But it’s different for children living with their families”

Regarding **identification** of cases of VAC by different professionals that come in contact with children on a daily basis, most participants thought that a very low percentage of VAC cases can be identified and this is mainly due to the lack of specialization among professionals.

While the participants noted a slight increase in awareness on VAC among all professionals and communities, teachers seem to be more sensitive about identification and reporting cases of VAC. School administrations, on the other hand, may be less willing to report cases of VAC as they think this may create a bad reputation. The number of reported cases of VAC by doctors has also been increasing, especially where there are hospital-based

child protection centers. The participants also noted that although midwives are in a position to identify cases of VAC more easily than other professionals, almost no reporting is made by them.

“Teachers and doctors are getting more active in identifying incidences of VAC. The traditional reaction to keep quiet and turn a blind eye to violence is changing.”

3.1.2 Recording and Reporting

The interview participants indicated that they record all the cases of VAC they respond to; however, they do not use a standard system across sectors. This makes it impossible to compare and track data across sectors, and thus collect data and develop policies and programmes nationwide. Furthermore, some participants noted that their data recording system does not allow them to keep track of the children and their families and they developed their own unique monitoring database to overcome this problem.

“We don’t have a standard system for tracking the child. We created our own recording system so that we can understand if the child has been to our institution before.”

There is also a lack of standard regulation about information sharing between institutions (which information can be shared to what extent with whom and how). The participants indicated that they follow the standard rules of confidentiality and professional ethics and the information sharing system is usually based on personal relations and trust among professionals.

“There are no standards regarding information sharing. Sometimes unnecessary information got shared, sometimes we cannot get the information we need.”

Regarding the reporting of VAC cases, the great majority of interviewed service providers (84%) are familiar with the legislation or regulations which require the reporting of VAC cases. Of the total respondents to the survey, 81% indicated that cases of VAC are being formally documented within their respective organizations and 84% indicated they are required by legislation to report cases of violence against children. Social services and justice sector staff had varying practices regarding reporting cases of VAC that they identify. When social services professionals identify a case of VAC, some report directly to prosecutor's office, others follow the line of bureaucracy and inform their supervisors first who would then inform the prosecutor's office if necessary. If a professional (a social worker, psychologist, etc.) working for a child or family court identifies a case of VAC, s/he tends to include this information in his/her social inquiry report to be presented to the court but few can determine whether or not it is acted upon. Few mentioned that they would file a claim and notify directly the prosecutor's office.

"One of our most important responsibilities is to identify cases of VAC. We can understand if the child is subjected to violence even if the purpose of our interview with the child has a different purpose. But, there is no standard way of reporting and there is not much we can do even if we identify."

Regarding the relation between the type of violence and the reporting practices, participants stated that sexual violence is mostly reported by doctors, school personnel (counselors/teachers) and extended family members, while physical violence is more reported by neighbours and school personnel. The immediate family members and especially the mothers generally use the reporting mechanisms only when violence gets really serious.

When asked about which government authority is more commonly used for reporting cases of VAC, the participants mentioned firstly the police and secondly the social services authorities. When the reporting is made to the social services, the response of the social services also varies from province to province. Some refer the case directly to the police authorities, others conduct an assessment first and inform the police only if necessary.

As per the options available to **children** to make a complaint, most of the participants agreed that there are different options that they can use but most of them are unaware of their rights and about these options. This is different to a certain extent for children in urban settings and children living in residential care where they know more about when and where to go for help.

"Children in 7-12 age group go to their teachers for help. Those who go to police are mostly girls between 13-18 years of age."

There are also incidents where children do not seek help directly but run away from home and complain about the violence they experienced when found and interviewed by the police.

Regarding complaints made by children, some participants mentioned about a possible doubt that service providers may feel since children can make false complaints about their parents in order to escape from family pressure and be more independent or to take revenge on their parents.

"Children know how to use the complaints mechanism. This can be courage but this can also be threat or slander. Some children prefer living in the institution to be more independent."

It was hypothesized that there may be differences in reporting behaviors across sectors, so further analysis was completed. It is positive to note from this analysis that practitioners usually appeared to report more often, even when they were not required to do so. Table 6 illustrates by sector whether or not practitioners believed they were re-

quired by any legislation/law to report cases such as those depicted in the case scenarios, as well as the likelihood that they would report such as case. Although the data are presented by sector, comparison between sectors are not advisable due to the very small subsample sizes for many sectors.

Table 6: Respondent’s Understanding of Required Reporting, and Likelihood of Reporting, by Sector and Maltreatment Typology, N = 152

	Physical Abuse-Home	Physical Abuse-School	Sexual Abuse	Child Exploitation	Neglect	Emotional / Psych. Abuse
Sector	%	%	%	%	%	%
Monitoring (n = 2)						
Required to Report	100	50	50	100	50	50
Likely to Report	100	50	100	100	50	100
Social Welfare/Protection (n= 111)						
Required to Report	57	62	98	100	98	97
Likely to Report	60	69	98	100	96	97
Judiciary) (n = 5)						
Required to Report	100	100	100	100	100	100
Likely to Report	100	100	100	100	100	100
Prosecutor (n= 5)						
Required to Report	100	100	100	100	100	100
Likely to Report	100	100	100	100	100	100
Justice (Social Worker) (n= 21)						
Required to Report	67	86	100	100	91	100
Likely to Report	74	81	100	100	95	100
Forensic Medicine (n=8)						
Required to Report	63	63	100	100	100	100
Likely to Report	63	75	100	100	100	100
All Sectors Combined (N = 152)						
Required to Report	61	66	97	100	95	95
Likely to Report	64	72	98	100	93	96

Table 6 suggests that the highest endorsement across sectors was for the requirement to report cases of sexual abuse (97%) and child exploitation (100%). Further, there was almost unanimous agreement that respondents would be likely to report the depicted cases of sexual abuse (98%) and child exploitation (100%). There was more ambiguity about reporting requirements and the likelihood of respondents making an actual report for cases of physical abuse, both in the home (64%) and the school (72%). The sense that these case scenarios depicted non-reportable events was notably low for social welfare workers, a concerning finding as these professionals have a key role in the identification of child protection matters, and would be assumed to have a broader understanding of behaviours that constitute violence against children due to their professional qualifications. This ambiguity even for child protection professionals supports qualitative findings which highlighted a concern of intervening in family life related to the physical discipline of children, and in school situations where physical discipline is used for corrective purposes, both reported as widely accepted cultural practices. Findings point to the

need for both a broad public awareness campaign in addition to specific training for professionals in the field regarding these particular forms of child maltreatment.

Data shown in Table 7 (below) indicated that the likelihood of reporting is also probably influenced in part by the perceived helpfulness of the system to respond to the needs of the child across different forms of violence against children. For example, respondents perceived the system as most likely to be helpful to children experiencing sexual abuse, neglect and child exploitation as depicted in the case scenarios; participants were less convinced of the helpfulness of a report for children experiencing physical abuse (at home or at school). Nonetheless, when responses of “definitely” or “probably” helpful are combined, perceived helpfulness of a referral to child welfare authorities is high across all scenarios depicted, an interesting finding for physical abuse at home and school in light of qualitative findings suggesting cultural acceptance of these forms of maltreatment for corrective action. Further study to understand these findings is important.

Table 7: Perceived Helpfulness of Reporting to Child Welfare Authorities By Case Scenario, N = 152

Vaka Senaryosu	Bildirmenin Alınan Etkinliği			
	Kesinlikle %	Belki %	Belki değildir %	Kesinlikle değildir %
Fiziksel İstismar - Ev	26	34	29	10
Fiziksel İstismar - Okul	31	35	28	5
Cinsel İstismar	88	8	3	1
Çocuğun Sömürülmesi	91	9	1	0
İhmal	78	15	4	1
Duygusal/Psikolojik İstismar	68	26	4	0



3.2 Referral of the Cases of Violence against Children, Sufficiency of Services Provided for the Child and/or the Family and Follow Up on the Referrals

Once a case of VAC has been identified, reported, and recorded, a well organized, comprehensive system of response should be set in motion. If the policies and protocols are clear and consistent, service providers from each sector (social welfare, education, justice, health, NGO, police) would be aware of and have access to a range of services across all sectors, which can then be provided to the child and the family as needed. The providers' awareness of existing services is as important as the availability of services needed. Providers also need to have confidence in the services available in other sectors, in order to be able to refer children and families to them. The roles and responsibilities of each professional service provider would be clear to all, including the responsibility to follow up cases once they have been referred. Though this is always a challenge in an environment of limited resources, coordination and collaboration within and across sectors is crucial. If all the conditions are met, then all children and families affected by VAC would be offered the same broad-ranging, multi-sectoral kind of support, regardless of whether VAC was first identified by a teacher, a nurse, a police officer, or a family member.

While new service models for children and families affected by VAC have been piloted and established recently in Turkey, the following study findings show that the available services are still limited and not all children and families have access to comprehensive and multi-sectoral support that they need.

3.2.1 Referrals

The **referral procedures** of the cases of VAC vary depending on the rules and regulations of the institution receiving the reporting / complaints and the available services in the province.

If the case is reported to the police, an initial interview is conducted with the child and the case would be referred to the prosecutor's office if there is a suspicion of violence. The prosecutor would then refer the child to the hospital for medical examination. If there is a hospital based child protection center in the province, the police would bring the child directly to this center right after collecting brief information about the child and the case would then be referred to the prosecutor's office if necessary.

When the reporting is made to the social services, the case is referred to the police in some provinces to follow the above procedures. In other provinces, social services conduct a social inquiry about the child first and refer the case to the court with a request for protective measure order if necessary.

As reflected in different referral practices among and within sectors, none of the interview participants mentioned specific guidelines or protocols that they must follow as it relates to managing cases of violence against children that they encounter, even though these would be within the National Action Plan.

Regarding the **system response** to cases of VAC, the participants made a distinction between the measures to be taken against the offender and measures to protect the victim. The measures against the offender include sanctions, imprisonment, judicial control, and mandatory removal from home.

The measures for protection of victims can vary from providing counseling to placing in institutional care. According to the participants, the type of measure to be implemented depends mainly on the attitudes of the victim's family. If the family is cooperative and the problem seems to be manageable through providing financial and psychological support to the family, it is considered preferable to keep the child within his/her family. If the child's safety is in danger, an urgent protection order is issued and the child is placed in institutional care. The participants stated that institutionalization is used as a last resort as residential care cannot always safeguard the interests of the child. The difficulty in preventing children from leaving the institution due to the open-door policy was mentioned as one of the major safety risks in institutional care, especially for children staying in institutions allocated for child victims of sexual abuse.

"We are looking for ways to protect the child within his/her own environment (within the family)."

When referral for **outside intervention** is needed, the referring authority usually makes a request to the court for an appropriate protective measure order as per the Child Protection Law. Referral without a court order seems to be made only to the family counseling centers, however in this case it is up to the victim and his/her family to follow the referral or not. The participants pointed out the lack of guidelines / protocols that would standardize the referral processes.

"We don't have standard referral procedures. It's based on personal knowledge and relations."

Written correspondence is usually the preferred way of making referrals for outside intervention and the participants were concerned about the consequent delays. The service providers seem to

accelerate the process through phone calls and using personal relations with their colleagues in other institutions. Interestingly, issues of confidentiality were not raised by participants when this issue was discussed, indicating an important area for further exploration and protocol/guideline development.

When asked about how the child, family and the offender should be **approached / interacted with** in situations of violence, the participants listed the following as important principles to be followed: (1) Secondary victimization of children should be prevented, (2) Children should not be asked to explain the incidence of violence repeatedly, (3) Children should be accompanied by a social worker, psychologist or another expert specialized in this area during interviews, (4) Child's best interest should guide the interview and the primary purpose of the interview should be to protect the child and to contribute to his/her rehabilitation, not to collect information, (5) Physical contact with the child should be avoided, (6) The child should be informed about the processes and procedures prior and during the interview.

Most of the participants indicated that these should guide the interview with victims of all types of violence. But some participants made a special distinction for sexual violence victims and they stated that even more attention should be paid while interacting with them.

Regarding interviews with families, the participants highlighted the following: (1) The process should be objective and not accusatory or insulting, (2) The interview should focus on assessing the potentials and needs of the family to support the child's rehabilitation process, (3) Family relations should be observed and the possible mental health problems of the parents should be taken into account.



3.2.2 Sufficiency of Services

There is a widespread view among the participants that the services are scarce. Specialized rehabilitation centers are not available for child victims of abuse and violence. The few available services are provided by child and adolescent psychiatry units in the hospitals, family counseling centers of the Ministry of Family and Social Policies, counseling and research centers of the Ministry of National Education and some NGOs. Hospital based child protection centers also provide specialized services in this area but they only exist in limited number of provinces.

“Child victims of violence can receive free health care, but their appointments are usually dated for months later.”

While the child victims of violence can be placed in special residential institutions of social services, the interview participants indicated that it is almost impossible to systematically work with these children on their psychosocial development due to high circulation of children and lack of specialized psycho-social development programmes. Thus, the professionals feel that they cannot help children especially when they have severe behavioral problems.

“Children with severe behavioral problems are our biggest concern. But our concerns are not professional but institutional concerns. We are afraid that these children will run away from the institution and we will be held accountable for that.”

3.2.3 Service Coordination and Follow-up

Lack of coordination especially between the social services and the justice sectors was referred to as one of the main weaknesses of the child protection

system in Turkey. The participants mentioned that there are no standard procedures guiding them to follow-up with the child after referral for outside intervention and the child is usually left without adequate support.

“We don’t have much contact with our colleagues in other institutions.”

Case management is not a usual practice and the rare examples of service coordination provided included inter-agency reporting and assigning staff of one institution to work temporarily in another institution (for example, assigning a social worker to the office of child police to conduct interviews with children). Exceptionally in one province, participants pointed out an example of effective coordination between the provincial directorates of social services, education and Social Assistance and Solidarity Foundation which jointly established service centers for women and children in poor neighbourhoods.

Follow-up of the child and the family after referral is usually left up to the service provider’s own initiative. The lack of a regular feedback mechanism was mentioned by several participants as a deterrent in this regard as it prevents them from obtaining information about whether or not their intervention made a difference in the life of the child.

Some participants also indicated that lack of coordination between agencies leads to imbalanced distribution of responsibilities among different agencies favoring some over others.

“We cannot talk about an effective coordination. Some agencies do not take the issue seriously, some do not have the necessary knowledge. So, the functioning of the system depends on us.”

When asked about the effectiveness of the provincial coordination councils established with the Child Protection Law to strengthen inter-agency coordination, some participants stated that they are quite effective, while others thought that they are not much functional as the members of the councils are not always interested in or knowledgeable about the issue.

About 62% of respondents which referred a child/family to an outside intervention/support indicate that they take follow up steps on their own initiative in order to check on the safety and well being of the child.

Social welfare respondents reported that they did the most follow up compared to other professionals. Specifically, 72% of all social welfare respondents reported that they followed up with agencies after referral. These social welfare respondents represented 72% of all professions that reported “Yes” to follow-up with agencies.

When asked about the existence of specific internal guidelines/protocols, 57% indicated that they do exist and are followed related to cooperation/coordination of services. 72% indicate this cooperation/coordination is required by legislation/regulation. All sectors indicate high levels of coordination with the highest percentage of coordination being with social workers.

3.3 Staff Training and Supervision, Monitoring and Complaint Mechanisms

Children and families become vulnerable when they are affected by VAC, in that they may not be as able as they could to protect or defend them-

selves, to look out for their own well-being, and to demand rights and adequate support. Therefore, strong checks and balances must be incorporated in the child protection and VAC response system to ensure that the rights of the children and families are respected and their needs met, and that they are protected from any further/new abuse. Organizations responding to VAC cases need to have clear guidelines for staff conduct as well as mechanisms for monitoring staff conduct and performance. These guidelines need to be in line with existing laws and regulations, and should be easily accessible to staff and to all service users as well. Staff need to have access to regular and supportive supervision where they can explore challenging cases, work through ethical dilemmas and conflicts of interest, and receive guidance through difficult situations.

Clear conduct guidelines and monitoring mechanisms would make it easier to both prevent and to identify cases of misconduct within organizations, including violence/abuse committed by a staff member. They must be complemented by detailed complaint mechanisms, whereby staff who identify misconduct can report it without fear of retaliation or other negative consequences. Internal complaint mechanisms should be clear, confidential, and made available to all staff. They should be complemented by availability of, as well as training on, external complaint mechanisms for staff to access when internal complaints are not feasible. Knowledge about all available mechanisms needs to be readily available not just to staff within organizations, but to service users as well.

The study findings illustrate that there is an established internal monitoring and complaints mechanism in the public service provision in Turkey.



However, the lack of clear guidelines and standards available for all service providers on how to use this mechanism constrains its effective use and objectivity. The two recently enacted laws on the establishment of new external monitoring and complaints institutions, on the other hand, aim at filling the existing gap of an independent monitoring system in Turkey.

3.3.1 ___ Staff Training and Supervision

Among the interview participants from different sectors, only the forensic medicine experts stated that they receive special training on violence against children during both their undergraduate education and pre-service training. Other professionals are not provided with any regular pre- or in-service training on VAC. Some participants noted that they participated in selective courses organized by their agencies or by universities, but all agreed that these courses are neither systematic, nor adequate for their specialization on VAC. Staff are not encouraged to receive trainings on a voluntary basis with their own resources either as they do not think it would be appreciated.

“Training is not valued in the institution. I want to do my masters but I am afraid it will not be appreciated.”

The participants referred to experience sharing among staff as the most common method for learning on the job. However, this does not happen through a structured supervision or mentoring mechanisms either but works in a customary way.

“We had some training during our undergraduate studies on this issue, but we did not have any further training after that. We learned it on the job. More experienced staff supports the new ones.”

Regarding monitoring staff conduct and performance evaluation, most participants felt that their work is not evaluated on an objective basis. The lack of impact assessment of services prevents appreciation of the good work. The staff performance evaluation mainly depends on the number of children served or reports completed on time. An institutional mechanism to monitor staff performance in identifying and responding to cases of VAC it is not available. While some participants indicated that not responding to a case of violence properly (not being able to identify it, or not to act on it) may constitute grounds for punishment, other indicated that this may not even have a negative impact on performance evaluation.

3.3.2 ___ Internal and External Monitoring and Complaint Mechanisms

Although qualitative results indicated that there are several mechanisms in place for monitoring of institutional conduct in relation to VAC cases, according the survey respondents, only 29% of survey participants indicated that their organizations/institutions had guidelines in place for monitoring of staff conduct and performance in identifying, documenting, and reporting cases of VAC. 33% indicate guidelines exist for monitoring the treatment of children by staff (to ensure good treatment and not abuse). The majority (94%) indicate that if they witness another staff member committing violence/abuse against a child that they are required to report. There appears to be some confusion around knowledge of legislation, however, as 86% indicate there is legislation that guides this, 4% say they are aware of no such legislation, 6% indicate no mechanisms of reporting, and 13% say they do not

know. Regarding the mechanism whereby a staff member can make a complaint about another staff member (to the appropriate government authority) without notifying their supervisor/director, 37% of respondents indicated that such mechanisms are in place in their organisation, 28% indicate that no such system is present, while 32% do not know if such actions are possible.

There was a general consensus that home-type child care institutions are superior to the big residential institutions in terms of prevention of violence, especially peer violence (there was also a concern raised by one participant about home-type care that while it reduces the risk of violence, it may also reduce the chance for identifying it as it would be less visible).

Among other measures to prevent violence within institutions, the following were mentioned: (1) Providing easy access for children to the management of the institution, (2) Inspections without notice, (3) Placing boxes for anonymous complaints, (4) Security cameras.

"I pay visits to the institutions without notice even late at night. I play with children, I listen to them. I can notice if there is a problem."

Some participants working in residential care institutions also mentioned about some rules of conduct for staff, but most others indicated that there are no special regulations to prevent or respond to cases of VAC in their institution. The availability of such regulations or protocols within NGOs also varies. Only half of the NGO representatives mentioned that they have rules of conduct for their staff.

When asked about the reporting process in case a staff member witnesses another staff member committing violence against a child, most of the participants indicated that they would not directly make an official complaint themselves but would inform their supervisors. Most participants stated that while it is not a usual practice to make an official complaint about a staff member, if it is made, the case would be investigated and appropriate sanctions would be implemented.

All the agencies visited are also subject to internal and external inspections. Internal inspections are carried out by inspectors appointed by the general directorate of the respective institution. External inspections are mainly carried out by the members of the human rights boards at provincial and district levels. These boards are expected to pay regular inspection visits to institutions and also to review the complaints made to them about cases of human rights violation. The interviews conducted with representatives from these boards revealed that no complaints have been made about cases of VAC so far in the provinces covered by the present research. To put this into context, the 2011 Annual Report of Human Rights Presidency shows that only 13 complaints related to child rights were made to human rights boards nationwide in 2011. This is not specific to VAC, but includes all child rights complaints. This is presented as an indicator of ineffectiveness of these boards in monitoring VAC and two possible reasons were mentioned: (1) The boards are headed by the deputy governors and this leads to lack of trust in the objectivity of the mechanism, (2) The boards do not have any sanctioning authority, thus their response are usually not satisfactory for those who file a claim.



“The main reason behind low number of complaints made to the boards is that people are hopeless about its effectiveness. Everybody receives similar responses from the boards.”

Table 8 below illustrates the perceived effectiveness of complaint mechanisms, both internal (within organizations) and external (government, Ombudsman, etc.), regarding violence against children perpetrated by staff. Although there were several respondents who were unclear about whether there were complaint mechanisms in place, particularly external mechanisms, two thirds of respondents who identified the existence of internal mechanisms felt that these mechanisms were effective (66%). The perceived effectiveness of external mechanisms was slightly higher, with 75% of respondents who identified external mechanisms indicating that they were ineffective. Further study to understand these findings is recommended.

3.4 Policy Changes, Promising Practices and Reform Areas

3.4.1 Policy Changes and Promising Practices

The participants indicated that two new pieces of legislation brought important policy changes to the child protection system. The Child Protection Law passed in 2005 resulted in more cases of violence to be reported and acted upon. The Law on Protection of Family and Prevention of Violence Against Women, passed very recently in 2012, on the other hand, accelerated the system response to cases of violence.

“Social services started to play a bigger role in the child protection system with the Child Protection Law. However, this increased our workload and we are having difficulty in effectively responding to all cases.”

Table 8: Existence and Perceived Effectiveness of Complaint Mechanisms, N=152

Complaint mechanism existence and effectiveness	Yes		No/unknown	
	#	%	#	%
Internal Complaint Mechanisms				
Existence of Internal Complaint Mechanism ^a	113	74	39	26
Effective ^b	75	66		
External Complaint Mechanisms				
Existence of External Complaint Mechanism ^a	55	36	97	64
Effective ^c	41	75		

a Percentages calculated as a proportion of the total sample, N=152

b Percentages calculated as a proportion of all responses of yes-internal complaint mechanism in existence, N=113,

c Percentages calculated as a proportion of all responses of yes-external complaint mechanism in existence for each country, N=55

Most participants thought that there are several changes taking place in the system; however they complained about lack of guidance on how to put these changes in practice.

“We know that there is a new law on family protection, but no further information has been provided to service providers at the local level. Even if someone goes and participates to a training, there is no practice of sharing the info with the others in the institution.”

Almost all the participants referred to the establishment of the new Ministry of Family and Social Policies as the biggest policy change in this area. The ministry with its larger budget than before and increasing number of protocols signed with other agencies constitutes a promising practice to bring about positive changes in the system.

However, almost all the participants also shared the view that neither the policy changes to prevent VAC nor the public awareness raising efforts are adequate.

“Efforts to raise public awareness on VAC are not enough. The issue should be on the everyday agenda. We see cases on media, but then we forget.”

When asked about examples of **good practice**, the participants mentioned several on-going and pilot practices including the following: (1) Child protection centers being established in State and university hospitals, (2) Counselling measures implemented as per CPL, (3) Using social media by several agencies as a means of public awareness, (4) Allocation of special prosecutors to deal with cases of domestic violence (pilot implementation is on-going in one province), (5) Recently established Prime Ministry Communication Center which aims at strengthening public relations with the Government, (6) Al-

location of public guesthouses as urgent placement centers for women and children victims of violence (in one province), (7) Specialized child police and child prosecutor bureaus nationwide, (8) Audio-visual recording of interviews with child victims to prevent secondary victimization, (9) Home-type care for children in need of protection.

3.4.2 Reform Areas

“If we want to talk about a reform, it should be planned and sustainable, not a temporary solution to an urgent problem.”

There were **three main areas** for reform mentioned by all the participants from different sectors: (1) the education of children about their rights and how to protect themselves, (2) the education of parents on the negative impact of VAC and alternative (non-violent) means of child rearing, (3) the education of professionals who work with children on the issues of VAC (causes, impact and intervention) both within, regular pre- and in-service trainings should be provided).

The **other reform areas** mentioned by the participants included the following (grouped thematically):

- **On prevention and awareness raising:**
 - Family counseling centers and community centers should be structured at the neighbourhood level and be able to reach out and monitor all families in the neighbourhood;
 - Social assistance systems should be strengthened;
 - Quality primary care services should be accessible for all;
 - School and hospital social work should be common practices;

- All children should have access to safe environments to spend their free time, such as playgrounds, sporting facilities, etc.;
 - Public awareness campaigns should be conducted at the national and local levels.
 - **On identification and referral:**
 - A specific VAC hotline should be established;
 - One single government authority should be assigned for reporting cases of VAC;
 - There should be special departments at the courthouses to work on cases of VAC;
 - Drop-in centers should be established;
 - Alternative types of rehabilitation services should be made available to child victims of VAC and rehabilitation centers should be established to allow access for all victims;
 - Psycho-social programmes should be developed to be implemented with children in institutions;
 - The number of hospital-based child protection centers should be increased;
 - A monitoring system should be put in place to follow-up with the implementation of protective measures ordered by courts as per CPL.
 - There should be guidelines for managing cases of VAC and these guidelines should be developed together with the service providers to ensure practicality.
 - **On service coordination:**
 - Social services should play the leading role in ensuring inter-agency coordination;
 - Social services should be restructured and a special unit should be established within the Ministry to monitor the implementation of CPL;
 - A standard recording and monitoring system should be established for cases of VAC;
 - A feedback mechanism among service providers and agencies should be put in place.
 - **On staff policies:**
 - Staff should be assigned a manageable workload to allow for individualized intervention for all cases (there should be a standard to how many children a professional can deal with at a given time);
 - Terms of references should be clear and performance evaluation should be based on objective criteria;
 - Internship and mentoring systems should be put in place for new staff.
 - **On monitoring and national policies:**
 - A monitoring mechanism which is independent of the executive branch, which has a budget of its own and authority to enforce sanctions should be established;
 - A separate ministry should be established for children's issues and a national plan of action should be developed for combating VAC;
 - NGOs should be more involved and take more responsibility in responding to VAC.
- Finally, the main challenges to reform cited by participants were: (1) high levels of social acceptance for the use of violence as a component of child-rearing, (2) lack of necessary legislative amendments and budgetary allocations to support change, (3) limited human resources within the child protection sectors (for example limited access to specialized professionals, such as social workers and child psychiatrists, nationwide).

CONCLUSIONS

The development of a child protection system requires a set of laws, policies, regulations and services across all social sectors — especially social welfare, education, health, security and justice — to support prevention and response to protection related risks. These systems are part of social protection, and extend beyond it. The purpose of the present study was to develop a better understanding of where the systems and service providers fail in identifying, reporting and responding to violence against children in Turkey, one of the four countries which are beneficiaries of the current EU-UNICEF project. The study aimed to provide clear recommendations on how to improve the system of public services, the system of monitoring and complaints, and what are the opportunities in on-going efforts to reform child protection systems that may serve to strengthen this aspect of the system.

High level of acceptance of violence against children is impacting the functioning of the child protection system: Almost all study participants defined violence against children broadly, but stressed that the public is not ready yet to accept this broad definition of violence. Lack of education was highlighted as the biggest reason behind violence and acceptance of violence. Other reasons included poverty, crowded families with too many children, poor knowledge and skills about fatherhood, low social value of women and children and lack of psychological support within the family. Findings also illustrated how physical and emotional violence is accepted to a certain extent as a form of discipline for children, how violence is a part of traditional family culture, and how the fact that violence is everywhere and the system is powerless to stop it results in learned helplessness.

Informality of the system versus formalized system with clear chains of accountability: Practitioners rely on informal contacts and information sharing for intersectoral cooperation, which is largely done in the absence of a strongly formalized system and dependent on individual relationships. This then defines how cases to flow through the system rather than having the system and appropriate chain of accountability influencing the actors across the sectors. This means that case outcomes become dependent on the individuals who are involved rather than a standardized best practice across the system. An example of how important formalizing connections between sectors is the lack of coordination between justice and social services that was reported in these findings. Since it is difficult for individuals to informally create relationships across sectors (due to limited opportunities and exposure) more formalized protocols would be needed to facilitate good practices.

Recent legislation have potential of improving the system if proper guidance for their implementation is developed alongside: At the systemic level, two new pieces of legislation brought important policy changes to the child protection system. The Child Protection Law passed in 2005 resulted in more cases of violence to be reported and acted upon, while the Law on Protection of Family and Prevention of Violence Against Women, passed in 2012, accelerated the system response to cases of violence. In addition, the establishment of the new Ministry of Family and Social Policies, with its larger budget and increasing number of protocols signed with other agencies, constitutes a promising practice to bring about positive changes in the system. However, as with any new institutions and policies, clear guidance is needed for successful implementation.



Few opportunities for system and service providers to improve their performance based on professional development: On the response side, the lack of adequate, systematic, and comprehensive trainings for service providers and limited supervision and performance evaluation systems emerged as a gap. This gap reduces the objectivity and effectiveness of the staffing policy, negatively affects staff motivation and leads to non-standardized practices, which in turn, create a challenge for knowledge based performance enhancement in the child protection system in Turkey.

Another major gap was the lack of appropriate and/or available services to offer children and families affected by violence. The few available services are provided by child and adolescent psychiatry units in the hospitals, family counseling centers of the Ministry of Family and Social Policies, counseling and research centers of the Ministry of National Educations and some NGOs. Hospital based child protection centers are one of the most promising practices identified, though at present they only exist in limited number of provinces.

The strengths and challenges of the current child protection system in Turkey are further detailed below:

4.1 Strengths of Current Child Protection System

The current child protection system in Turkey has several strengths which should be taken into account when developing and implementing recommendations for improvement, including the following:

- There is a general consensus among service providers that VAC should be defined broadly in a way to cover not only physical and sexual violence but also emotional abuse and neglect.
- There is a relatively new and comprehensive legislative basis for responding to cases of VAC. The Child Protection Law (2005) led to a new approach among service providers and increased the number of identified and reported cases. The Criminal Code (2004) made it mandatory to report any cases of VAC witnessed, and the very recent Law on Protection of Family and Prevention of Violence Against Women (2012) increased the discretionary power of the practitioners.
- The new Ministry of Family and Social Policies which was established in 2011 provides an opportunity for putting in place new, effective and sustainable policies aiming at preventing and better responding to cases of VAC.
- Despite many problems noted about staff policies during the interviews, it was observed that there is a group of professionals working in different provinces across sectors who are motivated enough to find creative ways to overcome the weaknesses of the system. These practices can bring about significant improvements to the system if they are monitored, assessed, and appreciated.
- Hospital based child protection centers constitute a new method of service delivery which significantly helps to prevent secondary victimization of children through specialized interview, assessment, and reporting services.

4.2 Challenges within the Current System

The study identified the following as the main challenges within the child protection system as they pertain to the three main research areas:

Identification, Reporting, and Recording of Cases of Violence Against Children

- **Social acceptance:** The social acceptance of violence against children is a major barrier to any potential reform efforts as it makes the problem less visible and more difficult to deal with.
- **Vague terms of reference:** Service providers use different, and thus subjective, criteria in defining their own responsibilities and responding to cases of VAC. This results in lack of standardized services for child victims of VAC and makes it difficult to monitor staff performance.
- **Lack of guidelines for professionals:** The professionals working with children, including primary care service providers such as teachers and doctors, as well as professionals working in social services and justice sectors do not have any guidelines that they must follow in identification and reporting cases of VAC. This results in non-standardized practices across sectors and provinces.
- **Complicated reporting mechanism:** The fact that reporting of cases of VAC can be made to several Government authorities (including the police and social services), the lack of public awareness about these authorities and concerns about how the case will be handled after reporting lead to low percentage of cases to be reported.
- **Lack of an effective recording system:** Different institutions have different recording systems and this prevents inter-agency comparisons and following-up with the child among service providers. These systems are not conducive to disaggregate data on VAC to inform national policies and programmes either.
- **Non-regulated information sharing:** The only criteria for information sharing between organizations is a vague principle of confidentiality and this cannot ensure that inter-agency information sharing practices comply with children's best interest.

Referral of Cases, Sufficiency of Services and Follow-up

- **Lack of guidelines for professionals:** As in identification and reporting processes, there are no guidelines available for professionals as it relates to referral of and follow-up with cases of VAC.
- **Scarce services:** The lack of rehabilitation services and residential care facilities with adequate infrastructure for child victims of VAC can be seen as one of the biggest weaknesses of the system. This also seems to have a negative impact on reporting of cases of VAC.
- **Poor service coordination:** There is a lack of an effective mechanism to ensure multi-disciplinary and inter-agency coordination in planning, decision making, implementation and monitoring at both national and local levels.

Staff Training and Supervision, Monitoring and Complaint Mechanisms

- **Lack of staff specialization:** The lack of courses on VAC in the undergraduate education curricula and institutionalized, systematic and regular pre- and in-service trainings for professionals working with children is the major barrier for staff specialization. Absence of regular in-service trainings, training materials, and guidelines also inhibit effective implementation of the legislation and policy changes.
- **Lack of a results-based performance monitoring and evaluation system:** The existing performance monitoring and evaluation system seems not to take into account the results-based performance of staff members in identification, reporting and responding to cases of VAC. Absence of a career planning process in social services has a further negative impact on staff motivation.
- **Ineffective internal and external monitoring mechanisms:** Regular internal inspections are carried out across sectors but these inspections are more process-based rather than results-based. Thus, the institutions lack a self-assessment of their performance, strengths and weaknesses. The absence of an independent external monitoring mechanism and lack of monitoring standards and criteria especially for inspecting the residential care institutions are also among the main weaknesses of the system.
- **Reactive policy changes without strategic planning:** The policy changes in the system are usually made as a response to an existing problem. The lack of evidence based proactive reforms and realistic plans of action (with adequate budgetary allocations and an effective monitoring system) seems to be major weaknesses of the system.

RECOMMENDATIONS

- (1) Conduct a public perceptions analysis on VAC:** Since the social acceptance of VAC is seen as a major barrier for reform, it would be recommended to conduct an analysis of local, regional and national public perceptions to inform all the reform efforts to prevent and respond to cases of VAC.
- (2) Increase public awareness of VAC:** Conducting national and local public awareness campaigns on the effects of violence on children would help to increase public awareness on the issue and change the social attitudes that support VAC.
- (3) Include VAC into the primary education curricula:** Children are subjected to violence from early ages on. Teaching them about their rights, non-violent communication, how to protect themselves, and where to go for help if they experience or witness violence would help to break the vicious cycle of violence.
- (4) Develop a comprehensive and strategic plan of action:** A comprehensive but realistic strategic plan of action should be developed to prevent and better respond to VAC nationwide. This plan should take into consideration the lessons learned from similar past experiences and include provisions for the establishment of a self-enforcement mechanism.
- (5) Establish a prevention-oriented child protection system:** The current child protection system should be restructured and transformed into a prevention-oriented system. All the primary care service providers should be specialized in early identification of risks and signs of violence.
- (6) Strengthen knowledge and skills of service providers:** Courses on VAC should be included in the undergraduate, pre- and in-service training curricula of all professionals working with children. Pre- and in-service trainings should be institutionalized, and internship and mentoring mechanisms should be established for all practitioners that come into contact with children on a daily basis. The professionals working with children should be provided with clear terms of references and guidelines that they need to follow in managing cases of VAC. The practitioners' performance evaluations should be based on objective criteria and allow for career planning.
- (7) Improve inter-agency coordination:** Coordination and collaboration between agencies should be improved through setting up case management practices, establishing social services departments within justice system, and strengthening provincial coordination boards.
- (8) Assign one easily accessible authority to receive complaints about cases of VAC:** Assigning one authority (which is easily accessible for everybody through hotlines, e-mails, etc.) to receive complaints about cases of VAC would clarify the line of accountability and ease reporting process for professionals and other individuals, including children.
- (9) Establish an effective mechanism for data recording and information sharing:** There is a need to establish an effective data recording mechanism in order to allow for inter-sectoral comparisons, follow-up with the child among different institutions and collect local, regional and national data to inform public policies and programmes. Determining the standards and criteria for information sharing between institutions is also of great importance in order to protect the best interest of the children.
- (10) Improve service availability:** The availability



of rehabilitation and residential care services for child victims and counseling services for children and families should be improved with effective psycho-social programmes, adequate budget and human resources. These services should be subject to regular evidence based and monitoring and evaluation.

(11) Establish an independent and effective monitoring mechanism: The independent monitoring mechanism foreseen to be established by the new Law on Ombudsman should be put in place to ensure protection and promotion of child rights nationwide.

As this research has shown, **the systemic response to violence against children in Turkey is developing**, with improving legal framework and institu-

tional support, as well as the growing experience of service providers providing hope for future directions. The capacity of the VAC response system needs to be enhanced and supported at all levels with strategic resources, including high quality trainings, experienced and regular supervision, increased human resources, and sustainable funding. The general and institutional acceptance of certain types of violence will need to be challenged vigorously and persistently if it is not to undermine the promising developments currently underway in the system. As societal attitudes and organizational practices begin to shift, the VAC response system can also develop and become more experienced, ensuring the best possible responsiveness to cases of violence.



5 How many years have you been working in your field/sector?

- 1 less than one year
- 2 1-2years
- 3 3-5years
- 4 6-10 years
- 5 More than 10 years

6 Please indicate your current position in the agency/institution/service:

- 1 Government official (decision maker)
- 2 Director/Supervisor/Practitioner (service delivery)

7 What is the highest level of education you have completed?

- 1 Primary education
- 2 Secondary education
- 3 Vocational education
- 4 Undergraduate University education (up to 5 years)
- 5 Post-Graduate education (Master of Sciences or Doctoral)

8 Please indicate if you have had any **specific training** in any of the following areas (check all that apply):

- 1 Violence Against Children
- 2 Sexual abuse
- 3 Physical abuse
- 4 Neglect
- 5 Domestic violence
- 6 Emotional maltreatment
- 7 Crisis intervention
- 8 Risk assessment
- 9 Child development
- 10 Diversity/cultural sensitivity
- 11 Interview techniques
- 12 Safety planning techniques
- 13 Other (related to Violence Against Children): _____

Now we will be asking you a number of questions about your experiences. If you do not understand a question please ask for clarification and I will help you. You do not have to answer any question that you do not wish to answer. Do you have any questions before we begin?

1 In your opinion, what is violence against children?

Prompt: *How have you learned about violence against children?*

2 Tell me what happens when a case of violence against a child is identified in your

a) neighbourhood/community?

b) work setting?

Prompt: *What would someone do? What would they be obliged to do? Do you think people would respond differently depending on the type of violence? Can you give me an example?*

3 What are the options available for children who are experiencing abuse/violence? (Ex: At school, at home)

Prompt: *Who would they go to for help? Is there a complaint mechanism they can use? Would most children know about these options?*

4 What policies and procedures or legislation are in place in your organization/country that guide the work with cases involving violence against children? (Example: Are there specific laws against the abuse of children? Could you provide us with electronic/hard copies of these documents?)

5 Are cases of violence against children documented or tracked at any level?

Prompt: *Are there certain forms of violence that are more likely to be documented than others? Please explain:*

6 What kind of services/qualified professionals are available to work with children that are victims of violence?

Prompt: *How far would a child need to travel to access such services?*

7 How do professionals work together on cases?

Prompt: *Can you describe the mechanisms currently in place to support service cooperation/coordination?*

8 Do you know of any best practices/approaches to service delivery with children who have experienced violence? Please describe:

9 What mechanisms for monitoring staff conduct and performance in identifying, documenting and reporting cases of violence against children are in place? (Interviewer: *If not already mentioned above, any documents referred to, request copy*)

Prompt: *How are these implemented in daily practice (e.g. what happens?)*



- 10** Describe any mechanisms ensuring that children within institutional care are treated properly (not abused). (For example: Are there guidelines/protocols/policies in place?)
Prompt: *How are these implemented in daily practice (e.g. what happens?)*
- 11** What complaint mechanisms exist if a case of violence against children or child abuse and neglect is not being handled properly?
Prompt: *Can you explain how to make a complaint? (e.g. what happens?)*
- 12** Are you aware of any changes to the child protection system involving cases of violence against children? How have they changed the way the system identifies and intervenes in such cases? If so, please describe.
- 13** Can you identify any areas where reforms are needed to improve the child protection system, including the way the system identifies and responds to cases of violence against children?
Prompt: *What do you think are the current challenges to changing the system response to cases of violence against children?*
- 14** Please describe any prevention activities or public awareness raising efforts that you know about (locally, nationally) related to violence against children, child rights, and child protection? (interviewer: please request copies of any documentation referred to)
- 15** Do you think there are any particular differences/challenges to this issue depending on whether it occurs in an urban versus a rural setting? Describe.
Prompt: *Does your Ministry/Institution have any measures in place to address those differences?*
- 16** Is there anything I haven't asked you today that you think is really important to know about in terms of this research project?

OPTIONAL QUESTION

- 17** Is there any one in particular that you think I should not miss interviewing? A key individual that you recommend I speak with?

Closing script:

Thank you for taking the time to share your experiences with us.



5 How many years have you been working in your field/sector?

- 1 less than one year
- 2 1-2years
- 3 3-5years
- 4 6-10 years
- 5 More than 10 years

6 Please indicate your current position in the agency/institution/service:

- 1 Government official (decision maker)
- 2 Director/Supervisor/Practitioner (service delivery)

7 What is the highest level of education you have completed?

- 1 Primary education
- 2 Secondary education
- 3 Vocational education
- 4 Undergraduate University education (up to 5 years)
- 5 Post-Graduate education (Master of Sciences or Doctoral)

8 Please indicate if you have had any **specific training** in any of the following areas (check all that apply):

- 1 Violence Against Children
- 2 Sexual abuse
- 3 Physical abuse
- 4 Neglect
- 5 Domestic violence
- 6 Emotional maltreatment
- 7 Crisis intervention
- 8 Risk assessment
- 9 Child development
- 10 Diversity/cultural sensitivity
- 11 Interview techniques
- 12 Safety planning techniques
- 13 Other (related to Violence Against Children): _____

Now we will be asking you a number of questions about your experiences. If you do not understand a question please ask for clarification and I will help you. You do not have to answer any question that you do not wish to answer. Do you have any questions before we begin?

1 In your opinion, what is violence against children?

Prompt: *How have you learned about violence against children?*

2 What kind of guidance/training on violence against children is provided to organization/institution staff? Please describe:

3 Are there specific laws against the abuse of children?

4 In your work, what sort of violence against children cases do you encounter?

5 Tell me what happens when a case of violence against a child is identified in your neighbourhood/community?

Prompt: *Who would someone call to report a situation involving violence against a child?*

6 Tell me what happens when a case of violence against a child is identified/reported in your work setting?

Prompt: *Who would typically report cases? What would be a typical case of violence against children?*

7 What are the options available for children who are experiencing abuse/violence? (Example: At school, at home)

Prompt: *Who would they go to for help? Is there a complaint mechanism they can use? Would most children know about these options?*

8 Can you describe the process of managing a case of violence against children?

Prompts: *Who would investigate a report of violence against children?*

What happens next? Does it need to be documented? Is there a particular form that is required? By whom and to whom does that report get sent? Who reads it, keeps it? Are there regulations around how information is shared between organizations? How is confidentiality ensured?

Is there a difference in the approach based on the type of violence being investigated? Who makes the decisions regarding the above?

9 How would the child be approached/interacted with in these situations?

Prompt: *What would you discuss with the child?*

10 How would the family be approached/interacted with in these situations?

Prompt: *What would you discuss with the family?*



- 11** How would the person who committed the violence against the child be approached?
Prompt: *What if the offender was a child?*
- 12** If required, to whom would the case be referred? When would you make the referral?
- 13** What kind of feedback or follow up happens after a report is made? (either with the individual who made the report or with the individual you have referred the case to)
- 14** Do you have any specific guidelines or protocols in your organization/institution that you must follow as it relates to cooperation/coordination and referral of cases of violence against children for outside intervention? Please describe (*and provide if available*):
- 15** What kind of services/qualified professionals are available to work with children that are victims of violence?
Prompt: *If no local service available, how far would a child need to travel to reach such services?*
- 16** Are those services coordinated with each other?
Prompt: *Do professionals work together on cases? Why do you think this happens this way?*
Prompt: *Can you describe any mechanisms currently in place to support service cooperation/coordination?*
- 17** Do you know of any best practices/approaches to service delivery with children who have experienced violence/abuse? Please describe:
- 18** What mechanisms (internal or external to your organization/institution) for monitoring staff conduct and performance in identifying, documenting and reporting cases of violence against children are in place? (*if not already mentioned above, any documents referred to, request copy*)
Prompt: *How are these implemented in daily practice (e.g. what happens?)*
- 19** Are there any guidelines in your organization/institution for monitoring that staff are treating children properly and not committing abuse/violence against children?
Prompt: *How are these implemented in daily practice (e.g. what happens?)*
- 20** External to your organization/institution, can you describe any complaint mechanisms that exist if a case of violence against children not being handled properly?
Prompt: *Can you explain how to make a complaint? (e.g. what happens?)*
- 21** Does your institution/organization participate in any prevention activities or public awareness raising efforts related to violence against children, child rights, and child protection? If yes, please describe:
- 22** Are you aware of any changes to the child protection system involving cases of violence against children? How have they changed the way the system identifies and intervenes in such cases? If so, please describe.

-
- 23** Can you identify any areas where reforms are needed to improve the child protection system, including the way the system identifies and responds to cases of violence against children?

Prompt: *What do you think are the current challenges to changing the system response to cases of violence against children?*

- 24** Do you think there are any particular differences/challenges to this issue depending on whether it occurs in an urban versus a rural setting? Describe.

Prompt: *Does your Organization/Institution have any measures in place to address those differences?*

- 25** Is there anything I haven't asked you about today that you think is really important to know about in terms of this research project?

Closing script:

Thank you for taking the time to share your experiences with us.

Appendix C ___Self-Report Survey for Practitioners Semi-Structured Interview Guide for Key Informants (Professionals/ Service Providers)

TO BE COMPLETED BY THE RESEARCHER	
Researcher ID	: _____
Institution	: _____
Region/Administrative Division	: _____
1 <input type="checkbox"/> Urban 2 <input type="checkbox"/> Rural 3 <input type="checkbox"/> Both	

Thank you for taking the time to complete this survey to help us understand the issue of responding to violence against children in your organization/institution.

This information is confidential and you will not be identified in the study report or within your organization/institution. **Please check the appropriate box to indicate your response.**

The UN Study on Violence against Children (2010) defines violence against children through reference to article 19 of the Convention on the Rights of the Child: **“all forms of physical or mental violence, injury and abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse”**. It also draws on the definition in the World Report on Violence and Health (2002): **“the intentional use of physical force or power, threatened or actual, against a child, by an individual or group, that either results in or has a high likelihood of resulting in actual or potential harm to the child’s health, survival, development or dignity.”**

DEMOGRAPHIC INFORMATION

1 Gender 1 Male 2 Female

2 Please identify the sector that you are currently working in:

- 1 Education
- 2 Health care
- 3 Social welfare/protection
- 4 Interior/police
- 5 Justice (judiciary)
- 6 Justice (prosecutor)
- 7 NGO



3 Please check which of the following is the status of your agency/institution/service:

- 1 Government
- 2 Non-Government

4 Please identify the area your agency/organization serves

- 1 Urban
- 2 Rural
- 3 Both

5 How many years have you been working in your field/sector?

- 1 less than one year
- 2 1-2years
- 3 3-5years
- 4 6-10 years
- 5 More than 10 years

6 Please indicate your current position in the agency/institution/service:

- 1 Government official (decision maker)
- 2 Director/Supervisor/Practitioner (service delivery)

7 What is the highest level of education you have completed?

- 1 Primary education
- 2 Secondary education
- 3 Vocational education
- 4 Undergraduate University education (up to 5 years)
- 5 Post-Graduate education (Master of Sciences or Doctoral)

8 Please indicate if you have had any **specific training** in any of the following areas (check all that apply):

- 1 Violence Against Children
- 2 Sexual abuse
- 3 Physical abuse
- 4 Neglect
- 5 Domestic violence
- 6 Emotional maltreatment

- 7 Crisis intervention
- 8 Risk assessment
- 9 Child development
- 10 Diversity/cultural sensitivity
- 11 Interview techniques
- 12 Safety planning techniques
- 13 Other (related to Violence Against Children): _____

IDENTIFICATION OF CASES OF VIOLENCE AGAINST CHILDREN

I would like to ask you some questions about your encounters with situations of violence against children in your work. When I use the term child I am referring to any person between 0-18 years of age.

- 9** Is information about cases of violence against children that you encounter formally documented by your organization/institution?
- 0 No
 - 1 Yes
 - 2 Do not know
- 10** Are you required by any legislation or regulations to **report (to another authority)** cases of violence against children and child abuse and neglect that you encounter?
- 0 No
 - 1 Yes
 - 2 Do not know
- 11** Do you have any specific guidelines or protocols in your organization/institution that you must follow as it relates to managing cases of violence against children that you encounter?
- 0 No
 - 1 Yes
 - 2 Do not know

Please indicate whether you agree or disagree with the following statements:

- 12** What is important when working with families who maltreat/abuse their children? **Please rank in order of importance (Using 1 to indicate most important and 4 not important):**
- education punishment counseling removal of child from family



13 In interventions with cases of violence against children, poor families are discriminated against.

- 1 Strongly Disagree
- 2 Disagree
- 3 Agree
- 4 Strongly Agree
- 5 Don't Know

14 Please indicate which forms of punishment are acceptable as a form of discipline for children (*check all that apply*):

- 1 Spanking (on buttocks)
- 2 Slapping/Smacking (on face)
- 3 Slapping/Smacking (on hands)
- 4 Shaming, humiliation (teaching a lesson, making feel guilty)
- 5 Shaking
- 6 Isolation (stand in corner, go to your room)
- 7 Ear or Hair pulling
- 8 Ignoring (stop speaking to child)
- 9 Removing rewards (no TV etc.)
- 10 Taking away food (no dinner until tomorrow)

Please read the following 6 case scenarios and answer the questions provided:

15 "Ali" aged seven, has just started learning to read in school. One night when John's father is helping him with his reading homework, John loses focus and makes a mistake. John's father, frustrated with the boy's lack of attention, hits him hard on the back of the head with his reading book. John starts to cry. "Maybe now you will pay more attention", says John's father. The action leaves a small lump on the back of John's head, which is tender the next day.

15a) Based on the information provided, how serious is the incident described?

- 1 Extremely serious
- 2 Very serious
- 3 Somewhat serious
- 4 Not very serious
- 5 Not at all serious

15b) In your professional judgement, does this incident constitute physical abuse?

- 1 Yes, definitely
- 2 Yes, probably
- 3 No, probably not
- 4 No, definitely not

15c) Based on your understanding, are you required by law / policies in your organization to report this incident to the authorities?

- 1 Definitely required to report
- 2 Probably required to report
- 3 Probably not required to report
- 4 Definitely not required to report

15d) Do you think that reporting this incident to the authorities would be helpful to this child?

- 1 Yes, definitely
- 2 Yes, probably
- 3 No, probably not
- 4 No, definitely not

15e) Overall, how likely would you be to report this case to the authorities?

- 1 Almost certain to report
- 2 Very likely to report
- 3 Somewhat likely
- 4 Somewhat unlikely
- 5 Very unlikely to report

15f) Would you consider referring this family for additional supportive services?

- 1 No, not required
- 2 Yes, however, services are not available
- 3 Yes, to the following services

15g) *(check all that apply):*

- 1 Family counseling/support
- 2 Individual child counseling/support
- 3 Individual parent counseling/support



16 “Ozlem Ogretmen” teaches a [grade five class]. Her students are particularly excited at school one day as there is a school concert happening that afternoon. Two girls sitting in the back of the class start giggling while Mrs. Smith is talking, whispering back and forth. She asks them to come up to the front of the class. With her ruler, she strikes the palms of both girls three times. “No more talking” she says and sends the girls back to their seats.

16a) Based on the information provided, how serious is the incident described?

1 Extremely serious

2 Very serious

3 Somewhat serious

4 Not very serious

5 Not at all serious

16b) In your professional judgement, does this incident constitute abuse?

1 Yes, definitely

2 Yes, probably

3 No, probably not

4 No, definitely not

16c) Based on your understanding, are you required by law / policies in your organization to report this incident to the authorities?

1 Definitely required to report

2 Probably required to report

3 Probably not required to report

4 Definitely not required to report

16d) Do you think that reporting this incident to the authorities would be helpful to these children?

1 Yes, definitely

2 Yes, probably

3 No, probably not

4 No, definitely not

16e) Overall, how likely would you be to report this case to the authorities?

1 Almost certain to report

2 Very likely to report

- 3 Somewhat likely
- 4 Somewhat unlikely
- 5 Very unlikely to report

16f) Would you consider referring this family for additional supportive services?

- 1 No, not required
- 2 Yes, however, services are not available
- 3 Yes, to the following services

16g) *(check all that apply):*

- 1 Family counseling/support
- 2 Individual child counseling/support
- 3 Individual parent counseling/support

17 “Ayse” is a fourteen year old girl who lives with her mother, father, and two younger brothers. Lydia watches her brothers after school while her parents are at work. One day, her uncle, “Mr. Jones” stops by the house to see Lydia’s father. When Lydia says her parents are not yet home, her uncle asks if he could wait and have a drink. She takes him down the hallway to the kitchen, but before they get there he pushes her against the wall and touches her breasts. Lydia’s brothers are playing in the next room.

17a) Based on the information provided, how serious is the incident described?

- 1 Extremely serious
- 2 Very serious
- 3 Somewhat serious
- 4 Not very serious
- 5 Not at all serious

17b) In your professional judgement, does this incident constitute sexual abuse?

- 1 Yes, definitely
- 2 Yes, probably
- 3 No, probably not
- 4 No, definitely not



17c) Based on your understanding, are you required by law / policies in your organization to report this incident to the authorities?

- 1 Definitely required to report
- 2 Probably required to report
- 3 Probably not required to report
- 4 Definitely not required to report

17d) Do you think that reporting this incident to the authorities would be helpful to this child?

- 1 Yes, definitely
- 2 Yes, probably
- 3 No, probably not
- 4 No, definitely not

17e) Overall, all things considered, how likely would you be to report this case to the authorities?

- 1 Almost certain to report
- 2 Very likely to report
- 3 Somewhat likely
- 4 Somewhat unlikely
- 5 Very unlikely to report

17f) Would you consider referring this family for additional supportive services?

- 1 No, not required
- 2 Yes, however, services are not available
- 3 Yes, to the following services

17g) *(check all that apply):*

- 1 Family counseling/support
- 2 Individual child counseling/support
- 3 Individual parent counseling/support

18 “Jale” is a thirteen year old girl, the oldest of seven siblings. She lives with her parents, grandparents and a multitude of other family members. In total 18 people lived in her household, with none of the adults having a job. At eleven she was sold as a bride, but after one year she was sent back to her family, so her family was forced to pay back the debt to the family of her ex-husband. To help re-pay this debt, Jane’s family sent her to beg in the street. The money she makes goes to support the family debt and as well as her many family members.

18a) Based on the information provided, how serious is the incident described?

- 1 Extremely serious
- 2 Very serious
- 3 Somewhat serious
- 4 Not very serious
- 5 Not at all serious

18b) In your professional judgement, does this incident constitute a form of abuse?

- 1 Yes, definitely
- 2 Yes, probably
- 3 No, probably not
- 4 No, definitely not

18c) Based on your understanding, are you required by law / policies in your organization to report this incident to the authorities?

- 1 Definitely required to report
- 2 Probably required to report
- 3 Probably not required to report
- 4 Definitely not required to report

18d) Do you think that reporting this incident to the authorities would be helpful to this child?

- 1 Yes, definitely
- 2 Yes, probably
- 3 No, probably not
- 4 No, definitely not



18e) Overall, all things considered, how likely would you be to report this case to the authorities?

- 1 Almost certain to report
- 2 Very likely to report
- 3 Somewhat likely
- 4 Somewhat unlikely
- 5 Very unlikely to report

18f) Would you consider referring this family for additional supportive services?

- 1 No, not required
- 2 Yes, however, services are not available
- 3 Yes, to the following services

18g) *(check all that apply):*

- 1 Family counseling/support
- 2 Individual child counseling/support
- 3 Individual parent counseling/support

19 “Ayse” is a 16 year old girl. She is brought to the hospital with stomachache. The physical examination reveals that she is 3 months pregnant. During the meeting with Ayse and her family, they tell that Ayse got married informally a year ago with her own will and her family’s approval.

19a) Based on the information provided, how serious is the incident described?

- 1 Extremely serious
- 2 Very serious
- 3 Somewhat serious
- 4 Not very serious
- 5 Not at all serious

19b) In your professional judgement, does this incident constitute a form of abuse?

- 1 Yes, definitely
- 2 Yes, probably
- 3 No, probably not
- 4 No, definitely not

19c) Based on your understanding, are you required by law / policies in your organization to report this incident to the authorities?

- 1 Definitely required to report
- 2 Probably required to report
- 3 Probably not required to report
- 4 Definitely not required to report

19d) Do you think that reporting this incident to the authorities would be helpful to this child?

- 1 Yes, definitely
- 2 Yes, probably
- 3 No, probably not
- 4 No, definitely not

19e) Overall, all things considered, how likely would you be to report this case to the authorities?

- 1 Almost certain to report
- 2 Very likely to report
- 3 Somewhat likely
- 4 Somewhat unlikely
- 5 Very unlikely to report

19f) Would you consider referring this family for additional supportive services?

- 1 No, not required
- 2 Yes, however, services are not available
- 3 Yes, to the following services

19g) *(check all that apply):*

- 1 Family counseling/support
- 2 Individual child counseling/support
- 3 Individual parent counseling/support



20 “Fatma” is a 4 year old girl. She is brought to the hospital with one arm burned. When asked how it happened, her mother tells that she left Fatma alone in the house for half hour while the soup was boiling on the stove and the soup spilled and burned her arm.

20a) Based on the information provided, how serious is the incident described?

1 Extremely serious

2 Very serious

3 Somewhat serious

4 Not very serious

5 Not at all serious

20b) In your professional judgement, does this incident constitute a form of abuse?

1 Yes, definitely

2 Yes, probably

3 No, probably not

4 No, definitely not

20c) Based on your understanding, are you required by law / policies in your organization to report this incident to the authorities?

1 Definitely required to report

2 Probably required to report

3 Probably not required to report

4 Definitely not required to report

20d) Do you think that reporting this incident to the authorities would be helpful to this child?

1 Yes, definitely

2 Yes, probably

3 No, probably not

4 No, definitely not

20e) Overall, all things considered, how likely would you be to report this case to the authorities?

1 Almost certain to report

2 Very likely to report

3 Somewhat likely

4 Somewhat unlikely

5 Very unlikely to report

20f) Would you consider referring this family for additional supportive services?

- 1 No, not required
- 2 Yes, however, services are not available
- 3 Yes, to the following services

20g) (check all that apply):

- 1 Family counseling/support
- 2 Individual child counseling/support
- 3 Individual parent counseling/support

21 “Elif” is ten months old and lives in institutional care. Her mother left her with family members who could not afford to look after her. Her father’s identity is unknown. Lucy spends most of her day in her crib, lying down. Her bottle is propped in her crib for meals, and she is rarely picked up or held. Her clothes are often dirty and sometimes too thin for the cold air. Lucy sleeps eighteen hours a day. She is quiet and never cries.

21a) Based on the information provided, how serious is the incident described?

- 1 Extremely serious
- 2 Very serious
- 3 Somewhat serious
- 4 Not very serious
- 5 Not at all serious

21b) In your professional judgement, does this incident constitute neglect?

- 1 Yes, definitely
- 2 Yes, probably
- 3 No, probably not
- 4 No, definitely not

21c) Based on your understanding, are you required by law / policies in your organization to report this incident to the authorities?

- 1 Definitely required to report
- 2 Probably required to report
- 3 Probably not required to report
- 4 Definitely not required to report



21d) Do you think that reporting this incident to the authorities would be helpful to this child?

- 1 Yes, definitely
- 2 Yes, probably
- 3 No, probably not
- 4 No, definitely not

21e) Overall, all things considered, how likely would you be to report this case to the authorities?

- Almost certain to report
- Very likely to report
- Somewhat likely
- Somewhat unlikely
- Very unlikely to report

22 "Osman" is an eight year old boy who attends the local school. He is slow to learn his letters and numbers and still struggles to do simple math exercises. Most of the kids in Richard's class call him names like "stupid", "dummy" and even "retarded". His teacher, "Mr. Green" often hears the teasing but does nothing to stop it. Sometimes he laughs with the other kids. One day Mr. Green tells Richard that he is so far behind the rest of the group that he should go back to kindergarten room where he will be with children of his own level. The class laughs loudly, and Richard begins to cry. "Don't be such a baby"

22a) Based on the information provided, how serious is the incident described?

- 1 Extremely serious
- 2 Very serious
- 3 Somewhat serious
- 4 Not very serious
- 5 Not at all serious

22b) In your professional judgement, does this incident constitute emotional/psychological abuse?

- 1 Yes, definitely
- 2 Yes, probably
- 3 No, probably not
- 4 No, definitely not

22c) Based on your understanding, are you required by law / policies in your organization to report this incident to the authorities?

- 1 Definitely required to report
- 2 Probably required to report
- 3 Probably not required to report
- 4 Definitely not required to report

22d) Do you think that reporting this incident to the authorities would be helpful to this child?

- 1 Yes, definitely
- 2 Yes, probably
- 3 No, probably not
- 4 No, definitely not

22e) Overall, all things considered, how likely would you be to report this case to the authorities?

- 1 Almost certain to report
- 2 Very likely to report
- 3 Somewhat likely
- 4 Somewhat unlikely
- 5 Very unlikely to report

REFERRAL OF CASES, SUFFICIENCY OF SERVICES, AND FOLLOW-UP ON THE REFERRALS

I would like to ask you some questions about how you respond to cases of violence against children, and referrals your organization/institution makes in such cases.

23 Do you refer children and their parents in such cases for outside intervention or support?

- 0 Yes
- 1 No, service is not available
- 2 Service is available but not good quality (e.g. previous bad experience)
- 3 Intervention and support is often not necessary



- 24** When cases of violence against children are identified by your organization/institution, what cooperation/coordination mechanisms do you use to respond to these cases:
- 24a** Meetings among your own staff to discuss cases 0 No 1 Yes
- 24b** Cooperation/Coordination with the police on cases 0 No 1 Yes
- 24c** Cooperation/Coordination with doctors on cases 0 No 1 Yes
- 24d** Cooperation/Coordination with school directors and teachers on cases 0 No 1 Yes
- 24e** Cooperation/Coordination with social workers on cases 0 No 1 Yes
- 24f** Cooperation/Coordination with child protection agencies on cases 0 No 1 Yes
- 24g** Cooperation/Coordination with NGOs working on children's issues 0 No 1 Yes
- 24h** Cooperation/Coordination with the judiciary on cases 0 No 1 Yes
- 24i** Cooperation/Coordination with the prosecutor on cases 0 No 1 Yes
- 25** Do you have any specific internal guidelines or protocols in your professional community that you must follow as it relates to cooperation/coordination and referral of cases of violence against children for outside intervention?
- 0 No
- 1 Yes
- 2 Do not know
- 26** Is coordination on cases of violence against children required by any legislation or regulation?
- 0 No
- 1 Yes
- 2 Do not know
- 27** Does your organization/institution continue to follow-up **with a child or their family** after you have referred them for outside intervention/ support; that is, to check for continued violence, abuse or neglect and the status of the child's well-being?
- 0 No
- 1 Yes
- 2 Do not know
- 28** Does your organization/institution also follow-up **with the agencies/institutions** to which you referred the child for outside intervention/support to check on the status of the child's case and the child's well-being?
- 0 No
- 1 Yes
- 2 Do not know

MONITORING, EVALUATION, AND COMPLAINT MECHANISMS BY STATE AND NON-STATE SYSTEMS

I would like to ask you some final questions about processes for monitoring and evaluation of cases of violence against children.

- 29** Are there any guidelines in your organization/institution for monitoring staff conduct and performance in identifying, documenting, and reporting cases of violence against children?
- 0 No
- 1 Yes
- 2 Do not know
- 30** Are there any guidelines in your organization/institution for monitoring that staff are treating children properly, and not abusing children?
- 0 No
- 1 Yes
- 2 Do not know
- 31** If you witness another staff member committing violence/abuse against a child, are you required to report that to a supervisor or the organization/institution director?
- 0 No
- 1 Yes
- 2 Do not know
- 32** Is there any official legislation or regulation to report such incidences of violence/abuse against a child within your institution/organization to government authorities?
- 0 No
- 1 Yes (and mechanisms are in place to do this)
- 2 Yes (however, no mechanisms are in place to do this)
- 3 Do not know
- 33** Is there a mechanism for a staff to make a complaint about another staff to the appropriate government authority without notifying their supervisor/director?
- 0 No
- 1 Yes
- 2 Do not know

Appendix D ___ List of Country Legislation

International Conventions

- UN Convention on the Rights of the Child (OG 22138/11.12.1994) – *with reservation to the articles 17, 29 and 30.*
- European Convention on the Exercise of Children’s Rights (OG 24305/01.02.2001) – *with declaration that the Convention will apply to cases relating to divorce, separation, custody of children, parental rights of access to the child and establishment of paternal affiliation.*
- Council of Europe Convention on Preventing and Combatting Violence Against Women and Domestic Violence (OG 28127/29.11.2011)
- Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse (OG 28050/10.9.2011)

National Legislation

- Turkish Constitution
- Turkish Civil Code (4721/22.11.2001)
- Child Protection Law (5395/03.07.2005)
- Law on Protection of Family and Prevention of Violence Against Women (6284/08.03.2012)
- Law on the Establishment, Functions and Proceedings of Family Courts (4787/09.01.2003)
- Law on Social Services (2828/24.05.1983)
- Law on Organization and Functions of the Ministry of Family and Social Policies (633/08.06.2011)
- Turkish Criminal Code (5237/26.09.2004)
- Turkish Penal Procedure Code (5271/4.12.2004)
- Law on Powers and Responsibilities of Police (2559/04.07.1934) & Regulation on Establishment and Functions of Child Police Units (24372/13.04.2001)
- Law on the Establishment of Radio and Television Enterprises and Their Broadcasts (3984/13.04.1994) & Regulation on Principles and Procedures of Radio and TV Broadcasts (25082/17.04.2003)
- Law on Recruitment, Promotion, Rewarding and Punishment of Primary School Teachers (4537/19.01.1943) & Law on Promotion and Punishment of Primary and Secondary School Teachers (1702/29.06.1930)
- Regulation on Counselling and Guidance Services (24376/17.04.2001)
- Regulation on the Principles of Ethical Behavior of the Public Officials and Application Procedures and Essentials (25785/13.04.2005)
- Regulation on the Establishment, Duties and Working Principles of Provincial and Sub-provincial Human Rights Boards (25298/23.11.2003) Prime Ministry Circular on Measures to Be Taken to Prevent Honor Killings and Violence Against Children and Women (2006/17)



Protecting children
from violence
in South East Europe

**For more information on the project
and countries, please go to:**

<http://www.unicef.org/ceecis/>

<http://ec.europa.eu>

<http://www.coe.int>