

The evaluation of children referred for health measure ruling according to the Child Protection Law

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ABSTRACT

Objectives. To assess the children referred to our clinic with a health measure ruling which was given in accordance with Turkey's no. 5395 Child Protection Law, in terms of socio-demographic characteristics, psychiatric diagnosis, and follow-up. **Methods.** Thirty children referred to our clinic with a health measure ruling given according to Turkey's no. 5395 Child Protection Law were assessed. **Results.** The mean age was 13.20 ± 3.86 (min-max: 2-17). Referral reasons of the children with a health measure ruling included driven to crime in 7 (23.3%), family therapy in 8 (26.7%), sexual abuse in 8 (26.7%), substance abuse in 3 (10%), physical abuse in 1 (3.3%), and medical care and rehabilitation in 3 (10%) children. Of the children referred for a health measure, 19 (63.3%) did not continue following the initial assessment. **Conclusions.** To enhance the effectiveness of the protective and preventive mental health services, children and adolescents who have a health measure ruling should be treated, followed-up, and rehabilitated at every stage of the process. It is necessary to increase in-house and inter-agency communication in order to implement the system effectively for the benefit of these children.

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Introduction

The concept of the child in need of protection is described as a child whose personal security in terms of physical, mental, moral, social, and emotional development is in danger, or a child who is neglected or abused, or who is victim of crime [1].

The United Nations Convention on Children's Rights (CCR) is the most important international legal

basis of the child protection system. There are also articles about child protection in the Constitution of the Republic of Turkey, the Turkish Civil Code (TSC), the no. 2828 Law on Social Services and the Child Protection Institution (LSSCPI), and the no. 5395 Child Protection Law [2-5].

The child protection systems were developed

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based on the basic principle of “High Benefit of the Child” included in the CCR, and the Child Protection Law (CPL) was prepared for the protection of children who are in need of protection or who are delinquents, and for safe guarding their rights and well-being [3, 6]. In addition, the aforementioned no. 5395 law also aims to protect and safe guard of children’s rights and well-being, and contains protective and supportive measures [5-8].

The protective and supportive measures include counseling, education, care, health, and housing rights towards providing protection to children first of all in their family environment. The counseling and education measures are carried out by institutions of the Ministry of Education, health measures by the Ministry of Health, and care and housing measures by the Social Services and Child Protection Institution [5-8].

Counseling measures aim to guide the caregiver about raising the child and assisting the children in problem solving regarding their education and development. Education measures aim ensuring a child to continue educational institutions and join to a vocational training course or art course in order to acquire a job or profession. Care measures aim ensuring a child to benefit from the service or to be placed in public or private child care centers or foster families if anyone responsible for the care of the child for any reason is unable to fulfill their duty. Health measures aim to ensure the protection of the child's physical and mental health and the treatment required for temporary or permanent medical care and rehabilitation of substance abusers. Housing measures intend to provide shelter to people with children without shelter or women who are in danger [1].

The problem of children who are in need of protection remains worldwide. Whatever the reason, the problems created by the children who need protection are the concern of entire society, and not just these children. Therefore, objective of this study is to assess the children referred to our clinic with a health measure ruling which was given in accordance with Turkey’s no. 5395 Child Protection Law in terms of socio-demographic characteristic, psychiatric diagnosis, and follow-up. It is expected to provide contribution to increase the efficiency of the services provided for the benefit of children.

Methods

Out of 57 children referred to the child and adolescence psychiatry clinic between January 2012 and March 2015 for a health ruling within the scope of no. 5395 Child Protection Law, 27 were excluded from the study, because they never came to their appointment, and finally 30 children were included. Files of these children were retrospectively screened to be researched for which their patient folders were examined retrospectively. Assessment of the files was performed with a standard process sequence.

All of the cases included in the study were examined by a child and adolescence psychiatrist and at the same time, a family interview was also performed if they were accompanied by their family during the clinical examination. The socio-demographical information, psychiatric diagnosis, and whether they have continued their clinical follow-up were recorded from the patient files on a form prepared by the examiners. Psychiatric diagnosis was made with a clinical interview based on DSM-IV on the children of interest.

Statistical Analysis

Statistical analysis was performed using SPSS 19.0 software. The descriptive statistics of continuous variables are expressed as median, minimum, maximum, mean, and standard deviation. The normality of variables was tested with Shapiro Wilk Test. The differences between 3 groups were compared using Kruskal Wallis and Pearson Chi-Square Tests in terms of age and gender, respectively. A p value <0.05 was considered statistically significant.

Results

Thirty of 57 children referred to our clinic for a health ruling were included with 15 being female and 15 male. The mean age was found as 13.20 ± 3.86 . It was determined that 4 of the children (13.3%) have attended went to primary school, 5 children (16.7%) secondary school and 4 children (13.3%) high school, while 17 children (56.7%) have not gone to school. Of the children included in the study, 22 (73.3%) were living with their family, 2 children (6.7%) with only one parent, 1 child (3.3%) with a grandmother / grandfather, and 5 children (16.7%) were determined

to live in social facilities.

When the reasons for referral of the children due to health measures were examined, 7 children (23.3%) were sent due to being driven to crime, 8 children (26.7%) for familial therapy, 8 patients (26.7%) due to sexual abuse, 3 children (10%) due to substance abuse, 1 child (3.3%) because of physical abuse, and 3 children (10%) for medical care and rehabilitation.

When the results were analyzed in terms of diagnosis; 3 of the children (10%) were diagnosed with depression, 5 children (16.7%) Posttraumatic Stress Disorder, 4 children (13.3%) Conduct Disorder, 3 children (10%) Attention Deficit / Hyperactivity Disorder, 5 children (16.7%) Mental Retardation, 4 children (13.3%) Substance Abuse, and 1 child (3.3%) was diagnosed with Adjustment Disorder. The remaining 5 children (16.7%) had no psychiatric diagnosis.

Inpatient treatment was recommended for 2 of the

children evaluated (6.7%), 11 children (36.7%) were initiated medical treatment, 8 children (26.7%) received psychotherapy, and 4 children (13.3%) were referred to special education. Five children (16.7%) did not receive any treatment.

Of the children referred with a health measure ruling, 19 (63.3%) were determined not to have continued their follow-up after the first call. Five of the children who attended the follow-up (16.7%) did not reveal any psychopathology, and the health measure ruling of 6 children (20%) was stopped ended due to the benefit gained from the treatment given.

When the reason of the referral of children was compared with their ages, no statistically significant difference was detected between the groups ($p=0.094$) (Table 1).

There were significant differences between boys and girls in terms of the reason for referral ($p=0.031$) (Table 2). The percentage of children driven to crime

Table 1. Comparing of reasons of the referral with ages of the children[#]

	n	Mean age ± SD	Median	Min.	Max.
Drift into crime	7	14.86 ± 2.91	16.00	9.00	17.00
Counseling / Treatment and care measures	11	11.36 ± 4.30	13.00	2.00	15.00
Sexual / Physical abuse	9	13.22 ± 3.80	14.00	4.00	17.00

[#]Kruskal Wallis ($p=0.094$), Max=maximum, Min=minimum, n=number of the patients

Table 2. Relationship between reasons of the referral and gender of the children^{*}

	Drift into crime	Counseling / Treatment and care measures	Sexual / Physical abuse	Total
Male	6 (42.9%)	6 (42.9%)	2 (14.3%)	14
Female	1 (7.7%)	5 (38.5%)	7 (53.8%)	13

^{*}Pearson Chi-square ($p=0.031$)

was 42.9% for males and 7.7% for females. The percentage of sexual / physical abuse was determined as 14.3% for males, while this rate was 53.8% for females.

Discussion

According to the United Nations Convention on Children’s Rights (CCR), the responsibility to provide the necessary conditions for the development of a

child as a healthy person firstly incumbent falls on the parents of child or other people who take care of child in the framework of possibilities they have. The state parties to this convention are supposed to take necessary measures to ensure the implementation of the right of protection of the child according to their national conditions and within the bounds of possibility, and to apply material assistance and support programs in particularly for issues such as nutrition, clothing, and housing [2, 3, 9].

The no. 5395 Child Protection Law, which came into force in 2005 in our country, is one of the legal

bases that is taken as a basis in the child welfare field and is executed by services [2]. In order to make the implementation of the law more clear, 'Regulations about the Implementation of Protective and Supportive Measures Decisions' according to the Child Protection Law was published in 2006 [7]. After these regulations,; all public institutions and organizations, nongovernmental organizations, or anybody who is aware of the need to help children (also the parents of children) have the obligation to inform the District/Provincial Directorate of Family and Social Policies of the situation of children [7].

Juvenile courts are tasked with making rulings of measures [6, 10]. As a result of actions taken, courts can make a ruling of one or more measures, and implementing institutions or organizations are informed about these measure rulings [6, 11].

Social services specialists assess children in need of protection, who have been notified to the District/Provincial Directorate, in the terms of social environments and physical conditions of the home in which they lived, and a social study report is prepared. The social services specialists, who are socially, economically, and psychologically assessed, have an important role in the communication between the organizations about the determination of essential interventions [5-7].

Fifteen children referred to our clinic for a health measure ruling in accordance with these laws were female and the other 15 were male. Studies carried out in our country have focused mostly on juveniles driven to crime, so there are different results about the gender ratios [10, 12, 13]. In this study, the mean age was found as 13.20 ± 3.86 , reflected in the results of the Edirne sample [12]. Seventeen (56.7%) participants were not continuing their education. When the relationship between the reason for referral and gender was compared, we found that male participants were more referred for the reason of being driven to crime, and the girls for sexual and physical abuse. In studies conducted with adolescents involved in crime, most of the children are boys, and in this case, it is indicated that delinquency is more common in boys with aggressive behavior [14]. Similarly, it was reported in another study performed in our country, that 17 children driven to crime were male and 2 were female [15]. In studies, it has been stated that more of the children for which a health measure ruling has been given due to sexual abuse are female and the findings of our study are consistent with the literature [16-19].

Nineteen children (63.3%) children referred for

health measure rulings did not continued after the first psychiatric interview, which also reflects the population-based data of discontinuation. The follow-up of the children referred for health measures is mostly irregular in our country, due to inadequate number of professionals and the lack of the Child Protection Centers, which can provide multidisciplinary interventions.

Conclusion

In terms of offering the protective and preventive mental health services, the children and adolescents with a health measure rulings should be treated, followed-up, and rehabilitated at every stage of the process. For this reason, we suggest that the Child Protection Units, which can provide the assessment of child in health, education, social, and economic aspects should be extended and the in-house and inter agency communications should be increased for the effective implementation of the system for a high benefit of children.

Conflict of interest

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