Verbal, physical and sexual abuse among children working on the street

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KEY WORDS

children working on the street, abuse types, nurse

ABSTRACT

Purpose
The purpose of this study was to explore the verbal, physical and sexual abuse experienced by children working on the street in Ankara, Turkey to determine the type of abuse occurred, the reactions to being abused, sources of abuse and coping methods against abuse.

Design and Methods
A qualitative and descriptive study was conducted with children working on the street in Ankara, Turkey. Five focus group discussions were held with 40 children. The data collection form contained questions about age, educational status, gender, abuse types, reactions to being abused, sources of abuse and coping methods against abuse. Data were assessed by frequency and percentages by using the Statistical Package for Social Sciences for Windows (version 9.5).

Findings
Children working on the street in the sample said they were subjected to verbal, physical and sexual abuse (50%, 50% and 65%, respectively). More than half the participants were exposed to physical abuse from other working children who were selling different things to help their families (55.0 %) and street children who were homeless and live on the streets (65.0 %). ‘Responding with same methods’ was the most used coping method among children for all types of abuse. Of total participants, 36 children stated they needed information about abuse. The results indicate verbal, sexual and physical abuse have a negative effect on children working on the street.

Conclusions
The number of children working on the street in Turkey increases each day (Polat 2009; Kurt et al 2005) and these children are most at risk for all types of abuse. Children working on the street need information and training to develop their awareness about abuse and their skill in avoiding abuse and/or dealing with the consequences. The present health education available to children working on the street in Turkey does not include information about various types of abuse. Nurses are in a position to play an important role in determining whether children they encounter are experiencing any type of abuse and should be directly involved in identifying the physical, social and psychological consequences of abuse as well as providing avenues for the protection and treatment of children affected by abuse. In order for nurses to be able to provide effective care for children working on the street, they need to be knowledgeable about them and the abuse, violence and other problems the children experience.

This paper concludes children have the right to be protected against all types of abuse. Children should be educated to increase their awareness of the various types of abuse and they should also be provided with support by government institutions and health professionals, particularly nurses. Furthermore, preventive measures should be adopted to reduce all types of abuse against children in Turkey.
INTRODUCTION

The studies and available literature on the topic of children working on the street note they are very heterogeneous population. The United Nations Children’s Fund (UNICEF) describes three main categories:

1. children at risk: children working on streets, but having family support;
2. children of the street: children who do not have any family support; and
3. children on the street: children having insufficient family support.

Children on the street come to the streets to work in order to supplement their families’ income. They return home to their families at night time. The largest group in this typology is the ‘children at risk’ category. These are the children of the urban poor and they form the reservoir from which street children emerge (UNESCO 2009; UNICEF 2009; Ali 2004; Baybuga and Celik 2004).

In spite of overall economic growth, child labor remains a widespread and growing phenomenon in today’s world (Gharaibe and Hoeman 2003). Children at work in economic activity is a broad concept that encompasses most productive activities by children, including unpaid and illegal work and working in hazardous or dangerous environments as well as work in the informal sector (ILO 2009; Gharaibe and Hoeman 2003). Millions of children work to help their families in ways that are neither harmful nor exploitative. But one in six children five to fourteen years old, about 16 percent of all children in this age group, is involved in child labour in developing countries. In the least developed countries, 30 percent of all children are engaged in child labour (UNICEF Jan 2009). Eastern and Southern Africa; and Latin America and the Caribbean the incidence is 36 and 11 percent, respectively. In the West and Central Africa, it is 35 percent (UNICEF Jan 2009). The incidence of children working on the street is rapidly growing in Turkey (UNICEF 2006; Kurt et al 2005). UNICEF estimates 42,000 children are living and working on the streets in Turkey although unofficial estimates put the figure closer to 80,000 (UNICEF 2006). Looking at the specific characteristics of the children, most of them live on the streets during the day and return home at night. Some children know where their families are but prefer to live on the streets; and a few are without family and spend their days and nights on the streets (UNICEF 2009; Kurt et al 2005).

Miserable living conditions, poverty and domestic violence are three of the major reasons why these children either leave home or are sent to the streets to make money to support their family (Polat 2009; TURKIS 2009; UNICEF 2009; UNICEF 2006; Kurt et al 2005). Children working on the street perform similar tasks throughout the world (Polat 2009; TURKIS 2009; UNICEF 2009; Kurt et al 2005). They shine shoes; wash and mind cars; and sell lottery tickets, magazines, food and newspapers. Some also carry goods; sell cigarettes and chewing gum; do odd jobs; beg; entertain; and even direct traffic at intersections. Extreme poverty has forced them to become at least partially self-supporting with some children working or begging to support themselves and their families (Polat 2009; TURKIS 2009; UNICEF 2009; Kurt et al 2005; Parker 2002). Subaşı’s (1996) study in Turkey found the majority of the children in her sample worked in street markets, parks and in places with heavy traffic as food vendors and shining shoes.

Children working on the streets are at higher risk for experiencing abuse (Polat 2009; TURKIS 2009; Kurt et al 2005; Hadi 2000). They hitch hike for transportation and work in crowded traffic or out in the open on the street or in parks and in front of bars. Children working on the streets suddenly appear in front of cars asking to clean car windows or begging for money. Consequently they are often rejected, yelled or sworn at or denigrated in other ways (Polat 2009; TURKIS 2009; UNICEF 2009; Subaşı 1996).

A study by Audu et al (2009) found 87.8 percent of girls working on the streets (total 171 girl children in the sample) had been exposed to sexual assault. The same study concluded the girls in the sample were found to be significantly more likely to be sexually assaulted when they had no formal education and worked for more than eight hours per day.
Abuse is a universal problem, which negatively affects the physiological, psychological and social health of the victim (Ahmadkhaniha et al 2007; Gharaibe and Hoeman 2003; Rew 2000). Children working on the street who are exposed to abuse feel fear and anger (UNICEF 2009; Valente 2005; Subaşı 1996). They use several coping methods to deal with the abuse which include fighting back, getting help from family or responding with tactics similar to those of their abusers. Sometimes they use sharp or explosive weapons, report the abuse to police simply run away (Subaşı 1996). One study showed the majority of children working on the street have had something thrown at them in anger (67%), been pushed or shoved in anger (82%), slapped (76%) or hit with an object (71%). In the same study, thirty percent of children had been threatened with a gun or knife, assaulted and 40% had been beaten. In addition, many had been asked to do something sexual (22%) or forced to do something sexual (20%) (Tyler and Cauce 2002).

Identifying the various types of abuse and offering strategies to at-risk children to help them cope with the hazards of their lives on the streets is of critical importance in helping to establish a healthier and safer society. Nurses can play a very important role in this regard by identifying the health care needs of children living and working on the streets, who are at most risk for abuse and neglect. Nurses are in a position to increase awareness of the various types of abuse and the consequences of abuse and can also offer support and solutions for solving or dealing with these problems.

Many studies in the literature have reported on children’s reasons for working on the streets, how socioeconomic factors contribute to children working on the streets and the various types of abuse that occur (UNICEF 2009; Kurt et al 2005; Baybuga and Celik 2004; Hadi 2000). However, few studies have examined the consequences for the children working on the streets of the physical, emotional and sexual abuse they experience. Therefore the purpose of this qualitative study was to identify the characteristics of children working on the street as well as the associated risk for and consequences of abuse.

**METHODS**

The design of the study was a qualitative and descriptive survey. The participants in the study were selected from among children working on the street in Ankara, Turkey who were registered with the Behice Eren Child and Adolescent Centre, which is under the Social Services Child Protection Agency.

Using a review of the literature, a data collection form was designed for use in focus group discussions. Five focus group discussions were held with 40 children. Most participants were male with only two females participating. Ages ranged between eight and seventeen years (mean: 12.5 years). The sample consisted of children regularly attending and registered to the Behice Eren Child and Adolescent Centre. To gain the trust of working children on the streets, the discussions were conducted when the children gathered at the institution. Researchers conducted focus group discussions during times when the children gathered at the institution. Researchers also participated in some activities such as the distribution of educational materials and participation in educational support activities. Exposure to the researchers during these activities was considered very influential in encouraging the children to participate in the focus group discussions. In addition, professionals working at the institution (nurses and social workers) helped the researchers construct the focus groups. The study sample consisted only of those children who voluntarily agreed to participate in the study.

Prior to starting focus group discussions, the purpose and goals of the study were explained to the children. Before conducting focus group discussions, dates and times were set for interviews. However some of the children did not attend the interviews at the pre-set date and time. The researchers spoke with those children who did not come to interview and another date and time was arranged. All focus group discussions were held in an appropriate room at the institution. All participants were placed around a table facing each other. The participants were assigned a pseudonym and all discussions were recorded with permission. A data collection form was also used to
record the participant’s age, education, gender, the types of the abuse, consequences of being subjected to abuse, sources of abuse and coping methods against abuse. Types of abuse were identified as verbal, physical and sexual. The questions were tested for structure and clarity by the researchers in a prior pilot study with six participants. The results of the pilot study were not included in the results of this study.

Each group included between four and eleven participants who remained anonymous except for giving their age and a name for use in group discussions. Each group’s interview lasted 40 minutes on average. The discussions covered the types of the abuse, consequences of being abused, sources of abuse and coping methods against abuse. The discussions were open-ended and covered various aspects of each topic. The researchers ensured each question on the data collection schedule was adequately addressed. The discussions were tape-recorded however notes were also made regarding such things as group dynamics, effect, particular reactions and number of participants endorsing a view and later added to the transcriptions. The written material was analysed and interpreted to determine themes and to create a conceptual framework of the types of the abuse, consequences of being abused, sources of abuse and coping methods against abuse in the context of the children’s day-to-day lives. Transcribed data from the focus groups were validated through discussion between the focus group moderator and the researcher, who acted as recorder and kept field notes. During focus group discussions, some children were shy about the questions or sometimes teased each other. They also had a tendency to be guarded when they spoke, letting older children answer the questions.

The units of analysis for this study were words or concepts, themes and numbers of subjects who described the same concept or theme. Transcribed data from the focus group discussions were grouped by themes and concepts and then the statements of the participants were coded numerically according to these groups. Obtained data were assessed for frequency and percentages by using the Statistical Package for Social Sciences for Windows (version 9.5).

**FINDINGS**

Table 1 shows the descriptive findings of the children working on the streets in the sample of this study. The majority of the children were male, aged 13 to 17 years. In addition, almost all were students in a primary school.

**Table 1: Socio-demographic characteristics of children working on the street**

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8-12 years</td>
<td>16</td>
<td>40.0</td>
</tr>
<tr>
<td>13-17 years</td>
<td>24</td>
<td>60.0</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>38</td>
<td>95.0</td>
</tr>
<tr>
<td>Female</td>
<td>2</td>
<td>5.0</td>
</tr>
<tr>
<td><strong>Education Status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary school</td>
<td>39</td>
<td>97.5</td>
</tr>
<tr>
<td>Secondary school</td>
<td>1</td>
<td>2.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>40</td>
<td>100.0</td>
</tr>
</tbody>
</table>

The study explored whether the children working on the street were exposed to all three types of abuse, verbal, sexual and physical. The study concluded the children were subjected to verbal abuse if they were yelled or shouted at; threatened with physical harm; cursed or sworn at; endured inappropriate or nasty, rude, hostile behaviours; or if malicious rumours, belittlement or humiliation were experienced. The number and percent of the children working on the street exposed to verbal abuse are shown in table 2. Fifty percent of the sample (20) said they were subjected to verbal abuse.

**Table 2: The type of abuse reported by children working on the street**

<table>
<thead>
<tr>
<th>Abuse type</th>
<th>n=40*</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verbal</td>
<td>20</td>
<td>50.0</td>
</tr>
<tr>
<td>Physical</td>
<td>20</td>
<td>50.0</td>
</tr>
<tr>
<td>Sexual</td>
<td>26</td>
<td>65.0</td>
</tr>
</tbody>
</table>

*Participants gave more than one answer
In the study, children working on the street were considered to have been subjected to physical abuse if they had experienced physical injury or harm. Half the children in the study stated they were subjected to physical abuse (table 2).

If the children in this study were subjected to unwanted sexual jokes, stories, questions or words, if they were propositioned or forced to go somewhere without their consent, if they received unwanted phone calls or were subjected to other actions or behaviours of a sexual nature, they were considered to have experienced sexual abuse. The most common type of abuse of children working on the street in this study was sexual abuse (65%) (table 2).

The most common sources of abuse types are listed in table 3. The main source of verbal abuse was children working on the street who also sniffed thinners and glue. Almost all children subjected to verbal abuse indicated customers were the next main source of abuse followed by the police/constabulary/security personnel (35%), tradesmen (20%), gangs (20%) and other working children (15%).

Table 3: Source of abuse types

<table>
<thead>
<tr>
<th>Source of abuse</th>
<th>verbal n=20</th>
<th>%</th>
<th>physical n=20</th>
<th>%</th>
<th>sexual n=26</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other children working on the street</td>
<td>3</td>
<td>15.0</td>
<td>11</td>
<td>55.0</td>
<td>10</td>
<td>38.4</td>
</tr>
<tr>
<td>Children living or working on the street who sniffed thinners and glue</td>
<td>18</td>
<td>90.0</td>
<td>13</td>
<td>65.0</td>
<td>7</td>
<td>26.9</td>
</tr>
<tr>
<td>Tradesman</td>
<td>4</td>
<td>20.0</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Customers</td>
<td>8</td>
<td>40.0</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Police/constabulary/security personnel</td>
<td>7</td>
<td>35.0</td>
<td>5</td>
<td>25.0</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>School friends</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>5</td>
<td>19.2</td>
</tr>
<tr>
<td>Gangs</td>
<td>4</td>
<td>20.0</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Others (taxi driver, boss, older man/woman/pimp)</td>
<td>2</td>
<td>10.2</td>
<td>1</td>
<td>5.0</td>
<td>7</td>
<td>26.9</td>
</tr>
</tbody>
</table>

In this study, the rate at which physical abuse occurred was similar to verbal abuse. Children working on the street who also sniffed thinners and glue were the most common source of physical abuse followed by other working children (55%) and police/constabulary/security personnel (25%) (table 3).

In relation to sexual abuse, children working on the street themselves were the most common source of sexual abuse followed by children working on the street who also sniffed thinners and glue (26.9%) and school friends (19.2%) (table 3).

Table 4 shows the reactions of the children when faced with the three types of abuse. The feeling of shame was higher among children facing verbal and physical abuse compared with those subjected to sexual abuse (3.8%). This is not a surprising finding considering verbal and physical abuse usually occur in front of other people.

Table 4: Reaction to being subjected to abuse

<table>
<thead>
<tr>
<th>Reaction</th>
<th>verbal n=20</th>
<th>%</th>
<th>physical n=20</th>
<th>%</th>
<th>sexual n=26</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sadness</td>
<td>3</td>
<td>15.0</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>3.8</td>
</tr>
<tr>
<td>Fear</td>
<td>13</td>
<td>65.0</td>
<td>12</td>
<td>60.0</td>
<td>4</td>
<td>15.3</td>
</tr>
<tr>
<td>Feelings of shame</td>
<td>17</td>
<td>85.0</td>
<td>8</td>
<td>40.0</td>
<td>1</td>
<td>3.8</td>
</tr>
<tr>
<td>Willing to beat/swear at/murder</td>
<td>3</td>
<td>15.0</td>
<td>4</td>
<td>20.0</td>
<td>4</td>
<td>15.3</td>
</tr>
<tr>
<td>Feeling nothing</td>
<td>2</td>
<td>10.0</td>
<td>-</td>
<td>-</td>
<td>9</td>
<td>34.6</td>
</tr>
<tr>
<td>Others (anger, hesitation)</td>
<td>-</td>
<td>0</td>
<td>5</td>
<td>25.0</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
Children subjected to verbal (65%) and physical (60%) abuse felt fearful of the person who abused them compared to 15.3% exposed to sexual abuse. Of children who were subjected to verbal and sexual abuse, 10.0% and 34.6% respectively, stated they felt nothing at the end of abuse. In this study, the children subjected to verbal, physical and sexual abuse (15.0, 20.0 and 15.3 percent respectively) expressed they wanted to beat, swear at or murder the perpetrators.

The coping methods used to deal with the abuse by the children are listed in table 5. ‘Responding with same methods’ was the most common coping strategy used among children for all abuse types. ‘Doing nothing’ was a common coping method, particularly for children subjected to verbal and physical abuse (30% and 25% respectively). Twenty-five percent, 26.9% and 15.0% children working on the street in the study sample stated they prefer ‘fighting’ when faced with any kind of abuse. This method is followed by the coping method of ‘help of family members or relatives’ (15.0%, 30.0%, 19.2% respectively); or ‘running away’ (35.0%, 20.0%, 11.5% respectively). Other coping methods in this study such as, ‘using cutting and explosive weapons’ (15.0%, 5.0% and 11.5% respectively) were used less often. Reporting the abuse to police and the formation of gangs were additional coping methods. The researchers observed the majority of the working children on the street carried implements, tools or objects such as sharp items, knives and pieces of glass to protect them from abuse.

The children were asked whether they had any knowledge about the various types of abuse and coping methods. More than half the participants (60.0%) had knowledge about the types of abuse; 73.5% gained this information from their families and relatives while 23.5% received information from teachers and social workers. A small percentage (2.9%) stated they had heard about abuse from other children working on the street. Almost all the children (90.0%) showed interest in obtaining information about abuse and how to protect themselves while on the street. An interesting finding in this study was that 10.0% of the children were not willing to accept any information about abuse. When asked why, they said they did not need to know about it.

**DISCUSSION**

Today’s children will become the adults of the future and will take on the responsibilities and functions of society. Since the serious issues of child abuse and violence against children negatively affect their psychosocial state and overall development, it is clear programs and other measures should be implemented to protect children against abuse and violence in their lives.

In this study the majority of the children were aged 13 to 17 years old and male; and all were still in school (table 1). Many studies in the existing literature concluded have shown the majority of children working on the street are male (Polat 2009; UNICEF
The study of Baybuga and Celik (2004) showed about 2.3% of children working on the streets were young girls. These results are similar to the findings of this study (table 1). One of the possible reasons why fewer girls than boys are working on the streets is traditional Turkish family culture. This cultural view dictates a girl’s place is at home and if she has to work, she should only work within the confines of the home. However as throughout much of the world, the number of girls working is also increasing in Turkey (Polat 2009).

Children working long hours on the streets are exposed to many hazards including sexual, emotional and physical abuse. They also face a high risk of injury or even death. Some are even forced into child prostitution or other criminal activities (ILO 2009; TURKIS 2009; UNICEF 2009; Stanhope and Lancaster 2003; Hadi 2000).

All the children included in this study reported experiencing verbal, physical and sexual abuse during their working times (table 2). The findings of studies from the literature are similar (Gharaibeh and Hoeman 2003; Silva 2002; Subaşı 1996). The study of Hadi (2000) found 2.3% of all children were physically abused, 2% were financially exploited, 1.7% were forced to involve in inappropriate activities and 3% were forced to work for long hours. Parker (2002) indicated children exposed to street culture frequently faced violence, various risks and problems from the police. Kacker et al (2007) concluded two of every three children were physically abused, while 53.2% children reported one or more forms of sexual abuse and half reported emotional abuse. Another study found 591 children working and living on the street were exposed to domestic abuse and 22 and 569 of these children were verbally and physically abused, respectively. In addition, 593 children were exposed to abuse by those who were not family members (Kurt et al 2005).

The children working on the street portrayed the police as an enemy, a fearful figure and one of the most frightening street experiences. Rarely did the police have a positive image for them. According to the children, police violence occurred in three forms: through systematic police persecution in an effort to remove the children from the streets against their will; actions that had the deliberate intent to humiliate them with verbal or physical aggression; and through alleged sexual abuse (revealed by the children in a veiled manner). The authority that is supposed to protect them is portrayed as one of the most feared social agents (Ribeiro 2008).

The children stated they were yelled or shouted at with the perpetrators using rude, hostile behaviour and swear words along with belittlement and humiliation toward the victims. Some of the children stated they were also abused physically and attacked with sharp instruments, as well as being kicked and hit. It was found the most common sources of verbal and physical abuse were from other children living or working on the street who were also users of thinner and glue sniffing, customers, police and gangs, respectively (table 3).

Another important finding of this study is both female and male children said older people openly propositioned them for sexual intercourse. The following are sample responses from the children in the study about sources of sexual abuse: “Other children on the street wanted to have sex with me”, “The man customer tried to kiss me”.

In the relevant literature there are many studies showing different risks children working on the streets face. These risks include the possibility of arrest, jail or beatings from the police because these children are likely to be thought guilty of various disruptive or illegal behaviours. Furthermore, there is the risk of incurring further violence from their peers (Polat 2009; TURKIS 2009; Parker 2002; Subaşı 1996). Although the number of scientific studies investigating the possible reasons for and outcomes of child violence are very few, the news media in Turkey often report incidents of child violence. For this reason, the topic of child violence and finding ways to combat and cope with it is important. These pressing social problems need to be put high on the government agenda in order to create a safer and healthier society for children. Fully understanding
and dealing with violence against children in Turkey is made more difficult because there is no agreed definition of what kinds of behaviours constitute violence against a child. Further complicating the issue is the incomplete statistics regarding this topic.

The results of the study show the majority of the children exposed to abuse had ‘feelings of being shamed’ (table 4). Sample responses of the children in our study about the results of abuse: “I feel ashamed”, “I cry”, “I want to hit, but I am not a strong person”.

Psychological responses to abuse such as anxiety, denial, self-hypnosis, disassociation and self-mutilation are common. Coping strategies may include being angry with the perpetrator or acting as a passive victim, rescuer, daredevil or conformist (Valente 2005).

In table 5, the majority of abused children used different coping methods: running away, responding with the same methods, fighting, use of cutting and explosive weapons and getting help from family members and relatives were some examples. These methods were summarized in their sentences like: “I do nothing” “I swear” “I verbally warn him” “I run away from that environment” “I cry” “I tell it to a family member”

Children exposed to any of the abuse types may develop mental health disorders. A study by Ahmadkhaniha et al (2007) found 20.9% of children had been sexually abused and children diagnosed with depression were 3.2 times more likely to have been sexually abused than children who were not depressed. Although children working on the streets contribute some money to the family budget, they stated their families despised them. Children exposed to the various types of abuse were affected negatively physiologically, psychologically and socially. Social isolation and feelings of loneliness may result from traumatic childhood experiences such as sexual abuse or other psychosocial factors that lead to feeling estranged or misunderstood by others (Rew 2000). A study by Subaşı (1996) found 20.8% of children working on the streets beat the person who made them angry; 20.5% ran away from the person and place; while a small number cried or told their relatives or other working children about what happened. This study found the majority of children preferred doing nothing when they were exposed to abuse however this passive reaction to abuse may only create more anger and stress within the child, ultimately affecting their physical and mental health in a negative way.

**CONCLUSIONS**

Children working on the street are one of the groups who are at most risk for developing a variety of physical, emotional and psychological problems. Their numbers are increasing not only in Turkey but in other countries of the world as well.

The Turkish Institution of Social Services and Child Protection provide services for children working on the street. However, health professionals providing services to children working on the street are frequently not well trained in health promotion services and the studies on children working on the street are very limited. In Turkey, financial and spiritual support for children working on the street is insufficient and inadequate and the health care system may not adequately meet their needs.

Children working on the street need information and training to develop their skills and awareness about abuse. In Turkey, children working on the street are not educated or informed in the usual health education courses about abuse. Not only do children need to be educated about the topics of violence and abuse, nurses should also be educated about children working on the street, their problems, child abuse and violence so they can provide the most effective and beneficial means of help. In addition, nurses are in a unique position to play a key role in screening, assessing and treating all types of abuse in children.

In the first years of the 21st century it is imperative professionals and legislators, who are in a position to create change in our society, act to deal with the serious issues encountered by children working on
the street. The harsh conditions under which these children live and work are a breeding ground for abuse and neglect as well as a host of physical, psychological and emotional problems. Children have the right to be protected against the many risks they face so they may grow up to be healthy and functional members of society.

REFERENCES


