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Caring Through Uncertainty: Turkish Healthcare Professionals' Responses to Child Maltreatment, Emotional Resilience, Professional Training, and Reporting Practices

A. Selda Tekiner[1]*, Alexander W. Blidi[2], Wilder Enrique Melgarejo Angeles[3]

[1]Ankara University School of Medicine, Ankara, Türkiye; Email: seldatekiner@gmail.com
[2]Rutgers University, United States; Email: myalex20570@gmail.com
[3]National University of San Luis Gonzaga, Ica, Peru; Email: wmelgarejo@unica.edu.pe

ABSTRACT: **Background**: Child maltreatment is a major public health issue with serious long-term consequences for children. Healthcare professionals play an important role in identifying and reporting suspected cases. Reporting behaviour may be associated with professional training, knowledge, emotional resilience, and institutional factors.

Purpose: This study examined the associations between professional training, knowledge, emotional resilience, and reporting behaviour among healthcare professionals in Türkiye.

Methods: A cross-sectional survey was conducted among healthcare professionals working in public and private healthcare settings. Data were collected using a structured questionnaire assessing knowledge, professional training, emotional resilience using the CD-RISC-10, and reporting practices. Descriptive and inferential analyses were performed to examine associations between these variables.

Results: Among 412 healthcare professionals, 262 (63.6%) reported having encountered at least one suspected child maltreatment case. Of these, 199 (76.0%) reported that they had formally reported a suspected case. Prior professional training, higher knowledge scores, and higher emotional resilience were associated with reporting behaviour. Institutional barriers, including uncertainty about diagnosis, fear of legal consequences, lack of institutional support, and unclear reporting procedures, were also reported.

Conclusion: Professional training, knowledge, and emotional resilience were associated with reporting behaviour among healthcare professionals in this cross-sectional sample. The findings also indicate the importance of clear reporting procedures and institutional support. Longitudinal and intervention studies are needed to determine whether changes in training, knowledge, or resilience lead to changes in reporting behaviour.

1. INTRODUCTION

1.1. Global Burden of Child Maltreatment

Child maltreatment is a major public health and human rights challenge in the world today, which is witnessed annually across the continents in millions of children (Organization, 2022a). The term encompasses a broad spectrum of harmful practices against children such as physical maltreatment, emotional maltreatment, sexual maltreatment, neglect and exploitation (Massullo et al., 2023a). Such maltreatment may take place in the family, institution, or even in the community setting and, in most cases, goes undetected because of underreporting and social stigma. International child protection agencies claim that a significant

percentage of children all over the world face some type of abuse or neglect during childhood and hence it is one of the most widespread risks to the health and development of children (McCoy & Keen, 2022; Hussein, 2016; Ortiz et al., 2024).

Child maltreatment has far-reaching effects beyond physical harm (Skinner et al., 2024). Child victims have long-term psychological, behavioural, and social problems that can continue into adulthood (Mehta et al., 2023). The studies continuously attribute childhood maltreatment to high risks of depression, stress disorders, post-traumatic stress disorder, substance abuse, and suicidal behaviours (Olgiati & Serretti, 2022; Al-Housein et al, 2005; Ortiz et al., 2025; Adisa et al., 2026a). Moreover, the effects due to exposure to abuse in their early stages of development can be detrimental to cognitive development, school performance, and interpersonal relationships (Kyei, 2024; Figueroa et al., 2024).

Besides personal effects, child abuse causes a social and financial strain in healthcare systems, education institutions, and welfare services (Ayandiji, 2024; Figueroa Rosario et al., 2024). Victims might be in need of long-term medical services, psychological counselling and social support services. Indirect costs also affect societies by lowering their productivity and spending more on criminal justice. Therefore, the aspects of early identification and intervention have become broadly accepted as the significant elements of the social health initiatives to safeguard children who are vulnerable and reduce the adverse impact in the future (Kirkbride et al., 2024; Rabeh et al., 2023; Alshizawi & Ithawi, 2026; Al-Shizawi, 2026: Adisa et al., 2026b).

Child maltreatment is greatly underreported despite the increased global awareness (Massullo et al., 2023b). The victims cannot or do not want to reveal the abuse because of fear, shame or addiction to caregivers. Consequently, individuals who constantly encounter children, especially healthcare professionals, are very instrumental in the detection and reaction to suspected cases (Organization, 2022b; Akil, Martucci, & Hoepman, 2024). Even their capacity to identify signs of abuse at the earliest stage and implement the relevant reporting systems can play a significant part in the outcome of child protection.

1.2. The Healthcare Professionals and the Frontline Response.

Medical workers are in a special and important place in the diagnosis and treatment of child abuse (Di Lorenzo et al., 2023; Akil, Naskar, et al., 2024). Medical practitioners, nurses, paediatricians, emergency room staff and primary health care providers are the ones who see children and their families in the clinic setting (Butun et al., 2022; Bajgain et al., 2025). These experiences give useful experiences on how to see physical injuries, behavioural signs, and psychosocial risk factors that can indicate abuse or neglect.

Medical workers in most nations are legally required to report cases of suspected maltreatment of children (Mathews, 2022; Al-Shammari et al., 2023). This role demands them to identify possible signs of abuse, record reports and suspicion and report the case to appropriate child protection agencies (van Ufford et al., 2022; Akil, Naskar, et al., 2024; Bajgain, 2025; Joaquim et al., 2026). In addition to the legal considerations, patients who are vulnerable need ethical principles of beneficence and non-maleficence that require healthcare workers to protect the lives of patients (Fazail, 2024; Parikh, 2026d).

Nevertheless, the reporting rates of healthcare professionals are unevenly spread in various workplaces. There are many obstacles that may not allow professionals to take action against suspicion of abuse. Diagnostic uncertainty is one of the greatest challenges. Indications of maltreatment can be slight, vague, and easily misconstrued or misunderstood by being confluent with accidental injury or illness. The possible fear of reporting information by healthcare professionals can be experienced when they are not sure whether observed symptoms represent definite signs of abuse.

Underreporting is also brought by the fear of negative consequences. Professionals can fear to ruin the relationship with the family of their patients, provoke a legal dispute, or even have professional consequences in case the suspicions they have are not justified (Araújo et al., 2023; Al Mohazie et al., 2023; Parikh, 2026b). Institutional issues may also make it more difficult, such as lack of clarity in reporting procedures, training, multidisciplinary support, as well as time constraints existing in high-crowded clinical settings.

Moreover, other medical workers claim that they lack sufficient education and training concerning child protection in the course of their professional training (Maier et al., 2022). Lack of sufficient knowledge of the signs of abuse, reporting and legal safeguards would make clinicians not sure that they can do the right thing (Organization, 2022c; Rabeh et al., 2016; Parikh, 2025c). It is then deemed necessary to address these areas of knowledge gaps in these reporting practices and child protection systems by way of structured trainings.

1.3. Emotional Toll and Resiliency.

Reaction on suspected child maltreatment is both a professional and an emotional stress to the healthcare practitioners. There is also a strong possibility that cases of injured or traumatized children may cause strong emotional responses such as sadness, anger, frustration, and moral conflict (Grimell, 2023). With time, secondary traumatic stress, compassion fatigue and professional burnout may be added to the list of consequences of being subjected to such distressing situations repeatedly (Oberg et al., 2023; Parikh, 2025b).

Secondary trauma happens when the professionals face emotional distress due to the traumatic experiences of other people around them (Noureen et al., 2023). With regard to child maltreatment, healthcare workers might be faced with the sense of helplessness or even guilt in situations where they feel that they cannot do anything to ensure that children are not harmed (Karakachian et al., 2024). Equally, moral distress can occur when professionals are aware of the ethically right action, e.g., reporting abuse, but they cannot do it due to institutional or systemic restraints (Beadle et al., 2024; El Hussein et al., 2016; Parikh, 2026a).

These emotional challenges may impact decision-making and, possibly, reporting behavior. Healthcare workers with high stress or emotional burnout might be less competent to address complex ethical issues that are related to suspected abuse. Both people whose psychological strength is higher might be better able to cope with the emotional burden and remain able to perform their professional duties in difficult circumstances.

Emotional resilience is the ability to respond in a positive manner to adversity, stress or trauma (Friedberg & Malefakis, 2022). Resilience can be used to help professionals in healthcare settings to manage emotionally challenging experiences without losing psychological health and professional dedication (Delgado et al., 2022; Parikh, 2024). Studies indicate that resilience may mediate the adverse consequences of work stress and promote the self-assurance of healthcare providers in managing ethically challenging cases.

Notably, resilience is not merely a personal characteristic that a person possesses; it can be reinforced by the supportive workplace environments, professional training, peer collaboration and organizational resources. The emotional coping strategies, ethical decision-making and multidisciplinary teamwork-training programs can assist healthcare professionals to overcome the challenges regarding the child maltreatment cases (Riskiyana et al., 2026; Parikh, 2025a). Thus, the analysis of the contribution of resilience and knowledge and training can be a more detailed explanation of the reaction of healthcare professionals to the suspected abuse.

1.4. The Turkish Context

A legal framework in Turkey aids in child protection that focuses on professionals to protect children against harm (Karaveli & Akbaş, 2025). The legislation of a particular country mandates professionals engaged in healthcare, as well as any individuals working in the field of providing public services, to report the suspected cases of child abuse or neglect to the corresponding authorities (Gershuni et al., 2023; Parikh, 2026c). The purpose of such compulsory reporting laws is to make sure that the possible cases are promptly investigated and that the appropriate protection and assistance are given to the affected children.

Although there are legal requirements, issues of detecting and reporting on child maltreatment are observed to be prevalent in the Turkish healthcare system (Cevik Durmaz et al., 2022). Professional willingness and ability to report suspected abuse can be culturally, institutionally, and systemically determined (Anderson, 2023; Parikh, 2025d). As an example, the social standards of family privacy and the hierarchical relations can be disincentive to the intervention into family relations. Another reason why healthcare providers might feel unsure of legal procedures or have an aversive attitude towards the consequences of reporting may be the unwanted consequences that a report can cause to the child and family.

Reporting practices can also be complicated by the institutional factors. There are other healthcare centres that do not have standardized procedures or multi-disciplinary teams that focus on child protection (Westphaln et al., 2022; Quraishi et al., 2026). The restricted availability of specialized training programs could also be a source of differences in the knowledge and self-confidence among the healthcare professionals in their ability to identify the signs of maltreatment (Pham et al., 2024). Consequently, there is the possibility of unreported suspected cases, or variability in how they are dealt with in various healthcare environments.

Other studies have been conducted in Turkey to address different facets of child maltreatment recognition and reporting amongst healthcare providers, such as knowledge and attitude and training settings. Nonetheless, most of the works have concentrated more on the lack of knowledge or legal awareness yet have not given much attention to the psychological and emotional aspects of professional decision-making (Mindus, 2023; Balasubramanian et al., 2026). Specifically, there is little literature that has explored the possibility of emotional resilience to interplay with training and knowledge to influencing any outcome on reporting behaviours.

Due to the complexity of the interaction between the professional knowledge, emotional coping ability, and institutional condition, there is a need to adopt a more comprehensive approach to the problem to appreciate the responses of the healthcare professionals to suspected child maltreatment in the Turkish environment.

1.5. Rationales and Study Objectives.

To overcome the problem of child maltreatment, healthcare professionals need to be skilled, self-assured, and psychologically equipped to address difficult circumstances. Although earlier research indicated the significance of training and awareness, less research has focused on the role of emotional resilience in the capacity of professionals to put their knowledge into practice and report suspected abuse. The interplay of training, knowledge, resilience and systems barriers is therefore highly vital in order to develop effective interventions and child protection systems.

This study offers a comprehensive evaluation of the Turkish healthcare professionals' reaction to child maltreatment through the interdependence of professional training, knowledge, emotional resilience, and reporting practices. The study aims to add to the overall knowledge of the factors that support or impede successful child protection in healthcare environments by including these dimensions in the analysis on the same plane.

The aim of this study was to,

1. Determine the amount of knowledge and professional training on child maltreatment in healthcare professionals.
2. Investigate reporting behaviours and perceived barriers that determine whether reported suspected cases of maltreatment are reported to authorities or not.
3. Assess emotional strength of medical workers in child protection cases.
4. Determine how training, knowledge, resilience, and reporting practices are related to one another to determine the major predictors of effective professional responses.

By covering these goals, the study produced evidence to guide policy formulation, clinical training, and support systems used by different institutions to enhance the identification and reporting of child maltreatment. Enhanced the ability of healthcare workers to act appropriately in cases of suspected abuse is an essential move towards protecting children and the achievement of healthier societies.

2. THEORETICAL FRAMEWORK

Understanding healthcare professionals' responses in relation to suspected child maltreatment, a framework that describes how the knowledge and psychological capacities and ethical pressures intervene in professional behaviours is needed. This study combines the Social Cognitive Theory and Moral Distress Theory to determine how training, knowledge, and emotional resilience can influence the reporting practices among health practitioners.

2.1. Social Cognitive Theory

Social Cognitive Theory (SCT) is based on the idea that human behaviour is formed through the effect of cognitive processes. This theory argues that the behaviour of individuals is based on the interaction of personal factors, the environmental factors, and the ability to perform actions. SCT has three concepts that are specifically applicable to the current research, including knowledge, self-efficacy, and outcome expectations.

The acquired knowledge provided as a result of professional education and training enhances the skills of the healthcare professionals in identifying the signs and risk factors of child maltreatment. But knowledge is not necessarily sufficient to cause action. The translation of knowledge into practice requires the self-efficacy which is defined as the belief in ability of a person

to perform a particular task. When facing a suspected case of abuse, healthcare professionals who believe they have the skills to report it will take more action. Moreover, outcome expectations, ideations regarding the possible effects of reporting, may also be of a factor in decision-making. When professionals feel that reporting would be helpful to the child and is backed by the institutions, they would have increased chances of adhering to reporting requirements.

2.2. Moral Distress Theory

Whereas SCT explains the influence of knowledge and confidence on behaviour, Moral Distress Theory describes the ethical and emotional dilemmas that professionals in the healthcare field have to encounter in complicated circumstances. Moral distress is experienced when people are aware of what should be ethically done but are unable to take action because of institutional or legal ambiguity or hierarchical influences. Healthcare professionals can also encounter ethical conflict in the event of suspected children maltreatment where reporting might interfere with family dynamics, create legal implications, or subject them to professional investigation.

Such dilemmas may cause emotional tension, and decreased readiness to reveal suspected abuse in case of repeated exposure to these issues. Emotional resilience is essential in alleviation of such effects. Sturdier professionals are more likely to handle stress and cope with ethical problems and deal with professional responsibility despite uncertainty.

2.3. Conceptual Model

Based on these theoretical insights, this study developed a conceptual model where professional training increases knowledge, knowledge enhances professional confidence and may contribute to greater emotional resilience, knowledge makes emotional resilience and confidence high, and thus, they all affect reporting behaviour. Resilience in this model also aids professionals to overcome moral distress and institutional demands, thus enhancing the chances of doing the right thing, as child maltreatment is suspected.

3. METHODS

3.1. Study Design

This study implemented a quantitative cross-sectional design, which involved the study of responses of healthcare professionals towards cases of suspected child maltreatment in Turkey. The cross-sectional approach was deemed adequate because it enables, they evaluate the knowledge of healthcare professionals, their professional training, their emotional resilience, and their behaviour of reporting at a given time. The design also helps to identify relationships between these variables without controlling conditions of the study. The study sought to offer a holistic perspective on issues that impact on reporting practices regarding child maltreatment by eliciting the view of healthcare professionals operating in various clinical settings.

3.2. Study Setting and Population

The study was carried out on healthcare providers in both public and private healthcare settings in Türkiye (hospitals and primary healthcare centers). Participants were recruited from various regions of Türkiye through a combination of online and face-to-face data collection methods, ensuring geographic diversity rather than restriction to a single city or locality. The identified clinical departments were pediatrics, emergency medicine, and primary care since healthcare professionals working in these units often work with children and can be the first to recognize the possible cases of maltreatment.

The population of the study was the physicians, nurses, and allied healthcare professionals who were actively engaged in taking care of patients.

3.3. Eligibility Criteria

3.3.1. Inclusion criteria

- Any medical staff working in the clinical facility with either in paediatric or family setting.
- Those professionals who have at least 6 months of clinical practice.
- People who are ready to make informed consent and go to participate on a voluntary basis.

3.3.2. Exclusion criteria

- Non-clinical administrative healthcare employees.
- Healthcare professionals who are out on a long leave during the data collection period.
- Participants were those who provided incomplete questionnaires.

3.4. Sample Size

A non-probability convenience sampling approach was used to recruit healthcare professionals from different professional groups and clinical settings. Participants were recruited through professional networks, hospital mailing lists, institutional communication channels, and face-to-face distribution at participating healthcare institutions. The recruitment strategy was intended to include physicians, nurses, and allied healthcare professionals working in paediatric, emergency, and primary care settings.

A priori power analysis was used to estimate the required sample size for the planned inferential analyses. The calculation was based on a significance level of 0.05, statistical power of 0.80, and the effect size specified for the primary analysis. The final sample included 412 healthcare professionals.

3.5. Data Collection Instruments

The questionnaire was created in four parts and a structured questionnaire was used to collect data.

3.5.1. Demographic and Professional Characteristics.

The respondents were asked to give data about age, gender, occupation, years of clinical practice, working environment, and any previous training on child protection or child maltreatment identification.

3.5.2. Knowledge and Training Evaluation.

A structured knowledge scale was used to measure the knowledge of the participants on the child maltreatment identification and reporting procedures. They were also asked questions on whether they have been exposed to any professional training programs concerning child protection in the past.

3.5.3. Emotional Resilience

The Connor Davidson Resilience Scale (CD-RISC-10), a widely validated instrument, was used to measure emotional resilience: this tool is used to determine the capacity of an individual to face stress and adverse circumstances. The scale has ten items that are on the Likert scale, whereby an increase in the score means the person has a high level of resilience.

3.5.4. Barriers and Reporting Practices.

The respondents were also enquired on their experiences in cases of suspected child maltreatment such as whether they had experienced these cases and had reported them or not. Other items evaluated barriers to reporting, including fear of legal repercussion, not knowing whether the condition was diagnosed or not, a lack of institutional support, and family response.

3.6. Validity and Reliability

In order to check the content validity of the survey tool, the questionnaire was checked by a group of specialists in the field of paediatrics, public health, and child protection. Their suggestions were applied to change the wording and relevance of the survey items.

Cronbach's alpha coefficient was used to determine how reliable the measurement scales were. The alpha value of 0.80 or above was held to be representative of acceptable internal consistency.

The questionnaire was pilot tested on a small sample of healthcare professionals before the actual study to determine understandability, comprehension, and time taken to complete. There were minor changes made according to the feedback that was received during the pilot phase.

3.7. Data Collection Procedure

The data were gathered using the online survey distribution and face-to-face survey to ensure maximum participation. The questionnaire was sent via the online platform to the professional networks, hospital mailing lists, and institutional communication channels. Face-to-face surveys were conducted at a few healthcare institutions with the help of departmental coordinators.

The brief explanation of the study objectives was given to the participants, and an informed consent form was provided before the participation. This was a purely voluntary approach as the respondents could pull out at any point in time without repercussions.

All the questionnaires filled in were anonymous to ensure that the confidentiality of the participants would not be violated.

3.8. Ethical Considerations

This study was based on an anonymous, non-interventional survey of healthcare professionals and did not involve patients, clinical interventions, or identifiable personal data. In line with commonly accepted research guidelines for minimal-risk survey studies, formal ethical approval was not deemed necessary. All participants provided informed consent prior to participation, and data were collected and stored anonymously to ensure confidentiality.

3.9. Data Analysis

Statistical Package of the Social Sciences (SPSS) version 28 was used in the analysis of data. The summary of the participant characteristics and the study variables was done using descriptive statistics. Means and standard deviations were used to present continuous variables, whereas frequencies and percentages were used to present categorical variables.

The inferential statistical analyses were performed to test the relationship between training, knowledge, emotional resilience and reporting behaviours. The analysis of the relationship between key variables was performed through correlation analysis. The logistic regression analysis was conducted to determine predictors of reporting the suspected cases of maltreatment of children. Also, mediation analysis was performed to determine the extent to which emotional resilience mediated the effect between professional training and reporting behaviour. A p-value < 0.05 was considered statistically significant.

4. RESULTS

4.1. Participant Characteristics

A total of 412 healthcare professionals participated in the study. Participants represented various professional backgrounds including physicians, nurses, and allied healthcare professionals working in paediatric, emergency, and primary care settings.

The average age of participants was 34.7 ± 8.9 years and the age of the participants was 23 -58 years. Most of the respondents were female (61.2 percent) and 38.8% were male. Physicians made 41.0 percent of the sample, nurses made 46.1 percent and allied healthcare professionals made 12.9 percent in terms of professional distribution.

In terms of professional experience, 32.5% of the participants had a less than five years experience, 37.4% had experience between 5-10 years and 30.1 had experience above 10 years of clinical practice.

About 54.4% of the healthcare workers said that they had previously undergone training (in child maltreatment recognition or reporting), whereas 45.6% stated that they had never undergone any formal training on this matter.

The demographic and professional characteristics of the participants are summarized in Table 1.

Table 1. Demographic and Professional Characteristics of Participants (N = 412)

Variable	Category	Frequency (n)	Percentage (%)
Age	23–30 years	146	35.4
	31–40 years	158	38.3
	>40 years	108	26.2

Gender	Male	160	38.8
	Female	252	61.2
Profession	Physicians	169	41.0
	Nurses	190	46.1
	Allied health professionals	53	12.9
Clinical experience	<5 years	134	32.5
	5–10 years	154	37.4
	>10 years	124	30.1
Prior child maltreatment training	Yes	224	54.4
	No	188	45.6

*4.2. **Knowledge and Training Adequacy***

The respondents were showing moderate levels of overall knowledge on child maltreatment recognition and reporting procedures. The average score of knowledge was 71.8 with a standard deviation of 11.6 (out of 100).

Physicians were found to have the highest mean knowledge score (76.3 ± 10.2) and then nurses (70.4 ± 11.8) and other allied healthcare professionals (67.9 ± 12.5).

Participants who were already taught child protection officially showed a much greater knowledge score as opposed to those who were not trained (74.6 ± 10.8 vs. 68.3 ± 12.1).

Concerning the conviction to detect suspected cases of child maltreatment, 58.5% of the interviewees said that they were moderately confident, 23.1% about their high confidence, and 18.4% about their low confidence with regards to determining possible cases of abuse.

Moreover, trained healthcare professionals were found to be much more likely to indicate a feeling of confidence in recognizing signs of maltreatment of children.

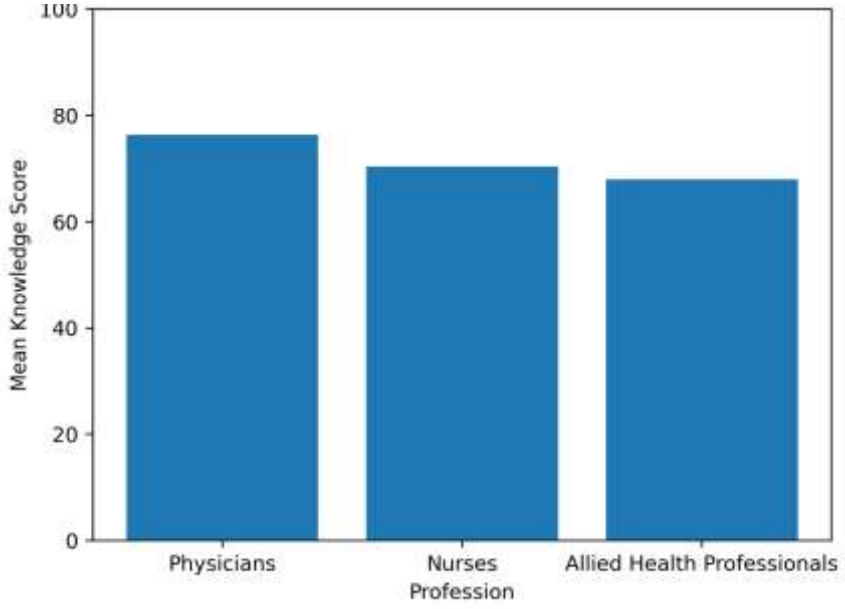


Figure 1. Mean Knowledge Scores by Profession

4.3. Reporting Practices

Of the 412 healthcare professionals, 262 (63.6%) reported having encountered at least one suspected child maltreatment case during their professional practice. Among these 262 professionals, 199 (76.0%) reported that they had formally reported a suspected case through official reporting channels, whereas 63 (24.0%) had not. When calculated against the full study sample, 199 participants represented 48.3% of all respondents.

The most frequently reported barriers to reporting were uncertainty about confirming maltreatment (42.7%), fear of legal consequences (28.9%), lack of institutional support (24.5%), concern about the child's family reaction (21.4%), and unclear reporting procedures (18.6%).

The reporting behaviours and barriers identified by participants are presented in **Table 2**.

Table 2. Reporting Practices and Barriers to Reporting Child Maltreatment

Variable	**Response**	**n**	**%**
Encountered suspected child maltreatment case	Yes	262	63.6
	No	150	36.4
Among those who encountered a suspected case (n=262)			
Reported suspected case	Yes	199	76.0
	No	63	24.0
Barriers to reporting*	Uncertainty about diagnosis	176	42.7
	Fear of legal consequences	119	28.9
	Lack of institutional support	101	24.5
	Concern about family reaction	88	21.4
	Unclear reporting procedures	77	18.6

4.4. Emotional Resilience

The Connor- Davidson Resilience Scale (CD-RISC-10) was used to measure emotional resilience.

The average score of the resilience of the participants was 26.9 ± 6.1 (range: 10-40), which showed that the level of resilience in healthcare professionals is moderate.

The physicians had a slightly better resilience score (28.2 ± 5.7) than nurses (26.1 ± 6.3) and allied healthcare professionals (25.8 ± 6.5).

The correlation analysis showed that the scores of resilience had a positive effect on the likelihood of reporting suspected cases of child maltreatment ($r = 0.32$, $p < 0.01$).

Participants with higher resilience scores also reported lower perceived emotional distress when managing suspected child maltreatment cases., which indicates that emotional resilience can be a protective factor that prevents professional stress and moral distress.

Moreover, the scores of resilience of professionals who were formally trained in child protection were much higher, which suggests that training can indirectly increase emotional coping skills in difficult clinical scenarios.

4.5. Inferential Analysis

The logistic regression analysis was performed to establish predictors of reporting behaviour with variables that included; professional training, score of knowledge, emotional resilience, and years of professional experience.

According to the findings, professional training, a higher level of knowledge, and increased emotional resilience were the important predictors of reporting suspected cases of child maltreatment.

Healthcare professionals who had received training were significantly more likely to report suspected cases (OR = 1.92, 95% CI: 1.30–2.84, $p < 0.01$). However, the more knowledge scores the more it was associated with the greater likelihood to report (OR = 1.45, $p = 0.02$). Emotional resilience also showed up as a valuable predictor (OR = 1.31, $p = 0.03$), indicating that health workers that possessed healthier coping skills were more susceptible to formal reporting action.

A mediation analysis was conducted to examine the possibility of the relationship between professional training and reporting behaviour to mediate by emotional resilience.

The analysis showed that training had both a direct and indirect effect on reporting behaviour through emotional resilience. Specifically, training significantly improved resilience levels, which in turn increased the likelihood of reporting suspected cases.

The mediation model indicated a partial mediation effect, suggesting that emotional resilience partially explains the pathway through which professional training influences reporting practices.

5. DISCUSSION

5.1. Key Findings Summary

This study investigated professional training, knowledge, and emotional resilience as possible determinants of healthcare professionals' reaction to suspected child maltreatment, specifically related to reporting and institutional procedures. The results emphasise the multidimensionality of the cognitive, psychological, and systemic elements that influence professional decision-making in cases of child protection.

This observation is one of the key results of this study as professional training and knowledge are found to be very predictive of the probability of healthcare professionals to report suspected maltreatment of children. Healthcare professionals who reported receiving formal training or education on child protection demonstrated greater awareness of the indicators of child maltreatment and the reporting process. This heightened understanding was seen to boost their competence in identifying possible instances of maltreatment and taking relevant reporting measures. This finding suggests that building resilience can be the means of emotional buffer, which is able to assist professionals to push past the emotional strain and ethical strain associated with the child protection workload. In the case of suspected instances of abuse, professionals who are better able to handle stress and moral uncertainties are more likely to desire to take some action.

Despite these positive associations, the study also found that institutional procedures continued to influence reporting practices. Several respondents reported uncertainty about legal procedures and concerns about the potential consequences of reporting for children and their families. These difficulties highlight a gap between legal requirements and reporting practices within healthcare settings. Although healthcare professionals may have adequate knowledge and training, uncertainties surrounding institutional procedures may affect their willingness to report suspected child maltreatment.

Despite these positive associations, the study also found that institutional procedures continue to influence reporting practices. There were numerous respondents who mentioned that they were not sure about legal processes, they were worried about what might happen to children and their families, and they did not have organizational support on reporting the decisions. These difficulties expose the disparity between the legal requirements and the practice in the healthcare context. Although medical workers may have sufficient knowledge and training, institutional procedures can deter them to report possible maltreatment.

Overall, the results highlight the necessity to adopt an all-encompassing strategy to child protection in healthcare systems, an approach that should combine professional training, psychological assistance, and institutional tools, which should help to establish the optimal and secure practice of reporting.

5.2. Comparison with Literature

The findings of the study are consistent with the global literature that underlines the importance of training and professional education in enhancing the process of detection and reporting of child maltreatment. Previous study has shown that when specialized training on child protection is conducted on the healthcare professionals, they are more confident about recognizing abuse and are more likely to report suspected cases to the appropriate authorities (Panagopoulou et al., 2023). Clinical indicators,

legal requirements, and case-based decision-making training programs have been demonstrated to yield impressive report outcomes (Zhang et al., 2026).

Other studies have identified knowledge gaps as a significant obstacle towards successful reporting of child maltreatment (Wang et al., 2025). Medical workers are known to be confused about the indicators of abuse, especially when the symptoms are not pronounced, or when the injury can be caused by other causes (Malta et al., 2025). This observation can be justified by the current results that prove the claim that an increased level of knowledge correlates with better reporting behaviours in healthcare professionals. These findings support the idea that child protection clinical competence should be maintained through continuous professional development programs.

The ability to withstand emotions, as found in this research, also agrees with the literature that is emerging on the psychological pressure of health care professionals dealing with vulnerable groups. Secondary trauma stress, compassion fatigue and moral distress can be experienced because of exposure to traumatic cases involving children (Ormiston et al., 2022). Some studies have indicated that resilience aids healthcare professionals to overcome these emotional pressures and continue professional operations in highly stressful settings (Sheikhrabori et al., 2022). When applied to the issue of child maltreatment, resilient professionals can be more confident in their ability to face challenging ethical issues and make more decisions that would help the child to be safe (Organization, 2022d).

In the Turkish context, the studies of child maltreatment reporting have identified the same difficulties connected with the gaps in knowledge, the institutionalization issues, and the cultural preconditions. In the past, the Turkish healthcare experts have been found to have moderate awareness on child abuse indicators and low confidence on reporting procedures (Subaşi et al., 2025). The fears of legal consequences, confusion about the evidence requirements, and the fear of adverse social outcomes have been found to be the barriers that are commonly faced.

In Turkey, professional responses to suspected maltreatment might be also affected by culture (Koçtürk et al., 2023). The need to protect the privacy of the family and the hierarchal structure of the society may make the intervention in family life especially sensitive (Qian & Hu, 2024). The healthcare workers might be reluctant to report suspected abuse fearing to destabilize family set ups, or even being labelled as culpable and abused by fellow workers and the society. These findings of the present study on the institutional and cultural barriers confirm these previous observations.

Nevertheless, the present study contributes to the literature by introducing a psychological resilience to the scope of the reporting behaviour analysis to provide a more multifaceted view of the issues, which determine the professional responses. The analysis of training, knowledge, resilience, and systemic barriers will help the study present new information on the multidimensionality of child maltreatment reporting in healthcare environments.

5.3. Implication of Emotional Resilience.

The results of the discovery of emotional resilience as a meaningful factor related to reporting behavior have a great impact on healthcare practice and developing into a professional. Medical workers dealing with children may face emotionally traumatizing circumstances that demand both professional skills and mental power. Child abuse or neglect also may cause emotional responses such as sadness, anger, frustration and helplessness under the influence of the cases.

The role of resilience is protective in enabling the professionals cope with these emotional challenges. The more resilient people are, the greater ability to control their emotional reaction, stay objective in their professional activity, and keep working in stressful conditions, they are. Resilience can be applied in this regard to allow healthcare professionals to be mindful of their moral obligation to safeguard children even in cases of uncertainty or possible conflict when reporting a decision.

The other significant theme of resilience is the connection between resilience and moral distress. Moral distress is observed when professionals are aware of ethically the right thing to do, but are compelled by institutional or systemic issues to not take this action. The healthcare workers who encounter suspected child abuse can be affected by moral distress caused by being in a situation where they think that a child is in danger and have the institutional backing of the institution and lack the direct instructions on how to act. With time, emotional exhaustion and burnout may be caused by recurrent exposure to such situations.

Strong professionals can be more capable of overcoming these ethical tensions without resorting to defensive coping strategies and turn to their colleagues or supervisors. They can as well be more inclined to continue with child protection advocacy in parts where they can face institutional challenges. Consequently, resilience has the potential of maintaining the commitment of professionals to ethical practice and enhance the chances of proper reporting.

Notably, resilience is not only a personal characteristic that should be considered inherent; it can be trained and enhanced with the help of specific interventions. Healthcare professionals can develop resiliency with the help of professional training programs that include stress management, emotional awareness, and ethical decision-making. Resilience development can also be promoted with the help of peer support networks, multidisciplinary teamwork and organizational cultures where it is free to discuss challenging cases.

The results of the study indicate that the resilience can be boosted indirectly through training programs that improve the confidence and feeling of preparedness of professionals that handle maltreatment of children on the background. The less overwhelmed by the sense of uncertainty and emotional distress are healthcare professionals who feel knowledgeable and supported. Thus, the inclusion of resilience-building elements in child protection training programs could contribute to the additional enhancement of the ability of healthcare workers to respond to suspected abuse.

5.4. Barriers and Systems Factors.

The positive impact of the training, knowledge, and resilience notwithstanding, the results of the study point to the existence of systemic barriers that influence the reporting behaviours of healthcare professionals. These obstacles are indicative of larger structures and organization problems in healthcare systems and child protection systems.

Legal uncertainty has been reported as one of the most common obstacles. The healthcare workers might lack the knowledge of the legal demands specifically required when reporting the cases of suspected child maltreatment, the nature of evidence required, and how to contact the necessary authorities. The fear of prosecution by the law including the risk of litigation or liability to professional practice might dishearten professionals to report cases at all when they are not absolutely sure that there is an abuse.

The other major obstacle is the absence of institutional assistance and reporting guidelines. In certain healthcare environments, there might be no standardized guidelines or multidisciplinary teams that focus on child protection. In the absence of well-defined procedures or support mechanisms, the health workers might feel alone when they are faced with suspected cases of abuse. Such absence of an organizational structure can also lead to uncertainty and lack of confidence in the reporting process.

Lack of clarity in professional roles and duties also may be a cause of underreporting. Various professionals can be involved in dealing with the same patient in complicated healthcare settings, creating confusion on the need to report the case. In case of unclear responsibilities, the professionals might think that another person will solve the problem and fail to intervene.

Additional aspects of healthcare professionals in response to suspected maltreatment are influenced by cultural and social factors. Family relationships are an important aspect that is guarded in most societies including Turkey. Reporting of abuse suspected could be seen as meddling with the domestic issues or establishing social discord. Healthcare workers can thus develop some reluctance regarding the choice of reporting cases involving their own communities.

These systemic issues need institutional and policy-based efforts. To avoid such instances, healthcare organizations are expected to develop explicit reporting protocols, offer legal advice easily available, and multidisciplinary teams of child protection that would provide assistance to professionals in complicated cases. Moreover, the organization of child-safety-promoting organizational cultures and the development of open communication are the aspects that will help to decrease fear and uncertainty of reporting.

6. STRENGTHS AND LIMITATIONS

Several limitations should be considered. First, the cross-sectional design does not allow causal relationships to be established between professional training, knowledge, emotional resilience, and reporting behaviour. Second, the use of self-reported data may have introduced recall and social desirability bias, particularly for questions concerning reporting practices and perceived barriers. Third, participants were recruited through professional networks, institutional communication channels, mailing lists, and face-to-face distribution, which represents a non-probability sampling approach and may have introduced selection bias.

Although participants were recruited from different regions of Türkiye, the sample may not be representative of all healthcare professionals nationally. Finally, the study included healthcare professionals working in selected clinical settings, and the findings may not be generalizable to other healthcare settings or countries with different legal, institutional, and cultural contexts.

7. POLICY AND CLINICAL IMPLICATIONS.

The findings point to the fact that the responsiveness of healthcare systems to suspected cases of child maltreatment should be strengthened. The adoption of standard training programs is to be made to ensure that the medical professionals might be more knowledgeable about the symptoms of abuse and ways of reporting it. At the same time, the emotional load of child protection cases can be supported with the help of psychological support programs and techniques of resilience building that will allow professionals to manage their load. The medical facilities should also create effective and transparent guidelines of reporting to avoid ambiguity and encourage appropriate reporting behaviour. Moreover, there should also be the enhancement of multidisciplinary collaboration among the healthcare workers, social workers, legal and child protection agencies to ensure that all the suspected cases are tackled in a holistic and efficient way.

8. FUTURE RESEARCH

The future research should examine the existing results of the present study by investigating the relationship between training, resilience and reporting practices with each other using longitudinal studies that will facilitate the establishment of cause-and-effect correlations over time. The qualitative or mixed-method approaches can also provide additional information of how the process of dealing with suspected cases of child maltreatment is experienced, perceived and felt by health professionals. Further, a comparative study across the different countries and healthcare systems can help to identify how the variation in legal systems, institutional contexts and cultural practices affects reporting behaviour and child protection practices.

9. CONCLUSION

Child abuse is a serious healthcare issue and healthcare professionals can contribute greatly in diagnosing and reporting suspected cases. However, emphasizing and reporting abuse is also typified with ethical dilemmas, professional uncertainty and administrative challenges that can influence professional judgment. This paper has generated results that indicate that professional training, knowledge, and emotional resilience positively influence the intention and ability of healthcare professionals to report suspected maltreatment. In the meantime, they have systemic problems such as inability to understand their reporting processes, legal aspects, and a poor institutional basis that may hinder effective reporting. Those challenges require integrated interventions that involve standardized training, resilience-training programs, established policies of transparent reporting, and effective collaboration by multiple disciplines. These aspects reinforced may help to facilitate the capacity of the healthcare professionals to effectively respond to the abuse of children and contribute to the delivery of additional protection and health to the unfortunate children.

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Competing Interests (Conflict of Interest)

The authors declare that they have no competing interests or conflicts of interest related to this study.

Author Contributions

A. Selda Tekiner: Conceptualization, study design, literature review, methodology, data collection, statistical analysis, interpretation of findings, manuscript drafting, critical revision, and final approval of the manuscript.

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