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The Views of Health Professionals Who Conduct Forensic Interviews With Child Victims Of Sexual Abuse on The Forensic Interview Process: The Case of Türkiye: A Qualitative Study

Cinsel İstismar Mağduru Çocuklarla Adli Görüşme Yapan Sağlık Profesyonellerinin Adli Görüşme Sürecine İlişkin Görüşleri: Türkiye Örneği: Nitel Bir Çalışma

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ABSTRACT

Objective: The aim of the study was to evaluate the forensic process experiences from the perspective of healthcare professionals conducting forensic interviews with child victims of sexual abuse.

Methods: In this qualitative study, semi-structured in-depth interviews were conducted with 35 forensic interviewees, five from each of the seven regions in Türkiye, using WhatsApp mobile application. interviews continued until data saturation was reached. All interviews were audio recorded and then transcribed. Thematic analysis was used to evaluate the data and the study adhered to the Consolidated Criteria for Reporting Qualitative Research.

Results: In the analysis of the study, five categories (reflections on the training received to become a forensic interviewer; factors that prevent or reduce the effectiveness, and health of the forensic interview process; reflections on the follow-up, effectiveness and adequacy of the measures and counseling decisions proposed after the interview; reflections on psychiatric rehabilitation by forensic interviewers; and the effects of being a forensic interviewer on mental health) and fourteen themes (content, time, training material, skill, child, family, health professionals, management-prosecutor, precaution, counseling, practitioner, time and physical conditions, direct, and indirect) were identified.

Conclusion: In light of the findings, the forensic interview process revealed significant challenges, primarily stemming from a lack of cooperation and coordination

ÖZ

Amaç: Çalışmanın amacı, cinsel istismar mağduru çocuklarla adli görüşme yapan sağlık profesyonellerinin bakış açısından adli süreç deneyimlerini değerlendirmektir

Yöntem: Bu nitel çalışmada, Türkiye'deki yedi bölgenin her birinden beşer kişi olmak üzere 35 adli görüşmeci ile WhatsApp mobil uygulaması kullanılarak yarı yapılandırılmış derinlemesine görüşmeler yapılmıştır. Görüşmeler veri doygunluğuna ulaşılan kadar devam etmiştir. Tüm görüşmeler ses kaydına alınmış ve daha sonra yazıya dökülmüştür. Verilerin değerlendirilmesinde tematik analiz kullanılmış ve çalışmada Nitel Araştırmaların Raporlanması için Konsolide Kriterlerine uyulmuştur.

Bulgular: Çalışmanın analizinde beş kategori (adli görüşmeci olmak için alınan eğitime ilişkin yansımalar; adli görüşme sürecinin etkinliğini ve sağlığını engelleyen veya azaltan faktörler; görüşme sonrasında önerilen tedbirlerin ve danışmanlık kararlarının takibi, etkinliği ve yeterliliğine ilişkin yansımalar; adli görüşmeciler tarafından psikiyatrik rehabilitasyona ilişkin yansımalar ve adli görüşmeci olmanın ruh sağlığı üzerindeki etkileri) ve on dört tema (içerik, zaman, eğitim materyali, beceri, çocuk, aile, sağlık çalışanları, yönetim-savcı, önlem, danışmanlık, uygulayıcı, zaman ve fiziksel koşullar, doğrudan ve dolaylı) belirlenmiştir.

Sonuç: Bulgular ışığında, adli görüşme süreci, öncelikle işbirliği ve koordinasyon eksikliğinden kaynaklanan önemli zorlukları ortaya çıkarmıştır.

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INTRODUCTION

Child sexual abuse is defined as the exposure of a child or adolescent to sexual behavior by an adult for the purpose of sexual gratification; it is a situation in which the child or adolescent is unable to resist due to developmental lack of consent, inability to understand the consequences, or legal and social taboos (WHO, 2017). A recent systematic review and meta-analysis study found that the lifetime prevalence of sexual harassment against children is 11%, while the prevalence of contact sexual abuse is 9% (Piolanti et al., 2025). This situation constitutes a global public health problem that negatively affects children's psychological, social, and cognitive development, transcending variables such as age, socioeconomic status, region, ethnicity, and culture (Lalor and McElvaney, 2010). In this context, since child sexual abuse is defined as a crime in many countries, it also involves judicial investigation processes when it comes to light. However, merely conducting legal proceedings is not sufficient; it requires the active participation of social service specialists, health professionals, and psychological counselors to protect, support, and empower the victim. In this context, Child Advocacy Centers (CACs) play a crucial role in the diagnosis, treatment, and ongoing care processes of abuse cases and enable the implementation of a multidisciplinary approach (Arslan and Erkol, 2021; Büber and Taylan, 2023).

The repetitive nature of testimony during criminal investigations can cause the child to relive the trauma they experienced, creating additional stress for both the child and the family. The main goal here is to prevent the child who has been sexually abused from being further traumatized and to prevent secondary victimization (Newton and Vandeven, 2010; Olafson, 2012). As a result of this need, a systematic model was developed to reduce the negative effects of repeated forensic interviews, and Child Advocacy Centers (CACs) were first established in the United States, particularly in Alabama (Faller and Palusci, 2007). In Türkiye, the establishment process of CACs dates back to 2010, and by 2012, they had been expanded to different provinces (Bağ and Alşen, 2016). CACs operate as specialized centers where statements are taken from children who have been sexually abused or suspected of being abused, where examination and investigation processes are carried out, and where effective coordination with different institutions is ensured (Şamar, 2018). Based on a multidisciplinary team approach (Bayrak, Gürhan and Karakaş, 2021), these centers aim to meet not only the forensic interview process but also the holistic health and safety needs of children. In addition to interviews conducted at the prosecutor's request, internal and external physical examinations, pregnancy tests, bone age assessments, and mental capacity measurements can be performed. Furthermore, beyond forensic procedures, services offered by CACs include screening for sexually transmitted diseases, medical intervention following acute sexual assault, and routine child health checks to protect children's health (Bağ and Alşen, 2017).

Legal interviews with children aim to obtain comprehensive and legally valid information in a manner sensitive to the child's developmental stage in relation to allegations of child abuse or violence (Newlin, Steele, Chamberlin, Anderson, Kenniston, Russell, Stewart, and Eden, 2015). Collaboration and effective case management are of critical importance in this process, particularly when dealing with cases of sexual abuse. In Türkiye, the collaboration of professionals from different disciplines within structures such as Child Advocacy Center (CAC) plays an important role in reducing the risk of secondary victimization (Çelik, 2017). However, during interviews with children and the examination of case files, forensic interviewers bear witness to the details of traumatic events and are directly confronted with the prevalence of violence against children in society. This situation, which arises due to the nature of forensic interviewing, can become a serious source of stress for interviewers. Forensic interviewers, who are responsible for uncovering criminal elements, may experience both positive and negative effects due to their exposure to the experiences of the children they serve (Orhan and Ulukol, 2022). On the other hand, the lack of standard regulations for CIMs leads to differences in practice among health professionals who conduct forensic interviews with children. This situation causes variations in job descriptions and responsibilities between provinces, as well as inconsistencies in the roles and functioning of stakeholder institutions (Orhan and Ulukol, 2017).

In this context, the main objective of this study is to thoroughly evaluate the experiences and opinions of healthcare professionals who conduct forensic interviews with children who have been sexually abused regarding the legal process. This process, carried out in the context of Child Observation Centers, is a complex structure that must be addressed not only in its legal dimensions but also in its health, social service, and psychological support dimensions. In this context, the study seeks to reveal the difficulties encountered by health professionals in the forensic interview process, their perceptions of their professional roles, their training and equipment needs, and their experiences with secondary trauma. The findings aim to reveal the shortcomings in current practices and propose solutions for strengthening multidisciplinary collaboration, developing training programs, improving physical conditions, and protecting professionals through psychosocial support mechanisms. This study examines the problems through the experiences of forensic interviewers, aiming to identify the strengths and weaknesses of the practices through qualitative data obtained from the field. In this respect, the research offers a critical view of

the functioning of the current system and produces original data that will contribute to the professional practices of health professionals and child protection policies.

METHODS

Throughout this study, the authors adhered to the Consolidated Criteria for Reporting Qualitative Research (COREQ) guidelines, ensuring the comprehensive reporting of their research process (Tong, Sainsbury and Craig, 2007) (Table 1).

Domain 1: Research team and reflexivity

Personal Characteristics

Number	Characteristics	Guiding questions	Explanations
1	Interviewer/facilitator	Which author(s) conducted the interview or focus group?	The first author conducted the interview.
2	Credentials	What were the credentials of the researchers? e.g., Ph.D., MD	First author: Ph.D. Second author: Ph.D. Third author: Ph.D.
3	Occupation	What was their occupation during the study?	First author: Ph.D. Faculty Member, Psychiatric nursing Second author: Ph.D. Faculty Member, Psychiatric nursing Third author: Ph.D. Faculty Member, Psychiatric nursing
4	Gender	What was the sex of the researcher?	Three researchers: Female
5	Experience and education	What are the experiences and education levels of the researchers?	The first author has taken qualitative courses. She worked at a Child Advocacy Center. She has a certificate in Forensic Interviewing with Children. The second author has taken qualitative courses, has experience in qualitative research, and has published qualitative studies in international journals. The third author has taken qualitative courses.

Relationship with participants

6	Relationship status	Was there a relationship between the researcher and the participants before the training?	No, there was not.
7	Interviewee's information about the interviewer	What did the participants know about the researcher, e.g., personal goals and reasons for doing the research?	Participants knew that the researcher had a doctorate in the field of mental health and diseases.
8	Interviewee characteristics	What characteristics of the interviewer/facilitator were reported? e.g., bias, assumptions, reasons, and interests in research	At the beginning of each interview, the nurses were informed about the aim and objectives of the study.

Domain 2: Study Design

Theoretical framework

9	Methodological orientation and theory	What methodological orientation was identified to support the study, e.g., discourse analysis, ethnography, phenomenology, and content analysis?	It was a qualitative study.
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Sampling

10	Sampling	How were the participants selected? e.g., purposeful,	The snowball method, one of the purposive sampling methods, was used.
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		convenience, consecutive, snowball.	
11	Approach method	How were the participants reached? e.g., face-to-face, telephone, mail.	The interviews were scheduled by the forensic interviewers who voluntarily agreed to participate in the study
12	Sample size	How many participants were there in the study?	A total of 35 forensic interviewers were included in the study.
13	Exclusion	How many people refused to participate or dropped out? Reasons?	No forensic interviewer refused to participate in the study.
Setting			
14	The setting of data collection	Where were the data collected? e.g., home, clinic, or workplace	Detailed information is given in the data collection section of the study.
15	Presence of non-participants	Was there anyone else other than the participants and the researchers?	No, there was not.
16	Description of the sample	What are the important characteristics of the sample? e.g., demographic data, date	Forensic interviewers consenting to participate in the study and actively working in the Child Advocacy Centre were included in the study.
Data collection			
17	Interview guide	Were questions, prompts, and guidelines provided by the authors? Were they tested in a pilot study?	Detailed information is given in the methods section.
18	Repeat interviews	Were repeated interviews conducted? If yes, how many?	No, they were not.
19	Audio/visual recording	Was audio recording or visual recording used to collect data in the research?	Interviews were recorded with a voice recorder.
20	Field notes	Were field notes taken during and/or after the interview or focus group?	All forensic interviewers' responses and researcher observations were recorded.
21	Duration	How long were the interviews or focus groups?	Each interview lasted between 25 and 30 minutes.
22	Data saturation	Was data saturation discussed?	Yes, it was.
23	Transcripts returned	Were transcripts returned to participants for comment and/or correction?	No, they were not.
Domain 3: Analysis and results			
24	Number of data coders	How many data coders coded the data?	Two researchers and a third individual coded the data.
25	Description of the coding tree	Did the authors describe the coding tree?	The titles and subtitles in the results section represent the final coding tree.
26	Derivation of themes	Were the themes predetermined or derived from the data?	Themes were derived from the data.
27	Software	If any, what software was used to manage the data?	The data was analyzed manually.
28	Participant control	Did participants provide feedback on the findings?	No, they did not.
Reporting			
29	Quotations provided	Are participant quotes cited to illustrate themes or findings? Is each quote identified, e.g., by participant number?	Yes. Participant quotes are provided to illustrate themes or findings. For example, participant number.
30	Data and findings consistent	Was there consistency between the data presented and the findings?	Yes, there was.
31	Clarity of the main themes	Are the main themes clearly presented in the findings?	Yes, they are.

32	Clarity of subthemes	Is there a description of the different cases or a discussion of minor issues?	Yes, there is.
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Design

This study was conducted using a descriptive qualitative method. Conducted between August and September 2023 using an inductive qualitative design, the study engaged 35 forensic interviewers from various CACs across seven regions in Türkiye (5 from each), with in-depth individual interviews conducted via the WhatsApp mobile application.

Research Questions

- 1.How do healthcare professionals who conduct forensic interviews with child victims of sexual abuse experience the forensic interview process, and what are their views on this process?
- 2.What difficulties do they encounter during the forensic interview process?
- 3.Do training and materials adequately prepare them for the process?
- 4.What are their experiences with multidisciplinary teamwork and interagency collaboration?
- 5.What are their experiences with occupational stress and secondary trauma?

Sample and Setting

Each member of the research team is actively engaged as a faculty member in nursing schools, holding doctoral faculty positions. All three researchers possess doctorates in psychiatric nursing, bringing extensive experience as clinical nurses in hospitals and having undergone training in qualitative research methods. Notably, the data collector served as a forensic interviewer at the CAC for approximately four years and holds a certificate in Forensic Interviewing with Children.

The study sample was assembled through the snowball sampling method, reaching forensic interviewees residing in seven regions of Türkiye via the WhatsApp mobile phone application, where the interviews were conducted. The interviewing process persisted until data saturation was attained, involving a total of 35 forensic interviewers.

The inclusion criteria were as follows: (a) working as a health professional actively conducting forensic interviews, (b) having a certificate of forensic interview with the child, (c) agreeing to participate in the study. The exclusion criteria were as follows: (a) having a language, speech, or hearing impairment that would prevent communication, and (b) not agreeing to participate in the study.

Data Collection Tools

A semi-structured interview form, aligned with relevant literature, was created by the researchers, comprising two parts. The first part included five questions about the forensic interviewer's age, gender, marital status, occupation, and daily caseload. The second part featured five basic open-ended questions for the semi-structured interview. The form's questions were individually discussed with forensic interviewers via WhatsApp (Brinkmann and Kvale, 2015). Throughout the interviews, participants were prompted to elaborate on factors hindering or enhancing the effectiveness and healthiness of the forensic interview process, utilizing probing questions such as "Can you explain your answer a little more?" and "What do you mean by this?"

All interviews were conducted by the first author, recorded using a Sony voice recorder, and transcribed verbatim by the other two researchers. Following the completion of all interviews, the study data were transcribed for analysis. The semi-structured interview form comprised five main questions and sub-questions to assess the perspectives of health professionals conducting forensic interviews on the process.

Data saturation was determined based on the criterion of "repetition of data," commonly used in qualitative research. As the interviews progressed, data saturation was considered to have been reached when similar themes and concepts were repeated in participants' statements and no new thematic findings emerged. Furthermore, interviewing an equal number (n=5) of forensic interviewers from each region ensured that regional and institutional differences were taken into account and increased the representativeness of the findings. In the study, the security and privacy of participants were prioritized during interviews conducted via WhatsApp. The platform's end-to-end encryption feature was used, participants were informed about the confidentiality of the interviews and data storage methods, and their digital consent was obtained. Interview data was anonymized and stored in a secure environment accessible only to researchers. Additionally, extra security measures were implemented during the transfer and storage of sensitive information; interview recordings were stored in

password-protected and encrypted files, participant information was anonymized, and identifying data such as names and locations were coded.

Analysis

Thematic analysis, following an inductive approach, was applied to the qualitative data obtained from interviews (Braun and Clarke, 2006). No predefined categories were established. In the initial stage, transcripts were independently and repeatedly read by three researchers to comprehend the data. Key statements were selected, reorganized, and expressed in general terms. Subsequently, the researchers identified and analyzed the data explained in these statements, formulating and confirming their meanings through consensus discussions. Themes and sub-themes were then organized, developed, and presented through a clear narrative. Participant statements were included to allow verification of data interpretation and analysis (Yıldırım, Aydoğan and Bulut, 2021; Ulutaşdemir, Göçmen, Uzun and Kulakaç, 2022).

Ethics Considerations

This research has been approved by a Giresun University's Scientific Research and Publication Ethics Committee (date: 01.08.2023, number: 2023/82-01). Before the interviews began, participants were provided with detailed information about the purpose of the research, its duration, data confidentiality, voluntariness, and their right to withdraw, and their consent was recorded. Interview recordings and transcripts were stored on encrypted and password-protected devices accessible only to researchers. All data were anonymized, and identifying information was coded. Upon completion of the study, the data will be securely destroyed. The study was conducted in accordance with the ethical standards of the Declaration of Helsinki and the National Research Committee.

RESULTS

Participants in the study had a mean age of 36.14 ± 6.14 , with twenty-six females and twenty-three married individuals. The average work experience was calculated at 11.17 ± 5.2 years, comprising nine psychologists, eight nurses, and nine child development specialists. Further socio-demographic characteristics are detailed in Table 2.

Table 2. Characteristics of the Participants

Participant number	Age	Gender	Marital status	Professional experience (years)	Occupation	Number of daily interviews	Region of residence	
P1	42	Female	Married	22	Nurse	10	Black Region	Sea
P2	35	Female	Married	10	Psychologist	10	Black Region	Sea
P3	38	Female	Married	13	Nurse	8	Black Region	Sea
P4	27	Male	Single	3	Social care specialist	10	Black Region	Sea
P5	42	Female	Married	22	Nurse	5-6	Black Region	Sea
P6	31	Female	Single	5	Social worker	6	Eastern Anatolia Region	
P7	31	Female	Single	8	Psychologist	5-6	Eastern Anatolia Region	
P8	37	Male	Married	10	Child development specialist	10-15	Eastern Anatolia Region	
P9	37	Male	Married	10	Nurse	8-10	Eastern Anatolia Region	
P10	34	Male	Single	10	Psychologist	8-10	Eastern Anatolia Region	
P11	53	Female	Married	24	Social worker	20	Middle Anatolia Region	

P12	28	Female	Single	6	Child development specialist	8-10	Middle Anatolia Region
P13	38	Female	Married	12	Child development specialist	20	Middle Anatolia Region
P14	40	Male	Married	15	Child development specialist	9-10	Middle Anatolia Region
P15	34	Female	Married	8	Social worker	8-10	Middle Anatolia Region
P16	28	Female	Married	6	Nurse	10	Marmara Region
P17	30	Female	Married	8	Psychologist	40	Marmara Region
P18	31	Female	Married	6	<u>Social care specialist and Lawyer</u>	80-90	Marmara Region
P19	35	Female	Single	9	<u>Social care specialist</u>	20	Marmara Region
P20	32	Male	Married	8	Child development specialist	15	Marmara Region
P21	46	Female	Single	22	Nurse	20	Aegean Region
P22	38	Female	Married	10	Social worker	20	Aegean Region
P23	36	Female	Married	14	Child development specialist	15	Aegean Region
P24	37	Female	Married	14	Child development specialist	8-10	Aegean Region
P25	36	Male	Married	12	Psychologist	6-8	Aegean Region
P36	36	Female	Married	12	Psychologist	15	Southeastern Anatolia Region
P27	39	Female	Married	7	Psychologist	5	Southeastern Anatolia Region
P28	34	Female	Single	8	<u>social care specialist</u>	15	Southeastern Anatolia Region
P29	30	Female	Single	5	Psychologist	15	Southeastern Anatolia Region
P30	23	Male	Single	5	Nurse	10-15	Southeastern Anatolia Region
P31	46	Female	Single	16	Nurse	20	Mediterranean Region
P32	45	Female	Married	10	Social worker	5	Mediterranean Region
P33	42	Female	Married	17	Psychologist	8-10	Mediterranean Region
P34	39	Male	Single	12	Child development specialist	6-7	Mediterranean Region
P35	35	Female	Married	12	Child development specialist	7-8	Mediterranean Region

Categories, themes, and sub-themes emerged in the analysis of the data obtained from semi-structured interviews (Table 3).

Table 3. Views of Health Professionals Who Conducted Forensic Interviews with Child Victims of Sexual Abuse on the Forensic Interview Process

Categories	Themes	Sub-themes
1. Reflections on the training received to become a forensic interviewer	A. Content	A1. Inadequate theoretical knowledge. A2. Absence of training in interviewing individuals with disabilities or specific groups. A3. Insufficient practical experience.
	B. Time	B1. Limited time available for training. B2. Repetitiveness in training sessions.
	C. Training material	C1. Failure to utilize materials like toys or plush items.
	D. Skill	D1. Incorporating skills related to communication and empathy into the educational process. D2. Lack of adequate supervision and support. D3. Absence of certification for individuals who have either applied stigma or have the capacity to apply stigma.
2. Factors that prevent or reduce the effectiveness and health of the forensic interview process	A. Child	A1. The child exhibits a reluctance to engage in communication. A2. The intensity of the event and the child's corresponding reaction. A3. The child experiences fear and pressure. A4. The presence of mental disability in the child. A5. The child displays impulse disorder. A6. The child is grappling with depression. A7. Instances of the child engaging in substance abuse.
	B. Family	B1. Parents employing oppressive, authoritarian, and rejecting approaches. B2. Attempts to guide the child through the situation. B3. Pressuring the child either to voice complaints or refrain from doing so. B4. Lack of education or knowledge within the family.
	C. Health professionals	C1. Neglecting to pre-interview the child for an adequate duration. C2. Conducting a judicial interview before establishing a sufficient trust relationship. C3. Demonstrating a biased or overly sensitive stance.
	D. Management-prosecutor	C4. Falling short in maintaining consistency as a forensic interviewer. D1. Substandard physical facilities. D2. Attempting to accommodate numerous cases within a single day. D3. Lengthy waiting times for families and children. D4. Lack of a circular or regulation governing child follow-up centers or the forensic interview process.
3. Reflections on the follow-up, effectiveness, and adequacy of the measures and counseling decisions proposed after the interview	A. Precaution	A1. Challenges in adhering to precautionary decisions. A2. Inadequate implementation of counseling measures in educational institutions.
	B. Counseling	B1. Ensuring the child remains untraumatized. B2. Minimizing the repetition of traumatic events. B3. Lack of coordination among institutions. B4. Failure to provide essential counseling to affected families.
4. Reflections on psychiatric rehabilitation by forensic interviewers	A. Practitioner	A1. Shortage of psychiatry/psychology specialists. A2. Insufficient psychological stability for psychiatric rehabilitation due to the traumatic nature of events. A3. A limited number of available forensic interviewers.
	B. Time and physical conditions	B1. Time constraints affecting support services. B2. Substandard physical conditions impacting rehabilitation efforts.
5. The effects of being a forensic interviewer on mental health	A. Direct	A1. Emotional distress or unhappiness. A2. Symptoms of depression. A3. Experiencing burnout. A4. Compassion fatigue. A5. Feelings of anger. A6. Displaying aggressive behavior.

- | | |
|-------------|---|
| B. Indirect | <p>A7. Decreased patience and interest in the surroundings.</p> <p>A8. Somatic muscle pain and headaches.</p> <p>A9. Manifestations of anxiety.</p> <p>B1. Fear and worry about potential harm to their children.</p> <p>B2. Discussing traumatic events within the family and their negative effects.</p> <p>B3. No plans for having children.</p> <p>B4. Believing that other global problems seem trivial compared to the challenges faced by abused children.</p> <p>B5. Coldness or hostility toward men, particularly in cases of incest.</p> |
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Category 1. Reflections on the training received to become a forensic interviewer

Theme 1. Content

According to the data from interviews with individuals conducting forensic interviews, they have indicated that the content of the training they receive is insufficient.

“Firstly, education, in general, covers well-planned childhood periods, the process of legal and family interviews, the legal aspects, legal notifications, etc. However, each of these topics is very extensive. Therefore, trying to squeeze theoretical training into just 5 days seems inadequate to me. Additionally, I believe there is a lack of training specifically addressing how to approach disabled children or specific situations.” (P1).
 “It could have been better. The five-day training was condensed. Different and up-to-date information could have been added. For example, at the end of the judicial interview, it is requested that children be given a brief training. One does not find this, such as if someone touches their body, first warn them, then scream. The child's screaming during that process may endanger their safety, so these parts could be revised” (P2).

Theme 2. Time

The feedback from health professionals conducting forensic interviews suggests that individuals feel the duration of the training provided in our country for becoming a forensic interviewer is inadequate.

“I see the theoretical part of training for child forensic interviewers as something not too distant from the areas that professionals applying for training are already familiar with. I mostly interpret it as going over the information. In terms of content, I think there should be information on the Turkish Penal Code articles related to child sexual abuse for those working in child observation centers, including which articles pertain to this and what the content of those articles is. Also, for those who are completely unfamiliar, there should be introductory information about the physical structure of child observation centers and who the personnel working in the center are. The content and effectiveness of training become more apparent in practical exercises. I appreciate the training that covers each step of the process, from the entry of the victimized child into the institution to the writing of the forensic report, presented in a detailed and spread-out manner over up to three weeks.” (P3)

“Certificate training courses in forensic interviewing generally fall short in terms of outlining the requirements during interviews in the field of law. Thanks to the adequacy of the communication training we receive at the undergraduate level as part of our profession, we are able to succeed in this process. This situation generally compensates for the shortcomings of forensic interviewers in the field of law and ensures that interviews are conducted in some way, but a one-week theoretical training leaves forensic interviewers to their own devices after the process. For this reason, I believe that a one-week theoretical training is insufficient and that adequate basic training in legal terms should be provided “(P10).

Theme 3. Training material

Health professionals involved in forensic interviewing have pointed out the insufficiency of the materials used in the training.

“The area that I find insufficient is the lack of materials for interviews with children. Even though anatomical pictures are used, I believe the method to be followed should be determined by using toys or dolls in training.” (P18)

“The current educational materials consist solely of anatomical illustrations. I believe they need to be updated, their content enriched, and their scope expanded with additional information that will guide us during the forensic interview process” (P21).

Theme 4. Skill

Health professionals conducting forensic interviews have also expressed that the training lacks adequate focus on skill-oriented achievements.

“As someone with a background in child development, the training I received was sufficient for me, but I don’t think the training is adequate for other professional groups. I have observed that professionals who don’t work one-on-one with children and haven’t received training in this area struggle, especially when dealing with victims in the younger age group and those with intellectual disabilities. From this perspective, I believe that the content of the training, both in theory and practice, should be more detailed.” (P11)

“Although it was mentioned in the training, I believe more emphasis could be placed on the details of interviews with younger age groups and children with special educational needs, and that it would be beneficial to make it more concrete by creating more practical case examples and role-playing. I believe that more emphasis could be placed on the details of interviews with younger age groups and children with special educational needs, and that it would be beneficial to make it more concrete by creating more practical case examples and role-playing” (P7).

Category 2. Factors that prevent or reduce the effectiveness and health of the forensic interview process

Theme 1. Child

Health professionals conducting forensic interviews have noted that various factors can significantly impact the interview process, including instances where the child exhibits communication barriers, experiences acute incidents, demonstrates fearful or pressured reactions, suffers from mental disabilities or impulse disorders, feels depressed, or engages in substance use.

“Regarding children, factors such as the child being uncommunicative, the incident being acute, the child being scared and under pressure, or having intellectual disabilities negatively impact the process.” (P1)

“I believe the most important factor in ensuring a healthy forensic interview is how much the child shares with you or avoids sharing. Although training emphasizes that the interviewer controls the process, I think the child's attitude, behavior, and communication style shape you” (P7).

Theme 2. Family

Challenges with families have been identified as adversely affecting the interview process by health professionals.

“Factors such as the age of the victim, their mental level, the guidance from the victim’s family, and the law enforcement’s meeting with the victim before the forensic interview are obstacles that I believe hinder a healthy forensic interview.” (P5)

“Parents' controlling, authoritarian, and rejecting approaches, their attempts to direct the child, and pressuring the child regarding whether they complain or not” (P7).

Theme 3. Health professional

In terms of health personnel, health professionals involved in forensic interviews have highlighted specific issues. These encompass failure to conduct a sufficient preliminary interview with the child, bringing the child to the forensic interview without establishing adequate trust, displaying prejudiced or hypersensitive approaches, and lacking continuity as a forensic interviewer.

“The lack of an adequate pre-interview with the child, taking them for a forensic interview before a sufficient trust relationship is established, and displaying prejudiced or overly sensitive approaches can affect the forensic interview process.” (P1)

“Sometimes non-professional situations can arise. For example, due to a lack of information, an inappropriate approach may be taken with the child. This negatively affects the judicial interview” (P2).

Theme 4. Management-prosecutor

Interviews also revealed that the management prosecutor and other external factors could influence the interview.

“Initially, factors like the absence of standards and the lack of regulations contribute to the challenges. Each rule needs to be clearly outlined as to what should and should not be done. In general, when I look at the centers, I observe that the administrative team perceives these centers as places of hospitalization. The administrative team should also have clear knowledge about the center. In some centers, impatience or urgency from the prosecutor, or inappropriate questions being encouraged, can negatively impact the interview. Also, I believe it's not appropriate for team members without a role with the child to communicate with them. Sometimes, lawyers can gather detailed information from the victim before the victim meets with the interviewer, making it difficult for the victim to share their story during the actual forensic interview.” (P12).

“During judicial hearings, some prosecutors' lack of knowledge about how the Criminal Investigation Units (ÇİM) operate is negatively affecting the process. The occasional statements by some administrators that there are no cases creates pressure on us as employees. Despite our warnings to the lawyers, their involvement in matters that should not be discussed with the victimized child negatively affects the interview. Keeping the case at both the police station and the Child Protection Unit for a long time negatively affects the interview, whereas this situation is actually related to the prosecutor's delay” (p20).

Category 3. Reflections on the follow-up, effectiveness, and adequacy of the measures and counseling decisions proposed after the interview

Theme 1. Precaution

Analysis of interview data revealed concerns among health professionals regarding follow-up procedures, effectiveness, and adequacy of cautionary decisions recommended after the interview. Institutions, particularly schools, were found to have insufficient counseling measures. Problems were also identified in ensuring that cautionary decisions were followed and providing necessary counseling to families.

“I believe that counseling and precautionary decisions should be handled by the Child Advocacy Center (CAC) personnel who conduct detailed interviews with the child and the family. To avoid repeating the incident for the child's best interest, coordinating the implementation of necessary measures and counseling decisions with other institutions, observed by both the family and the child, would be more appropriate.” (P1)
I believe there should be clear rules for preventive measures, stakeholders should work together, and there should be systems in place to identify and monitor at-risk children early on (P33).

Theme 2. Counseling

Findings from interviews with health professionals conducting forensic interviews revealed several issues. These included challenges in the follow-up process, effectiveness, and adequacy of counseling decisions suggested post-interview. Concerns were also raised about avoiding trauma for the child, preventing the repetition of recounting events, ensuring coordinated efforts among institutions, and providing essential counseling to the family.

“I doubt that the recommended precautionary and counseling decisions by forensic interviewers are effectively monitored. Most of the time, Child Advocacy Centers (CAC) are only informed. I assume that all CACs would agree that both health precautions and counseling measures at schools are not adequate. Overall, I don't believe we are in a situation where effectiveness and sufficiency are as desired.” (P3).

“I believe the child should be monitored by social services, because if they are monitored one-on-one by forensic interviewers, the empathy and sympathy established can turn into unnecessary emotional bonds. This also applies to the child; the child may become more attached to the judicial interviewer with whom they shared their secret and, having developed expectations, may demand more attention. Therefore, if the child is placed in an institution or with their family, it would be healthier for the follow-up to be carried out by social services” (P25).

Category 4. Reflections on psychiatric rehabilitation by forensic interviewers

Theme 1. Practitioner

Health professionals emphasized the importance of expertise in psychiatry and psychology and psychological stability for individuals applying for psychiatric rehabilitation due to traumatic events. They underscored the inadequacy of time and physical conditions for psychiatric rehabilitation.

“We shouldn’t be the ones managing it. Seeing the child again and witnessing the psychological impact of the incident would take a significant toll on us. Our work is highly susceptible to becoming traumatizing, and many of us argue that not seeing the child again has a mitigating effect on the potential for personal trauma.” (P3). “I believe it would be appropriate for the follow-up of the child after the judicial interview process to be carried out by the social services unit or psychologists working as a team with the child and adolescent psychiatrist, rather than by judicial interviewers. This is because the process carried out by judicial interviewers, although it is an interview, is conducted within the framework of the relevant articles of the Turkish Penal Code and is event-focused. In contrast, social workers and psychologists can follow up on the process within a more comprehensive and in-depth interview plan” (p16).

Theme 2. Time and physical conditions

Health professionals conducting forensic interviews stated that time and physical conditions were not appropriate for psychiatric rehabilitation.

“As a forensic interviewer, considering our caseload, I believe the burden on me is already substantial. Therefore, I think it would be more beneficial for professional well-being if the rehabilitation process were handled by different specialists. Additionally, I believe that forensic interviewers may not have sufficient training in rehabilitation. Moreover, I see the forensic interview itself as a traumatic process, and I think it’s crucial for the child’s protection from secondary traumas that rehabilitation is conducted in a different center.” (P6).

“Inadequate physical conditions have a very negative impact on the process. Due to the limited number and inadequacy of rooms available for interviews, many cases are squeezed into the same day. This creates pressure on both the interviewers and the children. Families and children are forced to wait for long periods, which increases their anxiety and stress. When a child waits for hours before an interview, they become tired and are more likely to relive the effects of the incident. In fact, these conditions make it difficult to conduct interviews properly and can also affect the reliability of the information obtained. More suitable physical environments should be prepared, and interviews should be conducted according to a specific plan, with sufficient time allocated for each child” (P31).

Category 5. The effects of being a forensic interviewer on mental health

Theme 1. Direct

Interview findings indicated that individuals conducting forensic interviews often experience emotional challenges such as sadness, depression, burnout, compassion fatigue, anger, decreased patience and interest in the environment, somatic muscle tension, headaches, and anxiety.

“When I add my previous workplace, I know I’ve dealt with over a thousand cases. Because of this, there are dozens of cases that have had a lasting impact on me- ones I can’t forget. For some of these cases, it took a long time for them to fade from my memory. Some even infiltrated my dreams. In these cases, my level of anger was much higher than usual. There were moments when I showed aggression to those around me, including my spouse. It has even strengthened my decision to never have children. I haven’t thought, or at least I haven’t seen, that this situation has hurt my professional attitude. I believe I’m generally not someone who reacts excessively or is affected during the interview process with children. I think my calm and composed nature plays a role in that. I’ve never gone through any coping process like entering therapy or seeking counseling. Not because I didn’t need it, but rather because, from my perspective, my political consciousness has empowered me to deal with these situations without the need for therapy or medication.” (P3)

“The psychological turmoil of a teenage child who was raped by her own father affected me deeply. I felt the world was an unsafe place. I coped by being with good people in my small world and focusing on my own personal goals” (P23).

Theme 2. Indirect

Furthermore, interviewees expressed personal fears, including anxiety about harm to their children due to forensic interviews, concerns about sharing events within their families and the subsequent negative impact, thoughts about not having children, a perception that other global issues seem trivial compared to child abuse cases, and feelings of coldness or animosity towards men, especially in cases of incest.

“In the first year of my forensic interviewing job, I had reached a point where I couldn’t take it anymore. There were two of us working, and our workload was seriously intense. When we shared this with the management, they consulted with the university, and through the TPD, they arranged group therapy and individual therapy for us. Afterward, I started getting therapy from a different school, and I managed to pull myself together just before reaching complete exhaustion. I had lost patience and interest in my circle. It felt like everyone was too spoiled and compared to what I heard from that child that day, the problems in the world seemed insignificant. I kept questioning why that child had to go through those things and how we were in such a bad world. I remind myself frequently that the best thing I can do for a child who comes to the center is to learn everything needed without overwhelming them, without making them retell their story, and to hope that with the necessary guidance, their future will be better.” (P14)

“I certainly encounter cases that I cannot forget. The thought that the experiences I have gained in my professional life may also reflect on my personal life and that children in my immediate circle may also face similar risks sometimes causes me anxiety. This situation can cause me to feel anxious outside of my professional life. As a coping mechanism, I strive to build healthy and fulfilling social relationships. In addition, taking up different hobbies and engaging in them provides me with both mental and emotional support and helps me cope with professional stress” (P19).

DISCUSSION

The study aimed to assess the perspectives of health professionals conducting forensic interviews with child victims of sexual abuse regarding the forensic interview process. The analysis of these professionals’ views on the forensic interview process was categorized into five key areas.

Reflections on the training received to become a forensic interviewer

The Child Advocacy Centre (CAC) emerged as a crucial institution dedicated to the best interests of the child, collaborating with various organizations to prevent secondary trauma in children who have experienced or are suspected of sexual abuse (Danış et al., 2019; Bayrak et al., 2021). The forensic interview process is systematically executed within CAC, where individuals possessing a forensic interview certificate carry out interviews with affected children.

The findings of this study reveal that forensic interviewer training programs are inadequate in terms of content, duration, materials, and skill-based focus. Participants' statements indicate that theoretical training is insufficient in providing in-depth knowledge and practical skills due to its intensive and short duration. The fact that training materials are mostly limited to anatomical illustrations reinforces the lack of practical experience, increasing the difficulties forensic interviewers face, especially when interviewing young children, individuals with disabilities, or those with special educational needs. Similarly, previous studies conducted in Türkiye have also indicated that the training processes of forensic interviewers do not sufficiently support their experience in interviewing children who have been sexually abused; that the contribution of the training received to the forensic interview process is limited; and that the interview processes lack steps for division, guidance, or completion.

These findings reveal the need to restructure forensic interviewer training. It is recommended that the duration of training be extended, theoretical knowledge be reinforced with practice through modular planning, materials be supported with toys, puppets, and case scenarios beyond anatomical images, content specific to special situations be added, and legal knowledge and multidisciplinary coordination processes be included in the scope. Furthermore, supporting forensic interviewers with post-training supervision and mentoring mechanisms will both increase professional competence and reduce the risk of secondary trauma that may arise during interviews. At this point, as emphasized in Güllü Üstün and Erden (2022), sensitivity to children’s emotional states and the systematic observation of their behavioral responses during the interview process are of critical importance for the effectiveness of forensic interviews (Güllü Üstün and Erden, 2023).

Factors that hinder or reduce the effectiveness and integrity of the judicial interview process

The forensic interview aims to reveal details about the victimization experience specific to the child, which may be important in the decision-making processes of different judicial units (Bracewell, 2018). The forensic interview process plays a very important role in revealing the causes and consequences of child sexual abuse and obtaining accurate data (Bayrak et al., 2021). Various factors significantly influence this process, foremost among which are the messages conveyed to the child or the interview rules during the initial stages of establishing a relationship of trust between the child and the forensic interviewer. These guidelines prepare the child for the interview and offer options to prevent the provision of incorrect or inaccurate information (Anderson, Anderson and Krippner, 2016).

The factors affecting the interview process are not limited to the child's individual characteristics, such as age and gender; they also include the characteristics of the victim and the interviewer, the degree of kinship between the abuser and the victim, family support, the severity of the abuse, the perpetrator's methods of persuasion, the use of physical force, the types of questions asked during the interview, the interviewer's sensitivity to the child's cues, and the child's emotional state also play a critical role in shaping the effectiveness of the process (Leclerc and Wortley, 2015). The literature emphasizes the child's age as a fundamental factor affecting the emergence of events or the reliability of their statements (Güllü Üstün and Erden, 2022). International studies show that in some countries, proven best practices are not fully implemented in forensic interviews with child sexual abuse (CSA) victims. In particular, it has been reported that failure to comply with standard and evidence-based guidelines or protocols, failure to plan interviews in a manner appropriate to the developmental capacity of children, and lack of ongoing training and supervision of interviewers negatively affect the effectiveness of forensic interviews (Fernandes et al., 2024; Anderson et al., 2016; Leclerc and Wortley, 2015). The findings of our study reveal a similar picture. Participants stated that forensic interviewer training in our country is inadequate in terms of content, duration, and materials, and that there is insufficient focus on developing practical skills. Furthermore, the lack of strategies appropriate to children's developmental characteristics and limited supervision mechanisms cause interviewers to experience difficulties in managing the process and increase the risk of secondary trauma. In this context, the effective implementation of evidence-based protocols in line with national and international standards and the support of forensic interviewers through continuous professional development and oversight mechanisms are critical to increasing the reliability and effectiveness of forensic interviews.

Reflections on the follow-up, effectiveness and adequacy of the measures and counseling decisions proposed after the interview

The judicial interview process aims to reveal details about the victimization experience specific to children, which may be important in the decision-making processes of different judicial units (Bracewell, 2018). A study by Şamar and Urhan (2020) emphasized that the attitudes of judges and prosecutors play a very important role in the smooth progress of judicial interviews. The authors noted that problems related to victim rights during criminal proceedings in various countries are generally linked to the attitudes of judges and prosecutors. Heavy workloads, efficiency requirements, and pressure to make quick decisions can lead to victims being perceived as obstacles or nuisances and to their problems not being given sufficient attention and time (Özdemir and Binici, 2014). Research conducted in Türkiye shows that the workload of judges and prosecutors is a significant factor in the neglect of the needs of vulnerable victims (Gezgin and Erbay, 2017). Furthermore, research indicates that these professionals may lack knowledge about child-specific procedures and techniques and may be insensitive to victims' experiences due to a lack of expertise and training in listening to children (Paşlı, 2017).

Similar findings exist in the international literature. The importance of various follow-up and monitoring mechanisms is emphasized in order to increase the effectiveness of forensic interviews and better meet the needs of child victims. In particular, the role of professionals who provide counseling support during forensic interviews stands out as a critical factor in increasing the quality and reliability of the interview process. For example, Price and Brand (2024) noted that the contribution of counselors in forensic interviews helps improve interviewers' skills and increase the effectiveness of the interview process. Similarly, Danby and Sharman (2024) found in a study of police child interviewers in Australia that interim consultations with consultants during the interview helped in areas such as completing missing evidence and assessing whether the child's free narrative was complete. However, if consultants are inexperienced in child forensic interviews, the effectiveness of these interim consultations may be limited. These findings indicate that the level of expertise of consultants has a direct impact on the effectiveness of the interview process.

The current study reveals that healthcare professionals conducting forensic interviews in Türkiye face similar challenges. Participants stated that forensic interviewer training in our country is inadequate in terms of content, duration, and materials, and does not focus sufficiently on developing practical skills. Furthermore, the

lack of strategies appropriate to children's developmental characteristics and the limited oversight mechanisms cause interviewers to experience difficulties in managing the process and increase the risk of secondary trauma. In this regard, the effective implementation of evidence-based protocols in line with national and international standards, the continuous professional development of forensic interviewers, and their support through oversight mechanisms are critical to increasing the reliability and effectiveness of forensic interviews. It is recommended that in-service training programs on communicating with victimized children be planned and implemented for legal professionals such as lawyers, judges, and prosecutors who deal with these children in the judicial process. Furthermore, strengthening the role of professionals who provide counseling support in forensic interviews and increasing the education and experience levels of counselors are considered important steps to improve the quality and effectiveness of the interview process.

Reflections on psychiatric rehabilitation by forensic interviewers

Data obtained during forensic interviews highlight the importance of the psychiatric and emotional needs of children who have been sexually abused. The literature shows that post-traumatic stress following abuse can lead to various psychiatric symptoms and behavioral problems in both the short and long term; including post-traumatic stress symptoms, depression, anxiety, aggression, substance use, and academic/school-related difficulties (Finkelhor, 1999; Figueora et al., 1997). It is emphasized that domestic abuse may pave the way for serious psychiatric problems in the long term, such as borderline personality disorder, dissociative disorder, depression, and eating disorders (Figueora et al., 1997).

The findings of our study, consistent with this literature, show that forensic interviewers strongly emphasize the importance of psychiatric rehabilitation. Participants stated that the active inclusion of psychiatric support in the process is critical, both for the accurate assessment of children's needs and for reducing the workload and emotional burden of forensic interviewers. Furthermore, participants stressed that psychiatric rehabilitation should be conducted independently of forensic interviewers by a separate specialist professional and that forensic interviewers should also receive support during this process. In this context, a study by Kök and Erbay (2023) highlighted that having a child psychiatrist at each Child Advocacy Center (CAC) and appointing them as the responsible physician enables a more comprehensive assessment of interviews and allows for urgent intervention. Furthermore, the study noted the need to increase the number of psychiatrists and standardize services.

Similar findings are also present in the international literature. For example, the study by Deblinger et al. (2011) shows that systematic and expert-focused psychiatric intervention in the treatment of traumatic experiences of child victims of sexual abuse is effective in reducing post-traumatic stress symptoms and supporting long-term psychological recovery. Similarly, a systematic review by McTavish et al. (2021) found that psychosocial interventions for child sexual abuse victims, particularly trauma-focused therapies, support children's psychological recovery and significantly reduce post-traumatic symptoms. These findings, as noted by the participants in our study, support the critical importance of psychiatric support in cases of sexual abuse, both in terms of accurately assessing children's needs and reducing the workload and emotional burden of forensic interviewers.

In light of these findings, it is recommended that psychiatric rehabilitation be systematically planned following interviews with child victims of sexual abuse in CAC and forensic interview practices in Türkiye. In particular, having a separate team take charge of this process, in terms of reducing post-traumatic risks and protecting the psychological health of children, stands out as a critical strategy that will increase the well-being of both forensic interviewers and victimized children. Furthermore, it is important to integrate psychiatric support and supervision mechanisms to reduce the risk of emotional exhaustion and secondary trauma for forensic interviewers dealing with such traumatic cases. In conclusion, it is necessary to conduct forensic interviews within a holistic approach that considers not only the legal and judicial dimensions but also the psychiatric needs of child victims in order to increase the effectiveness and reliability of the interviews.

The effects of being a forensic interviewer on mental health

Professionals working in traumatic and challenging areas such as child sexual abuse may encounter significant psychological effects during their professional practice (Bonach and Heckert, 2012). Forensic interviewers working in environments such as Child Advocacy Centers (CAC) are at risk of secondary trauma and should receive psychiatric and psychosocial support to cope with this risk (Bağ and Alşen, 2016). The literature reports symptoms such as difficulties in social relationships, decreased enjoyment of life, hyperarousal, negative emotions, impaired functioning, burnout, and depression among professionals exposed to secondary trauma (Bride and Figley, 2012; Figley, 1995; Gündüz, 2020).

In addition, forensic interviewers face a number of occupational stress factors that increase the likelihood of developing secondary traumatic stress. These professionals often have no direct control over the outcomes of the legal process and have limited influence over the proceedings that follow the forensic interview (Orhan and Ulukol, 2022; Kök and Erbay, 2023). The findings of the current study reveal that forensic interviewers are frequently exposed to sadness, anxiety, burnout, and compassion fatigue during their duties. In this context, it is crucial for healthcare professionals who conduct forensic interviews with child victims of sexual abuse to benefit from structured psychiatric support and preventive practices in order to maintain their professional motivation and reduce psychological exposure.

Conclusion

This study provides original insights into the practices of Child Advocacy Centers (CACs) in Türkiye. Participants' experiences revealed that forensic interview training is inadequate in terms of content, duration, and materials, and does not focus sufficiently on developing practical skills. Furthermore, the lack of interview strategies tailored to children's age, development, and special needs directly affects the effectiveness of the interview process. While emphasizing the importance of a multidisciplinary approach and standard regulations in CIMs, the study draws attention to the workload, emotional burden, and risk of secondary trauma faced by forensic interviewers, highlighting the need for psychiatric rehabilitation to be carried out by a separate team and for regular evaluation of forensic interviewers. Furthermore, the impact of the sensitivity of judges, prosecutors, and lawyers involved in the judicial process to the experiences of child victims on the effectiveness of the interview process has been systematically addressed in the Turkish context. These findings provide concrete field data on the functioning of CACs in Türkiye, revealing gaps and areas for improvement in terms of training, practice, psychiatric support, and multidisciplinary collaboration, thus offering a unique and practical contribution in the Turkish context.

Recommendations

Various recommendations have been developed based on the findings of this study. First, forensic interviewer training should be comprehensively revised in terms of content, duration, and materials, with a particular focus on interview techniques appropriate to the age, developmental level, and special needs of children. Strengthening the multidisciplinary team approach in Child Advocacy Centers (CAC) is important to ensure the effective work of professionals from different disciplines, such as psychiatrists, psychologists, social workers, and nurses. Conducting psychiatric rehabilitation processes by a separate team of experts and providing support to forensic interviewers in this process will contribute to both meeting the needs of victims appropriately and reducing the workload and emotional burden of forensic interviewers. It is also recommended that forensic interviewers be regularly assessed for secondary trauma and, if necessary, provided with psychological support, as well as continuous training on stress management and coping strategies. Furthermore, the forensic interview process in CIMs must be conducted within the framework of evidence-based standard protocols, and practices must be regulated and monitored by a national regulation. It is important to plan in-service training programs for legal professionals, especially judges, prosecutors, and lawyers, on communicating with child victims, forensic interview processes, and trauma sensitivity.

In the context of healthcare professionals, nurses conducting forensic interviews play a critical role in ensuring safe communication with children, accurately documenting traumatic experiences, and the effective progress of the judicial process. Therefore, it is important to develop special training programs for nurses, strengthen their forensic interview skills in their profession, and teach them strategies for coping with secondary trauma. The active role of nurses in this process contributes both to the protection of children's rights and to the comprehensive and effective conduct of forensic evaluations.

Limitations

This study has certain limitations. The data are based on participants' self-reports and may be limited by personal perceptions and interpretations. Furthermore, the study was conducted within a specific time frame, and it was not possible to access all forensic interviewers. The qualitative descriptive method used means that the findings are limited to the experiences and perceptions of the participants. Finally, due to the sensitive nature of the topic of sexual abuse, some participants may have shared their experiences incompletely or only to a limited extent.

Author Contributions

Concept and design: N.G.B., S.U., Ç.E. Data collection: N.G.B. Data analysis and interpretation: S.U. Writing manuscript: N.G.B., S.U., Ç.E. Critical review: N.G.B., S.U., Ç.E.

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