

The Challenges of the Child Protection System With Respect to Refugee Child Marriages in Turkey: A Qualitative Research

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Abstract

In Turkey, where significant numbers of Syrian and Afghan refugees reside, concerns have emerged regarding the capacity of the national child protection system to effectively respond to cases of refugee child marriage. This study investigates the systemic, operational and cultural challenges faced by child protection professionals in addressing this complex issue. Adopting a qualitative research design, data were collected through four focus group discussions involving 47 professionals and in-depth interviews with nine professionals. The thematic analysis using open and axial coding revealed three interrelated thematic areas: (1) Challenges related to the identification of child marriage: Cultural acceptance of child marriage (2) Challenges related to the assessment of child marriage and weaknesses in enforcement (3) Challenges related to residential care: Co-ordination, capacity building, interpreting services. These findings underscore both the sociocultural complexities and the structural deficiencies within Turkey's child protection framework, highlighting the urgent need for culturally informed, system-wide interventions to enhance the protection of refugee children at risk of early marriage.

INTRODUCTION

Child marriage is a form of child abuse that is particularly prevalent in humanitarian crisis situations, such as during war, conflict, migration, and natural disasters. Research showed that the rise in child marriages in these contexts can be attributed to the use of marriage as a means of protection by refugee communities, shielding children from serious risks such as rape, abduction, human trafficking, and the perceived loss of family honor (Gausman et al, 2022; Yaman, 2020). Other contributing factors include poverty, economic incentives such as bride price, issues related to school enrollment and attendance, the desire of children to escape oppressive family environments or domestic violence, and the social status acquired through marriage (Islam et al., 2021; Bartels et al., 2018). The systemic deprivation of resources and persistent violations of children's rights—particularly in health, education, and protection—perpetuate a cycle in which child marriage emerges as a survival strategy rather than a voluntary choice for refugee families.

The consequences of child marriage are often devastating and irreversible. Girls who are getting married early are at greater risk of physical, sexual, and emotional violence compared to older married women, especially in conflict zones or refugee contexts. For instance, in Iraq 87,4% of forced child marriages involved physical violence, while 19,8% involved some form of sexual abuse (Puttick, 2015). The risks include reproductive health complications, sexually transmitted infections and early pregnancy (Bartels & Hamill, 2014), which endanger both the girl and the infant. Additionally, early marriage often leads to the cessation of education, limiting the opportunities to acquire vocational and life skills (Subramanee et al, 2022).

The effectiveness of Turkey's child protection system in addressing refugee child marriages remains a matter of considerable concern. Although several studies have examined this issue, comprehensive knowledge about the system's response mechanisms is still lacking. This study seeks to explore the key challenges faced by the child protection system in responding to cases of refugee child marriage.

Child marriage among refugees and the child protection system in Turkey

The refugee crisis has had a profound impact on Turkey in the past decade. Immigration flows caused by wars and security issues, primarily in Syria, Afghanistan, and Iraq, have led Turkey to host the largest refugee population in the world. According to the most recent data from the Turkish Presidency of Migration Management (PMM), Türkiye is home to over 4.1 million foreign nationals, with approximately 3.1 million individuals seeking international protection. The majority of this population consists of Syrians—2,901,478 people of whom 1,339.67 are children—who have been granted temporary protection status. Other significant groups under international protection include individuals from Iraq, Afghanistan, Iran, and Ukraine. In 2024, the United Nations High Commissioner for Refugees (UNHCR) reported 230,617 refugees and asylum-seekers residing in Türkiye. Additionally, as of December 2024, there were 1,056,632 foreigners holding residence permits, marking a decrease of 50,400 compared to December 2023 (IOM, 2025). It is estimated that at least half of this population consists of children.

While various studies have been carried out to prevent child marriage at national level, problems persist within the child protection system, particularly in preventing refugee child marriages. The incidence of child marriage remains high among refugee populations. Reports indicate that around 20% of marriages involving Syrian refugee women involve girls under the age of 18 (UNICEF, 2014). According to a study by UN Women (2018), 23% of Syrian women married at or below the age of 15, while 27% married at 16 or 17. Another study found that one-fifth of Syrian women aged 15 to 17 were either mothers or pregnant (TDHS, 2018). Although child marriage was observed in Syria before the crisis, as 13% of girls under 18 were married in 2011 (Chakraborty, 2019), it is also widespread in Afghanistan, despite limited research (Koç & Eryurt, 2017).

Both source countries have legislation that aligns with international legal standards. However, there are issues with the enforcement of these laws, primarily due to legal loopholes that allow religious marriages. In Syria, the legal age for marriage is 17 for women and 18 for men, but judges may approve marriages involving girls as young as 13 and boys as young as 15 (FIDH, 2012). In Afghanistan, religious marriages are widely practiced despite the legal marriage age being 16 for girls and 18 for boys (UNICEF, 2018). Customary marriages, which violate national laws, contribute to the prevalence of child marriages among refugees.

In Turkey, the legal age of marriage is set at 18, but children may marry at 17 with parental consent or at 16 with a court-awarded marriage license. Marriages involving children under 16 are considered premeditated sexual abuse under Turkish law. However, discrepancies between these legal provisions lead to confusion regarding the definitions of "child," "child marriage," and "child abuse," complicating the child protection process. Furthermore, Turkish law mandates that individuals who fail to report child abuse may face up to one year in prison, with the sentence increased for public officials or cases involving disabled children or those under the age of 15.

The identification and reporting of child marriage cases in Turkey are carried out through health institutions, law enforcement, schools, the Ministry of Family and Social Services, and the 183 Helpline. Once identified, child marriage cases are followed by judicial processes under the Child Protection Law, which

include counseling, education, healthcare and institutional care. However, identifying child marriages remains a challenge, as many refugee children are not registered with public institutions, cannot attend school, or live in isolated communities. Moreover, there are difficulties in enforcing protection orders for refugee children. A study on child sexual abuse in Turkey (Karataş et al., 2020) found that only 21,7% of all reported cases involved refugee children, and 95,5% of these children were victims of child marriage. The study also noted that many cases go unreported due to the lack of identification and insufficient documentation, such as marriage certificates or identification cards from source countries. Families often attempt to conceal these marriages, further complicating the identification process. Additionally, the Disaster and Emergency Management Presidency (AFAD) (2014) reported challenges in enforcing laws for refugees, especially those residing in camps, where privacy concerns prevent formal recognition of marriages.

Despite the criminalization of child marriage, challenges persist in reporting due to a lack of public awareness and limited access to legal support. Studies in Turkey (Arslan, 2018; Karataş et al., 2018) indicate that healthcare institutions and the police frequently neglect their duties to report offenses, with discriminatory attitudes reported towards refugee children. For instance, a significant percentage of refugee victims of child marriage were pregnant, and while some received emergency care, few were given counseling orders.

In cases of sexual abuse or child motherhood, residential care may be provided, but such care often fails to meet the protection needs of refugee children. The quality of services is inadequate, and there is a lack of coordination, case management, and family support (Mısırlı & Akyüz, 2023). These challenges are compounded by the refusal of some judges to approve care orders for refugee children.

METHODS

This study aimed to examine the challenges within Turkey's child protection system concerning child marriages among Syrian and Afghan refugee populations, as perceived by frontline professionals. A qualitative research design was adopted to capture in-depth insights into systemic issues, cultural dynamics, and institutional responses. Data was collected through focus group discussions, which enabled the exploration of collective experiences and facilitated rich, dialogic exchanges, as well as in-depth interviews that allowed for the elicitation of detailed personal narratives and professional reflections and more nuanced understanding of culturally specific perspectives. The study was grounded in the interpretive description approach, which supports the extraction of patterns and themes through the subjective impressions and experiential knowledge of participants (Thorne, 2016). This methodological flexibility is particularly valuable, as it allows researchers to tailor their strategies to the specific contexts and complexities of the populations under study—an essential consideration in health and social work research (Thorne, 2016; Lloyd et al., 2023). Interpretive description facilitates a nuanced understanding that integrates both descriptive and interpretive dimensions, enabling the generation of knowledge that is directly applicable to practice within the social work field for shaping effective social policies and interventions (Gilgun, 2015). By emphasizing the practical implications of research findings, the approach contributes to the development of more responsive and evidence-informed interventions.

Focus groups and in-depth interviews were conducted using a semi-structured interview questionnaire developed by the authors, with review and feedback from a social worker experienced in the child protection system.

Sample

This study involved four focus group discussions with a total of 47 professionals, as well as nine in-depth interviews, all selected through purposeful sampling. Participants who volunteered to take part in the research had a minimum of five years of relevant professional experience. In total, focus groups were carried out with 24 social workers, 12 psychologists, four lawyers, three school psychological counselors, three police officers, and one gendarmerie officer whereas in-depth interviews were conducted with seven NGO professionals (three social workers, two psychologists, including a Syrian lawyer and a psychologist) and two police officers from a variety of public institutions. The public institutions comprised residential care units, social service centers, juvenile courts, school guidance and counseling services, hospital-affiliated social service and child protection units, child interview centers, relevant divisions of the police and gendarmerie, and migration offices. Additionally, non-governmental organizations (NGOs) working in the field of migration and child protection—such as UNHCR, the ASAM, and the Turkish Red Crescent—were also included. All data were anonymized to ensure confidentiality and protect participants' identities.

Procedure

Participants were purposively selected and invited to participate in focus group discussions through official invitation letters, followed by confirmation via telephone. The study received official approval from the Ministry of Family and Social Services, which was communicated to other involved agencies. Informed consent was obtained prior to participation, including explicit agreement to audio-record the sessions. Focus groups were conducted by the authors of the research in the Ministry of Family and Social Services Ankara Provincial Directorate which lasted about two and half hours each. All four focus group discussions addressed problems of child protection system dealing with sexual abuse, including child marriages, within both refugee and host communities. However, one group discussion specifically concentrated on refugee child marriages and included professionals who work directly with refugee populations. In-depth interviews were conducted at the employees' workplaces and lasted about one and half hour, all of which focused on their interventions in refugee child marriages excluding the interviews with police officers. The interviews were taped using a voice recorder, except for those conducted with police officers who refused to provide their consent. The transcription of the audio recordings was carried out by two social work master's students who also attended the focus group meetings, and was reviewed by the researchers for accuracy and consistency.

Analysis

To explore the multifaceted dynamics surrounding the cultural and institutional responses to child marriage, a qualitative thematic analysis was conducted on the transcripts of the focus groups and in-depth interviews. The data, comprising narratives from experienced professionals, was reviewed iteratively to

ensure immersion. Following Strauss and Corbin's (2008) approach, open and axial coding techniques were employed to systematically identify and relate categories within the data. Through this analytical process, several interrelated themes emerged, reflecting both sociocultural and systemic dimensions of the phenomenon. These include: (1) Challenges related to the identification of child marriage: Cultural acceptance of child marriage (2) Challenges related to the assessment of child marriage and weaknesses in enforcement (3) Challenges related to residential care: Co-ordination, capacity building, interpreting services. Together, these themes illuminate the complex interplay between cultural norms, institutional limitations, and service provision in addressing child marriage, offering critical insights into areas requiring targeted reform and support.

RESULTS

Through thematic analysis of focus groups and interviews, key themes emerged that offer insight into problems of the child protection system addressing refugee child marriages. The following section presents the main themes that capture professionals' experiences and perspectives to provide a deeper understanding of the complexities they face in dealing with refugee child marriages. Each participant was assigned a unique number to ensure anonymity, and different abbreviations (FG for focus groups, DI for in-depth interviews) were used for clarity in quotations.

Challenges related to the identification of child marriage: Cultural acceptance of child marriage

Refugee families usually try to conceal child marriage, opting to have children give birth at home or private clinics (UNFPA, 2018). The reported concealment strategies included extending the engagement period, defining marriage as engagement, trying to avoid pregnancy under the age of 18, securing hospital treatment with a fake ID, and opting for home delivery.

Many Syrians know the legal age, so they keep it secret. They keep engagement longer. A 12-year-old can get engaged. They say, "They are engaged, not married, so you cannot interfere." (NGO employee 1, DI)

Most of them are married during the period of so-called engagement. We notice it when we visit when the child is not home or found elsewhere, or someone spills the beans. (NGO employee 2, DI)

They know the laws of marriage here, they have religious marriages under the age of 18, but they are careful not to get pregnant until they are 18. (Syrian psychologist, DI)

Deliveries at home and in illegally operated practices were reported to increase, as pregnant children cannot go to hospitals for check-ups and deliveries. A child marriage may also be concealed with a claim of legalization in the country of origin according to the professionals.

Deliveries happen at home because they are afraid of being punished. If they have money, they will go to a private hospital. If they don't, midwives here will deliver baby at home. They will find a way even if they have no ID cards. In one case, a man was going to be sent to prison. After he stated that he had married in Syria, the case was resolved. (Syrian lawyer, DI)

To avoid being reported in hospitals, pregnancy checks and deliveries are carried out in illegal, backstreet places, run by Syrians who claim to be doctors or health workers but are unregistered and without diplomas. The number of children going to such places is high and increasing. (NGO employee 3, FG)

Considering child marriages as a cultural practice might lead to failures in the identification or reporting. Since child marriages were common and protective orders or legal sanctions were not enforced duly, professionals are reported to tend to normalize child marriage as a cultural phenomenon.

We know that child marriage, which can be identified easily in hospitals due to pregnancies and births, is not reported in all hospitals with the same level of sensitivity. For children under 15, cases are generally reported, but for children over 15, consent comes into play. And also, they usually consider it a cultural practice among Syrians, so the cases are not reported. (NGO employee 9, FG)

Some professionals seemed to acknowledge religious marriages, which signified a de facto exemption from legal and institutional arrangements.

We see confusion in the Directorate of Immigration regarding the registry of married refugees. They say, "This is their culture, their laws are like that". Yes, we would consider it valid if they had a valid marriage. But children are not officially married, they had religious weddings. (NGO employee 10, FG)

The capacity to provide informed consent in the context of child marriage is intrinsically linked to an individual's access to knowledge, educational attainment, and level of personal autonomy. A study on child marriage among refugees (Zuhur, 2009) highlighted a profound lack of knowledge and capacity for informed consent, as many girls were unable to comprehend the gravity of marriage or the implications of sexual relations. This study indicated, however, that a child's consent was accepted without further and deeper questioning.

When she testifies, "I willingly married" during adolescence, it's sometimes read as "She wanted to get married anyway". But there are conditions building that consent. (NGO employee 16, DI)

If there is no physical violence during marriage, no legal sanctions, or precautionary orders will be awarded to men. And sexual violence is not something that girls can express easily. (NGO employee 5, FG)

Despite the legal prohibition against minors under 15 consenting to sexual encounters, the enforcement of this legislation has been deemed insufficient.

There was a girl who got pregnant. She was 14, washing dishes in houses to make money for her family. She was raped at work, but she said, "I consented". And her family accepted that too, but then as she was regularly abused, she said, "I don't want it anymore, please report my complaint". Then, she delivered

the baby, who was taken under protection soon after. (NGO employee 9, FG)

Challenges related to the assessment of child marriage and weaknesses in enforcement

The registration of an individual acknowledges religious or civil marriages purportedly legitimized in source countries, even without appropriate documents, leading to conflicts with the legislation of pertinent nations as the professionals revealed.

They defend themselves saying "The Directorate of Immigration registered us as married". And a lot of people do not report current abuse with fear of losing their status of temporary protection. (NGO employee 4, DI)

After a child is taken into residential care, a man comes in saying "I am her husband". After 15–20 days, a letter comes through from their country with signatures of religious officials. (Public officer 1, FG)

It was stated that the inconsistency of identification documents supplied by source nations is a significant obstacle to age determination.

The determination of identity and age is problematic. For Afghans, their written record says, "In 1991, this person seemed to be two and a half years old". 99% of them never know their real age. (NGO employee 3, FG)

This study identified the issues with assessment and enforcement as lack of awareness on the right responses to sexual abuse and on the regulations on protection and concerns of causing more harm to a child under protection or the perpetrator not being duly penalized.

Children are married off for bride price. Sometimes these are done for economic purposes, but state institutions often do not report them. In one case, the child was 14, pregnant, and had no ID. As the spouse was also a child, meaning a male under 18, the staff at the Directorate of Immigration said, "You will go to prison; she should at least turn 15..." (NGO employee 5, FG)

The narratives showed that professionals avoided reporting offenses for various reasons including the risk of imprisonment for grooms and of residential care for girls and bureaucratic difficulties. The systemic functioning is further hindered by the tendency not to enforce legal sanctions for protecting the unity of family following the traditional family ideology.

Even though the groom is a child, there are still grounds for his arrest. Authorities warn everyone, saying "Don't break apart families". However, enforcing legal sanctions is the only order that can have an impact on families. The sanctions are not enforced for Turkish citizens, either. Everyone thinks that if a man goes to prison, he will be hurt, but nobody thinks about the girl who gets hurt. The system works for men's benefit. (NGO employee 16, DI)

The failure to enforce sanctions may contribute to professional demotivation, while social backlash against immigration was also identified as a deterrent to the reporting of child marriage cases.

As doctors see many children married and giving birth, it becomes normal after a while. Sometimes a child declares that she is 19, but it's obvious that she is younger. Cases need to be investigated in depth by social workers. But lately, most doctors do not report the cases. The sensitivity has decreased as the legal sanctions are not enforced. Additionally, prejudice against Syrians is on the rise, as their duration of stay has been extended. So, they cannot exercise equal rights. (NGO employee 16, DI)

According to the professionals' experience, offenders were typically subjected to non-deterrent fines once an incident was reported and legal action was taken. Indeed, a study in Turkey (Dumrul & Karabacak-Danacı, 2015) showed that a lower limit of fines was awarded in sexual abuse cases against children and trials also failed to result in an arrest or awarded impunity to perpetrators.

A person who marries a child is very rarely sentenced to imprisonment and when they are, it's always for a very short time. For example, a 13-year-old girl was raped in the guise of marriage and the man was sentenced to only six months. (NGO employee 3, FG)

Public institutions demonstrated limited engagement with non-governmental organizations involved in refugee support, particularly in matters of reporting, and significant dysfunction was reported in inter-agency coordination efforts.

When we notify the Ministry of Family, we are not taken seriously as we are an NGO. When we follow up children, we realize that no social inquiry has been done for them. If there is a post-inquiry opinion, it will say, "There is no need for prosecution". When we call the Ministry's 183 helpline, they tell us to call the police. When we inform them about child marriage and the need for a protection order, they say, "This is a case of domestic violence, call the police". When we call the police, they say, "The Ministry of Family is in charge of that". (NGO employee 3, FG)

It has been revealed that certain authorities in refugee camps prevented reporting sexual assault allegations, which might result in cover-ups.

I can't report it directly when I become aware of a case of abuse. When I try to report it through the bureaucratic chain, it may be covered up. I'm in favor of reporting directly to the judicial authority. But I will be investigated if I do. (Public officer 2, FG)

Challenges related to residential care: Co-ordination, capacity building, interpreting services

Some children, particularly those under the age of 15 and pregnant minors deemed to pose a security risk, may be placed in institutional care. However, coordination problems between public institutions and non-governmental organizations result in significant setbacks in the provision of residential care.

We have problems in coordination between the MFSS and Directorate of Immigration. For example: A child needing residential care should be placed in an institution, but the Directorate of Immigration says that her records cannot be retrieved. (NGO employee 12, FG)

We have problems with reporting to the Child Monitoring Center and getting feedback from them. It becomes difficult to follow up the child and reach the family. (NGO employee 18, FG)

In cases of forced marriage and violence, emergency residential care orders are often employed to enable thorough assessments and ensure immediate safety. Nevertheless, the narratives collected in this study underscore critical gaps in capacity development, including a shortage of specialized institutions, inadequate infrastructure, and insufficiently trained personnel within residential care settings.

There is too much circulation; let's put it this way, three-fourth of our capacity is given to pregnant refugees. Despite that, the capacity is not enough. (Public officer 4, FG)

The legal period of stay in first admission units is five days, but often it is exceeded because we have a staff shortage. We have 23 children and 16 beds now. If an interpreter doesn't turn up, we will have to wait. (Public officer 5, FG)

Furthermore, the assessment process was reported to be prolonged, and procedural shortcomings often impeded timely reporting of the need for long-term protection to judicial authorities. A related concern was the lack of systematic follow-up for children placed under emergency protection measures.

One of the problems with a care order is that the emergency care institution does not report it to the court within 30 days for a permanent care order. (NGO employee 7, FG)

Organizations don't have resources for interpreting or the capacity to follow up cases. (Public officer 9, FG)

Narratives showed that language barriers further complicated service delivery: The absence of regular and effective interpreting services hindered both identification and counseling. Even where interpretation was available, reliance on interpreters from the same communities created additional challenges, including breaches of confidentiality and reduced service effectiveness.

We have difficulties in sourcing interpreters. Prosecution services also say, "We can't find an interpreter". But as the available interpreters are from their own communities, children are reluctant to work with them and find it hard to talk about the abuse in their presence. (NGO employee 7, FG)

The scarcity of interpreters in residential care centers and their limited working hours were stated to restrict access to qualified psychosocial support which is essential for children's rehabilitation and empowerment.

Even residential care centers for unaccompanied refugee children often don't recruit interpreters. And children can neither talk to social workers or psychologists about their problems. These children are victims of trauma, of war. They do not receive any psychological support. (NGO employee 3, FG)

I was on a night shift. A girl was 8 months pregnant, in labor pain, and wanted to explain something. An interpreter had been assigned for her but was working only during the daytime. You should have seen it; I was trying to translate her words on the internet, while she was looking at my face and understood nothing. I was showing her water, asking "Did your water break?". (Public officer 11, FG)

Moreover, the effective delivery of such support was further undermined by the absence of interpreter training in child protection, professional ethics, and age-appropriate communication techniques with children who need a thoughtful, sensitive approach that emphasizes their need for trust, as revealed.

Language problems have caused further demands for counselling orders for refugee children. Also, professionals don't want to go with an interpreter, and they say they cannot perform all tasks in the presence of an interpreter. (Public officer 14, FG)

We are trying to teach some of our interpreters how to use terminology and to control their emotional reactions. Because when there is a third person in between, it affects the quality of counseling and the trust you have established. (NGO employee 14, FG)

As shown in this study, Fontes and Tishelman (2016) found that it was difficult for girls and boys to express themselves in the presence of a male interpreter during sexual abuse interviews and children from taboo cultures showed higher tendency to hide their feelings and experiences related with abuse.

There are a high number of Afghan girls sent to Child Monitoring Centers. Since there is a male Afghan translator, girls can't reveal anything. (NGO employee 4, DI)

CONCLUSION AND DISCUSSION

This study critically examines the systemic, operational and cultural challenges inherent in addressing child marriage among Syrian and Afghan refugee populations in Turkey. The professionals' accounts provided rich, experience-based perspectives that reveal critical gaps and operational challenges in addressing child marriage within refugee communities, particularly in resource-constrained settings.

In the study, the first major challenge in the process of identification and reporting child marriage emerged in relation to the cultural acceptance of child marriage within the family and the community. One significant challenge is that families often conceal child marriages. Additionally, the widespread prevalence of child marriages within refugee communities discourages reporting by other members. As noted by Kohno et al. (2020) despite awareness of

legal minimum age for marriage, societal customs and religious beliefs often take precedence over legal stipulations. Furthermore, systemic deficiencies in the immigration process have been exploited to legitimize such marriages.

Moreover, cultural acceptance of child marriages further impedes their identification and reporting. Some professionals prioritize preserving family unity in line with traditional patriarchal norms, treating child marriage as a cultural practice rather than a legal or ethical issue. Chan et al (2002) observed that many professionals uphold cultural traditions rather than universal standards when addressing child abuse. This conflict between social values and professional ethics leads to inadequate reporting and handling of child marriage cases, with cultural norms often dictating acceptance or even encouragement of this practice that has been noted in previous studies (Tresiana & Duadji, 2021; Rijal, et al, 2025).

Although some perspectives emphasize "cultural sensitivity," professionals often refrain from intervening in cases of child marriage. This reluctance is also linked to delayed and inadequate social integration policies, stemming from the initial assumption that Syrian refugees would soon return to their home country (Cetin, 2016). Multicultural social work practices emphasize the critical evaluation of cultural norms, as Pugh (1997) warned against "simplistic multiculturalism" and "uncritical relativism," which can neutralize necessary interventions. Therefore, cultural differences should be approached in alignment with universal children's rights. The United Nations classifies child marriage as a harmful traditional practice (UNICEF, 2005). While such practices may not be intended to harm children, they ultimately disadvantage girls and reinforce male dominance, particularly in societies where women's access to education, healthcare, employment, and wealth is restricted.

Another major barrier to reporting child marriages is the issue of evaluating the consent of children. Professionals often lack awareness of the legal marriage age and fail to consider the socio-economic factors that shape consent. This study underscores the need for an in-depth examination of consent within the context of social and economic deprivation. The concept of a child's consent is contentious, given the influence of factors such as social and economic constraints, coercive cultural expectations mainly based on gender, unequal power dynamics between adults and children resulting in not being able to resist family pressure. These constraints leave young girls with only "restricted agency in decision-making" (UNICEF, 2018; Öztürk et al., 2021; Sowe, 2017). As Winter et al. (2002) argued, liberal individualism obscures the reality that cultural practices are not freely chosen but are shaped by social and economic conditions. Consequently, consent is often used to justify harmful cultural practices. In the absence of free and full consent, child marriage should be recognized as forced marriage and a form of sexual abuse.

Other challenges related to the assessment of child marriage and weaknesses in enforcement include issues related to the registration of marriages and births. Although child marriage is illegal in the refugees' countries of origin, it has been legitimized through verbal marriage statements or validated in Turkey using religious documents from their home countries. The ambiguity surrounding the legality of child marriages and the inconsistent enforcement of relevant laws exacerbate the problem. Additionally, professionals face barriers to reporting, including concerns over the negative effects of residential care for children, the perception of criminal impunity, and administrative indifference or concealment. Prior research has also identified challenges in reporting sexual abuse, such as inadequate knowledge of legislation, inconsistent enforcement, reluctance to report, indifference of authorities due to cultural acceptance and fear of intervention lead to weak enforcement of laws further exacerbates this issue (Melnikas et al., 2021). Unfortunately teachers, doctors, and social workers have been found to withhold reports of sexual abuse due to their reservations (Kara et al., 2004; Karataş et al., 2018; Özgül, 2015) in Turkey. Finally, the rise in negative social attitudes toward refugees driven by economic, demographic and security concerns, has contributed to discrimination in interventions against child marriages (Ciftci, 2018; Nielsen, 2016).

This study highlights challenges related to residential care, including problems related to coordination, capacity building, and interpreting services. A key coordination issue is the difficulty in information exchange and follow-up, which hinders agency interventions. Reports highlighted that child protection systems often lack integration across different sectors, such as health, education and social services resulting in missed opportunities for intervention in combatting child marriage which can also prevent multidisciplinary teamwork and undermine effective evaluation, monitoring, and prevention efforts (Chandra-Mouli et al, 2018).

Residential care institutions -in terms of capacity building- face structural deficiencies, including limited capacity, insufficient human resources, a lack of adequate supervision, and employment of staff with no relevant background in child welfare (Kaya-Kilic & Tekin, 2019). Consequently, these institutions remain inadequately equipped to safeguard the rights of refugee children or effectively enforce national legislation. As documented by CARE (2015), their inability to uphold legal frameworks and court orders has resulted in the systematic exclusion of refugee children from child protection services. Furthermore, although residential care is employed as a protective intervention, it may not always align with the best interests of children affected by forced marriage, given potential risks such as social isolation and stigmatization (Sowe, 2017).

A final implementation challenge concerns barriers in interpreting services which include the unavailability of interpreters during night shifts, lack of specialized training in child protection and ethics, and the frequent reliance on male and locally recruited interpreters. Research (Initiative for Children Together, 2019) indicates that these limitations, along with persistent language barriers, contribute to the underreporting of refugee child marriages in Turkey.

The broader challenges in practice reflect deficiencies in integrating refugee children into Turkey's child protection system. The limited scope of refugee integration policies exacerbates these issues. Rottmann (2021) argued that the temporary protection status of refugees prevents the development of stable, rights-based integration policies. Consequently, child protection is often neglected in integration policies and services. This study highlights the need for systemic reforms to address these systemic, operational and cultural challenges.

Limitations

This study did not include refugee children or their families as participants, nor did it engage a sufficiently diverse sample of professionals from refugee communities or related institutions. As a result, the findings reflect only the perspectives of professionals. Nevertheless, the study operates on the assumption that a rights-based evaluation of the protection system from the standpoint of these professionals offers valuable and informative insights.

Declarations

Author contributions

All authors contributed equally to the development and finalization of this research paper.

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Ethical consideration The study received official approval from the Ministry of Family and Social Services, which was communicated to other involved agencies. Informed consent was obtained prior to participation, including explicit agreement to audio-record the sessions. All methods were carried out in accordance with relevant guidelines and regulations.

Competing interests The authors declare no competing interests.

Data availability

The datasets (qualitative interview transcripts in Turkish) generated and analysed during the current study are not publicly available due to confidentiality and language considerations but are available from the corresponding author on reasonable request.

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Footnotes

1. The narratives of professionals in this study primarily focused on Syrian and Afghan refugee children. For the purposes of this article, the term “refugees” refers to Syrians under temporary protection and Afghan refugees.