The Effects of Undergraduate Nursing Education in Diagnosing the Symptoms of Child Abuse and Neglect

Hemşirelik Lisans Eğitiminin Çocuk İstismar ve İhmalinin Belirtilerinin Teşhisine Etkileri

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Abstract

Objective Health professionals are expected to properly identify all the four dimensions of child abuse that are discussed as physical, sexual, emotional abuse, and neglect. This study was conducted to measure the impact of education given in the nursing department on the knowledge level of students about child neglect and abuse and to identify areas that require intervention.

Materials and Methods The population of this study is 425 students studying in all four grades of the nursing department. A sample was not determined, those who volunteered to participate and completed the questionnaire forms of the study were included (n=313, 74%). A questionnaire form for socio-demographic information and scale by Uysal were used to collect data. Statistical Package for the Social Sciences programme was used for data analysis.

Results Of the participants 64.9% were female and 74.4% did not want to receive an education on the topic. The mean total scale score was 244.92 ± 22.96 and the mean response to the items in the scale was 3.65. Compared with male students (3.59 ± 0.34), the mean score of female students (3.68 ± 0.33) was significantly higher (p = 0.020). Compared with other grades, the mean score of fourth grade students was significantly higher (p < 0.001).

Conclusion In the nursing education curriculum, topics related to child abuse and neglect should be included in each year. Higher participation of male students in these trainings should be ensured. Further studies on this topic should be conducted with students.

Keywords Undergraduate Education; Nursing; Student; Child Abuse; Neglect

Öz

Amaç Sağlık çalışanlarının çocuk istismarının fiziksel, cinsel, duygusal istismar ve ihmal olarak tartışılan dört boyutunu da doğru bir şekilde tanımlamaları beklenir. Bu araştırmada, hemşirelik bölümünde verilen eğitim öğretmenlerin çocuk ihmal ve istismar konusundaki bilgi düzeylerini etkisini ve modele göre değerlendirme analizleri alarak belirlemeleri amaçlanmıştır.

Gereç ve Yöntemler Bu çalışmanın evreni, hemşirelik bölümünün dört sınıflında öğrenim gören hemşirelik öğrencileri (n=313, 74%). Veri toplama ve analizi için Uysal tarafından hazırlanmış anket formu ve ölçekler kullanılmıştır. Verilerin analizinde Sosyal Bilimler için İstatistik Paketi programı kullanılmıştır.

Bulgular Katılmayanların 64.9%'ı kadın ve 74.4%'i konuyla ilgili eğitim istemedi. Orta ortalama not 244.92 ± 22.96 ve ölçekle ölçülük maddelerin ortalama puanı 3.65'tir. Erkek öğrencilerle kıyaslandığında, kız öğrencilerin ortalama puanı 3.59 ± 0.34, ortalama not puanı 3.68 ± 0.33 olarak anlamlı olarak daha yüksek (p = 0.020). ث条约 yüksek sınıf öğrencilere rolü anlamlı olarak daha yüksek puanlar (p < 0.001). Örnek Grupo %64.9'u kadın ve 74.4%'i konuyla ilgili eğitim istemedi. Orta ortalama not 244.92 ± 22.96 ve ölçekle ölçülük maddelerin ortalama puanı 3.65'tir. Erkek öğrencilerle kıyaslandığında, kız öğrencilerin ortalama puanı 3.59 ± 0.34, ortalama not puanı 3.68 ± 0.33 olarak anlamlı olarak daha yüksek (p = 0.020). Diğer sınıflara kıyaslandığında, dördüncü sınıf öğrencilere rolü anlamlı olarak daha yüksek puanlar (p < 0.001).

Sonuç Hemşirelik öğrencileri modelle ile hem ilgi hem de ilgi konusuna verileri belirlediler. Erkek öğrencilerin bu eğitimi daha fazla katılmayı Demand etmektedir. Bu konunun ilgili eğitimine yönelik daha büyük çaplı çalışmalara ihtiyaç vardır.

Anahtar Kelimeler Lisans Eğitimi; Hemşirelik, Öğrenci, Çocuk İstismarı; İhmal
INTRODUCTION

Defined as the physical, psychological and social development and health of the child being negatively affected by the deliberate or unintentional behaviours of an adult, child abuse is discussed in four dimensions as physical, sexual, emotional abuse and neglect.1,2

In a review of various studies in Turkey, it has been reported that research on child abuse and neglect is being conducted for 20 years; the rate of physical abuse in society is between 15% and 75%, whereas the rate of sexual abuse is approximately 20%.3 Similar studies carried out abroad have shown that abuse is more common in children of low-income families regardless of race, and children are exposed to both sexual and physical abuse at an age earlier than previously reported.4 It takes time to realise that some practices and behaviours exhibited by the society and individuals can negatively affect the development of the child, which in other words is defined as neglect and abuse. This includes examples over a broad spectrum from the severe methods that try to change the behaviour of children using violence under the name of upbringing, to shocking behaviours such as parents leaving their children in cash or coin-operated lockers when they have errands to do in public places.5 Such examples of the fact that such an unpleasant and unacceptable situation as child neglect and abuse (CNaA) is usually done by those closest to the child give us clues about how difficult it is to identify them and therefore eliminate the associated negative effects and traumas.6

Because of the fact that the applicable law requires notification when signs of CNaA are detected, it has been reported that members of professional groups such as health workers, social workers, educators, etc., have begun to be more careful and attentive in this regard.7 However, a recent literature review showed that due to the inability of health professionals to detect findings of CNaA, there are still serious shortcomings in the notification and registration of such cases.8 Studies conducted in different provinces at different times show that the ratio of those receiving pre-graduation and post-graduation training on this subject varies from 27% to 70% and from 6% to 83%, respectively, thereby indicating that the training received by health professionals on this topic should be further standardised.9,10

For these reasons, this study was planned and conducted to measure the impact of standard education given in the nursing department, where the children are most open to learning and learning opportunities are the most plentiful, on the knowledge level of students about CNaA and to identify areas that require intervention.

MATERIALS and METHODS

This descriptive study was conducted between January 2018 and April 2018 and the population of this study comprised 425 students studying in the first, second, third and fourth grades of the Nursing Department of Harran University Faculty of Health Sciences. In addition, a sample was not determined, all the 313 students (74%) who volunteered to participate in the study and completed the questionnaire forms prepared within the scope of the study were included in the study.

An 11-items socio-demographic questionnaire form and ‘Diagnosis of Symptoms and Risks of Child Abuse and Neglect (DSRCAN) Scale’ was used to collect data. DSR-CAN is a 67-item Likert-type scale. Its validity and reliability studies were conducted by Uysal.9 The Cronbach’s alpha value of the scale is 0.92. Out of 67 questions on the scale, 46 are scored as: ‘completely agree’ five points, ‘agree’ four points, ‘undecided’ three points, ‘disagree’ two points and ‘completely disagree’ one point. The remaining 21 items are scored in reverse. When calculating total scale and subscale scores, arithmetic average obtained by dividing the total score obtained by collecting the points from the questions of the related category by the number of questions in that category was used. The maximum score is 335. Arithmetic average approaching five means that the
questions have been answered correctly, and approaching one means that they have been answered incorrectly.\(^9\)

Study data were analysed using IBM SPSS Statistics for Windows, version 16 (IBM Corp., Armonk, NY, USA) package program. Descriptive characteristics were evaluated by number, percentage and average. The distribution of the data was analyzed using the Kolmogorov Smirnov Z test and data conform to normal distribution. Independent samples T-test and analysis of variance tests were used to determine the relationship between descriptive characteristics and DSRCAN mean scores. Statistical significance level was taken at 0.05 in all tests.

The study was conducted with approval from the Harran University Faculty of Medicine Ethics Board dated 07.12.2017 and numbered 12/07 and the institution permit. An informed consent form was signed by all the participants before enrollment in the study.

**RESULTS**

Table 1 compares the socio-demographic characteristics of the students with the mean score they received from the scale. The mean score of female students was 3.68 and it was higher than that of male students’ 3.59. This difference was statistically significant (p=0.020). Scale scores were compared with respect to number of siblings, parents’ education status, economic status and place of residence, and no significant relationship was found (p>0.05). When the willingness of students to receive education related to CNaA was evaluated, it was found that the total score of those who wanted to receive education was higher than those who did not want to receive education. This difference was also statistically significant (p<0.001).

Table 2 shows the mean scores of students from the scale according to their grade. Fourth graders had the highest mean scores with 3.83 points and second graders had the lowest mean scores with 3.56 points. The difference between the mean scores received by students in different grades was statistically significant (p<0.001).

Table 3 shows the subscale scores received by students in different grades. It was found that the scores obtained in recognition of physical signs of child abuse, knowing the behavioural symptoms related to child abuse, recognition of characteristics of parents prone to neglect and abuse, knowing the characteristics of children prone to neglect and abuse, and knowing family characteristics in CNaA sub-dimensions were significantly different with respect to the grade of the students, and fourth graders received the highest scores (p<0.05). The scores obtained in recognising the symptoms of neglect on the child sub-dimension were not significantly different with respect to the grade of the students (p>0.05).

Table 4 shows the mean scores of those obtained in DSRCAN sub-dimensions. Mean score of ‘recognising the physical signs of abuse on the child’ sub-dimension was 72.08. Mean score of ‘knowing the behavioural symptoms related to child abuse’ sub-dimension was 56.15. Mean score of ‘recognising the signs of neglect on the child’ sub-dimension was 27.21. Mean score of ‘recognising the signs of neglect on the child’ sub-dimension was 27.21. Mean score of ‘recognising the signs of neglect on the child’ sub-dimension was 41.23. Mean score of ‘knowing the characteristics of children prone to neglect and abuse’ sub-dimension was 18.39. Mean score of ‘knowing the characteristics in child neglect and abuse’ sub-dimension was 29.34.

Table 5 shows the item response averages in DSRCAN sub-dimensions. The highest item response was obtained for the ‘recognising the symptoms of neglect on the child’ sub-dimension with an average of 3.88 points, while the lowest item response was obtained for the ‘recognising characteristics of parents prone to abuse and neglect’ sub-dimension with an average of 3.17 points. The item response average for the entire scale was 3.65 points.
### Table 1. Comparison of students’ socio-demographic characteristics and mean DSRCAN scores

| Characteristics                      | n   | %   | Mean scale score (Mean ± SD) | Test | p     |
|--------------------------------------|-----|-----|------------------------------|------|-------|
| **Gender**                           |     |     |                              |      |       |
| Male                                 | 110 | 35.1| 3.59±0.34                    | t=2.336 | 0.020 |
| Female                               | 203 | 64.9| 3.68±0.33                    |      |       |
| Total                                | 313 | 100 | 3.65±0.34                    |      |       |
| **Number of siblings**               |     |     |                              |      |       |
| 1-3                                  | 31  | 9.9 | 3.58±0.22                    | F=789 | 0.455 |
| 4-5                                  | 79  | 25.2| 3.66±0.36                    |      |       |
| 6 and more                           | 203 | 64.9| 3.66±0.34                    |      |       |
| **Mother's education status**        |     |     |                              |      |       |
| Illiterate                           | 176 | 56.2| 3.64±0.32                    | F=2.297 | 0.078 |
| Literate                             | 33  | 10.5| 3.71±0.42                    |      |       |
| Primary school                       | 66  | 21.1| 3.71±0.32                    |      |       |
| Secondary school and above           | 38  | 12.2| 3.54±0.34                    |      |       |
| **Father's education status**        |     |     |                              |      |       |
| Illiterate                           | 30  | 9.6 | 3.58±0.23                    | F=0.469 | 0.759 |
| Literate                             | 39  | 12.5| 3.63±0.38                    |      |       |
| Primary school                       | 113 | 36.1| 3.67±0.31                    |      |       |
| Secondary school                     | 62  | 19.8| 3.66±0.37                    |      |       |
| High school and above                | 69  | 22.0| 3.65±0.37                    |      |       |
| **Economic status**                  |     |     |                              |      |       |
| Bad                                  | 32  | 10.2| 3.65±0.38                    | F=0.079 | 0.924 |
| Middle                               | 218 | 69.6| 3.66±0.33                    |      |       |
| Good                                 | 63  | 20.2| 3.64±0.34                    |      |       |
| **Place of residence**               |     |     |                              |      |       |
| Rural                                | 77  | 24.6| 3.66±0.34                    | t=0.370 | 0.711 |
| Urban                                | 236 | 75.4| 3.65±0.34                    |      |       |
| **Willingness to receive education related to CNA** |     |     |                              |      |       |
| Yes                                  | 80  | 25.6| 3.81±0.32                    | t=5.064 | <0.001 |
| No                                   | 233 | 74.4| 3.60±0.33                    |      |       |

DSRCAN=Diagnosis of Symptoms and Risks of Child Abuse and Neglect  
CNA=Child Neglect and Abuse  
t=Independent sample t test  
F=One Way Anova test

### Table 2. Comparison of mean scale scores according to grade of the students

| Year of study | n   | %   | Mean scale score (Mean ± SD) | Test | p     |
|---------------|-----|-----|------------------------------|------|-------|
| First grade   | 103 | 32.9| 3.61±0.32                    | F=10.652 | <0.001* |
| Second grade  | 64  | 20.4| 3.56±0.32                    |      |       |
| Third grade   | 71  | 22.7| 3.60±0.34                    |      |       |
| Fourth grade  | 75  | 24.0| 3.83±0.31                    |      |       |
Table 3. Subscales scores according to the grade of the students

| Subscale groups | Year of study | n  | %   | Main subscale score (Mean ± SD) | Test | p     |
|-----------------|--------------|----|-----|---------------------------------|------|-------|
| Recognition of physical signs of child abuse | 1st grade | 103 | 32.9 | 3.74±0.32 | F=8.439 | <0.001 |
|                 | 2nd grade   | 64  | 20.4 | 3.70±0.39 |      |       |
|                 | 3rd grade   | 71  | 22.7 | 3.73±0.43 |      |       |
|                 | 4th grade   | 75  | 24.0 | 3.98±0.40 |      |       |
| Knowing the behavioural symptoms related to child abuse | 1st grade | 103 | 32.9 | 3.74±0.38 | F=5.619 | 0.001 |
|                 | 2nd grade   | 64  | 20.4 | 3.61±0.40 |      |       |
|                 | 3rd grade   | 71  | 22.7 | 3.70±0.47 |      |       |
|                 | 4th grade   | 75  | 24.0 | 3.88±0.31 |      |       |
| Recognising the symptoms of neglect on the child | 1st grade | 103 | 32.9 | 3.70±0.64 | F=1.000 | 0.393 |
|                 | 2nd grade   | 64  | 20.4 | 3.81±0.63 |      |       |
|                 | 3rd grade   | 71  | 22.7 | 3.84±0.68 |      |       |
|                 | 4th grade   | 75  | 24.0 | 3.97±0.49 |      |       |
| Recognition of characteristics of parents prone to neglect and abuse | 1st grade | 103 | 32.9 | 3.12±0.42 | F=4.485 | 0.004 |
|                 | 2nd grade   | 64  | 20.4 | 3.10±0.39 |      |       |
|                 | 3rd grade   | 71  | 22.7 | 3.14±0.40 |      |       |
|                 | 4th grade   | 75  | 24.0 | 3.31±0.37 |      |       |
| Knowing the characteristics of children prone to neglect and abuse | 1st grade | 103 | 32.9 | 3.60±0.65 | F=4.682 | 0.003 |
|                 | 2nd grade   | 64  | 20.4 | 3.60±0.52 |      |       |
|                 | 3rd grade   | 71  | 22.7 | 3.61±0.63 |      |       |
|                 | 4th grade   | 75  | 24.0 | 3.91±0.62 |      |       |
| Knowing family characteristics in CNaA | 1st grade | 103 | 32.9 | 3.62±0.61 | F=10.681 | <0.001 |
|                 | 2nd grade   | 64  | 20.4 | 3.63±0.60 |      |       |
|                 | 3rd grade   | 71  | 22.7 | 3.60±0.64 |      |       |
|                 | 4th grade   | 75  | 24.0 | 4.07±0.54 |      |       |

Table 4. DSRCAN sub-dimension total scores

| Subscales (N=313) | Mean | SD   |
|-------------------|------|------|
| Recognition of physical signs of child abuse | 72.08 | 7.57 |
| Knowing the behavioural symptoms related to child abuse | 56.15 | 6.07 |
| Recognising the symptoms of neglect on the child | 27.21 | 4.34 |
| Recognition of characteristics of parents prone to neglect and abuse | 41.23 | 5.29 |
| Knowing the characteristics of children prone to neglect and abuse | 18.39 | 3.16 |
| Knowing family characteristics in CNaA | 29.84 | 5.07 |

Table 5. Item response averages of DSRCAN sub-dimensions

| Subscales (N=313) | Mean | SD   |
|-------------------|------|------|
| Recognition of physical signs of child abuse | 3.79 | 0.39 |
| Knowing the behavioural symptoms related to child abuse | 3.74 | 0.40 |
| Recognising the symptoms of neglect on the child | 3.88 | 0.62 |
| Recognition of characteristics of parents prone to neglect and abuse | 3.17 | 0.40 |
| Knowing the characteristics of children prone to neglect and abuse | 3.67 | 0.63 |
| Knowing family characteristics in CNaA | 3.73 | 0.63 |
| Scale's total | 3.65 | 0.34 |
DISCUSSION

Child abuse and neglect is a violation of the fundamental human rights of a child and is one of the most critical issues that occupy the international human rights agenda. This study was conducted to determine the effects of nursing undergraduate education on the level of knowledge in diagnosing the symptoms and risks of child abuse and neglect. The average total score of students from DSRCAN was 244.92 and the average item response was 3.65. The highest item response average was obtained for the 'recognising the symptoms of neglect on the child' sub-dimension with 3.88 points, and the lowest item response average was obtained for the 'recognising characteristics of parents prone to abuse and neglect' sub-dimension with 3.17 points. Over a full score of 5.00, the students' overall knowledge level was intermediate with an average of 3.65 points. In the literature, limited studies on students have emphasised that they have insufficient knowledge of child abuse and neglect. In the present study, knowledge level of female students on CNA was significantly higher than that of male students. Consistent with our results, literature data show that women have a higher level of knowledge about child abuse and neglect than men. Burç stated that being a daughter was a risk factor for abuse and neglect, whereas Bozkurt et al. conducted a study on midwifery students at a college and reported that 40.6% of students had been exposed to domestic violence. Worldwide, girls are exposed to more abuse and neglect than boys. They are therefore more sensitive about this issue, which may be the reason why female students' knowledge level of CNA was higher than that of male students.

In the present study, the willingness of students to receive education related to CNA was evaluated, it was found that the mean score of those who wanted to receive education was higher than those who did not want to. This difference was also statistically significant (p<0.001). A study on the awareness levels of health care professionals about CNA emphasises the necessity of organising trainings on this subject to increase their awareness. In their study, Duman et al. stated that the awareness and sensitivity of the health care professionals could be increased with training on violence, and the education of the health care professionals on violence could improve their thoughts and attitudes. We believe that students who wanted to receive education on CNA were more active in the trainings on related subjects that were provided previously and therefore the higher level of knowledge compared with those who did not want to receive education on CNA was an expected situation.

The mean scores of the students were compared according to their grade. Fourth graders had the highest mean scores, whereas second graders had the lowest mean scores. The difference between the mean scores according to the grade of the students was statistically significant as seen from Table 2. It was found that the scores obtained in recognition of physical signs of child abuse, knowing the behavioural symptoms related to child abuse, recognition of characteristics of parents prone to neglect and abuse, knowing the characteristics of children prone to neglect and abuse, and knowing family characteristics in CNA sub-dimensions had more economic income than expenses, who had a nuclear family and had children had higher CNA knowledge level, but the difference between groups was insignificant. Unlike our study, it is reported in the literature that low level of education of parents and family income, in addition to an extended family structure increases the risk of CNA. It is believed that this is due to the differences in the regions where the studies are conducted, and therefore the differences in students' cultural perception of violence and knowledge and experience related to abuse.
were significantly different with respect to the grade of the students, and fourth graders received the highest scores according to Table 3. In another study on health workers, it was reported that participants stating that they have received information about child abuse during their education received higher scores in the 'characteristics of parents prone to abuse and neglect' sub-dimension compared with those stating otherwise.12

In the study by Poreddiet al. on the knowledge level of nursing students about CNaA, it was found that fourth grade nursing students had higher knowledge levels14. Similar studies also found that students’ experience and seniority increased their level of knowledge about child abuse.25,26 Senior nursing students take paediatric nursing and public health nursing courses in third and fourth grades and take more applied courses by that time compared with other grades, which may be a factor for the higher knowledge level.

Conclusion

There are limited studies in the literature on the knowledge level of nursing students about child abuse and neglect. The results of the present study can be summarised as follows: The students who participated in the present study did not have enough knowledge about child abuse and neglect, knowledge level of those who wanted to obtain information about child abuse and neglect and of female students were higher than others and senior students received higher scores on both the overall DSRCAN scale and its sub-dimensions. It was also found that undergraduate nursing education increases students’ knowledge levels about child abuse and neglect.

In line with these results, topics related to child abuse and neglect should be included in the nursing education curriculum for each year, higher participation of male students in these trainings should be ensured, and necessary reinforcing repetitions should be conducted. Further, similar studies on this topic should be conducted with nursing students in different regions and cultures.

Funding

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

Conflict of Interest Disclosures

The authors have no conflicts of interest

Ethical Issues

The study was conducted with approval from the Harran University Faculty of Medicine Ethics Board dated 07.12.2017 and numbered 12/07. An informed consent form was signed by all the participants before enrollment in the study.
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