

Research Article

Examination of Knowledge and Applications of the Nurses Working in Child Clinics on Child Abuse and Neglect

Müge GÜZELMANSUR¹, Gülay MANAV²¹Pediatric Nurse, Ankara Numune Hospital, Ankara²Dr., Mugla Sitki Kocman University, Department of Pediatric Nursing, Mugla

*Corresponding Author

Dr. Gülay MANAV

Abstract: In this study, it was aimed to investigate the knowledge levels and application methods of nurses working in child clinics, regarding child neglect and child abuse. Including the descriptive features of the nurses and their takes on child abuse and neglect and consisting of 18 questions, 'scale for Identifying the symptoms and risks of child abuse and neglect' was used. Of the 125 pediatric nurses participating in the study, 41.6% are between the ages of 18-25 and 53.6% are high school graduates. 82.4% of the nurses stated that they had not encounter child neglect and abuse earlier. 44 % of them stated that they received training on child abuse and neglect during in-service training, and only 50% stated that they had made a legal statement. As the reasons of not having reported, 45.5% of the nurses stated that they did not have sufficient information. Concerning the difficulties in identifying neglect and abuse, 48.8% of the nurses stated that they had difficulty receiving narratives. According to the results of the study, the knowledge level about child abuse and neglect has been found to increase in line with nursing education ($F = 5.267$; $p = 0.006 < 0.05$). According to scale, the knowledge level of the nurses were found to be high (3.6 ± 0.3). When the sub-dimensions were examined, it was identified that nurses' knowledge level was found to be high according to their scores in the sub-scales of physical, neglect and behavioral symptoms and of familial characteristics and their knowledge level was found medium for the sub-scales of characteristics of parents and children. It was stated that the majority of the participants received training before graduation however their current training was in-service, and 92.8% of the participants stated that they need more information about the subject. Considering this aspect of the nurses, it is thought that their knowledge level can be increased through training and consultancy services which support their deficiencies and it is suggested that in-service trainings should be updated periodically.

Keywords: Child abuse, nursing, neglect, pediatrics, child neglect.

INTRODUCTION

World Health Organization (WHO) defines child abuse as the "physical and / or emotional maltreatment, which may harm the health, life, development and values of the child in the general situation related to the child's responsibility, trust and ability while it defines child neglect as the "behaviors involving the use of the child for all kinds of commercial interest" (Ibiloglu, Atli, Oto & Ozkan, 2018; Pisi, 2013).

According to the 2014 report of the World Health Organization, it has been reported that 4.2 / 100000 children between the ages of 0-14 lost their lives, one out of every 4 children were physically abused, hundreds of thousands of young people

subjected to violence attended emergency departments. In a report released in 2016 demonstrates a 125 % increase in child abuse for the last decade in Turkey (The Report on Child Abuse, 2016). According to the results of this report, only 10-15% of cases of sexual abuse are reported to judicial authorities. Other cases are tried to be resolved within family without prioritizing child wellbeing as well as not reporting them to the judicial authorities.

It is believed that, in our country, due to parents' continuous use of abuse as a way of disciplining, not giving any legal notice for children who have been abused or neglected during their childhood and due to the inadequacy in reporting, the

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number are of survey studies are scarce (Altinsu, 2004; Polat, 2007).

It is known that child neglect and abuse negatively affect individuals' mental health and quality of life in the future. Psychiatric disorders occur in children who have been exposed to abuse and neglect especially in their childhood years (Altinsu, 2004; Polat, 2007).

Regarding individuals who have gone through neglect and abuse in their childhood years, it is necessary to take multifaceted precautions against child neglect and abuse (Guner et al., 2016). It is considered to be very crucial and necessary for nurses to be conscious and knowledgeable in identifying and preventing child abuse and neglect due to the fact that they encounter many children who are subjected to child neglect and abuse (Guner et al., 2016).

The fact that child abuse and neglect cases are carried out especially by the individuals in the closest environment of children makes it difficult to identify and prevent cases. Therefore, children receiving health care should be monitored by the health care workers in order to consciously identify neglect and abuse. In this context, it is very significant that nurses working in child clinics increase their knowledge and awareness on child neglect and abuse (Basdas, Bozdog 2018).

As defined by Regulation No. 27515 of the Nursing Regulation: "As part of nursing profession, a nurse is a member of the health care team who works to protect, improve and maintain the health and well-being of the individual, family and society". "The regulation includes the provision: The nurses who are the members of this health team provide counseling to children, family and society." The nurse should be aware of child abuse and neglect in order to maintain the state of well-being for public and child health (Nursing Regulation, 2011).

In this study, it was aimed to examine the knowledge levels and application methods of nurses working in child clinics of hospitals, regarding child neglect and child abuse. It was aimed to examine the knowledge levels on child neglect and abuse and application methods of nurses working in child clinics and identify their level of awareness on child neglect and abuse. The results of training programs can be used as a scientific data source by determining the training needs of nurses for child neglect and abuse.

MATERIALS AND METHODS

This study was carried out so as to examine nurses working in child clinics regarding their knowledge and practices towards child abuse and neglect. This descriptive research was carried out between November-December 2017 in Ankara

province, and the sample consisted of 125 pediatric nurses working in a public hospital.

Data Collection Tools

Including the introductory characteristics of the nurses and their takes on child abuse and neglect and consisting of 18 questions, 'Scale for Identifying the Symptoms and Risks of Child Abuse and Neglect' (SISRCAN) and 'Introductory Information Form' was used.

Scale for Identifying the Symptoms and Risks of Child Abuse and Neglect (SISRCAN)

Scale for Identifying the Symptoms and Risks of Child Abuse and Neglect (SISRCAN) was developed by Uysal (1998). In order to assess the knowledge levels of nurses, likert scale consisting of 67 items in 6 sub-dimensions was used and distribution of the items used in the scale are as follows: physical symptoms (19 items), neglect symptom (7 items), behavioral symptoms (15 items), parent characteristics (13 items), child characteristics (5 items) and familial characteristics (8 items). For each item in the form, 5-point response options are provided and they consist of the following words: 'Very True (5 points)', 'True' (4 points), 'I am neutral (3 points)', 'Somewhat Untrue (2 points)' and 'Untrue (1 point)'. Knowledge level increases in line with the score obtained from the scale. Average score intervals of the form consisting of sub-scale dimensions are set as follows: 'very low (1.00-1.79)', 'low (1.80-2.59)', 'high (3.40-4.19)', 'very high (4.20-5.00)'. The Cronbach Alpha value of the scale was found to be .92 by Uysal and .84 for this study.

Ethical considerations

Study data were collected after obtaining ethics committee (B.08.6.YÖK.2.ÜS.05.06/ 2017/143) approval and institutional permission. After the purpose of the study was explained to the nurses within the scope of sample and necessary explanations were made about the research, their informed consent was taken and the volunteers were included in the study.

Data analysis

Data were analyzed using SPSS® 21.0 (Statistical Package for the Social Science) package program. Shapiro-Wilk test was used to determine whether the data fit normal distribution. In the evaluation of data, number, percentage, mean, standard deviation, t-Test and variance analysis were used as descriptive statistical methods. The level of significance was determined to be as $p < 0.05$ in the treatment of the variables and 95% was deemed in the confidence interval.

RESULTS AND DISCUSSION

Child abuse, which is seen as a serious problem all around the world and affects public health negatively, has been the subject of various scientific studies in recent years. This research, which examines the knowledge and practices of nurses on child neglect

and abuse, was conducted with 125 nurses. 86 (68.8%) of the nurses work in child clinics. According to the most recent educational level variable, 67 (53.6 %) of the nurses were found to be high-school graduates and according to years of experience in child health care, 56 (%44.8) fall within 2-5 years of experience.

It was found that 41.6% of the nurses who participated in the study were between 18-25 years of

age. The studies conducted in Turkey are generally directed towards young population. While this may be advantageous as young nurses have more up-to-date knowledge and have higher motivation, their inexperience is likely to cause them to overlook the cases of child abuse and neglect (Table 1.)

Table 1. Some Descriptive Individual Characteristics of the Nurses

Descriptive Individual Characteristics of the Nurses	Dimensions	N	%
Clinic where the work is performed	Child	86	68.8
	Other	39	31.2
Age	18-25	52	41.6
	26-30	37	29.6
	31-35	16	12.8
	35 and more	20	16.0
Most Recent Education Level Obtained	Bachelor's Degree	47	37.6
	Master's Degree	11	8.8
	High School	67	53.6
Duration of Work in The Field of Pediatric Health	1 years and less	44	35.2
	2-5 Years	56	44.8
	6 years and more	25	20.0
	Total	125	100

Table 2. Distribution of Nurses' Training and Giving a Legal Notice Status About Child Neglect and Abuse Cases

Distribution of Nurses' Training and Giving a Legal Notice Status About Child Neglect and Abuse Cases	Dimensions	N	%
Nurses' responsibility status in identifying cases	Yes	96	76.8
	No	29	23.2
Where The Child Neglect and Abuse Training Was Received	In-Service Training	55	44.0
	Bachelor's Degree	24	19.2
	I attended a seminar and took a course	12	9.6
	I have researched about the subject	34	27.2
Training Status for Notice of Child Abuse	Yes	43	34.4
	No	82	65.6
Status of Being a Follow-Up Institution After Giving a Legal Notice	Yes	61	48.8
	No	64	51.2
Request for More Information on Child Neglect and Abuse	Yes	116	92.8
	No	9	7.2
	Total	125	100
Duration of Training For Child Neglect and Abuse (n=91)	1-3 Hours	59	64.8
	3-5 Hours	18	19.8
	5-8 Hours	8	8.8
	8-10 Hours	6	6.6
Your strong symptom regarding the subject of Child Neglect and Abuse 1-2-3 (n=16)	Introversion	7	43.8
	Fear	5	31.2
	Fearing Strangers	4	25.0
Where The Training on Notice of Abuse Was Received	In-Service Training Program of the Hospital	29	67.4
	Course That I Attended Unaided	1	2.3
	Bachelor's Degree	8	18.6
	I have researched about the subject	5	11.6

96% of nurses stated that it was the responsibility of nurses to identify child neglect and abuse, and 92.8% of them stated that they requested more information about the issue. 64.8% of the nurses reported that training on child neglect and abuse were 1-3 hours. 44% of the nurses who received training indicated that they received their training during in-service training. 82 nurses stated that they did not receive training on forensic notice, and that those who received training (n = 43) also obtained this information during in-service training. Considering the evaluation of the participants in terms of content and time, the majority of the nurses evaluated themselves to be 'inadequate'. In the study of Yilmaz (2015), the participants stated that they received training on child neglect and abuse prior to their graduation, and that the average duration of training was 4.0 ± 2.8 hours. In the

studies of Kocaer (2006), Metinyurt and Yildirim (2016), in the same vein, the results of the nurses who received training on child neglect and abuse show similarity to this study in terms of content and time.

It is suggested that nurses received child abuse and neglect trainings during their education and those trainings were cemented by in-service trainings after they began their professional life. At the same time, despite the trainings they received, nurses state that they need more knowledge and it is seen that they do not find their trainings sufficient. According to the study of Burc & Tufekci (2015), as well, 52.5% of the nurses received training and information about child abuse and neglect and this rate was found to be 27.9% in the study conducted by Kocaer (2006).

In Table 3, applications of the nurses after their encounter with child abuse and neglect are analyzed.

Table 3. Distribution of Applications of the Nurses Towards Child Abuse and Neglect

Applications of the Nurses Towards Child Abuse and Neglect	Dimensions	N	%
Status of Encounter With Child Neglect and Abuse (n=125)	Yes	22	17.6
	No	103	82.4
Notice of Child Abuse Status (n=22)	Yes	11	50.0
	No	11	50.0
Reason for not giving a legal notice of abuse (n=11)	Because I did not have enough knowledge	5	45.5
	Because I did not know where and how to report	3	27.3
	Fear of Putting The Child in A Worse Situation Than It is	2	18.2
	Challenges to Face During The Legal Process	1	9.1
Status of Availability of Child Neglect and Abuse Procedure in the Institution (n=125)	Yes	27	21.6
	No	37	29.6
	I do not know	61	48.8
Challenges in Identifying Neglect and Abuse (n=125)	Narrative Reception	39	31.2
	Physical Examination	16	12.8
	Mental Examination	36	28.8
	Requesting Consultation	1	0.8
	Registering	3	2.4
	Reporting to Relevant Authorities	13	10.4
	Legal Process	17	13.6
What To Do For Child Protection (n=125)	Admitted to Hospital and Taken Into Custody	17	13.6
	Request of Forensic Consultation	12	9.6
	Reported To the Ministry of Family and Social Policies	55	44.0
	Child is Left to a Relative's Care	2	1.6
	Reported to Prosecution	8	6.4
	I have no idea	31	24.8
Where to Report Child Neglect and Abuse Cases (n=125)	Prosecution	6	4.8
	Police Child Well-Being Unit	34	27.2
	Hospital Police	28	22.4
	Ministry of Family and Social Policies	38	30.4
	I have no idea	19	15.2

When the distribution of the practices of nurses for child abuse and neglect is examined, 17.6% of them stated that they encountered child neglect and abuse. Half of the nurses who encountered such cases stated that they had given a legal notice of abuse and the other half had not. Natan et al. Medical and nursing staff attest to greater intention to report in the future than that actually executed, in contrast to Feng & Wu (2005) who found that high intention to report may affect actual reporting. The main reason for staff non-reporting, as indicated by the study, is their concern of legal charges, a finding compatible with that of Shechter et al. (2000). Lazenbatt & Freeman (2006) found high intention to report but also fear of misidentification and unwillingness to confront the family, which constitute barriers to reporting for fear of legal charges. Similar to the findings of Feng & Levine (2005) who examined the views and attitudes of doctors and nurses on reporting abuse and ascertained that the more positive nurses' and doctors' views and attitudes and their view that this is their professional responsibility, the higher their reporting levels, here too the more positive the attitudes of medical and nursing staff, the higher their reporting levels. Reasons for not having given a legal notice are stated as: Not having enough knowledge about this subject (45.5%), not knowing where to report the abuse (27.3%), fear of putting the child in a worse situation than it is (18.2%) and challenges to be faced during the legal process (9.1%), respectively.

48%.82 of the nurses stated that they do not know whether there is a procedure towards child neglect and abuse in the institution. Nurses rank the

difficulties as to identifying neglect and abuse as: Narrative reception (31.2%), mental examination (28.8%), legal process (13.6%), physical examination (12.8%), reporting to relevant authorities (10.4%), registering (2.4%) and requesting consultation (0.8%), respectively.

Nurses stated their expected behavior towards the protection of the child as: Reporting the Ministry of Family and Social Policies (44%), not having an idea (24.8%), admitting to hospital and taking them into custody (13.6%), requesting a forensic consultation (9.6%), reporting to prosecution (6.4%) and leaving the child to a relative's care (1.6%). In Yilmaz's study (2015), similarly, responses given are as follows: Not having enough knowledge about the subject, assuming the child will suffer afterwards, it will lead to separation of the child from his/her family, not knowing where to report the case and not having enough time for this subject. In a study conducted by Golge et al. (2012), nurses state that they would not give a legal notice in case they encounter child neglect and abuse case, this is because, in their defense, they do not have enough knowledge on the legal procedure. Kocaer (2006) stated that nurses report to the judicial authorities in case they encounter the cases of child neglect and abuse. The knowledge on the legal process towards reporting neglect and abuse in children is particularly important. It is considered that hospital procedures for child neglect and abuse are not in a hospital where the study is conducted and therefore nurses are not sufficiently informed about giving a legal notice

Table 4. Distribution of Scores of the Nurses According to Their Knowledge Levels on Child Neglect and Abuse

Scores nurses obtained from SISRCAN scale	N	Mean	Ss	Knowledge Levels
General Knowledge	125	3.600	0.323	High
Physical Symptoms	125	3.763	0.444	High
Neglect Symptoms	125	3.847	0.627	High
Behavioral Symptoms	125	3.729	0.441	High
Parent Characteristics	125	3.392	0.475	Medium
Child Characteristics	125	3.121	0.516	Medium
Familial Characteristics	125	3.428	0.523	High

'Physical symptoms' level of the nurses participating in the study was found high (3.847 ± 0.627), 'behavioral symptoms' level was found high (3.729 ± 0.441), 'parental characteristics' level was (3.392 ± 0.475), 'children's characteristics' level was found medium (3.121 ± 0.516), 'familial characteristics' level was found high (3.428 ± 0.523) and general knowledge level was found high (3.600 ± 0.323). In a study of Burc and Tufekci (2015), the mean score of the nurses' SISRCAN level was found 239.6 ± 25.56 and the study of Yilmaz (2015) was similar to this study in terms of SISRCAN level.

When the sub-dimensions of the scale were examined, it was seen that the mean scores of the two sub-dimensions were medium and the mean scores of the four sub-dimensions were high. The mean scores of the parental characteristics of the nurses who participated in the study were found to be 3.3 ± 0.4 and the mean score of the children characteristics was found to be at medium level at 3.1 ± 0.5 . Differing from the the results of the study, Yilmaz (2015) suggested that the knowledge level of all other sub-dimensions of SISRCAN scale is high in his study. Kulcu and Karatas (2016) evaluated the child characteristics sub-dimension score of the SISRCAN scale as 'very high', different from our study. It can be concluded that the

knowledge of the nurses on the subject is medium in identifying the risky groups (infants, children with disabilities) related to the child and this is mainly because their knowledge on the subject is inadequate. In addition, it can be thought that the reason parents' risky characteristics (such as unemployment, income level, family type, being a single parent) are less known to nurses is that they have had insufficient training on the subject.

When the general knowledge scores of the nurses obtained from the SISRCAN scale are examined, it is seen that the scores obtained increase in line with the last graduated school. It draws attention that children's characteristics sub-dimension score of

SISRCAN scale where a medium level score was obtained, nurses with bachelor's degree obtained higher scores.

In their study carried out at a child hospital Kucuk et al. (2017) concluded that the training and professional experience of pediatric nurses increase their ability to identify child neglect and abuse and awareness of forensic and legal processes. In Yilmaz's study (2015), it has been reported that nurses holding bachelor's and master's degree have high scores SISRCAN scale general and sub-dimensions. In a study conducted by Golge et al. (2012) with nurses, children's characteristics sub-dimension scores increase in line with the level of education.

Table-5. Comparison of the Individual Characteristics of the Nurses Their Knowledge Levels on Child Neglect and Abuse According to Their Behavioral Symptoms Sub-Dimension Mean Scores

Individual Characteristics of Nurses	Behavioral Symptoms Sub-Dimension Mean Scores				
	Dimensions	n	Mean±SS	t ⁽¹⁾ /F ⁽²⁾	P
Clinic Where the Work is Performed	Child	86	3.68±0.43	-2.022 ¹	0.045
	Other*	39	3.85±0.46		
Where The Child Neglect and Abuse Training Was Received	In-Service Training	55	3.63±0.42	2.947 ²	0.036
	Bachelor's Degree	24	3.80±0.55		
	Attending a seminar and a course	12	3.62±0.40		
	I have researched about the subject	34	3.88±0.36		
Status of Encounter With Child Neglect and Abuse	Yes	22	3.94±0.46	2,476 ¹	0.015
	No	103	3.68±0.43		

1: t-Test

2: Variance Analysis

*Clinics which conduct pediatric patients follow-up

Behavioral symptoms scores of the nurses show significant difference according to the variable of where the child neglect and abuse training was received (F=2.947; p=0.036<0.05). The reason for the difference is that the scores of those who researched about the subject had higher scores than those who received in-service training (p<0.05).

Table 6. Comparison of the Individual Characteristics of the Nurses Their Knowledge Levels on Child Neglect and Abuse According to Their Parental Characteristics Sub-Dimension Mean Scores

Individual Characteristics of Nurses	Parental Characteristics Sub-Dimension Mean Scores				
	Dimensions	N	Mean±SS	t ⁽¹⁾ /F ⁽²⁾	p
Status of Encounter With Child Neglect and Abuse	Yes	22	3.66±0.51	2.999 ¹	0.003
	No	103	3.34±0.45		
Notice of Child Abuse Status	Yes	11	3.78±0.46	1.128 ¹	0.273
	No	11	3.54±0.54		

1: t-Test

2: Variance Analysis

*Clinics which conduct pediatric patients follow-up

General knowledge scores (x=3.80), behavioral symptom scores (x=3.94) and parental characteristics scores (x=3.66) of 22 nurses who encountered child

neglect and abuse were found to have higher scores than those who did not encounter child neglect and abuse (x=3.68).

Table 7. Comparison of the Individual Characteristics of the Nurses Their Knowledge Levels on Child Neglect and Abuse According to Their Child Characteristics Sub-Dimension Mean Scores

Individual Characteristics of Nurses	Child Characteristics Sub-Dimension Mean Scores				
	Dimensions	N	Mean±SS	t ⁽¹⁾ /F ⁽²⁾	p
Clinic where the work is performed	Child	86	3.14±0.51	0.521 ¹	0.603
	Other*	39	3.09±0.53		
Most Recent Education Level Obtained	Bachelor's Degree	47	3.26±0.49	5.267 ²	0.006 1>3.2>3 (p<0,05)
	Master's Degree	11	3.33±0.59		
	High School	67	2.99±0.49		

1: t-Test

2: Variance Analysis

*Clinics which conduct pediatric patients follow-up

Child characteristics scores of the nurses working in the pediatric clinic ($x = 3.14$) were found to be higher than the scores of the nurses in other clinics ($x = 3.09$) ($t = 0.521$, $p = 0.0603$).

Children's characteristics scores show a significant difference according to the most recent education level variable ($F = 5.267$; $p = 0.006 < 0.05$). The reason for the difference is that those holding a bachelor's degree as the most recent education level obtained have higher children's characteristics scores than nurses with 'bachelor's degree and other' ($p < 0.05$).

The cases of child neglect and abuse increase day after day in the society. When the identification level of symptom risks related to child neglect and abuse of nurses were evaluated, their general knowledge levels were found to be high. When the sub-dimensions are examined, physical symptom, behavioral symptoms and familial characteristics scores were found high, scores for parental characteristics and children's characteristics were found medium. Although the majority of the nurses stated that they could recognize a case of child abuse and neglect when they encounter them, it is apparent that they need more information about this subject and they have incomplete knowledge. It is seen that participants who received bachelor's level education and training are fewer in number. It is identified that majority of the participants who encountered a case child neglect and abuse had not given a legal notice of the case. The difficulties nurses faced with while identifying the cases of child neglect and abuse were identified as follows: Receiving narratives, mental examination, physical examination, legal process, reporting to relevant authorities, registering and requesting consultation.

CONCLUSION

It is important that nurses know of the symptoms of child abuse and neglect. In-service training can be organized in institutions to raise awareness. Inadequate aspects may be completed by organizing in-service training by identifying the deficiencies of nurses on the sub-scales. During nursing education, child abuse and neglect should be given a larger space in the curriculum. Multidisciplinary child monitoring teams

should be established in hospitals. A nurse should be able to identify families in the risk group. Phone numbers of Social Services Directorates should be made available at health institutions and each case should be reported. The lack of knowledge of nurses on children's rights should be eliminated. Legal liabilities and convictions of health personnel should be addressed in in-service trainings on child abuse and neglect.

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