



Knowledge levels of members of different occupations on child abuse and neglect

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Abstract

Due to the fact that there are limited numbers of studies on child abuse and neglect in our country and the fact that insufficient training before and after graduation cause lack of information and experience in occupations that involve children, some cases may not be noticed.

Purpose: This study was conducted to find out the knowledge levels of nurses, teachers and police who have an important role in recognizing and preventing child abuse and neglect.

Methods: 220 nurses, 128 teachers and 150 police working in a town center in the North of Turkey participated in the study. A questionnaire was used to determine the knowledge levels of the participants on children's neglect and physical and sexual abuse. The data was analyzed by SPSS package program and percentages and chisquare test was used in analyses.

Results: 72.5% of the police, 65.9% of the nurses and 21.1% of the teachers stated that they had encountered child abuse and neglect. In terms of the levels of recognizing evidence of neglect in children, no statistically significant difference was found between occupational groups; however, a statistically significant difference was found between groups in terms of recognizing evidence of physical abuse.

Conclusions: The results of this study showed that nurses were more successful than teachers and police in diagnosing the symptoms of physical and sexual abuse in children; however, no difference was found between the members of different occupations in terms of diagnosing signs of neglect in children.

Keywords: Child; abuse; neglect; nurse; teacher; police.

1. Introduction

Child abuse is a broad and serious medical, legal, developmental and psycho-social problem with complicated reasons and tragic results (Kara, Biçer, & Gökalp, 2004:141). Child abuse and neglect are all of the actions and inactions that prevent or limit a child's development which are directed at the child by an adult such as mother, father or the caregiver and which are described as inappropriate or destructive by societal rules and professionals. As a result of these actions or inactions, the child is physically, mentally, sexually or socially hurt and the child's health and safety are endangered (Tıraşçı & Gören, 2007:70). Since the violence and neglect imposed on children are widely kept in secret in societies, its incidence is not known for sure. In our country, a study on children found that the rate of physical abuse was higher than other countries probably since beating is considered to be an educational tool (Vatansever, Duran, Yolsal, Aladağ, Öner, Biner, & Karasalihoğlu, 2004:123-124). Children who are abused inevitably have varying degrees of physical, developmental, mental and social retardation. Emotional disorders,

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aggressive behavior, insecure attachment patterns, social withdrawal, failure at school, depression, attention deficit, hyperactivity, posttraumatic stress disorder are among the psychological effects of physical abuse and neglect. In addition, it has been found that adolescents and adults who have been abused in their childhood smoke and drink alcohol more, they commit suicide and show aggressive behavior more than adolescents and adults who haven't. When the mild symptoms which are indicators of abuse are missed out or not reported, negative consequences with vital importance can occur (Kara, Biçer, & Gökalp, 2004:141-142).

Child abuse and neglect is not a problem that can be solved by making only one occupational group competent in this field. All disciplines should fulfill their responsibilities within the framework of public social politics and there should be a strict interdisciplinary interactioncooperation (Şimşek, Ulukol, Bingöler, & Başkan 2006:1091). Occupational groups such as doctors, nurses, police and teachers, who constantly come face to face with children are responsible for reporting signs of abuse or neglect in children (Tıraşçı, & Gören, 2007:73). This obligation aims to serve the high benefit of people and society (Tahiroğlu, Avcı, & Çekin, 2008:4-5-6). The most important attitude in diagnosing child abuse is first of all becoming suspicious of abuse. Most of the time, abused children do not resort to related people (physicians, social service specialists, police, nurses, etc) for abuse. Thus, in cases with a suspicion of child abuse, those concerned should report the history and symptoms well in order to reveal the situations that are tended to be kept hidden (Güner, Savaş, & Şahan, 2010:108). All health personnel should be informed about child abuse so that such cases can be assessed correctly, quickly and at once. Nurses have great responsibilities in recognizing abuse and neglect in a child that is brought to hospital. Nurses can reveal abuse and neglect by combining the information taken from the family with their own observations and experiences. Nurses can also make visits to houses and find out risky families and the children who are under risk. All nurses who care for children should have active roles in the early diagnosis, treatment and prevention of child abuse and raising awareness in families and societies about child abuse (Bahadır, 2013:256-257-258; Gölge, Hamzaoglu, & Türk, 2012: 88-89; Uysal,1998). In determining risk groups, teachers have a very important place since they are in personal contact with children. Teachers have responsibilities to define, analyze and report abused children (Kenny, 2001:81-82). Since abused children have more behavioral, emotional and learning problems than other children, teachers should have an active role in determining such children in early phases through guidance and counseling, monitoring these children closely and directing them to related units (Bahadır, 2013:257; Çeçen, 2007). Teachers should be informed about child abuse both before graduation and through in-service training and they should be taught the skills to recognize abused children (Bahadır,2013:257; Topbaş;2004:80). Teachers have important duties in increasing sensitivity to child abuse and educating families and other individuals on child abuse (Kenny,2001). Teachers can make use of parent-teacher association board meetings and parent-teacher meetings and they can organize training programs on the subject. (Gökler, 2006; Topbaş,2004; Yalçın, Koçak, & Duman, 2014; Tıraşçı, & Gören, 2007:72-73). Another method in preventing child abuse is working and cooperating with the police. Thus, police training programs should increase awareness in abuse, create sufficient background knowledge on abuse, develop the skills to recognize abused children earlier and increase the level of knowledge on who to cooperate for the diagnosis and treatment of these children (Bahadır,2013:258).

2.Purpose

This study was conducted to find out the knowledge levels of nurses, teachers and police who have an important role in recognizing and preventing child abuse and neglect.

3. Material and method

3.1. Study design

The study was designated as descriptive and cross-sectional.

3.2. Setting and samples

The universe of the study consisted of nurses, primary school teachers and police working in a town center in the North of Turkey. All of the universe was planned to be included in the sample. 220 nurses working in the state hospital of the town, 128 teachers working in the five primary schools of the town and 150 police working in the town police center made up the universe of the study. However, the people who accepted to participate in the study and those who were in the institutions on the dates the study was conducted formed the sample (132 nurses, 91 police and 76 teachers, n= 299) of the study.

3.3. Ethical considerations

After written permission was taken from the related institutions for the research, written informed consents were taken from all the participants and questionnaires were filled in by the researcher through face to face interviews.

3.4. Measurements

A questionnaire which was used by making use of the literature was used as data collection tool. The questionnaire consisted of two parts. There were questions about the sociodemographic characteristics of the participants and 14 items for the signs of neglect, physical abuse and sexual abuse (4 items for the signs of neglect, 6 items for the signs of physical abuse and 4 items for the signs of sexual abuse).

3.5. Data analysis

The data was analyzed by using SPSS package program and percentages and chi-square test were used for statistical analyses. Statistical significance level was taken as $p < 0,05$.

4. Results

39.5% of the participants were nurses, 32% were police and 28.5% were teachers. 37.5% of the participants were older than 41 and 67.6% had undergraduate degree and 55.9% had worked for more than 20 years. 82.3% were married and 75.9% had children. 48.5% of the nurses who participated in the study, 40.8% of the teachers and 29.7% of the police stated that they had been trained about child abuse and neglect. 72.5% of the police, 65.9% of the nurses and 21.1% of the teachers stated that they had encountered child abuse and neglect (Table 1).

Table 1: Sociodemographic characteristics of the participants and their experiences on child abuse and neglect

		Nurse		Teacher		Police		Total	
		n	%	n	%	n	%	n	%
Age	Between 20- 30 years of age	52	39,4	7	9,2	17	18,7	76	25,4
	Between 31-40 years of age	52	39,4	22	28,9	37	40,7	111	37,1
	Over 41	28	21,2	47	61,8	37	40,7	112	37,5
Level of education	Associate degree	21	15,9	16	21,1	49	53,8	86	28,8
	Undergraduate degree	106	80,3	58	76,3	38	41,8	202	67,6
	Master degree	5	3,8	2	2,6	3	4,4	11	3,7
Working time	Between 1-10years	43	32,6	8	10,5	17	18,7	68	22,7
	Between 11- 20 yıl	35	26,5	15	19,7	14	15,4	64	21,4
	20 years or more	54	40,9	53	69,7	60	65,9	167	55,9

Marital status	Married	98	74,2	68	89,5	80	87,9	246	82,3
	Single	34	25,8	8	10,5	11	12,1	53	17,7
Having children	Yes	92	69,7	61	80,3	74	81,3	227	75,9
	No	40	30,3	15	19,7	17	18,7	72	24,1
I was previously informed	Yes	68	51,5	31	40,8	27	29,7	126	42,1
	No	64	48,5	45	59,2	64	70,3	173	57,9
I met a case before	Yes	87	65,9	16	21,1	66	72,5	169	56,5
	No	45	34,1	60	78,9	25	27,5	130	43,5

When the members of different occupational groups were examined in terms of recognizing the signs of neglect, 22.1% of the nurses, 14.7% of the teachers and 13.4% of the police answered the statement “retarded growth and development in child brings to mind that the child is neglected” correctly. 35.8 % of the nurses, 22.4% of the police and 20.4% of the teachers answered the statement “a child with bad hygiene shows that the child is neglected” correctly. 36.5% of the nurses, 24.1 % of the police and 19.1% of the teachers were found to have answered the statement “not having the child’s vaccines done or having them done late is a sign of neglect” correctly. 38.8% of the nurses, 25.4% of the police and 21.4% of the teachers answered the statement “not having the physical problems of the child treated is neglect” correctly. No statistically significant association was found between the statements “retarded growth and development in child brings to mind that the child is neglected”, “a child with bad hygiene shows that the child is neglected”, “not having the child’s vaccines done or having them done late is a sign of neglect”, “the child’s not having a continuous and consistent supervision is neglect” and “not having the physical problems of the child treated is neglect” and occupational groups ($p>0.05$) (Table 2).

Table 2: Members of different occupational groups on recognizing signs of neglect

	Nurse n(%)			Teacher n(%)			Police n(%)			X ² ,p
	Agree	Disagree	Undecided	Agree	Disagree	Undecided	Agree	Disagree	Undecided	
<i>Retarded growth and development in child brings to mind that the child is neglected</i>	66(22.1)	32(10.7)	34(11.4)	44(14.7)	12(4.0)	20(6.7)	40(13.4)	19(6.4)	32(10.7)	5.112 0.276
<i>A child with bad hygiene shows that the child is neglected</i>	107(35.8)	10(3.3)	15(5.0)	61(20.4)	10(3.3)	5(1.7)	67(22.4)	11(3.7)	13(4.3)	4.489 0.344
<i>Not having the child’s vaccines done or having them done late is a sign of neglect</i>	109(36.5)	7(2.3)	16(5.4)	57(19.1)	9(3.0)	10(3.3)	72(24.1)	11(3.7)	8(2.7)	4.801 0.308
<i>Not having the physical problems of the child treated is neglect</i>	116(38.8)	6(2.0)	10(3.3)	64(21.4)	6(2.0)	6(2.0)	76(25.4)	7(2.3)	8(2.7)	1.465 0.833

When the members of different occupational groups were examined in terms of recognizing the signs of physical and sexual abuse in children; 40.5% of the nurses, 23.7% of the police and 18.7% of the teachers answered the statement “different sizes of scratches, bruises and

finger pressure sores on the child's torso, back, hips and thighs are signs of physical abuse" correctly. 34.1% of the nurses, 9.4% of the police and 8.7% of the teachers answered the statement "different colors of bruises on the torso show physical abuse" correctly. 38.8% of the nurses, 21.1% of the police and 15.1% of the teachers answered the statement "in children who are physically abused, burns are more common on the back of the hand, on genital parts and on hips" correctly. 34.8% of the nurses, 14.4% of the police and 15.7% of the teachers answered the statement "bite marks close to the hips and genital parts of the babies show physical abuse" correctly. 37.8% of the nurses, 20.7% of the police and 14.7% of the teachers answered the statement "round, swollen lesions with the shape of crater in the middle that exist on the skin should bring cigarette burn to mind" correctly. 36.5% of the nurses, 20.7% of the police and 18.4% of the teachers answered the statement "intracranial and intraocular hemorrhage in babies show physical abuse" correctly. 39.5% of the nurses, 23.7% of the police and 17.1% of the teachers answered the statement "pregnancy especially at the ages of 10-15 should bring sexual abuse to mind" correctly. 39.1% of the nurses, 23.1% of the police and 17.1% of the teachers answered the statement "vaginal and rectal hemorrhage can be seen as a result of sexual abuse" correctly. A statistically significant association was found between the aforementioned statements and occupational groups ($p < 0.05$). (Table 3). 37.1% of the nurses, 26.4% of the police and 20.7% of the teachers answered the statement "complaints of pain, swelling or rash at the genital area should bring sexual abuse to mind" correctly. 38.1% of the nurses, 23.7% of the police and 18.1% of the teachers answered the statement "bruises or scratches at the genital area, mouth, arm, back of the head or legs should bring sexual abuse to mind" correctly. No statistically significant difference was found between the statements "complaints of pain, swelling or rash at the genital area should bring sexual abuse to mind" and "bruises or scratches at the genital area, mouth, arm, back of the head or legs should bring sexual abuse to mind" and occupational groups ($p > 0.05$) (Table 3).

Table 3: Members of different occupational groups on recognizing signs of physical and sexual abuse in children

	Nurse n(%)			Teacher n(%)			Police n(%)			X ² ,p
	Agree	Disagree	Undecided	Agree	Disagree	Undecided	Agree	Disagree	Undecided	
<i>Different sizes of scratches, bruises and finger pressure sores on the child's torso, back, hips and thighs are signs of physical abuse</i>	121(40.5)	5(1.7)	6(2.0)	56(18.7)	13(4.3)	7(2.3)	71(23.7)	11(3.7)	9(3.0)	14.418 0.006
<i>Different colors of bruises on the torso show physical abuse</i>	102(34.1)	21(7.0)	9(3.0)	26(8.7)	25(8.4)	25(8.4)	28(9.4)	35(11.7)	28(9.4)	67.177 0.000
<i>In children who are physically abused, burns are more common on the back of the hand, on genital parts and on hips</i>	116(38.8)	10(3.3)	6(2.0)	45(15.1)	17(5.7)	14(4.7)	63(21.1)	14(4.7)	14(4.7)	23.838 0.000
<i>Bite marks close to the hips and genital parts of the babies show physical abuse</i>	104(34.8)	9(3.0)	19(6.4)	47(15.7)	13(4.3)	16(5.4)	52(17.4)	20(6.7)	19(6.4)	15.518 0.004
<i>Round, swollen lesions with the shape of crater in the middle that exist on the skin should bring cigarette burn to mind</i>	113(37.8)	13(4.3)	6(2.0)	44(14.7)	20(6.7)	12(4.0)	62(20.7)	12(4.0)	17(5.7)	25.162 0.000

<i>Intracranial and intraocular hemorrhage in babies show physical abuse</i>	109(36.5)	11(3.7)	12(4.0)	55(18.4)	16(5.4)	5(1.7)	62(20.7)	16(5.4)	13(4.3)	10.645 0.031
<i>Especially at the ages of 10-15 should bring sexual abuse to mind</i>	118(39.5)	6(2.0)	8(2.7)	51(17.1)	19(6.4)	6(2.0)	71(23.7)	11(3.7)	9(3.0)	20.860 0.000
<i>Vaginal and rectal hemorrhage can be seen as a result of sexual abuse</i>	117(39.1)	8(2.7)	7(2.3)	51(17.1)	16(5.4)	9(3.0)	69(23.1)	14(4.7)	8(2.7)	14.947 0.005
<i>Complaints of pain, swelling or rash at the genital area should bring sexual abuse to mind</i>	111(37.1)	11(3.7)	10(3.3)	62(20.7)	5(1.7)	9(3.0)	79(26.4)	5(1.7)	7(2.3)	1.943 0.746
<i>Bruises or scratches at the genital area, mouth, arm, back of the head or legs should bring sexual abuse to mind</i>	114(38.1)	9(3.0)	9(3.0)	54(18.1)	15(5.0)	7(2.3)		13(4.3)	7(2.3)	8.724 0.068

5. Discussion

The results of the study showed nurses (48.5%) to be more trained than the members of the other occupational groups (40.8% of the teachers, 29.7% of the police) in terms of child abuse and neglect. A study by Gölge et al. (2012:90) showed that among the health staff (n=250), 54.1% of the physicians and 62.3% of the nurses-midwives had been educated on child abuse during their studies at school. Çatık & Çam's (2006:110) study showed that 52.6% of the nurses and midwives (n=192) had been educated on this. This rate was found to be low in Uysal (1996)'s study (23.9% of the nurses and 28.6% of the midwives). Demir (2012) reported that 56.8% of the family physicians had been educated on this. Kocaer (2006) found that physicians (25.7%) were more educated than nurses (4.6%) on this subject. Pala (2011) found that 91.2% of the prospective teachers (n=171) had not taken any courses on this. In Tugay's (2008) study, it was found that 93.8% of the teachers (n=400) had not been educated on this subject. In their study they conducted on police working in the city center with the purpose of finding out the knowledge levels of police officers on child abuse, 87.5% of the police (n=152) were found to be uneducated on this issue. As can be seen in these studies, nurses are more educated on child abuse and neglect when compared with teachers and police. We are of the opinion that there should also be in-service trainings in order to give more place in the education of the occupations that come face to face with children, to refresh old information and to inform about the latest developments on this subject. In the study, it was found that as part of their job, police (72.5%) met more cases of child abuse and neglect when compared with nurses (65.9%) and teachers (21.1%). Studies about this subject conducted with nurses and teachers were higher in number. Gölge et al. (2012:91) found that 43,8% of physicians and 36,2% of nurses and midwives met child abuse and neglect cases all through their careers. Demir (2012) found that 21.1% of family physicians met child abuse and neglect. Canbaz et al. (2005:240-245) found that 14,3% of general practitioners stated that they saw a case of child abuse and neglect during the last year. In Sönmez & Bektaş's (2006) study, 46.7% of the teachers stated that they saw a child abuse case before. Erol (2007) found that the rate of teachers seeing a sign of physical abuse in a child during the last two years was 30%. In their study, Dereobalı et al. (2013) stated that 35% of preschool teachers (n=197) met children who had been physically abused during their careers. No statistically significant difference was found between the members of different occupational groups in terms of recognizing signs of neglect in children (p>0.05). This finding results from the fact that nurses, teachers and police have similar levels of recognizing signs of neglect in children. When the signs of physical abuse in children and the levels

of the participants recognizing the problems that may be seen in these children are examined, it was found that nurses recognized signs of physical abuse when compared with the members of the other occupational groups ($p < 0.05$). A statistically significant difference was found between some of the statements related to sexual abuse and occupational groups ($p < 0.05$). When studies conducted with different occupational groups were examined, different results were obtained.

Studies conducted with health personnel; In their study they examined the knowledge levels of nurses on abuse and neglect, Arıkan et al. (2000:32-34) found that nurses who had bachelor's degree recognized the signs of physical abuse better than the nurses who had graduated from vocational school of health and who had associate's degree. Marital status and having children was not found to be associated with recognizing the signs of emotional and sexual abuse ($p > 0.05$) for nurses. In their study that examined to find out the knowledge level and attitudes of physicians working in a city center ($n=500$) on child abuse and neglect, Kara et al. (2014:59-64) found that the physicians who were male, who were single, who were between the ages 25-29, who stated that they were not educated on child abuse and neglect before or after graduation and who stated that they did not encounter any cases of abuse and neglect during their careers had lower level of knowledge on child abuse and neglect when compared with the other groups. Çatık & Çam (2006) found that 90,6% of nurses and midwives ($n=192$) could recognize child abuse. In this study, 98.4% of the nurses and midwives showed that they recognized the physical signs of child abuse and neglect by answering the statement "different sizes of scratches, bruises and finger pressure sores on the child's torso, back, hips and thighs are signs of physical abuse" correctly. In addition, Çatık & Çam (2006:110-117) found that sociodemographic characteristics of nurses, being educated about child abuse and neglect and having seen such cases did not have an effect on recognizing the signs and risks of child abuse and neglect. Demir (2012) found that the physicians who were female, who had a low average of age and who were educated on child abuse and neglect had higher levels of awareness when compared with others. Kocaer (2006) found that physicians had higher scores of recognizing child abuse and neglect signs and risks than nurses ($p < 0.05$).

Studies conducted with teachers; Uysal & Özsoy (2003:44-47) gave a questionnaire form to teachers working in primary schools ($n=283$) describing 25 small stories that included various parent attitudes to children which were thought as abuse and neglect. As a result of the study, it was found that teachers got higher scores from physical and sexual abuse stories and it was also found that having children and getting in-service education affected the teacher's views and attitudes on stories of child abuse and neglect. Erol (2007) stated that teachers did not have sufficient knowledge to recognize physical abuse and only 45,7% of the teachers saw "purple marks, cuts and bruises on a child's face" as a sign of physical abuse. In addition, this study reported that the teachers who had been serving for less than 5 years, those who were graduates of open education faculty, those who had been educated on abuse and neglect before were more sensitive on recognizing physical abuse. In their study, Sönmez & Bektaş (2006) reported that the kind of abuse teachers met most was physical with a rate of 11.7% and emotional with a rate of 11.7%. Dereobalı et al. (2013:60-66) examined the views and experiences of preschool teachers ($n=197$) on child abuse, physical violence to child and prevention of these and educators used definitions that included expressions of sexual abuse (32.85%) and neglect (8.57%). Pala (2011) found that 20.5% of prospective teachers were unprepared about diagnosing physical abuse, 28.1% were unprepared about diagnosing sexual abuse, 16.4% were unprepared about diagnosing emotional abuse and 18.7% were unprepared about diagnosing neglect. In his study the aim of which was to determine how confident teachers ($n=400$) were in diagnosing child neglect and types of abuse, Tugay (2008) found that teachers were most prepared on child neglect (16.0%), emotional abuse (13.3%), physical abuse (12.5%) and sexual abuse (8.3%), respectively. Saribaş (2013) found that women had higher levels of diagnosing emotional abuse and recognizing the behavioral signs of physical abuse. In their study with teachers, Bozkurt & Çam (2004:55) found that teachers were able to diagnose

physical abuse. Bozkurt & Çam (2004:56) also found that sociodemographic characteristics of teachers did not influence their ability to diagnose the signs of child abuse and neglect. Keny (2001:81) stated that only 27% of teachers (n=197) reported child abuse and they also stated that female teachers and those who had more than five years' of experience were more successful in diagnosing abuse and they made more reports. Teachers are the people children spend the most time with following their family members and thus, teachers should be trained in child abuse and neglect, how to report and prevent these and they should cooperate with other occupations.

Studies conducted with police; In our country, we found only one study by Başbakkal & Baysan (2004) which was conducted with police. This study was made to determine the levels of knowledge of the police working in a city center (n=152) and the results showed that 55.9% of the police could not diagnose physical abuse while 77.6% could not diagnose emotional abuse, 75.0% could not diagnose sexual abuse and 38.2% could not diagnose child neglect. 50.6% of the police stated that there was no institution or organization in our country that was interested in child abuse and neglect. Although 57.2% of the police were aware that child abuse and neglect has a place in Turkish Law System, 22.4% thought that they had insufficient knowledge on the subject and 14.5% stated that there was no law place in Turkish Law System on the subject. A significant relationship was found between the education level of the police and their level of knowledge on abuse (Başbakkal & Baysan , 2004:65-69).

Strengths and limitations of our study: The strength of our study was that there were limited numbers of studies conducted on teachers and police while such studies were conducted mostly on health personnel. Thus, our study is important for this aspect. The limitation of our study was that the sample group was chosen as a town. In this respect, future studies are recommended to be conducted with more samples. We are grateful to all participants.

6. Conclusions and recommendation

The results of the study showed nurses to be more trained than the members of the other occupational groups in terms of child abuse and neglect. This study showed that nurses were more successful than teachers and police in diagnosing the symptoms of physical and sexual abuse in children; however, no difference was found between the members of different occupations in terms of diagnosing signs of neglect in children. Today, child abuse and neglect is a big shame of humanity and it should be everybody's responsibility to prevent and eliminate it. A multidisciplinary approach is required to fully present the high benefit of child in society. Thus, health personnel, teachers and police have big responsibility in fighting child abuse. Child abuse can be prevented by the collective efforts of the whole community. Health workers, teachers and police need to be able to recognise the symptoms of abuse and neglect in order not to miss any cases. Every institute and individual, led by the state itself and institutes in education, health, law areas should be armed with sensibility and task awareness relating to child abuse and neglect. It is important that of the students (health, teachers and police students) to increase their awareness of abuse to arrange training programs, to give more space to the subject in the curriculum. Members of different occupations should train their colleagues and the society and try to make them sensitive and wellinformed.

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References

- Arkan, D., Yaman, S., Çelebioğlu, A.(2000). Knowledge of nurses on child Neglect and abuse. *Journal of Anatolia Nursing and Health Sciences*, 3(2), 29-35.
- Bahadır, EY. (2013). The Programs and Its Features Used in the Prevention of Child Abuse. *Journal of Anatolia Nursing and Health Sciences*, 16(4), 255- 259.
- Başbakkal, Z., Baysan, L. (2004). An analysis of police's level of knowledge and thoughts on child abuse and neglect, *Çocuk Forumu Dergisi*,65- 70.
- Bozkurt, G., Çam, O. (2004). Analysis of level of knowledge on primary school teachers' recognizing child abuse and neglect. 14th National Pediatric and Adult Mental Health Congress, 21-24 April , Bursa, Turkey,55-56.
- Canbaz, S., Turla, A., Aker, S., Pekşen, Y. (2005). Knowledge and Attitude of General Practitioners Working in Primary Health-Care Centers in Samsun City Center about Child Abuse and Neglect. *Sted Dergisi*, 14,241-246.
- Çatık, A. E., Çam, O. (2006). Determining nurses' and midwives' level of knowledge on Symptoms and risk of child abuse and neglect. *Journal of Ege University Nursing Faculty*, 22(3),103-119.
- Çeçen, R A. (2007). Child Sexual Abuse: Prevalence, Effects and School Based Prevention. *Journal of Human Sciences*, 4(1), 1-17.
- Demir, H. (2012). The knowledge, awareness and attitude of physicans working in family health centres in Edirne on child abuse and neglect. Trakya University Medical Faculty, Department of Family Medicine Thesis. Edirne, Turkey.
- Dereobalı, N., Karadağ, S. Ç., Sönmez, S.(2013). Preschool Educators' Roles, Views and Experiences About Child Abuse, Neglect, and Violence Towards Children. *Ege Eğitim Dergisi*,14(1), 50–66.
- Erol, D. (2007). Awareness of pre-schoolteachers aboutthe signs of physical Abuse (sample of city of Eskişehir) (Unpublished master's thesis). Anadolu University, Institute of Education Sciences, Eskişehir, Turkey.
- Gökler, R. (2006). A General Overview The Abuse and Negligence of Children In Education. *Türkiye Sosyal Araştırmalar Dergisi*, 10(3):47-76.
- Gölge, B. Z., Hamzaoglu, N., Türk, B. (2012). Assesment of medical staff awareness about child abuse and neglect. *Journal of Forensic Medicine*, 26(2), 88-96.
- Güner, İ. Ş., Savaş, GŞ., Şahan, MH. (2010). A Social And Medical Problem In Chilren; Abuse. *Van Tıp Dergisi*, 17(3),108-113.
- Kara, B., Biçer, Ü., Gökalp, AS. (2004). Child abuse. Journal of child health and disease. *Çocuk Sağlığı ve Hastalıkları Dergisi*, 47, 140-151.
- Kara, Ö., Çalışkan, D., Suskan, E. (2014). Comparison of the levels of knowledge and approaches in relation with child abuse and neglect in residents of pediatrics, pediatricians and practitioners working in the province of Ankara. *Turkish Pediatrics Archive*, 49,57-65.
- Kenny, M. C. (2001). Child abuse reporting: Teachers' percived deterrents. *Child Abuse & Neglect*, 25(1),81-92.
- Kenny, M. C. (2004). Teachers' attitudes toward and knowledge of child maltreatment. *Child Abuse & Neglect*, 28(12), 1311-1319.
- Kocaer, Ü. (2006). The levels of awarenes for child abuse and neglect of the physicians and nurses. Marmara University Institute of Child Health and Health Sciences Department of Nursing Degree Thesis. Istanbul, Turkey.

- Pala, B. (2011). Levels of knowledge and awareness about child abuse and neglect of future teachers. Eskişehir Osmangazi University Faculty of Medicine Department of Family Medicine Thesis. Eskişehir, Turkey.
- Sarıbaş, A. K. (2013). Awareness of pre-schoolteachers about the signs of physical abuse (sample of city of eskisehir) Onsekiz Mart University Institute of Educational Sciences Department of Pre-school Education Master's Thesis. Çanakkale, Turkey.
- Sönmez, S., Bektaş, Ö. (2006). Wives and attitudes of preschool teachers on small stories that include child abuse and neglect. International Symposium of past, present and future of preschool education in European Union Adaptation Process, Cyprus, Turkey.
- Şimşek, F. O., Ulukol, B., Bingöler, B., Başkan, S.G. (2006). Attitudes of Turkish parents, pediatric residents, and medical students toward child disciplinary practices. *Child Abuse and Neglect*, 30, 1081-1092.
- Tahiroğlu, A. Y., Avcı, A., Çekin, N. (2008). Child abuse, mental health and forensic report obligation. *Anadolu Journal of Psychiatry*, 9, 1-7.
- Tıraşçı, Y., Gören, S. (2007). Child Abuse and Neglect. *Dicle Medical Journal*, 34(1), 70-74.
- Topbaş, M. (2004). A big shame of mankind: child abuse. *TAF Preventive Medicine Bulletin*, 3(4), 76-80.
- Tugay, D. (2008). The levels of awareness for child abuse and neglect of teachers. Marmara University Institute of Child Health and Health Sciences Department of Nursing Degree Thesis. İstanbul, Turkey.
- Uysal, A. (1998). Levels of knowledge about child abuse and neglect symptoms and risks to measure of nurses and midwives. (Unpublished master's thesis). Ege University Graduate School of Health Sciences. İzmir, Turkey.
- Uysal, A., Özsoy, S. (2003). Wives and attitudes of teachers on small stories that include child abuse and neglect. *Child Forum*, 6(2), 43- 48.
- Vatansever, Ü., Duran, R., Yolsal, E., Aladağ, N., Öner, N., Biner, B., Karasalihoğlu, S. (2004). Bare in mind the possibility of child abuse and neglect in the pediatric emergency unit. *Turkish Archives of Pediatrics*, 39, 120- 124.
- Yalçın, H., Koçak, N., Duman, G. (2014). Investigation parents' attitudes related of child abus. *Karamanoğlu Mehmetbey University Journal of Social and Economic Research*, 16(1), 137-143.