

**Original article****Health care workers who work in the province of elazig levels of awareness about child abuse and neglect, and the factors affecting this situation**Fatoş UNCU<sup>1</sup>, A. Ferdane OĞUZÖNCÜL<sup>2</sup>

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<sup>1</sup>Firat University, Elazig School of Health Sciences Department of Nursing<sup>2</sup>Firat University, Faculty of Medicine, Department of Public Health**Abstract**

Child abuse and neglect is one of the major health problems seen in all societies that can have a permanent negative impact on one's life. This research is made to determine the awareness of the health care professionals about child abuse and neglect who work in the Elazig city center as well as the factors that affect this situation.

The subjects of this study consists of the health care professionals who work in Elazığ and with the formula  $n = \frac{Nt^2pq}{d^2(N-1)t^2pq}$  906 people were selected ( $t=2.59, d=0.03, p=0.30$ ) and 899(%99.2) of these people were reached. Data for the study was collected with the help of a questionnaire consisting of multiple-choice questions in general and "Scale for Identifying Signs and Risks of Child Abuse and Neglect".

46.4% of health care workers included in the study were physicians and 53.6% were nurses and midwives. Age average of the health care workers were  $33.6 \pm 7.7$  and 61.6% of them were female. The total scale points for identifying signs and risks of child abuse and neglect for physicians ( $3.67 \pm 0.29$ ) was found to be significantly higher than those recorded for nurse and midwives ( $3.55 \pm 0.30$ ) ( $p=0001$ ).

The average score for the sub-groups of physicians of "Scale For Identifying Signs And Risks Of Child Abuse And Neglect" were found to be statistically meaningful compared to the nurses and midwives. Both physicians ( $3.83 \pm 0.53$ ) and nurses and midwives ( $3.74 \pm 0.65$ ) scored highest in the subgroup "Neglect indications upon child" of the "Identification of child abuse and neglect indications and risks" scale group. Physicians ( $3.41 \pm 0.49$ ) and nurses and midwives ( $3.21 \pm 0.50$ ) scored the lowest in the subgroup "Properties of a child prone to abuse and neglect" of the "Identification of child abuse and neglect indications and risks" scale group.

As a result, health care workers who work in Elazig were inspected in terms of their level of their child abuse and neglect awareness and it's been determined that the health care staff needs to be informed about this subject.

**Key words:** *Child, Physician, Nurse, Midwife, Neglect, Abuse*

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## Introduction

Child abuse and neglect, due to the high probability of occurrence in life and negative impact that causes, is one of the major public health problems in the world and in our country. The World Health Organization (WHO) in 2002 indicated child neglect as not being met his basic needs such as child nutrition, health, shelter, clothing, education, prevention and surveillance by the parents or other people who are responsible of taking care of the child and described child abuse as all the purposely or unpurposefully behaviours done by the public or government which affects child's health, physical and psycho-social development in a negative way. United Nations Organization, and many other national and international documents emphasize that children have a critical importance than other age groups in terms of child neglect and abuse.(2,3).

WHO separated child neglect and abuse into 4 groups as; verbal / emotional abuse, physical abuse, sexual abuse and neglect.(4) Several risk factors are

identified in the etiology of child abuse and neglect. These risk factors are young aged parents especially the mother, low socio-economic status, lack of education, parents' personality disorders, drugs addiction, history of abuse faced by parents, marriage-related or work-related problems, the child's being orphan or having step-parents, unwanted pregnancy, illegitimate child, the child's having physical or mental diseases (5,6).

If child abuse and neglect which is a common and important health problem is identified beforehand, severe traumas and negative effects on child can be prevented. For this reason, physicians, nurses and midwives have a very important role in early diagnosis and treatment of child abuse and neglect, the signs and symptoms to detect, identify risk groups, make the family, and society conscious due to the professional training they have.

Health care workers must have extensive knowledge about child neglect and abuse, must be experienced

in detecting signs of child abuse and neglect. According to the investigation held by Paavilain and his colleagues on physicians and nurses working in the university hospital of Finland; it was found out that %60 of the respondents had lack of knowledge in child abuse and neglect. According to the study of Sundell done to show awareness of the nurses about child abuse and neglect who work in child health centers in Sweden, it was indicated by the nurses that they have not enough information about the study and for that reason they do not report on child abuse and neglect (8). In a study conducted on physicians in Australia by Armstrong and Wood it was indicated that they are not capable of detecting signs and symptoms of child abuse and neglect (9). In a study held by Turla and his friends examining the knowledge and attitudes of practitioners in health care center in Samsun city in Turkey, it was found out that 28.6% of them have lack of information about the case and they ignore child abuse and neglect. (10). According to the research of Arikan and his friends which was done in three hospitals including 77 nurses in Erzurum, it was revealed that only % 35.3 of them knew the definition of child neglect and % 25.0 of them knew

the definition of child abuse. (11). When this study examined the level of knowledge of nurses', it reveals that knowledge of the symptoms of physical abuse is 16.2%, knowledge of the symptoms of emotional abuse is 7.3%, sexual abuse knowledge is 3.0% percent. Related to child neglect, knowing the symptoms of physical neglect is 10.3% and emotional neglect is %13.2. As stated by Açık and his friends in their study, %62,3 of the physicians responded correctly to the questions related to physical abuse of children in eastern Turkey (Elazığ, Tunceli, Bingöl and Malatya) (12). However, the researches about the knowledge and awareness of child abuse and neglect showed that health care professionals in the world and in our country have lack of awareness (7-12). That is why, it is important to perform further studies on this area defining the attitudes and levels of awareness of the health care workers and take necessary interventions.

This study has been carried out to state the level of awareness of the health care workers who have an important role in the identification of child abuse and neglect and to determine the factors affecting the level of awareness

## MATERIALS AND METHODS

This study has been carried out to state the level of awareness of the health care workers who have an important role in the identification of child abuse and neglect and to determine the factors affecting the level of awareness.

The research was done in 10 health facilities in the city center of Elazig. The research was carried out between September 2011-December 2012. The subjects of this study consists of the health care professionals who work in Elazığ and with the formula  $n = Nt^2pq/d^2(N-1)t^2pq$  906 people were selected ( $t=2.59, d=0.03, p=0.30$ ) and 899(%99.2) of these people were reached. A questionnaire consisting of closed-ended questions in general and a data collection tool including " the scale to diagnosis the Child Abuse and Neglect Signs and Risks" were applied to health care workers under the direct observation of the researcher. The data obtained by the study was computerized in statistical package program and for

the evaluation of data, data rates,  $X^2$  test, t test and analysis of variance were used.

In order to do the research, an approval from the Ethics Council of the Presidency of Firat University and to be able apply it, an official permission from Elazig Governor's Office was obtained. The aim of the research was described to health professionals included in the study and explained them that they are free to participate in the research and verbal approval was received by them

## RESULTS

The distribution of health workers according to demographic characteristics are presented in Table 1. When Table 1 is examined, 46.4% of the study group ( $n = 417$ ) consist the physicians, 53.6% ( $n = 482$ ) consist the nurses and midwives

**Table 1:** The Distribution of Health Care Personnel according to Demographic Characteristics

Health Professionals Characteristics	Physician (n=417)		Nurse and Midwife (n=482)	
	n	%	n	%
<b>Gender</b>				
Female	162	38.8	392	81.3
Male	255	61.2	90	18.7
<b>Marital Status</b>				
Married	318	76.3	294	61.0
Single	99	23.7	188	39.0
<b>Age</b>				
18-32 years	105	25.2	254	52.7
33-44 years	256	61.4	203	42.1
45 years and over	56	13.4	25	5.2
<b>Educational Status</b>				
Health vocational school	-	-	110	22.8
Associate's degree	-	-	149	30.9
License	-	-	223	46.3
Graduate	417	100.0	-	-

Evaluation of the educational activities related to child abuse and neglect of the healthcare workers is presented in Table 2.

**Table 2:** The Evaluation of Health Professionals' educational training on Child Abuse and Neglect

Health Professionals Characteristics	Physician (n=417)		Nurse and Midwife (n=482)		The test value, p
	n	%	n	%	
Undergraduate Level of Education					
Received education	93	22.3	65	13.5	$\chi^2=11.997$ $p=0.001$
Education did not take	324	77.7	417	86.5	
Post-graduate Level of Education					
Received education	44	10.6	38	7.9	$\chi^2=1.920$ $p=0.166$
Education did not take	89.4	37.3	444	92.1	

The comparison among health care workers according to the face child abuse and neglect cases are presented in Table 3.

**Table 3:** The comparison among health care workers according to the face child abuse and neglect cases

Health Professionals Characteristics	Physician (n=417)		Nurse and Midwife (n=482)		The test value, p
	n	%	n	%	
Compare With the Case					<b>x<sup>2</sup>=35.098</b> <b>p=0.001</b>
Has encountered	113	27.1	56	11.6	
Encountered not	304	72.9	426	88.4	
Way is Confronted With the Case					<b>x<sup>2</sup>=12.644</b> <b>p=0.013</b>
Children's branch / police	14	12.4	8	14.3	
Social service institution	28	24.8	20	35.7	
Family communication	19	16.8	17	30.4	
Stay passive	11	9.7	4	7.1	
Forensic report	41	36.3	7	12.5	

The scores given to health care workers from the scale and sub-groups according to diagnosing the symptoms and risks of child abuse and neglect are presented in Table 4.

**Table 4:** Comparison of Scale Scores about Diagnosing Signs and Risk of Child Abuse and Neglect according to the Occupational Groups of Health Care Workers

Scale Scores about Diagnosing Signs and Risk of Child Abuse and Neglect	Physician Mean $\pm$ sd	Nurse and Midwife Mean $\pm$ sd	P Value	
			t	p
Physical signs	3.81 $\pm$ 0.29	3.70 $\pm$ 0.30	4.278	0.001
Behavioral symptoms	3.71 $\pm$ 0.36	3.60 $\pm$ 0.38	4.272	0.001
Signs of neglect	3.83 $\pm$ 0.53	3.74 $\pm$ 0.65	2.153	0.032
Parental characteristics	3.43 $\pm$ 0.42	3.27 $\pm$ 0.46	5.400	0.001
Children's characteristics	3.41 $\pm$ 0.49	3.21 $\pm$ 0.50	6.169	0.001
Familial characteristics	3.71 $\pm$ 0.54	3.60 $\pm$ 0.58	2.840	0.001
The overall scale score	3.67 $\pm$ 0.29	3.55 $\pm$ 0.30	6.153	0.001

and neglect who work in the city center of Elazig and the research in order to

## Discussion

In this section, the findings of the research on the health care workers' level of awareness about child abuse

determine the factors that influence that situation were being discussed.

46.4% of the healthcare workers included in the study were the physicians and %53.6 of them were consisted of nurses and midwives. According to the results of research, 61.2% of the physicians were male and %81.3 of them were female (Table 1). Although there are both male and female members as physicians, it is expected that the majority of the non-physician health care workers in nursing and midwifery are female. Because all the midwives are women and nationally and internationally there is a little male percent of the nurses even though many changes related to gender identity occurred in this profession last years.

The 61.4% of the physicians consisting the research group were between 33-44 years old and the 52.7% of the nurses and midwives are 18-32 years old. (Table 1). This distribution may be based on the fact that physicians have longer-term studies and start working later than the nurses and midwives. Nurses and midwives start their profession at a younger age. The fact that private institutions often prefer new graduates and young nurses and midwives can be one of the reasons of

the presence of the young age in this group. Also, the study of Kocaer, Uysal, Bahçecik and Altinsu is consistent with our study (14,15,16,17).

It was found out that %76.3 of the physicians and % 61.0 of the nurses and the midwives are married (Table1). The thesis studies of Uysal and Kocaer show a higher range than our study (14, 16). %85.1 of the physicians contributed in the study and the %84.6 of the nurses and midwives stated that they have at least one child.

According to education levels, % 46.3 of the nurses and midwives have bachelor's level or a higher one, %30.9 of them have associate's degree and %22.8 of them are graduated from health professions high school (Table 1). According to Kocaer's study the %36,8 of the nurses were graduated from health professions high school, % 58,1 of them have associate's degree and % 5,1 of them have bachelor's degree (16). In terms of improving the quality of health care services it is very gratifying and encouraging that the non-physician health workers in health institutions have higher degree studies.

It was indicated that 22.3% of the physicians and the 13.5% of the nurses and midwives received training on child abuse and neglect in their studies before graduating (Table 2) and it was found that physicians had this training more than nurses and midwives. A statistically significant difference between the groups was stated as for receiving training before graduation ( $p < 0.05$ ). According to Kocaer's thesis on physicians and nurses it was stated that 48.6% of the physicians and 27.9% of the nurses had received training about child abuse and neglect during their education (16). According to Uysal's thesis it was indicated that 23.1% of the nurses and 28.6% of the midwives had training on this issue (14). Related to Altunsu's thesis on nurses it was stated that 31.3% of the source of information that the nurses had about child abuse and neglect came from their studies (15). This low ratio shows that the education on this issue was not adequate and standard.

The participation rate of training in child abuse and neglect after post-graduation in physicians was found as 10.6% and in nurses and midwives as the 7.9% (Table 2). There was no statistically significant relationship

between receiving this training and the health care workers involved in our research ( $p > 0.05$ ). It was stated that 7.5% of the physicians and 5.9% of the nurses in Kocaer's thesis study and 10.4% of the nurses in Uysal's thesis, had no training after graduation (14,16). Our research results have resemblance with the results of these studies.

It was reported that 59.1% of Physicians participating in the study and 63.2% of the nurses received training in child abuse and neglect in seminars with no certificate (Table 2).

27.0% of the physicians and 11.6% of the nurses and midwives stated that they faced children abuse and neglect case during work life (Table 3). Statistically significant difference was found between the two groups ( $p < 0.05$ ). It was also stated in Uysal's study that 28.4% of the nurses faced child neglect and abuse case (14). These rates in Kocaer's study were 52.8% for the physicians and 30.1% for the nurses (16). According to Altunsu's thesis 51.8% of the nurses faced child neglect and 38.4% of them faced child abuse (15). The results of the research study showed a lower rate than these three researches about facing child neglect and abuse among health care workers. This situation gives rise to thought that

it was caused because of lack of knowledge of health care workers on determining child abuse and neglect cases.

According to this research, %8.9 of the health care workers facing the cases of child neglect and abuse showed passive behavior such as doing nothing and only 28.4% of them prepared forensic report on the issue. Preparing forensic report rate in physicians was % 36.3 and %12.5 in nurses and midwives is (Table 3). As for Uysal's research, %5.3 of the nurses reported cases as forensic (14). The results in this study was higher than that.

Physicians' Diagnostic Scale of Child Abuse and Neglect Signs had significantly higher scores than the overall scale score comparing nurses and midwives (Table 4). Physicians received an average  $3.67 \pm 0.29$  mark while the nurses and midwives received about  $3.55 \pm 0.30$  from the overall scale score. According to Kocaer's research, the overall scale score of the physicians was 3.92 and the nurses' was 3.74 (16).

It was reported that the overall scale score of the nurses was 3.73 in Uysal's study (14). Although the maximum value which was needed to be taken

from the Diagnostic Scale of Child Abuse and Neglect Signs and Risks was 5.0, it could not be reached to that score in our and other researches. These results indicate a lack of knowledge of the groups.

The physicians got  $3.81 \pm 0.29$  points and the nurses, and midwives got  $3.70 \pm 0.30$  points on the physical signs of child abuse. According to Kocaer's study, the points of the physicians was  $3.83 \pm 0.38$  and the points of the nurses was  $3.77 \pm 0.37$  (16). The points of the nurses in Uysal's study was indicated as  $3.82 \pm 0.38$  (14). Our research results are similar to these studies. The symptoms resulted as physical signs of child abuse such as ecchymoses, bruises, soft tissue injuries, poisoning, symptoms such as growth retardation are easily identifiable symptoms that always lead to accurate diagnosis. The low scores of health workers may be due to lack of being able to diagnose the symptoms (18).

Significantly difference was found out between the scores of child' behavioral symptoms which is a sub-group of Diagnostic Scale of Child Abuse and Neglect Signs and Risks and the groups ( $p < 0.05$ ) (Table 4). Physicians received about  $3.71 \pm 0.36$  and the nurses and

midwives received  $3.60 \pm 0.38$  points from sub-scale items of children's behavioral symptoms of child abuse. In Kocaer's study, this score were  $3.85 \pm 0.45$  for the physicians and  $3.87 \pm 0.49$  for the nurses (16). The nurses scored  $3.92 \pm 0.39$  in Uysal's study (14). Our research results were lower than the results of other studies on the subject. The researches on the subject stand out that the neglected and abused children have problems such as sleeping, excessive startle, irritability, extreme insecurity, feelings of guilt, low self-esteem and the success in school is closely influenced as well (18). According to Kars's research, significant relation was found between the success in school and child neglect and abuse (19).

There are significant differences on the child neglect symptom scores related to the groups ( $p < 0.05$ ) (Tablo 4). The signs of child neglect subscale score of the physicians was  $3.83 \pm 0.53$  whereas the nurses and midwives scored  $3.74 \pm 0.65$ . according to Kocaer's research these scores were  $3.54 \pm 0.39$  for the physicians and  $3.41 \pm 0.52$  for the nurses (16). In Uysal's research the score of the nurses was  $4.03 \pm 0.71$  (14). As for our research it was found that the our

group had a higher average than Kocaer's and lower than Uysal's.

A significant relation was found among the groups related to sub-scale scores of the features of the parents who are prone to child abuse and neglect ( $p < 0.05$ ) (Tablo 4). The physicians received  $3.43 \pm 0.42$  while the nurses and midwives scored  $3.27 \pm 0.46$  from the sub-scale items of the features of the parents prone to child neglect and abuse. These score were  $3.34 \pm 0.48$  for the physicians and  $3.13 \pm 0.70$  for the nurses according to Kocaer's research (16). On the other hand, in Uysal's study the scores was  $3.41 \pm 0.47$  for the nurses (14). Our research results are consistent with results of other studies on the subject. It was reported that excessively insistent parents, the age of the mother, substance abuse, education level, parents with physical and mental problems and the parents with immature personality have risk factors for child neglect and abuse (18). It was assigned in Altinsu's research that a rate of 79.5% of parents' psychotic problems, a rate of %67 of child's having only one parent, a rate of %61.6 of parents being incompatibility between each other and a rate of %60.7 of parenting at a young

age are the factors effecting child abuse and neglect (15).

Characteristics of children susceptible to abuse and neglect sub-scale items according to the groups showed significant differences ( $p < 0.05$ ) (Table 4). Physicians received  $3.41 \pm 0.49$  while the nurses and midwives scored  $3.21 \pm 0.50$  from sub-scale items of features of neglected and abused children. Both of the groups had the lowest score on this subject among all the sub-scale items. In Kocaer's study these scores were  $3.77 \pm 0.48$  for the physicians and  $3.72 \pm 0.55$  for the nurses (16). On the other hand, nurses had  $3.03 \pm 0.73$  points in Uysal's study. The nurses had the lowest score in this sub-items of the scale as in others (14). According to Sidebotham and his friend's researches it was reported that children who were born as a result of unwanted pregnancies, with physical and mental problems, very sick babies crying, had suffered more neglect and abuse (19). Browne had compared the families who neglect and abuse their children and who do not and it was found out that 21.7% of the children who suffered neglect and abuse were premature (20). When Sibert and

colleagues investigated the prevalence of abuse studies in infants under 1 year of age, it was reported that this rate was six times more than children between 1-4 years old and a hundred and twenty times more than the ones between 5-13 years old children.

Average score of the sub-scale items of familial characteristics in child abuse and neglect showed significant differences related to the groups ( $p < 0.05$ ) (Table 4). The average score of the physicians was  $3.71 \pm 0.54$  while it was  $3.60 \pm 0.58$  for the nurses and midwives. These scores were  $3.71 \pm 0.31$  for the physicians and  $3.61 \pm 0.33$  for the nurses in Kocaer's research (16). On the other hand, the nurses had  $4.05 \pm 0.59$  points in Uysal's study (14). Our results are consistent with results of other studies on the subject. In the study of Sirin and Keles called examination of the factors affecting mothers to abuse their children a significant relation was found between the abuse and mothers' age, income status, number of children they have, the mother or father's employment status, mothers' relationships with their husbands (22). In Tercan's research when the physical abuse of children and family's socio-economic status was compared, it was

shown that the rate of abusement was decreasing towards higher socio-economic levels (23).

### RECOMMENDATIONS

During the study of research group in the course of child abuse and negligence, the level of education was found higher and more meaningful for physicians ( $p < 0.05$ )

About the sufficiency of having enough education, the answer of the health workers, showed statistically differences. ( $p > 0.05$ ). Among the situations of health workers, having education after graduating, there was no important difference. About the sufficiency of training physicians, nurses and midwives who continue training after graduating, their answers showed statistically difference. ( $p < 0.05$ )

The scale of defining symptoms and the risk of child abuse and negligence and its general score average for the physicians found more meaningful in contrast to nurses and midwives' ( $p < 0.05$ ). The scores of physical symptoms abusing on child, which is one of the subgroups of defining scale of symptoms and risks of child abuse and neglect, showed that the results

were meaningful for physicians in contrast to nurses and midwives'

Behavioral symptoms of child abuse and negligence on the child and their scores showed differences according to the groups ( $p < 0.05$ ) Features of parents prone to abuse and neglect were significantly higher than physician group ( $p > 0.05$ ). Features of nurses and midwives' prone to abuse and neglect were higher ( $p < 0.05$ ).

Familiar characteristics of child abuse and negligence showed important differences according to groups ( $p < 0.05$ )

With these results ;

\* The subject of child abuse and neglect should be included in health care workers' undergraduate training programs.

\* In order to recognise child abuse and neglect, health care workers should be good observer and they should know the process of growth and development of a child.

\* Health care workers' participating in postgraduate training activities should be supported and should be made compulsory by authorities in order to improve their awareness of child abuse and neglect. The trainings should be in the form of in-service-training and they should be permanent.

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