



Knowledge Levels of Child Abuse and Neglect Among a Group of Turkish Dentistry Students

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Abstract

Aim: Dentists play an important role in identifying signs of child abuse and neglect and reporting them to the appropriate authorities. This study aims to evaluate the knowledge of a group of dental students in the Central Black Sea region about child abuse and neglect.

Material and Method: This cross-sectional study includes dental students from the Faculty of Dentistry at Tokat Gaziosmanpaşa University, enrolled during the 2023-2024 academic year. An online survey consisting of 28 questions was administered to dental students who agreed to participate, covering demographic information and assessing their knowledge level regarding child abuse and neglect. The data were analyzed using descriptive statistics and two-way ANOVA.

Results: A total of 266 (70.4%) students aged between 18 and 25 participated in this study. Among the dental students reported that 10.2% suspected child abuse and neglect, while 9.8% stated that they would prefer to report when they suspect such cases. While 58.6% of dental students believed that child abuse and neglect should be reported legally, 60.9% stated that they may not report suspected cases due to the possibility of making a misdiagnosis. While the impact of gender on dental students' knowledge levels regarding child abuse and neglect was not observed, the effect of academic year was significant ($p < .05$), with the lowest knowledge levels found among 1st grade students.

Conclusion: This study highlights the deficiencies in dental students' knowledge regarding the identifying of child abuse and neglect in dentistry, as well as their legal obligations. Therefore, it is recommended that all dental students receive education on child abuse and neglect.

Keywords: Child abuse, child neglect, student

INTRODUCTION

Child abuse and neglect are an important issue that needs to be considered comprehensively from medical, developmental, psycho-social and legal perspectives, which is based on complex causes and can have serious consequences (1). The World Health Organization (WHO) defines child abuse as 'all forms of physical and emotional ill-treatment, sexual abuse, neglect and exploitation that cause actual or potential harm to the health, development or dignity of the child (0-18 years)' (2). There are four main types of abuse: neglect, physical abuse, psychological abuse and sexual abuse. Abuse is defined as an act, whereas neglect is defined as an act of negligence that leads to potential or actual harm (2).

Child Protective Services (CPS) agencies in the United States report that 18 percent of the more than 2 million

cases of suspected child abuse involve physical abuse, and that more than 1,500 child deaths per year are due to child abuse or neglect (3). In the United Kingdom, as of December 2023, 50780 children were on the child protection register, 49.3% of whom were reported to be child neglected (4). A study conducted in Saudi Arabia showed that 74.9% of all types of abuse involved psychological abuse, followed by physical abuse with 57.5%, neglect with 50.2% and sexual abuse with 14.0% (5). According to recent research on child abuse in Türkiye, a joint study conducted by UNICEF and the Ministry of Social Security found that 45% of children between the ages of 7 and 18 had experienced physical abuse, 50% had suffered emotional abuse, and 25% had been neglected (6).

The literature indicates that 50-77% of children subjected to physical abuse experience injuries in the oro-facial region and often seek medical attention due to dental trauma

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(7,8). In this context, dentists are in a unique position to help detect findings in the oro-facial region. In addition, since dentists see their patients and their parents at regular intervals, they have information about the general health status of the patient. These regular follow-up visits also allow them to detect any changes in behavior (9).

The studies conducted in the field of dentistry in Türkiye were analysed and Hazar Bodrumlu et al. (10) reveal that the roles and knowledge levels of dentistry faculty students in diagnosing suspected cases of child abuse are inadequate. In the study conducted by Özgür et al. (11) 70.3% of Turkish pediatric dentists reported being unaware of the legal sanctions for delaying or failing to report suspected cases. However, the role of dentists in child abuse and neglect is referred to as the “four ‘R’s of responsibility (recognize, record, report, and refer to protect)”. In this context, they should recognize the risk factors and symptoms of child abuse, collect information, report suspicious cases to the judicial authorities and provide support to patients if necessary (12). In 2005, an amendment was made to Article 280 of the Turkish Penal Code, stipulating that healthcare professionals who fail to report or delay reporting signs of child abuse and neglect to the relevant authorities can be sentenced to up to one year in prison (13). Therefore, dentists should be well educated and equipped with skills to detect such possible suspicious cases.

This study aims to evaluate the knowledge of a group of dental students in the Central Black Sea region about child abuse and neglect. Accordingly, four research questions were formulated: a) What is the level of knowledge of dental students about child abuse and neglect?; b) What is the level of knowledge of dental students about the detection of child abuse and neglect in the clinic?; c) What is the level of knowledge of dental students about legal obligations regarding child abuse and neglect?; d) Which variables affect dental students' general knowledge about child abuse and neglect?

MATERIAL AND METHOD

Ethical Approval

The Clinical Research Ethics Committee of Tokat Gaziosmanpaşa University Faculty of Medicine approved this study (Approval No. 23-KAEK-152 and date 22.06.2023) before data collection. The study was conducted in accordance with the principles stated in the Declaration of Helsinki and the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) guidelines. A written informed consent form was obtained from all participants.

Sampling Framework and Sampling

The study population for this cross-sectional study consisted of 377 students at Tokat Gaziosmanpaşa University Faculty of Dentistry. The questionnaire was sent to all students, but 266 students voluntarily agreed to

complete the questionnaire. The sample size for the study was 70.4% of the study population.

Participants

This study was conducted with the participation of volunteers from the 1st, 2nd, 3rd, 4th, and 5th-grade undergraduate students enrolled at the Faculty of Dentistry, Tokat Gaziosmanpaşa University, during the 2023-2024 academic year. The inclusion criteria for the study were being enrolled as a 1st, 2nd, 3rd, 4th, or 5th- grade student at the Faculty of Dentistry, Tokat Gaziosmanpaşa University, and completing the entire questionnaire.

Questionnaire and Measurements

The study questions consist of questionnaire questions taken from previously published studies on child abuse and neglect after a comprehensive literature review (11,14-16). Students who agreed to participate in the study were asked to answer an online questionnaire form (Google Form) consisting of 28 questions measuring demographic information and knowledge levels about child abuse and neglect.

The sections of the questionnaire are as follows:

- The first six items include demographic information about the participants.
- Items 7-14: These questions assess participants' general level of knowledge about child abuse and neglect.
- Items 15-24: These questions assess participants' level of knowledge of the participants about the ability to detect child abuse and neglect in dentistry.
- Items 25-27: These questions assess participants' level of knowledge of the participants about their legal obligations related to child abuse and neglect.
- Item 28: This includes a multiple-choice question 'What/what could be your reasons for not reporting your suspicions of child abuse?'

The questionnaire consists of 'yes', 'no', and 'I don't know' questions and multiple choice format question. While '1 point' was given for the correct answer, '0 point' was given for the wrong answer and don't know answer. Knowledge level scores were calculated based on the answers given to items 7-27 and participants can score minimum '0' and maximum '21'.

The reliability of the questionnaire was determined by Cronbach's α ($\alpha=0.821$).

Statistical Analysis

Statistical evaluation was analysed using SPSS v26 (Chicago, IL, USA) software package. Descriptive statistics including frequency, percentage, mean and standard deviation were performed for all questions asked to evaluate the level of knowledge. A 2-way ANOVA was performed to analyse the effect of gender and students' academic years on the level of knowledge. A p-value of $<.05$ was considered statistically significant.

RESULTS

A total of 266 (70.4%) students aged between 18-25 years with an mean age of 21.92 ± 1.93 years participated in the study. 63.9% of the students were female and 36.1% were male. While the lowest participation was obtained from 2nd grade students (14.7%), the highest participation was

obtained from 3rd grade students (23.7%). Of the students who participated in our study, 6.4% received education on the identification and reporting of child abuse and neglect. 10.2% of the students reported that they suspected child abuse and 9.8% stated that they preferred to report in case of suspicion of child abuse and neglect (Table 1).

		Frequency (n)	Percentage (%)
Gender	Female	170	63.9
	Male	96	36.1
Academic year	1st grade	52	19.5
	2nd grade	39	14.7
	3rd grade	63	23.7
	4th grade	56	21.1
	5th grade	56	21.1
Have you ever suspected child abuse?	Yes	27	10.2
	No	239	89.8
Do you report suspected cases of child abuse and neglect?	Yes	240	90.2
	No	26	9.8
Have you ever received education on the identification and reporting of child abuse and neglect?	Yes	17	6.4
	No	249	93.6

Considering the multiple responses to the question 'What could be your reason/reasons for not reporting your suspicions of child abuse?', the highest response was the possibility of misdiagnosis with 60.9%. The second and third answers to this question were determined as being concerned about further

harm to the child (39.1%) and not having information about the reporting protocol (38%), respectively. Fear of violence from parents/family (23.7%) followed these responses. The rate of participants who think that social services cannot be a solution to this situation is 18% (Table 2).

	Frequency (n)	Percentage (%)
Fear of violence from parents/family	63	23.7
The possibility of misdiagnosis	162	60.9
I didn't know I had a reporting obligation	30	11.3
I don't know about the reporting protocol	101	38.0
I may be concerned about further harm to the child	104	39.1
I do not want to be involved in legal proceedings	16	6.0
I am worried about damage to my professional life	25	9.4
I think that social services cannot be a solution to this situation	48	18.0
Total	549	206.4

61.7% of the participants stated that child abuse and neglect is an important cause of child deaths. The rate of participants who reported that abused children usually do not share the situation with someone else is 71.4%. 81.2% of the participants think that child abuse and neglect should be considered when there is a delay in the child receiving medical care after the trauma. 87.6% of the participants reported that the appearance of wounds with different healing periods on children's bodies may suggest child abuse

and 89.5% of the participants reported that uncertainties in parents' expressions were important in confirming the suspicion. The rate of those who stated that the child was afraid of going home or approaching the parents as a sign of emotional and psychological abuse was 92.9%. 72.6% of the participants stated that children who were sexually abused hesitated to make eye contact and behaved more docile. The rate of those who think that child abuse is directly proportional to income level is 38% (Table 3).

Questions	Correct response	Yes	No	I don't know
		n (%)	n (%)	n (%)
Child abuse and neglect is one of the most important causes of child deaths.	Yes	164 (61.7)	13 (4.9)	89 (33.5)
Children who have been abused usually tell someone about it.	No	24 (9.1)	190 (71.4)	52 (19.5)
If there is a delay in the child receiving medical care after the trauma, child abuse and neglect should be considered.	Yes	216 (81.2)	3 (1.1)	47 (17.7)
Frequent injuries of the child and the appearance of wounds with different healing periods on the body should suggest child abuse and neglect.	Yes	233 (87.6)	5 (1.9)	28 (10.5)
Uncertainty and time differences in parental expressions after the injury may be a sign of abuse.	Yes	238 (89.5)	1 (0.4)	27 (10.2)
Signs of emotional and psychological abuse may be that the child reports being afraid of going home or approaching the parents.	Yes	247 (92.9)	1 (0.4)	18 (6.8)
Children who have been sexually abused are reluctant to make eye contact and behave more submissive.	Yes	193 (72.6)	4 (1.5)	69 (25.9)
Child abuse is generally directly related to income level and is more common in low-income families.	No	101 (38.0)	63 (23.7)	102 (38.3)

80.8% of the participants think that dentists can detect child abuse and neglect in clinical practice. While 42.1% of the participants think that there is a strong linear relationship between dental neglect and physical neglect, 57.1% of the participants think that bite scars observed on the head and neck during dental examination/treatment are signs of abuse. While 61.3% of the participants stated that lacerations and haematomas on the inner lip surface observed in the clinical dental examination should suggest physical abuse, 51.1% of the participants stated that discolored or avulsed teeth due to repeated trauma could

be a sign of child abuse. Bruises on the cheek could be the result of slapping or squeezing the face by 78.6% of the participants and an intercanine distance measured more than 3.0 cm is suspicious for an adult human bite by 39.8% of the participants. 69.5% of the participants thought that bruises, lichen or scars in the corner of the mouth could be a sign of oral plugging or forced sexual abuse. 47.4% of the participants stated that both oral and perioral gonorrhoea infections may be indicators of sexual abuse in prepubertal children and unexplained injuries and petechiae on the palate may be evidence of sexual abuse (Table 4).

Questions	Correct response	Yes	No	I don't know
		n (%)	n (%)	n (%)
Dentists can reveal child abuse and neglect during their clinical practice.	Yes	215 (80.8)	6 (2.3)	45 (16.9)
There is a strong linear relationship between dental neglect and physical neglect.	Yes	112 (42.1)	27 (10.2)	127 (47.7)
Bite scars observed on the head and neck during dental examination/treatment are not a sign of abuse.	No	49 (18.4)	152 (57.1)	65 (24.4)
On examination, lacerations and haematomas on the inner lip surface should suggest physical abuse.	Yes	163 (61.3)	8 (3.0)	95 (35.7)
Discoloured or avulsed teeth as a result of repeated trauma may be considered as a sign of child abuse.	Yes	136 (51.1)	11 (4.1)	119 (44.7)
Bruises on the cheek are caused by slapping or squeezing the face.	Yes	209 (78.6)	5 (1.9)	52 (19.5)
An intercanine distance (linear distance between the central point of the cusps) measured more than 3.0 cm is suspicious for an adult human bite.	Yes	106 (39.8)	3 (1.1)	157 (59.0)
Unexplained injuries and petechiae on the palate, especially at the junction of the hard and soft palate, may be evidence of sexual abuse.	Yes	126 (47.4)	11 (4.1)	129 (48.5)
Oral and perioral gonorrhoea infections may be a pathognomonic indicator of sexual abuse in prepubertal children.	Yes	126 (47.4)	2 (0.8)	138 (51.9)
Bruises, lichen or scars in the corner of the mouth may be a sign of oral plugging or forced sexual abuse.	Yes	185 (69.5)	5 (1.9)	76 (28.6)

The rate of participants who stated that dentists in Türkiye have a legal obligation to report child abuse and neglect is 58.6%. To the question 'Where should child abuse and neglect cases be reported?', the most common answer was 'I don't know' (34.6%) and 17.3% of the participants stated that it should be reported to the Ministry of Family, Labour and

Social Services. Participants were asked about the sanctions that a dentist who fails or delays to report child abuse and neglect cases according to the Turkish Penal Code and 86.5% of them answered 'I don't know'. Only 0.8% of participants stated that a person who does not report a crime in progress is punished with up to 1 year in prison (Table 5).

Table 5. Evaluation of the level of knowledge about legal obligations related to child abuse and neglect

		Frequency (n)	Percentage (%)
Dentists in Türkiye are legally obliged to report which of the following?	Only child abuse	8	3
	Child abuse and neglect	156	58.6
	I don't know	102	38.4
Where should cases of child abuse and neglect be reported?	Someone more authorised at the institution where I work	44	16.50
	To the closest hospital	1	0.4
	Police station	65	24.40
	Social services and child protection institution	11	4.10
	Ministry of Family, Labour and Social Services	46	17.30
	Public Prosecutor's Office	7	2.60
	I don't know	92	34.60
	According to the Turkish Penal Code, a dentist who fails or delays in reporting suspected cases of child abuse and neglect faces which of the following punishments?	There are no legal obligations	10
He/She will be reprimanded		6	2.3
Suspension from the occupation		1	0.4
A person who does not report a crime in progress is punished with up to 1 year in prison		2	0.8
A public official who does not report a crime in progress is punished with up to 1 year in prison from 6 months to 2 years		12	4.5
Health personnel who do not report an offence committed shall be punished with up to 1 year in prison		5	1.9
I don't know		230	86.5

The main effects and interactions of gender and academic year on the knowledge level of dental students about child abuse and neglect are shown in Table 6. It is observed that the main effect of academic year is statistically significant

and its effect on knowledge level is 12.5% ($p < .001$). Gender and gender- academic year interaction had no statistically significant effect on the level of knowledge ($p > .05$).

Table 6. The effect of gender and academic year on dental students' level of knowledge about child abuse and neglect

Source	Type III Sum of Squares	df	Mean square	F	Sig.	Partial Eta Squared
Gender	27.924	1	27.924	2.038	.155	0.008
Academic year	501.516	4	125.379	9.152	.000	0.125
Gender *Academic year	25.577	4	6.394	0.467	.760	0.007
R Squared=.141 (Adjusted R Squared=.111)						

The knowledge levels of 2nd, 3rd, 4th and 5th grade students about child abuse and neglect were similar, but the knowledge levels of 1st grade students were significantly lower compared to other academic years ($p < .001$). The

highest level of knowledge about child abuse and neglect was observed in the 4th grade (12.9 ± 4.3) followed by the 3rd grade (12.7 ± 3.1), while the lowest was found in the 1st grade (9 ± 3.7) (Table 7).

Table 7. Descriptive data on the effect of gender and academic year on dental students' level of knowledge about child abuse and neglect

Academic year	Gender		Total
	Female	Male	
1 st grade	9.3 \pm 3.6	8.6 \pm 3.9	9 \pm 3.7 ^a
2 nd grade	13.1 \pm 3.4	11.3 \pm 2.7	12.5 \pm 3.2 ^b
3 rd grade	12.7 \pm 3.2	12.6 \pm 3.1	12.7 \pm 3.1 ^b
4 th grade	12.8 \pm 4.6	13 \pm 3.8	12.9 \pm 4.3 ^b
5 th grade	12.3 \pm 3.5	11.4 \pm 4.8	12 \pm 3.9 ^b
Total	12 \pm 3.9	11.5 \pm 4	11.8 \pm 3.9

a,b there is no differences between groups with the same letter (Bonferroni correction)

DISCUSSION

Child abuse and neglect is a significant public health issue, both medically and socially, that violates children's human rights and can lead to serious morbidity and mortality (17). The WHO emphasizes that identifying children who have been subjected to abuse and neglect, protecting these children through a holistic approach and interdisciplinary collaboration, and ensuring appropriate treatment conditions are among the responsibilities of healthcare professionals (2). Dentists, who are among the healthcare professionals, are in an appropriate position to identify, prevent and report cases in the head and neck region, which they routinely evaluate in their professional lives (18). In this way, this is the first and most important step in identifying child abuse, helping abused children and preventing deaths due to child abuse. In order to perform these responsibilities, health professionals should have adequate knowledge about the symptoms, signs and risks of child abuse and neglect (19). In this context, our study evaluates the knowledge of a group of dental students in the Central Black Sea region about child abuse and neglect.

The first documented evidence that dentists do not report child abuse was reported by the American Dental Association in 1967. Accordingly, none of the 416 cases of abuse in New York State at that time were reported by dentists (20). When the studies on child abuse and neglect in Türkiye are analysed, Özgür et al. (11) reported that although 43.9% of the participants suspected physical abuse, only 12.7% of the suspected participants reported the suspected child abuse in a study conducted with paediatric dentists. In a study conducted by Kural et al. with dentists, it was reported that although 32.7% of the participants suspected physical abuse, only 1% of the suspected participants reported the suspected child abuse (16). Similar to our study, in another study conducted among dental students, it was observed that 20.3% of the participants suspected child abuse and 5% ignored it

(10). According to the present study, although 10.2% of dental students suspected physical abuse, from a general perspective, only 9.8% of all students stated that they would report in case of suspicion. Although this issue is of critical importance, the majority of dentists from the past to the present still do not have the right attitude towards suspected cases of abuse. When the reasons were analysed, the possibility of misdiagnosis (60.9%), concern that the child may be harmed more (39.1%) and lack of adequate knowledge about the notification protocol (38%) were among the most important reasons in our study in accordance with Hazar Bodrumlu et al. (10). Particularly in our study, major deficiencies were observed about the reporting protocol. This situation emphasises the importance of the knowledge on child abuse and neglect that should be obtained by dental students (93.6%) who have not received education on the topic in our study.

In the present study, when the students' knowledge about child abuse and neglect is evaluated, it is observed that there is a lack of knowledge among the students. For example, only 23.7% of the students are aware that child abuse and neglect is not related to income level and that it can also occur among people with high income. While dentists have an important role in the diagnosis of child abuse findings, 60.1% of the students could not confirm the finding of physical abuse in the head and neck region of an adult human bite. Furthermore, 52.6% of the participants were not aware that petechiae and unexplained injuries on the palate could be evidence of sexual abuse, while 52.7% did not know that oral and perioral gonorrhoea infections were a pathognomonic indicator of sexual abuse in prepubertal children. Similar findings were reported in studies evaluating the knowledge about child abuse in the field of dentistry in the world and in Türkiye, and it was observed that there was a lack of knowledge about the physical and social symptoms of child abuse among all participants (10,11,15,21-23). It is revealed that dentistry students have insufficient knowledge about child abuse

and do not feel ready for their role in protecting children (24,25).

Child abuse and neglect should be considered as a whole. This situation does not only consist of physical or sexual abuse. Emotional abuse and neglect should not be ignored. In addition, dental neglect, which is a subtype of neglect, is a type of abuse that dentists can easily detect due to their professional position (15). However, in our study, only 42.1% of the students reported that there may be a relationship between dental neglect and physical neglect. Although there are legal sanctions in many countries, the legal basis for dental neglect in our country is relative (26). Although dental neglect is a component of child abuse and neglect, the effect of dental caries on the child should be examined, dental records should be kept, parental awareness should be raised with information and the willingness of the child should be increased. In this case, dentists should first provide information and correct guidance rather than the legal process (27).

In our study, in addition to descriptive data on child abuse and neglect, the total level of knowledge on child abuse and neglect was compared according to gender and the academic years in which the students were present. While the mean knowledge score of 11.8 ± 3.9 did not differ between genders, the lowest knowledge score was observed in 1st grade students and the highest in 4th grade, and this difference was significant. Hazar Bodrumlu et al. (10) reported that 5th grade students had more knowledge about child abuse when compared with the results of 3rd and 4th grade students and concluded that upper grades were more interested in the subject. Similarly, Jordan et al. (22) investigated students' educational experiences and knowledge about child abuse and reported that students in more experienced years had more knowledge. The fact that 1st grade students had the lowest level of knowledge in our study is similar to the studies mentioned above (10,22). The observed highest level of knowledge among 4th grade students may be attributed to the specific emphasis placed on this topic, particularly in the differential diagnosis of child abuse and dental trauma findings. While lectures on child abuse and neglect are incorporated into the 2nd, 3rd, and 4th grade curricula, the absence of such lectures in the 5th grade might lead to a decline in knowledge levels due to the lack of continuous knowledge reinforcement and updating.

This study has certain limitations. Firstly, this cross-sectional study was conducted among dental students in a single city. The findings of this study cannot be generalised to other groups because the sample was small and homogeneous. Second, other independent variables (e.g., participants' cognitive and psychological state, anxiety, stress, trust) that may affect participants' perceptions were not investigated in this study.

The current study investigated previously unexplored relationships between knowledge and awareness of child abuse and neglect and various variables among a group

of dental students in Türkiye. Therefore, the findings also provide non-descriptive information. Further studies should examine the effects of different independent variables on dental students' knowledge and perceptions of child abuse and neglect in different societies and cultures.

CONCLUSION

This study identified the lack of knowledge about child abuse and neglect among a group of dental students in the Central Black Sea region. Most of the students were not ready to identify, take action and report to the relevant authorities when faced with suspicion of child abuse and neglect. Differences in the knowledge of the students depending on the academic year they were in were identified. In order to complete these differences and deficiencies, lectures on child abuse and neglect should be included as part of the undergraduate education of students before starting the clinic and theoretical and practical education should be carried out regularly with updates.

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