Level of Knowledge About Child Neglect and Abuse: A University Sample

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ABSTRACT

Objective: The assessment of how much nursing student knew about child neglect and abuse was set as the goal of this research. **Materials and Methods:** Two hundred and forty-seven nursing students at a university located in Istanbul province made up the sample of this descriptive research. The data collection tools were the Participant Information Form and the Diagnosis Scale of the Risks and Symptoms of Child Abuse and Neglect (DSRSCAN). **Results:** It was determined that 79.4% of the participants were female, 37.2% were first-year students, and 78.5% were from nuclear families. The average age was 19.80 ± 1.19. The mean DSRSCAN score was 246.98 ± 24.38. It was found that 75.3% of the students had received education/information about child neglect and abuse during their undergraduate education, with 63.4% obtaining this information from the internet, 48.4% from their faculty, and 43% from television. Female students had a significantly higher total score on the scale than males ($t=2.456$; $p=0.015$). **Conclusion:** The internet was nursing students' primary source of information on child abuse and neglect, and female students' knowledge levels were higher than those of males.

Keywords: Child Neglect, Child Abuse, Nursing Students.

Çocuk İhmal ve İstismarına İlişkin Bilgi Düzeyi: Bir Üniversite Örneği

ÖZ

Amaç: Bu çalışma hemşirelik fakültesi öğrencilerinin çocuk ihmal ve istismarına yönelik bilgi düzeylerinin değerlendirilmesi amacıyla gerçekleştirilmiştir. **Gereç ve Yöntem:** Tanımlayıcı tasarımda gerçekleştirilen çalışma, İstanbul ilinde yer alan bir üniversitenin hemşirelik fakültesinde eğitimlerine devam eden 247 öğrenci ile yürütülmüştür. Katılımcı Bilgi Formu ve Çocuk İhmal ve İstismarının Belirti ve Risklerini Tanılama Ölçeği veri toplama araçları olarak kullanılmıştır. **Bulgular:** Katılımcıların %79.4'ünün kız, %37.2'sinin 1. sınıf öğrencisi ve %78.5'inin çekirdek aile yapısında olduğu saptanmış olup; yaş ortalaması 19.80 ± 1.19'dur. Çocuk İhmal ve İstismarının Belirti ve Risklerini Tanılama Ölçeği puan ortalaması 246.98 ± 24.38'dir. Öğrencilerin %75.3'ünün lisans eğitimleri sırasında çocuk ihmal ve istismarına ilişkin eğitim/bilgi aldığı, %63.4'ünün bu bilgiyi internetten, %48.4'ünün eğitim gördükleri fakülteden, %43'ünün ise televizyondan aldıkları belirlenmiştir. Kız öğrencilerin ölçekten almış oldukları toplam puan erkeklerin puanından anlamlı seviyelerde daha yüksek olarak bulundu ($t=2.456$; $p=0.015$). **Sonuç:** Çalışma sonunda elde edilen veriler doğrultusunda hemşirelik öğrencilerinin ihmal istismara ilişkin edindikleri bilgi kaynağının yüksek oranda internet olduğu ve kız öğrencilerin bilgi düzeylerinin erkeklere oranla daha yüksek olduğu saptanmıştır.

Anahtar Kelimeler: Çocuk İhmali, Çocuk İstismarı, Hemşirelik Öğrencileri.

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INTRODUCTION

Individual up to the age of eighteen are considered a child according to the first article of the Convention on Children's Rights, except for those reaching adulthood at an early age (Gürhan, 2015; Türk, 2023). Childhood is defined as a period when the child acquires daily living teachings under the influence of their family and environment. An adversity experienced during childhood negatively affects the child's development, and its effect continues throughout life (Güdek Seferoğlu, Sezici, & Yiğit, 2019; Topçu et al., 2022).

Neglect and abuse are among the negative experiences encountered during childhood. According to the World Health Organization (WHO), child neglect and abuse (CNA) include bad behaviors that result in types of abuse and neglect that negatively affect the growth and development, mental and physical well-being, and sense of trust among children aged <18 years (WHO, 2017). Child abuse is examined in three sub-domains: physical, emotional, and sexual (Alharbi &Moussa, 2023). Child neglect, on the other hand, is defined as the failure to meet the basic needs of the child, such as nutrition, shelter, love, trust, education, treatment, etc., by adults or institutions responsible for their care (Gürhan, 2015; Kurt, Dönmez, Eren, Balcı, & Günay, 2017). Abuse and neglect behaviors affect the child's development in a multidimensional way (physical, emotional, and social), paving the way for behavioral disorders in later ages. CNA is a common social health problem in societies (Alabdulaziz et al., 2024; Poreddi et al., 2016). As with all its types, violence against children is increasing globally (Gürhan, 2015; Sathiadas, Viswalingam, & Vijayaratnam, 2018).

Three out of four children between the ages of two and four are physically and emotionally abused, and one in 13 adult men and one in five adult women have a history of sexual abuse between the ages of 0-17 (WHO, 2020). According to a report on child abuse and domestic violence in our country (2010), the rate of children between the ages of 7 and 18 and the type of abuse they witnessed were 56%, physical abuse; 49%, emotional abuse; 10%, sexual abuse. In the Child Abuse Report-2 (2018) in Türkiye, it was reported that there were 21,068 presentations to Child Monitoring Centers (CMS) across the country between January 2011 and May 2016 and that 85% of the cases were girls. The same report indicated that the number of child victims of sexual crimes increased by 33% between 2014 and 2016.

Preventing child neglect and abuse is extremely critical. There are three steps to do this: primary, secondary, and tertiary prevention (Demirtürk Selçuk &Karadeniz, 2020). Primary prevention includes the preparation of protection programs specific to all childhood periods. It is extremely critical to eliminate risk factors based on these programs (Kemer &İşler, 2021). Improving the living conditions of families and educating them about neglect and abuse are considered primary prevention. Secondary prevention includes identifying high-risk groups within the scope of early diagnosis and treatment and ensuring that these people benefit from existing services (Demirtürk Selçuk & Karadeniz, 2020; Kemer &İşler, 2021). Tertiary step is the prevention of a neglected or abused child from the same situation and the likelihood of death (Demirtürk Selçuk & Karadeniz, 2020; Koçtürk, 2018).

A multidisciplinary team approach is required to prevent child neglect and abuse. Team members should include a doctor, nurse, social worker, child psychologist, teacher, and child development specialist (Akcan &Demiralay, 2016; Sathiadas et al., 2018; Uslu &Zincir, 2016). Nurses have important responsibilities for the prevention, diagnosis, and treatment of CNA. Among the multidisciplinary team members, nurses make the first contact with the child and family, have the opportunity to observe them for a long time, and are the first to access evidence and present it to the court (Akcan & Demiralay, 2016; Pisimisi et al., 2022; Uslu &Zincir, 2016). Therefore, it is necessary to evaluate the awareness, knowledge level, and status of receiving education about neglect and abuse in students, who are prospective nurses. Reflecting on this information, this study was carried out to evaluate the knowledge levels of nursing students about CNA.

In line with the aim of the study, the questions of the study are itemized below:

- What is the level of knowledge of nursing students regarding child neglect and abuse?
- What is the status of nursing students receiving education on child neglect and abuse?
- Is there a difference in the level of knowledge about child neglect and abuse among nursing students across different classes?

MATERIALS AND METHODS

Type of the study

A descriptive design was employed.

Population-sample

There was a population of 273 first- to third-year nursing students from the faculty of a university in Istanbul in the spring semester of the 2018-2019 academic year (n=273). A sample selection procedure was not performed. The data collection phase involved 247 nursing students willing to join the study and filling out the data collection tools completely. Approximately 90.4% of the population was reached. There are no fourth-year students in the sampled faculty. Therefore, this group was not included in the sample.

Measures

A "Participant Information Form" (PIF) and the "Diagnosis Scale of the Risks and Symptoms of Child Abuse and Neglect (DSRSCAN)" were utilized. At the outset, nursing students were informed about the purpose of the study and were asked to fill out the data collection forms individually, which took around 15-20 minutes.

The PIF, prepared by the researchers, was employed to question the socio-demographic characteristics of the participants and whether they had received education about neglect and abuse. It contains 13 questions, including 11 multiple-choice and 2 open-ended.

Uysal (1998) developed the Diagnostic Scale of Risk and Symptoms of Child Abuse and Neglect (DSRSCAN) to help nurses and midwives identify the symptoms and risks of child abuse and neglect. It has 67 items and six sub-dimensions, namely the physical symptoms of abuse in the child, the behavioral symptoms of child abuse in the child, the symptoms of neglect in the child, the characteristics of parents prone to exercise abuse and neglect, the characteristics of children likely to be abused and neglected, and the familial characteristics in child abuse and neglect. Items are scored between 1 (very true) and 5 (not true at all). The total scale score is 67 to 335. Uysal (1998) found Cronbach's alpha of the original scale as 0.92 for the total scale and between 0.59 and 0.89 for the sub-dimensions. Kocaer (2006) found the alpha coefficient as 0.81. This value was found to be 0.87 in our study

Statistical analysis
The NCSS (Number Cruncher Statistical System) 2007 (Kaysville, Utah, USA) software was used for statistical analysis of the data. Descriptive statistics were used in the analyses. Graphical examinations and the Shapiro-Wilk test were utilized to test the normality of quantitative data. Normally distributed quantitative variables were compared using student's t-test in two groups. Groups of >3 were compared with one-way ANOVA. The statistical significance was set at a confidence interval of 95% ($p < 0.05$).

Ethical considerations
Ethics committee approval of the study (Date: 28/12/2018, Approval no: 18/99) and written permission (26/12/2018-E.36466) were received from related institutions. Before data collection was initiated, nursing students were informed about the purpose and scope of the study, and their informed consent forms were obtained. Permission of the author who developed the DSRSCAN was obtained.

RESULTS
The descriptive characteristics of the participants are given in Table 1. As seen in the table, 79.4% of them were female, 98% were single, and the mean age was 19.80±1.19. School year of the students was 32.4%, first-year; 37.2%, second-year; and 30.4%, third-year. Also, 78.5% of the students had a nuclear family type, 48.9% were born in the Marmara Region, 54.3% were born in a city, 38.5% had four or more siblings, 40.5% of the fathers and 51% of the mothers were elementary school graduates, and 70% had equal income and expenses (Table 1).

Table 1. Analysis results of the participants' socio-demographic features.

Characteristics		n	%
Gender	Female	196	79.4
	Male	51	20.6
Marital status	Single	242	98.0
	Married	5	2.0
School year	1	80	32.4
	2	92	37.2
	3	75	30.4
Type of family	Core	194	78.5
	Extended	42	17.0
	Broken	11	4.5
Place of birth	Village	26	10.5
	District	76	30.7
	Province	134	54.3
	Abroad	11	4.5
Region of birth	Mediterranean	17	7.2
	Aegean	9	3.8
	Marmara	116	48.9
	Black Sea	38	16.0
	Central Anatolia	11	4.6
	Southeastern Anatolia	27	11.5
	Eastern Anatolia	19	8.0
Mother's education	Non-literate	28	11.3
	Elementary school	126	51.0
	Middle school	33	13.4
	High school	48	19.4
	University	12	4.9
Total		247	100.0

Table 1 (Continue). Analysis results of the participants' socio-demographic features.

Characteristics		n	%
Father's education	Elementary school	100	40.5
	Middle school	62	25.1
	High school	58	23.5
	University	27	10.9
Number of siblings	1	11	4.5
	2	77	31.2
	3	64	25.8
	≥4	95	38.5
Income	Income<expenses	33	13.4
	Income=expenses	173	70.0
	Income>expenses	41	16.6
Total		247	100.0

Of the participants, 75.3% had received education/information on CNA during their education and 63.4% had received it from the Internet, 48.4% from school, 43% from television, and 37.1% from books/magazines (Table 2).

Table 2. Nursing students' education/ information about child neglect and abuse.

Obtaining information		n	%
Receiving training/obtaining information on CNA during education	Yes	186	75.3
	No	61	24.7
The source of education/information on CNA*	School	90	48.4
	The internet	118	63.4
	Books/magazines	69	37.1
	Conferences	25	13.4
	TV	80	43.0
Total		247	100.0

*Multiple respons

The mean DSRSCAN score was 246.98±24.38 and the total internal consistency was α=0.876. Mean scores and the alpha values of the sub-dimensions are shown in Table 3.

Table 3. Evaluation of the sub-dimension and total scores and alpha values of the DSRSCAN.

	Number of items	Mean±SD	Cronbach's Alpha
Recognizing the physical symptoms of abuse in the child	19	73.83±7.73	0.754
Recognizing the behavioral symptoms of abuse in the child	15	56.11±6.16	0.612
Recognizing the symptoms of neglect in the child	7	27.70±3.70	0.634
Recognizing the characteristics of parents prone to exercise abuse and neglect	13	44.21±6.05	0.586
Recognizing the characteristics of children likely to be abused and neglected	5	15.78±3.17	0.441
Recognizing the familial characteristics in child abuse and neglect	8	29.16±4.69	0.697
Total score	67	246.98±24.38	0.876

The total scores of female students on the DSRSCAN were statistically significant compared to the scores of males (p=0.015). The scores of female students on the "physical symptoms of abuse in the child" and "the symptoms of neglect in the child" sub-dimensions were higher than the scores of males (p=0.019; p=0.001). There was no statistical significance between the total and subscale scores on the DSRSCAN according to the student's school year and receiving education on child neglect and abuse (p>0.05) (Table 4).

Table 4. Evaluation of the total and sub-dimension scores of the DSRSCAN according to nursing students' descriptive characteristics.

			The physical symptoms of abuse in the child	The behavioral symptoms of abuse in the child	The symptoms of neglect in the child	The characteristics of parents prone to exercise abuse and neglect	The characteristics of children likely to be abused and neglected	The familial characteristics in child abuse and neglect	Total score
Gender	**Female (n=196)**	Median (Min.-Max.)	75 (57-93)	57 (42-75)	28 (17-35)	44 (27-61)	16 (5-25)	29 (16-40)	247 (192-324)
		Mean±SD	74.42±7.7	56.41±5.98	28.12±3.64	44.42±6.07	15.87±3.27	29.42±4.73	248.91±24.4
	Male (n=51)	Median (Min.-Max.)	71 (57-89)	54 (40-70)	26 (19-33)	42 (30-61)	15 (11-25)	28 (19-40)	239 (208-305)
		Mean±SD	71.57±7.5	54.94±6.75	26.12±3.55	43.37±5.98	15.43±2.76	28.16±4.41	239.59±23.1
	Test value		t=2.368	t=1.519	t=3.514	t=1.105	t=0.884	t=1.719	t=2.456
	p		[a]**0.019***	[a]0.130	[a]**0.001****	[a]0.270	[a]0.378	[a]0.087	[a]**0.015***
School year	**1 (n=80)**	Median (Min.-Max.)	75 (62-90)	57.5 (45-68)	27 (20-35)	43 (30-61)	15 (8-25)	29 (18-40)	246.5 (211-312)
		Mean±SD	74.76±6.99	57.01±5.62	27.8±3.18	44.1±5.79	15.41±3.26	28.99±4.44	248.08±21.54
	2 (n=92)	Median (Min.-Max.)	74 (57-89)	56 (42-75)	27 (17-35)	43 (27-61)	16 (9-25)	29 (19-40)	245 (192-324)
		Mean±SD	73.27±7.99	56.05±6.37	27.41±3.64	44.23±6.53	15.95±3.12	29.4±5.05	246.32±26.09
	3 (n=75)	Median (Min.-Max.)	74 (57-93)	55 (40-71)	28 (19-35)	43 (34-61)	16 (5-25)	29 (16-40)	241 (199-316)
		Mean±SD	73.52±8.16	55.2±6.39	27.96±4.28	44.29±5.8	15.97±3.15	29.04±4.53	246.64±25.34
	Test value		F=0.882	F=1.691	F=0.461	F=0.021	F=0.800	F=0.200	F=0.121
	p		[b]0.415	[b]0.187	[b]0.631	[b]0.980	[b]0.450	[b]0.819	[b]0.886
Receiving education/information on abuse and neglect	**Yes (n=186)**	Median (Min.-Max.)	74 (57-93)	55 (40-75)	28 (19-35)	43 (27-61)	15 (5-25)	29 (16-40)	245 (192-324)
		Mean±SD	73.62±7.36	55.69±5.94	27.86±3.62	43.98±5.82	15.84±3.14	29.04±4.76	246.31±23.88
	No (n=61)	Median (Min.-Max.)	75 (57-90)	58 (42-68)	27 (17-35)	43 (35-61)	15 (8-25)	29 (18-40)	245 (199-312)
		Mean±SD	74.48±8.8	57.36±6.67	27.23±3.93	44.89±6.72	15.59±3.28	29.51±4.46	249.05±25.94
	Test value		t=-0.686	t=-1.843	t=1.155	t=-1.009	t=0.542	t=-0.672	t=-0.762
	p		[a]0.494	[a]0.066	[a]0.249	[a]0.314	[a]0.589	[a]0.502	[a]0.447

[a]Student's t-test, [b]One-way ANOVA, *p<0.05, **p<0.01.

DISCUSSION

Participants' descriptive characteristics in this research were similar to those in the literature (Akcan & Demiralay, 2016; Akgün Kostak & Vatansever, 2015; Demir Acar & Bulut, 2021; Güdek Seferoğlu et al., 2019; Pehlivan, 2016; Topçu et al., 2022).

The majority of the students (75.3%) had received training/information on CNA (Table 2). Nursing students need to receive education on CNA during their undergraduate education to increase their knowledge and awareness in their professional lives. Therefore, relevant education should be included in undergraduate programs (Skarsaune &Bondas, 2016). The rate of nursing students learning about CNA at school was reported as 51% by Akgün Kostak and Vatansever (2015), 81.5% by Uslu and Zincir (2016), 68.1% by Kurt et al. (2017), 89.8% by Sathiadas et al. (2018), 69% by Başdaş and Bozdağ (2018), 67.7% by Güdek Seferoğlu et al. (2019), and 62.3% by Tek and Karakaş (2021). Our results were consistent with those of other studies. This may have been because CNA-related content was included in the course curricula of the schools where the studies were conducted. Unlike these studies, 77.8% of the students in a study by Pehlivan (2016) and 73.7% in a study by Pisimisi et al. (2022) had not received any information about CNA. Another study indicated that 59.1% of health professionals had not received training on neglect and abuse during their undergraduate education (Işık Metinyurt & Yıldırım Sarı, 2016). Özcan (2022) found that 35.5% of the nurses had received training on CNA. Topçu et al. (2022) reported that less than half of the students (35.6%) had received training on CNA. It is thought that the lack of support for our findings was because there was no time and content standards about CNA in the nursing curriculum.

Participants in the study had received education/information about CNA from the internet (63.4%), school (48.4%), television (43%), books/magazines (37.1%), and conferences (13.4%), (Table 2). In the literature, students' source of information on CNA was reported as follows: the internet:70.3% (Pisimisi et al., 2022); school: 82.2% (Topçu et al., 2022) and 69.4% (Tek &Karakaş, 2021); television, books or magazines:38.7%, school: 19.8%, and conferences: 9.2% (Güdek Seferoğlu et al., 2019); school: 56% and the internet and media: 14% (Pehlivan, 2016). In the literature, students' sources of information about CNA varied. This may have been due to easy access to information on the internet and the non-standard of CNA courses in schools. Half of the nursing students in our study had received education/information from school because the course content on CNA was included in the course curriculum of the university where the study was conducted.

Nurses encounter CNA cases, especially in emergency rooms. They must have knowledge and skills regarding CNA to diagnose the case, provide appropriate care, and report it. They should acquire this knowledge and skills in their undergraduate nursing education (Topçu et al., 2022). Participants' mean DSRSCAN total score was 246.98±24.38 in the study. Karakaş (2019) found the mean DSRSCAN score of nursing students as 231.6. Özcan (2022) determined it as 258.16±23.78. The mean DSRSCAN total knowledge score was found as X=3.68±0.36 by Topçu et al. (2022), 3.45+0.45 by Tek and Karakaş (2021), 2.36±0.50 by Başdaş and Bozdağ (2018), and 3.71±0.56 by Demir Acar and Bulut (2021). Students' knowledge levels about CNA were found as inadequate in some studies (Akcan & Demiralay, 2016; Akgün Kostak & Vatansever, 2015; Güdek Seferoğlu et al., 2019; Pisimisi et al., 2022; Poreddi et al., 2016). This may have been because students did not have enough experience with CNA. To achieve a desired development in knowledge and awareness about CNA, the subject should be included in the curriculum in undergraduate education and the training content should be reinforced through simulation applications, conferences, and seminars and repeated in in-service training programs.

Early diagnosis and intervention play a key role in preventing the consequences of neglect and abuse, such as serious injury, disability, emotional disorder, and developmental delay. Nurses should be able to make an early diagnosis before the negative effects of neglect and abuse occur. To do this, they need to know about possible CNA symptoms. CNA is more common, especially in unwanted pregnancies, multiple pregnancies, premature or low birth weight babies, and in children who have chronic diseases and special needs, need constant care, and cannot meet the expectations of their parents (Topçu et al., 2022). The students got the lowest significant score on the "characteristics of children likely to be abused and neglected" sub-dimension of the DSRSCAN. This result showed that they did not have enough knowledge and needed more information about early detection of children more likely to be neglected and abused. In the literature, the lowest score was obtained from the "characteristics of children likely to be abused and neglected" sub-dimension (Başdaş & Bozdağ, 2018; Demir Acar & Bulut, 2021; Güdek Seferoğlu et al., 2019; Işık Metinyurt &Yıldırım Sarı, 2016; Özcan, 2022; Tek & Karakaş, 2021; Topçu et al., 2022), similar to our study result. Students received the highest score from the "physical symptoms of abuse in the child" sub-dimension of the DSRSCAN. In the literature, the highest score was obtained from the " symptoms of neglect in the child" sub-dimension of the same scale (Demir Acar & Bulut, 2021; Güdek Seferoğlu et al., 2019; Özcan, 2022; Tek & Karakaş, 2021; Topçu et al, 2022). Our study result differed from others in this respect. It is thought that students got higher scores from the "symptoms of neglect in the child" sub-dimension because these symptoms were concrete and easily identifiable.

In the study, female students had statistically significantly higher total scores on the DSRSCAN than males (p=0.015). The scores of females on the "physical symptoms of abuse in the child" and "symptoms of neglect in the child" sub-dimensions of the scale were higher than the scores of males (p=0.019; p=0.001). While there was no difference between the gender and knowledge levels of students in some studies (Başdaş &

Bozdağ, 2018; Demir Acar & Bulut, 2021), the knowledge scores of the males were significantly higher than those of females in some others (Alabdulaziz et al., 2024). On the other hand, there were some studies showing that females had significantly higher knowledge scores than males (Güdek Seferoğlu et al., 2019; Tek & Karakaş, 2021). Female students had higher scores because the female gender is exposed to violence more in our society and therefore, they have a higher sensitivity to violence against children.

In the study, the scores of the participants on the sub-dimensions of the scale and the total scale did not show a statistically significant difference according to the school year ($p > 0.05$). While there was no significant difference between students' school year and their scores in some studies (Demir Acar & Bulut, 2021; Karakaş, 2019; Özbey, Özçelep, Gül, & Kahriman, 2018; Pisimisi et al., 2022), the opposite was true in some others (Abdulaziz et al., 2024; Güdek Seferoğlu et al., 2019; Karakaş, 2019; Poreddi et al., 2016). Abdulaziz et al. (2024) found a statistically significant difference between the DSRSCAN scores of health students according to their school year. The scores of 2nd-year students were significantly higher than those of 3rd- and 4th-year students. In the study by Topçu et al. (2022), the DSRSCAN scores of 4th-year students were significantly higher than those of 3rd-year students. The scores of nursing students from the subscales and the total scale did not differ significantly according to whether they had received training/information on CNA during their education ($p > 0.05$). In the study by Topçu et al. (2022), the scale scores of students who had received training on child abuse were significantly higher than those of students who had not. No statistical significance was found between having received education on CNA and the mean DSRSCAN scores in the study by Güdek Seferoğlu et al. (2019), ($p < 0.05$). The mean score of those who had received education on CNA was found to be higher than the scores of those who had not. Karakaş (2019) and Özbey et al. (2018) found the scores of students who had obtained information about CNA were higher than the scores of those who had not. It is thought that the reason for the high level of knowledge of senior students was that there were theoretical and practical courses on pediatrics, public health, and mental health in the curriculum in the last two years of nursing education, which was assumed to increase CNA-related gains. It is thought that the existence of studies in the literature that did not support our findings was because the university sampled during the data collection process of the study did not yet have any 4th-year students.

Limitations and Strengths
The limitation of this study is that data were collected solely from nursing students of a single university and that the sampled university did not have any senior students at the time of data collection.

CONCLUSION
In the study, it was seen that students did not know enough about the characteristics of children who were likely to be neglected and abused and that female students had better knowledge about CNA. To increase the knowledge level of students, it is recommended that the nursing curriculum should include more detailed information on issues related to the promotion, improvement, and protection of child health, prevention of neglect and abuse cases, early diagnosis and early initiation of interventions, and legal responsibilities when CNA is encountered, the subjects should be arranged to cover all classes and standardized in all schools, simulation activities that allow students to practice real clinical scenarios should be conducted to increase their sensitivity on this subject, and that they should be supported to participate in current congresses.

Author Contributions
Plan, design: EA, GS, RC; **Material, methods and data collection:** EA, KE, BAG; **Data analysis and comments:** EA, KE, BAG; **Writing and corrections:** EA, KE, BAG, GS, RC.

Ethical Approval
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