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Knowledge, Attitude, and Practice of Teachers in Tabriz(Iran) Elementary Schools Regarding Child Abuse(2015-2016)

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ABSTRACT

Child abuse is one of the most important health issues world wide. Teachers play an important role in identifying and reporting cases of child abuse since they are in direct confrontation with educational and behavioral issues, parent-child relationships, and support, care and development of children and can pursue the matter in case of family dysfunction. Thus, the current study is aimed at investigating knowledge, attitude and performance of Teachers of Elementary Schools regarding child abuse in Tabriz. In this descriptive study, stratified sampling was carried on elementary school teachers in 2015-2016 in Tabriz. Three hundred and thirty teachers employed in primary schools participated in the present study. Questionnaire was used to collect data. Data analysis was carried using SPSS, Vol. 23 through descriptive (mean and standard deviation) and analytical (Two Independent Samples T-test and analysis of variance) statistics. The findings showed that 57.5 percent of teachers had moderate and less than moderate knowledge regarding child abuse causes, 45 percent of participants had good knowledge of the signs, symptoms and complications of child abuse, and their total knowledge was moderate and less than moderate (55%). The participants had a favorable attitude toward dealing with child abuse (95.0 %), and their performance in dealing with child abuse was moderate and less than moderate (81.3 %). Teachers had moderate and less than moderate knowledge regarding child abuse, favorable attitude towards child abuse, and average performance in dealing with child abuse. This may be due to taking less training courses, fear of side issues of dealing with child abuse, or lack of clear legal guidelines for dealing with child abuse.

Keywords: child abuse, knowledge, attitude, practice, teachers

INTRODUCTION

training behaviors of parents considered as parenting behaviors can be a form of mistreatment [1]. Cultural attitudes towards parenting are important, which could influence the severity of this discipline and its tendency toward child abuse [2, 3]. The World Health Organization [WHO] defines child abuse as any form of torment in sexual, emotional, physical and neglect kind, or exploitation of children, leading to actual or potential harm to health or the development of child [4]. Child abuse can cause instability and fragility in family and social pillars [5]. The most important effect of child abuse is child mortality, but other consequences are associated with both childhood and adulthood [6], causing disruption in student's learning at school [7]. According to some studies, disorders such as

anxiety, depression[8], panic, alcohol dependence, conduct disorder, post-traumatic stress, separation anxiety, and suicidal behaviors are more common in these population[9]. Mistreatment causes low self-esteem and problems in language development and performance at school [10]. Mistreatment can cause stress that leads to changes in the nervous, cardiovascular, and immune systems as well as metabolism [11]. It is also more likely that these children become abusing parents in the future [6]. In addition to physical, psychological, and social effects of child abuse, the cost of treatment, hospitalization, long-term and mental health costs lead to huge economic burden on the family and society[9, 12]. There is no global rate regarding the rate of child abuse in the world and in Iran, and different rates have been reported in different studies. In the US, in 2011, about 680 thousand children were victims of mistreatment, 78 percent of whom were neglected, 18 percent were physically abused, and 9 percent were sexually abused. Most of them had experienced more than one type of abuse, and it is estimated that 1570 children have died due to abuse [13]. In England, in 2003, thirty thousand children were referred to care centers[14]. One study reported 78 percent emotional abuse, 23% physical abuse, 15 percent severe physical abuse, and 6 percent sexual abuse[15]. One research in Iran showed that the prevalence of neglect in hyperactive children was 60 percent, and emotional abuse was 35 percent [16]. In another study, the prevalence of physical and emotional abuse was 43.5 and 64.5 percent respectively [17]. [16]. In another study, reported physical abuse as 67.6 percent, and emotional abuse as 70 percent[18]. The detection of child abuse is difficult in cases where there are no physical symptoms, or when there is only one single injury. Detection in cases of clear and various physical symptoms is not difficult, but about 60 percent of children who suffer from sexual abuse have no obvious physical signs. In such situations, it is very important to understand the normal developmental and behavioral stages of the child[19]. Given the high prevalence of child abuse, in order to protect children, it is necessary for teachers to have enough information regarding identification, reporting, and documentation of cases of child abuse. In addition to identifying the signs and symptoms of child abuse, they must be able to identify suspected cases[20]. The need for rapid and timely identification of mistreatment with students is justified by the fact that it prevents the effects of continuous child abuse and more serious mental, emotional, physical, and educational problems[21-23]. One study reported, the teachers did not have adequate knowledge regarding signs and symptoms of child abuse[24]. Another study showed that teachers and child health-care professionals did not have professional knowledge about issues related to child abuse [25]. Since awareness and knowledge and Attitude is in line with the first-level prevention as the first priority and the most cost-effective level in prevention and health care[26, 27] and as teachers play a unique role in identifying child abuse [7], they can investigate interactions and communications, parent-child relationships and the child's support and care within the family, and pursue this issue in case of family dysfunction [28, 29].

According to the above, the investigation of knowledge, attitude, and performance of teachers, especially those who serve children at the first level, is essential. Therefore, this study aimed on investigating the knowledge, attitude, and performance of teachers in Tabriz regarding child abuse.

MATERIALS AND METHODS

This is a descriptive study. Population is comprised of public and private elementary school teachers of Tabriz, and the study was conducted in 2015-2016. Stratified modeling was done at schools. In the Tabriz Education Office there are 5 regions, 3163 working elementary school teachers in 265 government schools, and 1071 working teachers in 338 private schools. Sample size was determined through the consideration of $\beta = \alpha = 0.05$, and $d = p / 5$ for maximum sample size and minimum estimation error. Sample size was determined as 360, considering $P < 0.05$. In the sample, teachers were selected with a ratio of one to three from private and public schools of the 5 regions of Tabriz respectively. The simple stratified random sampling method was used to select the teachers. First, the number of teachers of each region was estimated. The sample was selected considering the number of teachers of the school with respect to the total number of teachers. Then, the schools were selected randomly from a table of random numbers, and the total number of teachers in each school was selected so that the sample would be provided in each region. In this study, 30 teachers in the selected schools were not willing to participate in the study, and finally, 330 people enrolled in the present study.

A questionnaire was used to collect data comprising of four parts. The first part was about demographic characteristics of subjects, which included 13 questions. The second part was about the knowledge of Teachers of Elementary Schools including 45 questions. Knowledge questions consisted of two parts: 1. Misbehavior factors including 20 questions, and 2. Signs and complications of child abuse including 25 questions. Knowledge questions had three choices (true, false, I do not know) in which score 1 indicated "true", and score 0 "false" and "I do not know". Scores of knowledge in teachers regarding signs, symptoms, and factors of misbehavior were low (5 -0), moderate (10 -6), good (11-15), and excellent (16-20) while scores of signs, symptoms, and complications of misbehavior were weak (0-6), moderate (7-12), good (13-18), and excellent (19-25). The total knowledge score (signs and symptoms of abuse and misbehavior complications) were classified into four levels of low (0-11), moderate (12-23), good (24-34), and excellent (35-45). One-third of the questions were trick questions.

The third part was attitude questions, including 15 questions with the following options: strongly agree, agree, neutral, disagree, , and strongly disagree. Strongly disagree, disagree, neutral, agree, and strongly agree were assigned 5,4,3,2, and 1, respectively. Therefore, the minimum attitude score was 15 (bad attitude towards dealing with child abuse) and maximum score was 75 (very good attitude towards dealing with child abuse). Attitude questions were classified into five levels: too weak (0-15), weak (16-30), moderate (31-45), good (46-60), and High (61-75). One-third of the questions were trick questions and the scoring direction was reversed in these questions.

The fourth part dealt with performance. This part was filled in case of participant's experience of facing child abuse containing 16 two-choice questions (did, did not do). The "did not do" was assigned zero, and "did" was assigned 1, and performance ranged between zero and 16. Scores of teachers were classified into four levels: poor performance (scores 0-4), moderate (scores 5-8), good (scores 9-12), and excellent (scores 13-16).

To ensure the validity of the questionnaire, scientific resources and questionnaires of other studies were used. A questionnaire containing 89 questions was designed, and content and face validity of the questionnaire was ensured by 15 experts from different fields include community health nursing, Psychiatric nursing, subspecialty in Pediatrics, Psychiatry and Midwifery. To ensure reliability, internal consistency was determined by Cronbach's alpha for knowledge (0.79), attitude (0.72) practice (0.74), and to assess the reliability of questionnaire test-retest exam (with 14 days interval) on 30 participants were used and reliability coefficient were estimated as %59.

In order to assess construct validity exploratory factor analysis with Principal Component Analysis Extraction Method was used. The results of exploratory factor analysis showed good fit of model for knowledge scale (part one) (Kaiser-Meyer-Olkin Measure of Sampling Adequacy (KMO)=0.769, Bartlett's $P < 0.001$ and Total Variance Explained (TVE) = 50.75%). Additionally the factor loading ranges between 0.326 to 0.607) indicating reasonable loading in this scale. These results also yield good fit of model for knowledge scale (part two) (KMO=0.867, Bartlett's $P < 0.001$ and TVE= 53.02%) with a loading ranges between 0.325 to 0.634. Factor analysis for attitude scale yield a good fitting model (KMO=0.748, Bartlett's $P < 0.001$ and TVE=53.637%) with a loading ranges between 0.326 to 0.752. The results were similar for practice scale (KMO=0.663, Bartlett's $P < 0.001$ and TVE=60.999% and loading ranges between 0.352 to 0.667).

The data were analyzed through statistical software SPSS version 23, using descriptive statistics, including raw and percentage frequency, and mean. Two Independent Samples t-test and analysis of variance test were used to study the mean of knowledge, attitude, and performance according to demographic variables. This study had ethical authority that has been issued from Tabriz University of Medical Sciences (Code TBZMED.REC.1394.169).

RESULTS

This study was participated by 330 Teachers of Elementary Schools. The average age was 42 ± 8.19 years, with average work experience of 20 ± 9.95 years. Other social and personal characteristics of participants are given in (Table 1)

In this research, 2.1 percent of the participants had excellent knowledge, 42.4 percent had good knowledge, and 55.5 percent had moderate or less knowledge regarding misbehavior factors.. The mean and standard deviation of knowledge and subcategories of knowledge score is given in (Table 2).

In the analysis, the average score of knowledge of the teachers regarding causes of mistreatment was significantly different according to gender ($P=0.001$). Men demonstrated more knowledge compared to women. The average score of knowledge regarding complications and signs of mistreatment was significantly different according to gender ($P=0.001$), men showed more knowledge compared to women. Also, average score of teachers' knowledge regarding causes, complications, and signs of mistreatment was significantly different according to gender ($P < 0.001$), men had more knowledge compared to women.

In this study, 95 percent of the participants showed good and excellent (favorable) attitude towards dealing with child abuse, 3.4 percent had moderate attitude, and 1.6 percent had weak and very weak (unfavorable) attitude. Mean and standard deviation of the attitude of participants was 58.66 ± 8.52 (Table 2).

In the analysis, the average score of the teachers' attitude towards dealing with child abuse was significantly different according to income (0.034) (Table 3), people with an income of less than or equal to one million tomans (Approximately 350 US dollars at the time of the study) had better attitude towards dealing with child abuse.

In this study, 80 participants (25/2 %) reported that they have faced with some cases of child abuse. Among those faced with cases of child abuse, 18.8 percent had good and excellent performance and 81.3 percent had moderate and poor performance. The mean and standard deviation of the participants' performance were $5/61 \pm 2/95$ (Table 2).

Table 1: Frequency of demographic percentage in Teachers of Elementry Schools in 2015-2016

Variable		N=330	
		Number	percent
Marital Status	Single or Widow	49	14.9
	Married	280	85.1
Gender	Male	58	18.1
	Female	262	81.9
Education	Diploma or Associated Degree	128	39.4
	Bachelor's Degree or Higher	197	60.6
Field of Study	Elementary Education	144	47.8
	Math	33	11.0
	Other	124	41.2
Number of Children	One Child	66	31.0
	Two Children or more	147	69.0
Children's gender	Female	82	30.9
	Male	69	26.0
	Both	114	43.0
Have passed educational training courses	Yes	25	7.6
	No	303	92.4
Income	Equal or less than 10 million IRR	185	61.1
	More than 10 million IRR	118	38.9
Satisfaction of Income	Low	287	90.8
	Adequate and High	29	9.2
Employment Status	Official/Contract	282	87.0
	Recruitment/contractual	42	13.0

Table 2: Mean \pm SD of knowledge, attitude and performance of Teachers of Elementry Schools in 2015-2016

Variable	Mean	SD
Knowledge 1 (factors affecting misbehavior)	9/85	3/08
Knowledge 2 (complications, signs, and symptoms affecting misbehavior)	13/17	3/91
Total Knowledge (Knowledge 1, 2)	22/75	6/07
Attitude	58/66	8/52
Performance	5/61	2/95

DISCUSSION

The results of the present study showed that the knowledge of primary teachers regarding child abuse is moderate and less than moderate. The average of the findings of this study is 22.75 out of 45 with standard deviation of 6.07. These findings are not consistent with those of the study of Seyed Moallemi et al. (2014). They determined the knowledge score as 4.32 out of 24(30). This inconsistency may be due to more visits of teachers with children comparing to general dentists. In this study, 42.4 percent of participants had good knowledge. A study by R.Al-Dabaanj et al. (2014) on knowledge, attitude, and performance of dentists regarding child abuse showed that 84.2 percent of the participants had good knowledge(31). Findings of this study are inconsistent with them. This may be due to the fact that in Al-Dabban et al. study, questionnaires have been sent by email giving participants the chance and time to increase their knowledge. Also, findings of this study are inconsistent with those of the study of Garousi et al. (2006), which was a descriptive study on the knowledge of medical intern students and the knowledge score was determined as 28.3 out of 38 with standard deviation of 4.80(32). Average knowledge score was higher in this study. This inconsistency may be due to different courses of study.

Regarding the analysis of the average knowledge score of participants about causes of misbehavior, signs, symptoms, and complications of misbehavior, and total knowledge of participants regarding misbehavior according to gender, findings showed that the average knowledge score was higher in men compared to women ($P=0.001$, $P=0.001$, and $P<0.001$, respectively). This may be due to different experiences regarding misbehavior.

Table 3: knowledge, attitude and performance of Teachers of Elementry Schools according to various factors in 2015-2016

N=330		Knowledge 1		Knowledge 2		Knowledge 3		Attitude		Performance	
		Mean±SD	t OR F Pvalue	Mean±SD	t OR F pvalue	Mean±SD	t OR F pvalue	Mean±SD	t OR F pvalue	Mean±SD	t OR F pvalue
Marital Status	Single or Widow	9/44 ±2/93	T= -.95 0/341	12/55 ±3/38	T= - 1/16 0/245	21/54 ±5/83	T= - 1/48 0/139	57/68 ±12/19	T= -.88 0/375	6/90 ±2/42	T= 1/48 0/142
	Married	9/91 ±3/10		13/27 ±4/00		22/94 ±6/10		58/87 ±7/72		5/42 ±2/99	
Gender	Male	11/07 ± 2/72	T= 3/22 0/001	14/87 ±3/80	T= 3/45 0/001	25/42 ±6/14	T=3/58 0/000	58/10 ±10/34	T= -.52 0/600	6/25 ±3/39	T= 0/79 0/429
	Female	9/6 ± 3/11		12/89 ±3/87		22/29 ±5/9		58/77 ±8/13		5/590±2/83	
Education	Diploma or Associated Degree	9/64 ±3/04	T= -1/01 0/313	13/50 ±4/021	T= 1/08 0/278	23/04 ±5/93	T= 0/59 0/555	58/31 ±8/44	T= -.57 0/566	5/64 ±3/55	T= 0/10 0/922
	Bachelor's Degree or higher	10/00 ±3/13		13/01 ±3/85		22/63 ±6/22		58/88 ±8/67		5/58 ±2/37	
Field of Study	Elementary Education	6/63±3/14	F= 0/74 0/477	130/07 ±3/97	F= 0/39 0/673	22/52 ±6/03	F= 1/25 0/288	57/91 ±8/99	F= 1/45 0/235	4/90 ±3/36	F=1/05 0/353
	Math	10/27 ±3/25		12/68 ±3/26		21/42 ±6/86		58/12 ±12/14		5/00±0/00	
	Other	9/95 ±2/88		13/35 ±4/04		23/23 ±6/00		59/72 ±7/47		5/91±2/38	
Number of Children	One Child	9/500 ±3/34	T= -.47 0/638	13/25 ±4/02	T= -.27 0/781	21/95 ±6/68	T= - 1/33 0/184	59/54 ±4/88	T= -.86 0/297	5/66 ±2/83	T= -.30 0/759
	Two Children or more	9/71 ±2/89		13/42 ±3/90		23/13 ±5/62		58/58 ±8/17		5/93 ±3/35	
Children's gender	Female	9/21 ±3/23	F= 2/64 0/073	12/68 ±4/24	F= 2/28 0/104	21/43 ±6/36	F= 4/35 0/014	59/07 ±8/49	F= 0/28 0/749	5/19 ±2/99	F= 0/35 0/702
	Male	10/07 ±3/04		14/000 ±3/84		23/66 ±6/55		58/12 ±7/141		5/55 ±2/93	
	Both	10/21 ±3/07		13/66 ±3/82		23/88 ±5/45		58/35 ±8/25		5/90 ±3/18	
Have passed educational training courses	Yes	9/58 ±2/63	T= -.42 0/669	14/66 ±4/13	T= 1/94 0/053	24/25 ±5/68	T= 1/25 0/209	59/20 ±5/78	T= 0/34 0/734	7/37 ±2/32	T= 1/80 0/075
	No	9/86 ±3/12		13/05 ±3/89		22/62 ±6/11		58/58 ±8/73		5/41 ±2/96	
Income	Equal or less than 10 million IRR	9/81 ±2/98	T= -.91 0/359	13/33 ±3/79	T= -.03 0/970	22/86 ±5/96	T= -.45 0/652	59/46 ±7/38	T= 2/12 0/034	5/62 ±3/02	T= -.18 0/851
	More than 10 million IRR	10/14 ±3/12		13/35 ±4/15		23/18 ±6/21		57/29 ±10/06		5/75 ±3/04	
Satisfaction of Income	Low	9/93 ±3/09	T= 1/03 0/301	13/23 ±3/80	T= -.11 0/928	22/90 ±5/94	T= 0/61 0/607	58/ 58 ±8/38	T= -.80 0/420	5/72 ±2/91	T= 0/37 0/708
	Adequate and High	9/31 ±3/11		13/32 ±4/83		22/17 ±7/35		59/89 ±7/32		5/20 ±4/26	
Employment Status	Official/Contract	9/91 ±3/02	T= 0/80 0/425	13/29 ±3/94	T=0/87 0/383	23/02 ±5/89	T= 1/64 0/102	58/40 ±8/84	T= -1/61 0/108	5/65 ±3/10	T= 0/24 0/806
	Recruitment/contractual	9/50 ±3/53		12/71±3/48		21/ 36±7/09		60/76 ±6/22		5/37 ±1/76	

Regarding attitude, findings of this study showed favorable attitude of participants toward to the role of teachers in prevention and dealing with child abuse. The average of total attitude score was 58.66 out of 75 with standard deviation of 8.52, which indicates a high rate of knowledge among teachers. 95 percent of the teachers had favorable attitude. Findings of this study are consistent with those of Behshid Garousi's study (2005), which researched knowledge and attitude of pediatricians and pediatric residents. In Behshid Garousi's study, average attitude score was 4.86 out of 50 with standard deviation of 0.05(33). This may be because of the similarities of questionnaires and common cultural backgrounds of the participants of the studies.

Also, findings of the current study showed that the average score of the participants' attitude was significantly different according to income ($P=0.034$), people with an income of less than or equal to one million tomans had better attitude. Maybe, the reason for this was the fact that they were newly recruited and graduated recently.

Findings of this study showed that 25.2 percent of the teachers have faced cases of child abuse. Also, in Maureen C. Kenny's study (2001), facing with cases of child abuse was low, 11 percent reported that they faced cases of child abuse among their patients(34). In this study, only 18.8 percent of the participants had good performance. These findings are consistent with Al-Habsi's study (2009), which probed knowledge, attitude, and performance of dentists in London and reported that only 7 percent had good performance(35). Findings of this study are also consistent with those of Owais Al et al. study investigating dentists' interventions regarding detection and reporting physical abuse of children in Jordan. In Owais Al's study, 42 percent of participants were suspicious to cases of child abuse, but reported only 20 percent of child abuse cases. Reasons for doubt regarding reporting such cases were mentioned as lack of work experience (76 percent), uncertainty about the recognition (73 percent), and the possible consequences in children (66 percent) (36). Also, findings of this study are consistent with those of Martin et.al(2010) study investigating teachers' beliefs and the effects of mistreatment on students' learning and classroom behavior. In Martin's study, only one fifth of all child abuse cases occurring during a year have been reported (7). Maybe, the causes of avoiding the report of child abuse cases in this study were fear of violence against children, fear of litigation, fear of family violence against them, lack of knowledge regarding referral, and uncertainty about the detection of child abuse. Also, another cause for avoiding reporting child abuse cases can be lack of training by a large number of participants (92.4 percent). Findings of this study are consistent with those of Laud A et al. (2012) studying child protection training, experience and personal views of dentists in Greece. In this study, only 21 percent had attended training courses, and only 6 of the 368 participants had officially reported one case of mistreatment of children(37).

Due to the relatively high prevalence of child abuse in our country (reported by researchers) and favorable attitudes of teachers towards child abuse, more experiences of dealing with child abuse were expected. This may be due to the lack of required training and non-obligatory reports of child abuse in the country, or it may be due to the weaknesses regarding moral responsibilities in protecting children's rights in Iran. Nevertheless, more research is required to achieve accurate answer in this regard.

As a strong point for the present study, all employees working in Teachers Elementary participated in the study. The opinions of all participants were collected. As the number of knowledge, attitude and performance questions was high, some participants found it tiresome to answer. Questionnaires only answered by %20 or below were excluded from the study.

Given the special role of Teachers of Elementary Schools in identifying and reporting child abuse cases, it is essential that the knowledge of healthcare professionals be improved and practical plans for dealing with cases of child abuse or suspected child abuse be established

CONCLUSION

Given the special role of primary teachers in detecting and reporting cases of child abuse, promoting the knowledge of teachers is essential, and practical plans dealing with cases of child abuse or suspected child abuse cases must be established.

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Conflict of Interest

None Conflict

REFERENCES

- [1] Grosse, B, Safizadeh, H, Bahramnizad. GPs' knowledge and attitudes about child abuse Kerman. 2005;5(3):220-13.
- [2] Ferrari AM. The impact of culture upon child rearing practices and definitions of maltreatment. *Child Abuse & Neglect*. 2002;26(8):793-813.
- [3] Choo WY, Walsh K, Chinna K, Tey NP. Teacher reporting attitudes scale (TRAS) confirmatory and exploratory factor analyses with a Malaysian sample. *Journal of interpersonal violence*. 2013;28(2):231-53.
- [4] World Health Organization. Child maltreatment 2010 [cited 2012 18 Dec]. Available from: [http:// www. who. int/topics/child_abuse/en/](http://www.who.int/topics/child_abuse/en/).
- [5] Hughes T. The Neglect of Children and Culture: Responding to child maltreatment with cultural competence and a review of child abuse and culture: working with diverse families. . *Family Court Review*. 2006;44(3):501-10.
- [6] Shahi M, F, all e. Prevalence of child abuse in schools in Khorramabad 1391. *Journal of Medical Sciences lorstan*. 2013;15.
- [7] Gamache Martin C, Cromer LD, Freyd JJ. Teachers' beliefs about maltreatment effects on student learning and classroom behavior. *Journal of Child & Adolescent Trauma*. 2010;3(4):245-54.
- [8] Duhig M, Patterson S, Connell M, Foley S, Capra C, Dark F, et al. The prevalence and correlates of childhood trauma in patients with early psychosis. *Australian and New Zealand journal of psychiatry*. 2015:0004867415575379.
- [9] Torkashvand, F, Jafari, F, Rezayan, M, et al. A Survey on Child Abuse and Some Demographic Factors Affecting Students of the Third Grade of Guidance School in Zanjan in 2011. *Rafsanjan University of Medical Sciences*. 2012;12:۴۴۷-۴۵۰.
- [10] Nourazar SG, Kakaie MR, Ranjbar F, Sadeghibazargani H, Farahbakhsh M. Prevalence of child abuse in child and adolescent clinical population referred to psychiatric facilities in Tabriz University of Medical Sciences: Prevalence of child abuse in child and adolescent clinical population. *Journal of Analytical Research in Clinical Medicine*. 2014;2(3).
- [11] Eija P, Mika H, Aune F, Leila L. How public health nurses identify and intervene in child maltreatment based on the national clinical guideline. *Nursing research and practice*. 2014;2014.
- [12] Hemati Z, Ganji F, Alidosti M, Reisi M. The Impact of Education, Based on the BASNEF Model, on Maternal Attitudes toward Child Abuse in Shahrekord Health Centers, 2012. *International Journal of Community Based Nursing and Midwifery*. 2013;1(3):130-6.
- [13] U.S. Department of Health and Human Services. Final Recommendation Statement Child Maltreatment: Primary Care Interventions, June 2013 [cited 2016 17-jan]. Available from: <http://www.uspreventiveservicestaskforce.org/>.
- [14] Keane C, RN, Chapman R, RN. Evaluating nurses' knowledge and skills in the detection of child abuse in the Emergency Department. *International Emergency Nursing*. 2007;16:5-13.
- [15] Phil, WS, William, CW, Chen W, Catherine, et al. Prevalence and determinants of child maltreatment among high school students in Southern China: A large scale school based survey. *Child and Adolescent Psychiatry and Mental Health*. 2009;2:27.
- [16] Hadianfard H. Child abuse in group of children with attention deficit-hyperactivity disorder in comparison with normal children. *International journal of community based nursing and midwifery*. 2014;2(2):77.
- [17] Mohammadi, MR, Zarafshan, H, Khaleghi, A. Child Abuse in Iran: a systematic review and meta-analysis. *Iran J Psychiatry* 2014; 9:118-24.
- [18] Moghadam Z, J, Noughja, S, Divdar, M, et al. Frequency of child abuse and some related factors in 2-5 years children attending health centers of Ahvaz and Haftgel in 2011. *Journal Intashapyr*. 2011.
- [19] Bullock K. Child abuse: The physician's role in alleviating a growing problem. *American family physician*. 2000;61(10):2977-8, 80, 85.
- [20] Chihak A. The nurse's role in suspected child abuse. *Paediatrics and Child Health*. 2009;19:S211-S3.
- [21] Dong M, Giles WH, Felitti VJ, Dube SR, Williams JE, Chapman DP, et al. Insights into causal pathways for ischemic heart disease adverse childhood experiences study. *Circulation*. 2004;110(13):1761-6.
- [22] Anda RF, Butchart A, Felitti VJ, Brown DW. Building a framework for global surveillance of the public health implications of adverse childhood experiences. *American journal of preventive medicine*. 2010;39(1):93-8.
- [23] Anda RF, Felitti VJ, Bremner JD, Walker JD, Whitfield C, Perry BD, et al. The enduring effects of abuse and related adverse experiences in childhood. *European archives of psychiatry and clinical neuroscience*. 2006;256(3):174-86.
- [24] Kenny MC. Teachers' attitudes toward and knowledge of child maltreatment. *Child abuse & neglect*. 2004;28(12):1311-9.
- [25] Manuela, WA, Corine, de, Ferko, G. How do public child healthcare professionals and primary school teachers identify and handle child abuse cases? A qualitative study. *BMC Public Health*. 2013;13:807.

- [26] Jabraeili M, Asadollahi M, Jafarabadi MA, Hallaj M. Attitude toward child abuse among mothers referring health centers of Tabriz. *Journal of caring sciences*. 2015;4(1):75.
- [27] Asadollahi M, Jabraeili M, Jafarabadi MA, Hallaj M. Parents' Attitude Toward Child Abuse Conducted in the Health Centers of Tabriz. *International journal of school health*. 2016(InPress).
- [28] Crisp BR, Lister PG. Child protection and public health: nurses' responsibilities. *Journal of advanced nursing*. 2004;47(6):656-63.
- [29] Goebbels A, Nicholson JM, Walsh K, De Vries H. Teachers' reporting of suspected child abuse and neglect: behaviour and determinants. *Health education research*. 2008;23(6):941-51.
- [30] Seyedmoalemi, Z, Yazdi, M. Knowledge, attitudes and experience of hurtling toward child abuse in Isfahan Dentists. *Journal of Isfahan Dental School*. 2014;(10)1.
- [31] Al-Dabaan R, Newton J, Asimakopoulou K. Knowledge, attitudes, and experience of dentists living in Saudi Arabia toward child abuse and neglect. *The Saudi dental journal*. 2014;26(3):79-87.
- [32] Grosse, B, Safizadeh, H, Tajedini, R. A survey of interns' knowledge about child abuse, Kerman University of Medical Sciences. *Journal of Medical Education Development Center*. 2006;109:115.
- [33] Garosi, B, Safizadeh, H, Dostmohamadi, L. The knowledge and attitudes of pediatric specialists and assistants on child abuse. *Journal of Forensic Medicine*. 2005;38:83-7.
- [34] Kenny MC. Child abuse reporting: Teachers' perceived deterrents. *Child abuse & neglect*. 2001;25(1):81-92.
- [35] Al-Habsi S, Roberts G, Attari N, Parekh S. A survey of attitudes, knowledge and practice of dentists in London towards child protection. Are children receiving dental treatment at the Eastman Dental Hospital likely to be on the child protection register? *British dental journal*. 2009;206(4):E7-E.
- [36] Owais AIN, Qudeimat MA, Qodceih S. Dentists' involvement in identification and reporting of child physical abuse: Jordan as a case study. *International journal of paediatric dentistry*. 2009;19(4):291-6.
- [37] Laud A, Gizani S, Maragkou S, Welbury R, Papagiannoulis L. Child protection training, experience, and personal views of dentists in the prefecture of Attica, Greece. *International journal of paediatric dentistry*. 2013;23(1):64-71.