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## Research Article

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# The Relationship Between Nursing Students' Childhood Maltreatment, Liking of Children, and Attitudes Toward Children's Rights



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## Abstract

**Objective:** This study aimed to determine the relationship between nursing students' experiences of childhood maltreatment, their levels of liking children, and their attitudes toward children's rights.

**Materials and Methods:** This descriptive and cross-sectional study was conducted with third-year students in the nursing department of a public university located in the city center. Data were collected using a socio-demographic information form, the Childhood Trauma Questionnaire-Short Form (CTQ-SF), the Barnett Liking of Children Scale (BLOCS), and the Children's Rights Attitude Scale (CRAS). Data were gathered through face-to-face interviews and analyzed after being transferred to a computer environment.

**Results:** The participants' mean age was  $21.86 \pm 1.30$  years, with 59.3% identifying as female. A significant negative correlation was found between the Childhood Trauma Questionnaire scores and the Children's Rights Attitude Scale scores ( $p = -0.423$ ). No statistically significant correlation was observed between the Childhood Trauma Questionnaire and the Barnett Liking of Children Scale scores ( $p = -0.136$ ). However, a significant positive correlation was identified between the Children's Rights Attitude Scale and the Barnett Liking of Children Scale scores ( $p = 0.233$ ). Gender, family type, and family relationship status were significant factors influencing the Childhood Trauma Questionnaire scores. Additionally, gender and birth order were found to impact the Barnett Liking of Children Scale scores, while the desire to work as a pediatric nurse significantly influenced the Children's Rights Attitude Scale scores ( $p < 0.05$ ).

**Conclusion:** Nursing students have low levels of childhood maltreatment, but their attitudes toward children's rights and their levels of liking for children are high. A positive relationship was found between children's rights and their levels of liking for children.

## Keywords

Childhood maltreatment · Children's Rights · Attitude



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## INTRODUCTION

Childhood trauma is defined as an emotionally painful or distressing event experienced by a child, often leading to long-term mental and physical effects (1). Experiencing childhood trauma can affect individuals at any point in their lives and is likely to influence their future in various ways (2). International studies have shown that traumatic experiences are widespread globally (3,4). According to life course theory, traumatic events, especially those occurring during childhood or adolescence, can cause significant disruptions in an individual's life trajectory and profoundly impact their future development (5). The effects of childhood trauma are not confined to the period of exposure but can have long-lasting consequences (2). Parents who have experienced abuse or neglect during childhood may struggle with their ability to express love and care for their own children (6). Childhood trauma exposure is also prevalent among healthcare professionals (7) and nursing students (8). Çakır et al. (2020) found that nurses who had experienced childhood trauma reported higher levels of stress and lower self-esteem, which negatively affected both their personal lives and professional relationships. Additionally, cognitive distortions were identified as factors influencing career self-esteem and professional identity among nursing students and nurses (9). The presence of childhood trauma, combined with the professional stress that nursing students already face, can create significant challenges in both their personal and professional lives (10,11). Given its widespread prevalence and profound impact on future life outcomes, childhood trauma remains a critical issue requiring further attention and research.

However, there is limited knowledge regarding how childhood abuse specifically affects nurses (12). Since nurses play a critical role in providing holistic healthcare services, understanding the impact of childhood trauma on their present and future lives is essential. Gaining this insight could lead to meaningful improvements in the quality of healthcare services provided to others.

Children's rights are inherent rights that all children are born with, regardless of their background. Protecting children and their rights, which are indicators of societal welfare and peace, is one of the most important issues (13). Nursing students, as future professional nurses, receive clinical training as part of their education, during which they engage in patient care in clinical settings (14). Nurses, with their broad scope of practice, should perform advocacy roles to protect children's rights in all environments where children are present, ensuring the best interests of the child (15). Furthermore, the pediatric care they provide should align with the rights of children

and patients, ethical principles, cultural values, and national and international care standards (16). In this context, nurses have crucial professional responsibilities, including knowing and protecting children's rights, providing information about patient/child rights to children and their families, and advocating for children and their families in cases of rights violations (17).

Liking for children is a key factor that facilitates working in clinical settings, providing care for children, and collaborating with families (6). In healthcare, it is essential for nurses working with children to express love, build effective and healthy communication, and achieve professional satisfaction by fulfilling their duties. Pediatric nurses bear the responsibility of protecting and advocating for the rights of children and their families. To effectively perform these roles, the level of pediatric nurses' liking for children is crucial. In order to deliver holistic care (physical, intellectual, emotional, social), pediatric nurses must show the love and attention that children require (16). The way nurses build relationships with children, along with their attitudes and behaviors, plays a crucial role in shaping the child's perceptions of the hospital, hospitalization, and healthcare professionals (18). The liking nurses have for children is also one of the most significant factors in deciding to pursue a career in pediatric nursing. Students working in pediatric clinics may experience a mix of positive emotions, such as hope, love, trust, and happiness, as well as negative emotions like anger, fear, stress, and helplessness (19). The continuation of positive emotions during clinical training enhances students' motivation and capacity to learn. Several studies have highlighted that the level of liking for children among nursing students and pediatric nurses impacts the care they provide, and various factors influence nurses' liking for children (20, 21). During the student years, when the foundation of the profession is laid, it is evident that determining the level of liking for children and the factors affecting it, particularly in pediatric nursing, is important, as emphasized in the literature.

Based on this, the study was designed to examine nursing students' childhood maltreatment, child liking, and attitudes toward children's rights. Although a few studies have addressed childhood maltreatment, children's rights, and child liking among nursing students separately (6,10,21), no study has explored the relationship between childhood maltreatment, children's rights, and child liking.

## Research Questions

- What are the situations related to childhood maltreatment, child rights attitudes, and child liking?



- What is the relationship among childhood maltreatment, child rights attitudes, and child liking?
- What factors affect childhood maltreatment, child rights attitudes, and child liking?

## MATERIALS AND METHODS

### Study design and population

The study is descriptive and cross-sectional. It was conducted in a provincial center located in the northeastern part of Turkey between May and June 2024. The study population consisted of third-year nursing students from the Faculty of Health Sciences at a public university in this provincial center during the 2023-2024 academic year. A sampling method was not used, and the entire population ( $n = 120$ ) was included in the study, with 98.3% of the students ( $n = 118$ ) participating. In the nursing program, third-year students in the spring semester are provided with information about the concept of children, children's rights, loving children, child abuse, and neglect as part of the Child Health and Diseases Nursing course. Since students will begin their pediatric clinic practice during this period, determining the relationship between childhood maltreatment, children's rights, and liking children is crucial for the success of the process.

### Data collection tools

In this study, the following data collection instruments were used: the Socio-Demographic Information Form, the Childhood Trauma Questionnaire-Short Form (CTQ-SF), the Barnett Liking of Children Scale (BLOCS), and the Children's Rights Attitude Scale (CRAS).

**Socio-Demographic Form:** A form consisting of 12 questions was developed to collect information about the nursing students' age, gender, birth order, family residence, parents' educational status, family support, knowledge of children's rights, and their desire to work as pediatric nurses.

**The Childhood Trauma Questionnaire-Short Form (CTQ-SF):** This scale, developed by Bernstein et al., is used to measure childhood traumatic experiences. It consists of 28 questions that assess the psychological impact of negative events experienced during childhood on adulthood. The scale includes five subscales that address physical, emotional, and sexual abuse as well as emotional and physical neglect. The total score was determined by adding the points from each subscale, with higher scores reflecting a higher level of childhood psychological trauma. In the scoring process, items with positive phrasing (items 2, 5, 7, 13, 19, 26, 28) are reverse-coded. The Turkish adaptation, along with the validity and

reliability of the scale, was conducted by Şar et al. (2012), and the Cronbach's alpha value was determined to be 0.93 (22).

**Barnett Liking of Children Scale (BLOCS):** Developed by Barnett and Sinsini (1990), this scale is designed to evaluate individuals' behaviors toward children. Duyan and Gelbal (2008) adapted the scale into Turkish. The scale includes 14 statements on a seven-point Likert scale, ranging from "Strongly disagree" to "Strongly agree". Higher scores reflect a stronger level of affection toward children, whereas lower scores indicate a lesser degree of affection. Four of the statements are negatively worded (items 3, 6, 10, and 13), while the remaining ten are positively worded. The Cronbach's alpha value of 0.92 was determined, demonstrating a strong internal consistency (6).

**Children's Right Attitude Scale (CRAS):** This scale was used to measure nursing students' attitudes toward children's rights. The scale, developed by Kepenekçi (2006), is a five-point Likert-type tool that assesses four dimensions: the right to life, developmental rights, protection rights, and participation rights. The scale includes 22 items, 19 of which reflect positive attitudes, while 3 items reflect negative attitudes. The total score ranges from 22 to 110. In the study by Kepenekçi (2006), the Cronbach's alpha value was determined to be 0.85, and the test-retest reliability coefficient was 0.77 (23).

### Data collection process

The data collection process began with obtaining the necessary permissions from the course instructor or teaching assistant before the students' theoretical lessons. The surveys were distributed and completed face-to-face in the students' classrooms, with the researcher providing the necessary explanations. The participants filled out the surveys in approximately 15–20 minutes. Data collection occurred after the completion of the theoretical education and before the start of clinical practice. Participants were informed about the study topic, its benefits, and their voluntary participation. Written consent was obtained from each participant. To avoid any student-instructor interaction, the data were collected by a separate surveyor and transferred into a computer database. No names were recorded on the survey forms, and the forms were analyzed collectively.

### Ethical aspects of the research

To conduct the research, written permission was first obtained from the Social Sciences and Engineering Research Ethics Committee of a university (Date: 03.04.2024, No: 04/011). Official permission was also obtained from the university's Faculty of Health Sciences (Date: 26.05.2024, No: E-15021694-200-13284). Participants were informed about the



study's purpose, method, and plan, and their consent was obtained. All procedures adhered to the ethical guidelines set forth in the Helsinki Declaration.

### Evaluation of the data

Data processing and evaluation were performed using the SPSS program. Descriptive analyses were conducted for all variables. The Kolmogorov-Smirnov test was applied to examine the normality of the data distribution. An independent sample t-test was used to compare the ratios and means of the independent variables to the dependent variables. In the comparison of quantitative data, for cases with more than two groups and a normal distribution, a one-way ANOVA test was applied to compare parameters between groups, and the LSD test was used to determine the source of the difference. For cases with non-normal distribution, Kruskal-Wallis variance analysis and the Bonferroni-corrected Mann-Whitney U test were performed to determine the source of the difference. Findings were considered statistically significant at a 95% confidence interval and a p-value < 0.05.

### RESULTS

Socio-demographic characteristics are presented in Table 1. The mean age of the participating students is 21.86 ± 1.30 years, and more than half (59.3%) are female. When examining other socio-demographic characteristics, the majority (66.9%) lived in urban areas, approximately one-third (33.1%) have a traditional family type, two-thirds (69.5%) have a mother with a secondary school education or below, approximately half (49.2%) have a father with a high school education or above, and 41.5% had supportive family relationships. The majority of participants (71.2%) stated that they have knowledge about children's rights, and approximately half (44.9%) wanted to work as pediatric nurses (Table 1).

Spearman's correlation analysis was performed to assess the relationship between the Childhood Trauma Questionnaire scores and the Children's Rights Attitude Scale scores. As shown in Table 2, a statistically significant negative correlation was found at the p < 0.05 level (ρ = -0.423; p < 0.05). No significant relationship was observed between the Childhood Trauma Questionnaire scores and the Barnett Liking of Children Scale scores (ρ = -0.136; p > 0.05).

Spearman's correlation analysis exploring the relationship between the Children's Rights Attitude Scale scores and the Barnett Liking of Children Scale scores revealed a statistically significant positive correlation (ρ = 0.233; p < 0.05), as shown in Table 3.

**Table 1.** Sociodemographic characteristics of participants (n=118)

Variables	Categories	n	%
<b>Age (years)</b> (X ± SS = 21.86± 1.30)	≤ 21	51	43.2
	≥ 22	67	56.8
<b>Gender</b>	<b>Female</b>	70	59.3
	<b>Male</b>	48	40.7
<b>Number of siblings</b>	≤2	44	37.3
	≥3	74	62.7
<b>Birth order</b>	<b>First</b>	42	35.6
	<b>≥ Second</b>	76	64.4
<b>Living areas</b>	<b>Rural</b>	39	33.1
	<b>Urban</b>	79	66.9
<b>Types of family</b>	<b>Extended family</b>	39	33.1
	<b>Nuclear family</b>	72	61.0
	<b>Single-parent family</b>	7	5.9
<b>Mother's education</b>	≤Secondary school	82	69.5
	≥High school	36	30.5
<b>Father's education</b>	≤Secondary school	60	50.8
	≥High school	58	49.2
<b>Place of residence</b>	<b>Family together</b>	50	42.4
	<b>Other (dormitory, boarding house etc.)</b>	68	57.6
<b>Family support</b>	<b>Yes</b>	49	41.5
	<b>No</b>	69	58.5
<b>Knowledge of children's rights</b>	<b>Yes</b>	84	71.2
	<b>No</b>	34	28.8
<b>Desire to work as a pediatric nurse</b>	<b>Yes</b>	53	44.9
	<b>No</b>	65	55.1

X ± SS = Mean ± Standard Deviation

**Table 2.** The relationship between the scores of the Childhood Trauma Questionnaire-Short Form, the Children's Right Attitude Scale, and the Barnett Liking of Children Scale

Variables	n	Mean	SD	Median	ρ	p
<b>Childhood Trauma Questionnaire-Short Form</b>	118	38.69	13.68	35.00		
<b>Children's Right Attitude Scale</b>	118	100.28	12.70	105.00	-0.423*	<0.05
<b>Barnett Liking of Children Scale</b>	118	75.73	18.90	80.00	-0.136	0.14

\*Correlation is significant at the 0.05 level.

**Table 3.** The relationship between the Children's Right Attitude Scale and the Barnett Liking of Children Scale

Variables	n	Mean	SD	Median	ρ	P
<b>Children's Right Attitude Scale</b>	118	100.28	12.70	105.00	0.233*	<0.05
<b>Barnett Liking of Children Scale</b>	118	75.73	18.90	80.00		

\*Correlation is significant at the 0.05



Several socio-demographic factors were associated with the Childhood Trauma Questionnaire scores. Males, individuals from broken family types, and those with non-supportive family relationships had significantly higher Childhood Trauma Questionnaire scores ( $p < 0.05$ ). However, no significant relationships were found between age, number of siblings, birth order, family residence, mother's education level, father's education level, place of residence, knowledge of children's rights, or desire to work as a pediatric nurse and the Childhood Trauma Questionnaire score ( $p > 0.05$ ).

The Children's Rights Attitude Scale score was significantly higher in females than in males ( $p < 0.05$ ). No significant relationships were found between age, number of siblings, birth order, family residence, family type, mother's education level, father's education level, place of residence, family support, knowledge of children's rights, or desire to work as

a pediatric nurse and the Children's Rights Attitude Scale score ( $p > 0.05$ ). The Barnett Liking of Children Scale score was significantly higher in participants who were second-born or later and those who expressed a desire to work as pediatric nurses ( $p < 0.05$ ). No significant relationship was found between age, gender, number of siblings, family's place of residence, family type, mother's education level, father's education level, living situation, family support, knowledge of children's rights, and the Barnett Liking of Children Scale score ( $p > 0.05$ , Table 4).

## DISCUSSION

Childhood maltreatment is a serious social problem whose true dimensions are not fully known (2). It is believed that the practices of nursing students who will work with children in their professional lives, carried out with a fondness for

**Table 4.** Mean scores of the Childhood Trauma Questionnaire-Short Form, the Children's Right Attitude Scale, and the Barnett Liking of Children Scale according to sociodemographic characteristics

Variables	Categories	Childhood Trauma Questionnaire-Short Form		Children's Right Attitude Scale		Barnett Liking of Children Scale	
		X ± SS	p	X ± SS	p	X ± SS	p
<b>Age (years)</b> (X ± SS = 21.86 ± 1.30)	≤ 21	37.39 ± 13.68		99.11 ± 16.07		76.76 ± 18.56	
	≥ 22	39.68 ± 13.71	0.37 <sup>a</sup>	101.17 ± 9.41	0.59 <sup>a</sup>	74.95 ± 19.25	0.59 <sup>a</sup>
<b>Gender</b>	<b>Female</b>	35.77 ± 11.80		103.02 ± 8.40		72.82 ± 20.20	
	<b>Male</b>	42.95 ± 15.18	<0.05 <sup>a</sup>	96.29 ± 16.45	<0.05 <sup>a</sup>	79.97 ± 16.08	0.06 <sup>a</sup>
<b>Number of siblings</b>	≤ 2	36.40 ± 13.02		103.04 ± 8.31		68.00 ± 20.81	
	≥ 3	40.05 ± 13.97	0.08 <sup>a</sup>	98.64 ± 14.51	0.10 <sup>a</sup>	75.53 ± 18.23	0.35 <sup>a</sup>
<b>Birth order</b>	<b>First</b>	40.40 ± 13.73		101.50 ± 9.92		70.40 ± 19.81	
	≥ <b>Second</b>	37.75 ± 13.66	0.17 <sup>a</sup>	99.61 ± 14.02	0.86 <sup>a</sup>	78.68 ± 17.82	<0.05 <sup>a</sup>
<b>Living areas</b>	<b>Ruban</b>	40.56 ± 13.39		99.71 ± 11.99		80.10 ± 16.48	
	<b>Urban</b>	37.77 ± 13.82	0.17 <sup>a</sup>	100.56 ± 13.10	0.61 <sup>a</sup>	73.58 ± 19.72	0.10 <sup>a</sup>
	<b>Extended family</b>	40.25 ± 13.27		99.53 ± 11.92		79.58 ± 16.03	
<b>Types of family</b>	<b>Nuclear family</b>	37.13 ± 14.08		101.13 ± 13.08		73.88 ± 20.26	
	<b>Single-parent family</b>	46.00 ± 9.12	<0.05 <sup>b</sup>	95.71 ± 13.56	0.12 <sup>b</sup>	73.28 ± 18.23	0.38 <sup>b</sup>
<b>Mother's education</b>	≤ <b>Secondary school</b>	39.04 ± 13.41		99.78 ± 12.53		75.98 ± 19.73	
	≥ <b>High school</b>	37.88 ± 14.46	0.54 <sup>a</sup>	102.32 ± 13.29	0.22 <sup>a</sup>	76.71 ± 17.75	0.49 <sup>a</sup>
<b>Father's education</b>	≤ <b>Secondary school</b>	39.21 ± 14.04		99.65 ± 14.00		77.51 ± 20.48	
	≥ <b>High school</b>	38.15 ± 13.40	0.63 <sup>a</sup>	101.65 ± 8.79	0.89 <sup>a</sup>	75.51 ± 16.39	0.08 <sup>a</sup>
<b>Place of residence</b>	<b>Family together</b>	37.56 ± 15.65		100.22 ± 14.61		77.50 ± 16.69	
	<b>Other (dormitory, boarding house etc.)</b>	39.52 ± 12.09	0.07 <sup>a</sup>	100.33 ± 11.21	0.61 <sup>a</sup>	74.44 ± 20.39	0.53 <sup>a</sup>
	<b>Yes</b>	34.77 ± 15.64		99.73 ± 15.60		77.48 ± 20.03	
<b>Family support</b>	<b>No</b>	41.47 ± 11.43	<0.05 <sup>a</sup>	100.68 ± 10.26	0.50 <sup>a</sup>	74.49 ± 18.09	0.16 <sup>a</sup>
<b>Knowledge of children's rights</b>	<b>Yes</b>	39.47 ± 14.20		99.47 ± 13.45		76.29 ± 18.37	
	<b>No</b>	36.76 ± 12.32	0.38 <sup>a</sup>	102.29 ± 10.53	0.43 <sup>a</sup>	74.35 ± 20.37	0.66 <sup>a</sup>
<b>Desire to work as a pediatric nurse</b>	<b>Yes</b>	36.03 ± 10.76		102.09 ± 10.59		84.54 ± 13.94	
	<b>No</b>	40.86 ± 15.42	0.09 <sup>a</sup>	98.81 ± 14.10	0.36 <sup>a</sup>	68.55 ± 19.44	<0.05 <sup>a</sup>

X ± SD = Mean ± Standard Deviation; a = Mann-Whitney U test; b = Kruskal-Wallis H test



children, will improve the quality of care and the child's adaptation, and will positively affect the healing process (24,25). In particular, the attitude of pediatric nurses, who advocate for babies/children and their families, toward children's rights is important (26). For this reason, examining childhood maltreatment, children's rights, and the situations regarding the liking of children among nursing students is significant in terms of planning healing activities. The study found that as the level of childhood maltreatment among nursing students increased, their attitudes toward children's rights decreased. It was also found that as the level of liking children among nursing students increased, their attitudes toward children's rights improved.

In our study, the Childhood Trauma Questionnaire scores of nursing students were relatively low, considering the lowest and highest scores on the scale. This finding is consistent with the study by Güneri Yöyen (2017), which reported a Childhood Trauma Questionnaire mean score of  $34.86 \pm 9.22$  in 530 university students (27). Similarly, in a study conducted with 485 students in China, the Childhood Trauma Questionnaire mean score was found to be  $38.32 \pm 9.41$  (28). However, every child has the right to live a healthy life free from violence. Childhood maltreatment is a global problem that creates serious negative effects on the physical and mental health, well-being, and development of children.

A review of the literature reveals that nursing students, similar to our results, have reported positive attitudes toward children's rights (29,30). Moreover, studies involving clinical nurses have shown that appropriate behavior persists after graduation (26,29,31). Roth (2005) found that healthcare students who received training in children's rights were more understanding and courteous during pediatric examinations and treatments compared to those who did not receive such training, with a statistically significant difference (32). Healthcare professionals are expected to advocate for children's rights across all segments of society (33). It is essential to equip nursing students, who will spend their professional careers working with children, with sufficient knowledge and skills related to children's rights, as this is vital for their professional competence. Students who do not exhibit a generally negative attitude toward children's rights are crucial for future generations.

Similarly, studies in the literature indicate that most pediatric nurses exhibit a high level of affection for children (21,34). Considering the nature of the nursing profession, the development of positive emotions such as love is a natural outcome, as the profession is fundamentally grounded in Humanism. It is extremely important for pediatric nurses to understand the developmental characteristics of children

and show them the necessary affection and attention to ensure the quality of care they need. Given that children are universally treated with compassion, nurses working with pediatric patients are expected to possess a strong level of love and care for children.

In our study, we found that as the Childhood Trauma Questionnaire scores of nursing students increased, the scores on the Children's Rights Attitude Scale decreased. However, there is no study in the literature on attitudes toward children's rights in nurses or nursing students in childhood maltreatment situations. It is however stated that experiencing trauma in childhood is related to factors such as a negative perception of the child, inadequacy regarding his/her role, lack of awareness of the child's needs, attachment issues, and human relations in the early period, lack of knowledge about child development, lack of empathy, low self-esteem, alcohol and substance use, anger management problems, inadequate prenatal care, and physical or mental illness (5,28,35). Having advanced knowledge and attitudes about children's rights in all areas where children are involved and at every stage of activities, as well as making appropriate efforts in this regard, leads to positive changes in children's lives.

In our study, no significant relationship was found between the Childhood Trauma Questionnaire scores and the Liking of Children Scale. No study has been found in the literature examining the mutual relationship between childhood trauma and love for children. However, Akgün-Kostak (2013) found that the childhood experiences of nursing students, whether good or bad, affect their love for children, and students who had a good childhood had higher love scores for children (20). There is a study evaluating the childhood maltreatment and child-liking situations of mothers. In this study, the child-like score averages of mothers with childhood maltreatment were found to be lower (35). It is thought that the liking bond of mothers who were abused in their childhood with their children is negatively affected. Depending on the severity of the maltreatment experienced, childhood maltreatment also negatively affects adult relationships.

Our study identified a positive relationship between nursing students' attitudes toward children's rights and their levels of liking children. In other words, as the Barnett Liking of Children Scale scores increased, the Children's Rights Attitude Scale scores also increased. Consistent with our findings, Kasapoğlu and Akyol (2012) found that as the love for children of preschool teacher candidates increased, their attitudes toward children's rights were positively influenced, and behavior toward children's rights significantly predicted their love for children (36). However, Karabacak (2022) determined



in his study that as the score obtained from the child-liking scale of nursing students increased, the attitude score toward children's rights decreased (37). In the Convention on the Rights of the Child, it is stated that the child needs love and understanding for their personality to develop fully and harmoniously. Therefore, children in situations deviating from their health require more love, attention, and understanding. Nurses and other healthcare professionals are expected to provide this love, attention, and understanding (20). Nurses who will work in the field are expected to know the needs of children according to their age characteristics, like children, and be sensitive to children's rights.

Knowing the risk factors and protective measures of childhood maltreatment in all their dimensions is crucial to developing effective preventive measures (24). In this context, some results have been reached in current studies that are thought to be related to childhood maltreatment, such as male gender. While some studies support our findings (38,39), others have reported that childhood trauma is more common in females (40) or that there is no significant difference between genders (29,38). The prevalence of childhood trauma among females and males has produced varying results. According to some studies, gender roles may explain these differences. In our study, individuals without family support and those from broken family structures had higher Childhood Trauma Questionnaire scores. A meta-analysis found that children from non-nuclear family structures experienced higher rates of sexual abuse (41). Similarly, a study conducted in Turkey revealed that family structures outside the nuclear family were linked to higher levels of childhood trauma (42). The literature frequently emphasizes family structure as a significant risk factor for childhood trauma (43).

In the study, it was observed that gender made a significant difference regarding attitudes toward children's rights, with female students scoring higher on the Children's Rights Attitude Scale than male students. This finding aligns with the results of Aslan and Toper (2024), Üstündağ, Karakurt, and Emekli (2024), and Ezer and Ulukaya Öteleş (2020) (30,44,45). However, Bulut (2020) reported no significant gender difference in attitudes toward children's rights (46).

In the study, it was determined that being born second or later and expressing a desire to work as a pediatric nurse were significant factors influencing the level of liking for children, while other factors did not have an effect. Similarly, Bektaş and colleagues (2015) found that gender did not influence the Liking of Children Scale scores in students (47). However, many studies have demonstrated that gender does have an impact (21,34). Many studies, similar to our findings, have found a significant relationship between the desire to work in

pediatric units and the love for children in nursing students (21,34,47–49). The literature suggests that the level of love that pediatric nurses have for children impacts nurse-patient interactions, leading to increased satisfaction for children and their parents and fostering positive effects, such as increased motivation for well-being (49).

One of the limitations of the study is that it was a cross-sectional study, so it was not possible to analyze the causal relationships between the variables. Additionally, because the study used Likert-type questions, participants were required to select from predefined options rather than providing open-ended responses. The study focused solely on the current state of nursing students. Moreover, since no identifiable data were collected through the survey, it is likely that the findings are accurate and that the participants' anonymity was preserved.

## CONCLUSION

According to the research findings, nursing students have low levels of childhood trauma but high levels of attitudes toward children's rights and love for children. As nursing students' Childhood Trauma Questionnaire-Short Form scores decreased, their Children's Rights Attitude Scale scores increased, while their level of liking children did not change. A positive relationship was determined between children's rights and the level of nursing students' liking for children. The Childhood Trauma Questionnaire-Short Form score was found to be higher in those with broken family structures and those with unsupportive family relationships. The Children's Rights Attitude Scale score was found to be higher in females, and the Barnett Liking of Children Scale score was higher in those born second or later and those who want to work as pediatric nurses.

Preventing childhood trauma, early detection, and rehabilitation efforts are crucial for nursing students' professional success. Increasing students' knowledge levels regarding children's rights will enhance the quality of healthcare they provide to children throughout their careers and will play a significant role in protecting children from all risks that may negatively impact their lives. The ability of pediatric nurses to love children is crucial both for establishing healthy communication with children and for professional job satisfaction.



**Ethics Committee Approval** To conduct the study, ethics committee approval (Date: 03.04.2024, No: 04/011) was obtained from the Giresun University's Social Sciences, Science and Engineering Sciences Research Ethics Committee.



**Informed Consent** : Written consent was obtained from the participants.

**Peer Review** Externally peer-reviewed.

**Author** Conception/Design of Study- F.Ü.T.; Data

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