Supplementary Files

Supplementary Table 1. Information on forensic odontology

		n	%
Forensic Odontology Courses During Dental Education	Yes	214	52.7
	No	192	47.3
Further Education in Forensic Odontology After Graduation	Yes	30	7.4
	No	376	92.6
Education Type for Forensic Training (n=30)	Doctoral	7	23.3
	Master's	8	26.7
	Course	15	50
Areas of Examination by Forensic Odontology *	Age and Ancestry Estimation	308	75.9
	Bite Mark Analysis	318	78.3
	Identification in Mass Disasters and Forensic Cases	287	70.7
	Gender and Ancestry Determination	167	41.1
	Occupation and Socioeconomic Determination	147	36.2
	DNA** Identification	225	55.4
	Oral cavity and dental trauma evaluations	278	68.5
	Malpractice cases	227	55.9
	Child abuse cases	219	53.9
	Dental Anthropology	230	56.7
	Don't Know	32	7.9
Reasons for Utilizing Dentistry in Forensic Identification*	Dental tissuse's resistance to moisture, high heat, bacteria and fungal activation	265	65.3
	Frequent association with corpses	262	64.5
	Possession of unique specific features of teeth	297	73.2
	Age determination	298	73.4
	Ability to preserve tooth morphological features for a long time	319	78.6
	Don't Know	46	11.3

* Multiple responses were allowed for these questions. Values are based on available responses; totals may vary due to missing data. Percentages may not sum to 100% (and may exceed or fall below 100%).
** DNA Deoxyribonucleic acid

Supplementary Table 2. Evaluation of questions regarding clinical practice in forensic odontology

		n	%
Reasons for the Lack of Development in Forensic Odontology in Our Country*	Lack of regular dental record-keeping	332	81.8
	Deficiencies in forensic-related undergraduate education	340	83.7
	Absence of forensic dental experts in crime scene investigation teams	320	78.8
	Limited forensic odontology courses/trainings	317	78.1
	Lack of a mandatory requirement for record-keeping among dentists in our country.	258	63.5
Medical Errors Due to Legal Responsibilities of Dentists*	Traumatic ulcer caused by biting the lip or cheek due to insufficient post-procedural guidance for the child's guardian after dental anesthesia	283	69.7
	Jawbone fracture during tooth extraction	210	51.7
	Failure to take precautions to prevent the swallowing or aspiration of dental materials (e.g. teeth, root canal files or fillings) during a procedure / not using rubber dam	296	72.9
	Unnecessary extraction of an excessive number of teeth	295	72.7
	Failure to obtain a complete/adequate medical history	313	77.1
	Incomplete patient record-keeping	283	69.7
	Starting a procedure without obtaining patient consent	333	82
Method of Obtaining Consent for Patients Under 18	From the family	199	49
	From the child	22	5.4
	From both family and child	185	45.6

* For multiple-response items, participants could select more than one option. Values are based on available responses; totals may vary due to missing data. Percentages may not sum to 100% (and may exceed or fall below 100%).

Supplementary Table 3. The distribution of responses to certainty questions related to forensic odontology

Statement	Response	n	%
Dentin, cementum, and periodontal ligament do not contain DNA*.	Yes	69	17.0
	No	216	53.2
	I don't know	121	29.8
The most determinant dental index for gender identification is the mandibular canine index.	Yes	133	32.7
	No	38	9.4
	I don't know	235	57.9
If an intercanine distance in a bite mark is less than 3 cm, it likely belongs to a child.	Yes	235	57.9
	No	39	9.6
	I don't know	132	32.5
Healthcare professionals' failing to report or delay suspected crimes can result in imprisonment for up to one year.	Yes	159	39.1
	No	40	9.9
	I don't know	207	51.0
Particularly in girls, submental and external auditory canal bleeding may be signs of abuse.	Yes	165	40.7
	No	48	11.8
	I don't know	193	47.5
Cauliflower ear may occur because of repeated physical abuse.	Yes	106	26.1
	No	40	9.9
	I don't know	260	64.0
Torn frenum and submucosal hematoma, particularly in non-walking infants, may indicate physical abuse.	Yes	178	43.9
	No	65	16.0
	I don't know	163	40.1
Vertical fractures or posterior tooth fractures may be signs of indirect trauma.	Yes	241	59.4
	No	43	10.6
	I don't know	122	30.0

Responses were additionally interpreted as indicators of uncertainty regarding forensic and medico-legal issues. For the revised composite certainty score (Q18–Q28), correct responses were scored as 1, whereas incorrect and "I don't know" responses were scored as 0.

Supplementary Form 1. Questionnaire Form

☐ I have read the text and agree to participate in the research voluntarily.

1. **Gender**
   a) Female
   b) Male

2. **Age:** _____

3. **Academic title**
   a) Dental Student
   b) General Dentist
   c) Specialization student
   d) PhD Student
   e) Specialist Dentist
   f) Clinical Instructor
   h) Professor

4. **If applicable, what is your specialization area?**
   a) Oral and Maxillofacial Radiology
   b) Oral and Maxillofacial Surgery
   c) Endodontics
   d) Orthodontics
   e) Pediatric Dentistry
   f) Periodontology
   g) Prosthetic Dentistry
   h) Restorative Dentistry

5. **Years of professional experience:**
   a) 0-1 year
   b) 1-5 years
   c) 6-10 years
   d) 11-15 years
   e) 16-20 years
   f) 20 years and above

6. **Where do you work?**
   a) State Hospital / Oral and Dental Health Center
   b) University Hospital
   c) Private Hospital/Policlinic
   d) Private Practice
   e) Dental Student
   f) Unemployed

7. **Did you take forensic odontology courses during your dental education?**
   a) Yes
   b) No

8. **Have you received any forensic odontology education after graduation? (If your answer is no, skip to Question 10)**
   a) Yes
   b) No

9. **If you received training, where did you take it?**
   a) PhD (Doctoral)
   b) Master's Degree
   c) Course
   d) Other: _____

10. Which of the following are areas of forensic odontology? (You can select multiple options)
a) Age and racial estimation
b) Bite mark analysis
c) Identification in mass disasters and forensic cases
d) Gender and ancestry determination
e) Determination of occupation and socioeconomic status
f) DNA (Deoxyribonucleic acid) identification
g) Oral cavity and dental trauma evaluations
h) Malpractice cases
i) Child abuse cases
j) Dental anthropology
k) I don't know

11. What are the reasons for utilizing dentistry in forensic identification? (You can select multiple options)
a) Dental tissues are resistant to moisture, high temperatures, bacteria, and fungal activity
b) Teeth are frequently found with corpses
c) Teeth have unique, individual characteristics
d) Age estimation
e) Teeth retain their morphological characteristics for a long time
f) I don't know

12. What materials and records are used in forensic dental identification? (You can select multiple options)
a) Teeth
b) Dental records
c) Palatal rugae
d) Lip prints (except for identical twins)
e) Prosthetic materials in the oral cavity (dentures, stainless steel crowns, orthodontic appliances, etc.)
f) Clues in teeth about profession, habits, and social status
g) Radiographic examination of frontal and sphenoid sinuses
h) Facial reconstruction
i) Tongue print
j) All of the above
k) I don't know

13. Which of the following can be used to determine age in pediatric dentistry? (You can select multiple options)
a) Fontanel closure
b) Wrist radiograph
c) Demirjian, Massler, Nolla, Cameriere techniques
d) Neonatal lines
e) 3rd molar follicle
f) Cementum annulation

14. Which of the following child-related factors may indicate child abuse? (You can select multiple options)
a) The incongruity between the acquired anamnesis and the clinical manifestation of the prevailing injury
b) Presence of manifestations indicative of gonorrhea, herpes simplex, Treponema pallidum, or syphilis in the oral or perioral regions of pediatric patients aged two and older
c) Child's reluctance towards family members
d) Child's unwillingness to depart from the environment of the family
e) Family's statement of the child engaging in self-injury
f) Family indicated that the child has been harmed by someone else
g) Marks of a bite or burn observed in the head and neck region
h) Inconsistency or suspicion in the obtained medical history from the child and the family.

15. Where would you report a suspected or confirmed case of child abuse? (You can select multiple options)
a) Prosecutor's Office
b) Police Station
c) Alo 183 (Violence prevention hotline)
d) Alo 112 (Emergency line)
e) Alo 155 (Emergency police line)

f) Alo 156 (Gendarmerie emergency call line)
g) Ministry of Family, Labor and Social Policies
h) Child Monitoring Center
i) Social Services and Child Protection Agency
j) Bar Association and the Child Rights Commission
k) Other: _____

16. Which of the following dental records do you archive? (You can select multiple options)
a) Patient's personal information (name, surname, age, legal guardian (<18), place of birth, address)
b) Patient's medical history and examination records
c) Patient's panoramic/periapical radiographs
d) Records of medical procedures performed (fillings, extractions, root canals, prosthetic and orthodontic treatments, etc.)
e) Impressions/models obtained from the patient
f) Date and time of patient's visits
g) Intraoral and extraoral photographic records
h) I don't keep records

17. Which of the following are factors in bite mark analysis? (You can select multiple options)
a) Identifying if the bite mark is from a human or an animal
b) Distinguishing individual dental characteristics
c) Determining if the bite mark is related to child abuse or aggression
d) Estimating the time of the crime
e) Determining the gender of the biter
f) Determining the age of the biter
g) I don't know

True/False/I Don't Know Statements Regarding Forensic Odontology			
Statement	**True**	**False**	**I Don't Know**
18. Dentin, cementum, and periodontal ligament do not contain DNA.			
19. The crown, root, and apex of teeth contain DNA, with the root having the highest amount.			
20. The pulp-to-tooth volume ratio helps in age estimation.			
21. The most determinant dental index for gender identification is the mandibular canine index.			
22. Deliberate neglect of a child's dental care and follow-up is called 'dental neglect'.			
23. If an intercanine distance in a bite mark is less than 3 cm, it likely belongs to a child.			
24. Healthcare professionals' failing to report or delay suspected crimes can result in imprisonment for up to one year.			
25. Particularly in girls, submental and external auditory canal bleeding may be signs of abuse.			
26. Cauliflower ear may occur because of repeated physical abuse.			
27. Torn frenum and submucosal hematoma, particularly in non-walking infants, may indicate physical abuse			
28. Vertical fractures or posterior tooth fractures may be signs of indirect trauma.			

29. Reasons for the Lack of Development in Forensic Odontology in Our Country? (You can check multiple options.)
a) Lack of regular dental record keeping
b) Deficiencies in forensic-related undergraduate education
c) Absence of forensic dental experts in crime scene investigation teams
d) Limited forensic odontology courses/trainings
e) Lack of a mandatory requirement for record-keeping among dentists in our country.
f) Other: _____

30. Which of the following medical errors due to the legal responsibilities of the dentist? (You can check multiple options.)

a) Traumatic ulcer caused by biting the lip or cheek due to insufficient post-procedural guidance for the child's guardian after dental anesthesia
b) Jawbone fracture during tooth extraction
c) Failure to take precautions to prevent the swallowing or aspiration of dental materials (e.g. teeth, root canal files or fillings) during a procedure / not using rubber dam
d) Unnecessary extraction of an excessive number of teeth
e) Failure to obtain complete/adequate medical history
f) Incomplete patient record-keeping
g) Starting a procedure without obtaining patient consent

31. How do you obtain consent for a minor patient under 18 years old?

a) From the family
b) Through verbal explanation and consent from the child
c Both the family and the child must give consent

Supplementary Form 2. Correct response key for objectively structured certainty items (Q18–Q28)

Question No	Statement (Short Form)	Correct Answer
Q18	Dentin, cementum, and periodontal ligament do not contain DNA	No
Q19	Crown, root, and apex contain DNA; root contains the highest amount	Yes
Q20	Pulp-to-tooth volume ratio helps in age estimation	Yes
Q21	Mandibular canine index is an important index for gender identification	Yes
Q22	Deliberate neglect of a child's dental care is called dental neglect	Yes
Q23	Intercanine bite mark distance <3 cm likely belongs to a child	Yes
Q24	Failure to report suspected crimes may result in imprisonment	Yes
Q25	Submental and external auditory canal bleeding may indicate abuse	Yes
Q26	Cauliflower ear may result from repeated physical abuse	Yes
Q27	Torn frenum/submucosal hematoma in non-walking infants may indicate abuse	Yes
Q28	Vertical or posterior tooth fractures may indicate indirect trauma	Yes

Correct responses were scored as 1, whereas incorrect and "I don't know" responses were scored as 0 in the composite certainty score calculation.

Supplementary Form 3. Questionnaire Domains and Organization of Survey Items

Demographic and Professional Characteristics:

- Q1–Q6: Demographic variables, academic/professional status, workplace, and professional experience.

Forensic Odontology Education and Fundamentals:

- Q7–Q9: Forensic odontology education and training background.
- Q10–Q17: Areas of forensic odontology, forensic identification methods, age estimation, and forensic principles.

Recognition of Child Abuse Indicators:

- Q18–Q28: Objectively structured True/False/"I don't know" items related to child abuse recognition, forensic principles, trauma findings, and medico-legal awareness.

Reporting Obligations and Legal Responsibilities:

- Questions related to mandatory reporting procedures, legal sanctions, professional responsibilities, and reporting pathways under the Turkish legal framework.

Medico-Legal Documentation and Informed Consent:

- Questions related to informed consent, malpractice-related responsibilities, clinical documentation, and record-keeping practices.

The complete questionnaire items were administered exactly as presented to participants during data collection. Questions involving multiple-response options were analyzed descriptively as awareness-related findings, whereas the objectively structured items (Q18–Q28) were used for calculation of the composite certainty score.