Physical violence against children with hearing loss by parents: A pilot study in Beijing, China

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ABSTRACT

This study aims to examine the rate and risk factors for physical violence (PV) by parents against hearing loss children in Beijing, China. Cross-sectional study was carried out among 86 couples of parents of hearing loss children from two special education schools in Beijing. Parents’ self-reporting questionnaires were used to collect information about parental PV behaviors during the past 12 months, definition of child abuse, attitudes towards the use of corporal punishment to discipline children, parents’ childhood experience of PV victimization, and demographic characteristics. Descriptive statistics and logistic regression analyses were conducted. The rates of minor PV and severe PV reported by parents were 44.8% and 15.7%, respectively. Results from logistic regression analyses indicated that the risk factors of PV were: lower educational attainment, favorable or tolerant attitudes towards the use of corporal punishment to discipline children, parents’ childhood experience of PV victimization, and demographic characteristics. Descriptive statistics and logistic regression analyses were conducted. The rates of minor PV and severe PV reported by parents were 44.8% and 15.7%, respectively. Results from logistic regression analyses indicated that the risk factors of PV were: lower educational attainment, favorable or tolerant attitudes towards the use of corporal punishment to discipline children, parents’ childhood experience of PV victimization, and younger children. PV by parents against hearing loss children was common in Beijing. It is urgent to develop prevention programs to improve parents’ parenting skills and protect children with hearing loss from PV.

1. Introduction

Children experience various forms of violence, which are widely prevalent behind closed doors (WHO, 2002). Many parents impose physical violence (PV) on their children in order to punish them (WHO, 2006). Tolerance of parental PV is rooted in the Chinese traditional culture. Therefore, many Chinese parents hold the attitudes that “beating is caring and scolding is loving” and “spare the rod and spoil the child” (Qiao & Chan, 2005). Most parents believe that they can motivate their children to achieve high academic, social, and moral attainment through PV (Qiao & Chan, 2005; Qiao & Xie, 2017; Tang, 1996).

Chen, Kong, Li, Li, Feng et al. (2015) conducted a cross-sectional study in primary schools located in northeast China and found that among 1164 parents of primary school students, 53.1% of them reported that they had PV behaviors toward their children during the past three months. Though the data was not from national study, they indicated that PV against children by parents was in a high rate. Other studies found that PV can lead to negative effects on child behavioral and cognitive development (Lansford et al., 2002; MacKenzie, Nicklas, Waldfoel, & Brooks-Gunn, 2013), and further cause health consequences, such as mental disorders, drug use, suicide attempts, sexually transmitted infections, and risky sexual behavior (Norman et al., 2012). A study conducted by Burnash, Rothman-Marshall, and Schenkel (2010) showed that deaf or hard of hearing college students with histories of childhood violence had greater mood symptoms and more negative cognitions. Considering the high rate and negative effects, more efforts should be drawn to prevent PV against children.

Identical results were obtained in many studies that children with disabilities have a higher risk of being victims of PV than...
children without disabilities (Children’s Bureau, 2012; Chan, Emery, & Ip, 2016; Groce, 2005; Sebald, 2008). Sullivan and Knutson (2000) found that children with disabilities were 3.4 times more likely to be maltreated than children without disabilities in Omaha, Nebraska. A meta-analysis based on 16 studies (Jones et al., 2012) showed that pooled prevalence estimates for PV against children with disabilities were 20.4% (95% CI 13.4%–28.5%), and odds ratios for pooled risk estimates were 3.56 (95% CI 2.80–4.52). The further analysis indicated that children with behavioral disorders were at higher risk for abuse than children with other disabilities (Helton & Cross, 2011; Sullivan & Knutson, 2000). There was also evidence that children with mild disability were more likely for abuse than children with more severe disabilities (Helton & Cross, 2011). There are several explanations for the increased risk of violence against children with disabilities. For instance, caregivers have much pressure due to higher child’s care needs, and treatment or taking care of children with disabilities may put a financial strain (Liao, Lee, Roberts-Lewis, Hong, & Jiao, 2011).

Hearing loss affects a number of children in China. According to the second China National Sample Survey on Disability, the prevalence of hearing loss (including multiple disability) was 0.18% among children aged 0–17 years (Sun, Yu, Zhang, Zhang, & Qu, 2008). Knutson, Johnson, and Sullivan (2004) study showed that mothers of children with severe hearing loss were more likely to use PV than the mothers of children with normal hearing when their children made mistakes. A retrospective study (Schenkel et al., 2014) among college students showed that 39% of deaf or hard of hearing students had the experiences of physical abuse before 16 years old, while 18% of hearing students reported it, and the reported rate of childhood abuse successively decreased among deaf, hard of hearing and hearing young adults. Nonetheless, there were few studies concerning hearing loss children in developing countries compared with that in the developed countries. Therefore, more efforts should be taken to fill the knowledge gap by understanding the parental PV against children with disabilities in general and children with hearing loss in particular.

Currently, little is known on the risk factors of PV against children with hearing loss by parents in China. However, previous studies found child-related and parent-related risk factors of parental PV against Chinese preschool or primary school students. Among child-related risk factors, being a boy (Chen, 2006; Chen, Kong, Li, Li, Feng et al., 2015; Wang, Chen, & Ma, 2007; Xiao & Chen, 2011), and younger age (Chen, Kong, Li, Li, Feng et al., 2015; Ma, Chen, Xiao, Wang, & Zhang, 2011) can increase the risk of PV against children. Among parent-related risk factors, mother (Chen, Kong, Li, Li, Feng et al., 2015a; Xiao & Chen, 2011), parents’ lower educational level (Ma et al., 2011; Xiao & Chen, 2011), parents’ childhood experience of PV victimization (Chen, 2006; Chen, Kong, Li, Li, Feng et al., 2015), parents’ favorable or tolerant attitudes towards corporal punishment (Chen, Kong, Li, Li, Feng et al., 2015) and parents’ lower awareness of the harmfulness of PV (Chen, Kong, Li, Li, Feng et al., 2015; Ma et al., 2011) are more likely to use PV against their children. In addition, poor communication quality may increase the risk for PV (Kendall-Tackett, Lyon, Taliaferro, & Little, 2005), but the nature of hearing loss may constitute an additional barrier for normal communication as well as violence reporting after being maltreated.

This pilot study aims to estimate the rate of PV by parents against children with hearing loss during the past 12 months in Beijing, China, and explore the possible influencing factors. The findings would be used in prevention programs and advocacy to better protect children with hearing loss from PV.

2. Methods

2.1. Participants

The parents of hearing loss children who participated in the study were recruited from two special education schools in Beijing. A total of 90 couples of parents with the children under 18 years participated in the study. We excluded the participants with children over the age of 18, and four families were later excluded because of a large amount of missing data, which resulted in a final sample of 172 parents. Only the data from mothers and fathers were used. In this study, hearing loss children communicated with others mainly using sign language.

2.2. Ethical considerations

The study was approved by Peking University Institutional Review Board. Survey procedures were designed to protect respondent’s privacy by allowing for anonymous questionnaire. And parents were encouraged to participate, but given the sensitive nature of the subject, they were informed in the front of the questionnaire that participation is voluntary, they could also quit from the survey. Two envelopes (one for the mother and one for the father) containing the questionnaires were sent home with the children, and the completed questionnaire was sealed in an envelope by each parent before returning it to the research team.

2.3. Definition and measures

2.3.1. Physical violence against children by parents

The PV scale was developed based on relevant publications (Runyan et al., 2009; Straus, Hamby, Finkelhor, Moore, & Runyan, 1998; WHO, 2006) and previous studies (Chen, 2006; Ma et al., 2011; Wang et al., 2007; Xiao & Chen, 2011), and has been used in a survey of primary school children’s parents (Chen, Kong, Li, Li, Feng et al., 2015). The scale included 8 items as follows:

- Pushed or shook a child;
- Pinched or scratched a child;
- Hit child’s buttocks with hand;
- Hit child’s hand, foot, back, arm or leg with hand;
- Hit child’s hand, foot, back, arm or leg with hand;
- Pushed or shook a child;
- Pinched or scratched a child;
- Hit child’s buttocks with hand;
- Hit child’s hand, foot, back, arm or leg with hand;
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