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## The knowledge and skills related to sexual abuse prevention among Chinese children with hearing loss in Beijing

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## ABSTRACT

**Background:** The prevalence of any child sexual abuse (CSA) experience before the age of 16 years ranges from 10.2 to 35.2% in China,<sup>1–5</sup> but there has been no research so far exploring the level of awareness of CSA prevention and self-protection skills among Chinese children with hearing loss.

**Objective:** The school based survey examines the CSA prevention knowledge and self-protection skills in Chinese children with hearing loss.

**Methods:** Fifty-one students (30 boys, 21 girls) from 10 to 16 years old participated in the study. Children's CSA prevention knowledge and self-protection skills were tested by using anonymous self-administered questionnaire which was mainly designed based on previous Chinese CSA research questionnaires, the Personal Safety Questionnaire, and the 'What If' Situations Test (WIST).

**Results:** There were ten questions assessing the knowledge of CSA but none of the children could correctly answer all and seventy percent of the students could not answer more than five questions correctly. Only three students got the maximum skills score. If sexual abuse occurs, about fifty two percent of the children would report it to trusted adults and most of them would report it to their relatives. Girls received significantly higher scores than boys.

**Conclusion:** Chinese children with hearing loss lack knowledge regarding child sexual abuse and the way to protect themselves. There is an urgent need to develop CSA prevention programs in the school for children with hearing loss in China. Parental training and parent-child interaction on CSA prevention should be developed and promoted as well.

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### 1. Introduction

Child abuse is a worldwide health problem, and Child Sexual Abuse (CSA) is an important aspect of it. Its psychological and medical consequences to child victims can persist through adulthood and can also bring heavy financial burden to community and families.<sup>6–13</sup> CSA research on children with disabilities is rare in developing countries<sup>14</sup> and China is no exception. Most of the studies published have been done in western nations.<sup>14–18</sup> The situation in China remains relatively unexplored. Children with disabilities have a higher risk of becoming CSA victims compared to children without disabilities because they are facing additional challenges, such as social isolation, limited opportunities for education or unequal access to treatment services.<sup>7,19,20</sup> To give a

concrete example, children who are hard of hearing may be unable to report the abuse to anyone outside his or her household, unless there are outsiders who are able to communicate in sign language.<sup>19</sup>

Several surveys on violence against children showed that children with disabilities were more vulnerable to CSA. The Center for Abused Children with Disabilities at American Boys Town National Research Hospital found that children with disabilities were 2.2 times more likely to be sexually abused than children without disabilities in 1996<sup>15</sup>, and the risk increased to 3.4 times in 2000.<sup>16</sup> In 2012, the World Health Organization performed a systematic review and meta-analysis of observational studies on violence against children with disabilities. The findings showed that pooled prevalence estimates for sexual violence against children with disabilities were 13.7%, and odds ratios for pooled risk estimates were 2.88<sup>14</sup>.

Studies on sexual abuse of deaf children revealed that these children were at high risk of being sexually abused and were more

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likely to be sexually abused than hearing children. Sullivan (1987) found the rates of reported sexual abuse victimization for deaf boys and girls were 54 and 50% respectively, with more boys than girls experienced sexual abuse victimization, whereas the rates for hearing boys and girls were 10 and 25% respectively.<sup>17</sup> Research conducted among all deaf adults in Norway showed that 45.8 and 42.4% respectively for deaf men and women had been exposed to unwanted sexual experiences before the age of 16 years.<sup>18</sup> Most of the victims experienced more than two types of sexual abuse and most abuses were repeated six times or more. The rates of reported sexual abuse with genital touching and intercourse against deaf boys and girls were significant higher than hearing boys and girls respectively.<sup>18</sup>

### 1.1. Prevention of CSA

Key words search, both in English and Chinese, was conducted in different academic search engines and database. Some studies regarding predisposing factors, clinical features, intervention measures, and the rights of protection on abuse of Chinese children with disabilities were available<sup>21–24</sup> but no results were found on the current situation regarding the knowledge and self-protection skills for CSA prevention of Chinese children with hearing loss. Retrospective surveys among Chinese adolescent students have estimated the prevalence of total CSA before the age of 16 years to range from 10.2 to 35.2%,<sup>1–5</sup> the pooled estimate of total CSA was 15.3% for females based on the meta-analysis of 24 studies and 13.8% for the males based on the meta-analysis of 20 studies in China,<sup>25</sup> revealing that CSA is not uncommon in China. Chen et al. (2004) showed in a study that child sexual victimization in China was also associated with mental health and behavioral consequences (e.g., depression, alcohol abuse, anorexic and bulimic behaviors, and violence).<sup>2</sup>

Raising awareness of children on sexual abuse and the way to protect themselves is an important measure to prevent child sexual abuse.<sup>26,27</sup> Since the late 1970s, developed countries began conducting research on the impact of educating children about personal safety in general and sexual abuse prevention in particular. These studies found that children can grasp the basic knowledge and skills related to prevent CSA after proper training<sup>27–31</sup> and that young children, even the age of 3 years, can understand what are “private parts”, how to distinguish appropriate contact versus inappropriate contact, and so on<sup>32,33</sup>. In China, several studies have also confirmed that appropriate educational intervention can raise children’s awareness on sexual abuse and skills to better protect themselves. Different studies examined the level of knowledge and self-protection skills of children without disabilities<sup>34,35</sup> but there is no similar research that has explored specifically the situation of children with hearing loss.

To fill in the gaps, the present study aims to (1) assess the level of awareness about CSA prevention and self-protection skills among students with hearing loss in Beijing, China and (2) to provide references for developing classroom programs to alert children with hearing loss about sexual abuse and to strengthen their abilities to recognize, resist, and report sexual assault.

## 2. Methods

### 2.1. Participants

Fifty-one students with hearing loss from two elementary special education schools of Beijing participated in the study. The participants in the study communicate with others using sign language only. Thirty of the participants were boys (58.8%) and twenty-one were girls (41.2%) and none of them had other

diagnosed disabilities. Their age ranged from 10 to 16 years ( $M$  age = 12.2,  $SD$  = 1.8).

### 2.2. Procedure

The study was approved by Peking University Institutional Review Board and conducted in May 2015. Upon receiving written parental/caregivers’ consent forms, the students voluntarily took between 25 and 45 min to complete the anonymous questionnaires in their classroom. The definition of private parts and instructions were written on the first page of the questionnaire and also explained in sign language by special-education teachers. The surveys were in a written Chinese language. It appears only the instructions and the questions hard to understand which were mentioned by children were given in sign language, not the entire survey.

### 2.3. Measures

The questionnaire consisted in three parts:

1. **Knowledge of CSA prevention:** The questions were developed based on studies that examined the knowledge of CSA prevention among elementary school students in China<sup>34,35</sup> and the Personal Safety Questionnaire (PSQ).<sup>36–38</sup> The main contents included:

- Appropriate requests (e.g., Is it ok for doctors to check or touch private parts of a child when they are injured?).
- Inappropriate requests (e.g., Is it ok for parents to see or touch private parts of their children when they are not injured or they do not need to be cleaned?).
- Reacting to hypothetical CSA situations (e.g. When a man intentionally shows his private parts to children, what should they do?).

The items measuring the level of CSA awareness consisted of 10 questions. ‘1’ point was rewarded for each correct answer and ‘0’ point for an incorrect or no answer (range = 0–10). The same questionnaire also had been used among Chinese school-aged students without disabilities and the Cronbach’s  $\alpha$  of the study was 0.665<sup>39</sup>. In the present study, the reliability analysis of the CSA knowledge scale produced alpha level of 0.390.

2. **CSA prevention skills:** This scale was designed based on findings from surveys examining CSA prevention skills among elementary school students in China,<sup>34,35</sup> and the options and scoring formula referred to the ‘What-If-Situations-Test’ (WIST).<sup>40</sup> The What-If-Situations-Test was developed to measure children’s abilities to recognize, resist, and report CSA: (1) WIST SAY, such as refusing to go along with the inappropriate requests through a verbal response (ranging from 0 to 3); (2) WIST DO, such as leaving the dangerous situations (ranging from 0 to 3); and (3) WIST TELL, such as telling the CSA occurrence to trustworthy adults (ranging from 0 to 4). The WIST measures children’s ability to recognize and respond in hypothetical abusive situations. (e.g. a stranger requesting the child to touch his private parts, an aunt asking to take naked pictures of the child, and an uncle touching the child in an uncomfortable way). A score was given each time the child applied one of the three skills in the different situation. Additionally, there was an item investigating whether children would still TELL the CSA occurrence to someone else when their mothers don’t believe them, with a positive response scored as ‘1’. In general, the maximum scores of three subscales ‘SAY’, ‘DO’, ‘TELL’ were 3, 3, and 4, respectively, and the range of total skills score was from

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