



Prevalence of different forms of child maltreatment among Taiwanese adolescents: A population-based study[☆]

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ABSTRACT

Reported cases of child maltreatment are increasing in Taiwan. Yet, comprehensive epidemiological characteristics of adolescents' exposure over the wide spectrum of violence are still lacking. The purpose of this study was to estimate the prevalence and magnitude of child maltreatment among Taiwanese adolescents. A population-based study was conducted with 5,276 adolescents aged 12–18 from 35 schools in 17 cities and townships to determine the prevalence of five forms of child maltreatment in Taiwan. A total of 5,236 adolescents completed anonymous, self-report, structured questionnaires. Most adolescents (91%, $n = 4,788$) experienced at least one form of maltreatment with 83% ($n = 4,347$) exposed during the previous year. Violence exposure was the most common type of child maltreatment experienced, followed by psychological abuse, physical abuse, neglect, and sexual abuse. Adolescents reported an average of 7.4 ($SD = 5.87$) victimizations over their lifetime and 4.8 ($SD = 4.82$) victimizations during the past year. Females reported a higher rate of neglect, while males reported a higher rate of sexual abuse. Most of the sexual abuse perpetrators were known by their victims. Adolescents' victimization and polyvictimization from child maltreatment in Taiwan deserves a review and modification of national control and prevention policies.

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Introduction

Child maltreatment is a global public health problem with the potential for a lifelong impact on victims without proper treatment. Child maltreatment is broadly defined as any act(s) committed or failure to provide supervision by caregiver(s) that results in actual or potential harm to a child's health, development or dignity including physical abuse, psychological abuse, sexual abuse, neglect and exposure to violent environments ([Centers for Disease Control and Prevention \[CDC\], 2014](#); [World Health Organization, 2014](#)). Advances in developmental neuroscience provide insights and perspectives about how trauma or stress early in life, such as child maltreatment, interplays with genes and environmental factors

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to influence the developing brain and neuronal network (Hart & Rubia, 2012). The Adverse Childhood Experiences study (CDC, 2010) indicated a graded effect of child maltreatment and family dysfunction on somatic concerns, chronic illness, poor quality of life and mortality for adolescents and adults (Bellis et al., in press; Flaherty et al., 2013). The risk of psychopathology for victims and their children increases due to epigenetic changes in gene expressions and impairment of brain structure and function (Bair-Merritt, Zuckerman, Augustyn, & Cronholm, 2013; Hart & Rubia, 2012; McGowan et al., 2009).

In Taiwan the revised Child Welfare Law of 1993 mandated that professionals report suspected cases of child maltreatment (e.g., desertion, physical/emotional/sexual abuse, neglect, educational deprivation and exploitation). The mandatory reporters of child maltreatment were expanded in 2011 to administrators and directors of villages, communities and residential security guards. Reports of child maltreatment have increased substantially since 1993. However, the official statistic of 0.6% in 2012 (Department of Statistics, Ministry of the Interior, 2013) likely underestimates the extent of child maltreatment in Taiwan when compared to the rates of 22–34% for physical abuse and 2.5% for sexual abuse from survey research (Chou, Su, Wu, & Chen, 2011; Yen et al., 2008).

The prevalence estimation of child maltreatment varies significantly depending on study definitions, measurements, sample characteristics and methodologies. Survey prevalence rates range from 5 to 83% for each form of child maltreatment across studies (Pereda, Guilera, & Abad, 2014; Tsuboi et al., in press). A series of meta-analyses provided overall estimations of 17.7%, 26.7%, 11.8% and 16.3% for physical abuse, psychological abuse, sexual abuse, and neglect, respectively (Stoltenborgh, Bakermans-Kranenburg, Alink, & van Ijzendoorn, 2012; Stoltenborgh, Bakermans-Kranenburg, & van Ijzendoorn, 2013; Stoltenborgh, Bakermans-Kranenburg, van Ijzendoorn, & Alink, 2013; Stoltenborgh, van Ijzendoorn, Euser, & Bakermans-Kranenburg, 2011).

Significant variations exist in the reported rates of child maltreatment across official data and research reports (Theodore et al., 2005). Few population-based studies are available to examine the full range of different forms of child maltreatment, particularly in Asia. Accurate epidemiological data are needed to describe the extent of child maltreatment, the characteristics of the victims and perpetrators and the forms and characteristics of victimization. Once identified, policies can be directed to reduce the burden and serious consequences of child maltreatment (Gilbert et al., 2009). Epidemiological data are important for the appropriate allocation of governmental resources and to develop intervention strategies targeted for children at high risk.

Multiple factors influence the impact of child maltreatment on victims and gender is an important consideration. Evidence on the impact of gender on the type of child maltreatment, victims' health consequences and their interactions is evolving, though findings are mixed (Arnou, Blasey, Hunkeler, Lee, & Hayward, 2011). Generally, males report more physical abuse than females (5–54% vs 4–42%; Chou et al., 2011; Dong, Cao, Cheng, Cui, & Li, 2013; MacMillan, Tanaka, Duku, Vaillancourt, & Boyle, 2013) and females report more sexual abuse than males (16–22% vs 4–11%; CDC, 2010; Chen, Dunne, & Han, 2004; MacMillan et al., 2013; Pereda et al., 2014). However, in meta-analytic reviews gender differences were established only for the prevalence of sexual abuse (F: 18% vs M: 8%) and not for other forms of child maltreatment (Stoltenborgh et al., 2012; Stoltenborgh, Bakermans-Kranenburg, & van Ijzendoorn, 2013; Stoltenborgh, Bakermans-Kranenburg, van Ijzendoorn, & Alink, 2013; Stoltenborgh et al., 2011). Gender difference in sexual abuse is significantly greater in high-income countries than for low-income countries where males' experiences of sexual abuse are increased (Choo, Dunne, Marret, Fleming, & Wong, 2011; Dong et al., 2013; Stoltenborgh et al., 2011).

Although child maltreatment causes significant long-term health problems for all victims, the degree and types of impairment vary by gender. Women are more likely to suffer from chronic physical and mental health problems, such as cardiovascular disease (Scott-Storey, 2013), post-traumatic stress disorder and suicidal behaviors (Thompson, Kingree, & Desai, 2004). The interaction of gender and the types and consequences of child maltreatment has received less attention, but deserves greater study to determine proactive prevention strategies.

The dose–response effect of trauma is a major consideration in child maltreatment. Cumulative exposure to maltreatment causes long-term negative outcomes and comorbidities while posing a serious threat to public health (Anda, Tietjen, Schulman, Felitti, & Croft, 2010; Felitti, 2009). Finkelhor, Ormrod, Turner, and Hamby (2005) used the 34-item Juvenile Victimization Questionnaire to assess polyvictimization, the exposure to multiple types of maltreatment, among children and youth with categories of as low (4–6 victimizations) and high (7 or more victimizations). The lifetime prevalence of polyvictimization across studies using the Juvenile Victimization Questionnaire was 14–37% (CDC, 2010; Chan, 2013).

Empirical studies on the prevalence of child maltreatment in Taiwan including the gender and cumulative effects on victims are limited. Two regional studies in Taiwan have examined physical abuse or sexual abuse. (Chou et al., 2011; Yen et al., 2008). While 32% of the students in the Taipei area (northern Taiwan) reported experiencing physical abuse, 22% of students from rural areas in southern Taiwan reported experiences physical abuse and 3% experiencing sexual abuse (Chou et al., 2011; Yen et al., 2008). Indigenous adolescent males were found to have a higher risk of being the victims of sexual abuse than non-indigenous males (Yen et al., 2008).

The effect of cultural and geographic factors on the prevalence of child maltreatment is difficult to determine due to differences in defining child maltreatment and the availability of surveillance systems across cultures and countries (Al-Eissa et al., in press; International Society for the Prevention of Child Abuse and Neglect, 2012). In general, Africa has the highest prevalence rate for all forms of child maltreatment, except for neglect as a lack of available data, while Asia has the lowest rate of sexual abuse (Stoltenborgh et al., 2012; Stoltenborgh, Bakermans-Kranenburg, & van Ijzendoorn, 2013; Stoltenborgh et al., 2011). The ICAST-CH-C (ISPCAN Child Abuse Screening Tool Children's Home Version, Chinese) provides

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