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The perception on risk factors for child maltreatment in China: A qualitative study among health professionals

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Keywords:	China, child maltreatment, risk factor, health professionals

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The perception on risk factors for child maltreatment in China: A qualitative study among health professionals

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Abstract

Objectives: The aim of this study was to explore the perception of risk factors for child maltreatment among health professionals in China.

Design: Qualitative research.

Setting: The study was conducted in November and December 2014 in Hunan, Zhejiang, Shaanxi and Guangdong province in China.

Participants: Five communities in one city and five townships in one county were randomly selected and interviews were conducted in maternal and child health hospitals, children's hospitals, community health service centers and township hospitals in the selected areas. Doctors and nurses engaged in child health care services were approached for in-depth-interview.

Results: A total of 95 health professionals were interviewed. From their perspective, risk factors causing child maltreatment might be divided into four domains: 1) Cultural factors, including parents' indisputable authority, and Chinese people's preference for sons; 2)Social factors, including a fast-paced and stressful life, children left behind by migrant worker parents, and abnormal education; 3) Family factors, including economic status, family structure, parents 'inability to parent or personality, experience of maltreatment, and parents' illnesses; 4) Children's factors, including age, gender, temper, disabilities, and poor awareness of self-protection.

Conclusions: The results indicate that health professionals in China have realized the risk of certain factors leading to child maltreatment; however, some views still require updating. Based on the perfection of health professionals, targeted training courses are needed in order to enable them to correctly identify and deal with suspected cases of child maltreatment.

Key words: China; child maltreatment; risk factor; health Professionals

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Strengths and limitations of this study

- This study uses qualitative research method to explore the perception of risk factors for child maltreatment among health professionals in China
- This study is an important attempt to carry a step forward towards child maltreatment prevention programs in China.
- This was a limitation that the results of qualitative research might not represent the situation of the whole population.

Introduction

Child maltreatment constitutes all forms of physical and/or emotional ill treatment, sexual abuse, neglect, negligent treatment, commercial and/or other exploitation that occurs to children under 18 years of age.[1,2] The consequences of child maltreatment are more wide-ranging than death and injury.[3] For instance, child maltreatment has been associated with a myriad of adverse consequences throughout children's lifespan, including harm to the victim's physical and mental health, life quality, well-being and development.[4,5] It also leads to a huge financial burden.[6]

Although most studies on child maltreatment have been conducted in developed countries, child maltreatment is common throughout the entire world.[7,8] In China, child maltreatment was not recognized as a social problem until the early 1990s, but prevalence has been increasing.[9] Although China is a signatory to the UN Convention on the Rights of the Child, neither a formal child protection system nor a network of social services exists to support "at risk" families.[10] A recent literature review reported the prevalence of physical abuse lies between 32.4% and 67.3%, sexual abuse between 10.2% and 25.5%, emotional abuse between 10.6% and 67.1%, and neglect between 22.4% and 54.9% reported by different researchers in China.[11]

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Health professionals play a key part in identifying, dealing with and reporting maltreatment cases, as well as providing referrals that can prevent further maltreatment.[6,12] Given that China has no formalized social services for maltreatment, the role of health professionals is more vital. Furthermore, under the policy of basic public health service equalization, public health specialists and community nurses are responsible for basic clinical services.[13] This gives them more opportunity to find cases of maltreatment. However, little is known about their knowledge and attitudes. Preventing child maltreatment requires a diverse approach across different sectors, and only with knowledge of risk factors can interventions be designed.[1,3] Thus, this study aimed to explore the perception of risk factors for child maltreatment among health professionals in China, in order to develop targeted training courses and help them improve their ability to identify and intervene child maltreatment.

Methods

Study setting

The study was conducted in November and December 2014 in Hunan, Zhejiang, Shaanxi and Guangdong province. Five communities in one city and five townships in one county were randomly selected and interviews were conducted in maternal and child health hospitals, children's hospitals, community health service centers and township hospitals in the selected areas. Doctors and nurses engaged in child health care services were approached to participate.This study has been reviewed and approved by Institutional Review Board of National Center for Women and Children’s Health, Chinese Center for Disease Control and Prevention.

Sampling procedures

A combination of convenient sampling and sampling with a purpose were utilized. The first stage involved the selection of key informants. As the second stage, the start involved a purposeful sample framework including variables such as

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occupational categories, type of departments, and professional levels. Once the data was collected, an interpretative framework was constructed. The sampling process stopped when no new themes emerged and an acceptable interpretative framework was constructed.

Patient and Public Involvement

This research was done without patient and public involvement.

Data collection

The study collected qualitative data using in-depth interviews. Each interview was conducted in a private room on a one-to-one basis in the health provider's office or any other places according to the participant's request. A written consent was obtained before each interview. The duration of each interview ranged from 45 min to 1.5 h. All interviews were recorded.

Data analysis

MAXQDA (version 11.0) was used to facilitate the data analysis. All interviews were transcribed by one research staff member and the quality of the transcription was double-checked by another staff member. The transcripts were coded and analysed by the first author.After careful and repeated examination of the transcripts, categories and subcategories of analysis were developed. Totally 24 codes and 11 code families were created. This made it easier to analyze by individual family code as well as visualize the relations among codes in a network.[14] A constant comparative method was employed to facilitate theme development, following recommended steps.[15] All codes relevant to perceived risk factors were searched and results categories were determined based on common themes across related codes.

Results

Sample characteristics

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Table 1 summaries the demographic variables of the interviewees. The participants included 95 medical workers, with 40 males and 55 females. Most interviewees were doctors (65.3%). The professionals from general hospitals (32.6%) were almost as many as those from maternal and child health hospitals (33.7%). As for professional titles, most interviewees held senior titles (47.4%).

Table 1 Demographic characteristic of health professionals

	Male (n=40)	Female (n=55)	Total (n=95)	%
Province				
Zhejiang	10	14	24	25.3
Guangdong	12	12	24	25.3
Shanxi	10	13	23	24.2
Hunan	8	16	24	25.3
Hospital level				
General hospital	11	20	31	32.6
Children's hospital	1	1	2	2.1
Maternal and child health hospital	16	16	32	33.7
Community health service Center	7	15	22	23.2
Township hospital	5	3	8	8.4
Occupational category				
Doctors	25	37	62	65.3
Nurses	0	9	9	9.5
Managers	15	9	24	25.3
Professional level				

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Senior	20	25	45	47.4
Intermediate	14	18	32	33.7
Primary	6	12	18	18.9

Risk factors for child maltreatment

Analysis of the interview transcriptions yielded four primary themes relevant to risk factors for child maltreatment: (a) cultural factors; (b) social factors; (c) family factors; and (d) children's own factors. These four primary themes were divided into sub-themes to elucidate pertinent aspects (see Fig. 1).

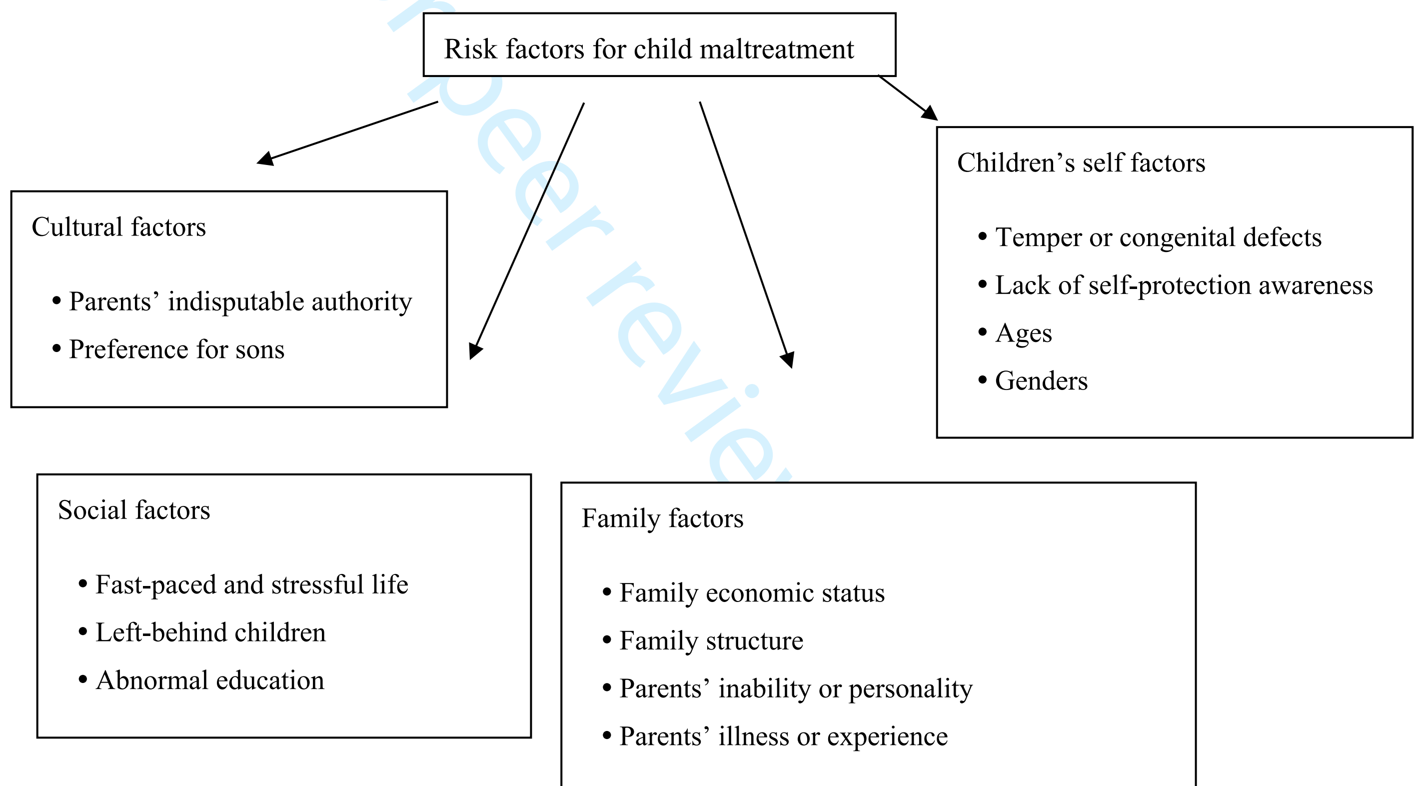

Fig. 1 Primary themes with sub-themes

Cultural factors

In Chinese traditional culture, parents have indisputable authority and children's disobedience is strictly forbidden. Under the influence of some typical Chinese

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traditional phrases, such as "Spare the rod and spoil the child", parents tend to beat their children at will.

Influenced by the utilitarian climate, many parents keep up with the Joneses by setting unreasonable expectations and demands for their children, and physically punish their child if they fail to meet these expectations.

Some parents' expectations for their children are too high. They feel disappointed, which causes physical abuse.(Community health worker, female, aged 28)

The traditional preference for sons in China leads to maltreatment of girls, including physical abuse and neglect.

People living in remote or mountainous areas prefer boys to girls. Contrary to their expectation, they give birth to girls, resulting in tendency to neglect . (Doctor in child hospital, male, aged 35)

Social factors

The pace of life in modern China is much faster than before, and citizens bear heavy life stress as China's society moves towards a highly commercial one. Parents have relatively limited time and patience to take care of their children.

Most parents working in cities or farming in rural areas have limited time and energy. (Community health worker, female, aged 36)

Some children are left in the care of grandparents or other relatives when their parents migrate to the cities for work. These children are more likely to suffer from maltreatment.

Most of them are taken care of by their grandparents, and comparatively can't be supervised effectively.(Community health worker, male, aged 38)

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Family factors

Families' economic status may exert great impact on children's well-being. Child maltreatment happens relatively more frequently in families with poor economic conditions. Children of single parents or in combined families tend to be at greater risk of maltreatment.

Education also plays a large role. As some parents lack parenting skills, they think only physical punishment will make children more obedient.

Many of these parents believe children tend to remember what parents say after being beat rather than reasoning.(Doctor in maternal and child health care center, male, aged 30)

Maltreatment is more likely to be committed by parents suffering from mental health issues, and parents who experienced maltreatment themselves when they were young.

As he [the father] was maltreated himself, he copies this behavior to his child.(Nurse in child hospital, female, aged 35)

Children's own factors

Children who are mischievous, bad-tempered or congenitally handicapped are more likely to suffer from maltreatment.

Sometimes it's because the child is too naughty. They are prone to being maltreated if they have congenital defects. Another issue is the intelligence of children. (Hospital manager in maternal and child health care center, male, aged 41)

Some interviewees mentioned that children's lack of self-protection awareness, and even being completely unaware of being maltreated, increases the risk of maltreatment for the child.

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Children of different genders are differently at risks for maltreatment. Girls are more likely to suffer from maltreatment, except when children have disabilities, in which case both genders are equally at risk.

I think girls are more likely to suffer from sexual abuse and neglect than boys. For children with congenital defects, the possibilities for boys and girls are more or less the same.(Manager in community health care center, female, aged 40)

Discussion

Our study identified the risk factors for child maltreatment in China as perceived by health professionals. Given their unique roles with children and families, health professionals should be alerted to risk factors that may suggest suspected cases. There is a direct association between the act of reporting cases and matters related to knowledge.[16] We found that in the view of Chinese health professionals, many factors might increase the risk of child maltreatment, including cultural, social, family factors and those of the children's itself.

Cultural factors

Cultural factors are very important in understanding child abuse. In Chinese tradition, the experience of deliberately inflicted pain is regarded as character-building.[17] Chinese people seem to be less critical of the use of physical force by parents to accomplish desired ends.[18] The traditional value of filial piety (*Xiao*) gives parents indisputable authority. This is why children's disobedience toward parents is the most common reason for maltreatment.[19] Additionally, under the one-child policy launched in 1979, Parents tend to attach higher value and put greater expectations on children, and punish them once the expectations fail to be met.[20]

In China, conventional wisdom that sons are preferable to daughters is embedded within patrilineal family structures.[21] Although the inherent son preference is on decline, sons are still desired more frequently than daughters.[22] Deep-rooted

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Confucian values play a part.[23]

Social factors

With rapid economic development in China, the pace of live and stress on parents have increased, which negatively affect parenting practices.[9] The abnormal education was regarded as a factor, as it weakens children's ability to protect themselves. As the health professionals provide care for children regularly, it would be helpful if they take the responsibility of improving children's ability.

The respondents have also recognized the children who are left behind when their parents go to work in cities. This is consistent with many studies exploring the influence of rural-to-urban labor migration.[24] With the processes of modernization and urbanization, many children are left behind, and should be given special attention.

Family factors

The interviewees perceived low family economic status as a risk factor, which can affect the parent-child relationships by limiting economic resources and increasing parents' stress levels.[9] Instances of single parent families and combined families have been increasing in China. The financial stresses of being a single parent, and social stresses due to isolation and a lack of social support all play a part in the increased risk in single parent families.[25] When a single parent remarries, children may have difficulties in dealing with relationships with new family members, putting them at an increased risk of maltreatment. In keeping with other studies, we found that a number of characteristics, including lack of skills, patience or responsibility, were linked to child abuse. Parents with low education levels were reported to present a 5-fold increase in risk.[25] Parents more likely to abuse children physically tend to have poor control of their impulses and mental health problems.[8] All this indicated the necessity of education aimed at parents. This study, like many previously, reported a greater risk for parents with a history of childhood abuse. However, a supportive

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relationship may help those parents break out of this cycle.[26] Health professionals need to make effort to build such supportive relationships .

Children's self factors

It is clear that children are victims, and cannot be blamed for the maltreatment suffered. However, children with several characteristics are more prone to maltreatment, including physical or mental handicaps, premature birth or with low-birth weight, or those attachment and bonding was disrupted at a young age.[25] While health professionals didn't mention the latter two, they did identify poor awareness of self-protection and children's character. This indicates that some health professionals maybe blame children instead of perpetrators and show tolerance.

Older children were thought to be at greater risk. The United States, however, have identified younger children to be most vulnerable.[27] Age difference among studies may have some impact, and our interviewees didn't identify an accurate age group. As academic performance in school is highly valued in China, school-age children may be more vulnerable.

It has been a consensus that girls are at higher risk for sexual abuse, emotional abuse and neglect, whereas boys are more likely to be victims of physical abuse in many countries.[8] Wide cultural gaps exist between different societies and studies in China produced mixed findings, with boys being more likely to experience both physical and emotional abuse.[9] Boys may be at greater risk as they are perceived as inherently having greater responsibility for social obligations, support for parents and preserving family heritage.[26] However, health professionals failed to realize the risk of boys' abuse. Further research is still needed to validate the gender differences. Meanwhile, it is important that health professionals do not underestimate the risk of boys suffering from maltreatment.

Conclusion

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This study is an attempt to carry a step forward in terms of training health professionals in China. Training is required to increase knowledge of health professionals in order to help them understand the cause of child maltreatment and meet the qualifications to practice prevention and treatment of child maltreatment. Our study explored the insight views of health professionals and provide bases for developing targeted training courses.

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Contributors' Statement

The research design, data analysis and manuscript of this study were completed by TX and QY. The interview was completed by SW, YW, WL and XH. All authors approved the final manuscript as submitted and agree to be accountable for all aspects of the work.

Competing interests

None declared.

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Data sharing statement

The data set is available on request from the corresponding author.

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References

1. World Health Organization. Child maltreatment. http:// www.who.int/ mediacentre/ factsheets/fs150/en/.2014, WHO. Geneva.

2. World Health Organization. Report of the Consultation on Child Abuse Prevention. 1999, WHO. Geneva.

3. World Health Organization & ISPCAN. Preventing child maltreatment: a guide to taking action and generating evidence. 2006, WHO, Geneva.

4. Kiser LJ, Stover CS, NavaltaCP, Dorado J, Vogel JM, Abdul-AdilJK, Kim S, Lee RC, Vivrette R, Briggs EC. Efects of the child-perpetrator relationship on mental health outcomes of child abuse: It's (not) all relative. Child Abuse & Neglect, 2014; 38:1083-1093.

5.Sidebotham P, Heron J; ALSPAC Study Team. Child maltreatment in the "children of the nineties:" the role of the child. Child Abuse Negl, 2003;27:337-352.

6.Pietrantonio AM, Wright E, Gibson KN, Alldred T, Jacobson D, Niec A.Mandatory reporting of child abuse and neglect: Crafting a positive process for health professionals and caregivers. Child Abuse & Neglect, 2013;37:102-109.

7. Jui-Ying Feng, Murray Levine. Factors associated with nurses' intention to report child abuse: A national survey of Taiwanese nurses. Child Abuse & Neglect,2005; 29:783–795.

8. Etienne G, Krug, Linda L. Dahlberg, James A. Mercy, Anthony B. Zwi, Rafael Lozano. World report on violence and health. 2002, WHO, Geneva.

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9. Minli Liao, Alvin Shiulain Lee, Amelia C. Roberts-Lewis, Jun Sung Hong, Kaishan Jiao. Child maltreatment in China: An ecological review of the literature. Children and Youth Services Review, 2011;33:1709-1719.

10. Hesketh T, Hong ZS, Lynch MA. Child abuse in China: the views and experiences of child health professionals. Child Abuse & Neglect, 2000;24:867-872.

11.Xu Tao, Jiao Fuyong, Pan Jianping, Chen Jingqi, Huang Xiaoyan, Liu Wenli, Gong Limin, Wang Huishan. A systematic literature review of child maltreatment in China (in Chinese).Chinese journal of child health care, 2014;22: 972-975.

12.Wekerle C. Resilience in the context of child maltreatment: Connections to practice. Child Abuse & Neglect, 2013;37:93-101.

13.Wang J, Kushner K, Frey JJ 3rd, Ping Du X, Qian N. Primary care reform in the Peoples' Republic of China: implications for training family physicians for the world's largest country. Fam Med, 2007;39:639-643.

14. Li L, Sun S, Wu Z, Wu S, Lin C, Yan Z. Disclosure of HIV status isafamilymatter: fieldnotesfromChina.J Fam Psychol, 2007;21:307-314.

15. Dye JF, Schatz I M, Rosenberg BA, & Coleman S T. Constant comparison method: A kaleidoscope of data. PracticingQualitative Research. 2000.

16. Moreira GA, Vieira LJ, Deslandes SF, Pordeus MA, Gama Ida S, Brilhante AV. Factors associated with the report and adolescent abuse in primary healthcare. CienSaude Colet, 2014;19:4267-4276.

17. Wu DYH. Child abuse in Taiwan. In J. E. Korbin (Ed.), Child abuse and neglect: Cross-cultural perspectives. Berkeley, CA: University of California Press. 1981;139–

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18. George K. HONG, Lawrence K. HONG. Comparative perspectives on child abuse and neglect: Chinese versus Hispanics and Whites. Child Welfare, 1991;70:463-475.

19.Leung PW, Wong WC, Chen WQ, Tang CS. Prevalence and determinants of child maltreatment among high school students in Southern China: A large-scale school based survey. Child and Adolescent Psychiatry and Mental Health, 2008;2:27-48.

20. Hua J, Mu Z, Nwaru BI, Gu G, Meng W, Wu Z. Child neglect in one-child families from Suzhou City of mainland China. BMC Int Health Hum Rights, 2014;14:8.

21. Murphy R, Tao R, Lu X. Son preference in rural China: patrilineal families and socioeconomic change. Popul Dev Rev, 2011;37:665-690.

22. Zhou C, Wang XL, Zhou XD, Hesketh T. Son preference and sex-selective abortion in China: informing policy options. Int J Public Health, 2012;57: 459-465.

23.Das Gupta M, Jiang L, Xie Z, Li B, Woojin C, Bae H. Why is son preference so persistent in East and South Asia? A cross-country study of China, India and the Republic of Korea. J Dev Stud, 2003; 40:153–187.

24. Wang X, Ling L, Su H, Cheng J, Jin L, Sun YH. Self-concept of left-behind children in China: a systematic review of the literature. Child Care Health Dev, 2015;41(3):346-55.

25. Sidebotham P, Heron J; ALSPAC Study Team. Child maltreatment in the “children of the nineties”: A cohort study of risk factors. Child Abuse Negl, 2006;30: 497-522.

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26. Klevens J, Bayón MC, Sierra M. Risk factors and context of men who physically abuse in Bogotá, Colombia. Child Abuse Negl, 2000;24:323-332.

27. U.S. Department of Health and Human Services, Administration on Children, & Youth and Families.Child maltreatment 2006.

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The perception on risk factors for child maltreatment in China: A qualitative study among health professionals

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Abstract

Objectives: The aim of this study was to explore the perception on risk factors for child maltreatment among health professionals in China.

Design: Qualitative research.

Setting: The study was conducted in November and December 2014 in Hunan, Zhejiang, Shaanxi and Guangdong province in China.

Participants: Five communities in one city and five townships in one county were randomly selected and interviews were conducted in maternal and child health hospitals, children's hospitals, community health service centers and township hospitals in the selected areas. Doctors, nurses and managerial staff engaged in child health care services were approached for in-depth-interview.

Results: A total of 102 health professionals were approached but 95 completed the interview. From their perspective, risk factors causing child maltreatment might be divided into four domains: 1) Cultural factors, including parents' indisputable authority, and Chinese people's preference for sons; 2)Social factors, including a fast-paced and stressful life, children left behind by migrant worker parents, and abnormal education; 3) Family factors, including economic status, family structure, parents 'inability to parent or personality, experience of maltreatment, and parents' illnesses; 4) Children's factors, including gender, temper, disabilities, and poor awareness of self-protection.

Conclusions: The results indicate that health professionals in China have realized the risk of certain factors leading to child maltreatment; however, some views still require updating. Based on the perception of health professionals, targeted training courses are needed in order to enable them to correctly identify and deal with suspected cases of child maltreatment.

Key words: China; child maltreatment; risk factor; health Professionals

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Strengths and limitations of this study

- This study uses qualitative research method to explore the perception of risk factors for child maltreatment among health professionals in China
- This study is an important attempt to carry a step forward towards child maltreatment prevention programs in China.
- A limitation of this qualitative study is that it only reflects the population studied.

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Introduction

Child maltreatment constitutes all forms of physical and/or emotional ill treatment, sexual abuse, neglect, negligent treatment, commercial and/or other exploitation that occurs to children under 18 years of age.[1,2] The consequences of child maltreatment are more wide-ranging than death and injury.[3] For instance, child maltreatment has been associated with a myriad of adverse consequences throughout children's lifespan, including harm to the victim's physical and mental health, life quality, well-being and development.[4,5] It also leads to a huge financial burden on individuals, families and the country.[6]

Although most studies on child maltreatment have been conducted in developed countries, child maltreatment is common throughout the entire world.[7,8] In China, child maltreatment was not recognized as a social problem until the early 1990s, but prevalence has been increasing.[9] Although China is a signatory to the UN Convention on the Rights of the Child, neither a formal child protection system nor a network of social services exists to support "at risk" families.[10] A recent literature review reported the prevalence of physical abuse lies between 32.4% and 67.3%, sexual abuse between 10.2% and 25.5%, emotional abuse between 10.6% and 67.1%, and

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neglect between 22.4% and 54.9% reported by different researchers in China.[11]

Since late 1990s, the Chinese government has been working to strengthen the child protection system through various efforts. Under a policy titiled the "Equalization of Basic Public Health Service", community and township healthcare centers provide free basic healthcare services for children aged 0-6 years, including medical examination, nutrition advice and a feeding guide, and psychological development assessment[12]. Under this policy, healthcare professionals can play a key part in identifying, dealing with and reporting maltreatment cases, as well as providing referrals that can prevent further maltreatment.[6,13] In 2016, the National People's Congress (NPC) issued the "Anti-domestic Violence Law", in which any forms of maltreatment including corporal punishment are prohibited. Under the regulation of this law, healthcare professionals at all levels have the legal responsibility to report any potential child maltreatment case to the police authority. Healthcare workers are placed in a position that requires them to identify and report potential child maltreatment cases. Their knowledge and attitudes are essential factors in fulfilling these obligations[12].

Preventing child maltreatment requires a diverse approach across different sectors, and only with knowledge of risk factors can interventions be designed.[1,3] Thus, this study aimed to explore the perception of risk factors for child maltreatment among health professionals in China, in order to develop targeted training courses and help them improve their ability to identify and intervene child maltreatment.

Methods

Study setting

The study was conducted in November and December 2014 in Hunan, Zhejiang, Shaanxi and Guangdong province. A multistage sampling method was used to select study participants. One city and one county were randomly selected in each province,

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and five communities in the city and five townships in the county were randomly selected. Interviews were conducted in maternal and child health hospitals, children's hospitals, community health service centers and township hospitals in the selected areas. Doctors, nurses and managerial staff engaged in child health care services were approached to participate.This study has been reviewed and approved by Institutional Review Board of National Center for Women and Children’s Health, Chinese Center for Disease Control and Prevention.

Sampling procedures

A combination of convenience sampling and sampling with a purpose were utilized. The first stage involved the selection and approaching of key informants, most of whom were managerial staff from the above mentioned medical care service institutions. As the second stage, with the help of key informants, the selection involved a purposeful sample framework including variables such as occupational categories, type of departments, and professional levels. The sampling process stopped when no new themes emerged during the interviews and an acceptable interpretative framework was constructed.

Patient and Public Involvement

This research was done without patient and public involvement.

Data collection

The study collected qualitative data using in-depth interviews with a semi-structured interview outline. The themes included current situation of child maltreatment, reasons for children to be maltreated, and suggestions on healthcare worker’s role in maltreatment prevention. Each interview was conducted in a private room on a one-to-one basis in the health provider’s office or any other places according to the participant’s request. The interviewers were members of our research team who had experience of in-depth interview. A written consent was obtained before each

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interview. The duration of each interview ranged from 45 min to 1.5 h. All interviews were recorded.

Data analysis

MAXQDA (version 11.0) was used to facilitate the data analysis. All interviews were transcribed by the fourth author, and the quality of the transcription was double-checked by the third author. The transcripts were coded and analysed by the second author. After careful and repeated examination of the transcripts, categories and subcategories of analysis were developed. Totally 24 codes and 11 code families were created. This made it easier to analyze by individual family code as well as visualize the relations among codes in a network.[14] A constant comparative method was employed to facilitate theme development, following recommended steps.[15] All codes relevant to perceived risk factors were searched and results categories were determined based on common themes across related codes. The coding strategy and procedure were double-checked by the first author to reach a consensus on the results.

Results

Sample characteristics

102 healthcare workers were approached. Two of them refused the interview invitation and 5 did not complete the interview due to emergency medical cases that need them to deal with. Table 1 summaries the demographic variables of the interviewees. The participants included 95 medical workers, with 40 males and 55 females. Most interviewees were doctors (65.3%). The professionals from general hospitals (32.6%) were almost as many as those from maternal and child health hospitals (33.7%). As for professional titles, most interviewees held senior titles (47.4%).

Table 1 Demographic characteristic of health professionals completed the in-depth interview

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	Male (n=40)	Female (n=55)	Total (n=95)	%
Province				
Zhejiang	10	14	24	25.3
Guangdong	12	12	24	25.3
Shanxi	10	13	23	24.2
Hunan	8	16	24	25.3
Hospital level				
General hospital	11	20	31	32.6
Children's hospital	1	1	2	2.1
Maternal and child health hospital	16	16	32	33.7
Community health service Center	7	15	22	23.2
Township hospital	5	3	8	8.4
Occupational category				
Doctors	25	37	62	65.3
Nurses	0	9	9	9.5
Managers	15	9	24	25.3
Professional level				
Senior	20	25	45	47.4
Intermediate	14	18	32	33.7
Primary	6	12	18	18.9

Risk factors for child maltreatment

Analysis of the interview transcriptions yielded four primary themes relevant to risk factors for child maltreatment: (a) cultural factors; (b) social factors; (c) family

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factors; and (d) children's own factors. These four primary themes were divided into sub-themes to elucidate pertinent aspects (see Fig. 1).

(Insert Fig. 1 here)

Cultural factors

In Chinese traditional culture, parents have indisputable authority and children's disobedience is strictly forbidden. Under the influence of some typical Chinese traditional phrases, such as "Spare the rod and spoil the child", parents tend to beat their children at will.

Influenced by the utilitarian climate, many parents keep up with the Joneses by setting unreasonable expectations and demands for their children, and physically punish their child if they fail to meet these expectations.

Some parents' expectations for their children are too high. They feel disappointed, which causes physical abuse.(Community health worker, female, aged 28)

The traditional preference for sons in China leads to maltreatment of girls, including physical abuse and neglect.

People living in remote or mountainous areas prefer boys to girls. Contrary to their expectation, they give birth to girls, resulting in tendency to neglect . (Doctor in child hospital, male, aged 35)

Social factors

The pace of life in modern China is much faster than before, and citizens bear heavy life stress as China's society moves towards a highly commercial one. Parents have relatively limited time and patience to take care of their children.

Most parents working in cities or farming in rural areas have limited time and

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energy. (Community health worker, female, aged 36)

Some children are left in the care of grandparents or other relatives when their parents migrate to the cities for work. These children are more likely to suffer from maltreatment.

Most of them are taken care of by their grandparents, and comparatively can't be supervised effectively.(Community health worker, male, aged 38)

Family factors

Families' economic status may exert great impact on children's well-being. Child maltreatment happens relatively more frequently in families with poor economic conditions. Children of single parents or in combined families tend to be at greater risk of maltreatment.

Child maltreatment is related to economic conditions... One grandma [in my village] had no money and tried to relieve her stress by abusing the child.(Nurse in maternal and child health hospital, female, aged 32)

Sexual abuse might be committed by the stepfathers. Some stepmothers

refuse to take care of the meals [for the children], and even beat them when their father is not at home.(Manager in maternal and child health, female, aged 45)

Education also plays a large role. As some parents lack parenting skills, they think only physical punishment will make children more obedient.

Many of these parents believe children tend to remember what parents say after being beat rather than reasoning.(Doctor in maternal and child health care center, male, aged 30)

Maltreatment is more likely to be committed by parents suffering from mental health issues, and parents who experienced maltreatment themselves when they were

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young.

As he [the father] was maltreated himself, he copies this behavior to his child.(Nurse in child hospital, female, aged 35)

Children's own factors

Children who are mischievous, bad-tempered or congenitally handicapped are more likely to suffer from maltreatment.

Sometimes it's because the child is too naughty. They are prone to being maltreated if they have congenital defects. Another issue is the intelligence of children. (Hospital manager in maternal and child health care center, male, aged 41)

Some interviewees mentioned that children's lack of self-protection awareness, and even being completely unaware of being maltreated, increases the risk of maltreatment for the child.

Children of different genders are differently at risks for maltreatment. Girls are more likely to suffer from maltreatment, except when children have disabilities, in which case both genders are equally at risk.

I think girls are more likely to suffer from sexual abuse and neglect than boys. For children with congenital defects, the possibilities for boys and girls are more or less the same.(Manager in community health care center, female, aged 40)

Discussion

Our study identified the risk factors for child maltreatment in China as perceived by health professionals. Given their unique roles with children and families, health professionals should be alerted to risk factors that may suggest suspected cases. There is a direct association between the act of reporting cases and matters related to knowledge.[16] We found that in the view of Chinese health professionals, many factors

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might increase the risk of child maltreatment, including cultural, social, family factors and those of the child itself.

Cultural factors are very important in understanding child abuse. In Chinese tradition, the experience of deliberately inflicted pain is regarded as character-building.[17] Chinese people seem to be less critical of the use of physical force by parents to accomplish desired ends.[18] The traditional value of filial piety (*Xiao*) gives parents indisputable authority. This is why children's disobedience toward parents is the most common reason for maltreatment.[19] Additionally, under the one-child policy launched in 1979, Parents tend to attach higher value and put greater expectations on children, and punish them once the expectations fail to be met.[20]

In China, conventional wisdom that sons are preferable to daughters is embedded within patrilineal family structures.[21] Although the inherent son preference is on decline, sons are still desired more frequently than daughters.[22] Deep-rooted Confucian values play a part.[23]

With rapid economic development in China, the pace of live and stress on parents has increased, which negatively affect parenting practices.[9] The respondents have also recognized the children who are left behind when their parents go to work in cities. This is consistent with many studies exploring the influence of rural-to-urban labor migration.[24] With the processes of modernization and urbanization, many children are left behind, and should be given special attention.

The interviewees perceived low family economic status as a risk factor, which can affect the parent-child relationships by limiting economic resources and increasing parents' stress levels.[9] Instances of single parent families and combined families have been increasing in China. The financial stresses of being a single parent, and social stresses due to isolation and a lack of social support all play a part in the increased risk in single parent families.[25] When a single parent remarries, children may have difficulties in dealing with relationships with new family members, putting

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them at an increased risk of maltreatment. Previous studies reported a number of characteristics, including education level, lack of skills, patience or responsibility, were linked to child abuse. For example, parents with low education levels were reported in the literature to present a 5-fold increase in risk.[25] In another study, parents who were more likely to abuse children physically were found to have poor control of their impulses and mental health problems.[26] All this indicated the necessity of parenting skill education. Health professionals need to make effort to build harmonized parent-child relationship and happier family environment .

It is clear that children are victims, and cannot be blamed for the maltreatment suffered. However, children with several characteristics are more prone to maltreatment, including curiousness of young age, physical or mental handicaps, premature birth or with low-birth weight.[25] While health professionals didn't mention the latter two, they did identify poor awareness of self-protection and children's character. This indicates that some health professionals misunderstood the underlying reasons by blaming children instead of perpetrators, and show tolerance to maltreatment such as corporal punishment.

It has been a consensus that girls are at higher risk for sexual abuse, emotional abuse and neglect, whereas boys are more likely to be victims of physical abuse in many countries.[8] Wide cultural gaps exist between different societies and studies in China produced mixed findings, with boys being more likely to experience both physical and emotional abuse.[9] Boys may be at greater risk as they are perceived as inherently having greater responsibility for social obligations, support for parents and preserving family heritage.[26] However, health professionals failed to realize the risk of boys' abuse. Further research is still needed to validate the gender differences. Meanwhile, it is important that health professionals do not underestimate the risk of boys suffering from maltreatment.

Conclusion

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This study is an attempt to carry a step forward in terms of training health professionals in China. Training is required to increase knowledge of health professionals in order to help them understand the cause of child maltreatment and meet the qualifications to practice prevention and treatment of child maltreatment. The results of this study provide basis for developing targeted child maltreatment prevention training courses for health professionals.

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Contributors' Statement

The research design, data analysis and manuscript of this study were completed by TX and QY. The interview was completed by SW, YW, WL and XH. All authors approved the final manuscript as submitted and agree to be accountable for all aspects of the work.

Competing interests

None declared.

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Data sharing statement

The data set is available on request from the corresponding author.

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References

1. World Health Organization. Child maltreatment. http:// www.who.int/ mediacentre/ factsheets/fs150/en/.2014, WHO. Geneva.

2. World Health Organization. Report of the Consultation on Child Abuse Prevention. 1999, WHO. Geneva.

3. World Health Organization & ISPCAN. Preventing child maltreatment: a guide to taking action and generating evidence. 2006, WHO, Geneva.

4. Kiser LJ, Stover CS, NavaltaCP, Dorado J, Vogel JM, Abdul-AdilJK, Kim S, Lee RC, Vivrette R, Briggs EC. Efects of the child-perpetrator relationship on mental health outcomes of child abuse: It's (not) all relative. Child Abuse & Neglect, 2014; 38:1083-1093.

5.Sidebotham P, Heron J; ALSPAC Study Team. Child maltreatment in the "children of the nineties:" the role of the child. Child Abuse Negl, 2003;27:337-352.

6.Pietrantonio AM, Wright E, Gibson KN, Alldred T, Jacobson D, Niec A.Mandatory reporting of child abuse and neglect: Crafting a positive process for health professionals and caregivers. Child Abuse & Neglect, 2013;37:102-109.

7. Jui-Ying Feng, Murray Levine. Factors associated with nurses' intention to report child abuse: A national survey of Taiwanese nurses. Child Abuse & Neglect,2005; 29:783–795.

8. Etienne G, Krug, Linda L. Dahlberg, James A. Mercy, Anthony B. Zwi, Rafael Lozano. World report on violence and health. 2002, WHO, Geneva.

For peer review only

9. Minli Liao, Alvin Shiulain Lee, Amelia C. Roberts-Lewis, Jun Sung Hong, Kaishan Jiao. Child maltreatment in China: An ecological review of the literature. Children and Youth Services Review, 2011;33:1709-1719.

10. Hesketh T, Hong ZS, Lynch MA. Child abuse in China: the views and experiences of child health professionals. Child Abuse & Neglect, 2000;24:867-872.

11.Xu Tao, Jiao Fuyong, Pan Jianping, Chen Jingqi, Huang Xiaoyan, Liu Wenli, Gong Limin, Wang Huishan. A systematic literature review of child maltreatment in China (in Chinese).Chinese journal of child health care, 2014;22: 972-975.

12.Li X, Yue Q, Wang S, Wang H, Jiang J, Gong L, Liu W, Huang X, Xu T. Knowledge, attitudes, and behaviours of healthcare professionals regarding child maltreatment in China. Child Care Health Dev. 2017;1-7.

13.Wekerle C. Resilience in the context of child maltreatment: Connections to practice. Child Abuse & Neglect, 2013;37:93-101.

14. Li L, Sun S, Wu Z, Wu S, Lin C, Yan Z. Disclosure of HIV status isafamilymatter: fieldnotesfromChina.J Fam Psychol, 2007;21:307-314.

15. Dye JF, Schatz I M, Rosenberg BA, & Coleman S T. Constant comparison method: A kaleidoscope of data. PracticingQualitative Research. 2000.

16. Moreira GA, Vieira LJ, Deslandes SF, Pordeus MA, Gama Ida S, Brilhante AV. Factors associated with the report and adolescent abuse in primary healthcare. CienSaude Colet, 2014;19:4267-4276.

17. Wu DYH. Child abuse in Taiwan. In J. E. Korbin (Ed.), Child abuse and neglect: Cross-cultural perspectives. Berkeley, CA: University of California Press. 1981;139–

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165.

18. George K. HONG, Lawrence K. HONG. Comparative perspectives on child abuse and neglect: Chinese versus Hispanics and Whites. Child Welfare, 1991;70:463-475.

19.Leung PW, Wong WC, Chen WQ, Tang CS. Prevalence and determinants of child maltreatment among high school students in Southern China: A large-scale school based survey. Child and Adolescent Psychiatry and Mental Health, 2008;2:27-48.

20. Hua J, Mu Z, Nwaru BI, Gu G, Meng W, Wu Z. Child neglect in one-child families from Suzhou City of mainland China. BMC Int Health Hum Rights, 2014;14:8.

21. Murphy R, Tao R, Lu X. Son preference in rural China: patrilineal families and socioeconomic change. Popul Dev Rev, 2011;37:665-690.

22. Zhou C, Wang XL, Zhou XD, Hesketh T. Son preference and sex-selective abortion in China: informing policy options. Int J Public Health, 2012;57: 459-465.

23.Das Gupta M, Jiang L, Xie Z, Li B, Woojin C, Bae H. Why is son preference so persistent in East and South Asia? A cross-country study of China, India and the Republic of Korea. J Dev Stud, 2003; 40:153–187.

24. Wang X, Ling L, Su H, Cheng J, Jin L, Sun YH. Self-concept of left-behind children in China: a systematic review of the literature. Child Care Health Dev, 2015;41(3):346-55.

25. Sidebotham P, Heron J; ALSPAC Study Team. Child maltreatment in the “children of the nineties”: A cohort study of risk factors. Child Abuse Negl, 2006;30: 497-522.

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26. Klevens J, Bayón MC, Sierra M. Risk factors and context of men who physically abuse in Bogotá, Colombia. Child Abuse Negl, 2000;24:323-332.

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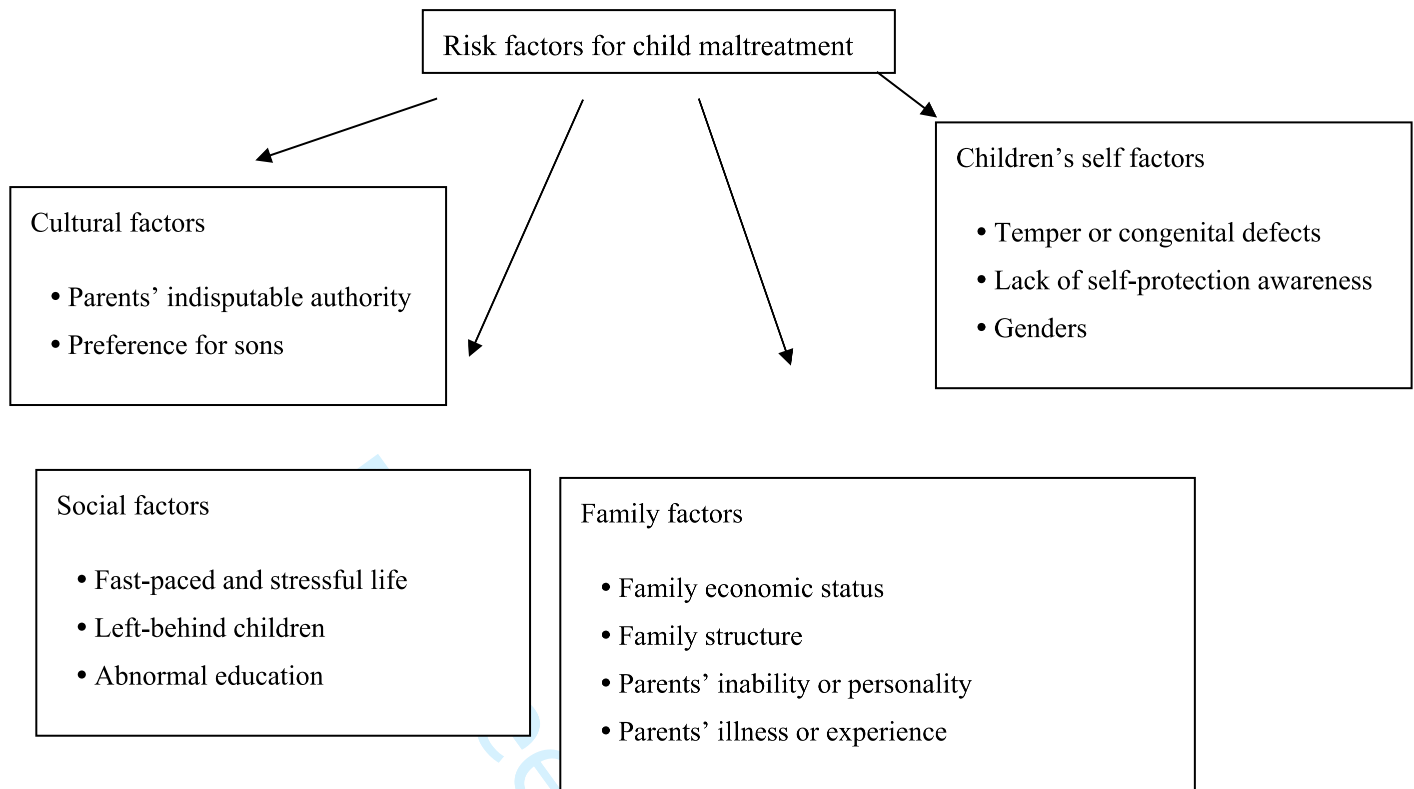

Fig. 1 Primary themes with sub-themes summarized on the perceived risk factors for child maltreatment

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Standards for Reporting Qualitative Research (SRQR)*

Title and abstract

	Page/line no(s).
Title - Concise description of the nature and topic of the study Identifying the study as qualitative or indicating the approach (e.g., ethnography, grounded theory) or data collection methods (e.g., interview, focus group) is recommended	Page 1 line 1
Abstract - Summary of key elements of the study using the abstract format of the intended publication; typically includes background, purpose, methods, results, and conclusions	Page 2

Introduction

Problem formulation - Description and significance of the problem/phenomenon studied; review of relevant theory and empirical work; problem statement	Page 3 line 10-30; page 4 line 1-11
Purpose or research question - Purpose of the study and specific objectives or questions	Page 4 line 14-16

Methods

Qualitative approach and research paradigm - Qualitative approach (e.g., ethnography, grounded theory, case study, phenomenology, narrative research) and guiding theory if appropriate; identifying the research paradigm (e.g., postpositivist, constructivist/ interpretivist) is also recommended; rationale**	Page 5 line 11-12
Researcher characteristics and reflexivity - Researchers' characteristics that may influence the research, including personal attributes, qualifications/experience, relationship with participants, assumptions, and/or presuppositions; potential or actual interaction between researchers' characteristics and the research questions, approach, methods, results, and/or transferability	Page 5 line 16
Context - Setting/site and salient contextual factors; rationale**	Page 4 line 19-28
Sampling strategy - How and why research participants, documents, or events were selected; criteria for deciding when no further sampling was necessary (e.g., sampling saturation); rationale**	Page 4 line 30, page 5 line 1-7
Ethical issues pertaining to human subjects - Documentation of approval by an appropriate ethics review board and participant consent, or explanation for lack thereof; other confidentiality and data security issues	Page 4 line 26-28, page 5 line 9
Data collection methods - Types of data collected; details of data collection procedures including (as appropriate) start and stop dates of data collection and analysis, iterative process, triangulation of sources/methods, and modification of procedures in response to evolving study findings; rationale**	Page 5 line 11-17

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Data collection instruments and technologies - Description of instruments (e.g., interview guides, questionnaires) and devices (e.g., audio recorders) used for data collection; if/how the instrument(s) changed over the course of the study	Page 5 line 11-17
Units of study - Number and relevant characteristics of participants, documents, or events included in the study; level of participation (could be reported in results)	Page 6 line 1-9
Data processing - Methods for processing data prior to and during analysis, including transcription, data entry, data management and security, verification of data integrity, data coding, and anonymization/de-identification of excerpts	Page 5 line 19-21
Data analysis - Process by which inferences, themes, etc., were identified and developed, including the researchers involved in data analysis; usually references a specific paradigm or approach; rationale**	Page 5 line 22-29
Techniques to enhance trustworthiness - Techniques to enhance trustworthiness and credibility of data analysis (e.g., member checking, audit trail, triangulation); rationale**	Page 5 line 22-29

Results/findings

Synthesis and interpretation - Main findings (e.g., interpretations, inferences, and themes); might include development of a theory or model, or integration with prior research or theory	Page 6-page 9
Links to empirical data - Evidence (e.g., quotes, field notes, text excerpts, photographs) to substantiate analytic findings	Page 6-page 9

Discussion

Integration with prior work, implications, transferability, and contribution(s) to the field - Short summary of main findings; explanation of how findings and conclusions connect to, support, elaborate on, or challenge conclusions of earlier scholarship; discussion of scope of application/generalizability; identification of unique contribution(s) to scholarship in a discipline or field	Page 9-page 11
Limitations - Trustworthiness and limitations of findings	

Other

Conflicts of interest - Potential sources of influence or perceived influence on study conduct and conclusions; how these were managed	Page 12 line 12
Funding - Sources of funding and other support; role of funders in data collection, interpretation, and reporting	Page 13 line 7

*The authors created the SRQR by searching the literature to identify guidelines, reporting standards, and critical appraisal criteria for qualitative research; reviewing the reference lists of retrieved sources; and contacting experts to gain feedback. The SRQR aims to improve the transparency of all aspects of qualitative research by providing clear standards for reporting qualitative research.

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**The rationale should briefly discuss the justification for choosing that theory, approach, method, or technique rather than other options available, the assumptions and limitations implicit in those choices, and how those choices influence study conclusions and transferability. As appropriate, the rationale for several items might be discussed together.

Reference:

O'Brien BC, Harris IB, Beckman TJ, Reed DA, Cook DA. **Standards for reporting qualitative research: a synthesis of recommendations.** *Academic Medicine*, Vol. 89, No. 9 / Sept 2014 DOI: 10.1097/ACM.0000000000000388

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The perception on risk factors of child maltreatment in China: A qualitative study among health professionals

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Keywords:	China, child maltreatment, risk factor, health professionals

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The perception on risk factors of child maltreatment in China: A qualitative study among health professionals

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Abstract

Objectives: The aim of this study was to explore health professionals' perception of risk factors related to child maltreatment in China.

Design: Qualitative research.

Setting: The study was conducted in November and December 2014 in Hunan, Zhejiang, Shaanxi and Guangdong province in China.

Participants: Five urban communities and five rural communities were randomly selected in each province, and interviews were conducted in maternal and child health hospitals, children's hospitals, community health service centers and township hospitals in the selected areas. Doctors, nurses and administrators involved in child health care services were selected for in-depth-interview.

Results: A total of 102 health professionals were approached but 95 completed the interview. From their perspective, risk factors causing child maltreatment were categorized into four domains: 1) Cultural factors, including parents' absolute authority over their children, and son preference; 2)Social factors, including a fast-paced and stressful lifestyle, children left behind by migrant worker parents, and lack of quality child care and education; 3) Family factors, including economic status, family structure, parents' inability to provide parental care, experience of maltreatment, and parents' illnesses; 4) Children's factors, including gender, temper, disabilities, and poor awareness of self-protection.

Conclusions: The results indicate that health professionals in China are aware of certain risk factors for child maltreatment; however, some views are outdated and wrong. Based on the perception of health professionals, targeted training courses are needed in order to enable them to correctly identify and deal with suspected cases of child maltreatment.

Key words: China; child maltreatment; risk factor; health Professionals

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Strengths and limitations of this study

- This study uses qualitative research method to explore health professionals' perception of risk factors related to child maltreatment in China
- This study is an important attempt to carry a step forward towards child maltreatment prevention programs in China.
- A limitation of this qualitative study is that it only reflects the population studied.

Introduction

According to the World Health Organization (WHO), child maltreatment constitutes all forms of physical and/or emotional ill treatment, sexual abuse, neglect, negligent treatment, commercial and/or other exploitation that occurs to children under 18 years of age.[1,2] The consequences of child maltreatment are more wide-ranging than death and injury.[3] For instance, child maltreatment has been associated with a myriad of adverse consequences throughout children's lifespan, including harm to the victim's physical and mental health, life quality, well-being and development.[4,5] It also leads to a huge financial burden on individuals, families and the country.[6]

Although most studies on child maltreatment have been conducted in developed countries, child maltreatment is common throughout the entire world.[7,8] In China, child maltreatment, as defined by WHO, was not recognized as a social problem until the early 1990s, but prevalence has been increasing.[9] Although China is a signatory to the UN Convention on the Rights of the Child, neither a formal child protection system nor a network of social services exist to support "at risk" families.[10] A recent literature review reported the prevalence of physical abuse lies between 32.4% and 67.3%, sexual abuse between 10.2% and 25.5%, emotional abuse between 10.6% and

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67.1%, and neglect between 22.4% and 54.9% reported by different researchers in China.[11]

Since late 1990s, the Chinese government has been working to strengthen the child protection system through various efforts. Under a policy titled the "Equalization of Basic Public Health Service", community and township health care centers provide free basic health care services for children aged 0-6 years, including medical examination, nutrition advice and a feeding guide, and psychological development assessment[12]. Under this policy, health care professionals can play a key part in identifying, dealing with and reporting maltreatment cases, as well as providing referrals that can prevent further maltreatment.[6,13] In 2016, the National People's Congress (NPC) issued the "Anti-domestic Violence Law", in which any forms of maltreatment including corporal punishment are prohibited. Under the regulation of this law, health care professionals at all levels have the legal responsibility to report any potential child maltreatment cases to the police authority. Health care workers are placed in a position that requires them to identify and report potential child maltreatment cases. Their knowledge and attitudes are essential factors in fulfilling these obligations[12].

Preventing child maltreatment requires a diverse approach across different sectors, and only with knowledge of risk factors can interventions be designed.[1,3] Thus, this study aimed to explore health professionals' perception of risk factors related to child maltreatment in China so that targeted training courses can be developed to help health professionals identify and intervene child maltreatment.

Methods

Study setting

The study was conducted in November and December 2014 in Hunan, Zhejiang, Shaanxi and Guangdong province. A multistage sampling method was used to select

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study participants. One city (urban) and one county (rural) were randomly selected in each province, and five communities in the city and five townships in the county were randomly selected. Interviews were conducted in maternal and child health hospitals, children's hospitals, community health service centers and township hospitals in the selected areas. Doctors, nurses and managerial staff engaged in child health care services were approached to participate. This study has been reviewed and approved by Institutional Review Board of National Center for Women and Children's Health, Chinese Center for Disease Control and Prevention.

Sampling procedures

A combination of convenience sampling and sampling with a purpose were utilized. The first stage involved the selection and approaching of key informants, most of whom were administrators from the above mentioned health facilities. As the second stage, with the help of key informants, the selection involved a purposeful sampling framework including variables such as occupational categories, type of departments, and professional levels. The sampling process stopped when no new themes emerged during the interviews and an acceptable interpretative framework was constructed.

Patient and Public Involvement

This research was done without patient and public involvement.

Data collection

The study collected qualitative data using in-depth interviews with a semi-structured interview outline. The themes included current situation of child maltreatment, reasons for children to be maltreated, and suggestions on healthcare worker's role in maltreatment prevention. Each interview was conducted in a private room on a one-to-one basis in the health provider's office or any other places according to the participant's request. The interviewers were members of our research team who had

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experience of in-depth interview. A written consent was obtained before each interview. The duration of each interview ranged from 45 min to 1.5 h. All interviews were recorded.

Data analysis

MAXQDA (version 11.0) was used to facilitate the data analysis. All interviews were transcribed by the fourth author, and the quality of the transcription was double-checked by the third author. The transcripts were coded and analyzed by the second author. After careful and repeated examination of the transcripts, categories and subcategories of analysis were developed. Totally 24 codes and 11 code families were created. This made it easier to analyze by individual family code as well as visualize the relations among codes in a network.[14] A constant comparative method was employed to facilitate theme development, following recommended steps.[15] All codes relevant to perceived risk factors were searched and results categories were determined based on common themes across related codes. The coding strategy and procedure were double-checked by the first author to reach a consensus on the results.

Results

Sample characteristics

102 healthcare workers were approached. Two of them declined and 5 did not complete the interview due to emergency medical cases that need them to deal with. Table 1 summaries the demographic variables of the interviewees. The participants included 95 medical workers, with 40 males and 55 females. Most interviewees were doctors (65.3%). The participants from general hospitals (32.6%) were almost as many as those from maternal and child health hospitals (33.7%). Maternal and child health hospitals provide the majority of secondary care for children, with children's hospitals offering tertiary care. Thus only one children's hospital served the population were interviewed. As for professional level, most interviewees held senior

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levels (47.4%).

Table 1 Demographic characteristic of health professionals completed the in-depth interview

	Male (n=40)	Female (n=55)	Total (n=95)	%
Province				
Zhejiang	10	14	24	25.3
Guangdong	12	12	24	25.3
Shanxi	10	13	23	24.2
Hunan	8	16	24	25.3
Hospital level				
General hospital	11	20	31	32.6
Children's hospital	1	1	2	2.1
Maternal and child health hospital	16	16	32	33.7
Community health service Center	7	15	22	23.2
Township hospital	5	3	8	8.4
Occupational category				
Doctors	25	37	62	65.3
Nurses	0	9	9	9.5
Managers	15	9	24	25.3
Professional level				
Senior	20	25	45	47.4
Intermediate	14	18	32	33.7
Primary	6	12	18	18.9

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Risk factors for child maltreatment

Analysis of the interview transcriptions yielded four primary themes relevant to risk factors for child maltreatment: (a) cultural factors; (b) social factors; (c) family factors; and (d) children's own factors. These four primary themes were divided into sub-themes to elucidate pertinent aspects (see Fig. 1).

(Insert Fig. 1 here)

Cultural factors

In Chinese traditional culture, parents have absolute authority over their children and children's disobedience is strictly forbidden. Under the influence of some typical Chinese traditional phrases, such as "Spare the rod and spoil the child", parents tend to beat their children at will.

Influenced by the utilitarian atmosphere, many parents keep up with the Joneses by setting unreasonable expectations and demands for their children, and physically punish their children if they fail to meet these expectations.

Some parents' expectations for their children are too high. They feel disappointed if children failed to achieve, which causes physical abuse.(Community health worker, female, aged 28)

The traditional preference for sons in China leads to maltreatment of girls, including physical abuse and neglect.

People living in remote or mountainous areas prefer boys to girls. In these families, giving birth to girls is contrary to their expectation, which might resulting in neglect or abuse . (Doctor in child hospital, male, aged 35)

Social factors

The pace of life in modern China is much faster than before, and some people

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bear heavy life stress as the society moves towards a highly commercial one. Parents at work have relatively limited time and patience to take care of their children.

Most parents working in cities or farming in rural areas have limited time and energy [to accompany their children]. (Community health worker, female, aged 36)

Some children are left in the care of grandparents or other relatives when their parents migrate to the cities for work. These children are more likely to suffer from maltreatment.

[In our village], most of them (children) are living with their grandparents, and comparatively can't be supervised effectively.(Community health worker, male, aged 38)

Family factors

Families' economic status may exert great impact on children's well-being. Child maltreatment happens relatively more frequently in families with poor economic conditions. Children of single parents or in combined families tend to be at greater risk of maltreatment.

Child maltreatment is related to economic conditions... One grandma [in my village] had no money and tried to relieve her stress by abusing the child.(Nurse in maternal and child health hospital, female, aged 32)

Sexual abuse might be committed by the stepfathers... Some stepmothers

refuse to provide meals [for the children], and even beat them when their father is not at home.(Manager in maternal and child health, female, aged 45)

Education also plays a large role. As some parents lack parenting skills, they think only physical punishment will make children more obedient.

Many of these parents believe children tend to remember what parents say after

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being beat rather than reasoning.(Doctor in maternal and child health care center, male, aged 30)

Maltreatment is more likely to be committed by parents suffering from mental health issues, and parents who experienced maltreatment themselves when they were young.

As he [the father] was often physically punished at school age, he copies this behavior to his child now.(Nurse in child hospital, female, aged 35)

Children's own factors

Children who are mischievous, bad-tempered or congenitally handicapped are more likely to suffer from maltreatment.

Sometimes it's because the child is too naughty. They [the children] are also at risk of being maltreated if they have congenital defects. Another issue is the intelligence of children. (Hospital manager in maternal and child health care center, male, aged 41)

Some interviewees mentioned that children's lack of self-protection awareness, and even being completely unaware of being maltreated, increases the risk of maltreatment.

Children of different genders are differently at risk for maltreatment. Girls are more likely to suffer from maltreatment, except when children have disabilities, in which case both genders are equally at risk.

I think girls are more likely to suffer from sexual abuse and neglect than boys. For children with congenital defects, the possibilities for boys and girls are more or less the same.(Manager in community health care center, female, aged 40)

Discussion

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Our study identified the risk factors of child maltreatment in China as perceived by health professionals. Given their unique relationship with children and families, health professionals should be alerted to risk factors that may suggest suspected cases. There is a direct association between the act of reporting cases and matters related to knowledge.[16] We found that in the view of Chinese health professionals, many factors might increase the risk of child maltreatment, including cultural, social, family factors and those of the child itself.

Cultural factors are very important in understanding child abuse. In Chinese tradition, the experience of deliberately inflicted pain is regarded as character-building.[17] Chinese people seem to be less critical of the use of physical force by parents to accomplish desired ends.[18] The traditional value of filial piety (*Xiao*) gives parents absolute authority over their children. This is why children's disobedience toward parents is the most common reason for physical punishment.[19] Additionally, under the one-child policy launched in 1979, Parents tend to attach higher value and put greater expectations on children, and punish them once the expectations fail to be met.[20] Although in 2013 China announced the decision to relax the one-child policy and encourage families to have two children if one parent was an only child, tension between the child and parents caused by high expectations is still a risk factor of disciplinary punishment.

In China, conventional wisdom that sons are preferable to daughters is embedded within patrilineal family structures.[21] Although the inherent son preference is on decline, sons are still desired more frequently than daughters.[22] Deep-rooted Confucian values play a part.[23] In addition, with rapid economic development in China, the pace of live and stress on parents has increased, which negatively affect parenting practices.[9] The respondents have also recognized the children who are left behind when their parents go to work in cities. This is consistent with many studies exploring the influence of rural-to-urban labor migration.[24] With the processes of modernization and urbanization, many children are left behind, and should be given

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special attention.

The interviewees perceived low family economic status as a risk factor, which can affect the parent-child relationships by limiting economic resources and increasing parents' stress levels.[9] Instances of single parent families and combined families have been increasing in China. The financial stresses of being a single parent, social stresses due to isolation and a lack of social support all play a part in the increased risk in single parent families.[25] When a single parent remarries, children may have difficulties in dealing with relationships with new family members, putting them at an increased risk of maltreatment. Previous studies reported a number of characteristics, including education level, lack of skills, patience or responsibility, were linked to child abuse. For example, parents with low education levels were reported in the literature to present a 5-fold increase in risk.[25] In another study, parents who were more likely to abuse children physically were found to have poor control of their impulses and mental health problems.[26] All this indicated the necessity of parenting skill education. Health professionals need to make effort to build harmonized parent-child relationship and happier family environment .

It is clear that children are victims, and cannot be blamed for the maltreatment suffered. However, children with several characteristics are more prone to maltreatment, including curiousness of young age, physical or mental handicaps, premature birth or low-birth weight.[25] While health professionals didn't mention the latter two, they did identify poor awareness of self-protection and children's character. This indicates that some health professionals misunderstood the underlying reasons by blaming children instead of perpetrators, and show tolerance to maltreatment such as corporal punishment.

It has been a consensus that girls are at higher risk for sexual abuse, emotional abuse and neglect, whereas boys are more likely to be victims of physical abuse in many countries.[8] Wide cultural gaps exist between different societies and studies in

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China produced mixed findings, with boys being more likely to experience both physical and emotional abuse.[9] Boys may be at greater risk as they are perceived as inherently having greater responsibility for social obligations, support for parents and preserving family heritage.[26] However, health professionals failed to realize the risk of boys' abuse. Further research is still needed to validate the gender differences.

Conclusion

This study is an attempt to carry a step forward in terms of training health professionals in China. Training is required to increase knowledge of health professionals in order to help them understand the cause of child maltreatment and meet the qualifications to practice prevention and treatment of child maltreatment. The results of this study provide basis for developing targeted child maltreatment prevention training courses for health professionals. The results may also serve as a basis to develop appropriate interventions in areas with similar culture background.

Acknowledgement

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Contributors' Statement

The research design, data analysis and manuscript of this study were completed by

TX and QY. The interview was completed by SW, YW, WL and XH. All authors approved the final manuscript as submitted and agree to be accountable for all aspects of the work.

Competing interests

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Data sharing statement

The data set is the deidentified interview transcriptions of the 95 subjects (only in Chinese). Data is available on request from the corresponding author.

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References

1. World Health Organization. Child maltreatment. http:// www.who.int/ mediacentre/ factsheets/fs150/en/.2014, WHO. Geneva.

2. World Health Organization. Report of the Consultation on Child Abuse Prevention. 1999, WHO. Geneva.

3. World Health Organization & ISPCAN. Preventing child maltreatment: a guide to taking action and generating evidence. 2006, WHO, Geneva.

4. Kiser LJ, Stover CS, NavaltaCP, Dorado J, Vogel JM, Abdul-AdilJK, Kim S, Lee RC, Vivrette R, Briggs EC. Efects of the child-perpetrator relationship on mental health outcomes of child abuse: It's (not) all relative. Child Abuse & Neglect, 2014; 38:1083-1093.

5.Sidebotham P, Heron J; ALSPAC Study Team. Child maltreatment in the "children of the nineties:" the role of the child. Child Abuse Negl, 2003;27:337-352.

6.Pietrantonio AM, Wright E, Gibson KN, Alldred T, Jacobson D, Niec A.Mandatory reporting of child abuse and neglect: Crafting a positive process for health

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professionals and caregivers. Child Abuse & Neglect, 2013;37:102-109.

7. Jui-Ying Feng, Murray Levine. Factors associated with nurses' intention to report child abuse: A national survey of Taiwanese nurses. Child Abuse & Neglect,2005; 29:783–795.

8. Etienne G, Krug, Linda L. Dahlberg, James A. Mercy, Anthony B. Zwi, Rafael Lozano. World report on violence and health. 2002, WHO, Geneva.

9. Minli Liao, Alvin Shiulain Lee, Amelia C. Roberts-Lewis, Jun Sung Hong, Kaishan Jiao. Child maltreatment in China: An ecological review of the literature. Children and Youth Services Review, 2011;33:1709-1719.

10. Hesketh T, Hong ZS, Lynch MA. Child abuse in China: the views and experiences of child health professionals. Child Abuse & Neglect, 2000;24:867-872.

11.Xu Tao, Jiao Fuyong, Pan Jianping, Chen Jingqi, Huang Xiaoyan, Liu Wenli, Gong Limin, Wang Huishan. A systematic literature review of child maltreatment in China (in Chinese).Chinese journal of child health care, 2014;22: 972-975.

12.Li X, Yue Q, Wang S, Wang H, Jiang J, Gong L, Liu W, Huang X, Xu T. Knowledge, attitudes, and behaviours of healthcare professionals regarding child maltreatment in China. Child Care Health Dev. 2017;1-7.

13.Wekerle C. Resilience in the context of child maltreatment: Connections to practice. Child Abuse & Neglect, 2013;37:93-101.

14. Li L, Sun S, Wu Z, Wu S, Lin C, Yan Z. Disclosure of HIV status isafamilymatter: fieldnotesfromChina.J Fam Psychol, 2007;21:307-314.

15. Dye JF, Schatz I M, Rosenberg BA, & Coleman S T. Constant comparison

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method: A kaleidoscope of data. PracticingQualitative Research. 2000.

16. Moreira GA, Vieira LJ, Deslandes SF, Pordeus MA, Gama Ida S, Brilhante AV. Factors associated with the report and adolescent abuse in primary healthcare.

CienSaude Colet, 2014;19:4267-4276.

17. Wu DYH. Child abuse in Taiwan. In J. E. Korbin (Ed.), Child abuse and neglect: Cross-cultural perspectives. Berkeley, CA: University of California Press. 1981;139–165.

18. George K. HONG, Lawrence K. HONG. Comparative perspectives on child abuse and neglect: Chinese versus Hispanics and Whites. Child Welfare, 1991;70:463-475.

19.Leung PW, Wong WC, Chen WQ, Tang CS. Prevalence and determinants of child maltreatment among high school students in Southern China: A large-scale

school based survey. Child and Adolescent Psychiatry and Mental Health, 2008;2:27-48.

20. Hua J, Mu Z, Nwaru BI, Gu G, Meng W, Wu Z. Child neglect in one-child

families from Suzhou City of mainland China. BMC Int Health Hum Rights, 2014;14:8.

21. Murphy R, Tao R, Lu X. Son preference in rural China: patrilineal families and socioeconomic change. Popul Dev Rev, 2011;37:665-690.

22. Zhou C, Wang XL, Zhou XD, Hesketh T. Son preference and sex-selective

abortion in China: informing policy options. Int J Public Health, 2012;57: 459-465.

23.Das Gupta M, Jiang L, Xie Z, Li B, Woojin C, Bae H. Why is son preference so persistent in East and South Asia? A cross-country study of China, India and the Republic of Korea. J Dev Stud, 2003; 40:153–187.

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24. Wang X, Ling L, Su H, Cheng J, Jin L, Sun YH. Self-concept of left-behind children in China: a systematic review of the literature. Child Care Health Dev, 2015;41(3):346-55.

25. Sidebotham P, Heron J; ALSPAC Study Team. Child maltreatment in the "children of the nineties": A cohort study of risk factors. Child Abuse Negl, 2006;30: 497-522.

26. Klevens J, Bayón MC, Sierra M. Risk factors and context of men who physically abuse in Bogotá, Colombia. Child Abuse Negl, 2000;24:323-332.

Figure 1 Primary themes with sub-themes summarized on the perceived risk factors for child maltreatment

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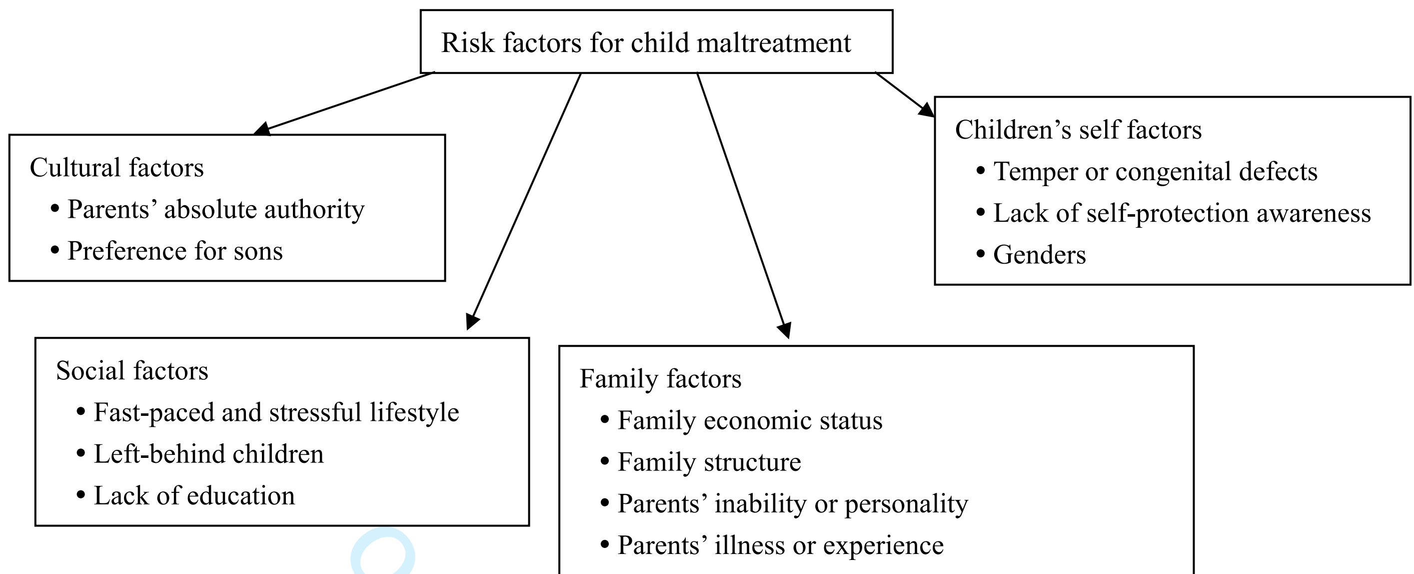

Figure 1 Primary themes with sub-themes summarized on the perceived risk factors for child maltreatment

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Standards for Reporting Qualitative Research (SRQR)*

Title and abstract

	Page/line no(s).
Title - Concise description of the nature and topic of the study Identifying the study as qualitative or indicating the approach (e.g., ethnography, grounded theory) or data collection methods (e.g., interview, focus group) is recommended	Page 1 line 1
Abstract - Summary of key elements of the study using the abstract format of the intended publication; typically includes background, purpose, methods, results, and conclusions	Page 2

Introduction

Problem formulation - Description and significance of the problem/phenomenon studied; review of relevant theory and empirical work; problem statement	Page 3 line 10-30; page 4 line 1-11
Purpose or research question - Purpose of the study and specific objectives or questions	Page 4 line 14-16

Methods

Qualitative approach and research paradigm - Qualitative approach (e.g., ethnography, grounded theory, case study, phenomenology, narrative research) and guiding theory if appropriate; identifying the research paradigm (e.g., postpositivist, constructivist/ interpretivist) is also recommended; rationale**	Page 5 line 11-12
Researcher characteristics and reflexivity - Researchers' characteristics that may influence the research, including personal attributes, qualifications/experience, relationship with participants, assumptions, and/or presuppositions; potential or actual interaction between researchers' characteristics and the research questions, approach, methods, results, and/or transferability	Page 5 line 16
Context - Setting/site and salient contextual factors; rationale**	Page 4 line 19-28
Sampling strategy - How and why research participants, documents, or events were selected; criteria for deciding when no further sampling was necessary (e.g., sampling saturation); rationale**	Page 4 line 30, page 5 line 1-7
Ethical issues pertaining to human subjects - Documentation of approval by an appropriate ethics review board and participant consent, or explanation for lack thereof; other confidentiality and data security issues	Page 4 line 26-28, page 5 line 9
Data collection methods - Types of data collected; details of data collection procedures including (as appropriate) start and stop dates of data collection and analysis, iterative process, triangulation of sources/methods, and modification of procedures in response to evolving study findings; rationale**	Page 5 line 11-17

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Data collection instruments and technologies - Description of instruments (e.g., interview guides, questionnaires) and devices (e.g., audio recorders) used for data collection; if/how the instrument(s) changed over the course of the study	Page 5 line 11-17
Units of study - Number and relevant characteristics of participants, documents, or events included in the study; level of participation (could be reported in results)	Page 6 line 1-9
Data processing - Methods for processing data prior to and during analysis, including transcription, data entry, data management and security, verification of data integrity, data coding, and anonymization/de-identification of excerpts	Page 5 line 19-21
Data analysis - Process by which inferences, themes, etc., were identified and developed, including the researchers involved in data analysis; usually references a specific paradigm or approach; rationale**	Page 5 line 22-29
Techniques to enhance trustworthiness - Techniques to enhance trustworthiness and credibility of data analysis (e.g., member checking, audit trail, triangulation); rationale**	Page 5 line 22-29

Results/findings

Synthesis and interpretation - Main findings (e.g., interpretations, inferences, and themes); might include development of a theory or model, or integration with prior research or theory	Page 6-page 9
Links to empirical data - Evidence (e.g., quotes, field notes, text excerpts, photographs) to substantiate analytic findings	Page 6-page 9

Discussion

Integration with prior work, implications, transferability, and contribution(s) to the field - Short summary of main findings; explanation of how findings and conclusions connect to, support, elaborate on, or challenge conclusions of earlier scholarship; discussion of scope of application/generalizability; identification of unique contribution(s) to scholarship in a discipline or field	Page 9-page 11
Limitations - Trustworthiness and limitations of findings	

Other

Conflicts of interest - Potential sources of influence or perceived influence on study conduct and conclusions; how these were managed	Page 12 line 12
Funding - Sources of funding and other support; role of funders in data collection, interpretation, and reporting	Page 13 line 7

*The authors created the SRQR by searching the literature to identify guidelines, reporting standards, and critical appraisal criteria for qualitative research; reviewing the reference lists of retrieved sources; and contacting experts to gain feedback. The SRQR aims to improve the transparency of all aspects of qualitative research by providing clear standards for reporting qualitative research.

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**The rationale should briefly discuss the justification for choosing that theory, approach, method, or technique rather than other options available, the assumptions and limitations implicit in those choices, and how those choices influence study conclusions and transferability. As appropriate, the rationale for several items might be discussed together.

Reference:

O'Brien BC, Harris IB, Beckman TJ, Reed DA, Cook DA. **Standards for reporting qualitative research: a synthesis of recommendations.** *Academic Medicine*, Vol. 89, No. 9 / Sept 2014 DOI: 10.1097/ACM.0000000000000388

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