QUT Digital Repository: http://eprints.qut.edu.au/



Dunne, Michael P. and Chen, Jing Qi and Choo, Wan Yuen (2008) *The evolving evidence base for child protection in Chinese societies*. Asia-Pacific Journal of Public Health, 20(4). 267 -276.

© Copyright 2008 Sage Science Press (US)

Review article

The evolving evidence base for child protection in Chinese societies

Michael P Dunne

School of Public Health, Queensland University of Technology, Brisbane, Australia **Jing Qi Chen**

Institute of Child and Adolescent Health, Peking University, Beijing, China

Wan Yuen Choo

Department of Social and Preventive Medicine, University of Malaya, Kuala Lumpur, Malaysia

Address for correspondence:

Professor Michael P Dunne School of Public Health Queensland University of Technology Victoria park Road, Kelvin Grive Queensland, 4059, Australia m.dunne@qut.edu.au

Abstract

Violence against children is a significant public health problem in all societies. Although extensively studied in western countries, until recently little systematic research had been published about the situation in the world's most populous nation and ethnic diaspora. In this review, we examine trends from community-based research with young people and parents in China, Hong Kong SAR, Taiwan, Malaysia and Singapore. It is clear that many adolescents experience a substantial burden from various forms of maltreatment and the psychological and behavioural correlates are similar to those found in other cultures. However, the research reveals a substantial gap between this reality and Chinese adults' perceptions about emotional, physical and sexual abuse. Comprehensive awareness programs are needed to close this information gap and thereby mobilize support for prevention and care initiatives.

Research into child maltreatment does not have a long history in any society. It is not yet 50 years since the "battered child syndrome" was first described in the medical literature¹. That pioneering work was influential because it gave a name and shape to a complex pattern of injuries and health problems which were familiar to physicians but for which no likely cause had been identified. Subsequent clinical and community-based studies confirmed that great harm, including deaths of children, could be directly attributed to physical abuse by parents and care-givers. According to Leventhal² this early research helped physicians to "see" what they had not seen before. By identifying the child, family and social factors associated with battered children, it has become possible to design and implement programs that seek to intervene before harm occurs, or before such harm is repeated.

Most research into child abuse has been conducted in English-speaking nations. There is now a substantial body of evidence that identifies the types of physical abuse and neglect, emotional abuse and neglect and sexual abuse to which children are exposed. This includes large national surveys of the prevalence and health consequences of child maltreatment and adversity in the USA³, the United Kingdom⁴, Ireland⁵, Sweden⁶ and Australia⁷, among others.

Overall, the most important conclusions from research worldwide are:

- a) Child maltreatment has been found in all countries in which it has been measured. ^{8,9}
- b) Boys experience greater physical violence than girls, while girls are much more likely to be sexually victimized. Emotional abuse appears to be fairly equal for boys and girls ^{9,10}, although in the UK, it may be a more frequent experience for girls than boys.⁴
- c) A personal history of child maltreatment is strongly associated with poor mental and physical health, suicidal ideation, adult sexual dysfunction and higher rates of behaviors that pose risks for health, among children, adolescents and adults. For some people the effects may be life-long, while others appear to recover and do not suffer long term effects. 11,12,13,14
- d) It is difficult to prove whether child abuse alone is sufficient to *cause* health problems, or whether the strong links between abuse and poor health are best

explained by a complex web of childhood adversities, such as poverty, parental divorce, parents' mental illness and/or drug abuse, family disharmony and intra-familial violence and dangerous neighborhood environments. 15, 3,16,17

The most substantial and sustained research and action for child protection has occurred in the USA and there is now compelling evidence sexual and physical violence against children are decreasing ^{18,19}. This may be occurring in response to comprehensive social marketing and other prevention efforts that increase awareness among professionals and the general public. Special prevention programs designed for school children and parents can have beneficial effects^{20,21,22}. In general however, such work in most parts of the world is relatively sparse and unsystematic.²³

Child maltreatment in Chinese societies

There has been no comprehensive, representative, national survey of child maltreatment in China or any primarily ethnic Chinese society. However, growth in community-based research in recent years is revealing some patterns. In this review we describe the research in three separate categories of physical, sexual and emotional abuse, although we recognize that there is much overlap among the types of abuse. Next, we discuss various studies of adults' perceptions of violence against children in Chinese communities, examining levels of awareness and popular attitudes, particularly those held by parents.

The review primarily includes research published in English language journals based on community surveys in China, Hong Kong SAR, Malaysia, Taiwan and Singapore. We searched unsuccessfully for peer-reviewed journal papers on maltreatment of Chinese children living in Macau, Tibet, Philippines, Indonesia, Thailand and other Asian regions with substantial ethnic Chinese minorities. We have not focused on people of Chinese ethnicity living in North America, Australia or elsewhere except for occasional comparisons. Although there are many papers on child abuse presentations in hospitals and clinical case series in Chinese populations ^{24,25,26,27,28} and other papers on the child protection workforce and system management ^{29,30} these issues are outside the scope of the review. Further, we have not included discussion of some severe forms of child abuse, such as commercial sexual

exploitation, forced labor or trafficking, as there is little published, community-based epidemiological research into these problems in Asia.

Child Physical Abuse

The first surveys of child maltreatment in Chinese societies provided basic descriptions of the types of physical abuse and harsh discipline practices within families. Twenty years ago in Hong Kong, Samuda³¹ asked 100 mostly male university students about their experiences of discipline and attitudes toward typical forms of punishment. Nearly all respondents (95%) said that physical punishment was used in their homes, with acts ranging from enforced kneeling and 'sitting in an empty chair' and physical contact such as spanking, kicking and beating. While some of these acts were considered appropriate for discipline by many young people, kicking and hitting the head were approved of by none.

During the mid 1990s, Tang³² and Tang and Davis³³ in Hong Kong and Kasim, Shafie and Cheah²⁵ in Malaysia described physical violence experiences of young adult students and patients admitted to hospital or reported to Child Protection teams. The patterns observed with the students were similar to that found in Hong Kong by Samuda³¹, although Tang³² asked about a wider range of abusive experiences and found somewhat lower prevalence of specific acts of forceful discipline. The studies of registered child abuse cases in Malaysia and Hong Kong illustrated the diversity in clinical presentations and the family risk factors. The Hong Kong study was particularly interesting because data from 1995 were compared to official records from 1979, and revealed an increase in the proportion of females who had been victims of severe physical child abuse, and an overall increase in official reporting of sexual abuse of children.

In the late 1990s there were several reports from community and school-based samples in Hong Kong adults and adolescents^{34,35} and elementary school children in China³⁶. In Tang's study, nearly half of the sample of 1,019 adults admitted to committing acts of "severe violence" on their own children at some time during the preceding year, including hitting with an object (very common), or more rarely beating, punching, kicking or biting their children. Mothers were the perpetrators more often than were fathers. Kim, et al³⁶ interviewed children in China an Korea,

and found that nearly one in four Chinese children reported abuse by parents and/or teachers that could be classified as 'serious'. The Lau et al³⁴ study examined corporal punishment, being beaten 'for no apparent reason' and being beaten to injury by parents, by asking 3,355 secondary school students about such experiences in the preceding three months. Overall, 6.6% reported at least one of these three events recently, and there were no significant differences between males and females, or between children whose parents had high or low levels of education.

Lau's study was the first in any Chinese community to show that physical abuse by parents is strongly associated with a range of adverse health-related outcomes, such as anxiety, stress, somatic illness, and risky behaviors such as smoking, alcohol consumption and involvement in fighting (although the authors acknowledged that these behaviors may sometimes precede and perhaps prompt the severe punishment). The authors discussed the prevailing attitude in Hong Kong that strong corporal punishment is a right of parents, and may be considered a duty to instill filial piety in their children, a point that has also been made about harsh parenting practices in Taiwan³⁷.

Lau, Chan, Lam, Choi and Lai³⁸ further explored the prevalence and possible consequences of these types of parental abuse in a survey of 489 secondary school students. Corporal punishment (unspecified) was not significantly associated with poor health status of adolescents. However, being beaten for no apparent reason and being beaten to injury were strongly linked with psychiatric morbidity, drug abuse and adolescents' thoughts or actions toward self-injury. This study was followed by an extraordinarily large survey of 95,788 Hong Kong adolescents³⁹ that included a few questions about violence. There were modest associations between a history of corporal punishment and usage of alcohol, tobacco and other psychoactive substances. The strongest associations were between a history of ever being beaten to injury by a family member without provocation, and recent use of heroin or other illegal drugs. In a recent study of Chinese families in rural Taiwan, about one in five adolescents reported serious physical abuse⁴⁰. Consistent with research in many countries, those abused tended to live in families with high levels of conflict and frequent parental alcohol use.

Child Sexual Abuse (CSA)

Although there have been quite a few case reports of child sexual abuse, the first significant clinical studies of CSA in Chinese communities published in English were in-depth qualitative study of sexual abuse survivors in Taiwan²⁷ and a case-control study of sexual abuse victims in Beijing⁴¹. In Malaysia, Singh, Yiing and Nurani⁴² surveyed 616 student nurses and trainee medical assistants attached to a hospital in Ipoh City regarding unwanted sexual experiences. Compared to surveys of students in western societies at that time, the prevalence of any form of sexual abuse (6.8%) was considered to be quite low, although the authors suggested that the self-reports might under-estimate the true incidence because of reluctance to disclose⁴².

In mainland China and Hong Kong SAR, the first community-based research into adolescents' early sexual abuse experiences included surveys of 985 female students and 239 male students in Liaoning province in the north of China^{43,44} and 2147 college students in Hong Kong⁴⁵. This has been followed by surveys of 892 medical students in Shenyang⁴⁶, 2,300 secondary school students in four provinces (Hubei, Henan, Hebei and Bejing⁴⁷), 351 female secondary medical secondary school students in Henan province⁴⁸ and 3,577 adolescents in schools and colleges in six eastern and southern provinces⁴⁹.

Several trends are apparent. When we consider all reports of any type of sexual harassment or abuse, we find that about one in four young people have at least one unwanted sexual experience before the age of 16 years. Generally these experiences are reported more often by females than males, although it should be noted that many males report sexual abuse. For example, Chen et al⁴⁷ found that sexual abuse involving physical contact was reported by 8.9% of girls and 5.0% of boys.

A second trend is that the rate of the most invasive sexual abuse (forced intercourse) appears quite low by international comparative standards. Tang⁴⁵ in Hong Kong and the studies by Chen et al, ^{43,44} in Liaoning and the four-province survey⁴⁷ estimated that one percent or less had been raped before age 16 or 17, which is about one half to one eighth of the rates observed in western countries^{7,9,10}. In Singapore, Back, Jackson, Fitzgerald et al⁵⁰ compared a primarily Chinese sample of university students with their peers in the USA and found a rate of CSA among young Singaporeans only one-third that reported by the US sample. This finding is

consistent with an observation among Asian Americans (broadly defined) resident in the USA: when sexual abuse cases are clinically substantiated, the violence against Asians compared to children in other ethnic groups tends to be less invasive, including less rape⁵¹.

It should be noted however that further Chinese surveys of 892 female college students in Shenyang⁴⁷ and in Henan⁴⁹ yielded somewhat higher estimates of unwanted intercourse of 1.9% and 2.6% respectively. These higher rates of forced penetration during childhood or early adolescence are quite similar to those found in community-based studies of a large, recent multi-ethnic sample in Malaysia⁵² and population-based studies in the UK, Switzerland and Sweden.^{4,53,6}

A third pattern in Chinese populations is that CSA is strongly linked with poor mental health and may lead to the uptake of risky personal behaviors. Adolescents who report sexual abuse – particularly where it involved physical contact – have high rates of depression, suicidal thoughts, use of substances such as alcohol or tobacco, had signs of harmful eating disorders (females) or were involved in physical fighting (males). In these respects, Chinese young people with a history of CSA appear to have similar reactions to abused adolescents and adults in other countries.⁵⁴

Emotional (or psychological) abuse and neglect

While emotional maltreatment has become a focus for research in some countries ^{15,10,55} relatively little is known about this problem in Chinese communities. An early survey of Catherine Tang³² in Hong Kong used the Conflict Tactics Scale, which includes questions about verbal aggression and emotional manipulation, and she found these to be the most frequent forms of maltreatment by parents.

The most substantial Chinese work has been done in Hong Kong by Daniel Shek ^{56,57,58,59,60,61,62} on parenting styles and parent-child communication in relation to children's psychological well-being, adjustment to school and behavior. One clear conclusion is that males experience more "harsh" parenting (including physical force) than do females, while females encounter more demanding, controlling parenting. Shek⁵⁸ noted that these data reflect prevailing cultural stereotypes. One important aspect of the research in Hong Kong, both by Shek⁶² and by Chang, Lansford, Schwartz and Farver⁶³, is that they have followed up children over time. These studies suggest that harsh parenting styles which include severe corporal punishment and

little communication or overt affection may precede poor outcomes for young people, which strengthens the argument for a causal connection.

In a survey of adolescents in six Chinese provinces, Chen and Dunne⁴⁹ asked respondents whether they had ever experience a variety of humiliating or distressing types of emotional abuse. Around one third of males and females said they had been humiliated in front of other people, and one third witnessed severe hitting or beating of family members or friends. Approximately one in every ten said they had been told by a family member that they wished they had never been born or were dead, and a similar proportion had been threatened by somebody in the household that they would be abandoned or banished from the house.

There remains a need for specific research that uncovers the ways in which children are emotionally abused and neglected. The little research to date has focused on parental discipline and communication styles. Future work should assess the quality of children's interactions outside the family, especially with teachers, classmates, health care workers and others with whom they have regular contact.

Reflection on the overall value of this research

It is not easy to determine the practical value of social research into phenomena such as child maltreatment. At one level, it can seem to offer little more than confirmation of common sense by showing that some Chinese children are maltreated, as they are in every society. However, one of the driving forces behind this field of research is to build the base of evidence for *public health solutions*. As evidence is gained from different researchers in diverse sections of any community, we learn about patterns that are consistent throughout the population and identify the limitations of observations that cannot be replicated. One of the most important contributions of this research is that it allows us to compare the differences between the lived reality and adults' perceptions of the situation. Once these differences are identified, we can commence the long process of change that is necessary to raise awareness, deepen knowledge, improve attitudes and mobilize resources to modify the social conditions that promote child abuse.

Adults' perceptions of violence against children

Attitudes about what should, or should not, be classified as unacceptable behavior toward children vary considerably among adults and young people in every culture. 64,65 In Chinese societies there are strong traditional beliefs about what constitutes acceptable use of discipline and force to control or punish children 37,58,61,66 although of course there is also wide variation between Chinese families in parents' beliefs and practices. 62

Parental discipline in Singapore was first examined by Elliot, Tong and Tan⁶⁷ and it was found that caning, slapping and shaking were not considered to be abusive by more than half of an adult sample. In Hong Kong, Lau, Liu, Cheung, Yu and Wong⁶⁸ surveyed 1,001 randomly selected adults. They commenced by asking them to name different types of child abuse (without any prompting from the interviewers). They then recited to these adults various scenarios depicting child abuse and asked whether these should be classified as abuse. The adults were then asked about how common they thought various types of child abuse were in Hong Kong, whether they personally were aware of cases, and whether they would report abuse to authorities in the future.

Lau et al⁶⁸ found that there are significant discrepancies between "official" concepts of child abuse held by statutory agencies and randomly selected Chinese adults. Severe physical abuse was named most often (79.9%) and it was felt to be common in Hong Kong by 41.2%. Fewer adults spontaneously mentioned child neglect (21%), although once prompted most said it was common (76.9%). Many fewer (13.4%) mentioned emotional (psychological) abuse and just under half thought it was common.

Most striking was the finding that only 6.8% mentioned Child Sexual Abuse (CSA), and when prompted, less than one quarter felt that it was common in the population. It seems clear from that survey carried out in mid-1990 that most Hong Kong adults conceptualized child abuse primarily in terms of severe physical assault, and although child neglect may not have a high level of awareness in the minds of most adults, when asked about it specifically, the majority said that it was common in society. However, there appears to be a distinct lack of awareness of sexual abuse.

The limited knowledge of CSA among many Chinese adults has been revealed in three surveys in Hong Kong⁶⁹, Liaoning province⁷⁰ and Hubei province.⁷¹ Although this work by Tang and Chen has been done independently, there are remarkable similarities in the findings. For example, Tang and Yan⁶⁹ found that 40.7% of adults believed that "only a few boys are targets of child sexual abusers", while 34.7% agreed that "if a child does not look disturbed, it is very likely that he/she was lying about being sexually abused", and 33.1% said that if children report CSA from a long time ago, we should doubt whether it really happened. Similarly, in the Chen and Chen⁶⁹ Liaoning study, 21.3% of parents agreed that "Boys cannot be sexually abused" (18.2% in Hubei) and around 40% of parents in both Liaoning and Hubai agreed that "children who report being sexually abused can be believed almost all of the time".

It seems that many adults in the general community define sexual abuse as acts that involve physical force and injury. Tang and Yan⁶⁹ reported that 76.6% of adults believed that a "majority of CSA situations involve physical injuries". In Liaoning and Hubei, Chen and colleagues^{69,71} found that only one in four parents agreed that "if a child has been sexually abused, there will usually be no obvious physical evidence". Together, these studies of Chinese adults' perceptions signal an urgent need to educate the population about the reality of child sexual abuse.

Closing the gap between perception and reality

In this brief overview, we have not attempted to derive summary estimates of prevalence of child abuse by combining available data. There would be little benefit in searching for generalisable rates; the available work is too methodologically diverse and samples have not been population-based. Except for the past five years or so, the historical data are too sparse to draw any conclusions about whether maltreatment might be increasing or decreasing over time.

One solid conclusion from this narrative review is that there is a distinct mismatch between the experience of maltreatment as revealed by young people in mainly anonymous questionnaire surveys and what their parents and other adults know and believe about child abuse. This is especially clear regarding sexual abuse; many parents do not have a sophisticated understanding of the varieties of sexual abuse nor the mental health and behavioural consequences that have been revealed by research

with children within their own communities. A similar pattern emerges for physical abuse. Violent parenting (especially where this unpredictable) and severe discipline in schools – although illegal in most Chinese societies – are both common and deleterious to health and social well-being, yet there remains a high level of tolerance of these acts by a substantial minority of parents and other adults.

A second conclusion can be drawn from the research papers we *did not* find. There is very little research into emotional abuse and neglect in Chinese communities. This indicates a general lack of awareness, not just among the general public but also among public health researchers that emotional maltreatment is more prevalent than other types of abuse and often is the most damaging to young people. ^{52,34,72}

The gap between public perception and lived reality is not specific to Chinese societies; it has long been observed in other cultures and the magnitude of the gap may vary in different ethnic and socio-economic al groups. ⁶⁴ By focusing on this gap however, we can find directions both for further research and public health action. In Chinese societies there is a clear need for more research into public perceptions of child maltreatment and this should be linked directly with self-reports from young people. Locally-derived data can then be applied to social marketing campaigns that are face valid and culturally appropriate. Such research is also a valuable tool for advocacy for funding for prevention and care services to sometimes poorly informed and reluctant policy makers. ²³

The *Asia Pacific Journal of Public Health* can play an important role. To date there has been very little attention to child maltreatment as a public health issue in this journal. In fact, no papers specifically on this topic appear to have been published. It is encouraging to see some recent research into domestic violence and family disharmony in Malaysia⁷³ and Iran⁷⁴ and an analysis of the risks and sometimes serious consequences of child-bearing by adolescent mothers in Taiwan.⁷⁵ The journal is now open and accessible worldwide. The relevance and power of this publication can be enhanced if we focus on the full spectrum of the causes of global disease burden, especially depression, suicide and self-harm. Child maltreatment is strongly linked to these disorders. Prevention and care efforts will be considerably strengthened if there is further research throughout the Asia-Pacific region.

References

- 1. Kempe CH, Silverman FN, Steele BF, Droegemueller W, Silver HK. The battered-child syndrome. *J Am Med Assoc.* 1962;251:3288-3300.
- 2. Leventhal JM. The field of child maltreatment enters its fifth decade. *Child Abuse Negl.* 2003;27:1-4.
- 3. Finkelhor D, Ormrod RK, Turner HA. Poly-victimisation: A neglected component in child victimisation. *Child Abuse Negl.* 2007;31:7-26.
- 4. May-Chahal C, Cawson P. Measuring child maltreatment in the United Kingdom: A study of the prevalence of child abuse and neglect. *Child Abuse Negl.* 2005;29:969-984.
- 5. McGee H, Garavan R, De Barra M, Byrne J, Conroy R. Sexual Abuse and Violence in Ireland. Dublin: Liffey Press; 2002.
- Edgardh K, Ormstad K. Prevalence and characteristics of sexual abuse in a national sample of Swedish seventeen-year-old boys and girls. *Acta Paediatr*. 2000;88:310-319.
- 7. Dunne MP, Purdie DM, Cook MD, Boyle FM, Najman JM. Is child sexual abuse declining? Evidence from a population-based survey of men and women in Australia. *Child Abuse Negl.* 2003;27:141-152.
- 8. Douglas EM, Strauss MA. Assault and injury of dating partners by university students in 19 countries and its relation to corporal punishment experienced as a child. *Euro J Criminol*. 2006; 3: 293-318
- 9. Fergusson DM, Mullen PE. *Childhood sexual abuse: An evidence-based perspective*. CA: Thousand Oaks, Sage Publications; 1999.
- 10. Finkelhor D, Ormrod R, Turner H, Hamby SL. The victimization of children and youth: A comprehensive, national survey. *Child Maltreat*. 2005;10(1):5-25.
- 11. Coll X, Law F, Tobias A, Hawton K, Tomas J. Abuse and deliberate self-poisoning in women: a matched case-control study. *Child Abuse Negl.* 2001;25:1291-1302.
- 12. Najman JM, Dunne MP, Purdie DM, Boyle FM, Coxeter P. Sexual abuse in childhood and sexual dysfunction in adulthood: An Australian population-based study. *Arch Sex Behav*. 2005;34:515-524.
- 13. Rodgers C, Lang A J, Laffaye C, Satz LE, Dresselhaus TR, Stein MB. The impact of individual forms of childhood maltreatment on health behaviour. *Child Abuse Negl.* 2004;28: 575-586.

- 14. Tyler KA. Social and emotional outcomes of childhood sexual abuse. A review of recent research. *Aggress Violent Behav.* 2002;7: 567-589.
- 15. Black DA, Heyman R, Smith E, Slep AM. Risk factors for child physical abuse. *Aggress Violent Behav.* 2001;6:121-188.
- 16. Holt MK, Finkelhor D, Kantor GK. Multiple victimisation experiences of urban elementary school students: Associations with psychological functioning and academic performance. *Child Abuse Negl.* 2007;31:503-515.
- 17. Nelson EC, Heath AC, Madden PAF, Cooper ML, Dinwiddie SH, Bucholz KK, Glowinski A. McLaughlin T, Dunne MP, Stalham DJ, Martin NG. Association between self-reported childhood sexual abuse and adverse psychosocial outcomes: Results from a twin study. *Arch Gen Psychiatry*. 2002;59: 139-145.
- 18. Finkelor D, Jones L. Why have child maltreatment and child victimisation declined? *J Soc Issues*. 2006;62(4):685-716.
- 19. Jones LM, Finkelhor D, Kopiec K. Why is sexual abuse declining? A survey of state child protection administrators. *Child Abuse Negl.* 2001;25:1139-1158.
- 20. Fieldman JP, Crespi TD. Child sexual abuse: Offenders, disclosure, and school-based initatives. *Adolescence*. 2002;37:151-160.
- 21. Gibson LE, Letenberg H. Child sexual abuse prevention programs: Do they decrease the occurrence of child sexual abuse? *Child Abuse Negl.* 2000;24:1115-1125.
- 22. Hebert M, Lavoie R, Piche C, Poitras M. Proximate effects of a child sexual abuse prevention program in elementary school children. *Child Abuse Negl.* 2001;25:505-522.
- 23. Pinheiro PS. World Report on Violence Against Children. Geneva: United Nations; 2006.
- 24. Ho TP, Kwok WM. Child sexual abuse in Hong Kong. *Child Abuse Negl.* 1991;15: 597-600.
- 25. Kasim MS, Shafie HM, Cheah I. Social factors in relation to physical abuse in Kuala Lumpur, Malaysia. *Child Abuse Negl.* 1994;18:401-407.
- 26. Kassim K, Kasim MS. Child sexual abuse: Psychological aspects of 101 cases seen in an urban Malaysian setting. *Child Abuse Negl.* 1995;19(7):793-9.
- 27. Luo TE. Sexual abuse trauma among Chinese survivors. *Child Abuse Negl.* 1998;22:1013-1020.
- 28. Rhind N. Leung T, Choi F. Child sexual abuse in Hong Kong: Double

- victimization? Child Abuse Negl. 1999;23:511-517.
- 29. Cheung M, Boutte-Queen NM. Emotional responses to child sexual abuse: a comparison between police and social workers in Hong Kong. *Child Abuse Negl*. 2000;24:1613-1621.
- 30. Lee, ACW, Li CH, So KT. The impact of management protocol on outcomes of child abuse in hospitalized children in Hiong Kong. *Child Abuse Negl.* 2006;30:909-917.
- 31. Samuda GM. Child discipline and abuse in Hong Kong. *Child Abuse Negl.* 1998;12:283-287.
- 32. Tang CSK. Adolescent abuse in Hong Kong Chinese families. *Child Abuse Negl.* 1996;20(9):873-878.
- 33. Tang CSK, Davis C. Child abuse in Hong Kong revisited after 15 years: Characteristics of victims and abusers. *Child Abuse Negl.* 1996;20(12):1213-1218.
- 34. Lau JTF, Liu JLY, Yu A, Wong CK. Conceptualization, reporting and underreporting of child abuse in Hong Kong. *Child Abuse Negl.* 1999;23(11):1159-1174.
- 35. Tang CSK. The rate of physical child abuse in Chinese families: A community survey in Hong Kong. *Child Abuse Negl.* 1998;22:381-391.
- 36. Kim DH, Kim KI, Park YC, Zhang LD, Lu MK. Children's experiences of violence in China and Korea: A Transcultural study. *Child Abuse Negl*. 2000;24:1163-1173.
- 37. Chen FM, Luster T. Factors relating to parenting Practices in Taiwan. *Early Child Dev Care*. 2002;172:413-420
- 38. Lau JTF, Chan KK, Lam PKW, Choi PYW, Lai KYC. Psychological correlates of physical abuse in Hong Kong Chinese adolescents. *Child Abuse Negl.* 2003;27(1):63-75.
- 39. Lau JTF, Kim JH, Tsui HY, Cheung A, Lau M, Yu A. The relationship between physical maltreatment and substance use among adolescents: A survey of 95,788 adolescents in Hong Kong. *J Adolesc Health*. 2000;37(2):110-119.
- 40. Yen CF, Yang MS, Yang MJ, Su YC, Wang MH, Lan CM. Childhood physical and sexual abuse: Prevalence and correlates among adolescents living in rural Taiwan. *Child Abuse Negl*. 2008;32: 429-438.
- 41. Cheng Y, Kang B, Wang T, Han X, Shen H, Lu YR, **Han** LH. Case-controlled study on relevant factors of adolescent sexual coercion in China. *Contraception*.

- 2001;64: 77-80.
- 42. Singh A, Yiing WW, Nurani NK. Prevalence of childhood sexual abuse among Malaysian paramedical students. *Child Abuse Negl.* 1996;20:487-492.
- 43. Chen JQ, Dunne MP, Wang XW. Prevalence of childhood sexual abuse among female students in a senior high school. *Chinese J Sch Health*. 2002;23:345-347.
- 44. Chen JQ, Dunne MP, Wang XW. Childhood sexual abuse: An investigation among 239 male high school students. *Chinese Ment Health J.* 2003;17:345-347.
- 45. Tang CSK. Childhood experience of sexual abuse among Hong Kong Chinese college students. *Child Abuse Negl.* 2002;26(1): 23-37.
- 46. Chen JQ, Han P, Dunne MP. Child sexual abuse: a study among 892 female students of a medical school. *Chinese Journal of Pediatrics*. 2004;42(1):39-43.
- 47. Chen JQ, Dunne MP, Han P. Child sexual abuse in China: a study of adolescents in four provinces. *Child Abuse Negt* . 2004;28:1171-1186.
- 48. Chen JQ, Dunne MP, Han P. Child Sexual Abuse in Henan province, China: Associations with sadness, suicidality and risk behaviors among adolescent girls. *J Adolesc Health*. 2006;38:544-549.
- 49. Chen JQ, Dunne MP. Child maltreatment research in China. In Daro D, (ed). World Perspectives on Child Abuse. Chicago: ISPCAN; 2006:61-63.
- 50. Back SE, Jackson JL, Fitzgerald M, Shaffer A, Salstrom S, Osman MM. Child sexual and physical absue among college students in Singapore and the United States. *Child Abuse Negl.* 2003; 27:1259-1275.
- 51. Rao K, DiClemente RJ, Ponton LE. Child sexual abuse of Asians compared with other population. *J Am Acad Child Adolesc Psychiatry*. 1992;31(5):880-886.
- 52. Choo, WY. Child maltreatment in Malaysia: Prevalence, correlates and probable health and behavioural consequences. PhD Thesis. Queensland University of Technology: Brisbane, Australia; 2007.
- 53. Halperin DS, Bouvier P, Jaffe PD, Mounoud RL. Pawlak, C. Laederach, J. Wicky, H. Astie, F. Prevalence of child sexual abuse among adolescents in Geneva: Results of a cross-sectional survey. *BMJ*. 1996;312: 1326-1329.
- 54. Oates KR. Sexual abuse and suicidal behaviour. *Child Abuse & Neglect*. 2004;2:487-489.
- 55. Hobbs C. The prevalence of child maltreatment in the United Kingdom. *Child Abuse Negl.* 2005;29: 949-951.
- 56. Shek DTL. Family environment and adolescent psychological well-being, school

- adjustment, and problem behaviour: A pioneer study in a Chinese context. *J Genet Psychol.* 1995;158(1): 113-128.
- 57. Shek DTL. The relation of parent-adolescent conflict to adolescent psychological well-being, school adjustment and problem behaviour. *Soc Behav Personality*. 1997;25(3): 277-290.
- 58. Shek DTL. Differences between fathers and mothers in the treatment of, and relationship with, their teenage children: perceptions of Chinese adolescents statistical data included. *Adolescence*. 2000;35(137): 135-146.
- 59. Shek DTL. Family functioning and psychological well-being, school adjustment, and problem behaviour in Chinese adolescents with and without economic disadvantage. *J Genet Psychol.* 2002;163(4): 497-502.
- 60. Shek DTL. Paternal and maternal influences on the psychological well-being, substance abuse, and delinquency of Chinese adolescents experiencing economic disadvantage. *J Clinical Psychol.* 2005; 61(3): 219-234.
- 61. Shek DTL. Perceived parent-child relational qualities and parental behavioral and psychological control in Chinese adolescents in Hong Kong. *Adolescence*. 2006;41:563-581.
- 62. Shek DTL. A longitudinal study of perceived differences in parental control and parent-child relational qualities in Chinese adolescents in Hong Kong. *J Adolesc Research*. 2007;22:156-188.
- 63. Chang L., Lansford J, Schwartz D, Farver J. Marital quality, maternal depressed affect, harsh parenting and child externalising in Hong Kong Chinese families. *Int J Behav Dev.* 2004;28:311-318.
- 64. Elliot K, Urquiza A. Ethnicity, culture and child maltreatment. *J Soc Issues*. 2006;62:787-809.
- 65. Lansford JE, Chang L, Dodge KA, Malone PS, Oburu, P, Palmerus, K et al Physical discipline and children's adjustment: Cultural normativeness as a moderator. *Child Dev.* 2005;76: 1236-1246.
- 66. Tang CSK. Corporal punishment and physical maltreatment against children: A community study on Chinese parents in Hong Kong. *Child Abuse Negl*. 2006;30:893-907.
- 67. Elliot JM, Tong CK, Tan PM. Attitudes of the Singapore public to actions suggesting child abuse. *Child Abuse Negl.* 1997;21:445-464.
- 68. Lau JTF, Liu JLY, Cheung JCK, Yu A, Wong CK. Prevalence and correlates of

- physical abuse in Hong Kong Chinese adolescents: a population-based approach. *Child Abuse Negl.* 1999;23(6): 549-557.
- 69. Tang CSK, Yan EC. Intention to participate in child sexual abuse prevention programs: a study of Chinese adults in Hong Kong. *Child Abuse Negl.* 2004;28:1187-1197.
- 70. Chen JQ, Chen DG. Awareness of child sexual abuse prevention education among parents of Grade 3 elementary school pupils in Fuxin City, China. *Health Ed Research*. 2005;20(5):540-547.
- 71. Chen JQ, Dunne MP, Han P. Prevention of child sexual abuse in China: Knowledge, attitudes and communication practices of parents of elementary school children. *Child Abuse Negl.* 2007;31:747-755
- 72. Turner HA, Finkelhor D, Ormrod R. The effect of lifetime victimization on the mental health of children and adolescents. *Social Science and Medicine*. 2006;62: 13-22.
- 73. Wong YL. Othman S. Early detection and prevention of domestic violence using the Women Abuse Screening Tool (WAST) in primary health care clinics in Malaysia. *Asia Pacific J Public Health*. 2008;20:102-116.
- 74. Salari Z, Nakhaee N. Identifying types of domestic violence and its associated risk factors in a pregnant population in Kerman hospitals, Iran Republic. *Asia Pacific J Public Health*. 2008;20:49-55.
- 75. Lee SH, Yen CH, Wu WY, Lee MC. A review on adolescent childbearing in Taiwan: Its characteristics, outcomes and risks. *Asia Pacific J Public Health*. 2007;19:40-42.