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Attitudes about child maltreatment in China and the Netherlands

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ABSTRACT

Background: Definitions of child maltreatment vary between studies, and few are informed by research in non-Western countries.

Objective: We examined attitudes about child maltreatment in China and the Netherlands.

Participants and setting: The sample consisted of 304 participants from three groups (mothers, fathers, and teachers) and two countries (China and the Netherlands).

Methods: Participants completed the Maltreatment Q-sort in which 90 items reflecting four types of child maltreatment (physical abuse, emotional abuse, physical neglect, and emotional neglect) are divided in 9 stacks of 10 cards from least (1) to most (9) damaging to the child.

Results: The average within-country ($r = .57$) and within-group ($r = .58$) agreement about the order of harmfulness of the behaviors did not differ from the average between-country ($r = .49$) and between-group ($r = .53$) agreement. Physical abuse was seen as the most harmful form of child maltreatment and emotional neglect as the least harmful form ($p\eta^2 = .88$). Higher thresholds were found for labeling the behaviors as child maltreatment, and the perceived need for intervention by a professional than for the need for intervention by a non-professional ($p\eta^2 = .67$). These thresholds were higher for Chinese than for Dutch participants ($p\eta^2 = .31$).

Conclusions: The areas of agreement found are promising because successful collaboration within and between countries and groups could lead to more successful prevention and intervention of child maltreatment. The difference between China and the Netherlands however, stresses the importance of cultural sensitivity when implementing child maltreatment prevention and intervention programs.

1. Introduction

Child maltreatment is a worldwide problem that is related to negative child outcomes across several domains (e.g., [Alink, Cicchetti, Kim, & Rogosch, 2012](#); [Norman et al., 2012](#)). An important factor in predicting child maltreatment is the positive perception of parents about parenting behaviors that are often part of definitions of maltreatment, such as corporal punishment (e.g., [Amatov, 2011](#); [Chiocca, 2017](#)). There is evidence that perceptions about parenting behavior in general, and about child maltreatment in particular, vary between countries ([Bornstein, Putnick, & Lansford, 2011](#); [Lee, Malley-Morrison, Jang, & Watson, 2014](#)). However, most definitions of child maltreatment are based on research and practice in Western countries, which might lead to culturally misinformed

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research instruments and a poor fit between prevention efforts and non-Western cultural contexts. In addition, different key figures in children's lives including mothers, fathers, and professionals may also have different views on what does and does not constitute maltreatment, and each of those viewpoints are important when aiming to detect and reduce child maltreatment. The goal of this study is to examine attitudes of Chinese and Dutch mothers, fathers, and teachers about parenting behaviors that in the mainstream literature are part of four forms of child maltreatment: physical abuse, emotional abuse, physical neglect, and emotional neglect.

There have been several studies to assess the prevalence of maltreatment in China and the Netherlands. Estimates greatly depend on method of assessment; estimates based on informant studies are generally lower than those based on self-report studies. A review of a series of meta-analyses on 244 publications across six continents including Europe and Asia found a global average prevalence rate of physical and emotional abuse of 3 per 1000 children based on informant studies, there were too few informant studies on emotional and physical neglect (Stoltenborgh, Bakermans-Kranenburg, Alink, & Van IJzendoorn, 2015). Global average self-reported prevalence rates were much higher with 163, 184, 226, and 363 per 1000 children respectively for physical neglect, emotional neglect, physical abuse, and emotional abuse (Stoltenborgh et al., 2015). A recent informant-based study on the prevalence rate of child maltreatment in the Netherlands (Van Berkel, Prevo, Linting, Pannebakker, & Alink, 2020) found an estimated number of victims of 26–37 children per 1000 children in 2017. In China, no informant studies on child maltreatment prevalence rates were found. Regarding prevalence estimates based on self-report, a recent national study in the Netherlands found a life-time estimate of 34 per 1000 high school students for neglect, 108 per 1000 for physical abuse, and 143 per 1000 for emotional abuse (Schellingerhout & Ramakers, 2017). In China, there is meta-analytic evidence showing prevalence rates of self-reported childhood maltreatment prior to 18 years old of 174 per 1000 children for physical abuse, 367 per 1000 for emotional abuse, 549 per 1000 for physical neglect, and 600 per 1000 for emotional neglect (Fu et al., 2018). The self-reported prevalence rates of all forms of child maltreatment seem to be higher in China (Fu et al., 2018) than in the Netherlands (Schellingerhout & Ramakers, 2017). For all types of maltreatment, the Dutch self-reported prevalence rates are lower than the global average self-reported prevalence rates (Stoltenborgh et al., 2015), whereas Chinese self-reported prevalence rates are higher than the global average for physical and emotional neglect.

In addition to assessment method, another factor that can influence prevalence estimates is the definition of maltreatment that was used (Prevo, Stoltenborgh, Alink, Bakermans-Kranenburg, & Van IJzendoorn, 2017). Definitions of maltreatment often vary between studies. Because most research about child maltreatment is based on Western countries, there is an overrepresentation of Western definitions and these are often taken as the norm. There is evidence, however, that there are cultural differences in definitions of maltreatment and in attitudes about parenting strategies. For example, Asian parents, particularly Chinese parents, generally place a larger emphasis on their children's school performance and use parenting strategies such as high pressure, control, and hostility to make the child perform well academically (e.g., Bornstein et al., 2011; Putnick et al., 2012). According to Western definitions about child maltreatment, such parenting behavior might be labeled as emotional abuse, but in Asian cultures it might be considered acceptable and even a preferred practice. Looking at this the other way around however, Asian parents feel more responsible than Western parents for the success and failure of their child (e.g., Bornstein et al., 2011). They might therefore view a parenting style without pushing children to perform at their best, which is more common and preferable in Western cultures, as a form of neglect. In addition, a recent study examining maternal attitudes about child maltreatment from nine different countries (Mesman et al., 2020) found that China and the Netherlands were extremes compared to the other countries; Dutch mothers were the most strict about the number of behaviors that they thought require intervention, whereas Chinese mothers were the most lenient about the number of behaviors that they labeled as child maltreatment. These results stress the importance of cultural sensitivity towards attitudes of parents about possibly harmful parenting behaviors, and the need for more cross-cultural research on perceptions about child maltreatment. This may be especially important in China and the Netherlands given that there seem to be different ideas about child maltreatment in the two countries in comparison to each other as well as compared to other countries.

Even though child maltreatment often takes place in the home environment, where generally both parents are present, most studies still only include mothers. For prevention and early detection of child maltreatment, attitudes of fathers should also be included in research. There is cross-cultural evidence, including both Eastern and Western countries, for both similarities and differences between parenting attitudes of mothers and fathers (e.g., Bornstein et al., 2011; Putnick et al., 2012). Mothers' and fathers' attitudes about parenting, including authoritarian parenting and hostility, rejection, and neglect, seem to be positively related to each other (e.g., Bornstein et al., 2011; Putnick et al., 2012). There is however less consistency in results about mean-level differences in parenting attitudes between mothers and fathers. Some studies did not find any differences, whereas in other studies fathers on average had more negative parenting attitudes than mothers (e.g., Bornstein et al., 2011; Putnick et al., 2012). This implies that mothers' and fathers' ideas about parenting behavior seem to be related, but that there also may be differences in how mothers and fathers think about parenting practices. However, most existing research on attitudes of mothers and fathers has focused on more general parenting practices and not specifically on behaviors related to the different forms of child maltreatment. More research about similarities and differences in maltreatment attitudes between mothers and fathers is important. This could lead to more knowledge about the possible need for specific prevention and intervention efforts depending on parent gender.

Both China and the Netherlands, along with 192 other countries, ratified the [United Nation's Convention on the Rights of the Child \(1989\)](#). The Convention states that appropriate measures should be taken to protect children from any form of maltreatment. In the Netherlands, a mandatory reporting code was introduced in 2013 ([Wet Verplichte meldcode huiselijk geweld en kindermishandeling, 2013](#)). All professionals working with children are obliged to use this code when they suspect child maltreatment. More recently, in 2016, China implemented the [Anti-domestic Violence Law of the People's Republic of China \(2015\)](#). Based on this law, professionals are mandated reporters of any form of domestic violence, including child maltreatment. These laws give professionals working with children an important role in the early detection and prevention of child maltreatment.

Teachers are an important group of professionals working with children. Research on the attitudes about maltreatment of this

Table 1
Sociodemographic Sample Characteristics: Means (Standard Deviations).

	Dutch Mothers (n = 51)	Chinese Mothers (n = 50)	p	Dutch Fathers (n = 51)	Chinese Fathers (n = 52)	p	Dutch Teachers (n = 50)	Chinese Teachers (n = 50)	p
Age in years	37.15 (5.12)	33.04 (2.65)	<.001	40.01 (5.84)	33.78 (3.52)	<.001	45.04 (10.79)	25.67 (5.08)	<.001
Educational level	3.75 (0.85)	4.14 (0.76)	.015	3.69 (0.99)	4.19 (0.53)	.002	3.78 (0.74)	3.76 (0.48)	.872
Family income	3.52 (1.20)	4.16 (1.25)	.010	3.53 (1.17)	4.25 (1.12)	.002	2.86 (0.93)	1.96 (1.01)	<.001
Number of children	2.06 (0.84)	1.16 (0.37)	<.001	2.12 (0.89)	1.21 (0.46)	<.001	1.86 (1.11)	.32 (0.59)	<.001
Years of experience							2.50 (0.74)	1.62 (0.81)	<.001

Note. Educational level, family income, and years of work experience were measures on a 5-point scale with higher scores representing a higher educational level, income, and more years of work experience.

group is scarce. In line with results about maternal attitudes of child maltreatment (Mesman et al., 2020), one study on Western (Estonian) preschool teachers found that preschool teachers find it more difficult to identify emotional forms of maltreatment than physical forms, and also find intervention more necessary in cases of physical abuse or neglect than in cases of emotional maltreatment (Toros & Tiirik, 2016). The teachers, however, also mentioned to lack knowledge about reporting procedures and to lack confidence in their ability to identify suspected maltreatment. Similar results are found for teachers in the US and also in the Netherlands (e.g., Kenny, 2004; Schols, de Ruiter, & Öry, 2013). It seems that a lack of knowledge and confidence in reporting suspected maltreatment might be a general trend in teachers, at least in Western countries. We did not find studies on attitudes about child maltreatment in Chinese teachers, but did find a study about attitudes of child maltreatment in Chinese healthcare professionals (Li et al., 2017). This study found similar results: Even though the Chinese health care professionals had the responsibility to report child maltreatment and also had positive attitudes towards their role in reporting it, they seemed to lack sufficient knowledge and training about child maltreatment and reporting procedures.

Despite the teachers' important role in suspected child maltreatment, there is very little research about their attitudes regarding child maltreatment. In addition, there are no studies that directly compared attitudes of child maltreatment between teachers and parents. It is important to uncover possible differences and similarities, because disagreement could prevent collaboration between parents and teachers which can harm the implementation of successful intervention.

The current study focuses on the attitudes of mothers, fathers, and teachers in China and the Netherlands toward child maltreatment. The results will provide additional insights into differences and similarities in perceptions of child maltreatment between the countries and groups. Such information can help in the design of culturally sensitive interventions to target attitudes about potentially harmful parenting behavior and to prevent child maltreatment. We examine country and group variations in the parents' and teachers' ranking of the harmfulness of behaviors related to four types of child maltreatment: physical abuse, emotional abuse, physical neglect, and emotional neglect. In addition we examine country and group variations in thresholds for the need for intervention and for labeling the behaviors as child maltreatment. Based on previous results from the same study on maternal attitudes of child maltreatment (Mesman et al., 2020) we know that (a) there is no difference between the average agreement in the ranking of the behaviors between participants of the same country (within China and within the Netherlands) and participants of a different country (between China and the Netherlands), (b) mothers label the physical forms of child maltreatment as more harmful than the emotional forms, (c) fewer behaviors are labeled as requiring intervention by a professional than by a non-professional, and (d) Dutch mothers label more behaviors as requiring intervention or as maltreatment than Chinese mothers. We expand this research by using data from the same study, but not only looking at Chinese and Dutch mothers, but also at the attitudes of Chinese and Dutch fathers and teachers about maltreatment. Our hypotheses about the country effects are similar to the results found in mothers, but because of the limited research about attitudes of fathers and teachers, we will explore the direction of the effects of the differences and similarities between the three groups (mothers, fathers, and teachers).

2. Method

2.1. Participants

The sample consisted of a total of 304 participants from three groups (mothers, fathers, and teachers) and two countries: China and the Netherlands (see Table 1 for samples sizes per group and country). The sample is part of the research project 'Crossing Boundaries', a cross-cultural study on attitudes about child maltreatment. To have enough power (.80) to detect mean group differences of medium effect sizes, we aimed to have at least 50 participants per group per country to allow for some attrition given that a minimum of 37 participants per group is required. The Chinese participants were recruited in Shenzhen. Shenzhen was chosen because of the research team's personal and professional networks in that area. Moreover, it is an immigrant city that is quite representative of the Chinese urban population. It is comparable to other large urban areas as Beijing and Shanghai in terms of population growth rate, cost of living, and quality of life (Numbeo, 2020; United Nations, Department of Economic & Social Affairs, Population Division, 2019). Chinese mothers and fathers were recruited through a big state company in Shenzhen. The teachers were recruited from three kindergartens in Shenzhen. The Chinese participants were recruited through convenience sampling, which is a common recruitment method in China, with a response rate of 100 %. The Dutch parents and teachers were recruited through a list of toddler playgroups and preschools in three areas in the Western region of the Netherlands. To try to recruit a representative sample, schools were sorted on socioeconomic

Table 2
Agreement (and SD) on the MQS within and between the countries and groups.

	Countries (total)		Groups					
	NL	CN	NL M	NL F	NL T	CN M	CN F	CN T
NL	.68 (.02)		NL M	.71 (.08)				
CN	.49 (.04)	.46 (.06)	NL F	.70 (.08)	.69 (.08)			
			NL T	.68 (.09)	.66 (.10)	.65 (.10)		
			CN M	.55 (.11)	.54 (.11)	.53 (.12)	.55 (.12)	
			CN F	.49 (.17)	.48 (.17)	.47 (.16)	.50 (.15)	.45 (.18)
			CN T	.46 (.19)	.45 (.19)	.43 (.19)	.46 (.20)	.41 (.21)
								.40 (.23)

Note. NL = the Netherlands, CN = China, M = mothers, F = fathers, T = teachers.

status (SES), based on the average income of residents in the neighborhood of the school, and evenly randomly selected based on SES. When a school did not want to participate, a school with a similar SES was selected next. A total of 122 schools were approached of which 19 participated in the study. There were 69 teachers and 84 parent couples who gave their contact information. Six teachers and 20 parent couples were not eligible because they did not have the Dutch nationality. A total of 51 parent couples and 50 teachers agreed to participate in the study. Non-participation was due to lack of time or because participants could not be reached. The Dutch parents were couples from the same family, the Chinese parents were not. The parents had at least one child between 2 and 6 years of age and the teachers taught 2 to 6-year-old children in preschool or kindergarten. Exclusion criteria were having (a target child with) a severe mental or physical disability, ethnic minority status within the specific country, and illiteracy.

2.2. Procedure

Before data collection an informed consent form was signed. All participants filled in a survey, online or during a visit, about sociodemographic characteristics such as age, number of children, and educational level. In addition, attitudes about child maltreatment were assessed with the Maltreatment Q-Sort (MQS). Participants were visited in person. Trained home visitors administered the MQS. The administration of the MQS took around 1, 5 h. After the visit all participants received a small monetary gift as an appreciation for participation. The study was approved by The Ethics Committee Education and Child Studies Leiden University and The Ethics Committee of Shenzhen University.

2.3. Measurement instruments

2.3.1. Attitudes about child maltreatment

To measure attitudes about child maltreatment, the MQS (Mesman et al., 2020) was used. This is a Q-sort, developed by the authors, consisting of 90 items reflecting four types of child maltreatment, including physical abuse (e.g., hits the child so hard that it leaves bruises), emotional abuse (e.g., humiliates the child in front of others), physical neglect (e.g., allows the child to play in an unsafe environment), and emotional neglect (e.g., does not make the child feel loved). During a home visit participants were asked, by a trained research assistant, to divide the 90 cards in 9 stacks of 10 cards. Each stack represents how harmful parents thought the behavior is for the development of a child. The stacks ranged from *least* (stack 1) to *most* (stack 9) *damaging to the child*. Colors were added to the stack numbers from yellow (1), via darkening shades of orange (2–8) to bright red (9) to provide visual aid. In the end each card got a score between 1 and 9 representing the stack numbers. The way participants sorted the 90 cards can be compared to examine the agreement between and within different groups and countries on how harmful the behaviors are. After sorting the cards, participants also indicated from which of the 9 stacks onwards they thought somebody, themselves, or a professional should intervene and from which stack onwards they considered the behaviors to be child maltreatment. For a full description of the development, items, administration, and analyses of the MQS see the related Data in Brief publication (Woudstra et al., 2020).

2.4. Analyses

For analyses the statistical software IBM SPSS statistics 25 was used. First we examined agreement within and between the three groups and the two countries. To do this each participant was treated as a variable with 90 cases reflecting the 90 MQS cards. All cases had a value between 1 and 9, which reflects the stack number on which the items are placed by the participants during the administration of the MQS (for a more detailed explanation of the analysis method see the Data in Brief article of Woudstra et al., (2020). To examine within-country and -group agreement, Pearson correlation coefficients were calculated between all participants within the same country (e.g., all Dutch participants with each other) and all participants within the same group (e.g., all mothers with each other) on how the 90 MQS items were sorted. To examine between-country and -group agreement, Pearson correlation coefficients were calculated between all participants of one country and group with all participants of the other country and groups (e.g., all Dutch participants with all Chinese participants and all mothers with all fathers). The correlations are averaged to create a mean agreement

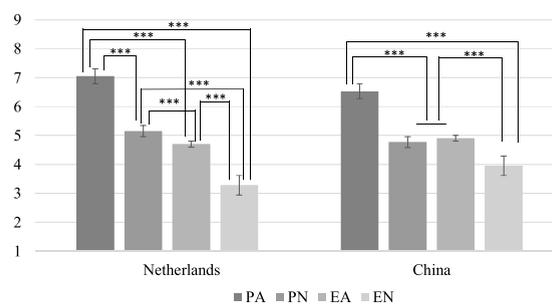


Fig. 1. Differences between the average scores (with standard error bars) on the four types of child maltreatment within countries. Note. PA = physical abuse, PN = physical neglect, EA = emotional abuse, EN = emotional neglect. *** $p < .001$.

per participant group (see Table 2). Because the mothers and fathers in the Netherlands were parent couples, the correlations between the Dutch mothers and fathers from the same family were not used in the analyses to prevent dependency of results. To examine whether the within-country and within-group agreement differed significantly from the between-country and between-group agreement, 95 % confidence intervals of the within- and between-country and group correlations were compared.

To compare how the participants in the different groups and countries ranked the harmfulness of the four subtypes of child maltreatment, a repeated measures ANOVA was conducted with the average stack number on which the participants placed the items of the four subscales as the within-subjects factor and country and group as the between-subject factors. Finally, to examine the patterns in thresholds for intervention by somebody, oneself, a professional, as well as in thresholds for labeling the behaviors as child maltreatment another repeated measures ANOVA was conducted with the four thresholds as the within-subject variable and again country and group as the between-subject variables. The threshold is represented by the stack number (1–9) per participant from where onwards they thought the behaviors required intervention or represented child maltreatment. Lower thresholds indicate that more behaviors are seen as requiring intervention or reflecting child maltreatment. For example, a threshold of 6 reflects a participant's view that all behaviors in stacks 6, 7, 8, and 9 require intervention or should be considered as being maltreatment.

3. Results

Table 1 shows an overview of the sociodemographic characteristics of the participants per country. Compared to Chinese mothers and fathers, Dutch mothers and fathers were older ($ps < .001$), had a lower educational level ($ps = .015$ and $.002$) and income ($ps = .010$ and $.002$), and had more children ($ps < .001$, also see Table 1). Chinese and Dutch teachers did not differ on educational level ($p = .872$), but Dutch teachers were older ($p < .001$), had a higher monthly household income ($p < .001$), and had more children ($p < .001$) than the Chinese teachers. Dutch teachers also had more years of work experience ($p < .001$) than the Chinese teachers.

3.1. Agreement on harmfulness of the MQS items

Table 2 provides an overview of the agreement within and between the countries and groups on how the MQS cards were ranked. The average within-country agreement was .57 and the average between-country agreement was .49. The 95 % confidence intervals of the between- [.46–.52] and the within- [.49–.65] country agreement did partly overlap, indicating that on average there was no difference between the between-country agreement and the within-country agreement. This means that the average agreement of participants from the same country in how they sorted the 90 MQS cards was not different from the average agreement of participants from different countries.

The within-group agreement ranged from .40 (Chinese teachers with each other) to .71 (Dutch mothers with each other). The average within-group agreement was .58. The between-group agreement ranged from .41 (Chinese fathers with Chinese teachers) to .70 (Dutch mothers with Dutch fathers), with an average of .53. The 95 % confidence interval of the within-group correlations was [.44–.71] and the 95 % confidence interval of the between-group correlations [.47–.57]. These intervals overlapped completely indicating that there was also no difference in the average agreement within and between the groups. In other words: the average agreement between participants from the same group was not different from the average agreement between participants from different groups.

3.2. Patterns in harmfulness of the four types of child maltreatment

The first repeated measures ANOVA revealed a significant main effect of type of maltreatment, $F(3, 296) = 716.223, p < .001, p\eta^2 = .88$. Paired samples t -tests were used to examine the direction of the pattern. There were significant differences between all pairs ($ps = .001 - .018$) with physical abuse ($M = 6.79$) being labeled as the most harmful to the child, followed by physical neglect ($M = 4.96$), emotional abuse ($M = 4.80$), and emotional neglect ($M = 3.62$) as the least harmful. The main effects of country and group were not significant or significant but very small ($p\eta^2 < .10$).

A significant interaction effect was found between type of maltreatment and country, $F(3, 296) = 47.101, p < .001, p\eta^2 = .32$. Paired samples t -tests revealed significant ($ps < .001$) differences between all possible pairs of maltreatment types for the Dutch participants. Again physical abuse received the highest scores, followed by physical neglect, emotional abuse, and lastly emotional neglect. In China there were significant differences between all pairs of maltreatment types ($ps < .001$), but not between physical neglect and emotional abuse ($p = .101$). Physical abuse was labeled as the most harmful, followed by physical neglect and emotional abuse both labeled as just as harmful for the child. Emotional neglect was again labeled as the least harmful (see Fig. 1, also see Table 3

Table 3

Average (and SD) Stack Numbers of the Four Different Types of Child Maltreatment per Country and Group.

	Netherlands			China		
	Mothers ($n = 51$)	Fathers ($n = 51$)	Teachers ($n = 50$)	Mothers ($n = 50$)	Fathers ($n = 52$)	Teachers ($n = 50$)
Physical Abuse	7.09 (0.48)	7.21 (0.59)	6.86 (0.66)	6.55 (0.80)	6.38 (1.11)	6.66 (0.99)
Emotional Abuse	4.71 (0.45)	4.66 (0.50)	4.72 (0.51)	4.90 (0.62)	5.00 (0.67)	4.81 (0.64)
Physical Neglect	5.16 (0.50)	5.13 (6.14)	5.17 (0.75)	4.96 (0.76)	4.86 (0.81)	4.48 (0.70)
Emotional Neglect	3.23 (0.44)	3.17 (0.39)	3.44 (0.54)	3.75(0.53)	3.93 (0.77)	4.17 (0.65)

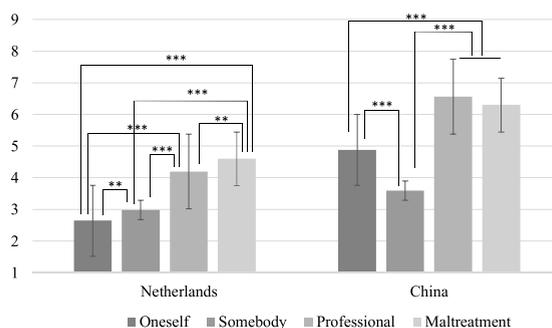


Fig. 2. Differences between the thresholds within countries (with standard error bars).

Note. *** $p < .001$, ** $p < .01$.

Table 4

Average (and SD) Stack Numbers of the Threshold for Intervention and Child Maltreatment per Country and Group.

	Mothers ($n = 51$)	Netherlands Fathers ($n = 51$)	Teachers ($n = 50$)	Mothers ($n = 50$)	China Fathers ($n = 52$)	Teachers ($n = 50$)
Somebody	2.84 (1.50)	3.41 (1.56)	2.68 (1.66)	3.24 (1.59)	3.29 (1.50)	4.22 (2.26)
Yourself	2.71 (1.45)	2.96 (1.54)	2.24 (1.48)	4.72 (1.58)	5.00 (2.08)	4.86 (2.03)
Professional	4.20 (1.46)	4.61 (1.39)	3.80 (1.75)	6.68 (1.32)	6.48 (1.49)	6.50 (1.84)
Maltreatment	4.55 (1.74)	5.24 (1.60)	4.00 (1.83)	6.56 (1.61)	6.27 (1.78)	6.06 (2.23)

for an overview of the averages of the four types of child maltreatment per country and group). All other interaction effects were non-significant or significant but very small ($p\eta^2 < .10$). In sum, in both countries and for all groups physical abuse was labeled as the most harmful form of child maltreatment and emotional neglect as the least harmful form. Both physical neglect and emotional abuse were, in both countries and for all groups, labeled as less harmful than physical abuse and more harmful than emotional neglect.

3.3. Threshold for intervention and child maltreatment

The second repeated measures ANOVA examined four types of thresholds: intervention by somebody, oneself, or a professional, and threshold for the label maltreatment. The analysis revealed a main effect of threshold, $F(3, 295.00) = 200.892$, $p < .001$, $p\eta^2 = .67$. Results from paired samples t -tests showed that there were differences between all pairs of thresholds ($ps < .001$), except between the threshold for intervention by a professional and labeling behaviors as maltreatment ($p = .513$). The lowest threshold was for intervention by somebody ($M = 3.29$). This means that in general the participants thought that the behaviors placed on approximately six of the nine stacks, in other words 60 of the 90 behaviors, needed intervention by somebody. Next was intervention by oneself ($M = 3.76$), followed by both intervention by a professional ($M = 5.38$), and labeling the behaviors as maltreatment ($M = 5.45$). A main effect was also found for country, $F(1, 297) = 135.874$, $p < .001$, $p\eta^2 = .31$. Chinese participants ($M = 5.33$) had higher thresholds than Dutch participants ($M = 3.60$). There was no main effect of group, $F(2, 297) = 14.636$, $p = .114$, $p\eta^2 = .02$.

A significant interaction effect between threshold and country was also found, $F(3, 295) = 35.400$, $p < .001$, $p\eta^2 = .27$. In the Netherlands there were significant differences between all pairs of thresholds ($ps = .001-.004$), with the lowest threshold for intervention by oneself, followed by intervention by somebody, intervention by a professional, and the highest threshold for labeling behaviors as child maltreatment. In China, significant differences were found between all pairs ($ps < .001$) except between intervention by a professional and labeling behaviors as maltreatment ($p = .101$). Here the lowest threshold was for intervention by somebody, followed by intervention by oneself, and the highest threshold for both intervention by a professional and labeling behaviors as maltreatment (see Fig. 2, also see Table 4 for an overview of the average thresholds per country and group). No other interaction effects with partial $p\eta^2 > .10$ were found. The main results here show that all participants had higher thresholds for intervention by a professional or labeling the behaviors as maltreatment than for intervention by a non-professional, somebody or themselves, and that Chinese participants had higher thresholds than the Dutch participants.

4. Discussion

We examined the attitudes of Chinese and Dutch parents and teachers about the harmfulness of parenting behaviors that are part of common definitions of four forms of child maltreatment: physical abuse, emotional abuse, physical neglect, and emotional neglect. We will start with a discussion of the similarities between the attitudes of the three groups and the two countries. First, we did not find differences in the mean agreement about the rank order of the harmfulness of the 90 behaviors commonly labeled as child maltreatment between participants from the same country (e.g., Chinese respondents with Chinese respondents) or the same group (e.g., mothers with mothers) on the one hand or between participants from different countries and groups on the other hand. These

findings are in line with our first hypothesis. They echo the results reported in the recent study about maternal maltreatment attitudes by Mesman et al. (2020) who also did not find a difference in the average within- and between-country agreement of attitudes about maltreatment between mothers from nine different countries and extend them by finding the same results for fathers and teachers, which to our knowledge has never been done before. To get more insight in what kind of behaviors are seen as more harmful for the child than others, the pattern of harmfulness of the four types of child maltreatment was examined. Physical abuse was labeled as the most harmful form of child maltreatment and emotional neglect as the least harmful form in both China and the Netherlands, by mothers, fathers, and teachers. Chinese and Dutch mothers, fathers, and teachers labeled both physical neglect and emotional abuse as less harmful than physical abuse and more harmful than emotional neglect. This is in line with our second hypothesis and with literature on attitudes about child maltreatment in mothers (Mesman et al., 2020) and teachers (Toros & Tiirik, 2016), where the physical forms of child maltreatment were also seen as more harmful than the emotional forms. No studies on attitudes of fathers about the harmfulness of different types of child maltreatment were found. These results indicate that there is consensus between Dutch and Chinese mothers, fathers, and teachers about the order of harmfulness of parenting behaviors commonly referred to in definitions of maltreatment.

Next to similarities between the groups and countries in the rank order of the behaviors, we also found similarities in the pattern of thresholds for intervention and labeling the behaviors as maltreatment. Consistent with our third hypothesis, we found that Chinese and Dutch mothers, fathers, and teachers had higher thresholds for the need for intervention by a professional and for labeling the behaviors as child maltreatment than for intervention by a non-professional, i.e. somebody or oneself. These findings replicate the results of Mesman et al. (2020) and extended these by also showing a similar pattern in fathers and teachers which has not been examined before. This indicates that Dutch and Chinese mothers, fathers, and teachers agree that the perceived need for professional intervention is closely related to the notion of child maltreatment, as the thresholds for professional intervention and for labeling the behaviors as child maltreatment were very close together or even overlapped. Parenting behaviors that respondents found less harmful for child development and that they did not label as child maltreatment were seen as first needed to be addressed by non-professionals or as not requiring intervention at all.

These results give us valuable insight in how Chinese and Dutch parents and teachers think about child maltreatment. They all seem to label parenting behaviors that are part of physical abuse as the most harmful for the child and parenting behaviors that are part of emotional neglect as the least harmful. It is important to note however that the respondents had to make 9 stacks of 10 behaviors, forcing a rank ordering. Therefore some behaviors had to be put on the bottom stacks and not all behaviors could be labeled as equally harmful. The reason why physical abuse was labeled as the most harmful form of child maltreatment might be because behaviors of physical abuse, such as hitting a child, are more visible than for example emotional neglect, e.g. does not make the child feel loved, and may have more immediate consequences, like bruises, and are thereby easier to detect (e.g., Toros & Tiirik, 2016). On the other hand, respondents were free to indicate from which stack onwards intervention was needed and from which stack onwards they would label the behaviors as child maltreatment. For the whole sample, the lowest threshold for intervention was on average from stack 3 onwards. This indicates that the participants agreed that most of the behaviors are indeed harmful parenting behaviors and require some form of intervention, which is a promising finding given the possible negative consequences of the behaviors for child development. The average threshold for labeling the behaviors as maltreatment was however from stack 5 onwards. This means that the behaviors put on the bottom stacks were not considered to be maltreatment according to the respondents. As mentioned before, all behaviors are however part of child maltreatment definitions. Respondents on average put the behaviors related to emotional neglect on the bottom stacks. Given that emotional neglect can have just as serious long term consequences for child development as the other forms of child maltreatment (e.g., Cohen, Menon, Shorey, Le, & Temple, 2017; Norman et al., 2012), it might be important for prevention and intervention to inform Dutch as well as Chinese parents and teachers especially about the harmfulness of behaviors related to emotional neglect. Parents may not always be aware of the possible negative consequences of these behaviors. More knowledge might change parents' perceptions about those behaviors. We know from previous research that perceptions about parenting behaviors that are part of maltreatment are important predictors of actual child maltreatment (e.g., Amatov, 2011; Chiocca, 2017). Teachers on the other hand play an important role in reporting suspected child maltreatment (*Anti-domestic Violence Law of the People's Republic of China, 2015; Wet Verplichte meldcode huiselijk geweld en kindermishandeling, 2013*). Previous research, however, shows that professionals lack knowledge about reporting procedures and lack confidence in their ability to identify suspected maltreatment (e.g., Li et al., 2017; Schols et al., 2013). If they acquire more knowledge, by training, about the signals and consequences of emotional neglect, they may become more aware of and able to timely detect and report suspected cases of all forms of maltreatment.

In addition to the similarities in patterns across groups and countries, we found one important difference. Chinese mothers, fathers, and teachers on average had higher thresholds for labeling the behaviors as child maltreatment and for the need for intervention than Dutch mothers, fathers, and teachers, i.e., Chinese respondents noted fewer behaviors as requiring intervention, and fewer as constituting maltreatment. These results support our final hypothesis. We speculate that this may have something to do with the value of filial piety in Chinese culture (e.g., Qiao & Chan, 2005; Zhai & Gao, 2009). This includes an emphasis on parental authority, respect for elders, and child obedience. It also includes the belief that parents know what is best for their child and can use the means necessary to make sure the child behaves according to the cultural values. This can include parenting behaviors that might be seen as child maltreatment according to Western definitions such as for example physical punishment. In addition to the importance of parental authority and child obedience, in Chinese culture family matters are seen as private (e.g., Qiao & Chan, 2005; Zhai & Gao, 2009). If there are problems they are rather tried to be resolved within the family than to seek or welcome help from outside, to avoid shame and loss of reputation. This could lead to higher thresholds in Chinese participants than in Dutch participants for the need for intervention in general, whether it is by a professional or a non-professional.

These results stress the importance of awareness of potentially different attitudes about child maltreatment between different

countries. To optimize successful prevention and intervention of child maltreatment, a balance between respect for cultural values and fostering optimal child development should be found. This can be done by discussing normative parenting behavior with caregivers. This could give valuable information about common parenting practices and the reasons that parents engage in certain behaviors. Previous research found that the relation between parenting behaviors and child outcomes seems to be partly dependent on the normativity of the behavior (e.g., Lansford et al., 2005). The results of the current study show that Chinese parents and teachers had higher thresholds for intervention and labeling behaviors as maltreatment than Dutch parents and teachers. Some parenting behaviors might therefore be more normative in China than in the Netherlands, and consistent with previous studies (e.g., Gershoff et al., 2010; Lansford et al., 2005), might also have different effects on child development, and might require different and maybe even less intervention. More research is needed to clarify the impact of specific parenting behaviors on child development in specific countries. However, there seems to be a negative relation between parenting behaviors such as physical discipline and adverse child outcomes regardless of their cultural normativity (e.g., Gershoff et al., 2010; Lansford et al., 2005). So even though some parenting behaviors are more normative in China and therefore potentially less strongly related to negative child outcomes, they might still have a negative effect on child development. Because Chinese parents are more private and less likely to seek help when there are problems (e.g., Qiao & Chan, 2005; Zhai & Gao, 2009) it is important to build a trusting relationship with parents when discussing possible issues so that they are more likely to welcome outside support. A focus on self-reliance and family cohesion might help parents to be able to solve these issues with the support of close family members and give them the knowledge and tools to prevent them from recurring (e.g., Qiao & Chan, 2005; Zhai & Gao, 2009).

4.1. Limitations

To our knowledge, this study is the first that examined attitudes about child maltreatment in mothers, fathers, and teachers in China and the Netherlands. This is a valuable contribution to the existing literature about child maltreatment, because most research is still mainly focused on mothers, and Western cultures. Nevertheless this study also has some limitations. First of all, Q-sort methodologies usually have a criterion sort to which the rank ordering of the behaviors of the participants is compared. Because there is no universal standard for how the harmfulness of the behaviors commonly labeled as maltreatment should be ranked, there is no criterion sort. Therefore, we could not calculate the agreement between the participants and a criterion sort, but only between all the participants, and could not test the effects of possible predictors on the rank order of the behaviors. In addition, in China the mothers and fathers were not from the same family, whereas in the Netherlands the mothers and fathers were parent couples. Because of this difference between the countries we were not able to control for the dependency of data in the Dutch sample in the ANOVAs. Group differences based on parent gender between China and the Netherlands are thereby difficult to compare and the results should be interpreted with caution. Given the characteristics of the sample, the results of this study seem to imply that there are no differences in attitudes towards child maltreatment between fathers and mothers. Lastly, our sample had some limitations. First, the participants on average had a quite high SES. Second, in China the participants were recruited only in Shenzhen and only through convenience sampling, and the parents are all from one company. In the Netherlands, participants are all from the Western region of the country. Third, ethnic minorities were excluded. This leads to a quite homogenous sample and limited generalizability of the results, especially given that China is such a large country and the Netherlands very ethnically diverse. It is important that future studies include participants coming from more diverse backgrounds to increase the representativeness of results.

In conclusion, this study found that on average Chinese and Dutch mothers, fathers, and teachers did agree with each other about the rank order of the harmfulness of specific behaviors commonly labeled as child maltreatment, about the pattern of the harmfulness of the four types of child maltreatment, and about the pattern of thresholds with regard to the need for intervention and labeling the behaviors as maltreatment. This agreement is promising given that successful collaboration within and between countries and groups is a prerequisite for successful prevention and intervention of child maltreatment. We also found cultural differences in that Chinese participants had higher thresholds than Dutch participants regarding the need for intervention and labeling the behaviors as maltreatment. This stresses the importance of cultural sensitivity when implementing child maltreatment prevention and intervention programs.

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