CHAPTER 1

INTRODUCTION

Background and Significance of the Research Problem

Child physical abuse [CPA] is recognized as a major public health problem for children (World Health Organization [WHO], 2001). This problem is more likely to happen in the private sphere of home or family (United Nations Secretary-General's Study on Violence against children, 2006). CPA has been found widespreadly in every culture and in both developed and developing countries. In the United States, in 2007, it was estimated that 794,000 children were victims of child abuse; 10.8% of these cases (approximately 85,752 children) were physically abused (U.S. Department of Health and Human Services, 2009). The Canadian Incidence Study estimated that 61,200 children were substantiated abused in Canada in 1998, a rate of 9.71 per 1,000 children. Of this noted number, 25.4% (15,555 cases) were physically abused (Trocme, Tourigny, MacLaurin, & Fallon, 2003). Rates of substantiated CPA in Canada were lower as compared to the United States. In Australia, the Institute of Health and Welfare reported national figures of substantiated cases of child abuse during 2007-2008 totaling 148,824. Of this total number, 23% (approximately 34,230 cases) were confirmed cases of CPA. In addition, younger Australian children were reported to be abused more often than school-aged and adolescents (Australian Institute of Family Studies, 2009).

ลิขสิทธิ์มหาวิทยาลัยเชียงใหม่
Copyright© by Chiang Mai University
All rights reserved

In Asian countries the numbers are higher. In Hong Kong, 57.5% of parents reported using physical punishment and 4.5% reported physically abusing their children (Tang, 2006). In South Korea, current reports have not yet provided a definitive picture of the incidence and prevalence rates, but empirical study has shown alarming concerns of CPA among Korean children between the ages of 7 and 12 (Hahm & Guterman, 2001). The high prevalence of CPA among Asian families may be based on endorsed acceptance level for physical discipline with children and exerted more parental control over their children (Jose, Huntsinger, Huntsinger, & Liaw, 2000). Studies in Asia have shown different results from those in Australia which indicated that higher rates of CPA in early childhood.

In Thailand, CPA is a sensitive and hidden topic within families. The available statistics were recorded from the government and non-government offices and only the severe cases were mostly recorded. Therefore, data showed only the tip of the iceberg and may not represent the accurate incidence of CPA. However, the One Stop Service Crisis Centers of the Ministry of Public Health reported that in 2007 there were 9,579 child abuse victims; the majority were physically abused (Health Service Support Department, 2007 as cited in Institute for Population and Social Research, 2009). In most CPA cases, the abuser is often a parent or another primary caregiver. Additionally, the Center for the Protection of Children's Rights Foundation (2004) reported that from 1997 to 2003 there were 188 victims of CPA with higher rates of CPA occurring in early childhood (53 cases). In the eastern part of Thailand, the Center for Children and Women Victims of Violence at Rayong Hospital reported that there were 488 victims of child abuse from 2006 to 2009; 82 of which were physically abused. The incidence of CPA seems to be underestimated although stories of severe

ลิขสิทธิ์มหาวิทยาลัยเชียงใหม่
Copyright© by Chiang Mai University
All rights reserved

abuse leading to hospital admission or death do feature in the media (Institute for Population and Social Research, 2009).

Similar to other countries, physically abused children in Thailand can range in age from infancy to adolescence (Rujivipat, 2005). Studies in Bangkok indicated a high prevalence of CPA among 6th grade students (66.1%; *N*=413) (Nitirat, 1997) and among students in the 7th-9th grades (67.9%; *N*=350) (Chaiming, 2005). A survey in Amnatcharoen province in the northeast region of Thailand revealed a higher prevalence of CPA among 6th grade students (76.7%; *N*=212) (Auewattana, 1999). Also, a study in Khon Kaen province reported that the majority of child abuse among children aged 0-18 years was CPA (64.0%; *N*=526). Particularly, children aged 0-5 years old had physically abused 6.57 times higher than children aged 13 years old and older (Ussavaphark et al., 2008). Furthermore, an ethnographic study about abuse and neglect in children under 5 years of age in the Thai Issan context found that improper child rearing practices were more likely to result in child abuse, particularly physical abuse (Tanwattanakul, 2008). Most of these studies relied upon children's self-reporting as a means of gathering data. It reveals that previous studies primarily focused on school-aged children. A possible explanation is that younger children were incapable to respond the questionnaire.

Empirical and clinical literature has demonstrated that victims of CPA experience a wide array of physical, psychological, behavioral, and social health consequences (Tremblay et al., 2004). A study indicated that younger children who were abused during the first few years of life showed the most long-term developmental deficits as compared to children who were abused at older ages (Carlson, Furby, Armstrong, & Schlaes, 1997). Specifically, children who experienced physical abuse by parents

ลิขสิทธิ์มหาวิทยาลัยเชียงใหม่
Copyright© by Chiang Mai University
All rights reserved

before reaching 5 years of age exhibited more behavioral problems than those who were abused during later periods (Keiley, Howe, Dodge, Bates, & Pettit, 2001). Moreover, young children are at the greatest risk of CPA as a result of their dependency, vulnerability, and social invisibility (WHO & International Society for Prevention of Child Abuse and Neglect [ISPCAN], 2006). While they need dependent care, their development of autonomy expressed as negativism, naughty, or stubborn were bothersome or annoying and made them vulnerable for CPA (Davies, 2004).

Health consequences of CPA can be manifested in various forms and severity. Physically abused children suffer from minor to severe injuries or even death (Boonma, 2004). Mild cutaneous injuries without lesions were the most common form of injury reported by child victims (Kongkaew, 2001; Nitirat, 1997). However, bruises (Auewattana, 1999), abrasions (Chaiming, 2005), lacerated wounds, and other severe injuries including burns and skeletal fractures were also reported (Boonma, 2004). CPA also results in a wide range of psychological problems, including sadness (Cerezo & Frias, 1994; Chaiming, 2005; Nitirat, 1997), feelings of mistrust, loneliness, isolation, confusion, shame, embarrassment, fright, and anger (United Nations Secretary-General's Study on Violence Against Children, 2006). Additionally, personality disorders such as irritability, anger, passivity, depression, and distortions in reality can be found when the abused children are grown up (Finzi, Har-Even, & Weizman, 2003). The trauma from CPA affects children in their daily functioning and development. Problems found are difficulty in sleeping, having nightmares, bed-wetting, eating problems, lacking proper self-care, losing temper, hurting other people, and having poor concentration (Voices From Care, 2008). Furthermore, many of

ลิขสิทธิ์มหาวิทยาลัยเชียงใหม่
Copyright© by Chiang Mai University
All rights reserved

these children are more likely to show delayed language, cognition, and motor development; improper playing skills (Cicchetti & Toth, 1995) as well as difficulties in building interpersonal relationships (Berenson & Anderson, 2006). It demonstrates that CPA can lead to numerous short and long term negative outcomes (Dodge, Pettit, & Bates, 1997). One of the best ways to reduce these negative outcomes is the early protection from CPA.

To prevent CPA, understanding of its causes and risk factors is vital. CPA is associated with factors relating to individuals, relationships, communities, and societies (WHO & ISPCAN, 2006). However, individual factors attributed to parents are identified as a primary cause of CPA (Milner & Dopke, 1997). Parents' abusive behavior is controlled by their cognitions, affections, and skills. Parental cognitions contributing to CPA include knowledge and attitudes regarding child rearing and child abuse (Azar, Nix, & Makin-Byrd, 2005). Knowledge essential to child rearing and child abuse includes that of child development, child needs, child behaviors, child rights, causes and consequences of child abuse. Parental attitudes toward child rearing are believed to mediate CPA. That is, parents who have attitudes toward child rearing in aspects of inappropriate parental expectations (Haskett, Scott, Grant, Ward, & Robinson, 2003), improper parental perception for child's misbehavior (Caselles & Milner, 2000), strong belief in the use and value of corporal punishment (Aberle et al., 2007; Crouch & Behl, 2001; Vittrup, Holden, & Buck, 2006) are more likely to abuse their child. Importantly, western studies have shown that parental attitudes toward child rearing are a strong predictor of CPA (Atech & Durrant, 2005; Jackson et al., 1999).

Similar findings have been found in Thai as well as other Asian cultures. Thai and Korean parents generally valued and accepted the use of physical punishment for

ลิขสิทธิ์มหาวิทยาลัยเชียงใหม่
Copyright© by Chiang Mai University
All rights reserved

disciplining and altering children's undesirable behaviors (Hahm & Guterman, 2001; Muenthaisong, 2002; Phithakaramwong, 2001). Likewise, Chinese mothers score high on physical punishment and yelling at the child (Kelley & Tseng, 1992). Most Thai parents believed and expected that children should do what their parents told them (Phuphaibul, Udomtassanee, & Tachudhong, 2005). In addition, Thai children are expected to be quiet, polite, and obedient to their parents (Nanthamongkolchai, Nieamsup, & Chaumpluk, 2004). Such parental attitudes toward child rearing are related to negative parental affections through cognitive process (Milner, 2003).

Affective disturbances of parents result in increased potential to be aggressive including CPA (Chan 1994; Rodriguez & Green, 1997). When parents are under stressful conditions, their cognitions proceed in a negative way (Schellenbach, Monroe, & Merluzzi, 1991). Additionally, abusive parents unproductively release their stress and anger through abusing their child since the child is less powerful and under their control. As parental cognitions, affections, and skills are interrelated; problematic parent-child relationships, poor stress management and anger control, and ineffective child disciplinary techniques are widely mentioned as negative parental skills associated with CPA (Browne & Herbert, 1997). In other words, individuals' skills are unlikely to develop unless there is accurate information and positive attitudes through the cognitive process (Milner, 2000). Cognitions will function well in the stable psychoemotional stages. When positive consequences of skillful practice are observed, attitudes and affections are more promoted. Stressed parents do not abuse their child if they are skillful in stress management. Parents who acknowledge the harm of physical punishment still discipline their child in that way if they lack disciplinary skills (Milner & Dopke, 1997). However, parental cognitions are

ลิขสิทธิ์มหาวิทยาลัยเชียงใหม่
Copyright© by Chiang Mai University
All rights reserved

considered to be the starting point of information processing in child rearing situations (Azar et al., 2005). This view is congruent with the cognitive behavioral approaches in that maladaptive behavior can be altered by dealing directly with a person's cognition (Stuart, 2005). Cognitive-behavioral approaches have been widely used to explain aggression in a variety of groups, particularly abusive parents (Azar, 1997). Generally, such approaches guide interventions for treating and preventing physically abusive parents by reconstructing parental cognitions (Runyon, Deblinger, Ryan, & Thakkar-Kolar, 2004).

A review of CPA prevention programs revealed that most interventions focused on parent education and home visit and aimed at modifying parental attitudes (Cowen, 2001; Fennell & Fishel, 1998); improving parenting skills such as stress and anger management (Fetsch, Schultz, & Wahler, 1999; Huebner, 2002; Kolko, 1996), parent-child relationships (Chaffin et al., 2004; Huebner, 2002), and child management skills (Dias, Smith, Deguehery, & Mazur, 2005) as well as reducing abusive behaviors (Fennell & Fishel, 1998; Fraser, Armstrong, Morris, & Dadds, 2000; Kolko, 1996). As realized that it is impracticable to directly evaluate the actual parental abusive behavior, parental potential for CPA was commonly used instead of their actual abusive behavior (Fennell & Fishel, 1998; Fraser, Armstrong, Morris, & Dadds, 2000; Kolko, 1996). This potential can be indicated by parents' thoughts and feelings about distress, rigidity, unhappiness, problems with child and self, problems with family, and problems from others (Milner, 1986). Review of those empirical studies showed that the programs have been developed based on different perspectives and measured different outcomes. For instance, the Systematic Training for Effective Parenting Program was developed based on Adlerian psychology and theories of Rudolf Dreikurs and it

ลิขสิทธิ์มหาวิทยาลัยเชียงใหม่
Copyright© by Chiang Mai University
All rights reserved

measured potential for CPA (Fennell & Fishel, 1998), whereas the Nurturing Program was developed based on family system approach and it evaluated parental attitudes toward child rearing (Cowen, 2001). Therefore, such programs could not be compared to evaluate the effectiveness in prevention of CPA.

Recently, the social information processing [SIP] model of CPA which is cognitive-behavioral approach has been proposed as a framework for understanding and preventing of CPA (Milner, 2000). This model attempts to describe parental activities and capture the complex interplay of the psychological and social factors that are believed to influence the occurrence of CPA (Milner, 2000). Based on the SIP model of CPA, abusive behavior or potential for CPA is influenced by bias and inaccurate pre-existing schemata that include parental cognitions and affections. Parental cognitions are thought to impact perceptions, evaluations and interpretations of children's behavior, and parental responses including CPA (Milner, 2000) while parental affections are believed as covariate factors. The SIP model of CPA can guide intervention by increasing positive parental pre-existing schemata and then altering cognitive processing of perceptions, interpretations and evaluations, as well as information integration and response selection, and ending up with implementation and monitoring (Crouch & Milner, personal communication, 2007). As outcomes of this model, multiple interpretations and response options are possible and then the parental potential for CPA may be reduced. However, intervention studies guided by the SIP model of CPA have not been found. Most of studies were descriptive, comparative and correlational studies which have been conducted in western countries (Crouch & Behl, 2001; Dopke, Lundahl, Dunsterville, & Lovejoy, 2003; McElroy & Rodriguez, 2008). To verify the applicability of the SIP model in CPA prevention, intervention studies are required.

ลิขสิทธิ์มหาวิทยาลัยเชียงใหม่
Copyright© by Chiang Mai University
All rights reserved

In Thailand, the available CPA prevention program is scarcity and in the developing stage. A few programs are integrated to other health- related programs, including sex education and HIV prevention and attempted to promote child rights and child protection in schools. Most programs have targeted students and excluded parents (Life Skills Development Foundation, 2006). Only the study of Auemaneekul (2008) using community-based participatory research involved parents. Her findings revealed that parents in northern Thailand were strongly concerned with child abuse problems and eager to see the child protection model developed for use. As explained previously, a CPA prevention program of Thai society should logically target parents of young children and focus on cognitive interventions. This study was designed to examine the effectiveness of an intervention program based on the SIP model of CPA and targeting parents of 1-6 year old children who have the likelihood to physically abuse their child. It was an initial effort to apply the SIP model of CPA in Thailand and expected to serve as the foundation knowledge for health professionals in order to develop CPA prevention program in Thai context.

Objectives of the Study

The overall research objective was to examine the effects of the cognitive adjustment program on parental attitudes toward child rearing and potential for child physical abuse. The specific objectives of this study were as follows:

1) To compare parental attitudes toward child rearing and potential for child physical abuse of parents before and after attending the cognitive adjustment program.

ลิขสิทธิ์มหาวิทยาลัยเชียงใหม่
Copyright© by Chiang Mai University
All rights reserved

2) To compare parental attitudes toward child rearing and potential for child physical abuse between parents attending the cognitive adjustment program and parents receiving usual services.

Research Hypotheses

In order to test the effects of the cognitive adjustment program on parental attitudes toward child rearing and potential for child physical abuse, the four hypotheses were generated as follows:

1. After attending the cognitive adjustment program, the parents will demonstrate better parental attitudes toward child rearing than before attending the program.

2. After attending the cognitive adjustment program, the parents will demonstrate lower potential for child physical abuse than before attending the program.

3. Parents attending the cognitive adjustment program will demonstrate better parental attitudes toward child rearing than those receiving usual services.

4. Parents attending the cognitive adjustment program will demonstrate lower potential for child physical abuse than those receiving usual services.

Scope of the Study

This study was conducted in one province in the eastern part of Thailand from October 2008 to March 2009.

ลิขสิทธิ์มหาวิทยาลัยเชียงใหม่
Copyright© by Chiang Mai University
All rights reserved

Definition of Terms

Terms used in this study are defined as below:

Child physical abuse is defined as any over physical punishment of parents toward their child such as spanking, slapping, punching, kicking, burning, and shaking which bring harm or potential harm in health and development to a child.

Cognitive adjustment program is defined as a set of activities for Thai parents of one to six year old children that was developed by the researcher based on the cognitive-behavioral approach and guided by the SIP model of CPA (Milner, 2000). The program was expected to promote cognitive process of parents which includes: increased parental perception toward child rearing and child abuse; increased positive parental interpretation and evaluation toward child rearing and child abuse; increased parental integration and response selection toward child rearing; and increased parental ability to monitor and modify their behaviors. The program components were two group educations and two home visits. Each session of group education lasted approximately two and a half hours while home visit lasted one hour. Throughout program implementation, the educational techniques consisted of discussion, value sharing, scenarios analyses, and homework assignments; and media included scenarios and videotaped presentations.

Usual service is defined as an education service that is provided by the staff of child care center. This service is an individual discussion on child development and behaviors while attending at the child care center. Information regarding promotion of child development is also provided.

ลิขสิทธิ์มหาวิทยาลัยเชียงใหม่
Copyright© by Chiang Mai University
All rights reserved

Parental attitudes toward child rearing is defined as the parents' perceptions toward child rearing regarding expectations of children, parental empathy toward children's needs, use and value of corporal punishment, parent-child family roles, and children's power and independence. It was operationally defined as the score of Adult-Adolescent Parenting Inventory 2 [AAPI-2] Form B developed by Bavolek and Keene (1999) and translated into Thai by the researcher.

Potential for child physical abuse is defined as parents' thoughts and feelings in the negatively psychological and interpersonal manners indicating the likelihood to physically abuse their child. This includes six dimensions of distress, rigidity, unhappiness, problems with child and self, problems with family, and problems from others. It was operationally defined as the score of Child Abuse Potential [CAP] Inventory (Milner, 1986) which was translated into Thai by the researcher.

Parent is defined as a mother, a father, or anyone who is the primary caregiver of a 1-6 year old child and had the abuse potential score of 166 or higher as measured by the CAP inventory.

ลิขสิทธิ์มหาวิทยาลัยเชียงใหม่
Copyright© by Chiang Mai University
All rights reserved