

Contents lists available at [ScienceDirect](https://www.sciencedirect.com)

Child Abuse & Neglect

journal homepage: www.elsevier.com/locate/chiabuneg

Research article

Crossing boundaries: A pilot study of maternal attitudes about child maltreatment in nine countries

Judi Mesman^{a,*}, Marjolein Branger^a, Mi-lan Woudstra^a, Rosanneke Emmen^a, Faramarz Asanjarani^b, Rodrigo Carcamo^c, Celia Hsiao^d, Cindy Mels^e, Bilge Selcuk^f, Isabel Soares^g, Joost van Ginkel^h, Lamei Wangⁱ, Melis Yavuz^j, Lenneke Alink^a

^a Institute of Education and Child Studies, Leiden University, The Netherlands

^b Department of Counseling, Faculty of Education and Psychology, University of Isfahan, Iran

^c University of Magallanes, Punta Arenas, Chile

^d Department of Paediatrics, University of the Witwatersrand, Johannesburg, South Africa

^e Department of Developmental and Educational Psychology, Catholic University of Uruguay, Montevideo, Uruguay

^f Department of Psychology, Koc University, Istanbul, Turkey

^g School of Psychology, University of Minho, Campus de Gualtar, Braga, Portugal

^h Institute of Psychology, Leiden University, The Netherlands

ⁱ College of Psychology and Sociology, Shenzhen University, China

^j Department of Psychology, MEF University, Turkey

ARTICLE INFO

Keywords:

Child maltreatment
Culture
Attitudes
Mothers

ABSTRACT

Background: Definitions of child maltreatment vary widely between studies, and even more so between different cultural contexts.

Objective: In this pilot study, we examine between-country variations in maternal notions about what constitutes child maltreatment.

Participants and setting: The sample consisted of 466 mothers recruited in Chile, China, Greece, Iran, the Netherlands, Portugal, South Africa, Turkey, and Uruguay.

Methods: All mothers completed a new Q-sort measure, ranking 90 parenting behaviors linked to subtypes of maltreatment (emotional neglect, emotional abuse, physical neglect, and physical abuse) from least to most detrimental to child development.

Results: Between-country agreement regarding the harmfulness of the parenting behaviors was high ($r = .45$), but there were different patterns of reported harmfulness of subtypes of maltreatment (although driven mostly by deviating patterns in the South African sample). Further, there were significant country effects on the number and type of behaviors labeled as maltreatment ($p\eta^2 = .15$), and the number of items labeled as requiring intervention ($p\eta^2 = .19$).

Conclusions: Variations in conceptions of maltreatment need to be studied in larger more representative samples and taken into account in the assessment and treatment of child maltreatment across cultures.

1. Introduction

A series of meta-analyses has shown that child maltreatment is a worldwide phenomenon that affects many children across the

* Corresponding author at: Institute of Education and Child Studies, Leiden University, Wassenaarseweg 52, 2333 AK, Leiden, The Netherlands.
E-mail address: mesmanj@fsw.leidenuniv.nl (J. Mesman).

<https://doi.org/10.1016/j.chiabu.2019.104257>

Received 27 April 2019; Received in revised form 21 October 2019; Accepted 29 October 2019
0145-2134/© 2019 Elsevier Ltd. All rights reserved.

globe (Prevo, Stoltenborgh, Alink, Bakermans-Kranenburg, & Van IJzendoorn, 2017; Stoltenborgh, Bakermans-Kranenburg, Alink, & Van IJzendoorn, 2015). One major issue in comparing and understanding child maltreatment in different countries is that definitions of maltreatment vary widely between studies, from those adhering to rather strict definitions (e.g., CPS-records; St-Laurent, Dubois-Comtois, Milot, & Cantinotti, 2019) to definitions including a wider range of behaviors, also including milder parental acts (Windham et al., 2004). An even bigger issue is the fact that even if we would all use the same definition, it is still unclear to what extent the criteria are applicable and valid across different cultural contexts. There is plenty of evidence that attitudes about parenting in general, and harsh parenting in particular, vary substantially across cultures (e.g., Bornstein & Cheah, 2006; Bornstein, Putnick, & Lansford, 2011). Further, opinions about what is and is not considered child maltreatment have also been found to differ between cultures (e.g., Lee, Malley-Morrison, Jang, & Watson, 2014). This complicates interpreting similarities or differences found between different countries in terms of for example prevalence, predictors, or effects of child maltreatment. In the current study we examine maternal attitudes about four specific forms of child maltreatment (physical and emotional abuse, and physical and emotional neglect) in nine countries across four continents. In this pilot study, we investigate (1) agreement between and within countries about the severity of parenting behaviors that are part of common assessment tools for child maltreatment; (2) differences between countries in thresholds for labeling these parenting behaviors as maltreatment; (3) differences between countries in thresholds for intervention.

Article 19 of the UN Convention of Children's Rights – ratified by almost all countries in the world - stipulates protection from all forms of violence, i.e., from being hurt and mistreated, physically or mentally (United Nations, 1989). However, what constitutes being physically or mentally mistreated is not defined. Definitions of child maltreatment as reflected in research instruments vary widely within the current scientific literature. Some instruments include a large number of behaviors including ones that could be considered as relatively mild (e.g., calling the child lazy) alongside behaviors that are generally considered severe (e.g., behaviors that lead to child injuries), without distinguishing between levels of severity in the final score or assessment, whereas other instruments include only quite severe behaviors (Stoltenborgh et al., 2015).

Inconsistencies in the definitions of child maltreatment are not limited to the Western research literature, but can also be found in cross-cultural differences in what is believed to be maltreatment and what is not (Raman & Hodes, 2012). For example, in non-Western or low/medium Human Development Index (HDI) countries such as Suriname, Palau, the Syrian Arab Republic, Yemen, Ghana, and Sierra Leone, harsh parenting - including corporal punishment and physical maltreatment according to Western definitions - is more accepted than in Western or high-HDI countries (e.g., Lansford & Deater-Deckard, 2012; Van der Kooij et al., 2017). In addition, a relatively large group of parents can be considered to fit the description of "Tiger parents" (Chua, 2011), whose parenting strategies are characterized by high pressure on children to perform, high hostility and punishment, but also warmth. Part of this parenting strategy may be labeled as emotional abuse (e.g., harsh emotional control, insulting or swearing, threatening) according to Western definitions. However, there are also studies that do not find cultural differences when it comes to acceptance of (mild and severe) physical punishment as an appropriate parenting tool (Maker, Shah, & Agha, 2005).

The key question when addressing cultural variations in norms regarding what parenting behaviors are acceptable versus unacceptable (or part of regular parenting versus child maltreatment) is the effect of the behaviors in question on children. In Western samples, the pervasive negative effects of maltreatment on children's development have been widely documented, with evidence of poorer outcomes across different domains of functioning (e.g., Alink, Cicchetti, Kim, & Rogosch, 2012; Gilbert et al., 2009; Norman et al., 2012). Not only are victims of maltreatment more likely to show emotional, behavioral, and somatic health problems, these effects appear to be partially mediated by effects of maltreatment on stress regulation and brain development (Bernard, Lind, & Dozier, 2014; Carpenter, Shattuck, Tyrka, Geraciotti, & Price, 2011; Riem, Alink, Out, Van IJzendoorn, & Bakermans-Kranenburg, 2015) and seem to persist life-long (Gilbert et al., 2009; Norman et al., 2012). Unfortunately, most findings on possible consequences of maltreatment are based on data from Western high-income countries.

The available small body of research from other countries generally supports the finding that maltreatment is related to negative outcomes across the life span (e.g., Mbagaya, Oburu, & Bakermans-Kranenburg, 2013). However, associations for different types of maltreatment may be different from those in Western countries. For example, what is known as emotional abuse in the scholarly literature was found to be related to more *positive* child outcomes in Vietnam (Tran, Van Berkel, Van IJzendoorn, & Alink, 2017). In addition, there is evidence that the negative effect of physical punishment may be dampened – although still negative - in cultures where physical discipline is more normative (e.g., Gershoff et al., 2010; Lansford et al., 2005, 2015). Patterns of parenting in terms of certain styles going together or not may also be different depending on cultural contexts. For example, punitive/controlling parenting in Western samples is often seen as almost opposite to warm parenting, whereas more controlling parenting has been found to be part of a generally warm parenting style in other cultural contexts (Deater-Deckard et al., 2011). However, there is also evidence that authoritarian styles are less positive for child development than authoritative styles regardless of culture (Sorkhabi, 2005).

Compared to abuse as a form of maltreatment, neglect (physical and emotional) has not often been studied from a cross-cultural perspective. Putnick et al. (2012) did study neglect, but included it in a broader hostility/rejection/neglect dimension of parenting. They found that, on this dimension, parents in China, Jordan, and Kenya scored higher, and parents in Colombia, Italy, Sweden, and the United States scored lower than the grand mean across all countries included in the study. In addition, Lansford et al. (2005) examined whether within-culture differences in attitudes about normativity of corporal punishment predicted child-reported neglect in nine countries: China, Colombia, Italy, Jordan, Kenya, Philippines, Sweden, Thailand, and the United States. In addition to less progressive (i.e., authoritative) parenting attitudes and lower maternal education, a more normative attitude towards corporal punishment was related to more child-reported neglect. Neither of these studies included measures of attitudes towards neglect, whereas cross-cultural differences in this domain might be expected to be even larger than in the abuse domain, given substantial cultural differences in what is considered good basic care. For example, caregiving by siblings is seen as beneficial to child

development (both the receiver and the provider) in some contexts, whereas it is deemed harmful or neglectful in others (East, 2010).

In addition, the socio-economic constraints typical of certain regions of the world would make some parents automatically neglectful if the Western perspective is applied. For example, not providing clean clothes or adequate (emotional) health care are labeled as neglectful in several maltreatment measures, whereas this is often beyond the control of parents in severely economically deprived regions. This does not mean that such issues might not be harmful to the child. If the parent cannot control the (socio-economic) context and resources, they may be less likely to see its result as representing child neglect. Although the issue of intent seems important here, intent is of course difficult to measure. A neglectful parent might not necessarily maliciously intend to be neglecting, but might simply lack the social, emotional, and/or cognitive capabilities to show good-enough-care. And the effect of neglect on child development might be similar regardless of caregiver intent. However, whether certain behaviors are considered neglectful by parents from the general public may very well be influenced by their interpretations of intent, and therefore by what they perceive the socio-economic barriers to be in certain contexts.

Parents' ideas about which parenting behaviors are harmful for children and can be considered maltreatment are also related to their attitudes about when an intervention is needed. If parents' thresholds for labeling parenting as maltreatment are higher, they may also consider the need to intervene less important. Barnett, Manley, and Cicchetti, (1993) have proposed a model for determinants of child maltreatment definitions in which economic factors are included as influencing definitions of maltreatment. They reason that in low-resource societies fewer financial and institutional resources are available to deal with child maltreatment and therefore thresholds for considering parenting behavior as maltreatment and thresholds for intervening would be higher. So, a lack of resources may lead to a higher threshold for intervention as well as a more lenient definition of maltreatment. Also, if certain parenting behaviors are highly prevalent in a certain society, it is less likely to be seen as requiring intervention, because that would imply that the majority of parents are failing while actually showing locally normative parenting. This does not mean that intervention might not be necessary, it just means that parents and others may be less likely to see the need, which is important to consider in terms of reaching target families.

Variations in the definition of maltreatment and threshold for intervention for certain classes of parenting behavior may not only be due to cultural differences. Just as attitudes on any aspect of parenting (such as co-sleeping, food choices, media use) are known to also vary between individuals within countries, the same is true for attitudes about parenting behaviors that can be considered maltreatment. There is evidence that parenting attitudes are predicted by parental income and educational level, parental age, and number of children (e.g., Chiocca, 2017), so in addition to cultural background, individual differences in these socio-economic factors also need to be taken into account when studying parental beliefs about what constitutes maltreatment.

Overseeing the literature, there is a clear need for more insights into the cultural normativity of definitions of child maltreatment as commonly used in research as well as practice. Some important work in this area has been done by the International Society for the Prevention of Child Abuse and Neglect, that developed a child abuse screening tool paying particular attention to testing its usefulness in various cultural contexts (Runyan, Brandspigel, Zolotor, & Dunne, 2015), and by teams using UNICEF's Multiple Indicator Cluster Survey across the globe (Amatov, 2011). However, these studies focused on the use and validity of assessment instruments, not on the attitudes about maltreatment in different contexts. This is academically interesting for cross-cultural studies on maltreatment, but also relevant for the culturally-sensitive 'export' of prevention programs from one region to another. In addition, knowledge about cross-cultural differences in attitudes towards maltreatment is important for professionals working in multicultural contexts where they encounter parents with different cultural backgrounds who may have very different attitudes towards behaviors commonly labeled as maltreatment. An understanding of what such differences might be, is crucial to creating trust and alliance with those families, and attempts to work towards common goals.

In the current pilot study we analyze data from mothers from nine countries regarding their beliefs about the severity of behaviors commonly reported as reflecting four subtypes of non-sexual maltreatment defined in the Western literature: physical abuse, emotional abuse, physical neglect, and emotional neglect. We analyze: 1) Between-country versus within-country variations in maternal notions about the extent to which specific and subtypes of parenting behaviors included in commonly used instruments to assess maltreatment are detrimental to child development; 2) Between-country variations in mothers' ideas about which parenting behaviors reflect child maltreatment; 3) Between-country variations in mothers' ideas about the threshold for the need for intervention. Finally, we provide an overview of the items most commonly labeled as maltreatment for each country.

2. Method

2.1. Participants

The sample consists of a total of 466 mothers recruited in Chile ($n = 49$), China ($n = 50$), Greece ($n = 45$), Iran ($n = 45$), the Netherlands ($n = 65$), Portugal ($n = 57$), South Africa ($n = 49$), Turkey ($n = 51$), and Uruguay ($n = 55$). Mothers were selected for having at least one child between the ages of 2 and 6 years. Exclusion criteria were a target child with a severe mental or physical disability, ethnic minority status, and maternal illiteracy. Table 1 provides an overview of the sample sizes per country and participants' sociodemographic characteristics in each of the countries (see also preliminary analyses).

2.2. Procedure

Recruitment strategies were as follows in each of the countries: *Chile* - research assistants' personal contacts in Punta Arenas city, social media, and snowball sampling; *China* - through a big state company in the city of Shenzhen (a big city in the South); *Greece* -

Table 1
Sociodemographic Sample Characteristics.

	CL (49)	CN (50)	GR (45)	IR (45)	NL (65)	PT (57)	SA (49)	TR (51)	UY (55)	Between-Country Differences
Maternal Age in years	29.21 (5.92)	33.07 (2.63)	36.31 (5.20)	30.95 (3.39)	37.04 (5.62)	35.53 (5.70)	27.19 (4.74)	34.36 (5.05)	33.67 (7.41)	$F(8, 434) = 19.46, p < .01$ CL,SA < IR,CN < GR, PT, NL, UY ; NL < UY
Maternal Education ^a	3.79 (0.94)	4.58 (0.81)	3.44 (1.16)	4.31 (0.85)	4.46 (0.83)	3.30 (1.57)	3.88 (1.09)	3.31 (1.42)	3.70 (1.64)	$F(8, 444) = 8.75, p < .01$ GR,PT,TR,UY < NL,CN,IR
Family income ^a	3.39 (0.77)	4.16 (1.25)	1.49 (0.97)	3.27 (1.11)	3.48 (1.22)	1.02 (1.12)	2.66 (1.31)	2.63 (1.57)	3.37 (1.55)	$F(8432) = 31.31, p < .01$ GR,PT < SA,TR < CN,CL,NL ; CN > IR,UY
Number of children	1.20 (0.46)	1.16 (0.37)	1.33 (0.56)	1.22 (0.56)	2.11 (0.83)	1.77 (0.81)	1.57 (0.74)	1.90 (0.73)	1.98 (1.35)	$F(8, 445) = 12.05, p < .01$ CL,CN,IR < NL,PT,TR,UY

Note: CL = Chile; CN = China, GR = Greece, IR = Iran, NL = the Netherlands, PT = Portugal, SA = South Africa, TR = Turkey, UY = Uruguay. In parentheses below the country abbreviations are the sample sizes. There were some missing values on some sociodemographic variables (max 5 % missing per variable), which explains the different degrees of freedom in the final column.

^a Maternal educational level and family income were both measured on a 5-point scale (see Method section). Income was measured relative to the country's income distribution and reflects low to high income in relation to national standards.

research assistants' personal networks in the suburbs of Athens; *Iran* - via a school for extracurricular lessons in Arak (a big city in the middle of Iran) and through a research assistants' personal network in Neishabour (a small city in the North), using snowball sampling; *the Netherlands* - through toddler playgroups and preschools in the Western region of the country; *Portugal* - through preschools and health clinics followed by snowball sampling in three small-to-mid-sized towns; *South Africa* - through lists of participants of previous research projects of the team in the Greater Johannesburg Metropolitan Area; *Turkey* - research team's personal and professional networks followed by snowball sampling in Istanbul and Izmir (both large cities); *Uruguay* - through psychology students' personal networks and though an NGO attending to socio-economically vulnerable women Montevideo.

All participants received the same information brochure (translated into all relevant languages), and signed the same informed consent form. The brochure informed participants about the international nature of the study and the research goal of examining differences and similarities about maternal beliefs about parenting between countries. Small gifts (monetary or otherwise) as a token of appreciation for participation were adapted to local customs. The research project was approved by the Ethics Review Board of the first author's host institute.

2.3. Instruments

All instruments were made available in the languages relevant to the nine countries, using either existing translations, or conducting a process of translation, back-translation, and fine-tuning based on discussions with bilingual colleagues.

2.3.1. Maltreatment attitudes

Mothers' maltreatment attitudes were assessed using a Q-set of 90 items, the Maltreatment Q-Sort (MQS) developed by the authors and consisting of 90 items reflecting physical abuse, emotional abuse, physical neglect, and emotional neglect. A full description of the MQS, how it was developed, and how it is administered and analyzed can be found in the accompanying Data in Brief publication (Woudstra et al., under review). In brief, this measure yields a rank ordering classification of the 90 items in 9 stacks reflecting a participant's view on how damaging the behaviors are to child development (from least damaging in category 1 to most damaging in category 9). These 'sorts' can be used as variables to calculate agreement between individuals (and thus groups) on how damaging the 90 behaviors are. In China, Iran, Netherlands, Portugal, South Africa, participants also indicated from which stack onwards they thought various levels of interventions would be necessary (interventions thresholds), and from which stack onwards they considered the behaviors to constitute maltreatment (maltreatment threshold). Higher thresholds reflect fewer behaviors seen as requiring intervention or as reflecting child maltreatment.

2.3.2. Socio-demographic variables

Participant educational level was measured on a 5-point scale: (1) primary school, (2) vocational school, (3) secondary school/middle vocational education, (4) high vocational education, and (5) and university or higher. Some minor adjustments were made to this classification system depending on the local context. Annual gross family income was measured on a 5-point scale that was defined differently in each country based on the national income distributions. In all countries, category (1) referred to the country's lowest income bracket, category (3) to the country's income median, and category (5) to an income level considered to be very high in the country of interest. Participants also reported on their age and their number of children.

2.4. Data analysis

(1) Between-country versus within-country variations in maternal notions about the extent to which certain parenting behaviors are detrimental to child development – were tested by calculating agreement between Q-sorts constructed by mothers from different countries and those within countries. Consistent with standard Q-sort methodology, each mother's sort is represented as an individual variable for data analysis (see also accompanying Data in Brief paper for more details: [Woudstra et al., under review](#)). This variable consists of 90 cases, representing the 90 cards, with scores from 1 to 9 reflecting the stack on which the mother put the card. With these variables, the correlations between the Q-sorts of each mother from one country and the Q-sorts of each mother from another country are calculated, resulting in the report of a range and average of correlations for each pairwise comparison between countries.

To compare between-country agreement to within-country agreement, correlations were also computed between the Q-sorts of each individual mother from one country with each individual mother from the same country, also yielding a range and average. To assess whether agreement within versus between countries were significantly different from each other, 95 % confidence intervals were compared. To compare patterns regarding subscales of the MQS (relative perceived harmfulness of physical abuse, emotional abuse, physical neglect, emotional neglect), we conducted a repeated measures ANOVA with subscale average item scores as the within-subjects variable, and country as between-subjects variable. The effect of sociodemographic variables could not be tested here because the Q-sort rankings do not yield a variable that can be used to analyze relations with other variables (for lack of a criterion sort).

(2) Between-country variation in mothers' ideas about which parenting behaviors reflect child maltreatment was tested by looking at mother-reported maltreatment thresholds. An ANOVA was conducted to test country effects on the height of these thresholds. In addition, a repeated measures ANOVA was conducted to test whether professional intervention thresholds were higher or lower than maltreatment thresholds (within-subjects), and whether this was different depending on country (between-subjects factor). Post hoc paired-sample *t*-tests were conducted for each country separately to examine the nature of a potential interaction effect. Finally, to explore the content of between-country differences in definitions of maltreatment, we provide an overview of the items most commonly labeled as maltreatment for each country. Regarding the check for potential confounding variables such as family income, maternal education, age, and number of children, we computed correlations between these variables and the intervention and maltreatment threshold variables.

(3) Between-country variation in mothers' ideas about which parenting behaviors would require intervention was tested by looking at mother-reported intervention thresholds. To examine whether thresholds were different depending on the intervener (someone, the participant themselves, or a professional) and/or depending on the country (5 countries with available data), we conducted a repeated measures ANOVA with intervener identity as a within-subjects factor, and country as a between-subjects factor.

3. Results

Table 1 shows the sociodemographic characteristics of the samples. An ANOVA showed significant effects of country on each of the variables. Dutch mothers were generally significantly older, had more children, higher education, and higher income than mothers from most of the other countries. The Chinese and Iranian mothers were also generally higher educated than the others. Income was particularly low in Greek and Portuguese participants, and the youngest mothers were found in South Africa and Chile.

3.1. Agreement in ranking of MQS items

Table 2 shows the agreement between mothers within and between countries regarding the harmfulness of the parenting behaviors described in the MQS. Agreement within countries (Table 2 on diagonal) ranged from 0.17 (South Africa) to .70 (the

Table 2

Agreement (and SD) on the MQS between countries (above and below diagonal) and within countries (on diagonal).

	Chile	China	Greece	Iran	Netherlands	Portugal	S-Africa	Turkey	Uruguay
Chile	0.57 (0.13)	0.45 (0.13)	0.39 (0.12)	0.50 (0.11)	0.69 (0.85)	0.52 (0.10)	0.23 (0.24)	0.50 (0.14)	0.48 (0.15)
China	0.45 (0.13)	0.55 (0.12)	0.43 (0.13)	0.45 (0.13)	0.55 (0.11)	0.51 (0.11)	0.25 (0.24)	0.49 (0.14)	0.47 (0.16)
Greece	0.39 (0.12)	0.43 (0.13)	0.56 (0.30)	0.43 (0.13)	0.48 (0.13)	0.48 (0.13)	0.23 (0.22)	0.44 (0.15)	0.44 (0.17)
Iran	0.50 (0.11)	0.45 (0.13)	0.43 (0.13)	0.58 (0.12)	0.53 (0.10)	0.51 (0.11)	0.24 (0.24)	0.53 (0.14)	0.47 (0.15)
Netherlands	0.69 (0.85)	0.55 (0.11)	0.48 (0.13)	0.53 (0.10)	0.70 (0.08)	0.62 (0.08)	0.28 (0.26)	0.58 (0.14)	0.55 (0.16)
Portugal	0.52 (0.10)	0.51 (0.11)	0.48 (0.13)	0.51 (0.11)	0.62 (0.08)	0.62 (0.09)	0.29 (0.26)	0.56 (0.13)	0.53 (0.15)
S-Africa	0.23 (0.24)	0.25 (0.24)	0.23 (0.22)	0.24 (0.24)	0.28 (0.26)	0.29 (0.26)	0.17 (0.22)	0.26 (0.25)	0.26 (0.25)
Turkey	0.50 (0.14)	0.49 (0.14)	0.44 (0.15)	0.53 (0.14)	0.58 (0.14)	0.56 (0.13)	0.26 (0.25)	0.57 (0.16)	0.49 (0.18)
Uruguay	0.48 (0.15)	0.47 (0.16)	0.44 (0.17)	0.47 (0.15)	0.55 (0.16)	0.53 (0.15)	0.26 (0.25)	0.49 (0.18)	0.50 (0.19)

Note: numbers are duplicated below and above the diagonal to facilitate overviews for specific countries.

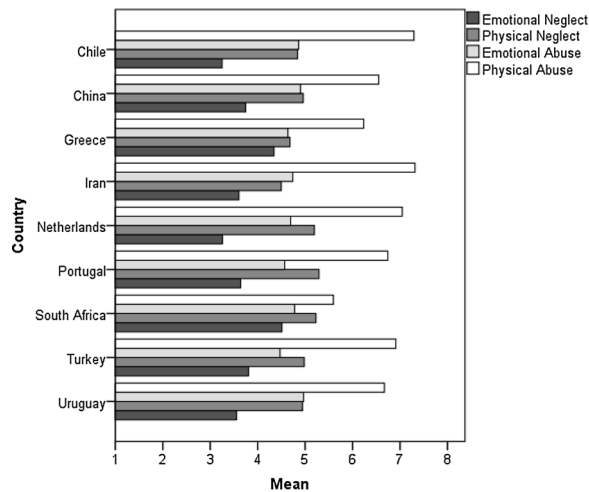


Fig. 1. Average Placement of Items from the Four Subscales of the MQS per Country.

Note: Potential range 1–9, reflecting the Q-sort stacks from least harmful (1) to most harmful (9). There was a significant effect of country, meaning that the within-country patterns varied across countries.

Netherlands), with an average of .53. Agreement between mothers from different countries (Table 2 above and below diagonal) ranged from 0.23 (Greece with South Africa) to .69 (Chile with the Netherlands), with an average of .45. Comparing the 95 % confidence intervals for within-country agreement (0.42–0.65) and between-country agreement (0.41–0.49) showed that these overlapped almost entirely, indicating that they were not significantly different from each other. This means that variation in the rank ordering of parenting behaviors often labeled as maltreatment in the literature are not bigger between than within countries, suggesting that country differences are not more prominent than ‘regular’ (within-country) individual differences. Because of the nature of Q-sort data without a criterion sort, the role of sociodemographic variables could not be tested. However, visual inspection shows that the patterns of low and high agreement between countries in Table 2 do not follow the patterns of socio-demographic similarities and differences seen in Table 1.

A repeated measures ANOVA revealed significant differences between the item averages of the four subscales of the Q-sort (see Fig. 1), $F(3, 455) = 1134.69, p < .01, \eta^2 = .88$. Within-subjects contrasts showed significant differences for each of the pairs of subscales, reflecting the highest scores (labeled as most harmful) for physical abuse, followed by physical neglect, emotional abuse, and the lowest scores for emotional neglect (all pairwise comparisons $p < .01$). In all countries the physical abuse items had the highest mean scores, and the emotional neglect items had the lowest mean scores. The relative harmfulness of the physical neglect and emotional abuse items varied between countries. There was a significant subscale-by-country effect, $F(24, 1371) = 16.12, p < .01, \eta^2 = .22$, indicating different patterns of reported harmfulness of subtypes of maltreatment depending on country. Inspection of Fig. 1 reveals that the item averages of subscales were much closer to each other in the South African sample than in the other samples, reflecting a less clear pattern of more versus less harmful subtypes. In the Iranian sample, the gap in perceived harmfulness of physical abuse (highest) and the other types of maltreatment was bigger than for the other countries. In the Netherlands, Portugal, South Africa, and Turkey, physical neglect was rated as more harmful than emotional abuse, whereas in the other countries the scores for these two subscales were very close to each other, and in Iran the order of these subscales was reversed.

3.2. Threshold for defining maltreatment

Regarding thresholds for labeling behaviors as child maltreatment (available for 5 out of the 9 countries), 60 % of mothers labeled more than half of the items as such (indicating that all items starting at stacks, 1, 2, 3, 4, or 5 should be considered maltreatment), and 13 % of mothers even reported that they considered all behaviors in the set to be maltreatment. Only 6 % of mothers thought only the very highest stack – with, in their opinion, the ten most harmful items – should be labeled as child maltreatment. There was a significant main effect of country, $F(4, 259) = 11.25, p < .01, \eta^2 = .15$, with post-hoc analyses showing that this effect was due to Chinese mothers reporting significantly higher thresholds than mothers from all other countries (see Fig. 2). In other words, Chinese mothers labeled fewer behaviors as maltreatment than mothers from Iran, the Netherlands, Portugal, and South Africa. There were no other significant between-country differences regarding child maltreatment definition threshold. Finally, the threshold for defining maltreatment was unrelated to mothers’ age, number of children, educational level, or household income.

3.3. Threshold for intervention

We also analyzed the agreement between countries regarding the need to intervene in response to certain parenting behaviors because they are considered harmful (noting that these data were not available for Chile, Greece, Turkey, and Uruguay). Descriptive statistics for these variables are presented in Fig. 2. The repeated measures ANOVA showed a significant main effect of the within-

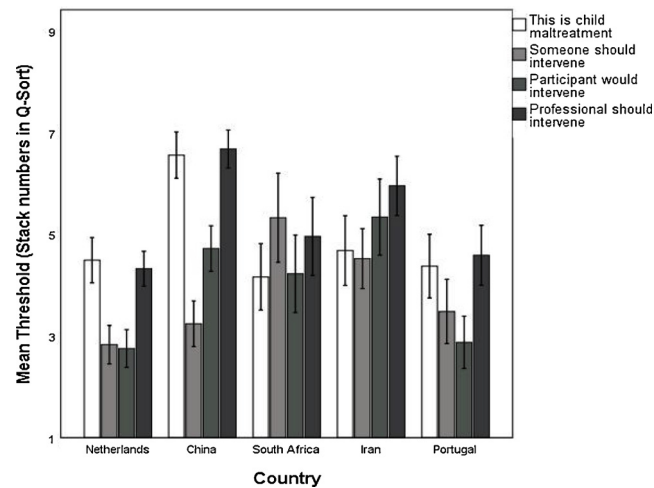


Fig. 2. Average Thresholds for Labeling Behaviors as Child Maltreatment and for Behaviors Requiring Intervention by Country.

Note: The average threshold refers to the Q-sort stack number reported by mothers as being the threshold for considering a behavior to be child maltreatment (the white bars), or the threshold for intervention (by someone, themselves, or a professional – grey bars). The potential range is 1–9 as there are 9 Q-sort stacks. The higher the threshold, the fewer behaviors are labeled as maltreatment or as requiring intervention. Error bars represent 95 % confidence interval.

subjects factor intervener identity (someone/anyone, the participant themselves, a professional), $F(2, 258) = 82.17, p < .01, \eta^2 = .39$. Post-hoc contrasts showed that mothers reported significantly lower thresholds for intervention by someone/anyone (average stack 3.79) or themselves (3.86) versus intervention by a professional (5.22), meaning that they included fewer behaviors as needing intervention by a professional than by a non-professional. The analyses also revealed a significant main effect of the between-subjects factor country, $F(4, 259) = 15.15, p < .01, \eta^2 = .19$, showing a pattern of lower thresholds for intervention (i.e., more behaviors classified as needing intervention) according to Dutch mothers compared to mothers from all other countries, except for Portugal. Portuguese mothers also reported a lower threshold for intervention than mothers from all other countries, except for the Netherlands. In other words, Dutch mothers thought that more of the negative parenting behaviors of the MQS required intervention than most other mothers did. No other between-country differences were found in the analyses testing all three thresholds for intervention variables together.

There was also a significant interaction effect between country and intervener identity, $F(8, 518) = 11.29, p < .01, \eta^2 = .15$. Among Dutch, Chinese, Iranian, and Portuguese mothers, higher intervention thresholds were reported for professionals than for intervention by someone in general or themselves (with thresholds for someone to intervene also lower than for mothers themselves in China and Iran, but the other way around for Portugal). Among South African mothers, the intervention by themselves had the lowest thresholds, followed by professionals and someone. We also tested country effects on this threshold separately. This analysis also revealed a significant country effect, $F(4, 259) = 13.78, p < .01$. Post-hoc analyses revealed that mothers from the Netherlands and Portugal had the lowest thresholds for intervention by a professional, and significantly lower than mothers from China and Iran who had the highest professional intervention thresholds.

Finally, the three variables reflecting threshold for intervention (by someone, self, or professional) were unrelated to mothers' number of children, educational level, or household income. Maternal age was related to a lower threshold for intervention by someone, $r(244) = -0.21, p < .01$, and for intervention by mother themselves, $r(244) = -0.21, p < .01$, indicating that older mothers had lower thresholds for intervention by someone in general or themselves than younger mothers. The average threshold for child maltreatment was not significantly different from the average threshold for professional intervention in any of the countries, except for Iran, where the child maltreatment threshold ($M = 5.95; SD = 1.92$) was significantly lower than the threshold for professional intervention ($M = 4.68; SD = 2.26$), $p < .01$.

3.4. Items defined as maltreatment across countries

The accompanying Data in Brief publication (Woudstra et al., under review) includes a comprehensive table with the percentages of mothers in each country who labeled the MQS items as maltreatment. The average range of percentages between countries (i.e., the differences between the lowest and highest percentage of mothers labeling an item as maltreatment) was quite high at 37 %. A total of 24 items were labeled as maltreatment by more than 75 % of all mothers across countries (see column 'total'), 17 of which refer to severe forms of physical abuse that do or can clearly physically hurt the child. In the Dutch sample, nine of those items were even unanimously labeled as maltreatment. This was only the case for one item in China (grabbing neck and choking), and none in any of the other countries. For most items with high total percentages, the range of percentages between countries was rather low – often even below 25 % (see Woudstra et al., under review for item details) – suggesting high agreement on the high degree of harmfulness of these behaviors. One notable exception was item 84 ('is so drunk or high that he/she cannot take care of the child')

which was rated as constituting child maltreatment by only 26 % of Chinese mothers, but by more than 80 % of mothers in each of the other countries. A similar pattern was found for item 64 ('hits child on its bottom with a hard object'). Consistent with the earlier finding that Chinese mothers reported the highest maltreatment-definition thresholds, only 11 items were agreed upon to reflect maltreatment by at least 75 % of Chinese respondents. The highest numbers of high-agreement items were found in Portugal (32) and Iran (28), countries that both had relatively low maltreatment-definition thresholds combined with quite high within-country agreement.

Only six items had a total percentage lower than 25, most from the emotional maltreatment category and reflecting behaviors that could be seen as part of normal variation in parenting styles, such as punishing, lack of routine, and too high expectations. Items with a range of percentages between countries higher than 50 % were mostly those with a rather low total percentage (see items marked dark grey in the first column of Table 4). Thus, on average these items were not considered to be very harmful, but this varied strongly by country. Examples of such items are criticizing, being overprotective, not keeping the child or its clothes clean, or threatening to hit. Items with a medium-sized total percentage with large between-country variations included slapping, pushing, refusing to take care of child, and not making the child feel important.

We also looked for items that were labeled as maltreatment in one country in particular and not so much in other countries. Such country-specific items were found for all countries, except for China (which is consistent with the fact that they were least likely to label items as maltreatment). For Iran, two items with percentages clearly higher than those in other countries were 'slapping on hand, arm, leg' (item 68), and 'spanking bottom with bare hand' (item 23). One item was specifically rated as maltreatment by mothers in the Netherlands but less so elsewhere: 'does not look out for the child' (item 51). In Portugal, the country-specific item was 'extremely overprotective' (item 72), and in South Africa three items were specifically rated as maltreatment but not so much in other countries. These three items were 'unable to show love' (item 29), 'screams at other relative in front of child' (item 24), and 'not keeping child's clothes clean' (item 62).

4. Discussion

The results of this pilot study show that patterns of reported harmfulness of subtypes of maltreatment, the number and type of behaviors labeled as maltreatment, and those labeled as requiring intervention differed between countries. Behaviors indicative of physical abuse were seen as most harmful and those indicative of emotional neglect as least harmful in all countries, but the magnitude of the differences in perceived harmfulness between subtypes of maltreatment varied, as well as the harmfulness ranking of emotional abuse and physical neglect. Chinese mothers reported significantly higher thresholds for labeling behaviors as maltreatment (meaning labeling fewer behaviors as maltreatment) than mothers from all other countries, and mothers from the Netherlands reported a significantly lower threshold for intervention than almost all other countries.

We first tested between-country variation in the perceived harmfulness of specific parenting behaviors represented in commonly-used measures of maltreatment. On the one hand, some of our findings suggest relative homogeneity in perceived harmfulness of specific behaviors. The average between-country agreement (.53) can be considered quite high in light of other studies using Q-sorts to compare countries (Mesman et al., 2016; Posada et al., 1995). In addition, the agreement between countries was not significantly lower than within-country agreement, and physical abuse was seen as most harmful and emotional neglect as least harmful in all countries. Further, mothers in all countries agreed that parenting behaviors belonging to the physical abuse subtype were most harmful to child development, whereas behaviors belonging to the emotional neglect subtype were least harmful. However, there was also a significant country-by-subtype effect on the average harmfulness scores, showing that the patterns of these scores for physical abuse, emotional abuse, physical neglect, and emotional neglect varied between countries. This was mostly due to the much less pronounced pattern of scores (i.e., similar harmfulness scores for each subtype) in the South African sample than in the samples from the other countries, and a somewhat larger gap between the high harmfulness scores for physical abuse and the low harmfulness scores for emotional neglect in the sample from Iran compared to the other countries (although the direction of the 'gap' was the same as in the other countries).

The South African results were not only different in pattern of subtype harmfulness scores (i.e., showing no clear rank order), but also showed the lowest within-country as well as between-country agreement on the harmfulness of the parenting behaviors. The latter is most likely caused by the former, given that large variations within a country limit the potential for consistent agreement with others. The South African sample was not more heterogeneous in terms of sociodemographic characteristics than the other samples, ruling such variation out as a potential explanation. It has been suggested that low within-country agreement could be due to limited rules and regulations regarding child maltreatment, and/or limited attention to child maltreatment by for example the media or popular-culture outlets (Korbin, 2002). Since 2010, there is mandatory reporting legislation regarding child maltreatment in South Africa, but there are many concerns about the barriers to mandatory reporting, including a lack of clarity about the nature of the law and a lack of knowledge about what constitutes child maltreatment (Hendrikx, 2014). However, this is not unique to South Africa, and similar concerns have been raised about Iran for example (Oveisi et al., 2010), where within-country variability was not that high at all. Because high within-country variability may be problematic for research, policy, and practice in that specific country, its origins and implications deserve more study as a topic in their own right to guide further efforts to investigate, prevent, or treat maltreatment.

Second, we examined between-country variation in mothers' ideas about which parenting behaviors reflect child maltreatment. There was a significant country effect on the threshold for defining behaviors as maltreatment. This was due mostly to the fact that mothers in China had a higher threshold for labeling behaviors as maltreatment (i.e., labeled fewer behaviors as maltreatment) than the mothers from the other countries for which this data was available (Iran, the Netherlands, Portugal, and South Africa). This

finding could be related to the notion of filial piety that is central to Chinese family relationships in general and the parent-child relationship in particular, emphasizing the importance of child obedience and respect for parents (Ho, 1994). Potentially more so than in the comparison countries, parents in China may feel that they have the authority and the right to do whatever seems best to them because of their status as a parent who is to be respected and obeyed. This does not necessarily mean they condone maltreatment, but that they are less inclined to label parenting behaviors as maltreating, because parents might be seen as infallible in their authority, and children are traditionally considered to be their parents' private property in China (Shek & Sun, 2014). This is also consistent with the findings for threshold for professional intervention discussed below. We considered other explanations like a lack of trust in institutions (that may get involved when maltreatment is established), but this seems unlikely because China has scored much higher than other countries on trust in institutions than other countries in recent decades (Yang & Tang, 2010).

At the item level, about a quarter of items were rated as constituting maltreatment by more than 75 % of all mothers in the study, and most of these items referred to physical abuse, highlighting the between-country agreement on this particular subclass of maltreatment. Nevertheless, there was also a substantial amount of disagreement between countries regarding which specific behaviors are or are not considered maltreatment, with an average range of percentages between countries of 37 %, and 17 items with a range of percentages between countries above 50 %. These large ranges are mostly due to the simple fact that the Chinese mothers had a much higher threshold for labeling a behavior as maltreatment than other mothers (and the South Africa ones in particular), which automatically leads to big gaps between the lowest and highest percentages. Among the items with ranges above 50 are several that could be open to multiple interpretations about their severity and scope, such as item 16 'refuses to offer child shelter' (shelter when or why? what if the child needs to be out for something?) or item 82 'does not keep the child clean' (small children do tend to get dirty and some mothers may see it as impossible to keep them clean at all times).

However, interpreting every specific item in terms of between-country agreement is a hazardous endeavor because of the multitude of analyses and relatively small subsample sizes. Instead, the results are better seen as an illustration of the general notion that mothers from different cultural backgrounds may have very different ideas of what maltreatment is (and is not). This insight is important for researchers and practitioners working internationally, for example those involved in designing, administering, and evaluating interventions with local partners. In addition, local professionals are often trained with Western resources in terms of textbooks and research/screening instruments, and could therefore be supported by a more explicit acknowledgment of cultural influences on their work. The results are further relevant in multicultural countries with immigrants from very different cultural backgrounds. A certain amount of flexibility in defining good-enough care (and thus absence of maltreatment) may be needed, as well as an open dialogue about potential cultural differences in care standards to prevent ethnic minority families from shutting down and avoiding care if they feel misjudged or misunderstood. Such feelings have been documented and cited as one of the potential reasons for lower (mental) health service use in minority groups (Križ & Skivenez, 2011), which in turn could lead to high rates of undetected and untreated maltreatment cases and missed opportunities for supporting parents in the use of more positive forms of parenting.

Third, we studied between-country variation in mothers' ideas about which parenting behaviors would require intervention. The significant country effect on threshold for intervention was due to lower thresholds in the Netherlands and Portugal compared to those reported by mothers from the other countries overall. And specifically for intervention by a professional, both of these countries scored significant lower than China and Iran who had the highest professional intervention thresholds. The notion that others can and should intervene in case of parenting problems might have something to do with the general availability of facilities for mental health care. There are large international disparities in the number of mental health workers, and the budget for mental health care, with Europe strongly outperforming other regions in this area (Saraceno & Saxena, 2002). This may be why Dutch and Portuguese mothers see intervention as an option more easily than mothers from regions where such care is far more difficult to come by. It may be that the non-specialist intervention is seen as a proxy for professional intervention by European mothers, who expect a non-professional intervention to lead to professional help (e.g., someone advising the parents to get help). In general, the thresholds for labeling behaviors as child maltreatment were very close to the thresholds for professional intervention, suggesting that mothers across different countries more or less equate maltreatment with a need for professional help even though they may differ in their opinions on what maltreatment is. This is an encouraging finding that might be instrumental in efforts to raise awareness of the importance of intervention when children are maltreated.

Strengths of the current study are the inclusion of countries rarely represented in maltreatment research, the Q-sort instrument with items that are widely used to define maltreatment (both abuse and neglect) in both practice and research, and the analyses of several key aspects of cultural normativity. There are some limitations to this pilot study as well. First, the sample sizes were small and mostly based on convenience sampling, so that (especially country-specific) results need to be interpreted with caution. The findings of this pilot study should be seen primarily as an illustration of the types of cross-cultural differences in the definition of maltreatment that are relevant to research and practice and an exploration of their potential origins, rather than a definitive assessment of who believes what in which countries. More studies in larger and more representative samples are required, as well as analyses that also control for pertinent socio-demographic variables. Second, because the Q-sort methodology requires a rather advanced level of literacy and executive functions (i.e., working memory to make rank orders), the mothers who participated in this study do not represent the lowest socio-economic classes where illiteracy is higher than in other groups, and where issues of maltreatment tend to be more prevalent. Investing in other methods to elicit beliefs about maltreatment from parents from such backgrounds would be a worthwhile endeavor. Finally, the current study focused only on mothers, whereas of course the opinions about maltreatment definitions of fathers and professionals working with children would also be highly valuable.

In conclusion, there are several areas of agreement between mothers from different countries regarding maltreatment behaviors, including a rather high convergence in the rank ordering of parenting behaviors in terms of harmfulness, and agreement that (most) physical abuse behaviors constitute maltreatment. We also found several areas of disagreement, in particular regarding the thresholds

for labeling specific behaviors as maltreatment and thresholds for intervention. These results could be used to design interventions that focus on discussing the potential harmful effects of certain behaviors that may not be considered as maltreatment in particular contexts to raise awareness. In addition, awareness about subjectivity of maltreatment definitions is relevant for designing interventions for different contexts, for clinical practice in multicultural countries (and even monocultural ones, given the existence of within-country variations as well), and for international research projects that may judge parents by cultural norms that can give a distorted view of the nature and prevalence of maltreatment. Such awareness is important in all areas of parenting research, but particularly when it comes to the study of maltreatment, given that their findings might end up in decision-making processes about the futures of vulnerable children.

References

- Amatov, M. K. (2011). Child abuse in 28 developing and transitional countries—Results from the multiple indicator cluster surveys. *International Journal of Epidemiology*, 40, 219–227. <https://doi.org/10.1093/ije/dyq168>.
- Alink, L. R. A., Cicchetti, D., Kim, J., & Rogosch, F. A. (2012). Longitudinal associations among child maltreatment, social functioning, and cortisol regulation. *Developmental Psychology*, 48(1), 224–237. <https://doi.org/10.1037/a0024892>.
- Barnett, D., Manley, J. T., & Cicchetti, D. (1993). Defining child maltreatment: The interface between policy and research. In D. Cicchetti, & S. L. Toth (Eds.). *Child abuse, child development, and social policy* (pp. 7–73). Norwood, NJ: Ablex.
- Bernard, K., Lind, T., & Dozier, M. (2014). Neurobiological consequences of neglect and abuse. In J. E. Korbin, & R. D. Krugman (Eds.). *Handbook child maltreatment* (pp. 205–223). <https://doi.org/10.1007/978-94-007-7208-3>.
- Bornstein, M. H., & Cheah, C. S. L. (2006). The place of “culture and parenting” in an ecological contextual perspective on developmental science. In K. H. Rubin, & O. B. Ching (Eds.). *Parental beliefs, parenting, and child development in cross-cultural perspective* (pp. 3–33). New York, NY: Psychology Press.
- Bornstein, M. H., Putnick, D. L., & Lansford, J. E. (2011). Parenting attributions and attitudes in cross-cultural perspective. *Parenting*, 11(2–3), 214–237. <https://doi.org/10.1080/15295192.2011.585568>.
- Carpenter, L. L., Shattuck, T. T., Tyrka, A. R., Geraciotti, T. D., & Price, L. H. (2011). Effect of childhood physical abuse on cortisol stress response. *Psychopharmacology*, 214(1), 367–375. <https://doi.org/10.1007/s00213-010-2007-4>.
- Chiocca, E. M. (2017). American parents’ attitudes and beliefs about corporal punishment: An integrative literature review. *Journal of Pediatric Health Care*, 31(3), 372–383.
- Chua, A. (2011). *Battle hymn of the tiger mother*. London, England: Penguin Putnam Inc.
- Deater-Deckard, K., Lansford, J. E., Malone, P. S., Alampay, L. P., Sorbring, E., Bacchini, D., ... Al-Hassan, S. M. (2011). The association between parental warmth and control in thirteen cultural groups. *Journal of Family Psychology*, 25(5), 790–794. <https://doi.org/10.1037/a0025120>.
- East, P. L. (2010). Children’s provision of family caregiving: Benefit or burden? *Child Development Perspectives*, 4(1), 55–61. <https://doi.org/10.1111/j.1750-8606.2009.00118.x>.
- Gershoff, E. T., Grogan-Kaylor, A., Lansford, J. E., Chang, L., Zelli, A., Deater-Deckard, K., ... Dodge, K. A. (2010). Parent discipline practices in an international sample: Associations with child behaviors and moderation by perceived normativeness. *Child Development*, 81, 487–502. <https://doi.org/10.1111/j.1467-8624.2009.01409.x>.
- Gilbert, R., Widom, C. S., Browne, K., Fergusson, D., Webb, E., & Janson, S. (2009). Burden and consequences of child maltreatment in high-income countries. *The Lancet*, 373(9657), 68–81. [https://doi.org/10.1016/S0140-6736\(08\)61706-7](https://doi.org/10.1016/S0140-6736(08)61706-7).
- Hendriks, M. L. (2014). Mandatory reporting of child abuse in South Africa: Legislation explored. *South African Medical Journal*, 104, 550–552. <https://doi.org/10.7196/SAMJ.8110>.
- Ho, D. Y. F. (1994). Filial piety, authoritarian moralism and cognitive conservatism in Chinese societies. *Genetic, Social, and General Psychology Monographs*, 120, 349–365.
- Korbin, J. E. (2002). Culture and child maltreatment: Cultural competence and beyond. *Child Abuse & Neglect*, 26(6), 637–644. [https://doi.org/10.1016/S0145-2134\(02\)00338-1](https://doi.org/10.1016/S0145-2134(02)00338-1).
- Križ, K., & Skivenez, M. (2011). How child welfare workers view their work with racial and ethnic minority families: The United States in contrast to England and Norway. *Children and Youth Services Review*, 33(10), 1866–1874. <https://doi.org/10.1016/j.chldyouth.2011.05.005>.
- Lansford, J. E., & Deater-Deckard, K. (2012). Childrearing discipline and violence in developing countries. *Child Development*, 83(1), 62–75. <https://doi.org/10.1111/j.1467-8624.2011.01676.x>.
- Lansford, J. E., Godwin, J., Uribe Tirado, L. M., Zelli, A., Al-Hassan, S. M., Bacchini, D., ... Alampay, L. P. (2015). Individual, family, and culture level contributions to child physical abuse and neglect: A longitudinal study in nine countries. *Development and Psychopathology*, 27, 1417–1428.
- Lansford, J. E., Zelli, A., Chaudhary, N., Manke, B., Chang, L., Oburu, P., ... Quinn, N. (2005). Physical discipline and children’s adjustment: Cultural normativeness as a moderator. *Child Development*, 76, 1234–1246.
- Lee, Y., Malley-Morrison, K., Jang, M., & Watson, M. W. (2014). Hierarchies of child maltreatment types at different perceived severity levels in European Americans, Korean Americans, and Koreans. *Children and Youth Services Review*, 46, 220–229.
- Maker, A. H., Shah, P. V., & Agha, Z. (2005). Child physical abuse: Prevalence, characteristics, predictors, and beliefs about parent–child violence in South Asian, Middle Eastern, East Asian, and Latina women in the United States. *Journal of Interpersonal Violence*, 20, 1406–1428. <https://doi.org/10.1177/2F0886260505278713>.
- Mbagaya, C., Oburu, P., & Bakermans-Kranenburg, M. J. (2013). Child physical abuse and neglect in Kenya, Zambia and the Netherlands: A cross-cultural comparison of prevalence, psychopathological sequelae and mediation by PTSS. *International Journal of Psychology*, 48(2), 95–107. <https://doi.org/10.1080/00207594.2012.691975>.
- Mesman, J., Van IJzendoorn, M. H., Behrens, K., Carbonell, O. A., Carcamo, R., Cohen-Paraira, I., ... Zreik, G. (2016). Is the ideal mother a sensitive mother? Beliefs about early childhood parenting in mothers across the globe. *International Journal of Behavioral Development*, 40, 385–397. <https://doi.org/10.1177/0165025415594030>.
- Norman, R. E., Byambaa, M., De, R., Butchart, A., Scott, J., & Vos, T. (2012). The long-term health consequences of child physical abuse, emotional abuse, and neglect: A systematic review and meta-analysis. *PloS*, 9(11), e1001349. <https://doi.org/10.1371/journal.pmed.1001349>.
- Oveisi, S., Ardabili, H. E., Dadds, M. R., Majdzadeh, R., Mohammadkhani, P., Alaqband Rad, J., ... Shahrivar, Z. (2010). Primary prevention of parent-child conflict and abuse in Iranian mothers: A randomized-controlled trial. *Child Abuse & Neglect*, 34(3), 206–213. <https://doi.org/10.1016/j.chiabu.2009.05.008>.
- Posada, G., Gao, Y., Wu, F., Posada, R., Tascon, M., Schöelmerich, A., ... Synnevaag, B. (1995). The secure-base phenomenon across cultures: Children’s behavior, mother’s preferences, and experts’ concepts. *Monographs of the Society for Research in Child Development*, 60(2-3), 27–48. <https://doi.org/10.1111/j.1540-5834.1995.tb00202.x>.
- Prevo, M. J. L., Stoltenborgh, M., Alink, L. R. A., Bakermans-Kranenburg, M. J., & Van IJzendoorn, M. H. (2017). Methodological moderators in prevalence studies on child maltreatment: Review of a series of meta-analyses. *Child Abuse Review*, 26(2), 141–157. <https://doi.org/10.1002/car.2433>.
- Putnick, D. L., Bornstein, M. H., Lansford, J. E., Chang, L., Deater-Deckard, K., Di Giunta, ... Bombi, A. S. (2012). Agreement in mother and father acceptance-rejection, warmth, and hostility/rejection/neglect of children across nine countries. *Cross-Cultural Research*, 46, 191–223. <https://doi.org/10.1177/1069397112440931>.
- Raman, S., & Hodes, D. (2012). Cultural issues in child maltreatment. *Journal of Paediatrics and Child Health*, 48(1), 30–37. <https://doi.org/10.1111/j.1440-1754.2011.02184.x>.
- Riem, M. M., Alink, L. R. A., Out, D., Van IJzendoorn, M. H., & Bakermans-Kranenburg, M. J. (2015). Beating the brain about abuse: Empirical and meta-analytic

- studies of the association between maltreatment and hippocampal volume across childhood and adolescence. *Development and Psychopathology*, 27(2), 507–520. <https://doi.org/10.1017/S0954579415000127>.
- Runyan, D., Brandspigel, S., Zolotor, A., & Dunne, M. (2015). *Manual for administration: The ISPCAN child abuse screening tool (ICAST)*. Aurora, CO: International Society for the Prevention of Child Abuse and Neglect.
- Saraceno, B., & Saxena, S. (2002). Mental health resources in the world: Results from Project Atlas of the WHO. *World Psychiatry*, 1(1), 40–44.
- Shek, D., & Sun, R. (2014). Parenting in Hong Kong: Traditional Chinese cultural roots and contemporary phenomena. In H. Selin (Ed.). *Parenting across cultures: Childrearing, motherhood and fatherhood in non-western cultures*. New York, NY: Springer.
- Sorkhabi, N. (2005). Applicability of Baumrind's parent typology to collective cultures: Analysis of cultural explanations of parent socialization effects. *International Development of Behavioral Development*, 29, 552–563.
- St-Laurent, D., Dubois-Comtois, K., Milot, T., & Cantinotti, M. (2019). Intergenerational continuity/discontinuity of child maltreatment among low-income mother-child dyads: The roles of childhood maltreatment characteristics, maternal psychological functioning and family ecology. *Development and Psychopathology*, 31, 189–202.
- Stoltenborgh, M., Bakermans-Kranenburg, M. J., Alink, L. R. A., & Van IJzendoorn, M. H. (2015). The prevalence of child maltreatment across the globe: Review of a series of meta-analyses. *Child Abuse Review*, 24(1), 37–50. <https://doi.org/10.1002/car.2353>.
- Tran, N. K., Van Berkel, S., Van IJzendoorn, M. H., & Alink, L. R. A. (2017). The association between child maltreatment and emotional, cognitive, and physical health functioning in Vietnam. *BMC Public Health*, 17, 1–13. <https://doi.org/10.1186/s12889-017-4258-z>.
- Van der Kooij, I. W., Nieuwendam, J., Moerman, G., Boer, F., Lindauer, R. J. L., Roopnarine, J. L., ... Graafsma, T. L. G. (2017). Perceptions of corporal punishment among creole and maroon professionals and community members in Suriname. *Child Abuse Review*, 26, 275–288. <https://doi.org/10.1002/car.2475>.
- Windham, A. M., Rosenberg, L., Fuddy, L., McFarlane, E., Siac, C., & Duggan, A. K. (2004). Risk of mother-reported child abuse in the first 3 years of life. *Child Abuse & Neglect*, 28(6), 645–667.
- Woudstra, M., Van Ginkel, J., Branger, M., Alink, L., Emmen, R., ... Mesman, J. (under review). *Dataset on maternal attitudes about child maltreatment in nine countries using a Q-sort methodology*.
- Yang, Q., & Tang, W. (2010). Exploring the sources of institutional trust in China: Culture, mobilization, or performance. *Asian Politics & Policy*, 2(3), 415–436. <https://doi.org/10.1111/j.1943-0787.2010.01201.x>.