



Domestic Violence in Single- and Multi-Child Families in China: A Ten-Year Comparison in the Same Communities

Yuping Cao¹, Yue Chen^{1,2}, Guoyi Guo², Guoqiang Wang³, Qiao Mao⁴, Yong Zhang⁵, Lihong Jiang⁶, Ding Yuan⁷, Mengxi Zhang^{8*} and Xingguang Luo⁹

¹Department of Psychiatry, The Second Xiangya Hospital, Central South University; The China National Clinical Research Center for Mental Health Disorders; National Technology Institute of Psychiatry; Key Laboratory of Psychiatry and Mental Health of Hunan Province, Changsha, China

²Xiangtan Medicine & Health Vocational College, Xiangtan, China

³Wuxi Mental Health Center, Wuxi, China

⁴Department of Psychosomatic Medicine, People's Hospital of Deyang City, Deyang, Sichuan, China

⁵Tianjin Mental Health Center, Tianjin, China

⁶Mental Hospital of Chenzhou, Chenzhou, China

⁷Dongguan Mental Health Center, Dongguan, China

⁸Department of Geriatric, The Second Xiangya Hospital, Central South University, Changsha, China

⁹Department of Psychiatry, Yale University School of Medicine, New Haven, CT, USA

Abstract

Chinese one-child policy has been practiced for more than 30 years. With the policy that one couple can have two children being fully implemented from January 01st, 2016 in China, the families with two or more children are increasing, and the family size, family structure and family relationship has been largely changed. Little is known about the difference in Domestic Violence (DV) among single- and multi-child families in China. This study compared the prevalence, causes, patterns, consequence of DV and the attitude towards DV among single-child and multi-child families in the same communities between ten years in China. Epidemiological surveys were conducted among single-child and multi-child families in the same communities during the period of 2001 to 2002 (group 2002) for 9,451 families and 2011 to 2012 (group 2012) for 6,859 families, respectively. The same investigation methods, questionnaires and investigators were used in the two surveys. The findings indicated that the child abuse has been increasing, and the child education being the issue has climbed to the top in multi-child families. The negative attitude towards DV stayed the same in both single- and multi-child families. It is suggested that the intervention strategies on DV should be adjusted to the new situations, especially with the arrival of more multi-child families in current China.

Keywords: China; Domestic violence; Single-child family; Multi-child family

Introduction

Domestic Violence (DV) is a global problem [1], both in developed and developing countries. Our previous studies showed that the prevalence of DV was varied by different family constellations in China [2,3]. In the beginning of 1980s, the special 'family planning policy' was fully implemented in China, which generally advocated for one couple to only give birth to one child [4], especially in the cities. Although there are some couples that have more children secretly and illegally, the policy has profoundly changed the family structure, size and family relationship in China. The one-child policy has been practiced more than 35 years, bringing more than 150 million single-child families to Chinese society. However, there is little research on DV in single- and multi-child families. Sporadic studies have found that the prevalence of child neglect was higher in the single-child families; the reasons might be that the parents in modern Chinese society were more concerned with the educational and health issues of the singletons, while they may ignore their emotional needs [5]. Multi-child families suffered from more psychological violence than their single-child counterparts, which may be related to the sharing of parental love among the children. During the period 2001-2002, we used a multi-level stratification and random sampling method in China for the first time to carry out a large-scale epidemiological survey. A total of 9,451 families

OPEN ACCESS

*Correspondence:

Mengxi Zhang, Department of Geriatric, The Second Xiangya Hospital, Central South University; 139 Renmin Middle Road, Changsha, 410011, China, E-mail: caoy001@csu.edu.cn

Received Date: 20 Sep 2021

Accepted Date: 22 Oct 2021

Published Date: 01 Nov 2021

Citation:

Cao Y, Chen Y, Guo G, Wang G, Mao Q, Zhang Y, et al. Domestic Violence in Single- and Multi-Child Families in China: A Ten-Year Comparison in the Same Communities. *World J Psychiatry Ment Health Res.* 2021; 5(1): 1029.

Copyright © 2021 Mengxi Zhang. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

involving 32,720 people were surveyed in the study. It was found that the lifetime prevalence of any form (spousal abuse, child abuse, and elder abuse, basically) of DV was 16.2% [2,3]. Among the types of family structures surveyed, the number of single-child families was the largest (4025, 42.6%), followed by multi-child families (1817, 19.9%). According to the relevant social demographic factors [6], the predisposing factors, common patterns and consequence of DV [7-9], and the attitude toward DV in China [10], a series of DV prevention and interventions have been developed to reduce the incidence of DV successfully to a certain extent [11,12]. To explore the change of the prevalence of DV, we conducted the survey again in 2012 based on the first time in 2002 [13].

As we know, dramatic changes of social, economic, and cultural concepts have taken place during the last decade in China. The impact of those changes on the families is beyond doubt. What are the characteristics associated with DV changing? Will the DV intervention strategy also be fit for families and communities after ten years? Especially in recent years, China's long-standing (from the 20th century, 80's) family planning policy has been changed, which was adjusted as from January 2014. Chinese couples with one spouse being an only child were allowed to have two children. The policy that one couple can have two children has been fully implemented as from January 1st, 2016, and this has a direct impact on Chinese families. The family size, family structure and family relationship have been largely changed. Families with two or more children are increasing.

This study focused on DV in single-child and multi-child families. The data came from our epidemiological survey in 2012 and 2002, respectively. Considering that different regional and cultural factors may have an impact on the concurrences of DV [8], we selected the data from the same communities in single- and multi-child families. It was hypothesized that the prevalence of DV between single- and multi-child families was variable over ten years. The causes, patterns, outcomes, and attitude towards DV in single- and multi-child families will be compared and analyzed. This might provide the evidence for prevention and intervention on DV in the growing multi-child families in China.

Materials and Methods

Sampling procedure

The first set of data during 2001-02 (called as group 2002) in this study came from our research on "Domestic violence and intervention strategies in China", which was funded by the America China Medical Board (CMB) in New York (Grant 01-749). The sampling methods were mentioned in our previous studies [2,3]. Multi-stage sampling and random selection was used to identify several communities and villages within study areas in the first survey. The investigation was conducted again on the occurrence of DV on the same streets of the same communities and villages from January 01st to April 30th in 2012 (called as group 2012). In order to ensure the consistency of the survey, the same investigators and the same questionnaires were selected in 2012 as in 2002. All the investigators received the same survey training, and investigated the consistency test once again. Multiple informants and data sources (e.g., information came from the local Women and Children Federation, neighbors, colleagues, parents, teachers and protective services case records) were used to obtain a best estimate of each family history using procedures previously detailed. Face-to-face interviews were used to collect the data. The investigators communicated with the respondents about the purpose

and procedure of investigation at first, stressing that the investigation was only for medical purposes, and that the report of domestic violence will not be associated with the judiciary. Every respondent was asked in advance, whether or not they would accept the interview and anonymity was guaranteed, to ensure confidentiality of the information. The questionnaires were completed by the respondents with their informed consent. This study was approved by the Medical Ethics Committee of the Second Xiangya Hospital of Central South University in China.

Definition of domestic violence

In the two surveys, domestic violence was defined as physical, mental, or sexual abuse occurring between family members, including hitting, slapping, kicking, verbal insults, threats or intimidation, social isolation, deprivation, neglect, and sexual assault regardless of whether the abuse occurred inside or outside the home. Social isolation included depriving another of freedom, or forbidding contact with individuals outside of the family [2]. Child abuse was designated in cases where the victim was less than 18 years of age.

Definition of single-child and multi-child family

In the two surveys, 'single-child family' meant that a couple had only one unmarried child, and a family of three people lived together; 'multi-child family' referred to that a couple had two or more unmarried children, and children and parents lived together, but not to that a family had married child living together and extended families had grandparents living together.

Questionnaires

Self-designed domestic violence questionnaires were used, including

- **General information:** Including age, gender, educational level, family population, family structure, family economic status (per capita income) and living condition (per capita living space).
- **The causes of DV:** Family economy, child education, husband and wife relationship, work problems, and interpersonal dispute factor.
- **The forms of DV:** Humiliation/verbal abuse, unarmed assault, and armed assault.
- **The consequence of DV:** The consequence for the perpetrators included having higher prestige in the family, being isolated by family members, having regret, and being punished; the consequence for the victims included mental damage, physical damage, runaway, and revenge.
- **The attitude towards DV:** It was assessed through such questions: "Do you agree that to solve some family problems the behaviors listed above could be conducted? What is your attitude towards DV?" The answers were divided into two catalogues, and marked by scores of 1 and 2, respectively. "1" = negative attitude, including unconditionally accepting DV, or conditionally taking it into consideration; "2" = positive attitude, referring to not accept DV.

Statistical analysis

SPSS 19.0 statistic software was used for analyses. A two-sided P value of <0.05 was considered statistically significant. Two-sample (unpaired) t-tests and Chi square tests were used for comparisons of the mean and percentage data. Multiple testing was accounted for using Bonferroni correction.

Results

Comparisons of the prevalence of DV in single- and multi-child families in 2002 and 2012

As shown in Table 1, in group 2002, the total prevalence of DV was 20.1% (810/4025) in single-child families; spousal abuse was 16.7% (679/4025); and child abuse was 3.3% (131/4025); while the total prevalence of DV was 11.0% (206/1817) in multi-child families; spousal violence was 9.5% (178/1817); and child abuse was 1.5% (28/1817). All categories of prevalence of DV were significantly higher in single-child families than those in multi-child families ($P_s < \alpha_1$, all corrected for $P < \alpha_1$; with α_1 set at $0.0125 = 0.05/4$ in which '4' was the number of comparison between single- and multi-child families in groups 2012 and 2002, respectively).

In group 2012, the total prevalence of DV was 8.0% (204/2545) in single-child families; spousal abuse was 5.6% (143/2545); and child abuse was 3.2% (81/2545); while the total prevalence of DV was 8.7% (91/1043) in multi-child families; spousal abuse was 5.4% (56/1043); and child abuse was 3.6% (38/1043). There were no significant differences in all categories of prevalence of DV between single- and multi-child families ($P_s > 0.05$).

When group 2012 was compared with group 2002, the total prevalence of DV and spousal abuse in single-child families in group 2012 was significantly lower than that in group 2002 ($P_s < \alpha_1$), while there was no significant difference in the prevalence of child abuse ($P > 0.05$). There were no significant differences in the total prevalence of DV in multi-child families between groups 2012 and 2002 ($P > 0.05$); however, the prevalence of spousal abuse in group 2012 was significantly lower, and the prevalence of child abuse was significantly higher than group 2002 in multi-child families ($P_s < \alpha_1$).

Comparisons of demographic data in single- and multi-child families in 2002 and 2012

As shown in Table 2, in 2002, the householders of the single-child families were younger, had a higher educational level, with more average annual income and per capita living area than the householders of the multi-child families ($P_s < \alpha_1$); in 2012, the householders of the

single-child families were younger, and the average annual income was higher than that of the multi-child families ($P_s < \alpha_1$).

In the single-child families, there were no significant differences in the age and educational level of the householders between 2012 and 2002 ($P_s > 0.05$); the average annual income and per capita living space in 2012 was higher than that in 2002 ($P_s < \alpha_1$). In the multi-child families, the educational level of householders, average annual income, per capita living space was significantly higher in 2012 than that in 2002 ($P_s < \alpha_1$).

Comparisons of the causes of DV in single- and multi-child families in 2012 and 2002

As shown in Table 3, both in groups 2012 and 2002, the percentages of family economic factors reported in multi-child families were significantly higher than those of single-child families (all corrected for $P < \alpha_2$; with α_2 set at $0.0025 = 0.05/(4 \times 5)$ in which '4' was the number of comparison between single- and multi-child families in groups 2012 and 2002, and '5' was the number of causes of DV).

The percentages of family economic factors, child education, and couples' relationship reported by single-child family in group 2012 were significantly higher than those in group 2002 (all $P_s < \alpha_2$). In the multi-child families in group 2012, only the percentage of child education was significantly higher than that in group 2002 ($P < \alpha_2$).

Comparisons of the pattern of DV in single- and multi-child families in 2012 and 2002

Also shown in Table 3, both in groups 2012 and 2002, and both in the single- and multi-child families, the highest percentage pattern of DV was verbal abuse, followed by unarmed assault, and armed assault.

The percentage of verbal abuse reported in multi-child families was higher than that in single-child families in group 2002; and in single-child families in group 2012, it was higher than that in group 2002 (both $P_s < \alpha_3$, with α_3 set at $0.0042 = 0.05/(4 \times 3)$ in which '4' was the number of comparison between single- and multi-child families

Table 1: Comparisons of prevalence of DV between single- and multi-child families in 2012 and 2002, n (%).

	Group 2002 (N=9451)		Group 2012 (N=6859)		P1	P2	P3	P4
	Single-child Family	Multi-child family	Single-child family	Multi-child family				
Total family n (%)	4025 (42.6)	1817 (19.9)	2545 (37.1)	1043 (15.2)	<0.0001	<0.0001	0.0001	0.0002
Total prevalence	810 (20.1)	206 (11.0)	204 (8.0)	91 (8.7)	0.0001	0.4928	<0.0001	0.0267
Spousal abuse	679 (16.7)	178 (9.5)	143 (5.6)	56 (5.4)	<0.0001	0.7674	0.0004	<0.0001
Child abuse	131 (3.3)	28 (1.5)	81 (3.2)	38 (3.6)	0.0001	0.4838	0.8724	<0.0001

P_1 : single- vs. multi-child families in 2002; P_2 : single- vs. multi-child families in 2012; P_3 : 2012 vs. 2002 in single-child families; P_4 : 2012 vs. 2002 in multi-child families

Table 2: Comparisons of demographic data in single- and multi-child families in 2012 and 2002 (M ± SD).

	2002		2012		P1	P2	P3	P4
	Single-child family (n=375)	Multi-child family (n=206)	Single-child family (n=204)	Multi-child family (n=91)				
Householder age	37.0 ± 11.8	42.8 ± 11.7	36.1 ± 14.0	39.7 ± 13.6	0.0001	0.0004	0.4161	0.1127
Householder education level	10.7 ± 4.3	6.7 ± 4.6	10.1 ± 3.8	8.2 ± 2.8	0.0002	0.0544	0.9068	0.0014
average annual income (1000 yuan)	6.9 ± 6.4	3.1 ± 3.9	17.3 ± 15.4	8.4 ± 10.9	<0.0001	<0.0001	<0.0001	<0.0001
Per capita living space (m2)	23.1 ± 10.7	17.3 ± 11.6	27.6 ± 11.2	24.5 ± 10.0	<0.0001	0.0792	0.0004	0.0001
Population (per)	3	4.4 ± 1.4	3	4.2 ± 0.7				0.2938

P_1 : single- vs. multi-child families in 2002; P_2 : single- vs. multi-child families in 2012; P_3 : 2012 vs. 2002 in single-child families; P_4 : 2012 vs. 2002 in multi-child families

Table 3: Comparisons of the cause, pattern, consequence, and the attitude of DV between single- and multi-child families in 2012 and 2002, n (%).

Cause n (%)	2002 (N=9451)		2012 (N=6859)		P1	P2	P3	P4
	Single-child family (N=375)	Multi-child family (N=206)	Single-child family (N=204)	Multi-child family (N=91)				
economic	66 (17.6)	64 (30.0)	53 (26.0)	38 (41.8)	0.0001	0.0067	<0.0001	0.0578
child education	113 (30.1)	50 (23.8)	123 (60.3)	45 (49.5)	0.1022	0.0823	<0.0001	<0.0001
couples' relationship	55 (14.7)	28 (13.3)	54 (26.5)	21 (23.1)	0.6278	0.5364	<0.0001	0.0353
work	46 (12.3)	17 (8.1)	30 (14.7)	7 (7.7)	0.1183	0.093	0.4064	0.906
interpersonal	19 (5.1)	15 (7.1)	22 (10.8)	4 (4.4)	0.3034	0.0738	0.0101	0.368
Pattern n (%)								
verbal abuse	168 (54.9)	141 (67.1)	158 (77.5)	62 (68.1)	<0.0001	0.0896	<0.0001	0.8665
unarmed	95 (25.3)	53 (25.2)	116 (56.9)	47 (51.6)	0.9802	0.4055	<0.0001	<0.0001
armed assault	21 (5.6)	21 (10.0)	22 (10.8)	7 (7.7)	0.0484	0.41	0.0229	0.5268
Consequence n (%)								
Perpetrator								
higher prestige	23 (6.1)	12 (5.7)	51 (25)	15 (16.5)	0.8478	0.105	0.0001	0.0028
isolated	45 (12.0)	35 (16.7)	27 (13.2)	25 (27.5)	0.1178	0.003	0.974	0.0311
regret	45 (12.0)	55 (26.2)	46 (22.5)	31 (34.1)	<0.0001	0.0375	0.0011	0.1804
punished	3 (0.8)	3 (1.4)	3 (1.5)	2 (2.2)	0.7671 b	0.6549 b	0.7402b	1.000b
Victim								
runaway	12 (3.2)	11 (5.2)	14 (6.9)	16 (17.6)	0.2243	0.0048	0.0418	0.0008
revenge	12 (3.2)	13 (6.2)	7 (3.4)	5 (5.6)	0.0864	0.61	0.8813	0.0017
mental harm	72 (19.2)	37 (17.6)	101 (49.5)	57 (62.6)	0.5832	0.3702	0.0001	0.0001
physical harm	12 (3.2)	17 (8.1)	63 (30.9)	30 (33.0)	0.2246	0.7221	<0.0001	0.0001
Attitude towards DV								
negative	39 (46.1)	57 (61.2)	12 (48.0)	19 (65.9)	<0.0001	<0.0001	0.2074	0.3304
positive	202 (53.9)	80 (38.8)	106 (52.0)	31 (34.1)				

^b continuous correction chi-square test

P₁: single- vs. multi-child families in 2002; P₂: single-vs. Multi- child families in 2012; P₃: 2012 vs. 2002 in single-child families; P₄: 2012 vs. 2002 in multi-child families

in group 2012 and 2002, and '3' was the number of patterns of DV). The percentages of unarmed assault reported both in single- and multi-child families in group 2012 were higher than those in group 2002 (P_s<α3).

Comparisons of the consequence of DV in single- and multi-child families in 2012 and 2002

Consequence of DV for the perpetrators: Highlighted in Table 3, in group 2002, the percentage of regret was significantly higher in multi- than that in single-child families (P<α4, with α4 set at 0.0031=0.05/(4×4) in which '4' was the number of comparison between single- and multi-child families in group 2012 and 2002, and '4' was the number of consequences for the perpetrators and victims of DV, respectively). In group 2012, the percentage of being isolated by other family members was significantly higher in multi- than that in single-child families (P<α4).

The percentages of higher prestige reported both in single- and multi-child families were significantly higher in group 2012 than those in 2002, and the percentage of regret was significantly higher in single-child families in group 2012 than that in group 2002 (both P<α4).

Consequence of DV for the victims

In group 2012, the percentage of victims' run away was higher, and the percentage of revenge was lower in multi-child families than those in single-child families (P_s<α4). Both in single- and multi-child

families, the percentages of mental harm and physical harm were significantly higher in 2012 than those of 2002 (P_s<α4) (Table 3).

Comparisons of the attitude towards DV in single- and multi-child families in 2002 and 2012.

Both in 2002 and 2012, the proportion of multi-child families who have negative attitude towards DV was significantly higher than that of single-child families (P_s<0.001) (Table 3).

Discussion

The results showed that the total prevalence of domestic violence and spousal abuse in single-child families in 2012 was significantly lower than that in 2002. After completing the survey in 2002, our research team conducted several years of intervention on domestic violence in these experimental communities. The declining prevalence of domestic violence suggested that the intervention had played a role in reducing or preventing domestic violence to some degree. But it was worth noting that the prevalence of child abuse had not decreased significantly; whereas, in multi-child families, the prevalence of child abuse had increased significantly. At the same time, the results also showed that the top-ranked cause of domestic violence was children's educational issues in single-child families both in 2012 and 2002; while in multi-child families, it also climbed from the second rank in 2002 to the top in 2012, and the proportion was significantly higher in 2012 than that in 2002. It can be seen that the prevention and intervention of domestic violence in multi-child families needs to be

further strengthened.

What was the reason for the prevalence of child abuse not being reduced, and even becoming higher, especially in multi-child families? Firstly, the traditional Chinese 'stick education' thought was still an influential concept for modern young parents, as the phenomenon of corporal punishment of children was still more common. The traditional value-system justifies harsh physical punishment as a means of disciplining children; some parents believed that corporal punishment could promote children's good behavior [14]. Secondly, China's current family structure is still dominated by the "nuclear family", which refers to only two generations in the family including the parents and their unmarried child/children. No matter in single-child, or multi-child families, children are often the center of the family, and parents focus their feelings, time, energy and money on their children, which can easily cause excessive protection and excessive care. There are such cases in single-child families, as the parents put all their hopes on the children, which can easily cause expectations to become too high for these children. This phenomenon is prevalent in modern Chinese family education. In addition, with increasing social competition and the relative shortage of educational resources, the parents with higher expectations for their children in multi-child families, are more likely to have conflicts between spouses, parents and children over their education, and can easily trigger domestic violence [8]. Thus, the concept and method of modern parents' child-rearing needs to be further improved, especially in multi-child families.

In this study, the educational level of householders in multi-child families both in 2012 and 2002 was relatively lower, probably because most of the multi-child families were from rural areas, or migrated from rural to urban areas. Whether in 2002 or 2012, before the advent of the 'Two-child policy', Chinese policy allowed families in rural areas to have a second child if the first child was a girl. At the same time, giving birth to two or more children secretly occurred more often in rural areas. Having low educational levels made them unable to adequately communicate with their families [6]. A lack of spousal communication was one of the associated factors of domestic violence [15]. It also showed in this study that, both in 2012 and 2002, the negative attitude towards domestic violence in multi-child families was significantly more than that in single-child families. The older the respondents, the more conservative they were, and the more they were seriously influenced by traditional Chinese feudal ideology. At the same time, low levels of education may lead to poor legal awareness, more traditional family values, and a lack of awareness of gender equality. That may make them more tolerant of domestic violence [16]. The average annual income was significantly lower, and the rate of economic problems was significantly higher in multi-child families than those in single-child families. In modern Chinese families, the investment in children's education is much higher than it was a dozen years ago, and the financial pressure for parenting children is greater in multi-child families. In addition, other economic pressures, such as family health problems, old-age support issues, might increase the prevalence of child abuse in multi-child families more obviously.

The results showed that the prevalence of spousal abuse was the highest in both single- and multi-child families. The relationship between husband and wife is dominant in the family relationship, and is also the focus of family conflicts. Over the past ten years, the rapid social development has intensified competition; the dual pressures

from family and work were easy triggers for spousal violence. Studies showed that three out of four women experienced at least one incident of intimate partner violence in their lifetime [17]. This necessitates urgent attention at all levels of the societal hierarchy to alleviate the situation. As the old Chinese saying goes, "don't wash your dirty linen in public", and as such many abused women were unwilling to tell others, even deliberately concealing the fact of being beaten. The majority of abused women remained silent about their experience because of the high acceptance of violence, fear of repercussion, concerns about tarnishing the family honor and their own reputation, jeopardizing their children's future, and a lack of an alternative place to stay [18]. Fortunately, this study showed that the prevalence of spousal abuse had declined significantly in both single- and multi-child families in 2012 than in 2002.

Verbal abuse was higher than physical abuse in our report. Psychological violence was the most common form of violence, which was consistent with other findings [18,19]. Although the physical violence was severe, the psychological violence was indicated as more harmful [20]. The effects of psychological abuse were as detrimental to long-term functioning as the effects of physical abuse [21]. This study showed that the mental harm reported by victims both in single- and multi-child families was significantly higher in 2012 than that in 2002. The victims were positively associated with affective disorders, anxiety and substance abuse; the incidence of post-traumatic stress disorder was two times higher; and there was a reported higher rate of attempted suicide [22-24].

The study also found that physical violence was an increasing trend. The patterns of unarmed assault both in single- and multi-child families were significantly higher in group 2012 than those in 2002; in group 2012, nearly one in three victims suffered from physical injury, which was significantly higher than that in 2002. Domestic violence brings a variety of physical injuries, such as contusions, fractures, head injuries, lacerations, internal bleeding and other acute injuries requiring emergency medical treatment and hospitalization [25]. It can also lead to some chronic diseases, such as arthritis, irritable bowel syndrome, chronic pain, pelvic pain, ulcers and migraines [26]. Improving education about this knowledge would reduce physical violence [27].

Both in single- and multi-child families, the negative attitude towards domestic violence were not significantly different in 2012 and 2002; at the same time, perpetrators' prestige in their families after violence was higher in 2012 than that in 2002. It was suggested that the deep-rooted cultural tradition has a profound influence on the ideology and behavior of modern Chinese. The attitude towards domestic violence played a significant role in the occurrence of domestic violence [10]. In multi-child families, there was no significant difference on the perpetrators' feelings of regret between 2012 and 2002. Very few perpetrators were punished because of their violence. At that time, there was no specific legislation against domestic violence in China. It was difficult to hold the perpetrators of domestic violence as being criminally responsible [28]. Anti-domestic Violence Law of the People's Republic of China has been enacted on March 01st, 2016. This was the first anti-domestic violence law promulgated in China. It is clear that domestic violence is not solely a family affair, but also considered illegal and even criminal acts. This was a milestone to oppose domestic violence in China. It was suggested that the relevant departments should carry out a wide range of propaganda and education on "Anti-domestic violence"; to

strengthen the negative concept of cognitive correction from amongst the perpetrators of domestic violence, to increase their awareness of anti-domestic violence, to help them fully understand the nature and harm of domestic violence, and to guide them to establish a healthy and correct view of the family, especially with respect to multi-child families.

The major adjustments in population policy will have a significant impact on China's various social and economic aspects. This study was based on two large-scale epidemiological surveys of domestic violence in 2002 and 2012, and showed a significant increase in the prevalence of child abuse among multi-child families, with children's education and family economic issues being the main causes of domestic violence. Although China's first Anti-domestic Violence Law has been formally promulgated, yet the implementation of specific operations to be put in place still requires more time [29]. With the advent of China's second-child policy, the increasing of multi-child families, the prevention and intervention work of domestic violence should be adjusted and will still have a long way to go.

Several limitations merit consideration. Although the two surveys were done within the same communities, the surveys were anonymous, and during the past decade, great changes in the society and economy have taken place in China. The community's population mobility also increased, and it was difficult to record the proportion of the same household within the two surveys. Second, because of the less number of positive cases of domestic violence in multi-child families in the second survey, this study failed to stratify spousal violence and child abuse, and geographic settings also, which may affect the objective and detailed manner in analyzing related factors of multi-child families.

Conclusion

In summary, the present study is thus far the largest prospective study of comparison on DV in Chinese single- and multi-child families. Our findings showed that the child abuse has been increasing, and the child education being the issue has climbed to the top in multi-child families. The unarmed assault, mental and physical harm to victim has been increasing, and the negative attitude towards DV stayed the same in both single- and multi-child families. It is suggested that the intervention strategies on DV should be adjusted to the new situations in single- and multi-child families, especially with the arrival of more multi-child families in current China.

References

- Marwick C. Domestic violence recognized as world problem. *JAMA*. 1998;279(19):1510.
- Cao Y, Zhang Y, Guo G. A comparison study on domestic violence by geographic settings in Hunan. *Chinese Mental Health J*. 2002;12.
- Cao YP, Zhang YL, Sun SQ, Guo GY, Li YC, Yuan D, et al. An epidemiological study on domestic violence in Hunan, China. *Zhonghua Liu Xing Bing Xue Za Zhi*. 2006;27(3):200-3.
- Jian S. Only child and families with only child in China. *Population Research*. 2005;2:16-24.
- Qing Z, Hua J, Gu GX. Child neglect and its influencing factors in one-child families. *Chinese J Child Health Care*. 2014;12:1267-70.
- Cao Y, Yang S, Wang G, Zhang Y. Sociodemographic characteristics of domestic violence in China: A population case-control study. *J Interpers Violence*. 2014;29(4):683-706.
- Cao YP, Zhang YL, Yang SC. A Comparative study on the patterns of domestic violence. *Chinese J Clin Psychol*. 2008;16(1):28-30.
- Cao YP, Zhang YL, Yang SC. Comparison of precipitating factors of domestic violence by geographic setting. *Chinese J Public Health*. 2009;25:106-8.
- Xu X, Zhu F, O'Campo P, Koenig MA, Mock V, Campbell J. Prevalence of and risk factors for intimate partner violence in China. *Am J Public Health*. 2005;95(1):78-85.
- Huang GP, Zhang Y, Cao YP, Shakeh M, Wei M. Relationship between recent life events, social supports, and attitudes to domestic violence: Predictive roles in behaviors. *J J Interpers Violence*. 2010;25(5):863-76.
- Zou SH, Zhang Y, Zhang YL. Effective psychological intervention on husband abuse among newly-married couples. *Chinese J Public Health*. 2012;1:22-4.
- Zou SH, Zhang YL, Zhang Y. Impact of psychological preventive intervention on attitudes to spousal violence in newly-married couples. *Chinese Mental Health J*. 2009;23(11):814-8.
- Chen Y, Cao YP, Zhang YL. Comparison of domestic violence status among residents with family violence in an enterprise in Hunan province between 2002 and 2012. *Chinese J Public Health*. 2014;30:469-71.
- Tao FB, Qing YE, Soon-Duck K. Repeating childhood physical, emotional maltreatment in adolescents and the related factors. *Chinese J School Health*. 2006;4:310-4.
- Lamichhane P, Puri M, Tamang J, Dulal B. Women's status and violence against young married women in rural Nepal. *BMC Womens Health*. 2011;11:19.
- Feng S, Hua LC, Yan C, Feng CS, Wen TX. Study on the attitudes to domestic violence in those married migrant women. *J Int Reprod Health/Family Plan*. 2012;31(3):178-81.
- Abeya SG, Afework M, Yalew A. Intimate partner violence against women in western Ethiopia: Prevalence, patterns, and associated factors. *BMC Public Health*. 2011;11:913.
- Wahed T, Bhuiya A. Battered bodies & shattered minds: Violence against women in Bangladesh. *Indian J Med Res*. 2007;126(4):341-54.
- Guo SF, Zhao FM, Wu JL. Study on prevalence of domestic violence and its related factors in rural area of China. *Chinese J Public Health*. 2007;1:4-6.
- Cui Y, Hong W, Ying SU. A Current situation survey and influential factors of domestic violence in seven provinces and cities of China. *Chinese J Clin Psychol*. 2012;3:360.
- Entilli L, Cipolletta S. When the woman gets violent: the construction of domestic abuse experience from heterosexual men's perspective. *J Clin Nursing*. 2017;26(15-16):2328-41.
- Shiel R. Identifying and responding to gaps in domestic abuse services for older women. *Nurs Older People*. 2016;28(6):22-6.
- Stein DJ, Koenen KC, Friedman MJ, Hill E, McLaughlin KA, Petukhova M, et al. Dissociation in posttraumatic stress disorder: Evidence from the world mental health surveys. *Biol Psychiatry*. 2013;73(4):302-12.
- Symes L. Abuse across the lifespan: Prevalence, risk, and protective factors. *Nurs Clin North Am*. 2011;46(4):391-411.
- Teicher MH, Anderson CM, Polcari A. Childhood maltreatment is associated with reduced volume in the hippocampal subfields CA3, dentate gyrus, and subiculum. *PNAS*. 2012;109(9):E563-72.
- Jones RF, Horan DL. The American College of Obstetricians and Gynecologists: A decade of responding to violence against women. *Int J Gynaecol Obstet*. 1997;58(1):43-50.
- Nemeroff CB. Paradise lost: The neurobiological and clinical consequences

- of child abuse and neglect. *Neuron*. 2016;89(5):892-909.
- 2019;34(12):2525-50.
28. Kposowa AJ, Aly Ezzat D. Religiosity, conservatism, and acceptability of anti-female spousal violence in Egypt. *J Interpers Violence*.
29. Lancet. Domestic violence in China. *Lancet*. 2016;387(10023):1028.