

**Proceedings of
the 2023 International Symposium
on Children and Youth Health and Well-being**

Edited by
Jacky Ho Helen Liu



聖若瑟大學[†]
UNIVERSITY OF
SAINT JOSEPH

| Title

Proceedings of the 2023 International Symposium
on Children and Youth Health and Well-being

2023兒童及青少年健康與福祉國際研討會論文集

Editors |

Jacky Ho

Dean of the Faculty of Health Sciences and Director of Macao Observatory for Social Development.

Helen Liu

Research Coordinator for the Faculty of Health Sciences

All right reserved. No part of this publication may be reproduced or transmitted in any form or by any means without permission of the publisher. For permission request, please contact the publisher by email.

Published by University of Saint Joseph, Macau SAR(China)

USJ University Press

Estrada Marginal da Ilha Verde, 14-17, Macau, China

university.press@usj.edu.mo

Publication Date & Printed Date

June 2024

ISBN

978-99965-940-9-0

First Printing Edition

Cover design by Sophia Cheok

Printed in Macao, The One Design Printing Company.

Online version is available of USJ OpenBook System.

Contents

Contributors	5
Preface	7
Editorial	8

I Technology and Well-being

流動兒童智能手機使用的父母媒介干預:基於家長視角的混合研究 Parental mediation of migrant children's smartphone use: A qualitative study based on the parents' perspective	9
Prevention, Empowerment, Deterrent - Cyberbullying from the Perspective of the Teachers and the Police	27

I Stress, School, and Inclusion

淺談兒童讀寫困難的篩查——以順德區小學生為例 A Brief Discussion on the Screening and Intervention of Dyslexia in Children (Reading-Spelling Difficulties in Children)— Taking Shunde District Primary School Students as an Example	39
Laughing or Increasing Tension? An Experimental Study on How Teachers' Rude Language Use Affects Mental Stress of Middle School Students	51
Grassroots Empowerment Approaches Give Girls A Voice: The Intersection Of SDGS 3, 4, & 5	69

I Health and Mental Health

Resilience and Grit of College Students in China: Effects of Adverse Childhood Experiences and Mindfulness	83
Gambling Environment and the Risk for Gambling Addiction: A Bioecological Perspective on the Role of Adolescents' Beliefs and Value System	99
Education and Identity Construction for HIV-Positive Young People in China	119
Intervention Study of Medical Social Group Work on Medical Fear In Children Undergoing Surgery	131
醫務社工服務血液病兒童家庭的體系研究 A Study of Medical Social Workers Serving the Families of Children with Hematological Diseases in the System	149

I Child Protection and Family and Well-being

澳門中學生幸福感之實證分析

An Empirical Analysis of the Well-being of Macao Middle School Student 165

社會支持與中國青年抑鬱水平關係研究

A Study of the Relationship between Social Support and Depression Levels
in Chinese Youths 179

The Intergenerational Cycle of Child Maltreatment in Macao SAR 193

Contributors

1. 陳毓雯女士 (Yu-Wen Chen) is a Head nurse at the Institute of Hematology, Hematology Hospital, Chinese Academy of Medical Sciences. Her contact email address is chenyuwen@ihcams.ac.cn
2. 張佩雯女士 (Pui Man Cheung) is an Assistant Researcher at the International (Macau) Institute of Academic Research. Her contact email address is kellycream0908@gmail.com
3. Dr. Rebecca Davis is an Associate Professor of professional practice at Rutgers, The State University of New Jersey, School of Social Work. She is currently Director of the office of Global Programs. Prof. Davis has 15 years of experience in international social work and international development, primarily in Central and Eastern Europe. Her contact email address is redavis@ssw.rutgers.edu
4. 關新女士 (Xin Guan) is a medical social worker of the Tianjing Man in Man Social Service Center. Her contact email address is guanxin950321@163.com
5. Dr. Dan Huang is a lecturer at the South China Normal University, School of Philosophy and Social Development in Guangdong, China. Her contact email address is huangdan.19@163.com
6. Dr. 黃建忠 (Chien-Chung Huang) is a Professor at Rutgers, The State University of New Jersey, School of Social Work. He is currently an Associate Dean for Faculty Development. His contact email address is huangc@ssw.rutgers.edu
7. 黃帝威先生 (Di Wei Huang, Derek) is an Assistant Research Fellow at the AN-BOUND, Information Data Research Center in Beijing, China. His contact email address is r130232024@mail.uic.edu.cn
8. Ms. Mingyi Li (Christine Lee) is the Director of Qiyan Learning Center, Shunde District, Foshan City, Guangdong Province. Her contact email address is 1198221730@qq.com
9. 梁芷茵女士 (Chi-Ian Leung, Jacqueline) is a Visiting Academic at the University of Saint Joseph, Faculty of Health Sciences in Macau. She is currently Assistant Chief Executive Officer of Bosco Youth Service Network. Her contact email address is jacqueline.leung@usj.edu.mo
10. Ms. Yingting Luo is a Master's social work student at the South China Normal University, School of Philosophy and Social Development in Guangdong. Her contact email address is 18797392429@139.com
11. Ms. Rebeka Németh graduated as a Human Developer at Eotvos Lorand University, now studying Engineering Management at the University of Dunaújváros. Her contact e-mail address is: nemethrebeka15@gmail.com
12. Ms. Caroline Ng graduated from the Master of Counselling and Psychotherapy at the University of Saint Joseph, Macau. She is currently providing counselling services in private settings in Macau. Her contact email address is ng.chi.fan@usj.edu.mo

13. 董志文先生 (Chi Man Tong) is a researcher at the International (Macau) Institute of Academic Research and a visiting academic at the University of Saint Joseph, Faculty of Education in Macau. His contact email address is tong.chi.man@usj.edu.mo
14. Dr. Vitor Teixeira is an Associate Professor at the University of Saint Joseph, Faculty of Health Sciences in Macau. He is currently the Head of the Department of Psychology and the Programme Coordinator for the Master of Counselling and Psychotherapy. His contact email address is vmteixeira@usj.edu.mo
15. Dr. 涂斌 (Bin Tu) is a Professor at Guangdong University of Foreign Studies, Dean of School of Public Administration in Guangzhou. Her contact email address is 199510916@oamail.gdufs.edu.cn
17. Dr. Gabriella Velics is an Associate Professor at Eotvos Lorand University, Institute of Education and Psychology at Szombathely, Hungary. She has a background as a sociologist and journalist. Her research focuses on the radio and its role in education and social communication. Her contact email address is: velics.gabriella@ppk.elte.hu
18. 向雅書女士 (Yashu Xiang) is a Master's student at the Institute of Sociology, Sichuan Academy of Social Sciences. Her research focuses on community development governance. Her contact email address is 1239533217@qq.com
19. 徐明靜女士 (Ming-Jing Xu) is the Department Director of the Tianjing Man in Man Social Service Center. Her contact email address is ming_jing1991@163.com
20. Dr. 楊美芬 (Meifen Yang) is a lecturer at the Guangdong University of Foreign Studies, school of Public Administration in Guangzhou, China. Her contact email address is 201610044@oamail.gdufs.edu.cn
21. Dr. 張叢叢 (Congcong Zhang) is an Associate Professor in the Department of Youth Work Research, China Youth University of Political Studies in China, her contact email address is zhangcc@cyu.edu.cn
22. 張慧瑜女士 (Huiyu Zhang) is a Master's student at the Guangdong University of Foreign Studies, school of Public Administration in Guangzhou, China. Her contact email address is 1286048229@qq.com
23. 張蕾女士 (Lei Zhang) is the Deputy Director-General of the Tianjing Man in Man Social Service Center. Her contact email address is 531407827@qq.com
24. Ms. Yiyang Zhang is currently a Ph.D. student at the Department of Social Work and Social Administration, the University of Hong Kong. Her research interests include marginalized identity and well-being. Her contact email address is yiyangzhang@connect.hku.hk

Preface

The Proceedings of the 2023 International Symposium on Children and Youth Health and Well-being are from scholars, researchers, practitioners, and decision makers to connect and make meaningful contributions to knowledge and policy building for children and youth health and well-being, particularly in light of the United Nations Sustainable Development Goal (SDG) 3 – to ensure healthy lives and promote the well-being of children and youth. The new empirical evidence from the Proceedings can support the interdisciplinary fields in further understanding of the need for support and services in children and youth development in international contexts: connecting local, regional, and global perspectives. This extends and enhances the field locally and beyond.

The Proceedings of the 2023 International Symposium on Children and Youth Health and Well-being are the published record of the 2023 International Symposium on Children and Youth Health and Well-being. We would like to express our gratitude to our co-organizers – the Faculty of Health Sciences of the University of Saint Joseph (USJ), the Macao Observatory for Social Development of USJ, the Faculty of Education and Psychology of the Universidade Católica Portuguesa (UCP) in Portugal, and the Kiang Wu Nursing College of Macau (KWNC) – for their generous contribution to the success of our conference. We are especially thankful to the Macao Foundation for its ongoing support and sponsorship of this conference.

The 2023 Conference Proceedings include different categories in social work, psychology, education, public health, medical sciences, and other areas that focus on children and youth health and well-being. We express our deepest appreciation of the 2023 conference committee members for their valued contributions and volunteering their time, namely Prof. Jayson Lou, Prof. Maria Rita Silva, Prof. Vitor Teixeira, and Prof. Elisa Veiga. From the more than 25 papers that were reviewed, 13 were selected to fit into one of the themes named here:

1. Technology and Well-being
2. Stress, School, and Inclusion
3. Health and Mental Health
4. Child Protection, Family and Well-being

Editorial

The 2023 International Symposium on Children and Youth Health and Well-Being is a multidisciplinary endeavor aimed at advancing evidence-based practices for promoting the health and well-being of children and youth. It serves as a vital academic forum where academics, researchers, practitioners, and decision-makers convene to address the pressing issues facing our youth. Recognizing the foundational importance of childhood and adolescence in establishing mental health and well-being, the symposium acknowledges the existing barriers that hinder optimal health outcomes for children. From traumatic childhood experiences to the prevalence of mental health disorders, these issues are complex and multifaceted. Given that 50% of mental health disorders begin by the age of 14, and 10% of children and adolescents experience mental health problems, addressing these concerns is imperative.

Aligned with the overarching goal of the Faculty of Health Sciences to build an innovative institution renowned for producing outstanding allied health professionals, our dedication extends to advancing health knowledge and care practice through practice-oriented research, establishing new benchmarks for the industry. In line with this vision, the symposium aims to set path towards a future where all children can thrive, free from the burdens of mental illness or social adversity, through interdisciplinary collaboration. It seeks to provide insights and creative strategies for addressing the multifaceted aspects of children's and youth's health and well-being. We sincerely appreciate for all contributors in enriching our understanding of this critical field.

We hope that these proceedings serve as a catalyst for action as we set out on this journey of exploration and discovery, encouraging us to step up our efforts to protect the wellbeing, future prosperity, and health of the next generation.



Prof Jacky Ho

Dean of Faculty of Health Sciences

Director of Macao Observatory for Social Development University of Saint Joseph

Prof. Helen Liu

Research Coordinator for the Faculty of Health Sciences

Technology and Well-being

*Proceedings of the 2023 International Symposium
on Children and Youth Health and Well-being*

流動兒童智能手機使用的父母媒介干預：
基於家長視角的質性研究

**Parental mediation of migrant children's smartphone use:
A qualitative study based on the parents' perspective**

黃丹 羅英廷
Dan Huang Yingting Luo

流動兒童智能手機使用的父母媒介干預： 基於家長視角的混合研究

黃丹* 羅英廷**

摘 要

通過混合研究方法，本研究旨在探索中國大陸的流動家長對孩子的智能手機使用的媒介干預經驗。研究表明：儘管流動家長們意識到了智能手機可能給兒童帶來的益處，但他們更加擔心手機使用會對孩子和家庭帶來的負面影響。流動家長更傾向使用限制型和監督型媒介干預策略，但僅有積極型干預策略能有效降低流動兒童的手機使用時數。除此之外，流動兒童的年級、孩子放學後是否有照顧者、親子關係亦是影響流動兒童手機使用時數的重要影響因素。最後，討論了以上發現對社會工作專業實踐的啟示。

關鍵詞：父母媒介干預，智能手機使用，流動兒童，混合研究方法

* 哲學與社會發展學院，華南師範大學（中國）

** 哲學與社會發展學院，華南師範大學（中國）

Parental mediation of migrant children's smartphone use: A mixed method study based on the parents' perspective

Dan Huang* Yingting Luo**

Abstract

Through the mixed research method, this study explores parental mediation of smartphone use by rural-to-urban migrant children in China. The findings indicate that although migrant parents are aware of the benefits of smartphone use to their children, they are more concerned about the negative impact that smartphone use may have on children and families. Migrant parents are more inclined to use restrictive and monitoring media mediation strategies, but only active intervention strategies can effectively reduce the smartphone usage hours of migrant children. In addition, the grade level of migrant children, whether they have caregivers after school, and parent-child relationships are also important factors affecting the number of smartphone usage hours of migrant children. Implications for social work practice are subsequently discussed.

Keywords: parental mediation, smartphone use, migrant children, qualitative method

* School of Philosophy and Social Development, South China Normal University (China)

** School of Philosophy and Social Development, South China Normal University (China)

研究背景

父母媒介干預(Parental Mediation) 是指父母為了發揮媒介的積極作用，避免媒介對兒童的消極影響而主動採取的措施，是父母對兒童所接觸的媒介及內容進行控制、監督和解釋的所有干預(Warren, 2001)。大量學者圍繞電視、電影、遊戲機和網路等媒體相關的父母媒介干預行為展開了社會調查研究和實驗研究，證實了父母媒介干預對兒童的媒介態度、行為及社會化產生了顯著影響(Chang et al., 2019; Lee & Chae, 2012)。然而，智能手機使用具備的私密性特徵，給父母媒介干預帶來挑戰。與此同時，作為“網路原住民”的一代，孩子們在使用網路媒體方面無師自通，父母甚至要依靠孩子學習相關技術，而這種知識的缺乏限制了父母對青少年智能手機使用的媒介干預。因此，如何教育孩子正確地使用智能手機是當代父母們面臨的普遍挑戰。

中國大陸流動兒童的智能手機成癮已經成為了一個值得關注的社會問題。流動兒童是指年齡在0到17歲、離開戶籍所在地而前往父母打工地的個體(Lu et al., 2016)。2020年，中國流動兒童已經達到1429.73萬人(中華人民共和國教育部，2021)。初到城市的流動兒童面臨著與老家的朋友分離、適應新環境、與父母的建立情感聯繫等困境(Lu et al., 2016)，而一些流動兒童則難以與城市中的父母和同齡人建立情感聯繫(王倩 & 李穎異，2018)。上述因素可能使流動兒童感到沮喪。然而，網路的虛擬性使他們可以逃避現實並尋求受挫後的安慰(Kardefelt-Winther, 2015)。由於流動兒童最常用的上網工具是手機，所以他們更易沉迷於手機。並且，流動兒童在城市生活時會遇到一系列的社會排斥，這可能會讓他們產生社交焦慮，而手機成為了他們進行社交的重要媒介，從而導致了手機成癮(麻書滔等，2022)。

然而，流動兒童家長們由於在城市的生存壓力，很難在孩子的手機使用過程中給予足夠有效地指導。流動家長對子女就媒介問題相關的交流互動時間與頻率都低於非流動兒童父母，在處理對兒童不宜的媒介內容時也表現出了更消極的態度(王倩 & 李穎異，2018)。在新冠肺炎疫情期間，流動家長們實施父母媒介干預時面臨更大的困難。疫情期間學校關閉，並採取了線上教學的方式，這使得兒童不得不使用移動設備進行線上學習。一項對147名困境流動兒童的調查顯示，因為無法購置電腦和無線網路，許多流動兒童使用父母的手機上網課，而這讓一些家長因孩子過度使用智能手機而感到焦慮(北京市協作者社會工作發展中心，2022)。

社會工作者需要幫助流動父母有效地干預孩子的智能手機使用，防止孩子手機成癮。然而，關於父母媒介干預對流動兒童手機使用的研究非常有限，對於如何提供服務來滿足流動家庭的需求知之甚少。本研究旨在通過探索父母對流動兒童

使用智能手機的經驗來彌補現有研究的不足，為流動人口的社會工作實踐提供證據。

文獻回顧

對於兒童使用智能手機的父母媒介干預，學者們更多地關注限制型干預、積極干預和監控三種父母媒介干預策略(Hefner et al., 2019)：(1)限制型干預包括一般限制和特殊內容限制。一般限制要求父母嚴格控制孩子的日常媒體使用，如使用時間(Benedetto & Ingrassia, 2021)。特定內容的限制是指父母禁止孩子觀看某些內容(Nikken & Jansz, 2014)或安裝過濾軟體來限制他們訪問某些網站(Lee & Chae, 2012)；限制型干預是兒童互聯網和移動設備使用中最常見的父母媒介干預策略(Chou & Chou, 2019)；(2)積極型干預是指父母通過解釋和討論等互動形式來指導孩子使用媒體(Nikken & Jansz, 2014)。(3)監控型干預包括父母檢查孩子的移動設備，以跟蹤他們的線上活動(Chang et al., 2019)。一些父母根據孩子的特點，如年齡和感知成熟度，混合使用不同的父母媒介干預策略(Bartau-Rojas et al., 2018)。現有的關於兒童手機使用的父母媒介干預研究大多採用定量研究方法來探索上述三種策略的效果(Chou & Chou, 2019)。

現有研究一致認為，積極干預可以通過直接和間接的方式減少兒童的手機成癮傾向(陳豔等, 2021; Fu et al., 2020)。但是對於限制型干預和父母監控在青少年智能手機使用中的效果卻存在較大的爭議：一是在限制型干預方面，一些研究認為限制型干預可以降低兒童的手機成癮程度(Hefner et al., 2019)，並且這種效果會通過青少年的自我情緒調節和自我行為調節能力得到加強(Meeus et al., 2019)。另外一些研究則認為父母因缺乏共同的理解能力、技術能力和干預經驗，導致在實施限制型干預時經常發生親子衝突，而這種衝突會增加孩子的心理壓力，導致孩子更依賴手機(Ko et al., 2015)。還有一些研究認為父母的限制型指令如果與孩子使用智能手機的使用目的無關，那麼父母的干預就可能會被忽略，而達不到干預效果(Chuo & Chuo, 2019)。二是在父母監控方面，第一種觀點認為隨著父母監控力度增加，易引發親子衝突，導致兒童手機使用行為增加；如果父母在監控過程中自己低頭看手機，則會加重兒童的手機成癮行為(Fu et al., 2020)。第二種觀點則認為父母通過查看孩子使用手機記錄等方式實施的監控在減少兒童手機成癮的效果較差(Hefner et al., 2019)。綜上所述，不同的父母媒介干預策略是否能夠對孩子的智能手機使用行為產生效果，還可能受到一些其他重要的因素影響，比如孩子的年級、親子關係等。

現有研究表明，來自弱勢社會經濟背景的父母可能容易在實施父母媒介干預時

無法達到預期的結果。例如，高收入父母傾向於採取積極干預(Top, 2016)，這已被證明具有較好的效果。另一項研究顯示，教育水準較高的父母能全面且批判性看待智能手機的使用，並採取多種干預策略來引導孩子正向使用手機，而教育水準較低的父母則認為智能手機使用對兒童有害，大多採取限制型干預(黎藜& 劉滔, 2023)。然而，簡單粗暴的限制型干預可能引發親子衝突，損害親子關係，增加兒童的心理壓力，進一步加劇他們對智能手機的依賴(Fu et al., 2020)。因此，收入低、教育水準低的流動父母可能比非流動父母在實施父母媒介干預時更具挑戰性。

綜上所述，父母的手機干預策略類型與效果受孩子性別、年齡、父母的教育水準、親子關係等因素的影響。諸多因素在經濟和文化差異的背景下，可能導致流動兒童的家庭在兒童智能手機使用議題上的媒介干預策略和效果與非流動家庭存在區別，亟待進一步探索。因此，本研究旨在從家長的視角，來探索以下的研究問題：第一，流動家長對孩子使用智能手機的看法和擔憂是甚麼？第二，哪種類型的父母媒介干預策略可能降低流動兒童的手機使用時數？

研究方法

1. 招募研究對象

我們與三家服務流動人口的廣州市社會工作機構合作，通過向四所學校發送問卷調查，並通過線上報名的方式來招募被訪者。這四所學校包括兩所初中和兩所小學，每所學校的流動兒童人數都超過了50%。最後，一共有65名家長填寫了問卷，剔除了一份無效問卷共獲得64份問卷調查數據。在64名被調查者中，母親占65.6%，父母的平均年齡為30.64歲(SD=8.427)，68.8%的父母已婚，他們的孩子76.5%在讀小學，詳情見表1 所示。我們逐一對接收問卷調查的家長進行了電話訪談，並按照標準進行再次篩選。在排除了無法聯繫到、沒有時間接受訪談的父母後，我們最終招募了16名流動家長自願參與訪談。所有流動家長均為自願參與我們的問卷調查，在訪談前徵求了所有被訪者的口頭知情同意，並告知被訪者他們的資訊會被保密及匿名處理。被訪者的社會人口背景資訊請見表2。

表1 問卷調查樣本特徵

樣本要素	樣本構成	人數	百分比	樣本要素	樣本構成	人數	百分比
父母的性別	男	22	34.4%	孩子的年級	小學	49	76.5%
	女	42	65.6%		中學	15	23.5%

父母受教育程度	未受過任何教育	1	1.6%	婚姻狀況	未婚	16	25%
	小學	0	0%		已婚	44	68.8%
	初中	14	21.9%		離婚	3	4.7%
	高中/中專/技校/職高	18	28.1%		喪偶	1	1.6%
	專科	6	9.4%				
	本科	24	37.5%				
	研究生及以上	1	1.6%				

表2 被訪者的特徵

編號	年齡	性別	婚姻狀況	教育水準	孩子數量	編號	年齡	性別	婚姻狀況	教育水準	孩子數量
P01	30	男	離婚	大專	1	P09	38	女	已婚	初中	2
P02	35	女	已婚	初中	1	P10	37	男	已婚	初中	3
P03	43	女	已婚	初中	2	P11	52	女	已婚	小學	3
P04	40	男	已婚	初中	3	P12	37	男	已婚	初中	2
P05	41	女	已婚	大專	3	P13	50	女	已婚	初中	3
P06	54	男	已婚	小學	3	P14	36	女	已婚	小學	2
P07	42	女	已婚	初中	2	P15	40	女	已婚	小學	4
P08	42	男	離婚	初中	1	P16	42	女	已婚	初中	2

2. 數據收集

研究於2021年12月至2022年3月期間進行，因受新冠肺炎疫情影響，本研究通過線上問卷和電訪的形式展開。問卷數據我們主要調查了流動家長及其孩子的社會人口背景資訊、父母對孩子手機使用的態度，父母觀測到的流動兒童手機使用時數、親子關係以及媒介干預策略等。在本研究中，我們使用了具有較高信效度的標準量表來對以上變量進行評測。

訪談部分則主要包括以下的訪談問題：“請告訴我您孩子使用智能手機的情況”、“您認為您孩子使用智能手機的情況如何？”你對孩子使用智能手機有什麼擔心嗎？你是如何干預孩子使用智能手機的？”以及“你認為家長可以通過什麼方式預防孩子過度使用手機？”還有其他資源可以幫助你嗎？”此外，被訪者介紹的主題也得到了關注和討論。

3. 數據分析

對問卷調查收集的資料，我們採用了軟體SPSS22.0進行分析。首先，通過描述性分析展現了研究對象的基本情況；其次，通過皮爾森相關性分析，檢驗了父母和孩子的基本人口特徵、放學後是否有人照顧、親子關係和父母幹預策略之間的相關性；最後，通過逐步多元線性回歸，探討了父母的媒介幹預策略對流動兒童智能手機使用時數的幹預效果。

訪談得到的質性研究數據則使用了主題分析來分析。我們對錄音進行了完整的轉錄並核查了謄寫稿，以保證轉錄時保留了原始錄音中所表達的含義。我們對每一份轉錄稿進行了獨立編碼，並對所有謄寫稿進行了兩次編碼。隨後，我們演繹地生成了初始主題。接下來，我們進行了詳細的分析，檢查編碼和相關資料是否與主題匹配。為提高研究結果的可靠性，研究者在整個數據分析過程中舉行了多次會議來進行了反思性對話，並與合作的社會工作者進行交流並聽取他們對編碼的意見。

研究發現

1. 流動家長更關注孩子使用智能手機的危害

接收訪談的家長認為流動兒童的智能手機使用具有兩面性。他們認為智能手機作為集工作、學習和娛樂等功能為一體的電子產品，如果兒童可以對手機進行適當的使用，有助於孩子學習知識、提高語言能力、培養興趣、放鬆身心和獲取快樂感及刺激感。與此同時，手機在流動兒童家庭中也具有實際的功能，如幫助父母陪伴孩子、定位孩子的地理位置、保持與孩子的聯繫、上網找資料來協助孩子完成家庭作業等。但是，相較以上所說的益處，家長們普遍更加關注智能手機使用可能給孩子自身以及整個家庭所帶來的危害。本研究的問卷調查發現，有70.3%的流動父母覺得孩子使用智能手機的行為不合適，76.6%的流動父母不滿意孩子現在的智能手機使用行為。

1.1 對流動兒童自身危害的擔憂

所有被訪者都表達了他們對孩子使用智能手機的擔憂。被訪者認為玩手機會影響兒童的身體健康。例如，一名被訪者抱怨說，他兒子過度使用智能手機影響了他的視力。

共有七名被訪者擔心使用智能手機會對孩子的學習成績帶來負面影響，其中最直接的影響就是學習成績下降。這種影響還表現在孩子因為玩手機而在學習方面漫

不經心。一位被訪者擔心，手機強大的檢索功能使兒童能夠輕鬆地從網路上找到作業的答案：“現在手機上有一個專門的APP，你可以拍下不會的題目，上面就會顯示出答案。我百分之百確定我女兒經常在手機上找答案，基本上自己不動腦子。”

父母們還擔憂手機上的一些視頻的不良示範使得孩子們習得不良行為。他們認為網路上的資訊錯綜複雜，良莠不分，而孩子們由於年幼缺乏足夠的判斷力而全盤接收，進而習得不良行為。比如，在訪談中有兩個家長表示孩子由於打手機遊戲而習得爆粗口，並將其認為是一種風尚。

一些被訪者認為，長時間玩手機會減少兒童的社交，使得孩子變得孤僻，並且對現實世界和虛擬世界的邊界模糊不清。另外還有一些父母有洞見地看到長時間使用手機對孩子時間的浪費，進而失去“成長的機會”。他們認為過度使用手機，不僅會給孩子帶來即時性傷害，並且負面影響是具有延續性的。

1.2 對流動兒童家庭危害的擔憂

流動家長也關注到孩子對手機不合適的使用行為給家庭帶來的負面影響。這種影響表現在親子溝通減少、家庭成員關係惡化和財務損失三個方面。一些被訪者認為，孩子使用智能手機會減少親子溝通的時間。一位母親的話印證了這一點：“他玩手機就沒時間跟我們溝通了，他玩手機的時候聽不到你說話，也不喜歡和你說話”。此外，孩子使用智能手機也可能會引發家庭成員間的衝突。例如孩子玩手機時，因為爭搶對手機的優先使用權，會常常引發兄弟姐妹之間的衝突。同時，流動父母因為對孩子使用手機持不同的意見而引發夫妻衝突，正如一位母親而言：他爸爸經常把自己的手機給孩子玩，我天天為這個事情跟他爸爸吵架。”

有兩位被訪者認為，孩子不當的手機使用也會造成家庭的財務損失。當孩子們使用父母的手機時，他們可能會由於玩手機遊戲充值、買遊戲皮膚，或者看網路直播給主播打賞等而使用父母的支付寶或微信進行相應的手機支付。

2. 流動家長的父母媒介干預策略及其效果

2.1 父母媒介干預策略

流動父母擔心兒童使用手機會對自身和家庭都帶來諸多不利影響。因此，被訪者試圖通過採用不同的干預策略來改正孩子的手機使用行為。與現有文獻一致，流動家長們也主要採用限制型、監控型以及積極型干預策略。

2.1.1 限制型干預

限制型干預包括時間限制型干預和特殊內容限制型干預。流動父母們最常使用的干預方法是限制孩子們的手機使用時間。11名被訪者口頭與孩子約定手機使用時間。三位被訪者通過禁止孩子玩手機遊戲的方式進行了干預。只有一位父母在手機上開啟了兒童使用模式，對使用時間進行了技術限制，而其他被訪者不知道或沒有使用該功能。

值得注意的是，當父母的時間限制干預達不到有效控制孩子玩手機的效果時，有五位被訪者採取了粗暴的方法沒收手機。當雙方發生爭執時父母甚至會打孩子。此外，父母們並不認為這樣的粗暴教育是對孩子身體上的一種虐待，而認為是一種必要的父母教養方式。

2.1.2 監控型干預

四名被訪者會通過翻看孩子的手機的聊天消息和消費記錄等方式瞭解孩子玩的內容。父母的監控行為會引起流動兒童的反抗，而父母們通過對手機所有權的宣告來證明自己查看孩子手機記錄的正當性。此外，有三位父母並不認為查看孩子的資訊是在觸犯孩子的隱私，他們認為自己作為孩子的保護者，理應對孩子的一切知情。例如，一名家長說到“我會翻看我兒子的QQ和微信記錄。在他成年之前，我有權瞭解他的一切。”

2.1.3 積極型干預

只有三名被訪者使用了積極干預的策略。他們認為手機具有兩面性，父母要教孩子去辨別手機上面的資訊，學習好的內容並識別壞的內容。一些父母主動選擇一些教育性的視頻來與孩子一起觀看，一邊看一邊與孩子討論其中的內容。有時候父母會詢問孩子的看法來幫助他們明辨是非。

2.2 不同的父母媒介干預策略效果

根據表3分析結果顯示，流動父母的年齡和流動兒童的年級與兒童的智能手機使用時數正相關，放學後是否有人照顧與流動兒童的智能手機使用時數正相關。親子關係、積極干預和流動兒童的智能手機使用時數呈負相關。

表3 相關性分析結果 (n=64)

	1	2	3	4	5	6	7
1.父母的年齡	1						
2.孩子的年級	.427**	1					
3.放學後是否有人照顧	.068	.257*	1				
4.親子關係	-.091	-.022	-.134	1			
5.限制型幹預	-.177	.070	-.258**	.414**	1		
6.監控型幹預	-.142	.152	.132	.090	.258*	1	
7.積極型幹預	-.350**	-.038	.038	.563**	.459**	.367**	1
8.流動兒童手機使用時數	.181*	.307*	.301*	-.255*	-.134	-.065	-.338*

注：括弧外為標準化回歸係數，括弧內為標準誤差；* $p < 0.05$ ，** $p < 0.01$

基於相關性分析結果，我們將流動父母的年齡和流動兒童的年級作為控制變量，逐步將放學後是否有人照顧、親子關係和父母媒介幹預策略納入模型中，對孩子的智慧手機使用時數進行多元線性回歸分析。結果見表4所示。

表 4 流動兒童手機使用時數影響因素回歸模型分析 (n=64)

	模型1	模型2	模型3	模型4
父母的年齡	.008(0.953)	.019(0.891)	-.007(0.961)	-.128(0.384)
孩子的年級	.313*(0.031)	.256(0.084)	.270(0.062)	.291*(0.049)
放學後是否有人照顧		.193(0.148)	.153(0.242)	.225(0.105)
親子關係			-.252*(.049)	-.071(0.643)
限制型幹預				.085(0.570)
監控型干預				-.034(0.803)
積極型幹預				-.384*(0.031)
R2	0.100	0.135	0.196	0.280
D-W	1.837	1.880	1.944	1.906

注：括弧外為標準化回歸係數，括弧內為標準誤差；* $p < 0.05$ ，** $p < 0.01$

在四個模型中，所有變數的VIF值最高為2.065，均小於5；D-W值均小於2，說明這四個模型內部的多重共線性較弱，不存在自相關性。在模型1中，父母的年齡和孩子年級可解釋流動兒童智能手機使用時數得分變異的10%。模型2中加入“放學後是否有人照顧”后可解釋流動兒童智能手機使用時數得分變異的13.5%。模型3中加入“親子關係”後可解釋流動兒童智能手機使用時數得分變異的19.6%。親子關係對流動兒童智能手機使用的時數有顯著負向影響。模型4中加入“父母媒介幹預策略”後可解釋流動兒童智能手機使用時數得分變異的28%。總的來說，這個模型是顯著的， $F(7,50)=2.776$ ， $p < 0.05$ ， $R^2=0.28$ 。在控制父母的年齡和孩子的年級後，積極幹

預的顯著水準達到了 $p < 0.05$ 。由此可見父母的積極幹預可有效降低流動兒童的智能手機使用時數。

討論

本研究中的流動父母更關注兒童使用智能手機帶來的負面影響。他們普遍認為，使用智能手機會對孩子產生不利影響，如給身體帶來傷害、學習成績惡化、產生不良行為以及人際交往減少。此外，一些被訪者認為，過度使用智能手機會讓孩子失去與現實的聯繫，錯過成長的機會。同時，流動父母也認為，孩子使用智能手機會減少親子溝通時間、惡化家庭關係和損害家庭財務。

為了避免孩子因過度使用智能手機而產生不利影響，本研究中的流動父母採用了現有研究中提到的限制型干預、監控和積極干預的策略。與現有研究類似，本研究中的大多數流動父母使用了限制型干預(Chou & Chou, 2019; De Morentin et al., 2014)。這可能是因為，認為媒體對孩子有負面影響的父母更有可能採取限制型干預(Lee & Chae, 2012)。現有研究表明，收入較高的中產階級家庭的父母在父母媒介干預中傾向於採取積極干預，強調協商合作，並注重減少兒童對媒體的依賴(Top, 2016)。但是，本研究中的大多數參與訪談的流動父母試圖通過限制使用手機的時間和內容來減少手機對孩子的負面影響，只有一位被訪的父親使用了技術限制，這可能是受該群體教育水準低、數字素養低和空閒時間少的多重限制所致。然而，流動家長的限制型干預似乎無法有效控制兒童的智能手機使用行為，很可能會引發親子衝突(Fu et al., 2020)。並且，本研究量化的數據也顯示，在流動家長們所使用的三種媒介干預策略中，僅有積極干預策略能夠有效減少流動兒童的手機使用時數。因此，本文的研究結果強調了提高流動父母的數字素養和學習積極媒介干預策略的重要性。並且，本研究還揭示了流動兒童的年級、孩子放學後是否有照顧者、親子關係亦是影響流動兒童手機使用時數的重要影響因素。

有效地控制流動兒童對智能手機的使用已經成為了父母的一大難題。沉迷手機表面上看似只是流動兒童的不良行為，但其實是流動兒童孤獨、壓抑、無助的現實表現。流動給兒童的生活帶來了較大的轉變，他們不得不重新適應新的環境、面對多重的挑戰。最直觀的體現是流動兒童社交網路的缺失：一方面與老家的朋友分離；另一方面，他們普遍居住在城中村或城鄉結合部的出租房裏，使他們與城市的朋輩在地理上的區隔。周圍都是不認識的人，而手機成為了他們與朋友跨越地理障礙保持聯繫的重要工具。很多流動兒童的生活軌跡僅限於家校兩點一線之間，且所處周圍環境中少有兒童娛樂設施，孩子除了學習，只能玩手機消遣時光。而流動父母因文化程度較低、工作繁忙，所以在實施父母媒介干預時受到缺乏時間和教養技巧的限制。

基於本研究的發現，我們對社會工作者的干預有以下介入建議：首先，社會工作者需要協助流動家長認識到父母媒介干預的內核是關心、陪伴和愛護，並建議父母採取詢問和自主准予等民主型干預形式，以及更多地使用積極型的媒介干預策略；其次，社會工作者可以舉辦數字素養工作坊，幫助流動父母加強對媒體使用的理解，提高他們的媒體使用技能，縮小與孩子的數字差距，並規範孩子的智能手機使用行為；第三，組織親子活動，促進親子互動及親子溝通，改善親子關係，營造良好的家庭氛圍，也有利於有效媒介干預的實施；第四，提供足夠的社區服務也可以幫助流動父母更好的控制孩子對手機的使用。社工可以招募志願者來為流動兒童提供課業輔導及開展社區興趣活動，豐富流動兒童的生活，緩解流動兒童獨自一人在家，無人照顧的困境。

本研究存在以下局限性。首先，本研究僅收集了64份問卷調查及訪談了16位流動兒童的父母，這限制了研究結果的推廣。未來的研究需要增加樣本量以增強其推廣性。其次，本研究僅從父母的角度探討了流動兒童使用手機的情況，而流動兒童本身作為手機的直接使用者，並未納入本次研究。未來的研究應該將流動兒童納入到研究對象中，從親子的角度去進行配對性分析。

致謝

感謝2021年度廣東省哲學社會科學規劃專案（一般專案）“青少年手機依賴的多家庭小組工作干預研究”（編號：GD21CSH01）及2020年度廣東省教育科學“十三五”規劃專案（德育專項）“基於家庭的團體干預模式在青少年手機依賴中的應用”（編號：2020JKDY017）對本研究的資助。感謝支持我們本項研究開展的社會工作機構及參與研究的所有流動家長。

參考文獻

黎藜 & 劉滔 (2023)。父母干預與農村中小學生的智能手機使用--基於社會認知理論的影響因素研究。《少年兒童研究》, (2), 15-24。

北京市協作者社會工作發展中心 (2022)。協作者研究:保護疫情下的童年——基於“協作者”困境流動兒童需求評估的發現和建議。 <http://www.facilitator.org.cn/news/aboutus01/news-id/1148/>

麻書滔, 李婷 & 麻彥坤 (2022)。歧視知覺對流動兒童手機成癮的影響:一項追蹤研究。《中國臨床心理學雜誌》, 30(6), 1313-1317。

陳豔,陳紅 & 穀傳華 (2021)。父母干預與青少年手機成癮的關係:一項追蹤研究[J]。《中國特殊教育》, (8), 65-72。

中華人民共和國教育部 (2021)。2020年全國教育事業發展統計公報。 http://www.moe.gov.cn/jyb_sjzl/sjzl_fztjgb/202108/t20210827_555004.html

王倩 & 李穎異 (2018)。衝突與和解:關係視閥下流動兒童媒介素養構建研究。《現代傳播(中國傳媒大學學報)》, 40(1), 163-168。

Bartau-Rojas, I., Aierbe-Barandiaran, A., & Oregui-González, E. (2018). Parental mediation of the Internet use of primary students: Beliefs, strategies and difficulties. *Comunicar. Media Education Research Journal*, 26(1), 71-79. <https://doi.org/10.3916/C54-2018-07>

Benedetto, L., & Ingrassia, M. (2021). Digital parenting: Raising and protecting children in media world. *Parenting: Studies by An Ecocultural and Transactional Perspective*, 127-148. <https://doi.org/10.5772/intechopen.92579>

Chang, F. C., Chiu, C. H., Chen, P. H., Chiang, J. T., Miao, N. F., Chuang, H. Y., & Liu, S. (2019). Children's use of mobile devices, smartphone addiction and parental mediation in Taiwan. *Computers in Human Behavior*, 93, 25-32. <https://doi.org/10.1016/j.chb.2018.11.048>

Chou, H. L., & Chou, C. (2019). A quantitative analysis of factors related to Taiwan teenagers' smartphone addiction tendency using a random sample of parent-child dyads. *Computers in Human Behavior*, 99, 335-344. <https://doi.org/10.1016/j.chb.2019.05.032>

Correa, T. (2014). Bottom-up technology transmission within families: Exploring how youths influence their parents' digital media use with dyadic data. *Journal of Communication*, 64(1), 103-124. <https://doi.org/10.1111/jcom.12067>

De Morentin, J. I. M., Cortés, A., Medrano, C., & Apodaca, P. (2014). Internet use and parental mediation: A cross-cultural study. *Computers & Education*, 70, 212-221. <https://doi.org/10.1016/j.compedu.2013.07.036>

Fu, X., Liu, J., Liu, R. D., Ding, Y., Hong, W., & Jiang, S. (2020). The impact of parental active mediation on adolescent mobile phone dependency: A moderated mediation model. *Computers in Human Behavior*, 107, 106280. <https://doi.org/10.1016/j.chb.2020.106280>

Hefner, D., Knop, K., Schmitt, S., & Vorderer, P. (2019). Rules? Role model? Relationship? The impact of parents on their children's problematic mobile phone involvement. *Media Psychology*, 22(1), 82-108. <https://doi.org/10.1080/15213269.2018.1433544>

Kardefelt-Winther, D. (2015). A conceptual and methodological critique of internet addiction research: Towards a model of compensatory internet use. *Computers in Human Behavior*, 31, 351-354. <https://doi.org/10.1016/j.chb.2013.10.059>

Ko, M., Choi, S., Yang, S., Lee, J., & Lee, U. (2015, September). FamiLync: Facilitating participatory parental mediation of adolescents' smartphone use. In *proceedings of the 2015 ACM International Joint Conference on Pervasive and Ubiquitous Computing*, Osaka, Japan.

Lee, S. J., & Chae, Y. G. (2012). Balancing participation and risks in children's internet use: The role of internet literacy and parental mediation. *Cyberpsychology, Behavior, and Social Networking*, 15(5), 257-262. <https://doi.org/10.1089/cyber.2011.0552>

Livingstone, S., & Haddon, L. (2008). Risky experiences for children online: Charting European research on children and the Internet. *Children & Society*, 22(4), 314-323. <https://doi.org/10.1111/j.1099-0860.2008.00157.x>

Lu, S., Lin, Y. T., Vikse, J. H., & Huang, C. C. (2016). Well-being of migrant and left-behind children in China: Education, health, parenting, and personal values. *International Journal of Social Welfare*, 25(1), 58-68. <https://doi.org/10.1111/ijsw.12162>

Meeus, A., Eggermont, S., & Beullens, K. (2019). Constantly connected: The role of parental mediation styles and self-regulation in pre-and early adolescents' problematic mobile device use. *Human Communication Research*, 45(2), 119-147. <https://doi.org/10.1093/hcr/hqy015>

Nikken, P., & Jansz, J. (2014). Developing scales to measure parental mediation of

young children's internet use. *Learning, Media and Technology*, 39(2), 250–266. <https://doi.org/10.1080/17439884.2013.782038>

Top, N. (2016). Socio-demographic differences in parental monitoring of children in late childhood and adolescents' screen-based media use. *Journal of Broadcasting & Electronic Media*, 60(2), 195-212. <https://doi.org/10.1080/08838151.2016.1164168>

Warren, R. (2001). In words and deeds: Parental involvement and mediation of children's television viewing. *The Journal of Family Communication*, 1(4), 211-231. https://doi.org/10.1207/S15327698JFC0104_01

Technology and Well-being

***Proceedings of the 2023 International Symposium
on Children and Youth Health and Well-being***

**Prevention, Empowerment, Deterrent - Cyberbullying from the
Perspective of the Teachers and the Police**

Rebeka Németh, Gabriella Velics

Prevention, Empowerment, Deterrent - Cyberbullying from the Perspective of the Teachers and the Police

Rebeka Németh*, Gabriella Velics**

Abstract

In Hungary, social awareness has increased in recent years and the educational system is placing more and more emphasis on the prevention and treatment of all kinds of bullying in schools (Domonkos, 2016). This research aimed to explore the phenomenon of cyberbullying (Arató et al. 2019) in the town of Keszthely.

Research questions were focused on the awareness of professionals working in schools (teachers, school psychologists) and police about the topic. Next to scientific literature review the research is based on interviews. The sensitive nature of the topic made it difficult to identify interviewees. Teachers in each of the three typical school types (primary, secondary vocational, high school), a school psychologist and a police crime prevention officer were selected to explore their role and experiences.

Similar to literature, the results show that the greatest role in curbing bullying in schools is played by appropriate information (Pongrácz, 2020) and prevention (Twemlow & Sacco, 2012). We suggest focusing on two target groups: turning bystanders into helpers through information and encouragement and paying particular attention to students on the periphery of communities, who could be empowered to deal with bullying. According to teachers, role-playing in primary schools - where the victim and the abuser swap roles and feel the emotions caused by actions - can be effective. In secondary schools, books or films can be used as classroom activities. The police crime prevention team also gives small group presentations on bullying as a preventive measure and after the event. Experience has shown that the presence of police after such incidents discourages participants from continuing the act; the most common private complaint to the police is the sharing of pornographic images. Cases at school can have different outcomes depending on the age of the perpetrator, but most often the case is referred to the Family and Child Welfare Service. In the secondary school age group, having a criminal record - which would affect their chances of starting a life or employment - is already a deterrent.

Keywords: cyberbullying, prevention, teacher, police, Hungary

* Community Coordinator – Human Developer, Eötvös Loránd University (Hungary)

** Institute of Education and Psychology at Szombathely, Eötvös Loránd University (Hungary)

Introduction

In Hungary, cyberbullying has not been researched for a long time, so it lags behind the Baltic States, which started researching school bullying in the 1970s, in terms of prevention and treatment. With the advent of mobile phones, the internet and social media, the phenomenon of school bullying has been supplemented by cyberbullying, which is currently in its boom phase. It has been observed that in recent years there has been increasing media attention and social pressure in this area, as both issues can have very serious consequences for victims, including low self-esteem, reduced school performance, emotional problems and suicide risk. The phenomenon is now seen as a serious problem not only by professionals but also by society, and the research suggests that a number of solutions have emerged to reduce bullying and cyberbullying for the benefit of students and teachers.

Objectives

The aim of the research was to assess the situation of school bullying in Keszthely and its surroundings, a town with good economic and cultural characteristics in Western Hungary: to get to know the preparedness of local schools, teachers and the professionals supporting them. The focus of the research was on how much emphasis is currently placed on bullying prevention activities in schools and who are the actors that help students and teachers to prevent or deal with bullying cases. The research explored the role of the police in prevention, in dealing with incidents that do occur, and what they can do if they receive a report of a problem.

Literature Review

Both Hungarian (Pongrácz, 2020; Pongó, 2018) and international (Twemlow & Sacco, 2012) literature agree that the most effective way to curb the cyberbullying phenomenon is prevention would be the most effective tool. One of the most important steps to prevent bullying and cyberbullying in schools would be to turn indifferent bystanders and potential protectors into victim protectors by providing them with the right information and transferring these competencies (Coloroso, 2014).

A good practice in Hungary is the Child Protection Guideline developed by the NGO Hintalovon Foundation, which can be used to reduce bullying and cyberbullying in schools (Stáhly, 2021). The Child Protection Guideline aims to create a clear and transparent framework for students, teachers and staff to address bullying in schools. The essence of the policy is not the specific document that comes out of the audit, but the collective reflection that leads to its drafting by teachers and professionals in the

school. The document helps all participants in the educational institution to clarify the legal, temporal and local framework, the tasks of prevention, the education of children on the subject, and the teachers are informed about the appropriate ways to deal with cases (Stáhly, 2021). Currently, the Child Protection Guideline is not yet a well-known method in Hungary and is less widespread in schools.

But there are also many other programmes and practices available to schools that they can incorporate into classroom life for preventive purposes. A good practice would be to reach out to socially disadvantaged students, using popular, less at-risk students (Twemlow and Sacco, 2012). This could even take place during lessons, when working in pairs or groups. In the long term, school thematic days, simulation games and the display of information posters in busy areas of the school can be effective (Jármi and Piros, 2017).

Cases are not limited to the abuser and the abused. In the community, it is the indifferent bystanders and potential protectors who are the most easily motivated to help, but they are often afraid of making matters worse, of becoming a target themselves, of being hurt, or of not knowing exactly what they should do (Coloroso, 2014). For children, not only school sessions are relevant but also the patterns they learn in the family, so parents have a great responsibility to transmit the core values (self-awareness, empathy) to children because if they empathize with their peer's suffering and have the courage, they will act to resolve the situation (Urbán and Villányi, 2022).

The goal of dealing with bullying in schools is never to punish the bully, but to reduce the suffering of the victim. Discipline, rather than punishment, is an important factor on the part of the abuser. Zero tolerance and punishment are the enemies of an effective response to school bullying. From the victim's point of view, it is important to empower the victim, not to blame him for what has happened, but to reassure him that it is not his fault that he has been bullied. Galambos (2018) also agrees that the success of dealing with abuse cases lies not in finding fault, but in finding a solution through communication. He believes that it is necessary to be able to deal with abuse appropriately, that overreaction is not good practice, but that it is also important not to overlook what is observed.

1. Statistics and poll

Nationally representative surveys on online bullying were also available for primary school (OFI, 2015) and secondary school (Unicef and Medián, 2022) age groups. The majority of primary school age children (6-14 years) surveyed had either not experienced bullying (33%) or had experienced only 1-2 incidents of bullying (37%). However, 5% of children were victims of bullying on a weekly basis and 10% more than once a week. This breaks the paradigm that school is a safe place. The students surveyed considered virtual bullying to be the most serious, taking things or money to be serious, physical violence to be moderate and verbal violence to be the least serious form of bullying. Teachers

were harsher in their judgements of types of abuse, saying that sharing defamatory videos was the most serious, and physical violence was considered more serious than theft. The motive for bullying also differs: students think that bullying is motivated by others wanting to appear strong because others think it's cool. Teachers, on the other hand, consider the victim's characteristics as the initial motive: "because these kids are different from others" or they consider the acts to be fun for the rest of the community (OFI, 2015).

44% of the secondary school students (vocational high school and high school, 14-18 years) surveyed reported having experienced online bullying. Harassment is less common online (3%), school is usually the place of harassment (44%), but nearly as many (42%) reported experiencing a mix of online and school-based harassment. A specific pattern of online bullying in the secondary school age group is that girls are more often victims than boys, the majority of bullies are classmates (58%) or do not know the bully (23%), and the majority of bullying is a one-off incident (57%). Online bullying is mostly in the form of private messages (67%), but the use of Facebook (26%) or Instagram (34%) is also common. A third of respondents have experienced both: bully and bullied (Unicef and Medián, 2022).

Methods

The research was based on semi-structured interviews in addition to the literature. The interviewees were exclusively adult professionals involved in the topic: the head of the crime prevention team of the Keszthely Police Department, a school psychologist working in several schools in the area, and three teachers who have been class teachers for 10-25 years in the 3 main types of schools in the Hungarian education system (primary school 1-8 grades 6-14 years; vocational high school: vocational + matura; high school: matura). During the semi-structured interviews (Molnár, 2010), in addition to the pre-set questions, the interviewees were able to share their thoughts, opinions and experiences that they considered important, so the interviews actually allowed for a deeper exploration of contexts and experiences than planned. The interviews with professionals were structured around three different sets of questions, ensuring that each person was asked questions appropriate to their area of expertise and involvement.

Results

According to the teachers interviewed, there is a great need for lectures on school bullying and cyberbullying in teacher training and in-service training, as in many cases teachers are not sufficiently informed to recognise and deal with cases. Teachers are not aware of the possibility of "booking" the Police lectures, which is due to the fact that the information letters are sent to the principals of the institutions. The head of a secondary

school class criticised the fact that in her school the same lecture on the same subject is given by the crime prevention team every time, which is unanimous and does not focus on other problems affecting young people.

The primary school class teacher says that in addition to the thematic days and presentations, role-playing can also be a good way to achieve good results. In role-playing, the victim and the abuser swap roles, so that the abuser has the opportunity to feel the emotions caused by his/her actions. In addition, as a teacher, if the classroom environment allows, it is worthwhile to watch films with young students on the subject of bullying in schools, where bullying and its consequences are shown, so that they can see the dynamics of the phenomenon from the outside, and to recommend reading books and novels on the subject. The teachers interviewed all agreed that it is impossible for them to detect cyberbullying in the online space if there is no signal from a student. There was also unanimity that parents have almost no control over their children's phones, with few restrictions on their use. In the lower primary school years (grades 1-4, 6-10 years) there are still some cases, but in the upper primary school years (grades 5-8, 11-15 years) the restriction of mobile phone use is punitive for some children. The time spent on social networking sites is directly proportional to the risk of cyberbullying, as the more time a young person spends on these platforms, the more he or she posts, the higher the risk of being a victim of online abuse and harassment. The unanimous opinion of teachers is that the most important message for parents is to watch out for any changes in a child's life, behaviour or habits, as this may indicate that they have been a victim of abuse.

The school psychologist pointed out that cyberbullying cases are usually not brought to light, only when the situation becomes very serious. As for teacher colleagues in general, he said that due to inadequate preparation during teacher training, lack of awareness of the characteristics and dynamics of bullying in schools, and lack of in-depth knowledge, teachers sometimes confuse bullying incidents with conflicts. As regards the management of bullying cases, she stressed that the more the problem is tackled from different angles, the better the results. It is the responsibility of parents to pay attention to the slightest change in a child's behaviour so that timely intervention can be made. For her, as a psychologist, the goal is to empower the victim psychologically.

On the police side, the head of the crime prevention team for the secondary school age group believes that the biggest deterrent for young people, not only for bullying but for any crime, is to have a criminal record. They know that their future career and job prospects can be greatly influenced by the entry on their report card. Cases of bullying in schools are said to be sensitive because the people involved are mostly minors or underage, but even a police case can have a serious impact at such a young age. The Crime Prevention Team Leader agrees with the other experts that parents should always seek help from the school or the police if they notice changes in the child's behaviour and that these should be reported as soon as possible for the benefit of the victim.

Conclusions

The biggest role and impact in curbing bullying in schools is through good information and prevention. Unless bystanders can be turned into helpers through information and encouragement, incidents of bullying will inevitably occur. In addition to bystanders, it is important to address students on the periphery, because if the victim of bullying is able to deal with the abuse they have suffered, they can quickly break the cycle of bullying. But it is in the interest of students that everyone understands that bullying and harassment of students who are different is not acceptable and will not be tolerated. The more pupils see this behaviour as reprehensible, the more bullying in schools will be reduced. In Hungary, the greatest impact at the school level could be achieved by developing the Child Protection Guidelines, as the process of writing them will provide teachers with a wealth of new information and will help them to think more deeply about and discuss how to tackle the issue at the local level. Transforming IT education could also help to reduce cyberbullying. It would be useful to teach pupils in primary school the correct use of the internet, what behaviour is acceptable in the online space and what is not acceptable to do, even in the shadows of anonymity. All have to learn, that this kind of abuse is not acceptable, it is not natural. In addition to prevention, emphasis should also be placed on proper treatment in order to minimise victimisation of the victim of abuse and to focus on helping the victim and repairing his or her injuries during the treatment process. In the appropriate treatment of abuse, the perpetrator should not be immediately subjected to severe punishment through the principle of zero tolerance, as this would achieve the opposite of the desired result. The abuser is preoccupied with his or her own grievances, which prevents the internal processes that can bring about change from being triggered. From the perpetrator's point of view, the aim would be that, having explained to them through discipline why the behaviour is wrong, they would feel guilty from within. But this cannot be done without empathy, so it is mainly up to parents, but also to teachers, to instil the right values in young students. In Keszthely and its surroundings, the organisations involved rely on each other's work, and schools mostly make use of the prevention opportunities offered by the Police and the Child Welfare Service. Information and prevention initiatives are present in the institutions. There is also a need for teachers to have the knowledge and tools to prevent and deal with this phenomenon, which causes so many problems for all concerned.

Annex:

Movie and reading recommendations for school work:

Movies:

The Social Dilemma (2020)

Fomo (2019)

I hope you die next time :) (2018)

LOMO – The Language of Many Others (2017)

Cyberbully (2015)

Series:

13 Reasons Why

Black Mirror

Books:

Jay Asher – Thirteen Reasons Why

Jodi Picoult – Nineteen Minutes

Julie Anne Peters – By the Time You Read This, I'll Be Dead

Laura Steven – The Exact Opposite of Okay

References

- Arató, N., Zsidó, A. N., Lénárd, K., & Lábad, B. (2019). Az internetes zaklatás áldozata és elkövetője kérdőív (CVBS-HU) és az Európai Cyberbullying Intervenció Projekt Kérdőív (ECIPQ) magyar adaptációja [Hungarian adaptation of the Cyberbullying Victim and Perpetrator Questionnaire (CVBS-HU) and the European Cyberbullying Intervention Project Questionnaire (ECIPQ)]. *Iskolakultúra*, 29(12), 81–110.
- Coloroso, B. (2014). *Zaklatók, áldozatok, szemlélők: az iskolai erőszak [The Bully, the Bullied, and the Bystander: school violence]*. Budapest: Harmat Kiadó.
- Domonkos K. (2017). *Az online zaklatás, mint az iskolai agresszió egyik fajtája [Online bullying as a form of school aggression]*. Budapest: ELTE Eötvös Kiadó.
- Galambos A. (2018.02.28) Iskolai Bántalmazás: pánik helyett nézzük a megoldást! [School bullying: let's look at the solution instead of panic!]. *Qubit*. Retrieved May 4, 2023, from: <https://qubit.hu/2018/02/28/iskolai-bantalmazas-panik-helyett-nezzuk-a-megoldast>
- Jármí É., Piros V. (2017). Az iskolai bántalmazás: bullying [Bullying at school]. In N. Kollár K., Szabó É. (eds.) *Pedagógusok Pszichológiai Kézikönyve III. kötet [Psychological Handbook for Teachers Volume III.]*. Budapest: Osiris Kiadó. 265–286.
- Molnár, D. (2010). Empirikus kutatási módszerek a szervezettefejlesztésben [Empirical research methods in organisational development]. *Humán Innovációs Szemle*, 1(1-2), 61–72.
- OFI, Czervan, A. (2015). Megdöbbentő adatok: ilyen az iskolai erőszak Magyarországon [Shocking data: this is the level of school violence in Hungary]. *EduLine* (2015. March, 16.) Retrieved October 26, 2023, from: https://eduline.hu/kozoktatasi/iskolai_bantalmazas_tanulmany_92TQ8V
- Pongó T. (2018). Körkép és körkép a bullying és a cyberbullying hazai helyzetéről [Panorama and pathology of bullying and cyberbullying in Hungary]. *Ars Boni*, 4(3-4), 156-169.
- Pongrácz I. (2020). Resztoratív eszközökkel az iskolai online kortárs zaklatás ellen [Restorative tools to tackle online bullying in schools]. *Jura*, 2020/1. 184–201.
- Stáhl K. (2021). Ha egyedül gyengék is, együtt erősek vagyunk” – gyermekvédelmi irányelv az iskolai bántalmazás megelőzésére és kezelésére [“Even if alone we are weak, together we are strong” - a child protection policy to prevent and respond to bullying in schools]. *Családi Jog*, 21(2), 49-53.
- Twemlow, S. W.; Sacco, F. C. (2012). *Miért nem működnek az iskolai bántalmazás ellenes programok [Why school anti-bullying programmes are not working]*. Budapest: Flaccus Kiadó.

Unicef, Medián (2022). *Középiskolások tapasztalatai az iskolai zaklatásról. Közvéleménykutatás 2022.07-08 [High school students' experiences of school bullying. Poll]*. Budapest: Medián. Retrieved October 26, 2023, from: https://unicef.hu/wp-content/uploads/2022/11/median_unicef_2022_iskolai_zaklatas_jelentes.pdf

Urbán A, Villányi G. (2022). *Bántanak! Segítesz? - útmutató az online bántalmazás veszélyeiről és megoldásaihoz tudatos szülőknek és pedagógusoknak [They hurt me! Can you help? - a guide to the dangers and solutions to online abuse for aware parents and teachers]*. Author's edition.

Stress, School, and Inclusion

*Proceedings of the 2023 International Symposium
on Children and Youth Health and Well-being*

淺談兒童讀寫困難的篩查——以順德區小學生為例

**A Brief Discussion on the Screening and Intervention of
Dyslexia in Children (Reading-Spelling Difficulties in
Children)— Taking Shunde District Primary School Students
as an Example**

李銘誼

淺談兒童讀寫困難的篩查——以順德區小學生為例

A Brief Discussion on the Screening and Intervention of Dyslexia in Children (Reading-Spelling Difficulties in Children)— Taking Shunde District Primary School Students as an Example

李銘誼*

摘 要

閱讀不只是把文章里的文字讀出來而已，而是一個複雜的認知加工過程，在這過程中，雖然高層次的語言理解、批判思維是目標，但識字解碼卻是閱讀的基本且必要條件。讀寫困難作為特殊學習困難的一個重要類別，如何在讀寫困難兒童面臨嚴重的學習挫敗前及時甄別、發現是進行後期干預的前提條件。鑒於此，研究讀寫困難的篩查機制、鑒定標準就成為一個重要的課題。

本文選取了順德區小學生三年級至五年級學生作為調查對象，開展常規教學實驗研究。干預前對其進行了智商、讀寫能力、認知能力等方面的測試，隨即開展為期4周每周1.5小時的常規教學干預，干預后再次進行測試。本研究用SPSS軟體對採集的數據進行整理、統計和分析，結合順德區小學生讀寫能力初篩問卷調查，對讀寫困難的篩查模型進行探討。

關鍵詞：讀寫障礙，篩查問卷，社會成效

* 佛山市順德區啟研教育諮詢有限公司
香港浸會大學文學碩士
暨南大學教育學碩士

A Brief Discussion on the Screening and Intervention of Dyslexia in Children (Reading-Spelling Difficulties in Children)— Taking Shunde District Primary School Students as an Example

Abstract

Reading is not just about reading the words in an article, but rather a complex cognitive processing. Although high-level language comprehension and critical thinking are the goals in this process, word recognition and decoding are the basic and necessary conditions for reading. Reading-Spelling Difficulties are an important category of specific learning difficulties. It is a prerequisite for timely identification and discovery of children with reading and spelling Difficulties before they face serious learning setbacks to carry out later-stage interventions. Therefore, studying the screening mechanism and identification criteria for Reading-Spelling Difficulties has become an important topic.

This article selected students from Grade Two to Grade Four in primary schools in Shunde District as research subjects, and conducted routine teaching experiments. Before the intervention, 13 tests were conducted on their IQ, reading and spelling ability, cognitive ability, etc., and then a routine teaching intervention of 1.5 hours per week for 4 weeks was carried out. After the intervention, tests were conducted again. This study used SPSS software to organize, count, and statistically analyze the collected data, and combined with a preliminary screening questionnaire survey of the reading and spelling abilities of primary school students in Shunde District to explore the screening model for Reading -Spelling Difficulties.

Keywords: dyslexia, screening, social performance

1.研究背景

1.1 閱讀能力的重要性

一直以來，在海外的文獻中已認定語音知識的發展和閱讀能力的發展有著密切的關係。事實上，近來也有不少文獻指出中國幼兒的語音發展也會為他們的閱讀能力帶來正面的影響。根據李虹和舒華(2009)有關幼兒的識字量和認知能力的研究報告，在學前階段的幼兒的音節意識與識字量有著密切的關係。發現幼兒的音節意識越高，他們的識字量就越多。而讀寫障礙作為閱讀障礙的一個重要類別，其主要特徵表現為：識字解碼的檢索能力缺失。

Stevenson(1982)使用標準化閱讀測試以及認知測試分別在中國臺灣地區、日本、美國對各地區抽取的二至五年級學生進行了跨語言調查研究，研究中他們將閱讀障礙的篩查標準定義為：學生的閱讀測試得分位於被測學生的后10%，被測者認知測試的平均Z分數低於平均值一個標準差。篩查結果顯示，閱讀障礙在日本、中國台灣地區、美國的發生率分別是5.4%、7.5%以及6.3%。這說明閱讀障礙不僅僅存在於拼音文字系統國家(地區)，它是跨國家、跨語言而存在的。

1.2 讀寫障礙人群篩查及診斷的必要性

在讀寫障礙兒童面臨重要的學習挫折之前及時進行教學干預，改善因讀寫困難導致的學業低成就現象是刻不容緩的。Lyon(2006)研究發現，當兒童的年齡超過小學三年級以上，即使對其進了有效的教學介入，反應仍然是有限的。為什麼是三年級呢？漢語的詞是由語素組成。語素是漢語匯總具有特定意義又能獨立使用的最小單位。其中語素之間能互相組合，又能與詞綴組合以衍生很多不同的新詞。根據現行小學教材建立的文字庫顯示，學生需要學習的新字數量，按年遞減，而新詞的數目則按年增加。在二年級已經以倍數超越單字，三年級更多至4至5倍，學生正值這個學習詞語的飛躍期，學會閱讀。

1.3 現行篩查機制的限制性

識字解碼的檢索能力缺失是讀寫障礙的主要特徵，而由於讀寫障礙是具有腦神經基礎的，因此首先應排除由智力障礙而導致的讀寫能力缺陷者，還需排除兒童的生理與感官缺陷、情緒障礙因素、視聽覺障礙、受教育環境等因素造成的讀寫能力低下。同時張世慧(2006)提出，應對學習低成就及心理里程差異作出排除。

2. 讀寫障礙的界定

Nancy(2012)年提出英語中的dyslexia一詞來源於希臘語，由前綴dys-（意為受損的、由缺陷的）和lexia（意為詞彙）組成，意思是“識字拼音上由困難的”。國際讀寫障礙協會（International Dyslexia Association, IDA）曾於2003年發布研究小組提出的「讀寫障礙」定義：讀寫障礙是一種具有腦神經基礎的特殊學習障礙，它特徵在於認字的準確度或流暢性上有困難，並且表現出拼字能力和解碼能力差。讀寫障礙是指從發育的早期階段起，兒童獲得學習技能的正常方式受損，這種障礙來源於大腦生物功能發育異常所導致的認知加工工程的異常，由一組障礙所構成，表現在閱讀、拼寫、計算和運動功能方面有特殊和顯著的損害。讀寫障礙學生的運作記憶較弱、信息處理速度慢、語音檢索及字形結構意識弱、專注力、左右分辨、數學列序或語言組織能力亦會受到影響。

讀寫困難患病率高、具備隱蔽性、易造成深遠負面影響。據中國科學院心理研究所篩查發現，讀寫困難疑似發生率達11%左右，據不完全統計，中國超過2000萬的兒童受此困擾，它影響到他們的學業成果、心理健康以及與同齡人的社交活動。而順德區有義務教育階段學校195所，在校學生規模近26萬人，其中大良街道共有中小學校29所，約有6000名青少年兒童需要專業、適切的讀寫困難評測與干預支援服務，及其家庭開展社區教育服務。儘管這樣一個龐大的數位應引起廣泛關注，事實上，社會對此的關注度仍然不足。

3. 研究方案

3.1 研究目的與其意義

關於讀寫障礙的篩查機制，以往研究主要集中在討論兒童智力對干預效果是否具有預測性、差距標準的篩選是否有效標準上。但由於篩查方法、研究手段不同，測試工具、測試地區、被測兒童也有較大差異，因此在讀寫障礙的篩查模型上一直未存在統一的標準，這讓篩查結果存在一定的變動性，不利於教學干預工作的開展。且基於調查數據本身，對不同篩查機制的過程和結果做出比較，以便設計有效診斷模式的實證研究較少。筆者希望基於佛山市順德區漢語兒童讀寫能力調查數據，通過對漢語讀寫障礙兒童的篩查機制進行對比研究，確定一套適用於順德地區學情的篩查標準，用以對這些兒童進行有效的識別和診斷，從而得以開展教學干預工作。

3.2 研究方案與過程

漢語屬於表意文字，形、音、義的關係較表音未能複雜。為探討漢語閱讀障礙的發生機制，本研究根據漢語漢字特徵，應用音似、形似和符號等不同類型啟動字。為此，「兒童青少年讀寫障礙社區教育專案」在順德區社會創新中心於2022年資助下，於2022年7月至2023年9月，對順德區大良、北滘、倫敦、龍江等鎮街在讀三至五年級學生進行隨機抽樣調查4所小學，三至五年級在讀學生對閱讀障礙初篩進行了測試研究，根據《兒童漢語閱讀障礙量表》(DCCC)檢測順德區讀寫障礙學生數據。兒童漢語閱讀障礙量表(Dyslexia Checklist for Chinese Children, DCCC)是根據ICD-1和DSM-IV對閱讀障礙的診斷標準，在漢語認知心理學與語言學理論研究的基礎下，針對漢語閱讀障礙兒童的行為特點和臨床表現，由華南科技大學同濟心理衛生研究中心編製而成，專案問卷主要採取隨機抽樣的數據採集。

通過本項目的開展，抽取順德大良、北滘、倫敦、龍江等鎮街在讀三至五年級學生進行隨機抽樣調查4所小學，三至五年級在讀學生，其中收回有效問卷共1174份，無效問卷1份，有效回收率99.9%。

3.2.1 量表的結構

採用問卷條目按交叉排列原則進行，將屬於不同分量表的題目混合交叉排列，以避免評定者答題時受思維定勢的影響。DCCC為一份他評量表，由瞭解和熟悉學生的家長或老師根據被評定孩子的日常表現持續性觀察填寫。

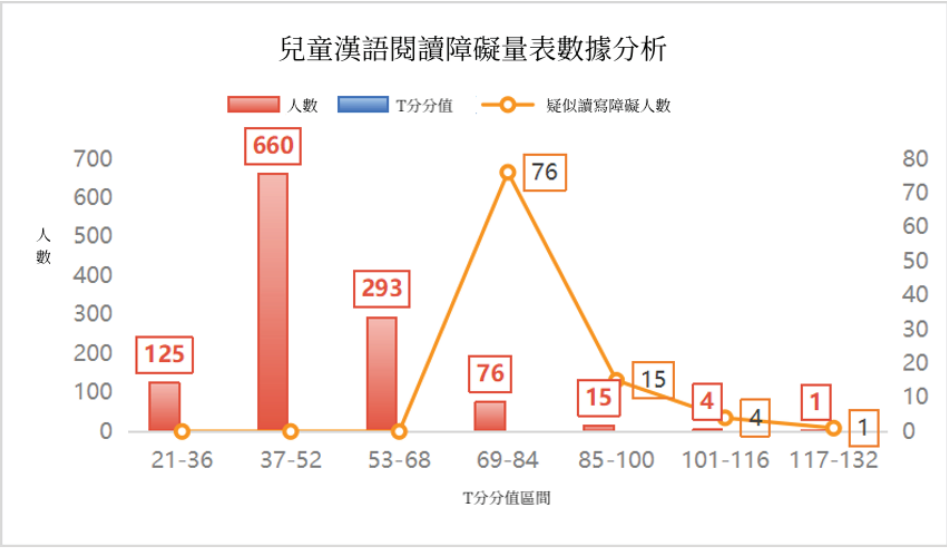
3.2.2 量表的得分

閱讀障礙量表採用是5級評分，包括了視知覺障礙和視覺-運動協調障礙、聽知覺障礙、意義理解障礙、書寫障礙、口語障礙、書面表達障礙、不良閱讀習慣和注意力障礙8個維度，共57個條目。5級分別為：從未出現、偶爾出現、有時出現、較常出現、經常出現，分別計1至5分。

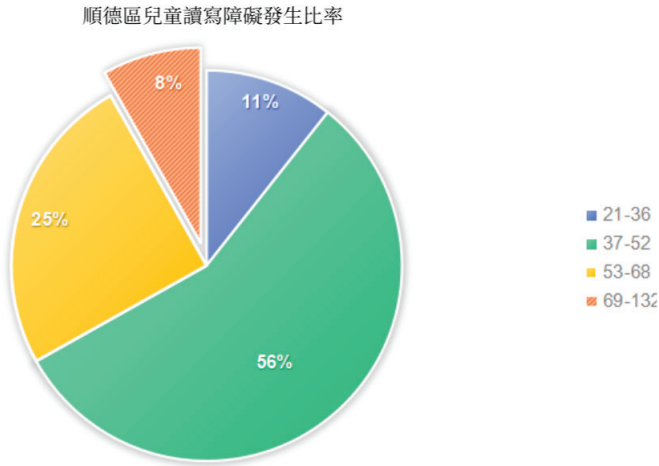
3.2.3 測量學指標

量表設計者計算了各項目與該維度的相關，結果表明相關系數位於0.2~0.9，在統計學上均具有顯著性意義($P<0.01$)

這些條目的原始分數越高表示漢語閱讀障礙行為表現越嚴重。量表將各條目的原始分進行求和，並採用T分轉換($T=50+10(X-M)/SD$)，即可進行評價和比較。因各因子的T分越高反映出被測兒童閱讀障礙的症狀越明顯，反之亦然。T分低於69百分位屬於正常，超過98百分位即認為可能異常。



附表1:順德區內小學生漢語閱讀障礙量表數據分析



附表2:順德區兒童漢語閱讀障礙發生比率

在“中國讀寫困難及國際發展論壇”上，中國科學院心理研究所的郭菲研究員介紹，根據“中國讀寫困難現狀調查”課題組2014年在北京、武漢、濟南等地對2000多名小學生的篩查，讀寫困難疑似發生率高達11%左右。

由篩查結果顯示，T分觸達預警分值69分的人數是96人，占問卷總人數1174人次的百分比為8.18%，統計數據說明順德區被測人群發生率均為8.18%。選取三年級作為調查研究對象，考慮一年級的基礎漢字學習尚未能很好地排除學前因素及

教學因素帶來的影響，而後隨著年級增長，在教學不存在失誤的前下，非障礙性的低成就兒童的讀寫能力會得到一定的改善。

4.RTI介入模式

實務上，在進行讀寫障礙篩查時，或是採用智力評測標準，還是利用生理年齡與《漢語閱讀技能診斷測試》等，單一使用評測工具都目前仍有爭議性。一般來說，小學三年級從語文教學實踐出發編製的水平測驗，除其測試難度難以統一、測試內容難以標準化，才能符合顯著差距。於是，仍然要等到三年級，才能由確認的鑒定。在2004年IEDA(In-dividualized Disabilities Educational Act)法案里，建議以介入反應模式(Response to intervention, RTI)進行鑒定。因此，專案也對參與問卷人次中，建立學生檔案29名，作為介入模式進行截點法預測。

RTI介入一定程度下能夠排除教學因素、訓練不足等非智力性、非障礙性的可能致因。而且更為重要的時，等到高年級階段部分才進行對障礙兒童干預，效果已經相對後置。相對初次篩查，分層篩選的模式，相對削弱量表DCCC本身作為一份他評量表，由瞭解和熟悉學生的家長或老師根據評定孩子的表現評定的其他主客觀條件綜合影響。

介入開展為期4周每周1.5小時的常規教學干預后，對各層級內學生進行截點法篩查。

截點法：專案使用20等距為單位對常模的讀寫能力測試分數進行劃分，分別為15%、20%、25%、30%為截點對29名被測兒童干預后的讀寫能力成績進行篩查，得到結果如下：

附表3: RTI分層截點法篩查結果統計表

截點	單字命名	詞語命名	一分鐘快速閱讀	篩查結果	人數/百分比
15%	103	72	0.89	15人	15/4.85%
20%	112.10	74	1.01	18人	18/5.12%
25%	115.72	82	1.02	22人	22/5.70%
30%	121.30	85	1.32	29人	29/8.23%

通過對不同年級的識字量測驗發現，小學三年級以前，一般識字能力組學生與低識字能力組學生的識字差異並不顯著，此後兩者差異不斷變大，一般識字能力組的學生在四年級以後通過閱讀學習，識字量和閱讀水準會快速發展，而低識字能力的學生由於識字困難，閱讀量少，識字量的增長就會緩慢很多。

5. 結論

通過隨機抽樣調查的方式，從順德區常模1174名兒童的數據來看，三至五年級篩查讀寫障礙發生率為8.18%。項目實施過程，我們監測全年度問卷收集里程和派發，進行了全面的效果評估：

5.1 社會成效

5.1.1 通過宣傳、調查介入和培訓活動，提高了社會對讀寫障礙問題的關注度和認知，引起了更多的人、機構為這個問題付出努力。編製了一份順德區學習障礙學生分析報告，得出了順德區讀寫障礙問題發生率為8.18%的數據常模。

5.1.2 加強了家校合作，使家長更加參與到孩子的教育中，建立了一個健康、和諧的社區教育生態。專案多次針對學習障礙開展的非教學支援活動，為數百名家長和教育工作者提供了培訓和支持，幫助他們更好地應對讀寫障礙。其中通過問卷調查服務家長和學生約2075人次。活動開展一年以來，在兩所小學、兩所幼稚園、三個社區及一個課程培訓中收集成效問卷共 225 份，其中有效問卷達 224 份，無效問卷 1 份。活動得到學校一線教學工作者和家長們的支援和配合得以順利開展，意在普及關於特殊學習需要的知識，能夠讓大眾更有效地瞭解到相關學生的需求、幫襯指導學校教學工作者的工作開展及疏導家長們的迫切心理等。

附表4：一年整體服務成效分析報告

評估項目	非常同意	同意	不同意	非常不同意	不適用
1. 有效提升教育工作者對有特殊學習需要學生的認識	55%	45%	0%	0%	0%
2. 服務能幫助教育工作者發展教學策略及教材，從而加強照顧學生的個體差異	54%	44%	1%	0%	1%
3. 透過服務，教育工作者能更有效管理學生的行為問題	52%	44%	4%	0%	0%
4. 計劃提供的服務多元化，符合校情需要	50%	44%	5%	0%	0%
5. 計劃導師能切合學校的需要，提供專業意見	51%	45%	4%	0%	0%
6. 我滿意導師的支持服務	58%	41%	1%	0%	0%

5.1.3 啟研教育的學習障礙課程體系提高了該領域的教育品質，在此專案實施中，幫助順德區29名讀寫障礙學生實施個別化的教學干預，主要取得兩方面的成效，一是學習能力提高，通過中文認讀策略訓練，參與學生的閱讀和寫作能力都得到顯著的提高。二是自信心增強，通過心理輔導幫助目標學生解決了學習中的心理障礙，使他們建立了自信。許多家長和老師反饋，孩子們在針對性訓練后顯得更加自信，緩解

了因學業低下而產生的焦慮，更加積極地參與學習和日常活動。

5.2 成效亮點

本專案聚焦「讀寫障礙」，這種患病率高、具備隱蔽性、易造成深遠負面影響的專業問題，來解決因學業問題而引發的社會問題。其成效亮點之一是「讀寫障礙」知識的培訓和宣傳，並建立了一個健康的教育生態，使相關方更加參與此類教育干預中，尤其是專案產出的知識資源《讀寫困難兒童養育者手冊》，能夠切實說明相關的社會家庭和教育團體。本專案在多個學校成功實施，受益的學生數量持續增長，引起了社會的廣泛關注，得到了各方的高度評價。

6. 結論

對於一個大型的社會項目來說，社會的支援和理解是必不可少的，啟研教育希望更多的人們能夠關注兒童青少年讀寫障礙問題，專案團隊深知，讀寫障礙的問題不僅僅是教育領域的問題，更是一個涉及全社會的問題。我們需要更廣泛的社會關注和支援。面對未來，我們期望更多的機構和企業能夠加入我們，一同努力，幫助這些兒童及其家庭，使他們得到更全面、更有效的支持和關心。雖然兒童青少年讀寫障礙社區教育專案「在解決讀寫障礙兒童問題上已經取得了不錯的成效，但在商業發展和持續推進的路上，還面臨許多機遇與挑戰。基於對市場及自身的深入分析，我們將在以下幾個方面進一步努力：

1. 技術融合、課程更新：結合現代科技，如人工智慧和大數據，對學生的學習狀況進行更精準的分析，為他們提供更個性化的教學方案。隨著教育技術的快速發展，也可以引入更多先進的教育工具和平臺，使教學更加高效和有趣。

2. 拓展合作夥伴：不僅與教育機構合作，還將尋求與醫療、心理等相關領域的合作夥伴，以提供更全方位的服務，共同推動專案的實施和進展。

3. 宣傳推廣：加大對項目的宣傳力度，提高社會大眾對讀寫障礙問題的關注和認知，進而吸引更多的資源和支援。

總之，未來的路還很長，但我們堅信，只要持續努力，持續創新，持續合作，我們一定能為所有受讀寫障礙困擾的兒童青少年創造一個更加美好的未來。

致謝：

順德區社會創新中心-2022年“眾創共善”可持續公益資助

參考文獻

李虹、舒華(2009)。學前和小學低段不同識字量兒童的認知能力比較，*心理發展與教育*，3，1-8。

盧珊&吳漢榮(2007)。漢語發展性瞻讀障礙兒童的閱讀特點。*中國心理衛生雜誌*，21(5)，295-297。

張世慧(2006)學習障礙導論。臺北：五南出版社，119-124。

Stevenson, J.W., Stigler, G.W., Lucker, S., Lee, C., & Hsu, S. Kitamura (1982). Reading disabilities: the case of Chinese, Japan and English. *Child Development*, 53(5), 1164-1181.

Fletcher, J.M., Lyon, G.R., Fuchs, L.S. & Barnes, M.A., Learning disabilities: From identification to intervention. New York: The Guilford Press, 2006.

Nancy Mather & J. Barbara. Wendling. Essentials of Dyslexia Assessment and Intervention. New Jersey: John Wiley & Sons, 2012. pp.3.

Stress, School, and Inclusion

*Proceedings of the 2023 International Symposium
on Children and Youth Health and Well-being*

Laughing or Increasing Tension?

**An Experimental Study on How Teachers' Rude Language Use
Affects Mental Stress of Middle School Students**

Diwei, Huang

Laughing or Increasing Tension?

An Experimental Study on How Teachers' Rude Language Use Affects Mental Stress of Middle School Students

Diwei, Huang*

Abstract

Research Background: Formal language use is considered the paradigm in Chinese middle school education. However, the mental stress intensified by COVID-19 has led middle school students to seek new forms of relief in their daily lives. The popularity of rude language on campus suggests that this discouraged or disallowed behavior can help alleviate their mental stress. Teachers' language affects middle school students' feelings, if used strategically, rude language can relieve middle school students' mental stress.

Research Objectives: This study aims to explore the impact of rude language on the mental stress of middle school students. It hopes to provide a perspective for teachers to strategically use their language and relieve the mental stress of their students.

Research Methods: This study analyzes the influence of teachers' different rude language use on the mental stress of middle school students and was discussed by comparing the mental stress levels of different experimental and control groups. Students are all from Guangzhou, GBA.

Discussion: Effectiveness of rude language use according to the occasion, the gender of the teacher and the degree of rude language. Teachers' strategic rude language use can achieve a deeper sense of trust and affinity with students. It can also relieve the accumulated mental stress of middle school students.

Conclusion: Strategic rude language use has the potential to positively affect the relief of mental stress in middle school students and deserves attention in the fields of education and psychology. Additionally, the rude language used by female teachers is more likely to lead to disgust among middle school students.

Keywords: Swearing, Rude language, Teacher emotional support, Mental stress, Adolescence

* Information Research Center, ANBOUND (China)

Introduction

Education, a crucial element for individual and societal development, serves to disseminate knowledge, foster learning, and stimulate innovation. Schools, particularly in China and East Asia, are the primary institutions where this education occurs. From the late Qing Dynasty through the founding of the People's Republic of China in 1949, and continuing with the reforms initiated in 1978, China's modern education system has evolved over more than a century (Tsang, 2000). Today, China boasts the world's largest modern education system. As the most populous developing country globally, China has made significant strides in educational development. The country's basic education system encompasses preschool, primary, secondary, and higher education. The "Compulsory Education Law of the People's Republic of China" (Congress N.P.S., 1986) mandates nine years of free compulsory education for all school-age children and adolescents. Emotional support from teachers plays a vital role in student success (Ruzek et al, 2016), with numerous studies (Cooper, 2014; Patrick, Ryan & Kaplan, 2007) demonstrating its positive impact on student motivation and engagement. This support can help students mitigate stress related to academics and interpersonal communication. With China's economy experiencing unprecedented growth and increased investment in education, the country aims to enhance domestic education quality (Guo, Huang & Zhang, 2019). While harsh and even rude teaching methods were once part of traditional Chinese education (Rao, 1996), schools are increasingly emphasizing teachers' emotional support for students. Consequently, gentler, and more formal language use is now considered a standard paradigm for teacher-student communication in middle schools.

Teachers support students in numerous ways, yet several studies have confirmed a strong correlation between school-related stress and students' psychosomatic symptoms or mental health issues (Schraml, Perski, Grossi & Simonsson-Sarnecki, 2011). Concurrently, with the evolution of modern education in China, an increasing number of psychological problems are being reported among students. The severity of psychosomatic symptoms and other mental health issues among adolescents is escalating. Educational stressors, particularly those related to academics, are progressively detrimental to students' physical and mental health (Högberg, Strandh & Hagquist, 2020). During the COVID-19 pandemic, infectious diseases have had a widespread psychological impact on the public. The pandemic's effect on adolescents, due to their stage of psychosomatic development, has been more significant than on adults in terms of crisis response. Amid irregular school closures and academic pressure, students face the fear of illness and are compelled to limit social interactions, leading to substantial psychological impacts. During the COVID-19 pandemic in China, over one-fifth of middle and high school students experienced mental health issues (Zhang et al, 2020), resulting in psychological effects such as low mood, anxiety, and poor sleep (Su et al, 2007; Huang & Zhao, 2020). Despite changes in China's epidemic policy since 2023 allowing schools to reopen and students to return, the impact

of school stress on middle school students has intensified over time (Högberg, Strandh & Hagquist, 2020). Given the general increase in psychological pressure, middle school students seek psychological or at least emotional relief. This is characterized by dynamic responses to specific phenomena and efforts to reduce or avoid the impact of stressors.

Coping with mental stress, regardless of its effectiveness, can lead to both short-term and long-term psychological consequences (Lazarus & Folkman, 1984). The primary methods for middle school students to alleviate stress are categorized into active and negative coping. Zhang et al.'s research (Zhang et al, 2020) on adolescent mental stress during the pandemic suggests that active coping styles serve as protective factors against anxiety, depression, and stress symptoms in middle school students. Conversely, negative coping styles pose risk factors for these symptoms. Under severe stress, individuals employ various methods to manage stress (Gayathri & Vimala, 2015). Venting, reported as a dynamic coping method, primarily involves directing dynamic, rude language at stressors such as school life, interpersonal interactions, and academic demands. Xuan's 2019 research (Xuan & Ma, 2022) indicates that 86.37% of middle school students in Guangzhou have used swear words. The use of rude language exemplifies an emotion-focused coping style, characterized by concentrating on a specific problem and expressing related feelings or experiences.

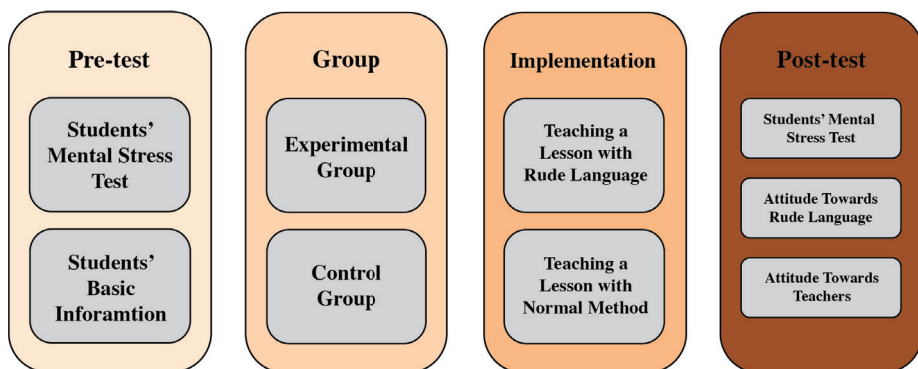
The use of rude language reflects a psychological state, serving to express emotions and foster group identity (Liu, 2011). However, such language is often perceived as a form of 'rebellion' or disrespect by society, schools, and families in mainland China, contradicting the norms of civilized behavior. While middle school students are encouraged to use more standardized language on campus, the prevalent use of swear words suggests that this discouraged behavior can help alleviate students' mental stress. The language used by teachers influences how middle school students think, feel, and act (Geng, 2017). This study investigates the role of strategic rude language use in reducing middle school students' mental stress. Using an experimental method, a group of residential middle school students in Guangzhou, GBA area, China were selected as subjects and divided into an experimental group and a control group. The experimental group received intervention in the form of rude language from teachers based on occasion, gender, and level of rudeness, while the control group did not. By comparing the mental stress levels of the different groups, this study explored the impact of varying degrees of teacher rudeness on middle school students' mental stress.

Materials and Methods

1. Research model

This study employs a quantitative research approach, utilizing a quasi-experimental design, and establishes the experimental and control groups through non-random composition (Fraenkel & Wallen, 2000; McMillan & Schumacher, 2010). A pre-test method will be implemented to ascertain if the mental stress levels of each group are comparable. If the levels are similar, one group will be designated as the experimental group for the intervention plan.

Figure 1. Research model



The participants, drawn from ninth-grade students at the Middle School Affiliated to Guangzhou University, were selected to ensure similar basic conditions in both groups. The study received approval from the High School Affiliated to Guangzhou University, and informed consent was obtained from all participants and their guardians.

2. Sampling

This study employed convenience sampling, a method that provides researchers with quick and easy access to a sample and facilitates large sample sizes (Dattalo, 2008). The final sample comprised 91 ninth-grade students who responded to both surveys. Of these, 39 (43%) were female and 52 (57%) were male.

Table 1. Research model

Groups	Female	Male	Total
Experimental Group	20	24	44
Control Group	19	28	47
Total	39	52	91

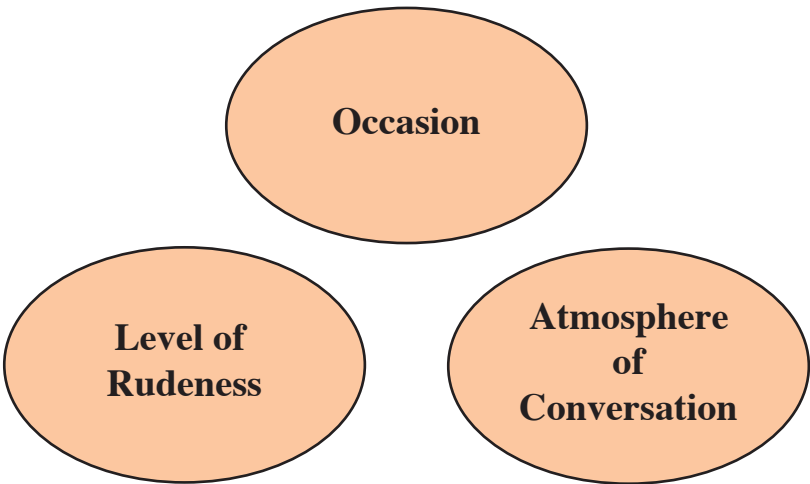
Both groups participated in a specific introductory session where a teacher, unfamiliar to both groups, delivered a lesson from the ninth-grade curriculum. Teachers in

the experimental group incorporated rude language at specific times during their lessons, while those in the control group adhered to traditional teaching methods.

3. Research design

Swear words are specific, negative, and often emotive terms that are considered taboo in a particular language or culture, thus likely to cause offense (Fägersten, 2012; Fägersten, 2017; Fägersten, & Stapleton, 2017). In contemporary times, the identified swear words predominantly fall into one of three primary categories: religion, sex or sexual body parts, and terms related to bodily waste such as ‘fuck’, ‘cock’, and ‘shit’ (Hughes, 1998; Stapleton, 2010). Swearing in today’s context assumes a “milder” form, with many words belonging to the sexual/excretory category and even becoming a modal particle, signifying a rude use of language. Numerous studies have indicated (Fägersten & Stapleton, 2017; Stapleton, 2010; Jay & Janschewitz, 2008) that although the use of rude language is often associated with negative emotions, in everyday life, most instances are not intended by the speaker to convey aggression or impoliteness, or even to project a negative mood. When employed in private settings, the use of rude language may connote camaraderie or solidarity, especially when the group faces adversity (Daly, Holmes, Newton & Stubbe, 2004; Baruch & Jenkins, 2007). A strong correlation exists between the use of rude language and emotional release. When such language is employed, both the speaker and the listener perceive it as emotionally powerful, implying that the use of rude language can induce emotional arousal (Stapleton, Fägersten, Stephens & Loveday, 2022) and foster emotional arousal. The use of rude language, which carries more emotional power, is viewed as a distinct outlet from normative language. In previous experiments, rude language has been demonstrated to significantly increase participants’ pain tolerance, resulting in notable hypoalgesia (Stephens, Atkins & Kingston, 2009).

Figure 2. Research design



Therefore, in this experiment, teachers in the experimental group were instructed to employ specific rude language at a designated time and place, a strategic use of rude language. During self-study time, both the experimental and control groups will partake in a brief lesson lasting 8-12 minutes. This lesson will take place in the classroom, a setting that is more relaxed compared to standard courses such as Chinese, Mathematics, and Foreign Language classes. At this juncture, students typically have the autonomy to manage their own time. The location, being relatively private and difficult for non-class members to enter (as middle schools in Guangzhou usually restrict campus access to unrelated individuals), fosters a more relaxed atmosphere. A male teacher, who has not previously taught this class, will conduct the lessons for both groups. Within the span of 8-12 minutes, he will summarize the class's academic situation, analyze the academic goals, and motivate the students to strive for success in future examinations. Prior to the teacher's use of rude language, students from both groups were deeply engaged in a course relevant to them, received encouragement, and were in a heightened emotional state. During the encouragement session, teachers in the experimental group will use "Wo Kao", a term that in the Chinese context sounds similar to "Wo Cao" (Fuck) and is considered one of the most widely used rude languages in mainland China. However, compared to other rude languages, this "Wo Kao" term is softer. The control group will receive standard encouragement that does not involve any rude language.

This implies that the strategic use of rude language will satisfy at least the following conditions: Employ mild or softer rude language; Utilize it in a more relaxed group setting; Express positive emotions.

4. Data collection

The "GHQ-28 Scale" was utilized to assess the stress relief effects of teachers' rude language use in this study. Furthermore, semi-structured interviews were conducted to gauge middle school students' attitudes towards rude language and its use by teachers. All data collection instruments were deployed at the conclusion of the implementation period.

The GHQ-28 scale was utilized to assess anxiety, depression, and somatic symptoms (Goldberg & Hillier, 1979). Participants were prompted to reflect on their feelings over the past week and rate items on a scale from 1 (never or almost never) to 4 (most of the time). Anxiety symptoms were measured using items such as "Once I fall asleep, it is difficult for me to fall back asleep," and "My heart is beating faster than usual." The total scores ranged from 9 to 36, with higher scores indicating elevated levels of anxiety symptoms. Somatic symptoms were evaluated using items like "I have a feeling of tightness or pressure in my head," and "I feel really good and in good physical condition". The total scores for this category also ranged from 9 to 36, with higher scores indicating increased levels of somatic symptoms. Depressive symptoms were measured using items such as "I feel sad,"

and “Morning is when I feel my best”. The total scores for depressive symptoms ranged from 17 to 68, with higher scores indicating a greater degree of depression.

Semi-structured interview is a prevalent data collection method in qualitative research, significantly influence the research outcomes due to the quality of the interview guide. The application of semi-structured interviews necessitates substantial prior research in the topic area (Barriball & While, 1994; Turner III & Hagstrom-Schmidt, 2022) as the interview questions are predicated on previous knowledge. This study employs semi-structured interviews to explore middle school students’ perceptions of teachers’ use of rude language. This approach has proven to be versatile and flexible, encouraging students to provide descriptive answers by initiating questions with “what”, “who”, “where”, “when”, or “how” (Chenail, 2011). In this study, the middle school students participating in the semi-structured interviews were members of the experimental group, having experienced teachers’ strategic use of rude language.

Results

In this research, both descriptive and predictive analyses were conducted. Given that the sample sizes for both studies exceeded 50, the Kolmogorov-Smirnov test was employed (Drezner, Turel & Zerom, 2010). The mental stress experienced by students in both the pre-experiment test and experiment test was not statistically significant ($p>0.05$). This result led to the acceptance of the null hypothesis, which posits that the data is normally distributed. Thus, it can be inferred that the data from both experiments exhibit characteristics of normality. To ascertain differences between groups, an independent samples t-test was utilized in both experiments.

Table 2. Pre-experiment t test analysis results.

Mental Stress	Group (mean ± standard deviation)		t	p
	Experimental group (n=41)	Control group (n=49)		
	57.24 ± 14.27	59.10 ± 15.11	-0.596	0.553

* $p < 0.05$ ** $p < 0.01$

As indicated in Table 2, the samples from various groups do not exhibit significant differences in mental stress ($p>0.05$). This suggests that all groups demonstrate consistent levels of mental stress, with no discernible differences. In the pre-experiment, no significant disparities in mental stress were observed among different groups. Therefore, it can be inferred that there is no significant difference in mental stress between the two groups of middle school students in the experiment prior to the commencement of the study.

Table 3. Experiment t test analysis results

Mental Stress	Group (mean ± standard deviation)		t	p
	Experimental group (n=41)	Control group (n=49)		
	53.98 ± 12.247	59.96 ± 15.461		

*p < 0.05 **p < 0.01

Upon exposure to the teacher’s strategic use of rude language, the group exhibited a significant level of mental stress at the 0.05 level (t=-2.036, p=0.045). A detailed comparison reveals that the mean value for the experimental group (53.98) is significantly lower than that of the control group (59.96). This indicates that there are significant differences in mental stress among samples from different groups.

Table 3. Experiment t test analysis results

Item	S ² pooled	Cohen's d
Mental Stress	195.988	0.427

Following the demonstration of a significant difference by the t-test (p<0.05), this study employed Effect Size to examine the extent of this difference. The magnitude of the effect size is denoted by Cohen’s d value, with larger values indicating greater differences. When the t-test utilizes Cohen’s d value to articulate the effect size, the thresholds for distinguishing between small, medium, and large effect sizes are set at 0.20, 0.50, and 0.80, respectively. In this research, it was found that the strategic use of rude language by teachers had an effect size nearing medium in terms of reducing mental stress among middle school students.

Discussion

The objective of this study is to ascertain the effects of teachers strategically use rude language to relieve students’ mental stress, and to gauge students’ attitudes towards such usage. It was observed that students in the experimental group exhibited superior performance in terms of mental stress management compared to those in the control group. This significant difference between the groups serves as evidence that strategic use of rude language by teachers can aid students in alleviating mental stress. Rude language is perceived to relieve stress and even vent emotions. In the post-pandemic era, middle school students continue to grapple with high academic pressure within the campus environment (Högberg, Strandh & Hagquist, 2020). The prevalence of rude language among middle school students underscores its potential to mitigate stress to a certain degree. When teachers strategically use rude language, considering factors such as location, conversational atmosphere, and level of rudeness, middle school students can experience emotional resonance, thereby facilitating the alleviation of mental stress.

The preliminary test revealed no significant disparities in the general health status of the two groups of middle school students. However, following exposure to teachers' strategic use of rude language, the experimental group of middle school students exhibited significantly lower levels of mental stress compared to their counterparts in the control group. These findings align with existing literature that has investigated the role of profanity (Fägersten, 2012; Hughes, 1998; Stapleton, 2010; Stapleton, Fägersten, Stephens & Loveday, 2022), including studies examining the impact of venting on mental distress. This study extends beyond by striving to minimize the negative emotional impact of swearing as much as possible, transforming it into rude language through the mitigation of rudeness, selection of suitable environments, and establishment of a positive conversational context. Semi-structured interviews with middle school students revealed that majority participants can distinguish between rude language and swearing. Concurrently, all interviewed students admitted to using swear words or rude language, and a majority reported encountering rude language in their surroundings (referring to both school and home environments):

"People around me have used bad words, (I mean) friends and some adults. Adults refer to some of my relatives, such as uncles and cousins. (My) parents would sometimes say it too, but they would apologize to me and tell me it was wrong to say bad words." (Code: 20230630EX-021)

Some students have reported that their perception of the prevalence of rude language in their surroundings is largely influenced by the media they consume. The media, encompassing both traditional forms (such as books, newspapers, songs, and cable TV) and new media (including short video platforms, live streaming software, and interactive TV), has served as a conduit for the propagation of swearing and rude language. Owing to their frequent usage, some swearing has become "conventionalized" and have thus gained widespread acceptance among the audience—in this case, middle school students (Bergen, 2016). Consequently, their intensity has been diminished. This includes language consumed through various devices such as smartphones, tablets, and computers. One interviewee noted that if a blogger who uses rude language gains popularity among middle school students, many individuals will emulate his/her manner of speaking, regardless of whether it involves swearing of rude language:

"Watch it on Douyin or WeChat... classmates will repost it, and then we will learn how to speak like them ... I just think it's fun." (Code: 20230630EX-032)

"Sometimes I don't know what the meme is, but I will learn it after hearing it from others (classmates)." (Code: 20230630EX-002)

This study also investigated the variations in attitudes among middle school students towards the gender of individuals who use rude language. The findings from the interviews revealed that female middle school students exhibited a heightened aversion

towards males, particularly their male classmates, who used rude language. One female middle school student expressed her sentiments emphatically:

“Those boys who say dirty words are really disgusting. I can’t accept them at all, especially those who make fun of us (girls). I really wish they would shut up.” (Code: 20230630EX-018)

The interview results revealed that most middle school students have witnessed men using rude language and perceive this behavior as “normal”. Relevant research (Güvendir, 2015) suggests that swearing and rude language are often associated with rough and aggressive behaviors and are more commonly used by men. Certain studies have established a link between “masculinity” and swearing (Baruch & Jenkins, 2007; Downes, Kettle, O’Brien & Tait, 2021), with bravery and aggressive speech or actions viewed as indicators of leadership competition. Interestingly, research on group activities and teamwork has shown that the use of profanity within a group can lead to increased cohesion (Fägersten & Stapleton, 2017; Stapleton, Fägersten, Stephens & Loveday, 2022). Middle school students reported that they “expected” and had “previously observed” male teachers using rude language. However, the use of rude language by female teachers elicited clear concern among middle school students. Some students expressed the belief that if a female teacher resorts to using rude language, she must be extremely angry:

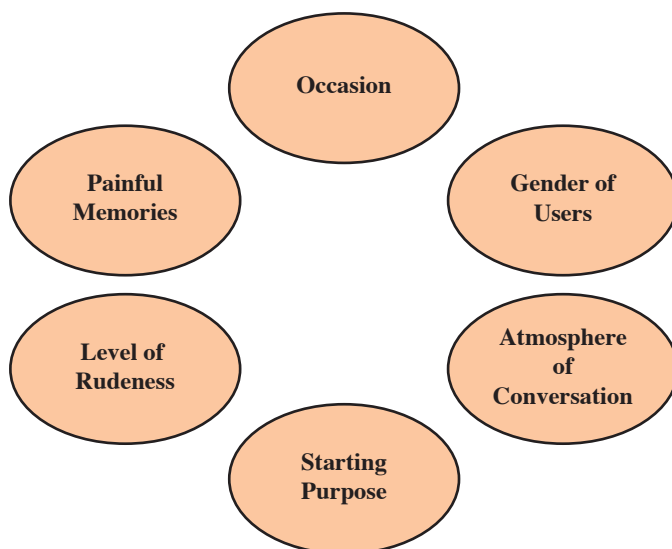
“I don’t want female teachers swearing...I haven’t seen that (female teachers swearing or use rude language), but if it happened, I think I would be scared. Why? Because I’ve never seen them do this. It must be in a very serious situation. At that time, I’d better shut up, and it’s best that they (female teachers) don’t swearing because of me.” (Code: 20230630EX-033)

One middle school student specifically stated that she did not want female teachers to use rude language because it would awaken memories of being scolded by her mother:

“I don’t want that to happen (female teachers swearing or using rude language). Because that’s what my mom would do...if I did something wrong. I like them (female teachers) very much, they can be strict, but I don’t want them swearing.” (Code: 20230630EX-018)

Drawing from the interviews, this study pinpointed several primary concerns of middle school students regarding the use of rude language. These include painful memories, the level of rudeness, the context of usage, and the gender of the user. By integrating these concerns with the three elements of teachers’ strategic use of rude language, we distilled them into six key factors that warrant attention:

Figure 3. Six factors of strategic rude language use.



These six factors are: a) whether the occasion is appropriate; b) whether the conversation atmosphere is appropriate; c) whether the level of rudeness is appropriate; d) whether the starting purpose is positive; e) whether the student has painful memories; f) the gender of the user. In group situations with a relaxed atmosphere, male teachers using less rude language for positive purposes can help students with no painful memories reduce their psychological stress, while female teachers bear more of the students' worries.

Conclusions

The strategic use of rude language by teachers has been found to positively impact the reduction of accumulated mental stress among middle school students. In certain contexts, students tend to develop a deeper sense of trust and intimacy towards teachers who employ rude language. Teachers who are already trusted by students and strategically use rude language are more readily accepted. However, the reverse scenario may yield contrary results. Notably, the use of rude language by female teachers is more likely to incite worry and resentment among middle school students.

This study has its strengths and limitations. One such limitation is the subjective interpretations of middle school students regarding the distinction between rude language and swearing. Despite the study's efforts to differentiate between the two, some students do not perceive a difference, leading to a degree of ambiguity in their self-disclosures during interviews. Future research could address this ambiguity by incorporating questions about how middle school students interpret swearing or rude language, or by developing relevant measurement tools. This study also outlines strategies for mitigating

the negative emotions associated with rude language as much as possible through strategic deescalation and situational setting, using semi-structured interviews to explore students' reactions. However, dialogues are complex in nature. Most conversations are brief, making it challenging for teachers and researchers to conduct in-depth studies on the current psychological state of middle school students. This raises a pertinent question: How can teachers quickly ascertain the mental state of middle school students? This is particularly relevant in classes with larger student populations in the Greater Bay Area (for instance, middle schools in Guangzhou often have class sizes exceeding 40 students).

The primary strength of this study lies in its contribution to bridging a gap in the existing body of research. At present, studies on swearing, rude language, and venting—both domestically and internationally—tend to focus more on their medical implications (Trần, Szabó, Ward & Jose, 2023) and their effects on interpersonal relationships (Hughes, 1998; Stapleton, Fägersten, Stephens & Loveday, 2022). While swearing has been categorized as a significant misconduct on school campuses (Finn, 2017; Doherty, Berwick & McGregor, 2018), the recurring instances of swearing among middle school students are noteworthy and warrant the attention of future researchers. This is particularly relevant considering the sudden surge in mental stress among middle school students in the post-pandemic era. The findings of this study offer a reference perspective, suggesting that middle school students may derive benefits from the use of rude language and emotional venting. Consequently, this study holds considerable significance for research exploring the use of rude language as a strategy for reducing stress among middle school students. The results provide valuable insights for teachers in secondary schools and educational institutions on strategies to alleviate mental stress among students. By discussing the strategic use of rude language, teachers can equip students with an emotion-focused stress reduction strategy applicable in specific situations. Additionally, the research findings reveal that swearing—on campus and even in daily life, whether consciously or otherwise—has become a common occurrence among middle school students in the Greater Bay Area. Future research could delve into exploring the relationship between popularity, interpersonal relationships, and mental stress among middle school students. It could also investigate whether the use of rude language has become an epidemic phenomenon in schools and assess the latest impact of middle school students' use of rude language on interpersonal relationships.

References

- Barriball, K. L., & While, A. (1994). Collecting data using a semi-structured interview: a discussion paper. *Journal of Advanced Nursing-Institutional Subscription*, 19(2), 328-335.
- Baruch, Y., & Jenkins, S. (2007). Swearing at work and permissive leadership culture: When anti-social becomes social and incivility is acceptable. *Leadership & Organization Development Journal*, 28(6), 492-507.
- Bergen, B. K. (2016). *What the F: What swearing reveals about our language, our brains, and ourselves*. Hachette UK.
- Chenail, R. J. (2011). Interviewing the investigator: Strategies for addressing instrumentation and researcher bias concerns in qualitative research. *Qualitative report*, 16(1), 255-262.
- Congress, N.P.S. (1986). Compulsory Education Law of the People's Republic of China; National People's Congress of the People's Republic of China: Beijing, China.
- Cooper, K. S. (2014). Eliciting engagement in the high school classroom: A mixed-methods examination of teaching practices. *American educational research journal*, 51(2), 363-402.
- Daly, N., Holmes, J., Newton, J., & Stubbe, M. (2004). Expletives as solidarity signals in FTAs on the factory floor. *Journal of Pragmatics*, 36(5), 945-964.
- Dattalo, P. (2008). Determining sample size: Balancing power, precision, and practicality. *Pocket Guide to Social Work Re*.
- Drezner, Z., Turel, O., & Zerom, D. (2010). A modified Kolmogorov-Smirnov test for normality. *Communications in Statistics—Simulation and Computation*, 39(4), 693-704.
- Doherty, C., Berwick, A., & McGregor, R. (2018). Swearing in class: Institutional morality in dispute. *Linguistics and Education*, 48, 1-9.
- Downes, L., Kettle, M., O'Brien, P., & Tait, G. (2021). Responsibilisation and acceptable verbal behaviour in schools: Teachers and leaders arbitrating the boundaries of swearing. *Linguistics and Education*, 61, 100898.
- Fägersten, K. B. (2012). *Who's swearing now? The social aspects of conversational swearing*. Cambridge Scholars Publishing.
- Fägersten, K. B. (2017). The role of swearing in creating an online persona: The case of YouTuber PewDiePie. *Discourse, context & media*, 18, 1-10.
- Fägersten, K. B., & Stapleton, K. (2017). Introduction: Swearing research as variations on a theme. In *Advances in Swearing Research* (pp. 1-16). John Benjamins.

- Finn, E. (2017). Swearing: The Good, the Bad & the Ugly. *Ortesol journal*, 34, 17-26.
- Fraenkel, R.J., Wallen, E.N. (2000). *How to design and evaluate research in education* (4th ed.). San Francisco: McGraw-Hill.
- Gayathri, M., & Vimala, B. (2015). A study on relationship of emotional intelligence and stress coping strategies of employees in chemical industry. *International Journal of Advanced Scientific Research and Development*, 2.
- Geng, X. (2017). The Influence of Teachers' Language on Middle Students' Psychology. *Eurasia Journal of Mathematics, Science and Technology Education*, 13(8), 5637-5644.
- Goldberg, D. P., & Hillier, V. F. (1979). A scaled version of the General Health Questionnaire. *Psychological medicine*, 9(1), 139-145.
- Guo, L., Huang, J., & Zhang, Y. (2019). Education development in China: Education return, quality, and equity. *Sustainability*, 11(13), 3750.
- Güvendir, E. (2015). Why are males inclined to use strong swear words more than females? An evolutionary explanation based on male intergroup aggressiveness. *Language Sciences*, 50, 133-139.
- Högberg, B., Strandh, M., & Hagquist, C. (2020). Gender and secular trends in adolescent mental health over 24 years—the role of school-related stress. *Social science & medicine*, 250, 112890.
- Huang, Y., & Zhao, N. (2020). Generalized anxiety disorder, depressive symptoms and sleep quality during COVID-19 outbreak in China: a web-based cross-sectional survey. *Psychiatry research*, 288, 112954.
- Hughes, G. (1998). *Swearing: A social history of foul language, oaths and profanity in English*. Penguin UK.
- Jay, T., & Janschewitz, K. (2008). *The pragmatics of swearing*.
- Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. Springer publishing company.
- Liu, S. (2011). An experimental study of the classification and recognition of Chinese speech acts. *Journal of pragmatics*, 43(6), 1801-1817.
- McMillan, J. H., & Schumacher, S. (2010). *Research in Education: Evidence-Based Inquiry*, MyEducationLab Series. Pearson.
- Patrick, H., Ryan, A. M., & Kaplan, A. (2007). Early adolescents' perceptions of the classroom social environment, motivational beliefs, and engagement. *Journal of educational psychology*, 99(1), 83.
- Rao, Z. (1996). Reconciling Communicative Approaches to the Teaching of English

with Traditional Chinese Methods. *Research in the Teaching of English*, 30(4), 458–471.
<http://www.jstor.org/stable/40171552>

Ruzek, E. A., Hafen, C. A., Allen, J. P., Gregory, A., Mikami, A. Y., & Pianta, R. C. (2016). How teacher emotional support motivates students: The mediating roles of perceived peer relatedness, autonomy support, and competence. *Learning and instruction*, 42, 95-103.

Schraml, K., Perski, A., Grossi, G., & Simonsson-Sarnecki, M. (2011). Stress symptoms among adolescents: The role of subjective psychosocial conditions, lifestyle, and self-esteem. *Journal of adolescence*, 34(5), 987-996.

Stapleton, K. (2010). 12. Swearing. *Interpersonal pragmatics*, 6, 289.

Stapleton, K., Fägersten, K. B., Stephens, R., & Loveday, C. (2022). The power of swearing: What we know and what we don't. *Lingua*, 277, 103406.

Stephens, R., Atkins, J., & Kingston, A. (2009). Swearing as a response to pain. *Neuroreport*, 20(12), 1056-1060.

Su, T. P., Lien, T. C., Yang, C. Y., Su, Y. L., Wang, J. H., Tsai, S. L., & Yin, J. C. (2007). Prevalence of psychiatric morbidity and psychological adaptation of the nurses in a structured SARS caring unit during outbreak: a prospective and periodic assessment study in Taiwan. *Journal of psychiatric research*, 41(1-2), 119-130.

Trần, V., Szabó, Á., Ward, C., & Jose, P. E. (2023). To vent or not to vent? The impact of venting on psychological symptoms varies by levels of social support. *International Journal of Intercultural Relations*, 92, 101750.

Tsang, M. C. (2000). Education and national development in China since 1949: Oscillating policies and enduring dilemmas. *China review*, 579-618.

Turner III, D. W., & Hagstrom-Schmidt, N. (2022). *Qualitative interview design. Howdy or Hello? Technical and professional communication*.

Xuan, J.C., Ma, Z. (2022). *Language Ecology and Language Services*. Jinan University Press, 2022, pp. 73-83.

Zhang, C., Ye, M., Fu, Y., Yang, M., Luo, F., Yuan, J., & Tao, Q. (2020). The psychological impact of the COVID-19 pandemic on teenagers in China. *Journal of Adolescent Health*, 67(6), 747-755.

Stress, School, and Inclusion

*Proceedings of the 2023 International Symposium
on Children and Youth Health and Well-being*

**Grassroots Empowerment Approaches Give Girls A Voice:
The Intersection Of SDGS 3, 4, & 5**

Rebecca Davis

Grassroots Empowerment Approaches Give Girls A Voice: The Intersection Of SDGS 3, 4, & 5

Rebecca Davis*

Abstract

Background/Rationale: Attention to the emotional, biological, social, and cognitive developmental needs of girls is critical for achieving the UN Sustainable Development Goal (SDG) 3 (Health & Wellbeing), SDG 4 (Quality Education) & 5 (Gender Equality). Girls' reproductive and sexual rights are highly controversial issues, along with a girl's right to education and a violence-free life. Given that the majority of girls ages 10-19 live in low- and middle-income countries, empowering and capacitating girls represents an unprecedented opportunity. Investing in girls yields many returns including reductions in early pregnancy and increased earning power, especially when girls have equal access to education.

Methodology: A case study approach highlights practices that ensure agency and positive development for girls, especially those more at risk of discrimination and oppression. A literature review explores the evidence-base for empowering girls, with special attention to what social workers need to know (Temin et al., 2018). When girls are simply added on to provisions aimed at women, girls' rights are minimized at the expense of empowering adult women political, socially, and economically (also important) (Plan International, 2017, p. 5). This requires a shift away from girls as beneficiaries, to agents of change for individual and collective empowerment.

Findings and Conclusions: A curriculum proposal on Social Work with Girls will identify evidence-based approaches such as mentor-led safe space groups, services & community engagement models, and inclusive intersectoral approaches that connect with boys and girls from other disempowered groups due to social status, ethnicity, or disability. Special attention is given to innovative micro, mezzo, and macro practice models that enhance girl's voice, control, and choice.

Keywords: Girls' Empowerment, Gender Equality, Girl's Education, Social Work

* School of Social Work, Rutgers, the State University of New Jersey (USA)

Introduction: The Opportunity for Change

There are an estimated 1.2 billion adolescents aged 10-19 years today that make up 16% of the world's population. About half of them are girls, with most girls ages 10-19 living in low & middle-income countries. More than half of those live in Asia, while nearly a fourth live in Sub Saharan Africa. Empowering girls represents an unprecedented opportunity for global progress; Investing in girls yields many returns including reductions in early pregnancy, increased earning power, and overall healthier families and communities (Temin et al., 2018). These opportunities come with challenges that are based in the highly controversial issues related to girls' reproductive and sexual rights as compared to a girl's right to education and her right to be free from violence, which tend to have more acceptability. What happens to a girl's own body, whom to marry, who owns or inherits property, etc., are not consistently expressed in policies and laws (Plan International, 2017).

Attention to the emotional, biological, social, and cognitive developmental needs of girls is critical for achieving the UN Sustainable Development Goal (SDG) 3 (Good Health & Wellbeing) which directly intersects with SDG 4 (Quality Education) & 5 (Gender Equality). Girls' reproductive and sexual rights are highly controversial issues, along with a girl's right to education and her right to be free from violence. What happens to her own body, over whom to marry, to own property or inherit, are not consistently expressed in policy & practice (Population Council, 2017). Given that most girls ages 10-19 live in low- and middle-income countries, empowering and capacitating them represents an unprecedented opportunity to contribute to the health and wellbeing outcomes of their families and future generations of families. The hypothesis is that investing in girls yields many returns including reductions in early pregnancy and increased earning power, especially when girls are given equal access to an education (SDG 4 – Quality Education) (Population Council, 2016; 2017; United Nations, 2023).

According to UNICEF (2022), education is a lifeline for girls; men and boys are critical contributors or barriers to the empowerment of women and girls. Men's attitudes matter (UNICEF, 2022, p. 10)!

Objectives

This paper reviews the literature and research on girl's empowerment and the intersection of culture and gender norms within the context of the SDGs and rights-based approaches to the girl child. The evidence-base for empowering girls provides the basis for what social workers need to know for linking empowerment of the girl child and global progress (Temin et al., 2018). Approaches for capacitating social workers for practice with the girl child that ensures agency and positive development for girls, especially

those at higher risk of discrimination and oppression, are described using a qualitative case study methodology. A seven-module curriculum identifies and describes challenges and opportunities faced by girls and evidence-based interventions such as mentor-led safe space groups. Future agendas for social work research, education, and practice are highlighted.

Literature Review

1. The Girl Child, the Convention on the Rights of the Child (CRC), and the Beijing Platform for Action

Girls' rights are codified within the U.N. Convention on the Rights of the Child, adopted by the United Nations General Assembly in 1989, and include non-discrimination, protection from harm and abuse, and full participation in family, social, and cultural life. Barriers to realizing these rights include practices such as female genital mutilation (FGM), sex-selective abortions, and child marriage, each of which is common in geographically specific areas (Bureau of International Information Programs, United States Department of State, 2017, p. 188). In addition, the *1995 Beijing Declaration and Platform for Action*, a visionary agenda for the empowerment of women, identified rights of the girl child as critical to the full realization of women's rights as human rights (United Nations Inter-Agency Network on Women and Gender Equality, 2019).

2. Gender-Based Discrimination and Culture

The girl-child has risks across all countries, no matter the economic status. A 2018 study analyzing marriage license data from 41 US states found that at over 200,000 minors, 87% girls and 13% boys, were married in the United States between 2000 and 2015 (Tsui et al., 2018). Beginning in infancy, given the lower status of girls relative to boys, girls experience discrimination in areas of nutrition, health care, education, family care, and protections. Girls are often fed less, particularly when there are diminished food resources, leaving them at higher risk of childhood mortality (Bureau of International Information Programs, United States Department of State, 2017, pp. 189-190), especially in the face of humanitarian crises including war, financial, and natural disasters resulting from climate change (UNICEF, 2022). Intentional abortion of female fetuses and female infanticide are common practices in East and South Asian, resulting significant sex-ratio population imbalance. In India such practices are reinforced by the perception that daughters do not significantly contribute to the family income and large dowries are expected when girls marry. Efforts to end such practices with education, financial incentives and threat of punishment have led to little change (Bureau of International Information Programs, United States Department of State, 2017).

3. Girls Empowerment versus Girls as Beneficiaries of Services

Empowerment is defined as the expansion of choice and strengthening of voice through the transformation of power relations so [women and] girls have more control over their lives and futures. Empowerment is a process of ongoing change through which girls expand their aspirations, strengthen their voice, and exercise more choice (Temin et al., 2018; Plan International, 2017).

Many programs that aim to benefit girls do not ultimately empower them. Some programs combine cash transfers with girls' clubs, or school based sexual education with youth-friendly health services, but these efforts are not necessarily evidence-based (Temin et al., 2018). In some programs, girls are "simply" added on to provisions aimed at women, which serve to minimize girls' rights at the expense of empowering adult women politically, socially, and economically (also important) (Plan International, 2017, p. 5). Thus, a focus on empowerment requires a shift away from seeing girls as beneficiaries of health and development programs to viewing them as agents of change for individual and collective empowerment in their own right.

Girls' rights become framed in "soft law" (non-legally binding recommendation or guidelines) as a first step towards the main goal of empowering adult women political, socially, and economically, rather than realizing the rights of girls during childhood and adolescence as separate and independent of adult women's rights (Plan International, 2017, p. 5). Some of these programs have the potential to reinforce lack of power if empowerment isn't the ultimate goal. Empowerment must involve a process of social transformation enhancing control over their lives. As a girl's voice is strengthened, she speaks up and is heard. Voice leads to greater participation and greater influence and control in her own household. Empowerment is directly manifested through voice (Plan International, 2017).

4. Evidence-Based Approaches to Empowerment

Drawing on decades of thought, program work, evidence, and learning by academics, activists, implementers, and girls in the communities, the Bill and Melinda Gates Foundation (n.d.) identifies empowerment as transforming unequal power relations that are reinforced by institutional structures and resources (Bill and Melinda Gates Foundation, n.d., p. 6). The theory of change involves three interrelated processes and outcomes:

1. *Power to* (ability to make decisions and act)
 2. *Power within* (self-esteem, dignity, self-worth), and
 3. *Power with* (shared power for solidarity, collective action, mutual support)
- (Bill and Melinda Gates Foundation, n.d., p. 3-4).

The result is agency defined as the capacity of girls to take purposeful action and pursue

goals, free from the threat of violence or retribution. Girls gain critical consciousness when they identify and question inequalities and question how power operates in their lives. It is critical that girls are given the opportunity to participate in governance to improve the status of girls. This gives girls access to and control over resources that include control over her physical and mental well-being that leads to bodily integrity (Bill and Melinda Gates Foundation, n.d., p. 6).

A social development approach to change must include assets that are both tangible and intangible economic, social, or productive resources (Midgley, 2010). Knowledge and skills are fundamental to women and girls' ability to make informed choices and effectively exercise voice and agency. Women and girls gain social capital when they build relationships and social networks – strong networks provide solidarity. Empowerment requires inner change that connects with shifts in institutional structures and systems (Bill and Melinda Gates Foundation, n.d., p. 6-9).

Methodology

1. Empowering the Girl Child: A Social Work Curriculum for Change

It is critical that social workers know and understand how investing in and empowering the girl child represents a unique opportunity for progress (Temin et al., 2018). Integrating a curriculum in social work education on *Empowering the Girl Child* is a key strategy for building the capacity of social workers to advance agency and give voice to girls 12-18 to achieve the Sustainable Development Goal (SDG) 5 (Gender Equality), and related SDG's: SDG 4 (Quality Education); SDG 13 (Climate Action); SDG 16 (Peace, Justice, and Strong Institutions); and SDG 17 (Partnerships)). The proposed curriculum, embedded within the SDGs, reflects best practices in service-learning and social work field education, and responds to community-engaged and social justice learning outcomes. Specific empowerment-based knowledge and skills that capacitate social workers to give voice and choice to girls, including communication, leadership, and negotiation skills, are translated into a social work curriculum inclusive of practice exercises and reflections. The curriculum content identifies evidence-based approaches such as mentor-led safe space groups, services, and community engagement models, along with inclusive intersectoral approaches that connect with boys and girls from other disempowered groups due to social status, ethnicity, or disability. Innovative cross-practice (micro, mezzo, and macro) models target both the rights holders (girls and their communities) and duty bearers (parents and caregivers, governments, health, justice, & education institutions, etc.). The Topics covered in 7 modules include:

Module 1: Introduction and Overview: The 17 Sustainable Development Goals (SDGs) and girls' empowerment

Module 2: Trauma-Informed, Theory of Change for Empowering the Girl Child

Module 3: Gender-based Violence (GBV) & Female Genital Mutilation (FGM)

Module 4: Reproductive Rights, Menstrual Justice, & Health

(Includes child marriage)

Module 5: Education & the Digital Divide

Module 6: Girls & Climate Change

Module 7: Empowerment of the Girl Child (Micro, Mezzo, & Macro Approaches)

(Davis & Rodgers, 2023)

2. Excerpt From Module 7: Standalone Programming for Girls: Creating Safe Spaces for Girls

Many effective youth programs center around safe spaces that allow youth who share similar experiences and challenges to connect, share ideas, and learn new skills. Safe spaces allow for constructive use of their non-school or work time that can lead to healing, empowerment, and resilience (United States Agency for International Development [USAID], 2020). Features that have been identified to likely promote positive outcomes in safe spaces and youth community programs include physical and psychological safety; clear and consistent structure and appropriate supervision; supportive relationships; opportunities to belong; positive social norms; opportunities for skill building; ethical practice; anonymity; and behavior management processes (Lobo et al., 2010; Eccles & Gootman, 2002). According to Temin et al. (2018), programs that aim to empower adolescent girls should incorporate key components and delivery approaches to build assets that drive gender equity. These are specific evidence-based practices that direct social work intervention models:

- **Girls' groups.** Programs bring peers and mentors together in girl-only groups, organized by select categories (age, schooling, and/or marital status) with the aim to build supportive relationships, build girls' knowledge, skills, and self-efficacy, and link girls and their families with essential services and social institutions.
- **Safe Space.** Girls' group meetings take place in familiar, private, and safe venues such as community centers or classrooms after hours where they feel safe discussing sensitive topics.
- **Mentors.** Ideally, mentors are young women (18-25) from the local community who have experienced similar challenges to the program participants and trained to be role models and provide practice assistance and care in emergencies.
- **Empowerment content on gender and power.** Life-skills training content should be centered on sexual and reproductive health with explicit content on how to address gender norms and power dynamics in sexual

relationships.

- **Economic empowerment.** Programs should address the influence of economic factors on girls' participation and impact, while economically empowering girls directly (such as through cash transfers) or indirectly (such as through financial literacy training). These strategies potentially reduce parental opposition and help with the cost of participation.
- **Referral networks.** Mentors should be active participants with referral networks and with knowledge on how to refer program participants to relevant services and resources such as health, education, and social services, banks, as well as transportation services.
- **Community engagement.** The program should be embedded within the local community with staff, parents, and community members fully engaged and contributing to an environment enabling girls' participation that are not impeded by gender norms (Temin et al., 2018, Seven Components of Community-Based Empowerment Programming).

Implementation of safe space programming for girls needs to be intentionally designed and targeted to girls that are most marginalized (married, out-of-school, or living with disabilities); planned weekly meetings with girls that share similar characteristics; learner-centered and highly interactional pedagogical principles; mentors emphasize skill-based learning and critical thinking; and adequate training, supportive supervision, and opportunities for mentors to interact (Temin et al., 2018, Four Program Delivery Approaches).

Findings and Conclusions

A well-planned, trained, and supported social service workforce plays a critical role in identifying, preventing, and managing risks, and responding to situations of vulnerability and harm (UNICEF, 2019; UNICEF, 2021; Global Social Service Workforce Alliance, 2019). Given the unprecedented opportunities in working with youth across the globe, capacitating social workers with specific knowledge and skills to work with the girl child is a key entry point for global development and change. Curriculum development and expanded practice opportunities that are evidence-based and grounded within the local context fits within UNICEF's key strategy for advancing protection of children from all forms of violence (SDG 5-Gender Equality, SDG 8-Decent Work and Economic Growth, & SDG 16-Peace, Justice, & Strong Institutions).

Social work education and practicums have the potential to directly contribute to achieving the SDGs by strengthening the social service workforce (SDG 16-Peace, Justice, and Strong Institutions). During the students' field practicums, considered to be

the signature pedagogy of social work education (Wayne et al., 2019), students are serving the real needs of children, communities and families while learning evidence-based skills, and forming personal and professional values. They are working to address the root causes of injustice and inequality, build community cohesion, and empower individuals and communities. This curriculum integrates both top-down and bottom-up approaches, inclusive of micro, mezzo, and macro interventions, critical to fully enhance girl's voice, control, and choice. Cross-sector (health, education, social services, and justice) approaches employ an intersectoral lens inclusive of gender identity, race, ethnicity, socioeconomic status, culture, etc. In addition, men and boys become potential contributors rather than barriers to girls' empowerment. (Bill and Melinda Gates Foundation, n.d., p. 10). Everyone benefits exponentially when women and girls are empowered.

References

- Barry, M., Clarke, A. M., Jenkins, J., and Patel. V. (2013). A systematic review of the effectiveness of mental health promotion interventions for young people in Low- and Middle-income Countries. *BMC Public Health*, 13, 835. <http://www.biomedcentral.com/1471-2458/13/835>
- Bill and Melinda Gates Foundation. (n.d.). *A conceptual model of women and girls' empowerment*. https://docs.gatesfoundation.org/Documents/BMGF_EmpowermentModel.pdf
- Bureau of International Information Programs, United States Department of State. (2017). *Global women's issues: Women in the world today*. <https://opentextbc.ca/womenintheworld/>
- Davis, R. T. & Rodgers, J. (2023). *Empowering the girl child: A curriculum for social workers*. [Unpublished Manuscript]. Rutgers University School of Social Work.
- Eccles, J. & Gootman, J. A. (Eds.). (2002). *Community programs to promote youth development*, National Research Council and Institute of Medicine, Committee on Community-level Programs for Youth, Board on Children, Youth, and Families, Division of Behavioral and Social Sciences and Education, National Academy Press. DOI: <https://doi.org/10.17226/10022>
- Global Social Service Workforce Alliance. (2019). *Strengthening the social service workforce*. <https://www.socialserviceworkforce.org/strengthening-social-service-workforce>
- John, N. and Kapungu, C. (2019). *An overview of safe space programs in Low and Middle-Income Countries using a Positive Youth Development (PYD) Lens*. YouthPower Learning: Making Cents International. <https://www.youthpower.org/sites/default/files/YouthPower/files/resources/Safe%20Spaces%20Brief.pdf>
- Lobo, R., Brown, G., Maycock, B., and McManus, A. (2010). *Development of an evaluation framework and evaluation approaches for peer-based youth programs – Interim report*. Western Australian Centre for Health Promotion Research, Curtin Health Innovation Research Institute. <https://espace.curtin.edu.au/handle/20.500.11937/2568>
- Marcus, R., Gupta-Archer, N., Darcy, M., and Page, E. (2017, September). *GAGE rigorous review: Girls' clubs, Life-skills Programmes, and Girls' Well-being Outcomes*. <https://www.gage.odi.org/publication/rigorous-review-girls-clubs-life-skills-programmes/>
- Midgley, J. (2010). The theory and practice of developmental social work. In J. Midgley & A. Conley (Ed.). *Social work and social development: Theories and skills for developmental social work (3-30)*. Oxford University Press.

Partnership for Maternal, Newborn, and Child Health (PMNCH). (2022). *As world marks arrival of 8 billionth citizen, the largest ever generation of youth call for change.* <https://pmnch.who.int/news-and-events/news/item/18-11-2022-as-world-marks-arrival-of-8-billionth-citizen-the-largest-ever-generation-of-youth-call-for-change#:~:text=A%20rising%20global%20movement%20of,their%20health%20and%20well%2Dbeing>

Plan International. (2017). *Girls' rights are human rights.* <https://plan-international.org/publications/girls-rights-are-human-rights>

Population Council. (2016). *Adolescent girl's empowerment program.* https://www.popcouncil.org/uploads/pdfs/2016PGY_AGEPMidtermReport.pdf

Population Council. (2023). *Girl-centered program tools.* https://popcouncil.org/basic_page/girl-centered-program-resources/

Temin, M., Amin, S., Ngo, T. D. & Psaki, S. (2018, December 17). How to give adolescent girls voice, choice, and control. *Stanford Social Innovation Review.* https://ssir.org/articles/entry/how_to_give_adolescent_girls_voice_choice_and_control#

Tsui, A. and Amico, C. (2018, July 6). Child Marriage in America By the Numbers, *PBS FRONTLINE.* <http://apps.frontline.org/child-marriage-by-the-numbers/>

UNICEF. (2022). *UNICEF's strategic plan 2022-2025: Renewed ambition towards 2030.*

UNICEF. (2021). *UNICEF's child protection strategy 2021-2030.* <https://www.unicef.org/media/104416/file/Child-Protection-Strategy-2021.pdf>

UNICEF. (2020). *Engaged and heard: Guidelines on adolescent participation & civic engagement.* <https://www.unicef.org/lac/en/reports/engaged-and-heard>

UNICEF. (2019). *Guidelines to strengthen the social service workforce for child protection.* <https://www.unicef.org/media/53851/file/Guidelines%20to%20strengthen%20social%20service%20for%20child%20protection%202019.pdf>

UN Office for the Coordination of Humanitarian Affairs (OCHA). (2017). *New way of working.* https://www.unocha.org/sites/unocha/files/NWOW%20Booklet%20low%20res.002_0.pdf

United Nations Development Programme (UNDP). (2019). *Human rights and the SDGs: Two sides of the same coin.* <https://www.undp.org/content/undp/en/home/blog/2019/human-rights-and-the-sdgs---two-sides-of-the-same-coin.html>

United Nations. (2023). *The 17 Goals.* <https://sdgs.un.org/goals>

United Nations Inter-Agency Network on Women and Gender Equality. (2019). *25 years after Beijing: A review of the UN system's support for the implementation of the Platform for Action, 2014-2019.* <https://www.unwomen.org/sites/default/files/>

Headquarters/Attachments/Sections/Library/Publications/2020/IANWGE-Review-of-UN-system-support-for-implementation-of-Platform-for-Action-2014-2019-en.pdf

United States Agency for International Development (USAID). (2020). *Youth Center Toolkit: Creating resources for safe spaces, youth centers, and after-school programs*. YouthPower2: Learning and Evaluation, Making Cents International. https://www.youthpower.org/sites/default/files/YouthPower/files/resources/TOOLKIT_YOUTH_V4_NOVEMBER_15_SM.pdf

Wayne, J., Bogo, M., Raskin, M. (2010). Field education as the signature pedagogy of social work education. *Journal of Social Work Education*, 46(3), 327-229.

Health and Mental Health

***Proceedings of the 2023 International Symposium
on Children and Youth Health and Well-being***

Resilience and Grit of College Students in China: Effects of Adverse Childhood Experiences and Mindfulness

Congcong Zhang Meifen Yang Chien-Chung Huang

Resilience and Grit of College Students in China: Effects of Adverse Childhood Experiences and Mindfulness

Congcong Zhang* Meifen Yang** Chien-Chung Huang***

Abstract

Resilience and grit serve as crucial indicators of personal development. While existing research has established the detrimental consequences of adverse childhood experiences (ACEs) on individuals throughout their lives, limited knowledge exists regarding the impact of ACEs on resilience and grit, as well as the potential mediating role of mindfulness, and the moderating influence of gender, among Chinese college students. This cross-sectional online survey, encompassing 12 universities across China (n=1,871), revealed a negative association between ACEs and resilience and grit. The study identified mindfulness as a mediator in the relationship between ACEs and resilience and grit. Additionally, gender was found to moderate these relationships, with childhood abuse exhibiting a greater effect on male students, while childhood neglect displayed more pronounced effects on female students. The study's findings underscore the need for interventions and services aimed at enhancing mindfulness, resilience, and grit among at-risk populations.

Keywords: adverse childhood experience, college students, grit, mindfulness, resilience

* 青年運動史教研部·中國青年政治學院(中國)

Department of Youth Movement History, China Youth University of Political Studies,
Beijing 100089, China

** 社會與公共管理學院, 廣東外語外貿大學(中國)

School of Public Administration, Guangdong University of Foreign Studies, Guangzhou 510420, China

*** 社會工作學院, 羅格斯大學(美國)

School of Social Work, Rutgers University, New Brunswick, NJ 08901, USA

Introduction

Both resilience and grit are crucial indicators of personal capacity and reliable predictors of future success and well-being (Duckworth et al., 2007; Rutter, 2006). Resilience refers to individuals' ability to positively adapt in the face of challenging events (Luthar et al., 2000; Rutter, 2006). Throughout their lives, individuals encounter various risks and challenges, and resilience plays a vital role in enabling them to effectively cope with associated stress and facilitate positive development (Prime et al., 2020; Bajaj & Pande, 2016). On the other hand, grit represents perseverance and a passionate commitment to achieving long-term goals (Duckworth et al., 2007). Grit serves as a reliable predictor of academic and professional success, as well as a significant indicator of health and well-being (Datu et al., 2018; Singh & Jha, 2008). Although resilience and grit are distinct concepts, they exhibit correlation with each other (Georgoulas-Sherry & Kelly, 2019; Meyer et al., 2020).

Adverse childhood experiences (ACEs) encompass negative events that occur during an individual's first 18 years of life, such as childhood abuse, neglect, and household challenges (CDC, n.d.). The prevalence of ACEs is high, with nearly two-thirds of youth globally reporting at least one ACE (Carlson et al., 2019). Moreover, in the United States, over 20% of participants in the original ACE study reported experiencing three or more ACEs (CDC, n.d.). ACEs have significant detrimental effects on child development and have predictive implications for social and health outcomes throughout the lifespan (Crandall et al., 2020; Elmore et al., 2020; Felitti et al., 1998). Additionally, ACEs have been found to influence mindfulness, resilience, and grit (Chen et al., 2023; Cheung et al., 2021; Hall et al., 2021).

Mindfulness is a cognitive state characterized by purposeful attention and non-judgmental reactions (Kabat-Zinn, 2003). It comprises two essential components: mindful attention and mindful metacognition. Mindful attention involves directing awareness to the present moment, while mindful metacognition entails intentionally disengaging from evaluative thoughts and emotions that may arise (Bishop et al., 2004; Reina & Kudesia, 2020). Research has demonstrated that mindfulness can enhance academic attainment, social skills, and emotional well-being (Caballero et al., 2019; Jiménez-Picón et al., 2021; Lu et al., 2017), as well as foster resilience and grit (Pérez-Aranda et al., 2021; Raphiphatthana & Jose, 2020; Yuan, 2021).

Given the predictive nature of resilience and grit for psychological and subjective well-being, particularly during challenging periods like the COVID-19 pandemic (Bono et al., 2020; Sulla et al., 2022; Yuan, 2021), it is imperative for the field to explore potential avenues of intervention to enhance resilience and grit among vulnerable populations, while also considering potential gender differences (Godbout et al., 2019). Therefore, the objective of this study is to investigate the effects of adverse childhood experiences (ACEs) on both resilience and grit, while also examining the potential mediating role of

mindfulness and the moderating influence of gender among Chinese college students.

This study is guided by the trauma theory proposed by Herman (1992). According to trauma theory, traumatic experiences can have adverse effects on well-being by giving rise to symptoms of hyperarousal, constriction, and intrusion (Herman, 1992). These trauma symptoms disrupt individuals' beliefs about safety and trust, challenging their sense of control, connection, and meaning in life (Briere, 2019; Modrowski et al., 2021). Within the framework of trauma theory (Herman, 1992), adverse childhood experiences (ACEs) can be understood as traumatic events that have long-lasting and significant consequences throughout an individual's life (Bryan, 2019; Herrenkohl et al., 2013; Mosley-Johnson et al., 2019). Individuals with ACEs may employ constriction as a coping mechanism, dissociating from triggering circumstances to manage overwhelming reactions rooted in a state of hyperarousal. Prolonged dissociation can impact mindfulness by limiting awareness and attention to the present moment (Bishop et al., 2004; Bolduc et al., 2018; Zerubavel & Messman-Moore, 2015). Decreased mindfulness, in turn, can hinder an individual's ability to cultivate resilience in the face of adversity and to foster perseverance and long-term goals, which are key aspects of grit (Dussault et al., 2022; Cheung et al., 2022). In summary, ACEs can diminish resilience and grit by reducing mindfulness. Figure 1 presents the conceptual framework of this study. Our hypotheses posit negative associations between ACEs and resilience and grit among Chinese college students, with mindfulness mediating these relationships. Furthermore, we anticipate that the effects of ACEs may vary by gender, as previous research suggests differential effects of ACEs on male and female populations (Chen et al., 2021; Godbout et al., 2019; Pierce & Jones, 2022). For instance, Chen et al. (2021) found that childhood abuse had a greater impact on resilience and well-being among female students, while household challenges exhibited a stronger effect on resilience and well-being among male students.

Methods

The data for this study were collected through an anonymous online survey administered to junior and senior students in universities across China. The inclusion criteria were that participants had to be (a) social science students and (b) in their junior or senior year of college. The sampling procedure aimed to obtain a large and geographically diverse sample suitable for conducting multivariate analysis. A total of 12 prominent universities located in the northern, eastern, southern, western, and central regions of China were selected. The social science departments of these universities were contacted, resulting in a sampling frame of 2,229 students. In September 2020, all 2,229 students were invited to participate in the study, with reminders sent out 3 and 7 days after the initial invitation. Participants were informed about the voluntary nature of their participation and were free to withdraw at any time. The survey closed in early October 2020, yielding 1,881

responses. After excluding incomplete cases, the final analytic sample consisted of 1,871 students, resulting in a survey response rate of approximately 83.9%. The majority of the sample comprised female students, reflecting the gender distribution in the social science student population of Chinese academic institutions. The average age of the participants was 20.62 years. This study received approval from the research review committee at one of the co-authors' university and implemented an informed consent process.

Resilience was assessed using the Resilience Scale instrument (RS-14) developed by Wagnild (2016). The RS-14 consists of 14 items that evaluate five dimensions of individual resilience, including a meaningful and purposeful life, perseverance, equanimity, self-reliance, and existential aloneness. Previous studies have demonstrated the satisfactory validity and reliability of the RS-14 in diverse samples, including racially and ethnically diverse groups (Aiena et al., 2015; Pritzker & Minter, 2014), as well as Chinese populations (Shi et al., 2015; Tian & Hong, 2013). Participants were asked to indicate their level of agreement with each item over the past four weeks using a 7-point Likert scale, ranging from 1 (strongly disagree) to 7 (strongly agree). A composite resilience score was calculated by summing the scores of all the items, with possible scores ranging from 14 to 98. Higher scores indicate greater perceived resilience. In this study, the Cronbach's alpha coefficient for these items was 0.92, indicating high internal consistency.

Grit was assessed using the 8-item Short Grit Scale (Grit-S) developed by Duckworth and Quinn (2009). The scale consists of two subscales: perseverance of effort and consistency of interests. Perseverance of effort measures an individual's ability to strive harder and maintain effort towards their goals, even in the face of challenges and hardships. Consistency of interests assesses an individual's ability to sustain long-term interest and engagement in a particular project or goal. The items in the Grit-S capture respondents' intrapersonal competencies and their capacity to maintain focus, interest, and perseverance over extended periods of time. To ensure consistent scoring, negatively worded items were recoded, with higher scores reflecting higher levels of grit. Average item scores, ranging from 1 to 5, were calculated to represent overall grit scores as well as scores for each subscale. In this study, the Cronbach's alpha coefficient for the Grit-S scale was .72, indicating satisfactory internal consistency.

Mindfulness was measured using the Mindful Attention Awareness Scale (MAAS) developed by Brown et al. (2011). The MAAS consists of 15 items that assess the frequency of various behaviors, thoughts, and experiences related to mindfulness over the past four weeks. Participants were asked to rate each item on a scale from 1 (almost never) to 6 (almost always). To ensure consistent scoring, item scores were reverse coded so that higher scores reflected higher levels of mindfulness. The responses were then summed to calculate a mindfulness score, which ranged from 14 to 90. The Chinese version of the MAAS has demonstrated validity and reliability for Chinese populations (Deng et al., 2011; Huang et al., 2019). In the present study, the Cronbach's alpha coefficient for the MAAS was .90, indicating high internal consistency.

Adverse Childhood Experiences (ACEs) were assessed using the ACE questionnaire developed by the CDC (n.d.). The questionnaire consists of 10 items that measure the occurrence of ACEs across three categories: abuse, neglect (including emotional and physical neglect), and household challenges. The abuse category includes items related to emotional, physical, and sexual abuse. The neglect category comprises items related to emotional and physical neglect. The household challenges category includes items related to parental separation or divorce, witnessing a battered mother, household substance abuse, mental illness in the household, and having an incarcerated household member. Participants were asked to indicate whether they experienced each ACE item prior to the age of 18. The sum of affirmative responses was used to calculate the ACE score, with higher scores indicating a greater number of ACEs. Scores were calculated separately for each ACE category, providing information about the specific types of ACEs experienced by participants.

The analysis commenced with descriptive analysis to examine the distribution and correlations of the key variables of interest. Following this, structural equation modeling (SEM) analysis was conducted to investigate the direct and indirect effects of ACEs on resilience and grit, as well as the potential mediating role of mindfulness. Maximum likelihood (ML) estimation was used, and model fit was assessed using various fit indices, including Chi-square statistics, Comparative Fit Index (CFI), Root Mean Square Error of Approximation (RMSEA), and Standardized Root Mean Square Residual (SRMR). A good model fit was indicated by Chi-square statistics values >0.05 , CFI >0.95 , RMSEA values <0.08 , and SRMR <0.08 . To explore potential moderation effects of gender on the relationships, separate SEM analyses were conducted by gender. Additionally, regression analyses were performed, incorporating a range of covariates such as personal characteristics. The results of the regression analyses align with the findings reported in this study. All analyses were carried out using STATA software version 16.0.

Results

The descriptive statistics for the key variables are summarized in Table 1, and the correlation analysis results are presented in Table 2. The average resilience score for the sample was 13.42, while the average grit score was 3.07. The average mindfulness score reported by the students in our sample was 59.61. In terms of adverse childhood experiences (ACEs), the sample reported an average abuse score of 0.28, neglect score of 0.15, and household challenges score of 0.26. It is worth noting that female students had a significantly higher abuse score (0.30) compared to male students (0.24). The results of the correlation analysis supported our hypotheses. All three measures of ACEs showed significant negative correlations with mindfulness and resilience. ACE abuse and neglect were also found to have negative correlations with grit, while ACE household challenges did not show a significant correlation with grit.

Figure 2 presents the standardized estimates of the structural equation model (SEM). The model fit statistics indicate a good fit to the data: $\chi^2(6) = 12.1$, $p > 0.05$, CFI = 0.99, RMSEA = 0.02, SRMR = 0.02, indicating mindfulness fully mediating the effects of ACEs on resilience and grit. The results show that child abuse and neglect directly reduced mindfulness (-0.14 and -0.11, respectively), while household challenges had a marginal effect on lowering mindfulness (-0.04) in Chinese college students. Mindfulness had a strong positive impact on resilience (0.51) and grit (0.42). The indirect effects of child abuse, neglect, and household challenges on resilience were -0.07 ($p < .001$), -0.05 ($p < .001$), and -0.02 ($p < .10$), respectively. Similarly, the indirect effects of abuse, neglect, and household challenges on grit were -0.06 ($p < .001$), -0.05 ($p < .001$), and -0.02 ($p < .10$), respectively.

Figure 3 presents the results of the moderation analysis. The likelihood-ratio tests indicated that the estimates of ACEs on mindfulness, resilience, and grit were significantly moderated by gender (LR $\chi^2(12) = 141.5$, $p < .001$). Specifically, child abuse and household challenges had a larger effect on mindfulness for male students (-0.17 and -0.08) compared to female students (-0.14 and -0.03). On the other hand, child neglect had a larger effect for female students compared to male students (-0.16 vs. 0.01). Mindfulness had larger effects on resilience for male students compared to female students (0.53 vs. 0.49), while it had larger effects on grit for female students compared to male students (0.48 vs. 0.33).

Conclusion

Our study sheds light on the association between ACEs, resilience, and grit during emerging adulthood, highlighting a potential pathway through which these relationships operate. Our findings demonstrate that ACEs have detrimental effects on mindfulness, which in turn significantly impacts resilience and grit. Importantly, we observed gender differences in these relationships, emphasizing the need for gender-specific prevention and intervention strategies. Given the crucial role of resilience and grit in overall well-being and development, individuals who have experienced ACEs may encounter challenges across various domains of life, spanning from adolescence to adulthood. In light of these findings, it becomes imperative to implement mindfulness-based interventions as a means to mitigate the adverse effects of ACEs on resilience and grit, particularly for individuals who have experienced abuse and neglect. By targeting mindfulness, these interventions may serve as protective factors, fostering greater resilience and grit among those affected by ACEs.

Table 1. Descriptive Statistics of Main Variables

Variables	ACE-Abuse	ACE Neglect	ACE Challenges	Mindfulness	Resilience	Grit
Sample						
All (n=1,871)	0.28 (0.63)	0.15 (0.41)	0.26 (0.61)	59.61 (10.84)	13.42 (3.07)	3.07 (0.44)
Gender						
Female (n=1,253)	0.30 (0.63)	0.15 (0.39)	0.25 (0.55)	59.35 (9.92)	68.28 (12.41)	3.07 (0.44)
Male (n=618)	0.24 (0.62)	0.16 (0.45)	0.27 (0.72)	60.13 (12.49)	69.36 (15.25)	3.07 (0.43)
F-Test	4.5 *	0.1	0.5	2.1	2.6	0.0

N=1,871. Standard deviation appears in parentheses. *p<.05

Table 2. Correlations of Main Variables

Variables	1	2	3	4	5	6
1. ACE abuse [0-3]	---					
2. ACE neglect [0-2]	0.43***	---				
3. ACE household challenge [0-5]	0.37***	0.38***	---			
4. Mindfulness [15-90]	-0.20***	-0.18***	-0.13***	---		
5. Resilience [14-98]	-0.14***	-0.14***	-0.11***	0.51***	---	
6. Grit [1.25-5]	-0.10***	-0.07**	-0.04	0.42***	0.40***	---

Figure 1. Hypothesized Model of ACEs, Mindfulness, Resilience and Grit

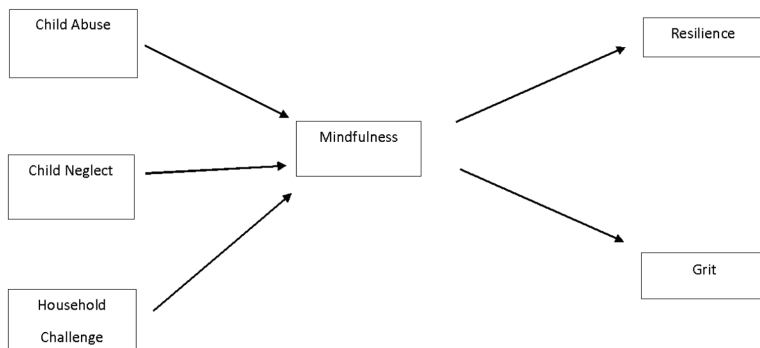
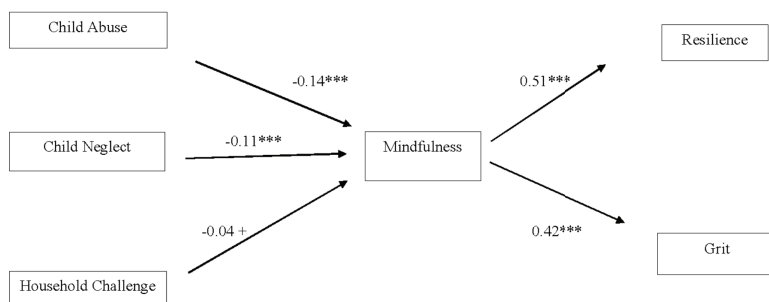


Figure 2. Estimates of Structural Equation Modeling



References

- Aiena, B. J., Baczwaski, B. J., Schulenberg, S. E., & Buchanan, E. M. (2015). Measuring resilience with the RS-14: A tale of two samples. *Journal of Personality Assessment*, 97(3), 291-300. <https://doi.org/10.1080/00223891.2014.951445>
- Affi, T. O., Taillieu, T., Salmon, S., Davila, I. G., Stewart-Tufescu, A., Fortier, J., ... & MacMillan, H. L. (2020). Adverse childhood experiences (ACEs), peer victimization, and substance use among adolescents. *Child Abuse & Neglect*, 106, 104504.
- Bajaj, B., & Pande, N. (2016). Mediating role of resilience in the impact of mindfulness on life satisfaction and affect as indices of subjective well-being. *Personality and Individual Differences*, 93, 63-67. <https://doi.org/10.1016/j.paid.2015.09.005>
- Beal, S. J., Wingrove, T., Mara, C. A., Lutz, N., Noll, J. G., & Greiner, M. V. (2019). Childhood adversity and associated psychosocial function in adolescents with complex trauma. In *Child & Youth Care Forum* (Vol. 48, pp. 305-322). Springer US.
- Ali, S. A., Baloch, M., Ahmed, N., Ali, A. A., & Iqbal, A. (2020). The outbreak of Coronavirus Disease 2019 (COVID-19): An emerging global health threat. *Journal of Infection and Public Health*, 13(4), 644–646. <https://doi.org/10.1016/j.jiph.2020.02.033>
- Bishop, S. R., Lau, M., Shapiro, S., Carlson, L., Anderson, N. D., Carmody, J., Segal, Z. V., Abbey, S., Specia, M., Velting, D., & Devins, G. (2004). Mindfulness: A proposed operational definition. *Clinical Psychology: Science and Practice*, 11(3), 230-241. <https://doi.org/10.1093/clipsy.bph077>
- Beaudoin, M.-N., & MacLennan, R. (2020). Mindfulness and embodiment in family therapy: Overview, nuances, and clinical applications in poststructural practices. *Family Process*, 60 (4). 1555-1567. <https://doi.org/10.1111/famp.12624>.
- Bono, G., Reil, K., & Hescocox, J. (2020). Stress and wellbeing in urban college students in the U.S. during the COVID-19 pandemic: Can grit and gratitude help? *International Journal of Wellbeing*, 10(3), 39-57. <https://doi.org/10.5502/ijw.v10i3.1331>
- Bolduc, R., Bigras, N., Daspe, M.-E., Hebert, M., & Godbout, N. (2018). Childhood cumulative trauma and depressive symptoms in adulthood: The role of mindfulness and dissociation. *Mindfulness*, 9(5), 1594–1603. doi:10. 1007/s12671-018-0906-3
- Briere, J. (2019). *Treating risky and compulsive behavior in trauma survivors*. New York, NY: Guilford Press.
- Brody, J. L., Scherer, D. G., Turner, C. W., Annett, R. D., & Dalen, J. (2018). A conceptual model and clinical framework for integrating mindfulness into family therapy and adolescents. *Family Process*, 57(2), 510 – 524. <https://doi.org/10.1111/famp.12298>.

Brown, K.W., West, A.M., Loverich, T.M., et al. (2011). Assessing adolescent mindfulness: Validation of an Adapted Mindful Attention Awareness Scale in adolescent normative and psychiatric populations. *Psychological Assessment*, 23(4): 1023-33.

Bryan, R. H. (2019). Getting to why: Adverse childhood experiences' impact on adult health. *The Journal for Nurse Practitioners*, 15(2), 153-157. <https://doi.org/10.1016/j.nurpra.2018.09.012>

Caballero, C., Scherer, E., West, M.R., Mrazek, M.D., Gabrieli, C. F., & Gabrieli, J.D. (2019). Greater Mindfulness is Associated With Better Academic Achievement in Middle School. *Mind, Brain, and Education*, 13(3), 157-166. <https://doi.org/10.1111/mbe.12200>

Carlson, J. S., Yohannan, J., Darr, C. L., Turley, M. R., Larez, N. A., & Perfect, M. M. (2019). Prevalence of adverse childhood experiences in school-aged youth: A systematic review (1990-2015). *International Journal of School & Educational Psychology*. Advance online publication. <https://doi.org/10.1080/21683603.2018.1548397>

Center for Disease Control and Prevention (CDC). (n.d.). Adverse Childhood Experiences (ACEs). Retrieved on October 16, 2020 from <https://www.cdc.gov/violenceprevention/aces/index.html>

Champine, R. B., Hoffman, E. E., Matlin, S. L., Strambler, M. J., & Tebes, J. K. (2022). "What Does it Mean to be Trauma-Informed?": A Mixed-Methods Study of a Trauma-Informed Community Initiative. *Journal of Child and Family Studies*, 31, 459–472.

Chen, Y., Huang, C. C., Yang, M., & Wang, J. (2023). Relationship between adverse childhood experiences and resilience in college students in China. *Journal of Family Violence*, 38(4), 623-632.

Cheung, S., Huang, C. C., & Zhang, C. (2021). Passion and persistence: investigating the relationship between adverse childhood experiences and grit in college students in China. *Frontiers in Psychology*, 12, 642956.

Cheung, S. P., Tu, B., & Huang, C. (2022). Adverse Childhood Experiences, Mindfulness, and Grit in College Students in China. *Frontiers in Psychology*, 13: 891532. doi: 10.3389/fpsyg.2022.891532

Crandall, A., Broadbent, E., Stanfill, M., Magnusson, B. M., Novilla, M. L. B., Hanson, C. L., & Barnes, M. D. (2020). The influence of adverse and advantageous childhood experiences during adolescence on young adult health. *Child Abuse & Neglect*, 108, 1-9. <https://doi.org/10.1016/j.chiabu.2020.104644>

Datu, J. A. D., Yuen, M., & Chen, G. (2018). The triarchic model of grit is linked to academic success and well-being among Filipino high school students. *School Psychology Quarterly*, 33(3), 428–438. <https://doi.org/10.1037/spq0000234>

- Deng, Y.-Q., Li, S., Tang, Y.-Y., Zhu, L.-H., Ryan, R., & Brown, K. (2011). Psychometric properties of the Chinese translation of the mindful attention awareness scale (MAAS). *Mindfulness*, 3(1), 10–14. <https://doi.org/10.1007/s12671-011-0074-1>
- Di Lemma, L., Davies, A. R., Ford, K., Hughes, K., Homolova, L., Gray, B., & Richardson, G. (2019). *Responding to Adverse Childhood Experiences: An evidence review of interventions to prevent and address adversity across the life course*. Public Health Wales; Bangor University.
- Duckworth, A. L., Peterson, C., Matthews, M. D., & Kelly, D. R. (2007). Grit: Perseverance and passion for long-term goals. *Personality Processes and Individual Differences*, 92(6), 1087–1101. <https://doi.org/10.1037/0022-3514.92.6.1087>
- Duckworth, A. L., & Quinn, P. D. (2009). Development and validation of the Short Grit Scale (Grit-S). *Journal of Personality Assessment*, 91, 166–174.
- Dussault, É., Lafortune, D., Fernet, M., & Godbout, N. (2022). Mindfulness in Survivors of Cumulative Childhood Interpersonal Trauma: a Buddhist Conceptualization of Suffering and Healing. *Mindfulness*, 13(7), 1816–1828.
- Elmore, A. L., Crouch, E., & Chowdhury, M. A. K. (2020). The interaction of adverse childhood experiences and resiliency on the outcome of depression among children and youth 8-17 years old. *Child Abuse & Neglect*, 107, 1–10. <https://doi.org/10.1016/j.chiabu.2020.104616>
- Eriksson, T., Mao, L., & Villeval, M. C. (2017). Saving face and group identity. *Experimental Economics*, 20, 622–647. <https://doi.org/10.1007/s10683-016-9502-3>
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14(4), 245–258. [https://doi.org/10.1016/S0749-3797\(98\)00017-8](https://doi.org/10.1016/S0749-3797(98)00017-8)
- Ford, K., Hughes, K., Hardcastle, K., Di Lemma, L. C., Davies, A. R., Edwards, S., & Bellis, M. A. (2019). The evidence base for routine enquiry into adverse childhood experiences: A scoping review. *Child Abuse & Neglect*, 91, 131–146.
- Georgoulas-Sherry, V., & Kelly, D. (2019). Resilience, grit, and hardiness: Determining the relationships amongst these constructs through structural equation modeling techniques. *Journal of Positive Psychology and Wellbeing*, 3(2), 165–178.
- Godbout, N., Daspe, M. È., Runtz, M., Cyr, G., & Briere, J. (2019). Childhood maltreatment, attachment, and borderline personality-related symptoms: Gender-specific structural equation models. *Psychological Trauma: Theory, Research, Practice, and Policy*, 11(1), 90.

Hall, A., Perez, A., West, X., Brown, M., Kim, E., Salih, Z., & Aronoff, S. (2021). The association of adverse childhood experiences and resilience with health outcomes in adolescents: an observational study. *Global Pediatric Health*, 8, 2333794X20982433.

Herrenkohl, T. I., Hong, S., Klika, J. B., Herrenkohl, R. C., & Russo, M. J. (2013). Developmental impacts of child abuse and neglect related to adult mental health, substance use, and physical health. *Journal of Family Violence*, 28(2), 191-199.

Herman, J. L. (1992). *Trauma and Recovery*. Basic Books, New York.

Huang, C.-C., Chen, Y., Greene, L., Cheung, S., & Wei, Y. (2019). Resilience and emotional and behavioral problems of adolescents in China: Effects of a short-term and intensive mindfulness and life skills training. *Children and Youth Services Review*, 100, 291 – 297. <https://doi.org/10.1016/j.childyouth.2019.03.015>

Huang, C.-C., Chen, Y., Jin, H., Stringham, M., Liu, C., & Oliver, C. (2020). Mindfulness, life skills, resilience, and emotional and behavioral problems for gifts low-income adolescents in China. *Frontiers in Psychology*, 11. <https://doi.org/10.3389/fpsyg.2020.00594>

Jiménez-Picón, N., Romero-Martín, M., Ponce-Blandón, J. A., Ramirez-Baena, L., Palomo-Lara, J. C., & Gómez-Salgado, J. (2021). The relationship between mindfulness and emotional intelligence as a protective factor for healthcare professionals: systematic review. *International Journal of Environmental Research and Public Health*, 18(10), 5491.

Kabat-Zinn, J. (2003). Mindfulness-based interventions in context: Past, present, and future. *Clinical Psychology: Science and Practice*, 10(2), 144-156. <https://doi.org/10.1093/clipsy.bpg016>

Li, S., Zhao, F., & Yu, G. (2022). Childhood emotional abuse and depression among adolescents: Roles of deviant peer affiliation and gender. *Journal of Interpersonal Violence*, 37(1-2), NP830-NP850.

Liu, M., Mejia-Lancheros, C., Lachaud, J., Latimer, E., Aubry, T., Somers, J., ... & Hwang, S. W. (2021). Overall and Gender-specific Associations between Dimensions of Adverse Childhood Experiences and Mental Health Outcomes among Homeless Adults. *The Canadian Journal of Psychiatry*, 0706743721989158. <https://doi.org/10.1177/0706743721989158>

Lu, S., Huang, C., & Rios, J. (2017). Mindfulness and academic performance: An example of migrant children in China. *Children and Youth Services Review*, 82, 53-59. <https://doi.org/10.1016/j.childyouth.2017.09.008>

Luthar, S. S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child Development*, 71, 543-562. <https://doi.org/10.1111/1467-8624.00164>

Meyer, G., Shatto, B., Kuljeerung, O., Nuccio, L., Bergen, A., & Wilson, C. R. (2020). Exploring the relationship between resilience and grit among nursing students: A correlational research study. *Nurse Education Today*, 84. <https://doi.org/10.1016/j.nedt.2019.104246>

Modrowski, C. A., Mendez, L., & Kerig, P. K. (2021). Associations among trauma exposure, posttraumatic dissociation, reckless/self-destructive behavior, and adolescent offending. *Journal of Trauma & Dissociation*, 22(5), 487-501.

Mosley-Johnson, E., Garacci, E., Wagner, N., Mendez, C., Williams, J. S., & Egede, L. E. (2019). Assessing the relationship between adverse childhood experiences and life satisfaction, psychological well-being, and social well-being: United States Longitudinal Cohort 1995-2014. *Quality of Life Research*, 28(4), 907–914. <https://doi.org/10.1007/s11136-018-2054-6>

Pachter, L. M., Lieberman, L., Bloom, S. L., & Fein, J. A. (2017). Developing a community-wide initiative to address childhood adversity and toxic stress: a case study of the Philadelphia ACE task force. *Academic Pediatrics*, 17(7), S130-S135. Chen, Y., Hua, K., Huang, C., Zhou, G., & Wang, J. (2021). Adverse childhood experiences and psychological well-being in Chinese college students: Moderated mediation by gender and resilience. *Frontiers in psychiatry*, 12, 710635.

Pérez-Aranda, A., García-Campayo, J., Gude, F., Luciano, J. V., Feliu-Soler, A., González-Quintela, A., ... & Montero-Marin, J. (2021). Impact of mindfulness and self-compassion on anxiety and depression: The mediating role of resilience. *International Journal of Clinical and Health Psychology*, 21(2), 100229.

Pierce, H., & Jones, M. S. (2022). Gender differences in the accumulation, timing, and duration of childhood adverse experiences and youth delinquency in fragile families. *Journal of research in crime and delinquency*, 59(1), 3-43.

Prime, H., Wade, M., & Browne, D. T. (2020). Risk and resilience in family well-being during the COVID-19 pandemic. *American Psychologist*, 75(5), 631.

Pritzker, S., & Minter, A. (2014). Measuring adolescent resilience: An examination of the cross-ethnic validity of the RS-14. *Children and Youth Services Review*, 44, 328-333. <https://doi.org/10.1016/j.chilyouth.2014.06.022>

Raphiphatthana, B., & Jose, P. E. (2020). The relationship between dispositional mindfulness and grit moderated by meditation experience and culture. *Mindfulness*, 11, 587-598.

Raphiphatthana, B., Jose, P., & Salmon, K. (2018). Does dispositional mindfulness predict the development of grit? *Journal of Individual Differences*, 39, 76-87. <https://doi.org/10.1027/1614-0001/a000252>

Reina, C. S., & Kudesia, R. S. (2020). Wherever you go, there you become: How

mindfulness arises in everyday situations. *Organizational Behavior and Human Decision Processes*, 159, 78–96. <https://doi.org/10.1016/j.obhdp.2019.11.008>

Rutter, M. (2006). Implications of resilience concepts for scientific understanding. *Annals of the New York Academy of Sciences*, 1094(1), 1-12. 2 (2006). <https://doi.org/10.1196/annals.1376.002>

Shi, M., Wang, X., Bian, Y., & Wang, L. (2015). The mediating role of resilience in the relationship between stress and life satisfaction among Chinese medical students: a cross-sectional study. *BMC Medical Education*, 15(1), 16. <https://doi.org/10.1186/s12909-015-0297-2>

Singh, K., & Jha, S. D. (2008). Positive and negative affect, and grit as predictors of happiness and life satisfaction. *Journal of the Indian Academy of Applied Psychology*, 34, 40-45.

Srivastav, A., Spencer, M., Strompolis, M., Thrasher, J. F., Crouch, E., Palamaro-Munsell, E., & Davis, R. E. (2020). Exploring practitioner and policymaker perspectives on public health approaches to address Adverse Childhood Experiences (ACEs) in South Carolina. *Child Abuse & Neglect*, 102, 104391.

Sulla, F., Aquino, A., & Rollo, D. (2022). University Students' Online Learning During COVID-19: The Role of Grit in Academic Performance. *Front. Psychol.* 13:825047. doi: 10.3389/fpsyg.2022.825047

Tian, J., & Hong, J. S. (2013). Validation of the Chinese version of the resilience scale and its cutoff score for detecting low resilience in Chinese cancer patients. *Supportive Care in Cancer*, 21(5), 1497-1502. <https://doi.org/10.1007/s00520-012-1699-x>

Villodas, M. T., Moses, J. O., Cromer, K. D., Mendez, L., Magariño, L. S., Villodas, F. M., & Bagner, D. M. (2021). Feasibility and promise of community providers implementing home-based parent-child interaction therapy for families investigated for child abuse: A pilot randomized controlled trial. *Child Abuse & Neglect*, 117, 105063.

Wagnild, G. (2016). *The Resilience Scale User's Guide: For the U.S. English version of the Resilience Scale™ and the 14-Item Resilience Scale™ (RS-14™)*. Worden, MT: The Resilience Center.

West, A. L., Dauber, S., Gagliardi, L., Correll, L., Lilli, A. C., & Daniels, J. (2020). Systematic review of community-and home-based interventions to support parenting and reduce risk of child maltreatment among families with substance-exposed newborns. *Child Maltreatment*, 25(2), 137-151.

Woods-Jaeger, B. A., Cho, B., Sexton, C. C., Slagel, L., & Goggin, K. (2018). Promoting resilience: Breaking the intergenerational cycle of adverse childhood experiences. *Health Education & Behavior*, 45(5), 772-780. <https://doi.org/10.1177/1090198117752785>

Yuan, Y. (2021). Mindfulness training on the resilience of adolescents under the COVID-19 epidemic: A latent growth curve analysis. *Personality and Individual Differences*, 172, 110560.

Zerubavel, N., & Messman-Moore, T. L. (2015). Staying present: Incorporating mindfulness into therapy for dissociation. *Mindfulness*, 6(2), 303–331 Retrieved from: <http://link.springer.com/article/10.1007/s12671-013-0261-3>.

Health and Mental Health

***Proceedings of the 2023 International Symposium
on Children and Youth Health and Well-being***

Gambling Environment and the Risk for Gambling Addiction: A Bioecological Perspective on the Role of Adolescents' Beliefs and Value System

Jacqueline Chi Ian Leung

Gambling Environment and the Risk for Gambling Addiction: A Bioecological Perspective on the Role of Adolescents' Beliefs and Value System

Jacqueline Chi Ian Leung*

Abstract

Since the monopoly system of Macao Gambling Industry ended in 2002, adolescents have been exposed to the openness of the gambling environment. The purpose of this study is to identify how environmental factors influence the role of adolescents' beliefs and value systems, from which adolescents might be subject to the risk of gambling addiction from a bioecological perspective of Bronfenbrenner. Quantitative data on Form 4 (Grade 10) students were collected and analysed to identify the characteristics of the gambling environment of Macao; to identify the risk and protective factors under the risk of addiction; and to identify how environmental factors in different environments (Hong Kong and Porto) affect the risk of gambling addiction, as compared to Macao.

Results showed that the availability and accessibility of gambling activities, and the low level of family function satisfaction contribute to the risk of gambling addiction of adolescents in Macao. Compared to Hong Kong and Porto, (1) Macao has higher youth gambling participation rate; entertainment as gambling motive is higher; started to gamble earlier; spent more time and money on gambling, family functions' satisfaction is lower and more parents working on shift, which are contributing factors to gambling disorder; (2) Macao scored significantly lower in gamblers' belief in illusion of control; but gambling disorder participants in Macau and Hong Kong scored higher in Luck/Perseverance; (3) adolescents from Macao was least Open-to-Change, less Self-Transcendent and less Self-Enhanced. An Explanatory Model is developed to illustrate the impacts of gambling on the development of adolescents in the context of Macao. Overall, this study contributes to the understanding of the unique situation in Macao regarding adolescents who are subject to the risk of gambling addiction from a bioecological perspective.

Keywords: Adolescents, Belief, Bioecological System, Gambling Disorder, Value

* Department of Psychology, University of Saint Joseph (Macao), PhD Candidate

Introduction

Since the monopoly system of Macao Gambling Industry ended in 2002, rapid growth of the gambling industry has brought along significant changes and has become the major source of income (Macao SAR Gaming Inspection and Coordination Bureau 2022i). Gambling are found to have culturally specific expressions and the rates of severe gambling problems amongst the Chinese people in Hong Kong and Macao are up to 4%, which is higher than that in Caucasian cultures (Lim & Rogers, 2017). The openness of the gambling environment might potentially contribute to the risk of gambling addiction of adolescents. From a micro perspective: (1) family relationships: parents working on shift might have reduced family time together as 21.2% of the population worked in the gambling industry, and 92.7% of them required to work on shift in 2018 (Macao SAR Statistics and Census Service, 2018a, 2018b); (2) susceptibility to gambling addiction: gambling venues (42 casinos and 5 slot machine in 2022) are in close vicinity to the household (Macao SAR Gaming Inspection and Coordination Bureau, 2022h). From a macro perspective, Government policies, economic prosperity, etc. might have affect adolescents' belief and value in terms of addiction. The objectives of this study were to identify the characteristics of the gambling environment of Macao; to explore the belief and value of adolescents who are exposed to the environment; to identify the risk and protective factors under the risk of addiction; and how environmental factors in different places (Hong Kong and Porto) affect the risk of gambling addiction, as compared to Macao.

Literature Review

Gambling is considered to be originated from divinatory, to know the future and the intentions of the gods through casting of lots (Schwartz, 2013). The earliest concrete evidence of gambling was from unearthed tiles in Ancient China in around 2300BC used for a rudimentary game of chance. The earliest gambling house appeared in the 17th century in Italy. There was a gradual shift of official attitude towards gambling since the 18th century, from seeing it as a sin to seeing it as a vice and a human weakness, and then as a mostly harmless and even entertaining activity (Derevensky & Griffiths, 2019; Glimne, 2021; Schwartz, 2013; Taylor, 2019). The rapid development of gambling industry raised the alarm of psychiatric professionals and eventually led to the classification of gambling addiction as a category of addiction disorder in DSM-V. Core components of addiction include (a) continued engagement in a behaviour despite adverse consequences, (b) diminished self-control over engagement in the behaviour, (c) compulsive engagement in the behaviour, and (d) an appetitive urge or craving state before engagement in the behaviour (Grant et al., 2012). The causes of addiction are multifactorial, comprised of the confluence of psychological, sociological, and neurobiological perspectives (Shaffer et al., 2012).

The Bioecological Approach refers to the evolving interaction between the developing

person and the environment. The ecological environment is conceived as a set of nested structures, each inside the next. Bronfenbrenner called the temporal dimension of his model the chronosystem. It involves the way the passage of time, including historical events and more gradual historical changes, which affect human development, and the transitions occur over the life course (Berk, 2014; Feldman, 2017). The macrosystem represents the larger cultural influences, referring to factors such as society in general, types of governments, religious and political value system. The exosystem represents broader influences, encompassing societal institutions such as local government, the community, schools, religious institutions, etc., which can have an immediate, and major, impact on personal development, and each affect how the microsystem and mesosystem operate. The innermost microsystem involves the immediate surroundings of the developing person, and through the mesosystem, the various aspects of the microsystem are connected (Berk, 2014; Bronfenbrenner, 1979; Bronfenbrenner & Morris, 2006; Feldman, 2017).

1. Gambling Environment

Gambling prevalence studies showed that gambling disorder in Macao is higher than many other jurisdictions and this might be explained by the increased accessibility and availability of gambling opportunities in Macao, supported by the close proximity and large number of casinos (Chan et al., 2019). Blaszczyński and Nower (2002) also supported that early availability and accessibility are crucial in the pathways development of problem gambling. Environment plays an important role in shaping developmental process. Adolescence's engagement in risky behaviours frequently attributed to the environmental risk factors that undermine achievement and mental health (Sameroff, 1998). Participation in organized activities (a conventional endeavour that is highly valued, challenging, and exciting) is a protective factor by reducing problem behaviours. They promote affiliations with nondeviant peers, and mentoring from adult leaders (Mahoney et al., 2005).

Gambling is illegal in China, except the state-run Social Welfare Lottery. Macao is the only place in China where casinos are legal. Gambling is generally unlawful in Hong Kong with the Hong Kong Jockey Club as the sole authorised gambling operator, offering horse race betting, football betting and Mark Six Lottery. In Portugal, operation of games of chance can only take place in casinos located in gambling areas, but online gambling and betting was approved in 2015, making it increasingly popular among adolescents (Turismo de Portugal, 2020). Each mentioned city has its own historical and cultural background, and political condition, etc. which shape the unique characteristics of its own gambling environment. Although there are many similarities between Macao and Hong Kong, there are fundamental and structural differences. Given Macao's historical and cultural connection with Portugal, with all the similarities and differences that this entails, the comparison of Macao's reality with a Portuguese region (Porto) becomes entirely pertinent.

2. Gambling-related Belief

Gambling-related cognitive distortions refers to a wide array of mistaken beliefs and perceptions about gambling (Donati et al., 2018). Cognitive distortions predicted problem gambling and biases in interpreting gambling outcomes play an important role in the maintenance of gambling behaviour (Cosenza et al., 2018; Lévesque et al., 2018). Steenbergh et al. (2002) identified two major factors, Luck/Perseverance (involves a set of beliefs that lead gamblers to overestimate their chance of winning) and Illusion of Control (the belief that one can influence the outcome of a chance-determined event), contributed to the belief system of problem gamblers. Adolescent probable pathological gamblers were more susceptible to erroneous beliefs of randomness and chance, and they believed their skills could control over them (Ariyabuddhiphongs, 2013; Moore & Ohtsuka, 1999; Oh et al., 2017). In terms of prevention, Oh et al. (2017) found that educational-based programs targeting risk factors such as cognitive distortions have shown consistent effect in increasing knowledge and correcting misconceptions.

3. Value System

The Value Theory specifies six main features of values: 1) are concepts or beliefs; 2) refer to desirable goals; 3) transcend specific actions and situations; 4) serve as standards or criteria, guiding selection or evaluation of behaviour and events; 5) are ordered by importance; and 6) the relative importance of multiple values guides action (Schwartz, 1992, 2012; Schwartz & Bilsky, 1987). Adolescents who identify themselves with the ideological, social, economic and political values of a society which is gambling-permissive will be more likely to perceive gambling as a normative and accepted behaviour, and consequently as an activity that they may choose to engage with. It is believed that living in a gambling environment may shape the human values and beliefs and in turn affects adolescents to have a higher risk of becoming addicted (Shead et al., 2011). Lau (2003) emphasized on the value development of adolescents as one of the most important protective factors for gambling addiction.

Methodology

This study was formulated based on the assumption that different environmental factors (independent variables), including socio-demographic, gambling behaviours, family function, gambling beliefs, and human values, affect the gambling disorder (dependent variable) of adolescents in Macao.

1. Hypotheses

HS2.1 – Parental attitudes towards gambling and family relationship, from a microsystem perspective, affect the risk for gambling addiction of adolescents; HS2.2 – Parents work environment, specially working in gambling related industry and working on shift, from an exosystem perspective, affect the risk for gambling addiction of adolescents; HS2.3 – The belief system of participants in terms of gambling, from a macrosystem perspective, affect the risk for gambling addiction. That is, the more the gambling related cognition are distorted, the more the risk for gambling addiction; HS2.4 – The value system of participants in terms of gambling, from a macrosystem perspective, affect the risk for gambling addiction. That is, people with certain values of certain cultures are more prone to the risk for gambling addiction.

2. Method

Cross-cities comparison was made. Quantitative Data were collected cross-sectionally between September 2020 to August 2021, through Bosco Youth Service Network’s youth gambling prevention program (BYS-YGPP), Hong Kong Caritas Institute of Higher Institution, and Universidade Católica Portuguesa Porto.

Participants: Students attending Form 4 (See Table 1). Owing to the difficulty in data collection due to COVID-19, Form 5 participants were also recruited in Hong Kong (F4: 1,015, F5: 118, Missing: 5).

Table 1. Demographic Data

		Macao		Hong Kong		Porto	
		n	%	n	%	n	%
Gender	Male	297	45.4	87	36.6	83	37.7
	Female	357	54.6	151	63.4	137	62.3
	Missing	19	2.8	3	1.2	4	1.8
Age	13-14	25	3.7	0	0.0	0	0.0
	15	374	55.6	41	17.2	114	51.6
	16	158	23.5	104	43.5	98	44.3
	17-20	116	17.1	94	39.4	9	4.1
	Missing	0	0.0	2	0.8	3	1.3
Total N=1,138		673	59.0	241	21.1	224	19.6

3. Instruments

Assessment Tool for Gambling Addiction: The Chinese version of the DSM-V Gambling Disorder assessment tool was used. The internal consistency reliability was

adequate (Cronbach's Alpha = 0.75). Score 0 = No risk, score 1-3 = At Risk, score 4 or above = probable Gambling Disorder (American Psychiatric Association, 2013).

Assessment of Family Function: Satisfaction level of family function was assessed by Chinese version Family APGAR on five parameters: Adaption, Partnership, Growth, Affection and Resolve. It was validated, and reliability tested with Cronbach's Alpha results of 0.8 to 0.86. The instrument was recoded into range from 0 to 10: 0–3 = severely dysfunction, 4–7 = moderately dysfunction, and 8–10 = functional (Smilkstein et al., 1982).

Assessment tool for belief system: The Gamblers' Beliefs Questionnaire (GBQ) is a self-report measure of gamblers' cognitive distortions. It is a 7-point Likert scale with 21 items. It has of 2 factors: Luck/Perseverance and Illusion of Control (Steenbergh et al., 2002). This research adopted the Chinese translated version developed by Wong and Tsang (2012). The GBQ-C scale ranged from 1-strongly disagree to 7-strongly agree.

Assessment tool for value system: The 6-point Likert scale Portrait Values Questionnaire (PVQ) (21 items) of Schwartz was adopted, and the higher the rating, the more important the value to the respondent (Schwartz, 2012, Cieciuch & Davidov, 2012). The ten basic values are further organised into a two-dimensional circular continuum under four higher-order values, portraying the total pattern of relations of conflict and congruity among values: "Openness to Change" (self-direction, stimulation, and hedonism), "Conservation" (conformity, security, and tradition), "Self-Transcendence" (benevolence, and universalism), and "Self-Enhancement" (power, and achievement) (Schwartz, 2012). The Cronbach's alpha ranged from 0.74 to 0.81, which were reliable (Schwartz, 2003). The Chinese version of PVQ-21 was adopted from Gao et al. (2016) retrieved from the internet.

4. Data Analysis

SPSS28.0 was used for statistical analyses. Significance testing of the difference between the two groups was conducted using one-way ANOVA for continuous variables and chi-square test for categorical variables. An alpha of 0.05 ($p < 0.05$) was considered statistically significant. For non-parametric data, Kruskal-Wallis H tests were used with Mann-Whitney U tests as post-hoc tests. Effect sizes were reported for the chi-square analysis. Scatter Plot was used to display relationships between variables.

5. Procedure

Macao: Data were collected in September to December 2020 through the BYS-YGPP workshops. There were 4,496 students attending Form 4 in the 2020/21 scholastic year (Macao SAR Education and Youth Development Bureau, 2023). With confidence level at

95% and confidence interval of 4, the required sample size is 530 (Cohen et al., 2018). 677 samples (673 valid) were received from 7 schools (response rate: 99.4%).

Hong Kong: All 506 schools were contacted by email but received no responses. Two schools from a convenience sample of personal networks participated. All the data were collected by the end of July 2021.

Porto: The research was approved by the Portuguese Educational Bureau and data was collected between April and June 2021. The Portuguese versions scales were used with approval and other contents went through the process of translation from Chinese to Portuguese and back translation. The back-translated version was then compared with the Chinese version. Culture and location specific items were replaced. Four of the 12 convenience sample schools participated out of 147 secondary schools in the Porto metropolitan area (amporto, 2023). A total of 224 valid cases received (response rate 30.1 %).

6. Results

37.7% participants’ mother in Macao worked directly related to gambling industry, which is the highest among the occupations. Macao also has more mothers who required to work on shift (46.2%). About 60% of participants in Porto never gambled, which was significantly higher ($p < .001$). For those who have gambled, most participants started at age 12-14, and the most common reason to gamble was “to seek entertainment”. Family members and friends were the two groups who normally gamble with the participants, but friends were outstandingly higher in Macao ($p < .001$). Participants in Macao had higher spending on gambling activities: 8.3% participants spent more than \$500 in Macao, while no one in Hong Kong and 2% in Porto ($p < .001$). The main source of gambling money was “Pocket Money” in Macao (64.5%) and Hong Kong (58%), but only 0.8% in Porto.

Gambling Disorder

The result of the overall Gambling Disorder in the three cities is shown in table 1. Macao has significantly more participants who were ‘At Risk’ (18.3%) and with ‘Gambling Disorder’ (2.5%) ($p = .015$).

Table 2. The Results of Gambling Disorder in DSM in the Three Cities

DSM Score	Macao		Hong Kong		Porto	
	n	%	n	%	n	%
No	533	79.2	208	86.7	162	85.3
At Risk	123	18.3	30	12.5	28	14.7
Gam. Dis.	17	2.5	2	0.8	0	0

Family Function

There were significantly more “severely dysfunctional” families in Macao (13%) than Hong Kong (3.0%) and Porto (0.5%) ($p < .001$).

Gamblers’ Beliefs Questionnaire (GBQ)

A high Cronbach’s Alpha (0.94) of GBQ were obtained for Macao and Hong Kong, and $\alpha = 0.899$ for Porto which showed the scale was reliable. One-way ANOVA were performed and found that there were significant differences in GBQ. Games-Howell Post Hoc Test showed significant differences between Macao and Hong Kong ($p = .001$), and between Macao and Porto ($p = .009$). The effect size was weak (Eta-squared = 0.015). No significant differences were found on Luck/Perseverance ($p = .327$). One-way ANOVA on Illusion of Control showed significant differences. Games-Howell Post Hoc Test showed significant differences between Macao and Hong Kong, and between Macao and Porto ($p < .001$). The effect size was weak to medium (Eta-squared = 0.045).

Portrait Values Questionnaire (PVQ)

The reliability level was acceptable with Cronbach’s Alpha range: 0.637 to 0.803. Significant differences were found with One-way ANOVA. Games-Howell Post Hoc Test showed that: Openness to Change: significant differences between Macao and Hong Kong ($p < .001$), and between Macao and Porto ($p < .001$); Conservation: significant difference between Macao and Hong Kong ($p = .005$), but not between Macao and Porto ($p = .337$); Self-Transcendence: significant differences between Macao and Hong Kong ($p = .006$), between Macao and Porto ($p < .001$); Self-Enhancement: significant differences between Macao and Hong Kong ($p < .001$), and between Macao and Porto ($p = .008$). Based on Schwartz’s circular model of values (Schwartz, 1992), the level of Conservation and Self-Transcendence among the three cities is shown in a two-dimensional scattered plot in two orthogonal bipolar dimensions: with the x-axis opposes the poles of Self-Enhancement and Self-Transcendence, and the y-axis opposes the poles of Conservation and Openness-to-Change. The difference between the two opposing poles were subtracted from each other to form the locations of the three cities (See Figure 1). The three cities are more Open-to-Change, as compared to the negative score of the Conservation axis, and more Self-Transcendent. Macao and Hong Kong were more Conservative and less Self-Transcendent than Porto.

Figure 1. The Result of Portrait Values Questionnaire PVQ-21 of the Three Cities



Data Analysis on Relationship with Gambling Disorder

There were significant relationships between (1) mothers who required to work on shift ($p = .022$), (2) the perceived severity of gambling problem of participants' parents ($p < 0.01$), and (3) Family APGAR, with gambling disorder in Macao only ($p = .049$). The more severe gambling problem of parents perceived by participants, the more dysfunctional the family were, and the more participants who were at risk and with gambling disorder. In general, the more dysfunctional the family of participants, the higher chance they were at risk or suffer from gambling disorder. Besides, 31.8% of families with mothers working directly in gambling related industry were considered dysfunctional, which was comparatively higher than other occupations.

Non-Parametric Kruskal-Wallis test was used to measure the relationship between GBQ, Luck/ Perseverance, and Illusion of Control with Gambling Disorder. Non-parametric Mean Rank showed significant differences between GBQ, and Illusion of Control with gambling disorder in Macao ($p=.000$), Hong Kong and Porto. Significant differences between Luck/Perseverance and Gambling Disorder were found in Macao ($p=.000$) and Hong Kong ($p=.005$). That is, the high score of GBQ, and the Illusion of Control were associated with more gambling disorder in all three cities, but the higher score of Luck/Perseverance was associated with more gambling disorder in Macao and Hong Kong only. No significant differences were found between Openness to Change, and Self-Transcendence with gambling disorder in all three cities. Higher score of Conservation ($p = .031$) and Self-Enhancement ($p=.031$) were significantly associated with more gambling disorder in Macao. Specifically, first order values of Tradition ($p=.013$), Stimulation ($p = .041$) and Power ($p=.017$) scored higher for at risk and participants with gambling disorder, while Universal ($p=.022$) scored lower for at risk and gambling disorder.

Discussion

The hypotheses were validated by comparing Macao with Hong Kong and Porto. HS2.1 and HS2.2 was supported by the following findings. Parents in Macao are more acceptable to gambling: **Higher gambling participation rate:** 61.2% of participants in Porto never gambled, while only 37.3% in Macao and 42.7% in Hong Kong. **Entertainment as motive is higher:** The most common reason to gamble was “to seek entertainment”: Macao (44%), Hong Kong (39.8%), Porto (30.4%), but Macao was significantly higher ($p = .002$). Started earlier: For those who have gambled, most started at age 12-14, but more participants from Macao and Hong Kong started to gamble at an earlier age. **Spent more on gambling:** Participants in Macao had higher spendings on gambling. It is uncommon for adolescents this age to have access to money in Porto, while a considerable amount of pocket money is given in Macao. Lower family function satisfactory level and more shift work of parents seems to result in parents giving out more pocket money as compensation of accompany time. Another reason might be the attitude of Chinese people that their children can “win in the starting line” by providing good quality (in terms of comfort, luxurious) living environment. **More family problems:** There were more “severely dysfunctional” families in Macao. Over 70% participants considered their family as functional in Porto as compared to only 29.7% in Macao. Functional family is a protective factor for adolescents to avoid gambling disorder. One way to improve family function in Macao is to tackle the gambling problem of parents themselves as the more severe the perceived gambling problem of parents, the more dysfunctional family the participants had, and the more the gambling problem. More participants’ mothers were required to work on shift was related to more participants with gambling disorder in Macao. Although high percentage of the population working in the gambling related industries (19% father and 37.7% mother), no significant relationship was found with participants’ gambling disorder. This is attributed to the attitudes of parents as on how they perceived their work and the type of work-related stories they share with their children. The parents’ occupation therefore can both be a protective factor or risk factor to gambling addiction of adolescents, depending on the parental attitudes towards gambling.

The findings of HS2.3 was interesting as the results of Macao’s GBQ and the two factor scores were lower than the results of Hong Kong and Porto. The reasons might be: (1) the scale is self-reported. With years of training on the harm of gambling addiction, adolescents should have learned about gambling related topics. They seemed to be equipped with the relevant knowledge at the cognitive level, and they should be more knowledgeable than adolescents in Hong Kong and Porto. But for those who are at risk, the GBQ scale is able to identify them. (2) The questionnaire was filled out right after the training when the information was freshly implanted. Even though the participants were asked to choose the answers which best represented them, their answers might be influenced by the knowledge they have just learnt. As of HS2.4, adolescents from Macao was least Open to Change, less Self-Transcendent than Porto and less Self-Enhanced than Hong Kong (See Figure 1). The

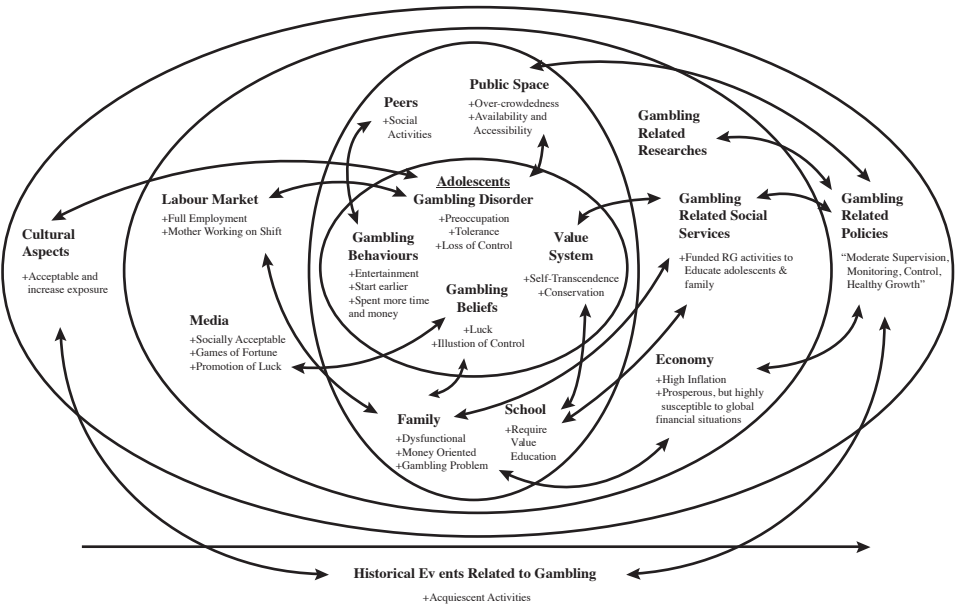
first order value of Tradition, Stimulation, and Power were higher, and Universalism was lower in Macao for at risk and gambling disorder participants. The value of tradition might be related to the Chinese traditional concept on gambling as a form of recreation and social entertainment. It is perceived as part of the Chinese lifestyle, history, and tradition (Shead et al., 2011). The long history of gambling industry in Macao might contribute to and reinforces the environmental influences. Stimulation is excitement, novelty, and challenge in life (Schwartz, 2003). Adolescents with high-risk propensity would tend to involve in high-risk behaviours because risk-taking is perceived to have greater benefits (Dickson et al., 2008). Power is defined as striving for social status and prestige, control or dominance over people and resources (Schwartz, 2003). Power is closely related to sense of control, which aligned with the findings that the Illusion of Control was higher for adolescents with gambling disorder.

Conclusion

An Explanatory Model of Adolescents Gambling Environment in Macao

An explanatory model is developed and is explained in a top-down approach, illustrating the relationship between different layers on the adolescents' gambling environment of Macao (See Figure 2).

Figure 2. An Explanatory Model of Adolescents Gambling Environment in Macao



Note. + sign shows 'more' of the elements while - sign shows 'less'.
Arrows indicate the relationships between sub-systems.

Practical implications/recommendations for practice

Building resilience and addressing cognitive distortions is found to be an important protective factor in tackling adolescents' gambling disorder (Derevensky, 2012). Coping skills and assertiveness training targeting at risk individuals can provide tailor-made support. In addition to the concept of 'compensatory' (factors directly reducing problem behaviour) (Dickson et al., 2008), the concept of 'complementary' is added, that is, any form of structured supplements like activities, sports, hobbies etc. that can increase resilience with persistency, fortitude and assertiveness should be encouraged. Another recommendation is to increase adolescents' awareness of the relationship between gambling and themselves through affection. Only when they connect the negative impact of gambling with themselves that they are determined to say "NO" to gambling. Another protective factor is the value of Universalism, which incorporates understanding, appreciation, tolerance, and protection for all people. It helps to shift from personal needs to the needs of others. Programs such as volunteering, serving the society, etc. should be incorporated in schools as a part of civic or moral education. NGOs can provide training to parents and teachers on how to identify and screen at risk adolescents. Mother's working on shift was found to be a risk factor. Mothers, therefore, might need to be more thoughtful about their job choices. To support working mothers, family-friendly work environment with policies such as flexible working hours, part-time positions should be promoted. Another suggestion is to allow families with children under the age of 12 to apply for shift work exemption.

From academic level, it is suggested to implement systemic research at different stages so that adolescents' development can be better evaluated, and data can be provided to policymakers and service-providers. Evidence-based prevention programs should be incorporated into formal school curriculum to achieve continuity, consistency, and effectiveness. The concern of accessibility and availability of gambling venues required the government to take suitable action. From the policymakers level, it is highly recommended that the implementation of gambling regulations to be rigorous rather than loose. The original gambling law (No. 16/2001) was revised by (No. 7/2022) in June 2022, after being in place for over 20 years. The revision of gaming law is believed to be beneficial to the healthy and orderly development of the gaming industry, and to strengthen Macao's position as a world centre of tourism and leisure, promoting diversification and sustainability of livelihood development (Macao SAR Gaming Inspection and Coordination Bureau, 2022). But what is more important is whether the principle of harm reduction can be executed effectively and sustainable. Further evaluation is required for continuously monitoring of the situation. It is suggested to implement mandatory identity checking when entering casinos, and to raise the legal sports betting age to 21. It is also suggested to implement a stricter policy on gambling related advertisement and to move gambling venues away from local residential areas.

Limitations of the study

This cross-sectional design targeted Form 4 students, which makes the sample very specific and narrow. Another limitation is the time this questionnaire was filled out, which was right after the training. Their answers might be influenced by the knowledge they have just learned. Last but not least, the condition of COVID-19 made the data collection very difficult. Insufficient samples from Hong Kong and Porto might limit the findings not generalisable to the population but could only act as a reference on the gambling situation in the two cities.

Suggestions for further studies

It is suggested to (1) start analysing the gambling situation from younger ages as children in Macao starts to gamble earlier; (2) conduct longitudinal studies to allow a better understanding on the evolvement of individuals in different life stages and can better perceive the effects of the intervention programs. They provide valuable resources for policymakers and service-providers, but the implementation requires universities, government and NGO's collaboration to monitor the development of the population in one integrated effort; (3) conduct more qualitative studies to obtain and understand the subjective experience of gambling related phenomenon in Macao context; (4) further explore and test the model developed in this research as it is a preliminary model. The model can also act as a base for the development of other gambling preventive or intervention programs.

Concluding remarks

It is believed that a condition is multifaceted. Different factors, from personal to interpersonal, inter-relational, cultural, political, etc. are maintaining the condition. It is appropriate to take a system approach to investigate, analyse, and intervene with multidisciplinary involvement. By comparing Macao with other cities helped to better understand and to identify Macao's unique gambling conditions from a bioecological perspective. It is necessary to continue monitoring the impact on adolescents as environment is dynamic, ever-changing, especially as we enter the post-COVID-19 era and under the governance of the newly imposed gambling law.

References

- American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.). American Psychiatric Association Publishing.
- Amporto. (2023). *EDUCAÇÃO - ESCOLAS PÚBLICAS*. Amporto. <http://portal.amp.pt/pt/4/stats/educacao/>
- Ariyabuddhiphongs, V. (2013). Adolescent Gambling: A Narrative Review of Behavior and Its Predictors. *International Journal of Mental Health and Addiction*, 11(1), 97–109. <https://doi.org/10.1007/s11469-012-9401-6>
- Berk, L. E. (2014). *Development through the lifespan* (Sixth edition). Pearson.
- Blaszczynski, A., & Nower, L. (2002). A pathways model of problem and pathological gambling: Pathways model of gambling. *Addiction*, 97(5), 487–499. <https://doi.org/10.1046/j.1360-0443.2002.00015.x>
- Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Harvard University Press.
- Bronfenbrenner, U., & Morris, P. A. (2006). The Bioecological Model Of Human Development. In W. Damon & R. M. Lerner, *Handbook of Child Psychology, Vol. 1 Theoretical Models of Human Development* (6th ed., pp. 793–828). John Wiley & Sons, Inc.
- Chan, C. C., Li, W. W. L., & Chiu, A. S. L. (2019). *The Psychology of Chinese Gambling A Cultural and Historical Perspective*. Springer.
- Cieciuch, J., & Davidov, E. (2012). A comparison of the invariance properties of the PVQ-40 and the PVQ-21 to measure human values across German and Polish Samples. *Survey Research Methods*, 6(1), 37–48.
- Cohen, L., Manion, L., & Morrison, K. (2018). *Research Methods in Education* (8th ed.). Routledge.
- Cosenza, M., Ciccarelli, M., & Nigro, G. (2018). Decision-Making Styles, Negative Affectivity, and Cognitive Distortions in Adolescent Gambling. *Journal of Gambling Studies*. <https://doi.org/10.1007/s10899-018-9790-y>
- Derevensky, J. L. (2012). *Teen gambling: Understanding a growing epidemic*. Rowman & Littlefield Publishers.
- Derevensky, J. L., & Griffiths, M. D. (2019). Convergence Between Gambling and Gaming: Does the Gambling and Gaming Industry have a Responsibility in Protecting the Consumer? *Gaming Law Review*, 23(9), 633–639. <https://doi.org/10.1089/glr2.2019.2397>
- Dickson, L., Derevensky, J. L., & Gupta, R. (2008). Youth Gambling Problems: Examining Risk and Protective Factors. *International Gambling Studies*, 8(1), 25–47.

<https://doi.org/10.1080/14459790701870118>

Donati, M. A., Chiesi, F., Iozzi, A., Manfredi, A., Fagni, F., & Primi, C. (2018). Gambling-Related Distortions and Problem Gambling in Adolescents: A Model to Explain Mechanisms and Develop Interventions. *Frontiers in Psychology*, 8. <https://doi.org/10.3389/fpsyg.2017.02243>

Feldman, R. S. (2017). *Development across the life span*. Pearson.

Gao, Z., Yang, S., & Margraf, J. (2016). Reliability and Validity Test for Schwartz's the Portrait Values Questionnaire (PVQ-21) in Chinese College Students. *China Journal of Health Psychology*, 24(11).

Glimne, D. (2021, August 8). *Gambling*. Encyclopaedia Britannica. <https://www.britannica.com/topic/gambling>

Grant, J. E., Schreiber, L. R. N., & Harvanko, A. M. (2012). Neurobiology of addiction: Support for a syndrome model of addiction. In H. J. Shaffer, D. A. LaPlante, & S. E. Nelson (Eds.), *APA addiction syndrome handbook, Vol. 1: Foundations, influences, and expressions of addiction*. (Vol. 1, pp. 121–146). American Psychological Association. <https://doi.org/10.1037/13751-006>

Lau, S. P. (2003). The Development of Macau's Gambling Industry and the Countermeasures from the Cultural and Educational Perspectives. *Administração*, 59(1), 103–113.

Lévesque, D., Sévigny, S., Giroux, I., & Jacques, C. (2018). Psychological Vulnerability and Problem Gambling: The Mediation Role of Cognitive Distortions. *Journal of Gambling Studies*, 34(3), 807–822. <https://doi.org/10.1007/s10899-017-9740-0>

Lim, M. S. M., & Rogers, R. D. (2017). Chinese Beliefs in Luck are Linked to Gambling Problems via Strengthened Cognitive Biases: A Mediation Test. *Journal of Gambling Studies*, 33(4), 1325–1336. <https://doi.org/10.1007/s10899-017-9690-6>

Macao SAR Education and Youth Development Bureau. (2023). *Non-tertiary Education Statistics*. https://portal.dsedj.gov.mo/webdsejspace/internet/Inter_main_page.jsp?id=8525&langsel=E&

Macao SAR Gaming Inspection and Coordination Bureau. (2022). *Macao Gaming History*. Gaming Inspection and Coordination Bureau Macao SAR. <http://www.dicj.gov.mo/web/en/history/index.html>

Macao SAR Statistics and Census Service. (2018a). *Gambling Sector Statistics*. <https://www.dsec.gov.mo/Statistic.aspx?NodeGuid=6289ca07-25cc-450b-8499-4e34765c1769>

Macao SAR Statistics and Census Service. (2018b). *Yearbook of Statistics 2017*. <https://www.dsec.gov.mo/Statistic.aspx?NodeGuid=d45bf8ce-2b35-45d9-ab3a-ed645e8af4bb>

Mahoney, J. L., Larson, R. W., & Eccles, J. S. (Eds.). (2005). *Organized Activities As Contexts of Development: Extracurricular Activities, After School and Community Programs*. Lawrence Erlbaum Associates.

Moore, S. M., & Ohtsuka, K. (1999). Beliefs about control over gambling among young people, and their relation to problem gambling. *Psychology of Addictive Behaviors*, 13(4), 339–347. <https://doi.org/10.1037/0893-164X.13.4.339>

Oh, B. C., Ong, Y. J., & Loo, J. M. Y. (2017). A review of educational-based gambling prevention programs for adolescents. *Asian Journal of Gambling Issues and Public Health*, 7(1), 4. <https://doi.org/10.1186/s40405-017-0024-5>

Sameroff, A. J. (1998). Management Of Clinical Problems And Emotional Care: Environmental Risk Factors in Infancy. *PEDIATRICS*, 102(5), 8.

Schwartz, D. G. (2013). *Roll the Bones: The History of Gambling* (Casino Edition). Winchester Books.

Schwartz, S. H. (1992). Universals in the Content and Structure of Values: Theoretical Advances and Empirical Tests in 20 Countries. In *Advances in Experimental Social Psychology* (Vol. 25, pp. 1–65). Elsevier. [https://doi.org/10.1016/S0065-2601\(08\)60281-6](https://doi.org/10.1016/S0065-2601(08)60281-6)

Schwartz, S. H. (2003). A Proposal for Measuring Value Orientations across Nations. In *Questionnaire Development Package of the European Social Survey* (pp. 259–319). https://www.europeansocialsurvey.org/docs/methodology/core_ess_questionnaire/ESS_core_questionnaire_human_values.pdf

Schwartz, S. H. (2012). An Overview of the Schwartz Theory of Basic Values. *Online Readings in Psychology and Culture*, 2(1). <https://doi.org/10.9707/2307-0919.1116>

Schwartz, S. H., & Bilsky, W. (1987). *Toward A Universal Psychological Structure of Human Values*. 53, 13.

Shaffer, H. J., LaPlante, D. A., & Nelson, S. E. (Eds.). (2012). *APA addiction syndrome handbook, Vol. 1: Foundations, influences, and expressions of addiction*. American Psychological Association. <https://doi.org/10.1037/13751-000>

Shead, N. W., Derevensky, J. L., & Gupta, R. (2011). Youth problem gambling: Our current knowledge of risk and protective factors. In J. L. Derevensky, D. T. L. Shek, & J. Merrick (Eds.), *Youth Gambling: The Hidden Addiction*. De Gruyter, Inc. <https://ebookcentral.proquest.com/lib/usjmo-ebooks/detail.action?docID=799418&pq-origsite=primo>

Shek, D. T. L., & Ma, C. M. S. M. (2011). Positive youth development and intention to gamble. In J. L. Derevensky, D. T. L. Shek, & J. Merrick (Eds.), *Youth Gambling: The Hidden Addiction*. De Gruyter, Inc. <https://ebookcentral.proquest.com/lib/usjmo-ebooks/detail.action?docID=799418&pq-origsite=primo>

Smilkstein, G., Ashworth, C., & Montano, D. (1982). Validity and Reliability of the Family APGAR as a Test of Family Function. *The Journal of Family Practice*, 15(2), 303–311.

Steenbergh, T. A., Meyers, A. W., May, R. K., & Whelan, J. P. (2002). Development and validation of the Gamblers' Beliefs Questionnaire. *Psychology of Addictive Behaviors*, 16(2), 143–149. <https://doi.org/10.1037/0893-164X.16.2.143>

Taylor, I. (2019, May 10). *The History of Gambling*. Gambling.Net. <https://www.gambling.net/history/>

Turismo de Portugal. (2020). *Online Gambling Legal Regime*. Services of Regulação e Inspeção de Jogos. <https://www.srij.turismodeportugal.pt/en/online-gambling/legal-regime/>

Wong, S. S. K., & Tsang, S. K. M. (2012). Validation of the Chinese Version of the Gamblers' Belief Questionnaire (GBQ-C). *Journal of Gambling Studies*, 28(4), 561–572. <https://doi.org/10.1007/s10899-011-9286-5>

Health and Mental Health

***Proceedings of the 2023 International Symposium
on Children and Youth Health and Well-being***

**Education and Identity Construction for HIV-Positive
Young People in China**

Yiyang Zhang

Education and Identity Construction for HIV-Positive Young People in China

Yiyang Zhang*

Abstract

In the last ten years, HIV has become a treatable, even manageable, malady. However, due to social stigma and ignorance surrounding its spread, HIV-positive children and youth in China face significant challenges in enrolling and integrating into the educational system. Against the background, the impact of HIV on the life of a child is profound. Thus, the study investigated how being HIV-positive shapes the identity and sense of social belonging of young individuals in China. Following a qualitative research design, the study conducted in-depth semi-structured interviews with two HIV-positive young Chinese adults who completed their compulsory education at a special school for HIV-infected learners and were pursuing higher education. The participants' experiences in mainstream schools (including primary schools and universities) and exclusive education were analyzed, and their identity development was categorized into three phases: early life before attending the special school, experience at the special school, and life in higher education. The study findings revealed that experiences of parental loss and HIV-related stigma at a young age became the negative sides of the participants' identities, which affected their disclosure choices and intimate relationships in their twenties. However, their identity development also led to a stronger sense of social belonging. The exclusive education provided them with various and robust support, particularly psychological support, which enabled them to participate equally and confidently in subsequent mainstream universities and social activities, facilitating them in pursuing the meaning of life.

Keywords: HIV-positive young people, education, identity construction,
social belonging, China

* Department of Social Work and Social Administration, The University of Hong Kong (China)

Introduction

The human immunodeficiency virus (HIV) /acquired immune deficiency syndrome (AIDS) in the last ten years has increasingly affected young groups. According to the latest 2022 data, approximately 14-15% of people living with HIV/AIDS (PLWHA) were young people aged 15-24 years in China, and 128,646 were unable to attend schools (Li & Zhang, 2023). Additionally, an estimated 8,000 children under 14 were HIV-positive (NHC press conference on November 23, 2018). Youth has been the group with a more accelerated upward trend of new cases and AIDS-related deaths than other cohorts (Zhang et al., 2017).

Because of social stigma and reduced tolerance of differences among people (Zukoski & Thorburn, 2009), HIV-positive (HIV+) young groups in China still face significant challenges in enrolling and integrating into the educational system. Although the State Council of China affirmed the legal entitlement of HIV/AIDS patients and their families to education in 2006 and concurrently introduced a 9-year compulsory free education policy and an inclusive education policy, the practical efficacy of these policies was hindered by two layers of social realities. At the national level, the studied groups tend to be overlooked due to their minor representation of the overall population. At the social level, repeated leakage of HIV+ learners' information increases their vulnerability to stigma and subsequent rejection. Findings of the China Stigma Index Report (UNAIDS, 2009) showed that teachers accounted for 36% of confidentiality breaches of HIV-infected individuals, followed by government officials at 35% and medical staff at 26%.

Therefore, guaranteeing the educational rights of HIV+ youth is a crucial and challenging endeavor. However, previous studies, in a Chinese context, mainly focus on medical and psychological conditions among the infected population (e.g., Zhou et al., 2019), and the educational rights and needs of HIV+ school learners remain unexplored. Thus, prioritizing attention and offering support to children and young people living with HIV/AIDS in China has become an imperative and crucial topic for discussion.

Literature Review

1. Stigma and identity

Erving Goffman (1974) defines stigma as a trait that significantly discredits individuals and diminishes their social status. Additionally, individual behaviors cast a reflection on the larger family, even the whole community group, and can affect the reputation of every member involved (Yoshioka & Schustack, 2001). Thus, HIV stigmatization, which is culturally constituted, does not only direct against high-risk groups, but also abnormalizes all positive children and young people even without “dirty” behaviors.

This impact of stigma on an individual's identity formation can also be elucidated by Taylor's Politics of Recognition Theory (1994). He contends that an individual's original identity depends on recognition from the external world and significant others. To combat the demeaning and confining image mirrored back to the marginalized groups, society should help people shape their identities through open dialogue instead of a predetermined social script.

As a pivotal component in social activities, school experience is essential in developing an individual's self-reflection ability and forming their identity (Cole et al., 2005). However, according to Lannegr-Willems and Bosma (2006), research on identity formation within the school context still needs to be developed.

2. Children/youth-specific research of HIV-infected groups

HIV/AIDS-related issues are often taboo in national and international discussions due to their sensitivity (Parker & Aggleton, 2003), resulting in limited research in the field. The findings of children/youth-specific studies of HIV-infected groups mainly involve the following two aspects.

2.1. Well-being, quality of life, and social support on seropositive youth

In their investigation, Petersen et al. (2010) identified the principal psycho-social hurdles encountered by PLWHA, particularly among adolescents. These challenges encompassed the loss of biological parents, struggles with identity formation arising from their HIV+ status, and the complexities associated with disclosing their condition due to external stigma and discrimination. Moreover, prior research demonstrated that depression in HIV+ children is likely to result in maladaptive behaviors such as school dropout, alcohol and drug use and engaging in high-risk sexual behaviors, which can have negative impacts on their quality of life and a profoundly harmful influence on society (Sherr et al., 2011).

In 2019, Zhou and colleagues revealed a depression rate of 32.41% among 145 HIV+ children aged 8-18 years old in China. They also suggested that high levels of perceived social support could enhance self-esteem, confidence, and efficacy, ultimately reducing depression levels.

In the field of academic research, Chinese-infected children and young people still have not received sufficient attention. Few studies have examined the impact of an unfriendly educational and societal environment on their growth and development. This absence is likely due to the limited availability of youth-specific HIV data in China (AIDSinfo, 2023).

2.2 Studies on education for HIV-infected children

International and Chinese evidence has indicated several educational challenges for HIV+ learners involving financial burdens, inequitable resources and stigmatization, and suggestions have been proposed (Iliyasu et al., 2020). However, insufficient efforts have been made in schools and society. For example, in their research, Robson and Kanyanta (2007) emphasized that targeted inclusion development in Zambia could not thrive due to a lack of proactive educational policies and practices. Mitchell et al. (2007) also noted that some educators lacked the necessary resources and skills to ensure quality education. Moreover, Watkins et al. (2014) argued that compared to inclusive education, special education could provide more specific support, such as intervention programs for HIV-infected youth, and potentially avoid complex risk factors that can lead to additional obstacles to education and traumatic experiences, such as household migration, crisis fostering, poverty, and changing schools frequently.

These discussions stress a significant dilemma: the advantages of inclusive education cannot entirely solve the issues raised by exclusive education, and scholars supporting exclusive education, such as Watkins et al., have not provided detailed guidelines on mitigating the adverse effects of studying in a segregated environment. Therefore, more evidence from empirical studies is urgently required.

Methods

1. Sample

Given the difficulties of recruiting Chinese HIV-infected young people, a convenience sampling method was used (Bryman, 2016). Two HIV-positive participants (one 22-year-old male anonymous as “Xiaozhi” and one 23-year-old female anonymous as “Xiaohua”) were selected. Both informants disclosed that their HIV infection was acquired through mother-to-child transmission and had been diagnosed for 16.5 years on average. They were graduates from the only special school for HIV+ learners in China, pseudonymously named Green School in this study. They were pursuing higher education when the investigation was conducted.

2. Data collection

To comprehend how education and social recognition shape the identities of HIV+ young individuals and impact their social engagement, a qualitative research approach utilizing semi-structured, in-depth interviews was employed.

The interviews were held in Chinese separately via Skype. Xiaozhi’s interviews consisted of two sessions, each lasting around one and a half hours. The interviews with

Xiaohua were conducted over three sessions and lasted five hours in total. Before the data analysis, each interview was tape-recorded, transcribed, and translated for analysis.

3. Data analysis

Thematic analysis is used in this study. Following the research questions, the relevant descriptions of a phenomenon from the interviews were compiled and organized under specific themes (Daly et al., 1997). Narrative analysis was also applied to identify and analyze the extent to which participants' stories and feelings provide insights into their lived experiences (Sandelowski, 1994).

4. Ethics

Given the sensitivity of the topic, it is imperative for me to uphold the principles of respect, integrity, and amicability. Each participant received an information letter outlining the study and the confidentiality arrangements, with a consent form to be returned to the researcher and a copy for their records. All respondents were informed that they had the right to withdraw consent to participate at any time before the data analysis unconditionally. Confidentiality was assured to all participants.

Findings and Discussion

In this study, both participants experienced three phases in their educational journey: studying at the inclusive primary schools before the Green School, residential life at the Green School, and campus life at the mainstream universities. Their identities were constructed during the process through interactions with teachers, peers, communities, and themselves.

Phase 1: The formation of stigmatized identity at a young age

Both of the participants considered the period before they went to the Green School as the most isolated environment, as they were condemned as HIV+ by the whole village when their mothers died of AIDS. To avoid rumors and harsh words, they were not allowed to stay out or chose not to communicate with others after being discriminated against.

When talking about his mother's death, Xiaozhi (male) answered:

She was infected by a blood transfusion and passed away when I was seven. I forgot how I felt because I knew nothing about what it meant to me... I did not

miss her that much after I went to the Green School at nine because I was loved by the teachers and peers there.

For Xiaohua, she once suffered a severe life-threatening paroxysm due to AIDS, constituting part of the unhappy memories of her childhood. She had enrolled in a local state primary school before she was diagnosed with HIV but was asked to leave after she came back from hospital treatment.

I was put in a corner in the classroom by my teacher at the state school. My classmates went around me or even spat at me. After I was kicked out, my dad (foster father) went to the school and argued with the headmaster. But the headmaster emphasized that he could not run the school just for me...I was not that eager to go to school. (Xiaohua, female)

Due to these stigmatized experiences, Xiaohua's self-protection mechanism was thus established to detect and respond to the environment.

In their early life, the vulnerability of the two participants is associated with orphanhood, individual stigmatization, and discrimination from the community. Although the informants mentioned many times that it was difficult to recall what had happened, and they have been able to relieve pain caused by agonizing memories, their experience of parental loss and the stigma attached to being HIV-infected has shaped part of their identity inevitably.

Phase 2: The positive development of youth identity with support at the special school

Both participants noted that they have lived at the special school for over ten years and attained abundant support. The classmates with the same status and teachers who knew them well have become the primary sources with whom they share feelings and concerns, instead of their families in this stage.

The first two teachers at the Green School wore gloves and face masks when teaching us, but our principal found this and dismissed them. I no longer felt distraught since I came here. I think no stigma is the most important. I could see the care, warmth, and love there which I had not experienced before. Also, I consider my peers as the backbone of my life. (Xiaohua, female)

However, the exclusive environment also affected their lives in some negative ways. Xiaozhi thought that the school hampered their communications with the outside world, and Xiaohua affirmed this view by saying, "It seemed like you were trapped there." To solve this, the two interviewees indicated that the school has fully used the donations and was getting help from volunteers to enrich their campus and off-campus activities. For instance, the students could visit tourist attractions or participate in activities abroad

organized by the United Nations.

In addition, the Green School hires professional doctors and caregivers to support the student's medical needs, and this more systematic medical care plays a critical role in the children's growth. Xiaohua said, "All my friends were living well, which gave us confidence and hope."

In line with the results found by Petersen et al. (2010), adolescents who had strong social support appeared to be better at coping with HIV. The school thus played a notable role in the exploration of a sense of self for HIV+ adolescents.

Phase 3: An ongoing process of building a sense of social belonging at a mainstream university

The two interviewees expressed that they experienced unprecedented pressure while making friends, especially related to disclosing to their friends at the university. While Xiaozhi insisted that he would never disclose his status because this brought a sense of security, Xiaohua struggled to tell her close friends the secrets, but ultimately gave up and was inclined to disguise the truth.

The avoidance of voluntary disclosure of both participants reveals that even though they were relatively well protected by the Green School, the nightmare of being stigmatized when they were young still badly affected their behaviors, although they refused to envisage or admit it.

Regarding their growth after enrolling in mainstream higher education, Xiaozhi responded that he has been drawing strength from the wider society. Xiaohua acknowledged that she is learning how to transform from relying on others to being independent. Both interviewees said they were excited about the future, a future with hopes and anticipation. It seems that Xiaozhi and Xiaohua open up themselves to society on the one hand and build up the "firewall" to resist the potential harm from the majority groups on the other hand.

The results of the interviews also show that the context shapes the social identity of the participants because of their low social status and negative distinctiveness of PLWHA. Nonetheless, the Green School provided a stable environment and instilled education on HIV knowledge, facilitating them to resist the threat to self.

Limitations

This study has limitations as follows. First, the small sample size makes these findings less generalizable to other related research. Second, the issues of identity are individual and sensitive. Interviewing via Skype makes it less likely to observe non-verbal indicators

and thus may affect the data's validity.

Future research

HIV+ young groups are at high risk of exposure to risk or even criminal behaviors. Scholars may need to increase the focus on this group by conducting longitudinal research and collecting data from multiple sources such as HIV-positive students, teachers, caregivers and people working in government and NGOs.

References

- Bryman, A. (2016). *Social research methods*. Oxford University Press.
- Cole, M., Cole, S. R., & Lightfoot, C. (2005). *The development of children*. Macmillan.
- Daly, J., Kellehear, A., & Gliksman, M. (1997). *The public health researcher: A methodological approach*. Melbourne, Australia: Oxford University Press.
- Goffman, E. (1974). *Stigma: Notes on the management of spoiled identity*. New York: J. Aronson 1974 c1963.
- Iliyasu, Z., Galadanci, H. S., Muhammad, B., Yadudu, F. Z., Kwaku, A. A., Salihu, H. M., & Aliyu, M. H. (2020). Correlates of HIV-positive fathers' involvement in prevention of mother-to-child transmission programs in northern Nigeria. *Current HIV Research*, 18(6), 443-457.
- Lannegrand-Willems, L., & Bosma, H. A. (2006). Identity development-in context: The school is an important context for identity development. *Identity*, 6(1), 85-113.
- Li, M., & Zhang, J. (2023). Research Progress on the Status Quo of AIDS Epidemic. *Advances in Clinical Medicine*, 13(2), 1601-1606.
- Mitchell, C, Moletsane, R. & Lange, N. (2007). "EDITORIAL." *International Journal of Inclusive Education* 11(4), 383-86.
- Parker, R. & Aggleton, P. (2003). HIV and AIDS-related stigma and discrimination: a conceptual framework and implications for action. *Social science & medicine*, 57(1), 13-24.
- Petersen, I., Bhana, A., Myeza, N., Alicea, S., John, S., Holst, H. & Mellins, C. (2010). Psychosocial challenges and protective influences for socio-emotional coping of HIV+ adolescents in South Africa: a qualitative investigation. *AIDS care*, 22(8), 970-978.
- Robson, S. & Kanyanta, S. (2007). Moving towards inclusive education policies and practices? Basic education for AIDS orphans and other vulnerable children in Zambia, *International Journal of Inclusive Education*, 11(4), 417-430
- Sandelowski, M. (1994). We are the stories we tell: Narrative knowing in nursing practice. *Journal of Holistic Nursing*, 12(1), 23-33.
- Sherr, L., Clucas, C., Harding, R., Sibley, E. & Catalan, J. (2011). HIV and Depression—a systematic review of interventions. *Psychology, Health & Medicine*, 16(5), 493-527.
- Taylor, C. (1994). *Multiculturalism: Expanded Paperback Edition* (Vol. 15). Princeton University Press.
- United Nations Joint Program on HIV/AIDS. (2009). Marie Stopes International and

Institute of Social Development Research, China Central Party School, *The China Stigma Index Report (Geneva: UNAIDS)*.

Watkins, J., Anstey S., Cluver, O., Kaplan, M. & Boyes, L. (2014). “At School I Got Myself a Certificate”: HIV/AIDS Orphanhood and Secondary Education: A Qualitative Study of Risk and Protective Factors. *Global Social Welfare* 1.3 (2014), 111-21.

Yoshioka, M. & Schustack, A. (2001). Disclosure of HIV status: Cultural issues of Asian patients. *AIDS Patient Care & STDs*, 15(2), 77-82.

Zhang, X., Tang, W., Li, Y., Mahapatra, T., Feng, Y., Li, M. & Ge, L. (2017). The HIV/AIDS epidemic among young people in China between 2005 and 2012: results of a spatial temporal analysis. *HIV medicine*, 18(3), 141- 150.

Zhou, E., Qiao, Z., Cheng, Y., Zhou, J., Wang, W., Zhao, M. & Yang, X. (2019). Factors associated with depression among HIV/AIDS children in China. *International Journal of Mental Health Systems*, 13(1), 10.

Zukoski, A. & Thorburn, S. (2009). Experiences of stigma and discrimination among adults living with HIV in a low HIV-prevalence context: A qualitative analysis. *AIDS Patient Care and STDs*, 23(4), 267-76.

Health and Mental Health

***Proceedings of the 2023 International Symposium
on Children and Youth Health and Well-being***

Intervention Study of Medical Social Group Work on Medical Fear In Children Undergoing Surgery

涂斌 張慧瑜 黃建忠

Bin Tu Huiyu Zhang Chien-Chung Huang

Intervention Study of Medical Social Group Work on Medical Fear In Children Undergoing Surgery

涂斌(Bin Tu)* 張慧瑜(Huiyu Zhang)** 黃建忠(Chien-Chung Huang)***

Abstract

Medical fear is a common psychological reaction in children, which can be characterized by crying, silence, and resistance to medical staff and procedures, and if not managed correctly, it can affect the children's treatment and recovery, and in some cases, psychological well-being. The fears of hospitalized children, especially those who need to undergo surgery, are even more acute when they are faced with an unfamiliar medical environment and the invasive medical procedure of surgery. Therefore, the group of children who undergo surgery has certain special characteristics. In this study, 14 non-surgical children with high levels of medical fear were studied in the Children's Orthopaedic Department of N Hospital, and a medical social work intervention study was conducted.

Based on the literature review, analysis of theoretical foundations, observation, and interviews, in this study, treatment modality perceptions and coping behaviors were used as mediating variables, and medical fear was used as an outcome variable, with medical fear measured using the Children's Medical Fear Scale and treatment modality perceptions and coping behaviors measured through interviews, Venham's Clinical Ratings of Anxiety and Cooperative Behavior and various self-designed scales.

Based on the steps of the social work intervention study, the problem theory, of preoperative medical fear in children undergoing surgery were sorted out, and the intervention program was designed and refined based on this, and group activities guided by cognitive-behavioral theory were conducted according to the intervention program. This intervention study used a quasi-experimental design in which eligible children with surgery were assigned to the intervention group and the control group according to the wishes of the child and the caregiver and were measured pre and post using a scale, with children in the control group not receiving group intervention and children in the intervention group participating in group activities. In the group, activities such as games, drawings, picture books, and crafts were chosen to guide and help the children present

* 社會與公共管理學院, 廣東外語外貿大學 (中國)
Guangdong Research Center for NPO, Guangdong University of Foreign Studies, Guangzhou 510420, China

** 社會與公共管理學院, 廣東外語外貿大學 (中國)
School of Public Administration, Guangdong University of Foreign Studies, Guangzhou 510420, China

*** 社會工作學院, 羅格斯大學 (美國)
School of Social Work, Rutgers University, New Brunswick, NJ 08901, USA

negative perceptions of treatment modalities, reshape and reinforce positive perceptions of treatment modalities, reinforce positive behaviors, and decompress, to promote cognitive and behavioral changes in the children, and thus facilitate the improvement of their medical fears.

The intervention results and quantitative data showed that there was no significant difference between the pre-measurement scale scores of the intervention and control groups, and the level of medical fear was not significantly different. After receiving the social work intervention, there was a significant difference between the pre-and post-measurement scale scores of the intervention group, and the medical fear of the children in the intervention group was significantly alleviated. In addition, the qualitative data analysis showed a significant change in the children's coping behaviors and perceptions of healthcare professionals and related medical operations. The study showed that the group intervention was effective in promoting changes in the children's cognitive and coping styles, thus improving their medical fears.

Keywords: Social Group Work, Intervention Study, Children's Medical Fear,
Children with Surgery

Introduction

In recent years, the spectrum of childhood diseases has been changing, and psychological and behavioral disorders have become new risks that have attracted widespread attention in society. Among them, fear and anxiety, as psychological problems, are particularly common in children (Gullone et al., 2001). A survey on fear and anxiety in children and adolescents found that medical procedures were one of the top five fears during childhood (King et al., 1989). It is common for children to experience fear and anxiety related to medical treatment due to the unfamiliar hospital environment and medical experiences. Hospitalized children, especially those undergoing surgery, not only have to face unfamiliar hospital environments but also experience disruptions in their activities, learning, and daily lives. Additionally, the burden of illness, including pain and discomfort, as well as a lack of accurate understanding of the surgical environment and treatment methods, can significantly impact the psychological well-being of these children, leading to higher levels of medical fear. If children have high levels of medical fear, it can result in reduced treatment compliance, affecting their confidence in overcoming the disease, and even negatively impacting their psychological and physical development (Xia, 2016). Therefore, intervention is needed.

However, current interventions mainly focus on hospitalized children and those with prolonged illness, with less attention given to children undergoing surgery, especially those with shorter treatment durations. Existing research in social work interventions for children's medical fear mainly focuses on injection fear (Fung, 2009) and dental fear (Vincent et al., 2020). There is a lack of research on social work interventions for children's medical fear in China, with most studies focusing on hospitalized children and being primarily master's theses. The interventions mainly utilize group work and individual case work methods. In addition, researchers have combined group work with play therapy (Liu, 2017), expressive arts therapy (Ding, 2022), and desensitization therapy (Zhang, 2020) to carry out group activities aimed at reducing children's medical fear, and significant effects have been achieved in alleviating children's medical fear. However, current research on interventions for children's medical fear, especially for children undergoing surgery, mainly focuses on changes in numerical values of medical fear, with less attention given to the process of change in children's medical fear. Therefore, it is necessary to conduct medical social work interventions.

Based on the age and psychological characteristics of children, interventions using group work can leverage the mutual influence among peer groups. Therefore, from the perspective of medical social work, this study will use group work methods to intervene with school-age children who have not undergone surgery to explore the effectiveness of group social work interventions on medical fear in surgical children. The aim is to provide practical recommendations and experiences for future social work interventions for surgical children.

Methods and Procedures

1. Research Participants

The medical fear intervention group was conducted with school-age children in the orthopedics department at Hospital N who had not undergone surgery. Based on previous field research and assessments, social workers gained an understanding of the medical fear experienced by children who had not undergone surgery and recruited participants for the intervention study. The participants primarily included school-age children who were undergoing their first surgical treatment and had a certain level of self-care ability. A total of 14 children participated in this study, and based on their preferences, they were divided into a control group (n=7) and an intervention group (n=7). Medical fear questionnaires were administered before and after the experiment to evaluate the effectiveness of the intervention program. Considering the cognitive level of children, the questionnaire survey was primarily conducted through interviews.

Table 1 Basic information about the research participants

Number	Gender	Age	Disease diagnosis
A1	male	8	Pain in left calf, weakness in left lower extremity
A2	female	6	Fracture of the lower end of the right tibia
A3	female	7	Fracture of the lower end of the right tibia
A4	female	6	Right Monsignor's fracture
A5	female	6	Right femoral head; ischemic necrosis
A6	female	7	Fracture of the lower end of the right tibia
A7	male	8	Left lower limb weakness
B1	female	6	Fracture of the right radial-ulnar diaphysis
B2	male	7	Unequal length of both lower limbs
B3	female	8	Fracture of the right radial-ulnar diaphysis
B4	female	6	Right femoral stem fracture
B5	female	6	Fracture of the lower end of the right tibia
B6	male	6	Left horseshoe-shaped foot
B7	female	8	Right femoral stem fracture

2. Medical Fear Intervention Program Design

2.1 Theoretical Foundation

To conduct interventions, it is important to analyze the mechanisms underlying the occurrence of medical fear. Medical fear is a manifestation of maladaptation to medical care. In this study, Roy's Adaptation Model was chosen to analyze the generation of medical fear in children and guide the intervention.

Roy's Adaptation Model proposes that individuals are adaptive systems that integrate

physiological, psychological, and social attributes. They engage in a series of activities to achieve adaptation to the environment. This adaptive system can be divided into input, control processes, adaptation modes, and output. Specifically, after stimulus input, the two subsystems in the control process, regulator and cognator, play a role. Through four adaptation modes - physiological function, self-concept, role function, and interdependence - specific reactions are output. These reactions can be adaptive or ineffective. Based on this model, the analysis of medical fear in children undergoing surgery reveals that surgery, as a stimulus, enters the child's adaptive system. The cognator and regulator in the control process then play their roles. Negative perceptions and cognitions about illness and surgery can have a negative impact on the cognator and subsequently affect the regulator, resulting in negative medical coping behaviors. Therefore, the focus of the intervention is on the child's cognition and behavior related to medical procedures and treatment.

2.2 Empirical Foundation

Before the intervention study commenced, a survey was conducted on the medical fear levels of surgical children aged 6-12 years who received treatment in the pediatric orthopedics department from August to October 2022. Children with a history of hospitalization and surgery were excluded, and a total of 80 valid questionnaires were collected.

According to the survey results of the Children's Medical Fear Scale, the average score of the total medical fear of the investigated children was 19.1630, and the total medical fear of the hospitalized children without surgery was significantly higher than that of the children who had surgery ($p < 0.05$). According to the results, there were significant differences in the fear levels of interpersonal fear, self-fear and medical operation fear in different treatment stages ($p < 0.05$), among which fear of medical operation was more prominent, and the difference of the mean value was -2.23. This also shows the necessity of carrying out intervention activities for children without surgery to a certain extent. In addition, by comparison, children's fear of medical operation and interpersonal relationship is high, but the fear of medical environment and self-fear also need to be paid attention to.

During the investigation process, an observation of the children's awareness of medical care and their coping behaviors were conducted. It was found that some surgical children thought that medical treatment would bring unknown experience and pain experience to them, and appeared negative medical behaviors, and the fear of medical treatment was obvious. In addition, this is the first time for children to face the strange treatment of surgical treatment, without systematic science popularization and education, lack of basic cognition of treatment, lack of correct cognition and irrational cognition lead to fear of treatment, and then in the face of medical behavior and medical staff, "escape" and "resistance" behavior and psychology are prominent, and medical fear is obvious. Affect the medical effect.

2.3 Theoretical Framework

2.3.1 Problem Theory

Previous studies have suggested that factors such as gender (Yan & Rin, 2000; Kong et al., 2021; Wu et al., 2014), age (Mahat et al., 2004), hospital environment (Li et al., 2021), factors related to surgery and treatment, cultural background, and parenting styles can influence children’s medical fear. Therefore, in this study, variables such as gender, age, response to new environments, only child status, parenting style, parents’ educational level, occupation type, and place of residence were considered as moderating variables. According to Roy’s Adaptation Model, the occurrence of negative cognition affects behavior, leading to the development of medical fear in children. Therefore, illness cognition and coping strategies were considered as mediating variables, while medical fear was the outcome variable, forming the problem theory model of this study.

Using a group intervention guided by cognitive-behavioral therapy, efforts were made to guide and help children undergo cognitive and behavioral changes, thereby promoting changes in the mediating variables of cognition and coping strategies. This intervention aimed to promote positive development in children’s illness cognition and encourage the use of proactive coping strategies, thereby alleviating medical fear in children undergoing surgery as the outcome variable. Ultimately, this intervention aimed to improve children’s mental health, treatment compliance, and treatment outcomes.

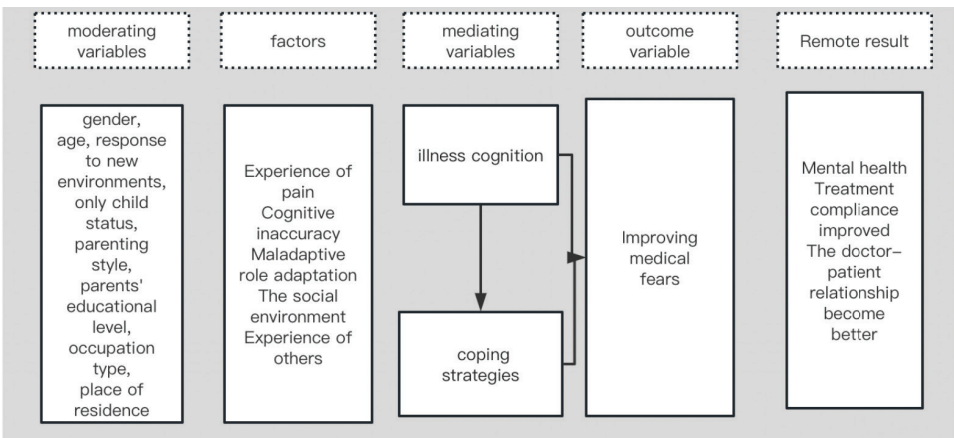


Figure 1: Problem Theory Model

2.3.2 Intervention Programming

Table 2 Basic information on group activities

Service stage	Service sessions	Dimensionality	Activity Theme	Goal	Name of activity
Examining Negative Perceptions of Medical Behavior, Reshaping and Building Positive Perceptions	Section I	Fear of the medical environment, fear of relationships	Relationship building, negative cognitive checking	Building trusting relationships, checking irrational perceptions	"Pediatric Orthopedics In My Eyes."
	Section 2	Fear of the medical environment, fear of relationships	Negative Cognitive Examination, Reshaping Positive Cognition	Checking irrational perceptions and building rational perceptions	"The most beautiful medical moments."
	Section III	fear of medical manipulation	Reshaping Positive Perceptions	Establishment of rational cognition, imitation exercises	"I'm a Little Doctor."
	Section IV	fear of medical manipulation	Cognitive reinforcement	Consolidating change	"Preparation for the surgical expedition"
Soothe	Section V	Relationships and self-fear	decompression training	emotional management	"I have a pair of skillful hands"
Cognitive Behavioral Reinforcement to Consolidate Change	Section VI	/	Cognitive Behavioral Positive Reinforcement	Consolidating change	"I'm the best!"

The overall goal of the intervention was to alleviate medical fears in children undergoing surgery, promote psychological well-being, and improve disease compliance.

In this study, the children's medical fear condition was analyzed based on theoretical perspectives and survey results, based on which a six-session group activity was designed, taking into account the children's characteristics and needs as well as the objectives of the group intervention and activity. The activity used cognitive-behavioral theory as the theoretical basis for the group design, combined with group work in social work, in order to change the illness cognition and illness coping styles of children undergoing surgery (mediating variable), and then improve the preoperative medical fear condition of the children (outcome variable), with three main intervention phases: examination of negative cognition and establishment of positive cognition; soothing of emotions as well as cognitive-behavioral reinforcement to consolidate changes.

Children undergoing surgery in children's orthopedic department have to go through preoperative examination, preoperative education, surgery scheduling, etc. after admission, and usually undergo surgery in the second week of admission. According to the survey in children's orthopedic department, children have medical fear, and even

have resistance behavior. In addition, many children have the need for preoperative health education and postoperative care. Therefore, under the guidance of the program director and the medical staff of the department, the author, based on the preliminary investigation and related information, carried out group activities to improve the medical fear of children in the period between the admission of children to the hospital and the preoperative period. During the group process, the social workers promoted changes in the group members' perception of illness and coping styles through reviewing the activities and thematic activities; used warm-up activities to enliven the atmosphere of the group and increase the motivation of the group members; set up a sharing session to provide a platform for the group members to express their true feelings and gains, and to learn about their suggestions for the group; and, through summarizing, reviewing, and previewing the group activities to promote group members' understanding of the group's theme and the group's activities. By summarizing, reviewing and forecasting the group activities, the group members are encouraged to understand the theme and content of the group, and the time and place of the group activities are clarified.

2.3.3 Evaluation of the impact of the intervention

This study used a combination of quantitative and qualitative methods of effect evaluation, with quantitative data obtained through questionnaires to examine the achievement of the intervention goals, and detailed information obtained through interviews and observations to understand the effects of the entire intervention program and the feelings of the children and other participants about the intervention.

This study utilized the Children's Medical Fear Scale as an overall intervention effectiveness assessment tool, which has been shown to have good reliability and validity (Broome & Hellier, 1987; Rigor, 2000). Before and after the intervention, social workers measured the children's medical fear in the control group and the intervention group in one-on-one interviews. The scale includes four dimensions, namely, fear of the medical environment, fear of relationships, fear of the self, and fear of medical manipulation, with a total of 17 items, and "Not at all afraid" to "very afraid" were scored on a 0-4 scale.

In addition, in terms of children's medical cognition and medical coping behaviors, this study designed corresponding questionnaires to understand the children's changes, before and after the development of surgical preparation thematic activities, the study designed a questionnaire to assess the group members' knowledge of surgical preparation. And in terms of coping styles, as it was found in the preliminary survey that some children would not admit their fears, therefore, in the understanding of the changes in medical In terms of coping styles, as it was found in the preliminary survey that some of the children would not admit their fear, the questionnaire "Fear of medical staff and medical equipment" (filled in by the caregivers) and the Venham Clinical Anxiety and Behavioral Scale (filled in by the medical staff), which were designed according to the content of the group, were used to know about changes in medical coping styles of group members

before and after the group activities, and to assess the effectiveness of the intervention.

3. Results

3.1 Overall assessment of effectiveness

The results of the analysis showed that after the group activity intervention, the mean value of the post-test score of medical fear of the intervention group members was 17.86, which was significantly lower than the post-test score of the control group members ($p<0.05$), which means that after the intervention, the medical fear of the intervention group members was improved, and the degree of medical fear of the intervention group members was significantly lower than that of the control group. It can be seen that the group intervention is more effective in helping children to alleviate their fear of medical treatment.

Table 3 Posttest scores for medical fear in the intervention and control groups

	Group (mean ± standard deviation)		t	p
	Intervention group (n=7)	Control group (n=7)		
Children’s Medical Fear Scale	17.86±2.85	23.71±2.81	-3.868	0.002**

* $p<0.05$ ** $p<0.01$

3.2 Evaluation of the intervention process

3.2.1 Changes in medical perceptions

Medical cognitive change is mainly through the third and fourth theme activities to help group members to correctly understand the treatment modality and change the negative perception of medical treatment.

In the third thematic activity, study used the game to let the group members recognize the role of medical devices in role-playing, to promote the change of their understanding of the treatment modality, and to more accurately recognize the treatment modality to help the children to reduce the fear of medical devices and improve compliance. According to the observation, during the group activities, the group members’ knowledge of treatment modalities changed, and they had a better understanding of the role of medical devices. During the role-playing process, the group members were more knowledgeable about the role and use of medical devices when they played the medical operation game, they were able to act like a little doctor, explaining the treatment modalities to their patinents.

In the fourth thematic activity, the author used picture book reading to help the group members recognize surgery, understand the process of surgery, precautions and preparations to be made. Before and after the start of the group’s activity, the study

prepared questions related to surgery to investigate the group members and assess the effectiveness of the activity and the change in the group’s understanding of the treatment modality based on the comparison of the before and after results. According to the answers of the group members, they were divided into three categories: know, vague, and don’t know, and the vague was classified as don’t know in statistics, and the results of the pre and post-tests were analyzed by using the chi-square test.

Table 4 Pre- and post-test analysis of surgical preparation theme activities

Thematic	Pre-test and post-test	realize	I don't know.	χ^2	p
surgical procedure	pre-testing	2	5	4.667	0.031*
	post-test	6	1		
preoperative examination	pre-testing	1	6	10.500	0.001**
	post-test	7	0		
surgical site	pre-testing	5	2	2.333	0.127
	post-test	7	0		
Contraindications to surgery	pre-testing	0	7	10.500	0.001**
	post-test	6	1		
Pre-operative preparation	pre-testing	1	6	7.143	0.008**
	post-test	6	1		

* $p < 0.05$ ** $p < 0.01$

According to the results, it can be seen that the group members’ knowledge of surgery-related knowledge other than «surgical part» has significantly improved. Based on the interviews, it can be seen that the group members are more aware of the part of the surgery that they need to undergo, but they do not know the specific surgical method. In addition, most of the group members changed from “don’t know” or “not quite right” before the activity to “know” and can tell the relevant content after the activity. In the post-test, most of the children had knowledge related to surgical preparation, and those who knew about it in the pre-test were more motivated to participate in the activity, and their knowledge related to surgery was more thorough after participating in the activity, while those who did not know anything about it at all had a great improvement after the activity.

3.2.2 Changes in medical coping style

The data of the pre - and post-test questionnaires met the requirements of the parameter test, and the paired sample T-test in the parameter test was used to analyze the pre-test and post-test data. According to the analysis results , after the intervention, the children in the intervention group had reduced their scale scores and significantly improved their medical coping behaviors ($p < 0.05$). Specifically, The reaction of the children in the face of medical equipment and medical staff showed significant positive changes. In addition, the anxious behavior of the children was also significantly reduced when facing the medical operation of the medical staff.

Table 5 Posttest scores for each scale at pre-test and post-test in the intervention group (n=7)

	Group (mean \pm standard deviation)		t	p
	pre-testing	post-test		
Homemade Fear Questionnaire for Healthcare Professionals and Medical Devices	12.00 \pm 1.83	6.56 \pm 1.95	-2.375	0.018*
Venham Clinical Anxiety and Various Behavioral Levels Identification Scale	2.71 \pm 0.73	1.79 \pm 0.802	-2.941	0.012*

* $p < 0.05$ ** $p < 0.01$

It can be seen that after participating in the group activities, the children's negative cognition of the treatment modality was improved, their understanding of the unknown surgery they were about to face was significantly improved, their negative medical coping behaviors were significantly improved, and their resistance behaviors were significantly reduced, and the medical social work had a significant effect on the children's cognition of the treatment modality and their medical coping behaviors.

4. Discussion

The mean medical fear score of the children in the intervention group before the intervention was 32 points, and after the group's intervention, the medical fear was significantly alleviated, and there was a decrease of about 14 points at the end of the intervention compared to the pre-intervention score, and this difference was statistically significant ($p = 0.018 < 0.05$), and furthermore, at the end of the intervention group, the vast majority of the intervention group members were satisfied with the group and showed high ratings for themselves, the group, and the social worker, and expressed confidence in the treatment to come. In addition, both healthcare professionals and group caregivers were positive about the effectiveness of the group. We can conclude that the group intervention has a good effect on the alleviation of preoperative medical fear in children. However, it is worth pointing out that the author, influenced by practical factors, did not follow up the subsequent changes in the children's medical fear, so whether such changes can be maintained for a longer period of time needs to be further verified.

Group work has a positive impact on the amelioration of medical fear in children undergoing surgery. First of all, group social work can enhance the interaction between children and promote expression and communication. In this study, group work was conducted to intervene in the medical fear of surgical children because of the uniqueness of group work, in which the clients who participate in the group are guided by the social worker to interact with the group members in the group and grow and develop themselves in the guidance and interaction. Secondly, the group provides a platform for group members to interact with each other in which diversified activities promote group members' expression and strengthen their social support. In addition, group members have

different backgrounds from each other, and group members can have different emotional experiences during group interactions.

Secondly, this study combines painting, games, picture books and other forms of children's cognitive development with group social work, and social work concepts and techniques are used throughout the group, based on which a series of relaxing and enjoyable activities are carried out. Various activities in line with the characteristics of children's cognitive development can increase the children's motivation to participate in the group, thus facilitating the group's goal achievement.

This study shows that by participating in the intervention group, the medical fear of group members was significantly reduced, and their satisfaction with the group was higher, and the surgical children who participated in the group not only acquired more knowledge about medical behaviors, but their medical coping behaviors also gained positive changes, and they mastered some emotional regulation skills, and their medical fear was alleviated to a certain extent, which in turn had a positive impact on their recovery and treatment. This in turn had a positive impact on their recovery and treatment.

In this study, a group guided by cognitive-behavioral therapy was effective in increasing medical fear in children undergoing surgery and is generalizable, but there are some limitations to this study:

First of all, due to the epidemic, the group size needed to be controlled, in addition, and because of the physical condition of the group members and the arrangement of surgical preparations, the sample of this study is only seven children.

Secondly, the duration of this intervention was short, focusing only on pre-surgical fear, and the timeliness of the intervention effect needs to be further explored. Considering that the research subjects of this study are mainly non-operated children, and the intervention needs to be completed before the children's surgical treatment, the length of this group's intervention is one week. In addition, due to the impact of the epidemic, this study only focuses on the change of medical fear before the surgery, and the medical fear of the children affected by the surgery may rise again, so whether the changes brought by this intervention study for the children can be maintained for a longer period of time needs to be further verified. In addition, the medical behavioral cognition and medical coping behaviors acquired by the group members in the group need to be internalized by the service users in order to get the continuous retention of the service effect. At the end of the group activities, the medical fear has been obviously alleviated, and it still needs to be internalized by the group members themselves to become habitual behaviors, but due to the influence of various factors, it was not able to be continuously tracked after the intervention, which is also the shortcoming of the present intervention study. This is also a shortcoming of this intervention study.

In conclusion, this study believes that there is more room for medical social work to

grow in the area of practice-oriented interventions for children undergoing surgery. From the perspective of medical social work, are there other more appropriate interventions to alleviate the medical fears of children undergoing surgery? In terms of social work methods, which method is more advantageous in alleviating the medical fear of children undergoing surgery, casework or group work? Due to various factors, these questions were not explored and therefore are not presented in the paper, but they are worthy of further reflection and exploration.

Reference

- Gullone, E. , King, N. J. , & Ollendick, T. H. (2001). Self-reported anxiety in children and adolescents: a three-year follow-up study. *Journal of Genetic Psychology*, 162(1), 5-19.
- King, N. J. , Ollier, K. , Iacuone, R. , Schuster, S. , & Ollendick, T. H. (1989). Fears of children and adolescents: a cross-sectional Australian study using the revised-fear survey schedule for children. *Journal of Child Psychology and Psychiatry*, 30(5), 775-784.
- Xia J. (2016). Effect of health education on medical fear in school-age children with congenital heart disease undergoing interventional therapy. *Contemporary nurses: The last periodical* (12), 2.
- Fung, E. (2010). Psychosocial management of fear of needles in children. *Haemophilia*, 15(2), 635-636.
- Vincent, A. , Heima, M. , & Farkas, K. J. . (2020). Therapy dog support in pediatric dentistry: a social welfare intervention for reducing anticipatory anxiety and situational fear in children. *Child and Adolescent Social Work Journal*, 37(6), 615-629.
- Liu W. (2017). *Play therapy intervention for medical fear in hospitalized children: an analysis based on the experience of pediatric hematology inpatient Department internship*. (Doctoral dissertation, Huazhong University of Science and Technology).
- Ding S H. (2022). *An intervention study on expressive art therapy to reduce medical fear in hospitalized children* (Master's Thesis, Changchun University of Technology)
- Zhang, J. (2020). *Research on medical fear in hospitalized children after desensitization therapy intervention* (Master's Thesis, Huazhong University of Science and Technology).
- Kong, L.F. (2020). *A study on the correlation between medical fear and family rearing style and personality in hospitalized school-age children* (Master's Thesis, Xinxiang Medical University).
- Wu Q Y, CAI X S & Xu M T. (2014). Medical fear in hospitalized school-age children and its influencing factors. *Chinese Journal of Practical Medicine* (13), 267-269.
- Yan J. (2000). Medical fear of hospitalized school-age children and its influencing factors. *Chinese Journal of Nursing* (10).
- Mahat, G. , Scoloveno, M. A. , & Cannella, B. (2004). Comparison of children's fears of medical experiences across two cultures. *Journal of Pediatric Health Care*, 18(6), 302-307.

Li H, Wu X, Zhao L P & Wu M B. (2021). Effects of noise on medical fear and anxiety in children: the moderating role of volitional control. *Chin J Clinical Psychology* (03),629-632+628.

Fraser, Mark W., Richman, Jack M., Galinsky, Maeda J., & Day, Steven H. (2018). *Intervention research: How to develop social programs*. Shanghai Education Press.

Broome, M. E. , & Hellier, A. P. (1987). School-age childrens fears of medical experiences. *Issues in Comprehensive Pediatric Nursing*, 10(2), 77-86.

Health and Mental Health

***Proceedings of the 2023 International Symposium
on Children and Youth Health and Well-being***

醫務社工服務血液病兒童家庭的體系研究

**A Study of Medical Social Workers Serving the Families of
Children with Hematological Diseases in the System**

關新 徐盟靜 張蕾 劉嘉琪 陳毓雯

醫務社工服務血液病兒童家庭的體系研究

A Study of Medical Social Workers Serving the Families of Children with Hematological Diseases in the System

關新* 徐盟靜** 張蕾*** 劉嘉琪**** 陳毓雯*****

摘 要

目的 瞭解住院血液病兒童家庭的心理社會需求及對醫務社工的服務反饋，更好地踐行“全人照顧”服務模式，提供更加精準優質的服務，協助住院兒童及家長順利地進行治療。**方法** 醫務社工在2021年10月20日至2022年1月20日期間，通過病房邀請及線上推送的方式，面向華北某院兒童血液病診療中心有住院治療經歷的80餘名兒童家長進行問卷調查。調查數據採用 SPSS20.0 統計軟體進行統計學分析並描述性分析。結果顯示，兒童入院後的困難可以歸納為情緒低落、醫療恐懼以及社交隔離三個方面；家長住院後的困難主要是籌集治療費用、安頓生活、照顧孩子及自身情緒。醫務社工基於家庭遇到的困難，構建醫務社工服務體系，協助家庭應對住院治療，取得了較高的服務滿意度。**結論** 本研究揭示了血液病兒童家庭的複雜的心理社會現狀及需求，以及醫務社工在回應該群體的全人需求層面的專業價值，同時為構建醫務社工專業服務體系提供了實踐證據。醫務社工以證據為本，更好地融入診療過程，踐行“全人照顧”服務模式，提供更加精準優質的服務。

關鍵詞：醫務社工，血液病兒童家庭，服務滿意度

* 醫務社工，天津仁懷社會工作服務中心（中國）

** 醫務社工部主任，天津仁懷社會工作服務中心（中國）

*** 副總幹事，天津仁懷社會工作服務中心（中國）

**** 周恩來政府管理學院社會工作與社會政策系，南開大學（中國）

***** 護士長，中國醫學科學院血液病醫院（中國）

1 基金項目：天津市衛生健康科技項目[TJWJ2021QN074]；中國醫學科學院臨床與轉化 醫學研究專項項目[2021-I2M-C&T-B-084]

A Study of Medical Social Workers Serving the Families of Children with Hematological Diseases in the System

Abstract

Objective To understand the psychosocial needs of the families with hospitalized children with hematological diseases and their feedback on the services provided by medical social workers, so as to better practice the «whole-person care» service model, provide more accurate and high-quality services, to assist the hospitalized children and their parents to carry out their treatment smoothly. **Methods** During the period of October 20, 2021 and January 20, 2022, the medical social workers conducted a questionnaire survey for more than 80 parents of children who had been hospitalized in the Children's Hematology Center of a hospital in North China by invitation from the wards and online push. The survey data were analyzed statistically and descriptively using SPSS20.0 statistical software. The results showed that the children's difficulties after hospitalization could be summarized into three aspects: low mood, medical fear and social isolation; the parents' difficulties after hospitalization were mainly about raising money for treatment, settling down, taking care of their children and their own emotions. Based on the difficulties encountered by the families, the medical social workers constructed a medical social worker service system to assist the families in coping with hospitalization and achieved a high level of service satisfaction. **Conclusion** This study reveals the complex psychosocial status and needs of families of children with hematologic disorders and the professional value of medical social workers in responding to the whole-person needs of this group, and provides evidence of practice for constructing a professional service system for medical social workers. Based on the evidence, medical social workers can better integrate into the diagnosis and treatment process, practice the «whole-person care» service model, and provide more accurate and high-quality services.

Key words: Medical social workers, Families of children with hematologic diseases, Service satisfaction

華北某院兒童血液病診療中心就診患兒來自全國各地，其中以急性白血病患兒居多。該病種患兒住院週期長，治療期間需要接受骨穿、長期化療等醫療處置，治療期間患兒身體承受嘔吐、脫髮、出血等併發症。由於疾病的特殊性，患兒與外界接觸受到限制，被迫住在醫院或醫院附近接受治療，容易產生恐懼、孤獨、焦慮、自卑等負面情緒甚至心理問題。由於家庭經濟壓力、醫學知識水準受限，以及難以預知疾病治療效果和後期腫瘤是否復發，家長易產生壓力、焦急、自責、悲觀、絕望等心理活動狀態。(曹鳳珍，李力，金婷，昌曉，2019)這些問題會增加患兒及家長創傷程度，嚴重時可能會影響他們治療的依從性及配合程度，進而影響治療的進程與效果。本研究希望能夠藉助對血液病兒童家庭的現狀及需求分析，構建醫務社工服務體系，協助他們改善在治療過程中的心理社會問題，提升整體治療依從性，更加順利地完成治療。

研究對象與方法

本次調研以華北地區一所三甲專科醫院兒童血液病診療中心某病區(兒童血液病診療中心某病區，下文簡稱兒科)住院的0-16周歲兒童及其家庭為對象。

為了更清楚、直觀地瞭解住院兒童家庭需求以及對醫務社工服務的滿意情況，醫務社工與社工督導、醫院醫護討論並製作了《血液病兒童家庭需求及醫務社工服務滿意度調查問卷》。問卷以四部分內容為主：基本資訊、醫療適應、心理及社會支援、醫務社工服務反饋。

基本資訊包括家長基本資訊、兒童基本資訊及疾病治療相關信息等。醫療適應包括兒童住院日常、兒童治療配合情況等。心理及社會支援包括家長、兒童入院情緒、家庭住院困難及解決情況、資源知曉率、服務接受情況及反饋等。醫務社工服務反饋部分包括家長對服務的總體評分、具體評分(服務專業性、服務態度等)及已開展的具體服務專案的反饋建議。

在2021年10月20日至2022年1月20日期間，醫務社工通過病房邀請及線上推送的方式，面向在該科室有住院治療經歷的80餘名家長進行了問卷調查。所涉及到的病種類型及治療階段涵蓋了兒童白血病與再生障礙性貧血兩大類疾病的各個治療階段。問卷調查共回收電子問卷80份。醫務社工審核後篩除3份無效問卷，剩餘有效問卷77份。

問卷結果分析

1. 基本資訊

1.1 住院兒童基本資訊

調查物件中男性患兒佔比為57.14%；近80%住院兒童年齡在3-12歲之間，其中39%兒童年齡在3-6歲之間，40%的兒童年齡在7-12歲之間。在治療情況方面，兒童多為初次入院，確診急性淋巴細胞白血病佔比超過84%，其中處在間期治療及維持治療階段的佔半數以上。

1.2 住院兒童家長基本資訊

在本次問卷調查中，92.2%的調查物件是在院內陪護的家長，且母親的佔比為84.4%。數據顯示，調查對象的年齡多為31-40歲(61.34%)，來自農村和城市的家長比例相近；在學歷方面，大專/本科佔比44.16%，初中佔比27.27%、高中/中專19.48%。大部分家長的年齡在40歲以下，且大專/本科的高學歷者佔比最高，僅少部分家長的文化程度為小學及以下。

1.3 住院兒童家庭情況

在家庭背景方面，31.17%的家庭人口數為3人，43%的住院兒童為獨生子女。半數以上的家庭，在住院陪護期間還需要考慮其他家庭成員的照顧問題。

因血液病病種的特殊性，兒童的治療需要家庭成員的共同支援。在住院家庭的分工方面，通常由兒童母親負責在院內護理兒童，父親或祖母、外祖母在院外負責做飯送飯及其他事務。絕大部分家庭因為兒童住院，不得不中斷工作，收入驟減，超過半數(55.84%)的家庭接受調查時的年收入低於5萬元。而71.13%的家庭治療花費(僅住院)在10-30萬元之間。面對持續增長的治療費用，這些家庭有著更大的經濟壓力。

2. 醫療適應情況

2.1 兒童住院日常

對兒童住院期間每日事項的調查顯示，兒童平均每日要待在病床的時間高達15.19小時，每日輸液時長為9小時，使用電子設備平均5.79小時。兒童住院期間臥床時間長，使用電子設備是日常活動的主要內容。兒童在輸液期間，活動範圍受限，大多僅為病床周圍、病房。

2.2 兒童住院應對

對兒童應對住院相關事項的困難程度，前三位依次為：骨穿、腰穿、應對治療中的軀體反應。這與重大疾病的醫療護理操作往往伴隨明顯的痛苦感受有關。具體如下：

表1 兒童住院事項應對困難程度評分表

題目\選項	沒有困難	有一點困難	很困難	非常難	(空)	平均分
骨穿	30(38.96%)	28(36.36%)	10(12.99%)	8(10.39%)	1(1.3%)	1.95
腰穿	35(45.45%)	26(33.77%)	9(11.69%)	5(6.49%)	2(2.6%)	1.79
應對治療中的軀體反應（發燒、嘔吐等）	32(41.56%)	33(42.86%)	4(5.19%)	5(6.49%)	3(3.9%)	1.76
長時間的行動受限（輸液或血象低臥床）	32(41.56%)	33(42.86%)	6(7.79%)	2(2.6%)	4(5.19%)	1.7
PICC置管	48(62.34%)	11(14.29%)	9(11.69%)	4(5.19%)	5(6.49%)	1.57
口腔潰瘍上藥	43(55.84%)	23(29.87%)	8(10.39%)	1(1.3%)	2(2.6%)	1.56
飲食限制：如吃高壓飯或不吃零食等	42(54.55%)	28(36.36%)	2(2.6%)	2(2.6%)	3(3.9%)	1.51
肌肉注射（如門冬、升白針等）	44(57.14%)	23(29.87%)	7(9.09%)	0(0%)	3(3.9%)	1.5
使用開塞露	45(58.44%)	23(29.87%)	5(6.49%)	1(1.3%)	3(3.9%)	1.49
服用口服藥	56(72.73%)	16(20.78%)	2(2.6%)	1(1.3%)	2(2.6%)	1.31
漱口	63(81.82%)	9(11.69%)	3(3.9%)	0(0%)	2(2.6%)	1.2
坐浴	67(87.01%)	6(7.79%)	0(0%)	2(2.6%)	2(2.6%)	1.16
配合醫生護士檢查	71(92.21%)	3(3.9%)	1(1.3%)	0(0%)	2(2.6%)	1.07
小計	608(60.74%)	262(26.17%)	66(6.59%)	31(3.1%)	34(3.4%)	1.5

從研究中我們意外發現，「長時間的行動受限」適應困難高於“PICC置管”、口腔潰瘍上藥等醫療護理操作，“飲食限制”適應困難高於肌肉注射、服用口服藥等醫療護理操作。兒童的成長活動需要和飲食需要得不到滿足，極大地影響了兒童的醫療適應和治療依從性。兒童年齡與治療事項交叉分析數據顯示3-6歲兒童的各項困難程度均高於其他年齡段兒童。表明此年齡段兒童在醫療適應方面需要更多關注。

3. 心理及社會支持情況

3.1 住院家庭初入院的情緒

(1) 兒童情緒

對兒童情緒的調查結果顯示初入院時兒童情緒前三位分別為害怕(84.42%)、憂慮(57.14%)、委屈(41.56%)。將兒童年齡與情緒進行交叉分析，結果顯示：3-12歲兒童害怕比例均超過80%；3-6歲兒童害怕、生氣、內疚、委屈、疑惑、好奇的比例均超過其他年齡組；12歲以上兒童害怕、委屈等負面情緒低於其他年齡組。

這說明，減低入院恐懼是住院兒童的明顯需要。而不同年齡階段的兒童表現存在差異，對數據的分析顯示3-6歲兒童相較於其他年齡層兒童的負面情緒(害怕、生氣、委屈)更加明顯，恐懼感也高於其他年齡組。這與相關研究具有一致性。Ahmed M I等人認為3-5歲的住院兒童更容易經歷嚴重的術前焦慮和恐懼 (Ahmed M I, Farrell M A, Parrish K, et al, 2011)，並對醫護角色和醫療環境表現出恐懼，甚至產生抑鬱情緒 (Azari S, Moradi N, Koupaie MTS, 2014)。裴智娟等人發現，患兒在手術前或化療前的焦慮情緒會達到一個高峰，特別是對於3-6歲學齡前兒童來說，他們的認知和語言還未發育成熟，對父母有較大的依賴，在治療中更容易受到焦慮情緒的影響(裴志娟，唐俐，秦潔 等，2015)。醫務社工根據兒童不同的年齡階段進行服務分層，提供更有科學性、針對性的情緒支持服務，以減少兒童因住院治療產生的恐懼、焦慮及抑鬱等負性情緒。

(2) 家長情緒

對家長情緒的調查結果顯示，家長入院時多種負面情緒交織，其中85.71%家長初入院時著急焦慮，超過70%的家長感到害怕、迷茫、哀傷，超過50%的家長有憂愁、壓抑的情緒。

初入院家長在進入醫院後，需要協助兒童配合完成各項檢查以明確診斷、接受密集的治療護理資訊、安撫被迫住院焦慮恐懼的兒童等等。在開始治療後，家長需要全天候關注兒童的情況變化，及時作出反應。這樣的高度應激狀態可能導致家長出現生理應激反應。為了降低兒童感染風險家長絕大多數為單人陪護且非必要不更換陪護者，家長在辦理住院到開始化療的短時間中，很難獲得獨立的時間與空間進行自我照顧。有研究表明，癌症患者家長心理疾病發生率等於或大於癌症患者本人。(Hodges LJ, Hum Phris GM, 2005)。兒童感受到家長緊張焦慮，情緒狀態也會受到影響，更可能出現焦慮、恐懼、過度反應、不配合治療等情況，又反過來影響家長的情緒，形成惡性循環。

家長焦慮原因的前三位分別為突然得知孩子患病(90.91%)、對疾病知識不瞭解(79.22%)和擔心孩子生病是自己照顧不周導致的(68.83%)。兒童急性白血病初

期軀體癥狀表現與其它疾病差別不夠明顯。絕大部分家長在得知診斷結果前，僅認為孩子是感冒、貧血等情況。在突然得知孩子可能患上白血病到確診的這段時間中，家長面對未知結果，承受著巨大的心理壓力。此外，他們還要為下一步治療做準備，包括瞭解疾病資訊、進行治療決策、預備治療費用、協調家庭成員的照顧角色等事項。

3.2 家庭支援需要及服務反饋

(1) 家長住院遇到困難分析

將家長住院所遇到困難調查結果依據平均分排序，可以看到家長住院實際困難中前三位是籌集治療費用、租房及生活安頓問題、應對治療中的事件。值得一提的是，在兒童應對困難的專案中，軀體反應也排在第三位。家長及兒童在應對治療過程中的軀體反應等事件都存在相對其他項更困難的情況。此外，照顧兒童情緒及自身情緒也是評分較高的事項。雖然初入院時家長擔心孩子的護理及治療並因此焦慮，但調查結果顯示大部分家長在協助兒童服藥、與醫護溝通等事項並沒有困難。在除籌集治療費外的其他選項中，超過80%的家長選擇了可以獨自解決困難或沒有困難。而超過74%的家長在籌集治療費用上遇到困難，其中36%的家長無法獨自解決這一問題，需要更多說明。這體現出經濟支援的必要性。在照顧兒童情緒方面，超過64%的家長選擇有困難；照顧自身情緒方面，則有近55%的家長遇到困難。這說明給予住院家庭心理支援的重要性。

表2家長住院所遇到困難調查表

題目\選項	沒有困難	有困難但可以獨自解決	有困難，在他人幫助下解決	遇到過且未得到解決	平均分
籌集治療費用	20(25.97%)	29(37.66%)	22(28.57%)	6(7.79%)	2.18
租房及安頓生活	27(35.06%)	36(46.75%)	10(12.99%)	4(5.19%)	1.88
應對兒童治療過程中的事件(如發燒、嘔吐)	31(40.26%)	33(42.86%)	12(15.58%)	1(1.3%)	1.78
照顧兒童情緒	28(36.36%)	44(57.14%)	4(5.19%)	1(1.3%)	1.71
照顧自身情緒	35(45.45%)	33(42.86%)	7(9.09%)	2(2.6%)	1.69
照顧兒童飲食	38(49.35%)	32(41.56%)	7(9.09%)	0(0%)	1.6
其他家人的生活照顧	42(54.55%)	28(36.36%)	4(5.19%)	3(3.9%)	1.58
醫保異地報銷辦理	48(62.34%)	19(24.68%)	7(9.09%)	3(3.9%)	1.55
引導兒童適當運動	51(66.23%)	23(29.87%)	1(1.3%)	2(2.6%)	1.4
幫助兒童服藥/上藥	53(68.83%)	22(28.57%)	1(1.3%)	1(1.3%)	1.35
治療方案的選擇	65(84.42%)	4(5.19%)	7(9.09%)	1(1.3%)	1.27
與同病房病友相處	68(88.31%)	7(9.09%)	0(0%)	2(2.6%)	1.17
護理事項的記錄(如出入量、日常記錄)	71(92.21%)	3(3.9%)	2(2.6%)	1(1.3%)	1.13

與醫生、護士溝通	70(90.91%)	5(6.49%)	2(2.6%)	0(0%)	1.12
小計	647(60.02%)	318(29.5%)	86(7.98%)	27(2.5%)	1.53

(2) 家長支持資源知曉率

在支持資源知曉率方面，家長對住院期間可提供幫助的資源(含免費班車服務、童樂園活動空間、家屬護理宣教、社工支援服務、醫患交流QQ群)的知曉率均超過80%。說明家長對於支持資源有積極關注。科室內完善的入院支援、宣教環節及家長間互相分享也提升了資源的知曉率。

(3) 家長對服務的期待與反饋

家長對服務的期待中排在前三位的均是治療相關的資訊支援，以治療及護理知識宣教為主。家長認為剛入院時，解釋醫療知識、護理知識和即將面對的事情最能夠支援到自己。能夠有人為自己和孩子解釋即將發生的事項是家長在治療及護理外最期待的事情，體現出進行醫療預備服務的必要性。除治療相關事項，對於兒童活動空間的投票結果排在首位，達到63.64%。即超過60%的家長認為，為兒童提供自由活動的空間可以幫助家長更快適應住院生活。雖然初入院時，家長面臨多種壓力，負面情緒比例高，但直接對家長進行支持的服務均在後三位。在多選的情況下，家長對於傾聽自身情緒、提供放鬆空間的選擇比例也均低於50%。相對而言，他們更加期待有人幫自己安慰孩子。這體現出家長對於自身關注度較低，更加重視兒童的治療護理及情緒需要。

4. 醫務社工服務反饋

4.1 總體評價與具體評價

參與調查者對社工服務總體評價滿意度為100%，其中90.91%為很滿意，9.09%為比較滿意。

參與調查者對於醫務社工所開展的單項服務(病房服務、入院適應、社會支援、愛佑童樂園、醫療適應等)參與率均超過89%，其中病房服務的參與率最高，達到94.81%。參與者對各項服務的滿意率(滿意人數之和/參與人數*100%)超過97%。其中病房服務參與率最高且服務滿意情況最佳。83.12%的家長對醫務社工服務態度、服務內容非常滿意。81.82%的家長對服務的專業性、有效性和及時性非常滿意。醫務社工的專業服務得到家長的廣泛認可。

4.2 社工服務反饋

參與調查者認為入院適應(81.81%)是對其說明最大的服務，其次是醫療適應

(67.53%)、病房服務(66.23%)。針對家長情緒的個別輔導(49.35%)，排序則相對靠後。家長最需要支持的時段是初診入院階段，社工開展的入院適應服務則有效回應了家庭初診階段的需要。說明社工服務得到家長認可，取得了良好成效。

針對住院兒童家庭心理和社會服務需求的專業介入

1. 兒童家庭服務需求分析

1.1 兒童服務需求分析

兒童住院面對的困難主要是住院的適應問題，從住院全過程的角度看，兒童入院初期的適應問題最為突出，問題表現大致可歸納為情緒低落、醫療恐懼及社交隔離三方面。

兒童入院情緒調查結果顯示害怕比例為84.42%、憂慮比例為57.14%、委屈比例為41.56%，負性情緒比例高，中性或積極情緒比例低於10%。兒童初次住院期間一般會陸續進行靜脈采血、骨髓穿刺、留置針穿刺、PICC置管等多項侵入性操作。兒童在密集且痛苦的醫療操作中身體自主權受到挑戰，極易產生恐懼甚至抗拒的情緒，需要醫療適應支援協助他們應對。在化療期間使用的化療藥具有發熱、噁心、嘔吐等副作用，激素類藥物還可能引起兒童的容貌和體型變化，增加兒童抑鬱、焦慮的可能，特別是已經與同輩群體進行社會交往的學齡期兒童，產生心理問題的可能性更高(張玉華，2023)，需要情緒疏導及時支持干預。此外，兒童被迫脫離原來的社交網路，從熟悉的家庭、校園轉換到陌生的醫院。他們突然面對環境的變化加上同伴支持獲得難度增加，易出現適應問題、社交問題，需要社交活動獲得同伴支持。

住院兒童往往具有生理及心理上的特殊性，需要使其感到安全的空間和同伴支持來調整狀態以應對住院生活，但這些在住院時可獲得難度增加。據社工統計每日在院兒童有50%以上因輸液或身體條件限制不能離開病房甚至只能臥床。每日平均9小時以上的輸液使兒童長時間處於活動受限狀態。這樣的生活環境顯然無法滿足兒童空間、自主權的需求，不利於兒童成長髮展和住院狀態的調整。同時，他們日均臥床時間超過15小時，也需要在病房環境中得到更多支持、關注。

1.2 家庭服務需求分析

收治於兒科的住院家庭絕大部分為異地就醫，脫離原有的生活環境，面臨諸多困難。從就診及治療過程來看，家長最需要支持的事項集中發生在治療初期階段，主要集中在經濟支持、信息支持與情緒支持三個方面。

白血病治療週期長，需要高額治療費用，加上異地就醫支出大、報銷比例低，家

長需要長期陪護難以維持工作，兒童家庭面對著巨大的經濟壓力。突然被確診的家庭對疾病資訊、護理知識缺乏了解，並且輾轉異地求醫面對陌生的環境，應對住院生活存在著困難。對治療操作的不瞭解也使得家長不知曉如何更有效安撫並協助兒童配合。特別是在初診住院階段，家長需要處理繁雜的住院事宜、安排兒童及其他家庭成員的照顧、籌集不菲的疾病治療費用、學習疾病知識與護理知識，加之擔心孩子疾病的治療效果，承受著巨大的心理壓力。

2. 醫務社工服務介入

我們可以將兒科住院治療的兒童、家長、醫護作為互動的三方，共同構成兒科治療三角關係。這三方因兒童治療的需要凝聚在一起，家長與醫護合作為兒童的康復努力，因此兒童處於三角形的頂端。家長負責兒童的身心照顧，兒童則需要配合雙方完成相應的治療與護理事項。家長或兒童任何一方出現問題，都可能影響治療的順利完成。因此，醫務社工在兒科重點面向兒童家庭重點打造了開心成長住院兒童支持服務、暖心照顧住院家長支持服務服務體系。

2.1 打造開心成長住院兒童支持服務

醫務社工以結構性遊戲療法及非指導性遊戲療法為理論指導，將兒童普遍接受和喜愛的遊戲作為建立專業關係、開展服務介入的主要工作理論方法，結合愛佑童樂園遊戲室自由、舒適、愉悅的遊戲氛圍，協助血液病兒童應對住院事件帶來的心理影響與行為限制。

(1) 開展入院適應服務，加快適應診療過程

傳統的治療方式因更注重治療效果而忽略了治療過程，造成住院兒童與普通兒童相比更容易產生心理問題(崔曉薇，2013)。對此，醫務社工面向初次入院兒童提供一系列的初診支持服務。(1)發放住院溫暖包。醫務社工為兒童準備裝有水彩筆、繪畫本、筆記本、免洗消毒液等物品的住院溫暖包，回應新入院家庭的物品需求。(2)開展自我介紹與表達遊戲。醫務社工藉助VIP海報等道具開展此類遊戲，緩解兒童初入院的低落情緒，並初步了解兒童及家庭的情況。(3)使用《海底世界探險地圖》。醫務社工與所在科室護理團隊共同研發《海底世界探險地圖》，將住院的各項治療包裝為探險遊戲的形式，使新入院兒童在探險任務的完成中，快速瞭解科室內環境、工作人員的角色分工以及各項檢查，儘快適應住院生活。(4)開展住院答疑及科普書籍借閱。醫務社工了解兒童內心想法，及時糾正兒童對治療的錯誤認知，藉助各類科普繪本幫助兒童瞭解及接受住院治療。

(2) 開展醫療預備服務，降低入院恐懼感

面對留置針穿刺、靜脈采血、骨穿腰穿等一系列有創醫療操作，兒童極易出現哭

鬧、抗拒行為。對此，醫務社工設計出一套系統、全面的醫療適應遊戲，提升兒童治療的依從性。

醫務社工面向兒童開展留置針、腰椎穿刺、PICC置管等醫療操作預備遊戲以及B超檢查(果凍檢查)、X光檢查(神奇照相機)、CT檢查(太空艙遊戲)等醫療檢查預備遊戲，向兒童講解和演示相應的操作和檢查過程，減少兒童因未知而帶來的恐懼，提升兒童對醫療檢查、操作的依從性。此外，醫務社工通過設置等候百寶箱和等候遊戲區，進行操作安撫與注意力轉移以及操作后證書獎勵等方式減輕兒童的恐懼及焦慮感受。

(3) 開展主題活動，提高住院接受度

兒童因住院被迫從家庭自由、熟悉的生活環境中突然轉變到拘束、陌生的醫院環境，生理及心理都會產生一定程度的不適應，導致負面情緒的產生。為了提高兒童的住院接受度，醫務社工基於科室實際情況創新「移動童樂園」。遊戲車進病房服務，以遊戲車為媒介，為住院兒童提供包括玩具出借、床旁陪伴、親子互動引導、入院適應輔導等綜合性病房服務。此外，基於兒童成長發展及對空間、自主權的需要，依託愛佑童樂園為住院兒童提供安全、自由的活動空間，並開展社交遊戲、認知發展、情緒表達、親子互動、節日慶祝五大類型主題活動，在豐富兒童住院生活的同時，滿足兒童成長髮展等需求。在住院期間，兒童對於治療和護理的配合度會影響到治療效果，醫務社工面向兒童開展身體里的小怪獸、手衛生宣教、飲食互動宣教以及口腔潰瘍上藥貼紙等遊戲，以兒童廣為接受的方式說明其理解保持手部衛生、合理飲食以及口腔衛生的重要性，提升對治療、護理的配合度。

2.2 打造暖心照顧家庭支持服務

醫務社工基於社會支持理論，打造暖心照顧家庭支持服務，從家庭最關切、最需要的三方面進行介入。

(1) 鏈接社會資源，協助救助申請

在經濟支持方面，醫務社工向家長介紹血液病兒童的經濟救助資源，協助有需要的家庭申請愛佑基金經濟救助，鏈接社會支持資源為家庭提供支持，如免費打車、愛心禮物等。對有特殊困難的家庭開展經濟救助個案，協助其梳理可獲取的經濟支持資源，制定獲取計劃，減輕經濟壓力。

(2) 創新回應形式，提供信息支持

在信息支持方面，醫務社工探訪初診入院家庭，對其在治療護理之外的問題進行答疑，分享如附近租房資訊、醫保備案經驗、熱心老病友資源等；發放入院適應溫暖包，提供書寫記錄的工具；借助日常記錄表、服藥記錄表，幫助家長快速知曉哪些

資訊需要關注;建立微信活動群,除發佈活動預告資訊外,還會分享醫生講座、科普文章等資訊,幫家長多途徑獲取疾病應對知識。此外,醫務社工還會針對家庭普遍遇到的問題,徵集家長的應對方式,如針對兒童飲食照顧問題,開展食譜徵集活動,收集家長的經驗並整理分享。

(3) 增強病友互助支持,提供心理支持

在情緒支持方面,醫務社工使用專業技巧幫助家長疏導自身情緒,協助家長照顧兒童情緒以減輕家長的壓力;為家庭提供減壓道具、情緒管理書籍等減壓支持工具;開放童樂園提供可放鬆的空間;開展主題活動,藉助祝福卡片、治癒案例分享等方式,減輕家長心理壓力。

總結

本研究揭示了血液病兒童家庭的複雜的心理社會現狀及需求,以及醫務社工在回應該群體的全人需求層面的專業價值,同時為構建醫務社工專業服務體系提供了實踐證據。醫務社工以證據為本,更好地融入診療過程,踐行“全人照顧”服務模式,提供更加精準優質的服務。

致謝

感謝中國醫學科學院血液病醫院兒童血液病診療中心和愛佑慈善基金會對本次研究的大力支持。感謝天津仁懷社會工作服務中心督導黃匡忠教授的支持,感謝愛佑慈善基金會項目經理劉一凡對於論文的建議,感謝中國人民大學實習生吳思琪同學參與編製調查問卷。特別感謝所有參與問卷調查的家長朋友們,正是因為有著你們的參與,本篇文章得到了難得且寶貴的數據支持。

參考文獻

曹鳳珍&李力&金婷&昌曉 (2019)◦醫務社工在兒科血液病房人文關懷護理中的實踐◦護理學報, 26(3), 56-58◦

裴志娟&唐俐&秦潔 等 (2015)◦個體化視頻術前訪視對擇期手術學齡前患兒焦慮的影響◦廣東醫學, 000(019), 3089-3091◦

張玉華 (2023)◦學齡期白血病患兒心理護理實用兒科臨床雜誌◦1993(S1), 146-147◦

崔曉薇 (2013)◦兒童醫院醫務社會工作探討◦河北中醫, 35(10), 1597-1598◦

Ahmed, M I, Farrell, M A, & Parrish, K, (2011). Preoperative anxiety in children risk factors and non-pharmacological management. Middle East Journal of Anesthesiology, 21(2), 153-164.

Azari, S, Moradi, N, Koupaei, MTS (2014). Evaluation of The Effects of Psychotherapy on Anxiety Among Mothers of Children With Leukemia. Iranian Journal of Child Neurology, 8(1), 52-57.

Child Protection and Family and Well-being

*Proceedings of the 2023 International Symposium
on Children and Youth Health and Well-being*

澳門中學生幸福感之實證分析

**An Empirical Analysis of the Well-being of Macao Middle
School Student**

張佩雯 董志文

澳門中學生幸福感之實證分析

An Empirical Analysis of the Well-being of Macao Middle School Student

張佩雯* 董志文**

摘 要

為了解澳門中學生幸福感的現況及他們在不同背景下幸福感之差異情形，本研究採用定量方法，以“幸福感量表”作為研究工具，共收取421位澳門中學生的資料，運用單一樣本T檢驗、獨立樣本T檢驗、單因子變異數分析、單因子等級變異數分析進行統計。結果顯示：1)澳門中學生幸福感現況良好；2)性別、年齡、年級、家庭結構、家庭經濟感受、每天學業時間、身邊人支持等七個背景下的澳門中學生幸福感是具有顯著差異。最後，根據研究結果給予相關建議，供澳門政府、學校、家長等相關持份者參考。

關鍵詞：澳門，中學生，幸福感

* 國際(澳門)學術研究院教育發展研究所助理研究員

** 聖若瑟大學教育學院訪問學者，國際(澳門)學術研究院教育發展研究所研究員

An Empirical Analysis of the Well-being of Macao Middle School Student

Abstract

In order to understand the current situation of happiness among Macao middle school students and the differences in their happiness under different backgrounds, this study adopted quantitative methods. It used the "Happiness Scale" as a research tool. 421 Macao middle school students collected data and used a single sample. T-test (One sample t-test), Independent sample T-test (Independent sample t-test), One-way ANOVA, Kruskal-Wallis one-way analysis of variance by ranks) for statistics. The results show: 1) The current happiness situation of Macao middle school students is good; 2) There are significant differences in the happiness of Macao middle school students under seven backgrounds: gender, age, grade, family structure, family economic feeling, daily study time, and support from people around them. Finally, relevant suggestions are given based on the research results for reference by the Macao government, schools, parents, and other relevant stakeholders.

Keywords: Macao, middle school student, happiness

1. 緒論

1.1 研究背景與動機

幸福感可以代表了個人是否快樂，亦可以代表個人生活的滿意程度(曾艷秋, 2002)。在2018年國際學生評量計劃(The Program for International Student Assessment, 簡稱:PISA)的其中一個研究部分是學生的幸福感。當中顯示學生的幸福感需要被關注，研究顯示，澳門學生的幸福感相對較弱(Schleicher, 2018)。雖然有關計劃的對象是15歲中學生，但研究者認為不同年齡中學生的幸福感均需要得到重視。如此同時，澳門特區政府在有關PISA公佈後開始重視學生的幸福感，並在2021年提出的教育政策中，重點說明提升澳門學生的幸福感(澳門教育及青年發展局, 2021)。有關政策已推行超過兩年，到底有關政策能否有效提升學生的幸福感？澳門學生的幸福的現況是怎樣的？不同背景的澳門中學生幸福感會否存有差異？研究者不確定上述問題，因此開展有關研究，以了解澳門中學生的幸福感情況，期望能就研究結果，為相關持份者提供建議。

1.2 研究目的

依據研究背景與動機，本研究目的有三個：(1)探討澳門中學生的幸福感之現況；(2)探討不同背景的澳門中學生幸福感之差異情形；(3)根據本研究之結果，給予相關的建議。

2. 研究設計

2.1 研究工具

研究工具為研究問卷，問卷含有背景資料及澳門中學生幸福感量表等兩部分，茲述如下：

2.1.1 背景資料

背景資料包括：性別、年齡、年級、家庭狀況、父親及母親教育程度、家庭結構、家庭經濟來源、父親及母親工作狀況、家庭經濟感受、近三個月每天花在學業時間及受到身邊人的支持等十三項。依據吳明隆(2016)的觀點，探究差異情形時，研究者會將不夠15人的組別進行合組。

2.1.2 澳門中學生幸福感量表

本研究的量表是參考了洪于涵(2020)、孫鈺婷(2021)中的幸福感量表層面(“

自我肯定”、“生活滿意”、“人際和諧”、“身心健康”)及有關題目,結合澳門的實際情況,設計了名為澳門中學生幸福感量表,該量表為五點式量表,分數從1到5,1代表“非常不同意”,5代表“非常同意”,越高分者表示受訪者的幸福感越好,反之,則其幸福感越差。預試量表分成四個層面,分別為6題“自我肯定”、6題“生活滿意”、5題“人際和諧”及6題“身心健康”,共有23題。30個預試樣本的結果得知,全份量表題目保留。項目分析顯示,各題目與總分相關係數介於 .490至 .855之間, $p<.01$;因素分析顯示,各層面累積解釋變異量在60.112%或以上,因素負荷量在 .532或以上;信度分析顯示,“自我肯定”、“生活滿意”、“人際和諧”、“身心健康”及全量表的內部一致性係數分別是 .929、.860、.885、.883、.952。因此,量表具有良好的信效度。

2.2 研究對象與抽樣方式

本研究以澳門中學生作為研究對象,採用便利抽樣,以網上問卷共收取421份有效樣本。其中,女生有242人,約佔57%,男生有179人,約佔43%。

2.3 研究假設

根據研究目的及問題,研究假設有兩個, H_1 :澳門中學生幸福感平均分數與它的中位分數(檢定值)具有顯著差異; H_2 :不同背景的澳門中學生的幸福感有顯著差異。

2.4 資料分析方法

研究假設1採用單一樣本T檢驗的方法來檢驗,以瞭解澳門中學生幸福感之現況;研究假設2,採用獨立樣本T檢驗、單因子變異數分析、單因子等級變異數分析來檢驗,以瞭解不同背景澳門中學生幸福感之差異情形。

3.研究結果

3.1 澳門中學生幸福感的現況

表一顯示,“自我肯定”、“生活滿意”、“人際和諧”、“身心健康”、“整體幸福感”的平均數分別為3.333分、3.391分、3.654分、3.232分、3.392分, t 值分別為7.336、8.163、15.086、4.709、9.225, $p<.001$,所有幸福感變項均達到顯著,顯示澳門中學生有良好的幸福感。

表一 澳門中學生幸福感之現況分析表

層面	樣本數	平均數	中位分數	標準差	題數	t值
自我肯定	421	3.333	3	.932	6	7.336***
生活滿意	421	3.391	3	.983	6	8.163***
人際和諧	421	3.654	3	.890	5	15.086***
身心健康	421	3.232	3	1.011	6	4.709***
整體幸福感	421	3.392	3	.871	23	9.225***

註:***p<.001

3.2 不同背景澳門中學生幸福感之差異分析

十三個背景變項統計後發現，有七個在澳門中學生幸福感中具有顯著差異，茲述如下：

3.2.1 “性別”在澳門中學生幸福感的差異分析

從表二得知，“自我肯定”、“生活滿意”、“人際和諧”、“身心健康”、“整體幸福感”的t值分別為3.684、3.802、2.532、5.530、4.384， $p<.05$ ，統計達到顯著，即不同性別的澳門中學生在“整體幸福感”及所有幸福感層面中是有顯著差異。事後比較發現，男生在“整體幸福感”及所有幸福感層面上均比女生高分。綜上所述，澳門男中學生的幸福感比女中學生好。

表二 性別在澳門中學生幸福感的差異

變項向度	性別	人數	平均數	標準差	t值
自我肯定	男	179	21.15	5.641	3.684***
	女	242	19.15	5.415	
生活滿意	男	179	21.60	5.653	3.802***
	女	242	19.42	5.917	
人際和諧	男	179	18.91	4.329	2.532*
	女	242	17.80	4.486	
身心健康	男	179	21.23	6.008	5.530***
	女	242	18.03	5.753	
整體幸福感	男	179	82.88	20.154	4.384***
	女	242	74.40	19.211	

註: *代表 $p<.05$ ，***代表 $p<.001$

3.2.2 “年齡”在澳門中學生幸福感的差異分析

從表三得知，“自我肯定”、“人際和諧”的F值分別為1.481、1.896， $p>.05$ ，統計未

達顯著，即不同年齡的澳門中學生在“自我肯定”、“人際和諧”中是沒有顯著差異。“生活滿意”、“身心健康”、“整體幸福感”的F值分別為2.518、2.168、2.224， $p<.05$ ，統計達到顯著，即不同年齡的澳門中學生在“生活滿意”、“身心健康”、“整體幸福感”中有顯著差異。LSD事後比較發現，“生活滿意”及“整體幸福感”方面，“12歲或以下”分別比“13歲”、“15歲”、“16歲”的高分，“14歲”、“15歲”、“17歲”、“18歲或以上”均比“16歲”的高分。這顯示“12歲或以下”的中學生有較好的生活滿意及整體幸福感，“16歲”的中學生在生活滿意及整體幸福感相對其他年齡層較弱。“身心健康”方面，“12歲或以下”分別比“14歲”、“15歲”、“16歲”、“17歲”、“18歲或以上”的高分，“13歲”、“14歲”比“16歲”的高分。因此，“12歲或以下”的中學生有較好的身心健康，“16歲”中學生的身心健康相對較差。

表三 不同年齡的中學生在幸福感的差異

組別	幸福感各層面的平均值 ± 標準差				
	自我肯定	生活滿意	人際和諧	身心健康	整體幸福感
1)	3.719 ± .643	3.895 ± .690	3.958 ± .682	3.807 ± .752	3.840 ± .638
2)	3.281 ± .932	3.263 ± .979	3.680 ± .907	3.326 ± 1.006	3.375 ± .859
3)	3.288 ± .978	3.448 ± .843	3.694 ± .780	3.284 ± .923	3.417 ± .782
4)	3.355 ± 1.030	3.374 ± 1.112	3.654 ± .929	3.181 ± 1.090	3.380 ± .961
5)	3.050 ± .898	2.989 ± 1.038	3.298 ± .949	2.879 ± .997	3.043 ± .887
6)	3.426 ± .965	3.456 ± .953	3.778 ± .902	3.200 ± 1.035	3.452 ± .867
7)	3.378 ± .927	3.469 ± .985	3.641 ± .907	3.264 ± 1.017	3.429 ± .877
F值	1.481	2.518*	1.896	2.168*	2.224*
比較		1>2,4,5 3,4,6,7>5		1>3,4,5,6,7 2,3>5	1>2,4,5 3,4,6,7>5

註：組別(人數)，*代表 $p<.05$

1) 12歲或以下(19人)；2) 13歲(45人)；3) 14歲(77人)；4) 15歲(70人)；5) 16歲(47人)；

6) 17歲(65人)；7) 18歲或以上(98人)

3.2.3 “年級”在澳門中學生幸福感的差異分析

從表四得知，“自我肯定”、“生活滿意”、“人際和諧”、“整體幸福感”的F值分別為1.349、1.179、1.183、1.632， $p>.05$ ，統計未達顯著，即不同年齡的澳門中學生在“自我肯定”、“生活滿意”、“人際和諧”、“整體幸福感”裡是沒有顯著差異。“身心健康”的F值為3.945， $p<.01$ ，統計達到顯著，即不同年齡的澳門中學生在“身心健康”中有顯著差異。LSD事後比較發現，“初中一年級”比“初中三年級”、“高中一年級”、“高中二年級”的高分；“初中二年級”、“高中三年級”比“高中一年級”、“高中二年級”的高分。因此，“初中一年級”的“身心健康”比較好，“高中一年級”、“高中二年級”的“身心健康”比較差。

表四 不同年級的中學生在幸福感的差異

組別	幸福感各層面的平均值 ± 標準差				
	自我肯定	生活滿意	人際和諧	身心健康	整體幸福感
1)	3.389 ± .944	3.402 ± 1.074	3.723 ± .972	3.585 ± .957	3.516 ± .873
2)	3.333 ± .921	3.420 ± .915	3.643 ± .829	3.340 ± .962	3.425 ± .844
3)	3.184 ± .961	3.267 ± 1.017	3.589 ± .931	3.143 ± 1.011	3.283 ± .905
4)	3.276 ± .816	3.271 ± .984	3.383 ± .790	2.900 ± .861	3.200 ± .767
5)	3.279 ± .881	3.304 ± .867	3.765 ± .809	2.821 ± 1.013	3.272 ± .765
6)	3.492 ± .949	3.552 ± .993	3.743 ± .908	3.368 ± 1.057	3.530 ± .904
F值	1.349	1.179	1.183	3.945**	1.632
比較				1>3,4,5 2,6>4,5	

註:組別(人數),**代表 $p<.01$

1) 初中一年級(39人);2) 初中二年級(75人);3) 初中三年級(113人);4) 高中一年級(35人);

5) 高中二年級(40人);6) 高中三年級(119人)

3.2.4 “家庭結構”在澳門中學生幸福感的差異分析

從表五得知,“自我肯定”、“身心健康”、“整體幸福感”的F值分別為1.868、1.284、2.554, $p>.05$,統計未達顯著,即不同年齡的澳門中學生在“自我肯定”、“身心健康”、“整體幸福感”裡是沒有顯著差異。“生活滿意”、“人際和諧”的F值分別為3.070、2.988, $p<.05$,統計達到顯著,即不同年齡的澳門中學生在“生活滿意”、“人際和諧”中是有顯著差異。LSD事後比較發現,“生活滿意”及“人際和諧”上,“雙親家庭”、“單親從父”、“單親從母”均比“隔代或其他親友教養”的高分。因此,家庭結構為“隔代或其他親友教養”的中學生在有關幸福感會較差。

表五 不同家庭結構的中學生在幸福感的差異

組別	幸福感各層面的平均值 ± 標準差				
	自我肯定	生活滿意	人際和諧	身心健康	整體幸福感
1)	3.346 ± .930	3.424 ± .967	3.686 ± .860	3.260 ± 1.002	3.417 ± .857
2)	3.500 ± .843	3.433 ± 1.006	3.680 ± 1.016	3.311 ± 1.120	3.472 ± .936
3)	3.387 ± .910	3.397 ± .952	3.647 ± .897	3.142 ± .947	3.382 ± .853
4)	2.860 ± 1.008	2.728 ± 1.162	3.063 ± 1.159	2.816 ± 1.164	2.858 ± 1.004
F值	1.868	3.070*	2.988*	1.284	2.554
比較		1,2,3>4	1,2,3>4		

註:組別(人數),*代表 $p<.05$

1) 雙親家庭(353人);2) 單親從父(15人);3) 單親從母(34人);4) 隔代或其他親友教養(19人)

3.2.5 “家庭經濟感受”在澳門中學生幸福感的差異分析

從表六得知,“自我肯定”、“生活滿意”、“人際和諧”、“身心健康”、“整體幸福感”的F值分別為5.800、6.507、3.489、5.694、6.707, $p < .05$, 統計達到顯著, 即不同家庭經濟感受的澳門中學生在“整體幸福感”及所有幸福感層面中是有顯著差異。LSD事後比較發現, “自我肯定”、“整體幸福感”方面, “十分充裕”比“充裕”、“剛好夠用”、“沉重或十分沉重”的高分, “充裕”比“剛好夠用”、“沉重或十分沉重”的高分; “生活滿意”方面, “十分充裕”、“充裕”比“剛好夠用”、“沉重或十分沉重”的高分; “身心健康”方面, “十分充裕”比“充裕”、“剛好夠用”、“沉重或十分沉重”的高分, “充裕”比“剛好夠用”的高分; Tamhane事後比較發現, “人際和諧”上, “十分充裕”比“沉重或十分沉重”的高分。因此, 家庭經濟感受越好, 學生幸福感越好, 反之則越差。

表六 不同家庭經濟狀況的中學生在幸福感的差異

幸福感各層面的平均值 ± 標準差					
組別	自我肯定	生活滿意	人際和諧	身心健康	整體幸福感
1)	3.742 ± .995	3.794 ± 1.027	3.957 ± .921	3.698 ± 1.042	3.791 ± .967
2)	3.416 ± .851	3.503 ± .868	3.726 ± .747	3.312 ± .918	3.479 ± .759
3)	3.185 ± .948	3.230 ± 1.024	3.558 ± .961	3.052 ± 1.035	3.243 ± .903
4)	3.058 ± 1.015	3.033 ± 1.101	3.350 ± 1.084	3.025 ± 1.132	3.107 ± .969
F值	5.800**	6.507***	3.489*	5.694**	6.707***
比較	1>2,3,4 2>3,4	1,2>3,4	1>4	1>2,3,4 2>3	1>2,3,4 2>3,4

註:組別(人數), * $p < .05$, **代表 $p < .01$, ***代表 $p < .001$

1) 十分充裕 (42人); 2) 充裕 (191人); 3) 剛好夠用 (148人); 4) 沉重或十分沉重 (40人)

3.2.6 “最近三個月每天花在學業時間”在澳門中學生幸福感的差異分析

由於單因子變異數分析中, 發現只有人際和諧出現顯著差異, 但事後比較中卻找不到哪些組別之間出現顯著差異, 因此決定採用單因子等級變異數分析。表七顯示, “自我肯定”、“生活滿意”、“身心健康”、“整體幸福感”的H值分別為3.760、5.225、4.749、4.660, $p > .05$, 統計沒有達到顯著, 即每天花不同學業時間的澳門中學生在“自我肯定”、“生活滿意”、“身心健康”、“整體幸福感”中均沒有顯著差異。“人際和諧”的H值為11.258, $p < .05$, 統計達到顯著, 即每天花不同學業時間的澳門中學生在“人際和諧”是有顯著差異。事後比較發現, 每天花在學業時間是“多”的學生, 其“人際和諧”會比“非常少”的學生高分。

表七 每天不同學業時間的中學生在幸福感的差異

組別	自我肯定	生活滿意	人際和諧	身心健康	整體幸福感
1)	165.08	161.10	160.00	192.73	164.06
2)	215.06	222.82	229.04	216.43	220.95
3)	211.76	208.84	202.51	221.45	213.80
4)	216.39	220.44	234.82	207.44	217.22
5)	214.37	211.65	197.60	183.08	200.01
F值	3.760	5.225	11.258*	4.749	4.660
比較			4>1		

註:組別(人數),*代表 $p<.05$

1) 非常少(24人);2) 少(41人);3) 普通(191人);4) 多(116人);5) 非常多(49人)

3.2.7 “最近三個月受到身邊人支持的情況”在澳門中學生幸福感的差異分析

從表八得知,“自我肯定”、“生活滿意”、“人際和諧”、“身心健康”、“整體幸福感”的F值分別為23.065、17.847、11.234、9.028、21.488, $p<.001$,統計達到顯著,即受到身邊人不同支持程度的澳門中學生在“整體幸福感”及所有幸福感層面中是有顯著差異。LSD事後比較發現,“自我肯定”、“整體幸福感”上,“少”、“普通”、“多”、“非常多”比“非常少”的高分,“普通”、“多”、“非常多”比“少”的高分,“多”、“非常多”比“普通”的高分;Tamhane事後比較發現,“生活滿意”上,“普通”、“多”、“非常多”比“非常少”、“少”的高分,“多”、“非常多”比“普通”的高分;“人際和諧”上,“少”、“普通”、“多”、“非常多”比“非常少”的高分,“多”、“非常多”比“少”、“普通”的高分;“身心健康”方面,“普通”、“多”、“非常多”比“非常少”的高分,“多”、“非常多”比“少”的高分。從上述結果得知,學生感受到身邊人的支持越多,他們的幸福感越高,反之相反。

表八 身邊人不同程度支持的中學生在幸福感的差異

組別	自我肯定	生活滿意	人際和諧	身心健康	整體幸福感
1)	2.394 ± .953	2.520 ± 1.142	2.859 ± 1.091	2.606 ± 1.218	2.583 ± .987
2)	2.982 ± .920	2.943 ± .997	3.506 ± .958	2.896 ± .918	3.063 ± .829
3)	3.393 ± .791	3.425 ± .801	3.653 ± .744	3.256 ± .958	3.422 ± .747
4)	3.679 ± .803	3.788 ± .863	3.929 ± .736	3.547 ± .866	3.727 ± .737
5)	3.955 ± 1.040	4.147 ± .944	4.269 ± .981	3.705 ± 1.087	4.008 ± .946
F值	23.065***	17.847***	11.234***	9.028***	21.488***
比較	2,3,4,5>1	3,4,5>1,2	2,3,4,5>1	3,4,5>1	2,3,4,5>1
	3,4,5>2 4,5>3	4,5>3	4,5>2,3	4,5>2	3,4,5>2 4,5>3

註:組別(人數),***代表 $p<.001$

1) 非常少(41人);2) 少(64人);3) 普通(194人);4) 多(96人);5) 非常多(26人)

4.綜合討論

4.1 討論

本研究顯示，澳門中學生的整體幸福感及各層面的幸福感都處於較高水平，這可能與近兩年政府落實提升學生幸福感的工作目標有關。以加強親職教育的工作目標為例，政府於2022年成立了澳門親職教育資訊網，提供親子溝通、心理健康等多個欄目（澳門特別行政區政府新聞局，2022）。或許，正是有關目標能得以落實，學生的幸福感因而得以提升。

本研究發現，女中學生的幸福感都顯著低於男中學生，不同年級中學生的“身心健康”具有顯著差異，其中高一及高二的“身心健康”相對較差。另外研究顯示了不同年齡的中學生在“生活滿意”、“身心健康”、“整體幸福感”具有顯著差異，當中16歲的中學生分數較低。過往有研究顯示，女中學生的各項幸福感顯著低於男中學生，而且不同年級的中學生在一些類型的幸福感中會有顯著差異（洪于涵，2020）。因此年級、年齡、性別可能是影響澳門中學生幸福感的背景因素。

有文獻顯示，一些弱勢家庭，如單親、隔代教養或貧窮等家庭的孩子，其幸福感明顯較低（新北市教育電子報，2013）。另有研究顯示，當家庭收入越高，則投入孩子身上資源越多，家長也有較多時間參與教育，孩子幸福感因而提高（盧妍伶、呂朝賢，2014）。而本研究發現了隔代教養或其他親友教養的中學生，其在“生活滿意”、“人際和諧”上會比較差，本研究也顯示了經濟感受越差的中學生，其在各類型的幸福感都較差。因此，家庭環境比較差的中學生需要值得我們關注。

本研究發現，花在學業時間非常少的中學生，其在幸福感中的“人際和諧”就比較差，受到身邊人支持越少，在各類型幸福感也比較差。已有文獻顯示，與學業有關的任何事件，都會對學生情緒產生影響，如果學生學業越差，則他們認為自己對學習越沒有控制能力，感受越不幸福（許崇憲，2018）。也有研究顯示，社會中的支持，包括同伴、教師、父母及其他人的支持，都能夠有效預測青少年的幸福感（童望望，2022）。雖然本研究沒有說明學業時間與學業成績的關係，但很可能花在學業時間很少的學生，其學業成績就可能變得很差，繼而令到他們產生更多不快樂的情緒，從而覺得自己更不幸福。由此可見，如果在這期間得到他人鼓勵與支持較少，則可能會令這些學生更不快樂。

4.2 結論

本研究顯示，澳門中學生幸福感現況良好，而性別、年齡、年級、家庭結構、家庭經濟感受、每天學業時間、身邊人支持等七個背景下的澳門中學生幸福感是具有顯著差異。

4.3 建議

依上述結果，本研究認為，需要從家長、學校、政府着手，以作出相關幸福感的改善。家長方面，需要與孩子建立良好的溝通，讓孩子感受到愛與尊重。尤其是當孩子面對各類失敗時，家長應對孩子有充分的支持與鼓勵，欣賞孩子在過程中的努力與付出，鼓勵孩子發掘自己的優點，提高孩子對自己的自我肯定。學校方面，研究顯示上述各類低幸福感的背景組別的中學生，應該是學校教師的重點輔助對象。建議為有關孩子創立一個具支持性、鼓勵性的學習環境，營造良好的教室氛圍，讓學生感受到安全及被接納，同時需努力營造良好的師生關係。有研究顯示，師生關係能提升中學生的學習態度與學業成就(張佩雯, 2023)，而學生學習態度及學業上的提高，極有可能會提高他們的幸福感。因此，及早發現上述低幸福感背景的學生，給予足夠支持，建立正向關係，並教導學生各類情緒調節的方法，這將有利於孩子的幸福感。政府方面，可適當增加每所學校的駐校輔導員數目，通過優化輔導員的培訓工作，為有關學生提供更好的心理輔導服務。另外，針對經濟狀況差的中學生，政府可以優化現有各類學習津貼申請機制。此外，也可優化轉介服務，對上述低幸福感的背景組別的中學生，尤其是經濟狀況差、家庭環境差的中學生，教青局、社工局需要強化現有的轉介機制，做到「無縫接軌」，為有心理問題的學生與家庭，提供到位的輔導服務。

參考文獻

- 張佩雯(2023)。澳門中學生師生關係對學業成就影響之研究——不同學習態度之中介效果。《澳門新視角》, (32), 77-84。
- 童望望(2022)。青少年主觀幸福感影響因素。《社會科學前沿》, 11(2), 368-373。
- 澳門特別行政區政府新聞局(2022)。教青局設立“澳門親職教育資訊網”。<https://www.gcs.gov.mo/news/detail/zh-hant/N22KRAUrRj;jsessionid=2D658F5A11DFDFBD1B662E48E14697CB.app12>
- 孫鈺婷(2021)。大學生人際依附風格、自尊與幸福感之相關研究。國立嘉義大學輔導與諮商學系碩士論文, 嘉義市。
- 澳門教育及青年發展局(2021)。澳門特別行政區非高等教育中長期規劃(2021-2030)。https://portal.dsedj.gov.mo/webdsejspace/addon/upload/Upload_viewfile_page.jsp?id=79864
- 洪于涵(2020)。屏東縣國中中學生學習壓力、休閒參與及幸福感之研究。大葉大學教育專業發展研究所碩士班碩士論文, 彰化縣。
- 許崇憲(2018)。中學生快樂與學業能力之關係的縱慣性研究。《教育心理學報》, 49(3), 413-435。
- 吳明隆(2016)。SPSS操作與應用：問卷統計分析實務(第二版)。臺北：五南圖書。
- 盧妍伶、呂朝賢(2014)。家庭結構與兒童幸福感。《台灣社區工作與社區研究學刊》, 4(2), 95-126。
- 新北市教育電子報(2013)。體罰-台灣小孩幸福殺手。<https://epaper.ntpc.edu.tw/index/EpaSubShow.aspx?CDE=EPS2013040522255616O&e=EPA20130318075050NFQ>
- 曾艷秋(2002)。已婚婦女生活目標、目標社會支持與幸福感之相關研究至以高雄市育有國小子女之已婚婦女為例。國立高雄師範大學輔導研究所碩士學位論文, 高雄市。
- Schleicher, A. (2018). Insights and interpretations. *Pisa 2018*, 10. <https://www.oecd.org/pisa/PISA%202018%20Insights%20and%20Interpretations%20FINAL%20PDF.pdf>

Child Protection and Family and Well-being

*Proceedings of the 2023 International Symposium
on Children and Youth Health and Well-being*

社會支持與中國青年抑鬱水平關係研究

**A Study of the Relationship between Social Support and
Depression Levels in Chinese Youths**

向雅書 張雪梅

Xiang Yashu Zhang Xuemei

社會支持與中國青年抑鬱水平關係研究

A Study of the Relationship between Social Support and Depression Levels in Chinese Youths

向雅書* 張雪梅**

摘 要

利用中國家庭追蹤研究(CFPS2020)的數據探討了不同類型的社會支援與中國青年抑鬱水平的關係。具體分析了來自家庭、社交和社會公共服務三種類型的社會支援對不同年齡組別青少年和青年(12-18 歲、19-24歲、25-35歲)抑鬱水準的不同影響程度。結果顯示,社交支援對降低青年抑鬱水準的作用最強。同時也發現一些與以往研究不同的結果:在大專及以上學歷的25-35歲年齡組別中,經常與父母聯繫導致更高的抑鬱水準;在非獨生子女的12-18歲年齡組別中,與父母聯繫的頻率高低對抑鬱的影響呈現倒U型效應,在小學及以下學歷的25-35歲年齡組別中,與父母見面頻率高低對抑鬱的影響也呈現倒U型效應。這表明,與父母高頻率的聯繫和見面並不總是能降低抑鬱水準,反而可能加劇抑鬱水準。與高密度的家庭互動相比,高品質的家庭互動可能更為重要。因此有必要重新審視中國家庭中家庭支援的含義,以及家庭互動方式與抑鬱形成的關係。

關鍵詞: 抑鬱, 社會支援, 差序格局, 家庭互動

* 四川省社會科學院社會學研究所(中國)

** 四川省社會科學院社會學研究所(中國)

A Study of the Relationship between Social Support and Depression Levels in Chinese Youths

Xiang Yashu Zhang Xuemei

Abstract

This study utilized data from the China Family Panel Studies (CFPS2020) to investigate the association between different types of social support and depression levels among Chinese youth. Specifically, the study examined three types of social support, namely family support, social support, and social services support, and aimed to determine their varying effects on depression levels across different age groups (12-18 years old, 19-24 years old, and 25-35 years old). The findings revealed that social support had the most significant impact on reducing depression levels among the youth.

Notably, certain results deviated from those reported in previous studies. For instance, among individuals aged 25-35 years with tertiary education or above, frequent contact with parents was found to be associated with higher levels of depression. Conversely, in the age group of 12-18 years old, among those who were not only children, the frequency of contact with parents exhibited an inverted U-shaped effect on depression. Additionally, in the 25-35 years age group with primary school education or below, the frequency of meeting parents also displayed an inverted U-shaped effect on depression. These findings suggest that a high frequency of contact or meeting with parents does not necessarily result in reduced depression levels; in fact, it may even exacerbate them.

Moreover, the study implies that the quality of family interactions may hold greater importance than the quantity of family interactions. Consequently, it is crucial to reevaluate the significance of family support in Chinese families and examine the relationship between family interaction styles and the development of depression.

Keywords: Depression, Social support, Disparity pattern, Family interaction

文獻回顧和問題的提出

抑鬱症作為一種心境障礙，以顯著而持久的心境低落為主要臨床特徵，發作時常伴思維遲緩、意志活動減退等表現，還出現食慾減退、體重減輕等軀體化症狀(吳婷婷 et al., 2022)。抑鬱症的病因學和病理生理學是複雜且多因素的，社會學領域對抑鬱症的討論更加關注抑鬱產生的環境因素。其中，社會支持被認為是有重要影響的環境因素(Schaefer&Moos, 1992)。

社會支持主效果模型(Lakey&Cohen, 2000)認為，當個體面臨外界刺激時，社會支持具有普遍的增益作用。緩衝器模型(Cohen&Wills, 1985; Barrera, 1986)則認為，社會支持僅在應激條件下與身心健康發生聯繫，社會支持的緩衝作用既可能是一般性的，也可能是特異性的。青少年在社會化過程中會受到三類施教者的影響，分別是以父母為代表的家庭，以朋輩、社團、社區以及工作夥伴為代表的社交網路，以醫療機構、教育機構、公共設施為代表的社會公共服務(沈傑, 2018)。本研究認為，這三類施教者在個體的生態系統中形成了從中心到週邊親疏有別的結構性特徵，與費孝通先生提出的中國社會的“差序格局”是契合的，即，中國的關係結構是水波紋式的格局，以自己為中心，層層疊疊地向外擴散，由熟人社會往陌生人社會擴散。因此，本研究根據差序格局的理論把社會支持分為家庭支持、社交支持、社會公共服務支持三種類型，共同構成了個體社會支持從中心到週邊的生態系統。

家庭是青少年生活的重要環境之一，是社會化的起點和基礎，家庭在青少年的成長和發展中承擔著重要的特殊角色(王思斌, 2003)，父母在家庭生態系統中扮演重要角色，其態度及教養方式對青少年的心理健康有重要影響(Bronfenbrenner, 1980)，家庭的影響力是直接和深遠的，個體在家庭中的生活史會影響畢生的發展(包蕾萍, 2005)。已有研究表明家庭結構、家庭文化資本、家庭經濟地位(SES)會影響人的心理健康，而核心家庭被認為是對孩子的發展最有利的家庭結構(吳愈曉 et al., 2018)。當個體處在一個血緣關係緊密、生活中常能面見成員彼此的家庭中時，會得到高聯繫頻率、高見面頻率的家庭幫助和支持(胡耀華, 2021)。與父母聯繫、見面、溝通、談心是一種良性的代際互動，可以為青年的心理健康提供支持(吳帆, 2022)。

社交支持包含了來自朋輩、社團、鄰里的支持。對於抑鬱的作用而言，社交網路本身存在的質量和數量優勢，使得社交網路在支持上會形成“窮者變富”“富者更富”效應(丘文福, 2017)。學界對社交支持的研究各有差異，一些典型的海外研究，如，Barth et al., (2014)發現，對於青春期的青少年而言，同伴的支持可以在一定程度上彌補或替代父母的支持作用。Lee et al., (2005)發現，與香港中國人相比，北京中國人更有可能尋求近親或同事的支持，而不是依賴機構的幫助；宋秀晶(Kim, 2014)探索兒童抑鬱的保護因素，除了父母的情感支持外，社區支持起著重要的調

節作用。而中國國內在相關研究上，往往把社交支持籠統地劃入社會支持進行討論，很少單獨就社交支持進行細分，或與其他不同類型的社會支持進行比較。如，惠秋平(2021)對社會支持與農村老年人的抑鬱關係研究，邱依雯等人(2021)對社會支持與青少年抑鬱內在機制的研究，葉寶娟和馬婷婷(2020)對社會支持與大學生抑鬱關係的研究。

社會公共服務是個體生態系統中最週邊的社會支持，如，公共設施、社區治安、醫療服務等。一些研究表明，公共服務設施可達性對抑鬱水準具有顯著的負向影響，公共服務設施可達性越低，人們的抑鬱程度越高(王潔晶 et al., 2022); 學校等教育設施的可達性則直接影響著後代教育機會和教育品質，會讓居民感受到歧視和不公正，從而影響心理健康(宋偉軒 et al., 2019); 生活在公園、廣場的人具有高品質的公共生活設施，如果公共生活設施水準低，則可能會降低居民的體育鍛煉和社會交往頻率，不利於減輕精神壓力和注意力的恢復，從而增大了心理健康的風險(ABQ et al, 2023)。

從已有文獻可以看到，就社會支持與抑鬱的關係而言，研究者總體傾向於社會支持對抑制抑鬱水準、提升心理健康有正向積極的作用，或者分別證實家庭支持、社交支持、公共服務支持能夠緩解抑鬱，但是研究者很少對這些不同類型的社會支持緩解抑鬱的作用進行比較。基於差序格局的理論，家庭作為個體生態環境的中心，往往被認為是社會關係結構中對個體影響最大的單元，家庭支持對抑鬱的緩解作用是否也如差序格局所言，具有最核心、最強的效應呢？在家庭支持與抑鬱關係研究中，國內已有研究多採用肖水源的社會支持評定量表對家庭支持的界定，並往往較為籠統地肯定家庭支持對抑鬱的緩解作用，而對量表中家庭支持各個因數的討論不足。

由此提出本研究的問題，家庭、社交、社會公共服務三種不同類型的社會支持是否按照中心-週邊的差序格局理論，對抑鬱水準的抑制起著由高到低的作用？進一步地，對於家庭支持而言，其中的各個因數對降低抑鬱的作用都是相同的嗎？

研究方法

1. 數據來源

本研究使用的數據來自2020年的中國家庭追蹤調查(China Family Panel Studies, 縮寫為CFPS)，是一項由北京大學中國社會科學調查中心(ISSS)實施全國性、大規模、多學科的社會跟蹤調查專案，運用內隱分層(implicit stratification)方法進行多階段等概率抽樣，每個子樣本框的樣本都通過行政性區(縣)、村/居委會和家庭戶三個階段抽取得到。CFPS2020問卷中包含了的個人自答部分和部分家庭關係的數據，以及詳細的抑鬱水平狀況與社會支持狀況，該資料庫能夠篩選出及其豐富的樣本，能夠滿足本研究的實證分析需要。

2. 研究假設

本研究旨在檢驗家庭支持對於青少年抑鬱緩解而言是否具有最核心或最強的作用，從而對不同類型的社會支持在抑鬱緩解的作用上進行比較;另一方面，本研究還希望進一步瞭解目前對家庭支持進行測量所採用的各個因數在抑鬱緩解上是否都起著相同的作用，由此提出本研究的假設：

H1:與其他類型的社會支持相比，家庭支持對抑鬱緩解的效用最強

H2:家庭支持的各個因數對抑鬱緩解有相同的效用

3. 變數建構及賦權

3.1 因變數

本研究的因變數為抑鬱水準。CFPS2020資料庫對個人抑鬱水準的測量採用了CES-D8 抑鬱量表。該套量表總共包含8個題目，分別為“我感到情緒低落”、“我感到悲傷難過”、“我覺得生活無法繼續”、“我的睡眠不好”、我生活快樂“、”我感到孤獨“、”我感到愉快“、”我覺得做任何事都很費勁“。剔除了資料庫中12歲以下及35歲以上的人群，最後得到2639個樣本。

3.2 自變數

本研究的自變數為社會支持，由家庭支持、社交支持、社會公共服務支持三個維度構成。按照變異係數賦權法對社會支持三個維度進行了賦權，家庭支持、社交支持、社會公共服務支持的變數構建和權重見表1。

表1 變量建構及權重

一級指標	二級指標	三級指標	變量賦值	變異系數	權重
社會支持	家庭支持	與父母見面 頻率	1-3	0.215	30.4%
		與父母聯繫 頻率	1-3		
		與父母關係	1-3		
		對父母的信任	1-3		
	社交支持	人緣關係	1-3	0.216	30.5%
		鄰里關係	1-3		
		鄰里幫助	1-3		
		社會信任	1-3		
	三級指標	變數賦值	變異系數	0.277	39.13%
		1-3	0.215		
		1-3	1-3		

3.3 控制變數

本研究的控制變數包含個人和家庭兩個層面。個人層面上包含「性別」、「年齡」、「學歷」、「城鄉」。家庭層面上包含「家庭類型」和家庭年收入，參見表2。

表2 變量的基本描述情況

	變量名稱	變量描述
控制變量	性別	0.女 1.男
	年齡	1.12-18歲 2.19-24歲 3.25-35歲
	學歷	1.小學及以下 2.初中到高中 3.大專及以上
	城鄉	0.鄉村 1.城市
	家庭結構	0.獨生子女家庭 1.非獨生子女家庭
	家庭收入	1.0-5萬 2.5萬-8萬 3.8萬-14萬 4.14萬及以上

4. 數據分析

在相關性分析($p < 0.05$)和共線性檢驗($VIF < 2$)的基礎上，採用分層回歸方法，建立不同類型社會支持的分層回歸模型，觀察各變數回歸係數的變化，參見表3；並在家庭支持維度建立分層回歸的子模型，觀察各因數回歸係數的變化，參見表4。

表3 不同類型社會支持對抑鬱水平的影響分層回歸模型

	模型1	模型2	模型3	模型4
性別	-0.313* (0.135)	-0.366** (0.152)	-0.339* (0.148)	-0.337* (0.149)
年齡	1.307*** (1.280)	1.243*** (0.288)	1.125*** (0.282)	1.091*** (0.283)
19至25歲	1.307*** (1.280)	1.243*** (0.288)	1.125*** (0.282)	1.091*** (0.283)
25-35歲	1.644*** (0.293)	1.663*** (0.304)	1.553*** (0.298)	1.510*** (0.300)
城鄉	-0.218 (0.144)	-0.062 (-0.161)	-0.161 (0.157)	-0.105 (0.159)
個人婚姻	-0.579*** (0.169)	-0.441** (0.188)	-0.262 (0.185)	-0.312 (0.186)
學歷初中到高中	-0.125 (0.160)	-0.185 (0.180)	-0.240 (0.176)	-0.188 (0.177)
學歷大專及以上	-0.526*** (0.191)	-0.727*** (0.215)	-0.718*** (0.210)	-0.622*** (0.212)
年收入5萬-8萬	-0.134 (0.220)	-0.115 (0.217)	-0.062 (0.213)	-0.080 (0.213)
年收入8萬-14萬	-0.601 (0.216)***	-0.589*** (0.213)	-0.451* (0.209)	-0.455* (0.209)
年收入14萬以上	-0.778 (0.229)***	-0.688*** (0.226)	-0.622*** (0.222)	-0.577*** (0.222)
家庭支持		-1.478** (0.197)	-1.039*** (0.197)	-1.047*** (0.197)
社交支持			-2.203*** (0.191)	-2.055*** (0.152)
社會公共服務支持				-0.466*** (0.152)
常數項	12.84*** (0.270)	17.22*** (0.654)	22.63*** (0.790)	23.60*** (0.848)
R ²	0.017	0.039	0.088	0.091
調整R ²	0.014	0.035	0.083	0.087
F值	6.12***	10.19***	21.94***	20.87***

ΔR^2	0.017	0.021	0.049	0.004
樣本量	2639	2533	2516	2504

注:1.* $p<0.05$,** $p<0.02$,*** $p<0.01$

2.性別參考項為女性,年齡參考項為12-18歲,城鄉參考項為鄉村,個人婚姻參考項為獨身,學歷參考項為小學及以下,年收入參考項為5萬及以下。

4.1 對不同類型社會支持在青年抑鬱緩解作用上的分析

模型1是只放入控制變數的初始模型,F值變化呈現出顯著性($F=6.21$, $p=0.0000$),整體結果顯著。從控制變數上看,女性的抑鬱水準顯著高於男性,高學歷青年的抑鬱水準顯著高於低學歷青年,高年齡組青年的抑鬱水平顯著高於低年齡組青年(青少年),家庭收入與抑鬱水準呈顯著負相關,而城鄉差異在青年抑鬱水準上不顯著。但僅從控制變數上看,模型擬合度僅為1.4%,這說明僅有控制變數還不能很好地解釋抑鬱水準。

模型2加入家庭支持變數, R^2 值由1.7%上升到3.9%,意味著家庭支持可以解釋青年抑鬱水準2.1%的變化原因。F值變化呈現顯著性($F=10.19$, $p=0.000$)。家庭支持係數為-1.478,並在99%水平上顯著,表明家庭支持對抑鬱水準有顯著的負向影響作用,家庭支持每增加一個單位,抑鬱水準就會降低1.478。

模型3加入社交支持變數,F值變化呈現出顯著性($F=21.94$, $p=0.0000$),模型擬合度上升為8.8%,意味著社交支持可以解釋青年抑鬱水準4.9%的變化原因。社交支持對青年抑鬱水準有顯著負向影響,社交支持每增加一個單位,青年抑鬱水準就會降低1.039。但與模型2相比,該係數增加了0.439,這說明在社交支持加入后,家庭支持對青年人抑鬱水準的抑製作用減弱,這意味著社交支持的抑制效應更強。

模型4加入社會公共服務支持變數,F值變化呈現出顯著性($p=0.0000$),模型擬合度上升為9.1%,意味著社會公共服務支持可以解釋青年抑鬱水準0.4%的變化原因。社會公共服務支持對青年抑鬱水準有顯著負向影響,社會公共服務支持每增加一個單位,青年抑鬱水準就會降低0.466。但與模型3相比,家庭支持的係數降低了0.008,社交支持的係數增加0.148,這說明在社會公共服務支持加入以後,家庭支持的抑製作用有所增強,而社交支持的抑制程度有所減弱。

綜上所述,抑鬱存在性別差異、教育程度差異、年齡差異、家庭收入差異。家庭支持、社交支持、社會公共服務支持與青年抑鬱水準呈顯著負相關($p<0.05$),說明三種不同類型的社會支持在青年抑鬱緩解上都有顯著作用。但是三種不同類型的社會支持對抑鬱緩解的貢獻力度是不一樣的,從 ΔR^2 值可以看出,這三類支持中,貢獻力度最大的是社交支持($\Delta R^2=4.9\%$),其次是家庭支持($\Delta R^2=2.1\%$),最後是社會公共服務支持($\Delta R^2=0.4\%$),表明社交支持是抑制青年抑鬱的關鍵因素。假設H1被推翻。

4.2 對家庭支持各因數在青年抑鬱緩解作用上的分析

表4展示了家庭支持各因數對抑鬱水平的影響分層回歸係數。其中，家庭支持的四個因數按照賦值得分的低、中、高進行了分組，每個因數都分成了三組。從表4中可以看出，家庭支持中貢獻力度最大的因數是“與父母的關係”(Δ R²=2.4%)，然後依次是“對父母的信任”(Δ R²=0.9%)、“與父母見面頻率”(Δ R²=0.7%)、“與父母聯繫頻率”(Δ R²=0.1%)。在四個因數中，只有“與父母的關係”和“對父母的信任”兩個因數的各組別與抑鬱水平均呈顯著負相關(p<0.05)。而“與父母見面頻率”和“與父母聯繫頻率”兩個因數在部分組別上呈現出不同的影響效應：在“與父母見面中等頻率”、“與父母聯繫高等頻率”兩個組別上，與抑鬱的關係不顯著，且“與父母聯繫高等頻率”組別與抑鬱的關係呈正相關，即，與父母見面和與父母聯繫的不同頻率似乎對抑鬱的緩解並不在同一方向上起作用。

表4 家庭支持各因子對抑鬱水平的影響分層回歸係數

	分層回歸係數(標準誤)			
父母關係一般	-2.848***(-2.81)	-2.721***(-2.69)	-2.658***(-2.64)	-2.639***(-2.62)
父母關係良好	-4.400***(-4.43)	-4.046***(-4.08)	-3.915***(-3.95)	-3.896***(-3.93)
對父母信任中		-3.058*(-1.98)	-2.841(-1.84)	-2.779(-2.72)
對父母信任高		-4.487***(-2.96)	-4.204***(-2.78)	-4.129***(-2.72)
與父母見面中等 頻率			-0.145(-0.83)	-0.146(-0.83)
與父母見面高等 頻率			-0.808***(-4.32)	-0.874***(-4.50)
與父母聯繫中等 頻率				-0.156*(-0.72)
與父母聯繫高等 頻率				0.041(0.17)
常數項	16.99*** (16.53)	21.04*** (11.55)	20.94*** (11.54)	20.95*** (11.54)
F值	10.88***	11.10***	11.04***	9.72***
Δ R ²	0.024	0.009	0.007	0.001
樣本量	2535	2535	2534	2533

注：1.*p<0.05，**p<0.02，***p<0.01

2.與父母關係參考項為與父母關係差，對父母的信任參考項為對父母信任低，與父母見面頻率參考項為與父母見面頻率低，與父母聯繫頻率參考項為與父母聯繫頻率低

為了進一步探索“與父母見面中等頻率”、“與父母聯繫高等頻率”兩個組別與其他因數效用不同的原因，分年齡段在家庭結構、個人受教育程度上進行分組回歸，見表5。結果顯示，在年齡為25-35歲、學歷為大專及以上的組別中，“與父母聯繫頻率”對抑鬱水準呈正向的線性相關關係，即聯繫頻率越高，抑鬱水準越高；在年齡為25-35歲、學歷為小學及以下的組別中，與父母見面頻率對抑鬱水平呈現倒U型關係，其中“與父母見面中等頻率”的組別抑鬱水準最高，而“與父母見面高等頻率”和“與父母見面低等頻率”的兩個組別抑鬱水準更低；在年齡為12-18歲、家庭

結構為非獨生子女的組別中，與父母聯繫頻率對抑鬱水準也呈現倒U型關係，其中“與父母聯繫中等頻率”組別的抑鬱水準最高，而“與父母聯繫低等頻率”和“與父母聯繫高等頻率”兩個組別的抑鬱水準並不高。這說明“與父母的聯繫頻率”和“與父母的見面頻率”這兩個因數緩解抑鬱的效用並不是均質地發生的，見面頻率和聯繫頻率的高低在不同年齡段、不同家庭結構和不同受教育程度上對緩解抑鬱的作用和方向是不同的，在一些組別上與父母的見面頻率和聯繫頻率越高，抑鬱反而會加劇。因此，目前對於家庭支持所測量的四個因數在抑鬱緩解上的效用並不相同，需要重新審視與父母的聯繫和見面這兩個因數的涵義。同時，假設H2被推翻。

表5 分組回歸系數

	分組回歸系數(標準誤)		
	12-18歲(非獨生子女)	25-35歲(小學及以下)	25-35歲(大專及以上)
與父母見面中等頻率	-1.55(1.38)	0.94*(0.49)	-0.23(0.35)
與父母見面高等頻率	-0.736(1.36)	-0.43(0.51)	-0.32(0.48)
與父母聯繫中等頻率	3.68*** (1.33)	-0.41(0.53)	0.75(0.54)
與父母聯繫高等頻率	0.004(1.75)	-0.31(0.58)	1.28** (0.59)

注：1.* $p<0.05$ ，** $p<0.02$ ， $p<0.01$

2. 與父母見面頻率參考項為與父母見面頻率低，與父母聯繫頻率參考項為與父母聯繫頻率低。

結論及討論

研究發現：第一，與我們基於差序格局理論所提出來的設想不同，家庭儘管居於個體生態環境的中心，但是在抑鬱緩解的效用上，家庭支持卻不是最強的，反而是由個人延伸出的更大的生態圈層中的社交支持的效用最強。第二，就家庭支持本身而言，通常用於測量家庭支持的一些因數，如本文資料庫中所使用的“與父母見面”“與父母聯繫”，也並不總是能夠緩解抑鬱。與父母的見面或聯繫頻率，至少在某些組別上呈現了與預期相反的效果，如，在25-35歲學歷較高的青年身上，與父母聯繫的頻率越高，抑鬱水準反而越高；在25-35歲學歷較低的青年身上，與父母見面頻率的高低對抑鬱水準的影響呈現倒U型效應；在12-18歲非獨生子女的青少年身上，與父母聯繫頻率的高低對抑鬱水平的影響也呈現倒U型效應。

以上發現提示我們，儘管當下中國社會關係結構仍以家庭為核心，但在抵禦心理健康疾患上，“差序格局”這一從中心到週邊序次擴展的社會關係結構起作用的方式可能有更複雜的機制。家庭雖然是個體生態環境的中心，但在對抑鬱的緩解上，來自家庭支持的作用卻不一定最強。青年和青少年從社交網路中汲取的力量似乎蓋過了來自家庭的力量。而家庭支持對抑鬱緩解的作用之所以沒有預想的居於核心和最

強的地位，可能與中國家庭的親子互動方式有緊密關係，典型的中國式家庭過於緊密的家庭關係可能會伴隨過度干預、過度控制和家庭衝突，在不健康的親子互動中更易滋生心理健康問題，這也就促使青年向外圍關係中的社交網路尋求支持。這也從“與父母見面”和“與父母聯繫”並未均質地緩解抑鬱的結果上得到印證。我們認為，在家庭支持與抑鬱水平的關係研究中，不能單獨地將與父母見面和與父母聯繫的“頻率”作為測量依據，還要綜合考慮這種見面和聯繫的品質。也就是說，至少在與抑鬱相關的研究上，簡單的家庭互動頻率不足以被認為是家庭支持力量，還要同時考慮家庭互動的品質。

本研究重點比較了家庭支持與其他不同類型社會支持在青少年抑鬱緩解上的作用，並著重討論了家庭支持本身各個因數的不同作用。研究啟示我們，有必要重新審視中國家庭中家庭支持的內涵，以及家庭互動方式與抑鬱形成的關係。高品質的家庭互動比高密度的家庭互動更為重要。同時，家庭支持、社交支持、社會公共服務支持對青少年抑鬱的影響還有更多組別差異和發生機制值得進一步探討。

參考文獻

孫少晶 & 康靜詩 (2022)。社會支持視角中的健康傳播:對患者網路社群的經驗考察。*山西大學學報(哲學社會科學版)*(01), 66-73。

費孝通 (2022)。鄉土中國。湖南人民出版社。

王潔晶,朱巍 & 劉濤 (2022)。公共服務設施可達性,個人社會資本與居民心理健康——基於北京的實證研究。*人文地理*,37(1),18-27。

吳帆 (2022)。基於家庭代際支援的就地養老模式:基本邏輯與公共服務支援。*華中科技大學學報(社會科學版)*,36(4),74-81。

吳婷婷,乾雪琴 & 田海華 (2022)。老年抑鬱症患者肺部感染病原菌分佈及相關因素分析。*中國衛生檢驗雜誌*(10),1219-1221。

邱依雯,婁熠雪 & 雷怡 (2021)。青少年抑鬱:基於社會支持的視角。*心理發展與教育*,37(2),288-297。

惠秋平 (2021)。農村留守老人社會支持與抑鬱的關係:特質應對方式的仲介作用。*《信陽師範學院學報(哲學社會科學版)》*,41(2),38-42。

胡躍華 (2021)。社會關係結構對抑鬱水平的影響碩士(學位論文,上海財經大學)。碩士 <https://link.cnki.net/doi/10.27296/d.cnki.gshcu.2021.001434>

葉寶娟 & 馬婷婷 (2020)。社會支援與大學生抑鬱的關係:一個有調節的仲介模型。*心理學探新*,40(5),465-471。

宋偉軒,塗唐奇,尹上崗,徐岩 & 劉春卉 (2019)。南京義務教育資源的社會-空間可達性差異及效應研究。*地理研究*(08),2008-2026。

沈傑 (2018)。青年世界的社會學洞見。人民出版社。

吳愈曉,王鵬 & 杜思佳 (2018)。變遷中的中國家庭結構與青少年發展。*中國社會科學*,2,98-120。

丘文福,林谷洋,葉一舵 & 陳志勇 (2017)。社交媒體使用對大學生焦慮的影響:上行社會比較和心理資本的序列仲介作用。*中國特殊教育*,8,88-92。

劉曉 & 黃希庭 (2010)。社會支援及其對心理健康的作用機制。*心理研究*, (1), 3-8。

包蕾萍 (2005)。生命歷程理論的時間觀探析。*社會學研究*,4,120-133。

楊國樞 (2004)。中國人的心理與行為:本土化研究。中國人民大學出版社。

王思斌 (2003)。社會學教程。北京大學出版社。

肖水源 (1994)。《社會支援評定量表》的理論基礎與研究應用。*臨床精神醫學雜誌*,4(2),98-100。

Almeida, J., Subramanian, S. V., Kawachi, I., & Molnar, B. E. (2011). Is blood thicker than water? Social support, depression and the modifying role of ethnicity/nativity status. *Journal of Epidemiology & Community Health*,65(1), 51-56.

Barrera Jr, M. (1986). Distinctions between social support concepts, measures, and models. *American journal of community psychology*,14(4), 413-445.

Barth, J., Hofmann, K., & Schori, D. (2014). Depression in early adulthood: prevalence and psychosocial correlates among young Swiss men. *Swiss Medical Weekly* ,144.

Berkman, L. F., & Glass, T. (2000). Social integration, social networks, social support, and health. *Social epidemiology*,1(6), 137-173.

Bronfenbrenner, U. (1980). Developmental psychology (book reviews: the ecology of human development). *Science*, 207, 634-635.

Cobb, S. (1976). Social support as a moderator of life stress. *Psychosomatic medicine*,38(5), 300-314.

Cohen,S. & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological bulletin*,98(2), 310-357.

Dressler, W. W. (1985). Extended family relationships, social support, and mental health in a southern black community. *Journal of health and social behavior*, 39-48.

Lakey, B., & Cohen, S. (2000). Social support and theory. *Social support measurement and intervention: A guide for health and social scientists*,29, 29-49.

Lee, R. P., Ruan, D., & Lai, G. (2005). Social structure and support networks in Beijing and Hong Kong. *Social networks*,27(3), 249-274.

Lin, N., & Ensel, W. M. (1989). Life stress and health: Stressors and resources. *American sociological review*, 382-399.

Kim, Y. J. (2017). The influence of social networks and social support on depression: for older women in rural area. *Journal of the Korea Convergence Society*,8(10), 339-349.

Qin, B., Zhu, W., Wang, J., & Peng, Y. (2021). Understanding the relationship between neighborhood green space and mental wellbeing: A case study of Beijing, China. *Cities*,109, 103039.

Schaefer,J.A.& Moos, R.H.(1992). Life crises and personal growth. *Personal coping: Theory, research, and application*, 149-170.

Peking University. (n.d.). Call for Papers and Submissions. Retrieved from <https://www.issp.pku.edu.cn/cfps/>

Child Protection and Family and Well-being

***Proceedings of the 2023 International Symposium
on Children and Youth Health and Well-being***

The Intergenerational Cycle of Child Maltreatment in Macao SAR

Caroline Chi Fan Ng Vitor Manuel Dos Santos Teixeira

The Intergenerational Cycle of Child Maltreatment in Macao SAR

Caroline Chi Fan Ng Vitor Manuel Dos Santos Teixeira*

Abstract

Background Child maltreatment is a global problem that leads to serious life-long consequences to both the victims and the socioeconomic well-beings of the communities (OECD, 2023). It is a phenomenon existing in Macao and there are some evidence that it is rising. Objectives of this study are to understand child maltreatment conditions in Macao, to identify its causes and to evaluate whether there is an intergeneration cycle; based on findings to propose recommendations to fight against and break the eventual intergeneration cycle of child maltreatment.

Methods A qualitative research was adopted using a semi-structured interview with questions around perceptions and beliefs related to child maltreatment. There were eight-volunteered participants ageing 30+ to 52 years old. The interviews were scripted and analysed through thematic analysis.

Results Three key findings are derived from this research: 1. Child maltreatment exists in Macao and some evidences showed that it is rising; 2. There is an intergeneration cycle of child maltreatment in Macao; and 3. There is the need for improvement of current system (legal, education and clinical) in Macao to stop/prevent child maltreatment and enhance well-being of children/adolescents.

Conclusions/Recommendations Different recommendations were made to address these key findings both at a Legal/Policy and community levels and also for the counselling intervention with children and their families. It seems important to develop a trauma-informed care community and a long-term systematic plan in terms of training and providing healing professional services to respond and address its escalating needs.

Keywords: Child Maltreatment, Intergeneration Cycle of Child Maltreatment, Macao

* Faculty of Health Science, University of Saint Joseph Macao

Introduction

Child Maltreatment is not only a global problem that leads to serious life-long consequences to the victims, it also poses negative impacts to the socioeconomic well-beings of different communities (OECD, 2023). According to the research conducted by Fang and colleagues (Fang et al., 2015) in China, it showed that the disability-adjusted life-years loss (DALYs) of the victims was estimated as 1.7% of China's GDP in 2010. Meanwhile, numerous researches showed that child maltreatment might be inherited (Pittner et al., 2019); exposure to child maltreatment is associated with an elevated risk of maltreatment victimization of one's own children (Child Welfare Information Gateway, 2016).

Macao, as a part of China, thus child maltreatment might also negatively impact its socioeconomic well-being. According to an article published by the Union of Catholic Asian News on August, 2022 (UCA News Reporter, 2022), the office of the Secretary for Security of Macao had released the crime statics for the first half of the year, and Macao had experienced a sharp rise in child abuse, the rate is 70% higher than that of the whole year of 2021. With this concerning rising trend of child maltreatment in Macao, yet research around this phenomenon and its impacts to both the affected individuals and socioeconomic well-beings is very rare, hindering Macao's preventive capability to stop child maltreatment. Thus the objectives of this study are to understand child maltreatment in Macao, to identify its causes and to evaluate whether there is an intergeneration cycle, then propose recommendations to fight against it.

Lecture review

Child maltreatment, drawing increasing attention, was firstly discovered in the United States of America in 1874 through a famous court case of an eight-year-old, Mary Ellen Wilson, who was found being beaten and starved by her stepmother by a church social worker Etta Wheeler (Pearson, 2011). Attention attracted by this case had eventually led to the founding of the Society for the Prevention of Cruelty to Children in various parts of the world including the United States of America in 1871 and the United Kingdom in 1883. By mid-twentieth century, distinct and professional child protection services had been established throughout the global north; while history of child maltreatment and protection in the global south went back only to the latter half of the twentieth century (Jabeen, 2013).

1. Definition of child maltreatment

Child maltreatment does not have an universal consented definition, it is very much a legal matter defined by the law of the states/countries, while Physical abuse, Emotional Abuse, Sexual Abuse and Neglect are considered as the four main forms of child maltreatment.

Referring to the World Health Organization (WHO) consultation on child abuse prevention in 1999 (World Health Organization, 1999), the four main forms of child maltreatment are defined as follows:

Physical abuse is defined as actual or potential physical harm resulted from interaction or lack of interaction, which is reasonably within the parent/caregiver's control, and it may be a single or repeated incidents (World Health Organization, 1999).

Sexual abuse is the involvement of a child in sexual activity which is unlawful, or, although not illegal, to which a child is unable to give informed consent (World Health Organization [WHO],1999).

Emotional abuse defined as failure of parent or caregiver to provide a developmentally appropriate and supportive environment to the child in which the child can develop a stable and full range of emotional and social competencies to her or his personal potential (World Health Organization [WHO],1999).

Neglect refers to the failure of the parent/caregiver to provide development of the child in all aspects in the context of resources reasonably available, or has a high probability of causing harm to the child's physical, mental and social development. This include failure to properly supervise and protect the child from harm as much as it is feasible (World Health Organization [WHO],1999).

While in Macao, couple articles around protection of children/adolescents from maltreatment had been stipulated under its Penal Code in 1995 (Macao SAR Government, Official Press, Penal Code, 1995), which legally defined what constitute child maltreatment. Article 146 and its amendment stipulated in 2016 serve to protect children/adolescents from physical and emotional abuse, it states that physical abuse, mental mistreatment and cruel treatment to children are prohibited. Article 166 and its amendment stipulated in 2017 to Article 170 serve to protect children below 14 years old from being sexually abuse or exploited by adult. Article 242 serves to protect children from being neglected, it states that violation of caregivers' obligation to provide basic needs to children/adolescent is prohibited and subjected to penalty. In addition to the above, Article 241 serves to protect children from abduction, and Article 285 serves to protect children below 16 or mentally incapable person from exploitative use of begging.

2. Intergeneration cycle of child maltreatment

Since last century, numerous theories have been advanced trying to explain why people behave as they do from different perspectives, and the most prevalent ones have been cited as follows to enlighten the understanding of this phenomenon.

Social Learning Theory (Bandura, 1977) suggests that the intergenerational transmission is a result of learning through observation and imitation from one's prime role models, and in most cases, they are one's parents. This theory proposed that if an individual experienced maltreatment like abusive or neglectful parenting, he/she may replicate them with his/her own offspring believing that these learned behaviours are acceptable and effective (Font et al., 2020).

Ecological Theory (Bronfenbrenner, 1979) views the intergenerational transmission as the result of multiple influences of the individual's ecological systems - Microsystem, Mesosystem, Exosystem, Macrosystem, and Chronosystem; and the behavioural pattern like child maltreatment could be due to specific risk factors or pathways presented to the individual in his/her ecological system of development (Font et al., 2020).

The transactional theory (Sameroff, 2009) suggests that the bidirectional interplay between the individuals and the contexts may foster the intergeneration of abusive behaviour like child maltreatment, as the case of a parent-child relationship dominated by stressful and defensive reactive parenting and maladaptive coping responses of the child; and also the potentiating risk factors associated with abusive behaviours like attitudes toward maltreatment within the individuals' cultures, local communities, etc. (Child Welfare Information Gateway, 2016).

Attachment Theory (Bowlby, 2015) postulates that if the parents or caregivers failed to provide necessary care and sensitivity to the child's needs, as the case when early maltreatment occurs, the affected individual will struggle to develop healthy attachment into adulthoods, and this may increase the individual's likelihood of abusive behaviour as adult (McCluskey, 2000).

Sociocultural Theory (Vygotsky, 1986) proposes that intergenerational transmission of child maltreatment are learned beliefs and attitudes that the individuals witness around them and are culture specific. Like corporal punishment which in some cultures, is defined as an acceptable and effective child disciplinary behaviour (Agathonos-Georgopoulou, H., 2003), while in other cultures, this constitutes as child abuse.

Psychosocial Theory (Erikson, E. H., 1950) proposes that individuals' development rely on eight stages of psychosocial crises extended from birth through old age, through which the individuals' turning points in their relationships and feelings about themselves, failure to nurture in its due time will hinder the rest of the individual's potential. Like if an individual experienced violence or early child maltreatment may lead to the development of insecurity, identities' confusions, and profound impacts in later stages of the individual's

life, and this may also increase the likelihood of the individual to engage in violent behaviour, such as child maltreatment as adult (Wurdeman, 2015) .

Meanwhile, numerous empirical researches with the attempt to explain the phenomenon of perpetuation of child maltreatment over generations, however, current evidences are still considered as woefully inadequate.

Among the empirical researches, one hypothesis proposed to account for the intergenerational transmission of child maltreatment under the theoretical framework of Bandura's social learning theory (Bronfenbrenner, 1979), it assumes that children learn their aggressive or violent behaviours from their physical punitive parents, through patterns of reinforcement or observation and imitation (Muller et al., 1995).

Ireland & Smith (Ireland & Smith, 2009), and Al Dosari et al.'s (Al Dosari, M. N., Ferwana, M., Abdulmajeed, I., Aldossari, K. K., & Al-Zahrani, J. M., 2017) researches had tested this hypothesis, both studies reveal evidences that adhere to the theoretical framework of Social Learning Theory that individuals exposed to child maltreatment or witness violence posed greater risk of being abuser in adulthood; and their learnings from their significant others - parents - played an imperative role in shaping their beliefs that corporal punishment was an acceptable way to discipline their children.

Methodology

This study is with focus on individual factors, in particular perception and belief. It has adopted qualitative interview and thematic analysis as its research instruments; while the participants were randomly selectetd from a pool of 781 parents of Macao children aged 6-11, who had previously participated in the ASEBA project and had given consent to be contacted for future studies. The 8 participants of this study are comprised of 1 male 7 female, aged 30 plus to 52, with junior high to universities education background, and half of them are currently working parents. Five research questions as follow are researched through the interview: 1. How parents of Macao children/adolescents perceive as child maltreatment, 2. How parents of Macao children/adolescents perceive that are the child maltreatment conditions in Macao, 3. How parents of Macao children/adolescents believe in the intergenerational transmission of child maltreatment, 4. What parents of Macao Children/adolescents perceive as the long-term impacts on victim of child maltreatment, and 5. What are the actions proposed by the parents of Macao children/adolescents to stop/prevent child maltreatment and enhance their well-beings.

Presentation and discussion of results

Scripts of the eight semi-structured individual interviews were cross analysed through thematic analysis to identify common themes which were presented and discussed in more details as follows.

1. Perception of parents of child maltreatment in Macao

Behaviors perceived by the participants that constituted child maltreatment could be grouped into four main forms - Physical Abuse, Sexual abuse, Mental Abuse and Neglect.

Physical abuse was perceived by the participants as aggressive or violent behaviours towards children/adolescents over a period of time resulted in their physical injuries, this included corporal punishment only when it involved use of tool and with abusive intention. Eddie, one of the participants, stated that his parents had beaten him and his siblings when they were young, however, they did this with good intention of wanting them to be good, thus it was not physical abuse. Meanwhile, corporal punishment has not been explicitly stated as prohibited in childrearing according to the law in Macao.

Sexual abuse was perceived as an adult engages in sexual activities with a child with pressure or force, and this perception aligned to those of parents in China according to the study conducted by Xie and colleagues (Xie et al., 2016), this alignment might be attributed to the fact that both participants are within same cultural context. In addition, this perception of the participants is supported by the related child protection law in Macao of what constitutes as child sexual abuse.

Emotional abuse was perceived as the caregiver's failure to respond to the child's physiological and emotional needs, and was acknowledged as a form of child maltreatment that the victim would have difficulties to report with substantiated evidences to prove the claim. Moreover, according to the law in Macao, neglect the emotional needs of children has not been explicitly stated as a violation of caregiver's obligation.

Neglect was perceived as failure of the caregivers to regard children's feeling through excessive criticism, labelling or humiliating them in public. Hana, one of the participants had shared her son's personal experiences of being labelled and thus negatively treated in his school. However, these types of negative treatments to children are not legally defined as child maltreatment in Macao.

2. Participants' perception of child maltreatment conditions in Macao

All participants perceived child maltreatment conditions in Macao was gradually improving and attributed this to the promulgation of child protection law in Macao (Macao

SAR Government, Official Press, Penal Code, 1995). One of the participants, Betty, stated that corporal punishment did not happen nowadays in school as it constituted as child maltreatment for teacher to corporal punished their students. According to the children database published by the Macao Social Welfare Bureau (Social Welfare Bureau Macao, 2022), reported cases of domestic violence has been decreasing, while reported cases of child sexual abuse has been escalating sharply from 6 cases in year 2000 to 27 cases in year 2022. This demonstrated the needs of continuous and stronger efforts to fight against child maltreatment in Macao.

3. Parents' belief in the intergeneration cycle of child maltreatment

Two-third of the participants believed in the intergeneration cycle of child maltreatment. The participants believed that even though they might not copied their parents' abusive behaviours, it did not imply that the other individual would not replicate and apply same to their own offspring. And this belief of the parent participants is in sync with the explanation of Social Learning Theory (Bandura, 1977) and Sociocultural Theory (Vygotsky, 1986).

4. Parents' perception of long-term impacts on victims of child maltreatment

All participants perceived that child maltreatment would have long term negative consequences on the development and mental health of the victim, such as cognitive distortion, negative personalities, disrupted relationship building skills, and these would hinder the individual from establishing positive long term relationship with others. This perception of the participants aligned to the explanation of Attachment Theory (Bowlby, 2015) and Ecological Theory (Bronfenbrenner, 1979).

5. Proposed actions to fight against child maltreatment in Macao

Participants had proposed to suspend the grade-retention system for primary students which is currently applicable to students from primary five onward; they also perceived the current education system and learning environment as rigid and with priority focused at academic performance only, this added to the limited resources allocated to release adolescents' stresses, all these were considered to impact children/adolescents from development to their full potentials. The participants also proposed to make it compulsory for school to provide more education around child maltreatment to both parents and students, and at the same time, to increase penalty for abusers as current ones were perceived as too light to have sufficient deterrent effect.

Results of the study

Three key findings are identified from this study, they are as below:

1. Child maltreatment exists in Macao and some evidences showed that it is rising

In terms of Physical Abuse, corporal punishment is still in practice and considered as a normative way to discipline children, while it has not been explicitly stated as prohibited in childrearing according to the law in Macao. Reported cases of Sexual Abuse, Emotional Abuse and Neglect might not reflect the actual situation due to reluctances or difficulties for the victim and their families to report. Meanwhile, there are other forms of negative treatments to children, such as labelling, excessive criticism, etc., but all of these are not legally defined as child maltreatment in Macao.

2. An intergeneration cycle of child maltreatment exists in Macao

There is an intergeneration cycle of child maltreatment in Macao, and learning through repeated pattern of observation, internalization and replication of one's abusive/punitive parents, is identified as the main contributor to this phenomena. However, it does not imply that all victims would turn to be perpetrators, as ample researches showed that some victims would not abuse their own children.

3. Need for improvement of current system (legal, education and clinical) to stop/prevent child maltreatment and enhance well-being of children/adolescents.

Proposals are put forward to improve current system of legal, education and clinical, such as improving the reporting system to ease difficulties for the victims to report and seek for earlier intervention, review and adjust current education system and learning environment for children, and advance professional mental healing services to address the escaping public needs.

Conclusion/Recommendations

Different recommendations were made to address these key findings both at a Legal/Policy and community levels, and also for the counselling intervention with children and their families.

1. Legal/Policy

It is recommended that it might be time for the legal legislative bureau to revisit the child protection articles, redefine those with ambiguities and make what constitute child maltreatment as clear as possible to both the public and legal related task force. Meanwhile, have a Help-Supporting System in place, which would not relay heavily on the initiatives of the victims to report, and one that also takes into consideration the feasibility of young children victims to report especially those abusive events happened at home or other organizations, and the abusers are their caregivers.

2. Education

An ideal learning environment should be one which enriches children's learning experiences, encourage creativities and exploration of curiosities. In addition, while the effectiveness of grade-retention system is subjected to further study, it is recommended that the education related bureau to review, weight the cost and benefits, and make necessary adjustments to the current education system and learning environment for children.

3. Clinical/Role of Counselling

In terms of prevention, public awareness of child maltreatment plays a role, however, their collaboration and engagement in fighting against it is more essential. Referencing to the studies of Trauma Informed Practice (Matlin, S. L. et al., 2019) in western developed countries, Macao has the potential to develop its own Trauma Sensitive Community, bring in its stakeholders from various community sectors to develop collaborative effort to prevent/stop child maltreatment. In terms of solution, as ample researches and evidences demonstrated that earlier intervention can significantly reduce further complication, decrease recovery time, improve outcomes for both the victim and their families. It is recommended for the Macao SAR government to have a longer-term and systematic training system in place to train and provide mental healing professionals to address this public needs.

Limitation/Suggestions for further study

This study, being a qualitative research and with a low participation rate, and as it is a level one study of a boarder research around child care/protection in Macao, it is recommended to develop a quantitative research with questionnaire as a follow up in order to reach out to a boarder population.

References

- Agathonos-Georgopoulou, H. (2003). Child maltreatment in sociocultural context: From a syndrome to the Convention on the Rights of the Child | *International Journal of Child & Family Welfare*. <https://ugp.rug.nl/IJCFW/article/view/37614>
- Al Dosari, M. N., Ferwana, M., Abdulmajeed, I., Aldossari, K. K., & Al-Zahrani, J. M. (2017). *Parents' perceptions about child abuse and their impact on physical and emotional child abuse: A study from primary health care centers in Riyadh, Saudi Arabia*. <https://doi.org/10.4103/2230-8229.205110>
- Bandura, A. (1977). *Social learning theory*. Englewood Cliffs, NJ: Prentice Hall.
- Bowlby, A. (2015). *Attachment Theory: Bowlby and Ainsworth's Theory and Stages*. <https://www.attachmentproject.com/attachment-theory/>
- Bronfenbrenner, U. (1979). *The Ecology of Human Development: Experiments by Nature and Design*. https://books.google.com/books?hl=en&lr=&id=OCmbzWka6xUC&oi=fnd&pg=PA3&dq=bronfenbrenner+ecological+systems+theory+1979+pdf&ots=yzQZl-QRg8&sig=MpWvB8LxC3Q7ke_Qn3OFylYx6g
- Child Welfare Information Gateway. (2016). *Intergenerational Patterns of Child Maltreatment: What the Evidence Shows*. <https://www.childwelfare.gov/pubs/issue-briefs/intergenerational/>
- Erikson, E. H. (1950). *Erikson's 8 Stages of Psychosocial Development*.
- Fang, X., Fry, D. A., Ji, K., Finkelhor, D., Chen, J., Lannen, P., & Dunne, M. P. (2015). The burden of child maltreatment in China: A systematic review. *Bulletin of the World Health Organization*, 93(3), 176-185C. <https://doi.org/10.2471/BLT.14.140970>
- Font, S., Cancian, M., Berger, L. M., & DiGiovanni, A. (2020). Patterns of intergenerational child protective services involvement. *Child Abuse & Neglect*, 99, 104247. <https://doi.org/10.1016/j.chiabu.2019.104247>
- Ireland, T. O., & Smith, C. A. (2009). Living in Partner-violent Families: Developmental Links to Antisocial Behavior and Relationship Violence. *Journal of Youth and Adolescence*, 38(3), 323–339. <https://doi.org/10.1007/s10964-008-9347-y>
- Jabeen, T. (2013). *A History of Contemporary Child Protection In The Global South (With a Special Focus on South Asia And Pakistan)*. 50(1).
- Macao SAR Government, Official Press, *Penal Code*, (1995). <https://bo.io.gov.mo/bo/i/95/46/codpencn/codpen0001.asp>
- Matlin, S. L., Champine, R. B., Strambler, M. J., O'Brien, C., Hoffman, E., Whitson, M., Kolka, L., & Tebes, J. K. (2019). A Community's Response to Adverse Childhood Experiences: Building a Resilient, Trauma-Informed Community. *American Journal of*

Community Psychology, 64(3–4), 451–466. <https://doi.org/10.1002/ajcp.12386>

McCluskey. (2000). *Psychodynamic Perspectives on Abuse: The Cost of Fear*. https://books.google.com/books?hl=en&lr=&id=9DidX6W9xHQC&oi=fnd&pg=PA40&dq=attachment+theory+of+abuse+behaviour&ots=7iSQKrCCMo&sig=k02QHjhT_ZflzgGTLKMBZBFYFfg

Muller, R. T., Hunter, J. E., & Stollak, G. (1995). The intergenerational transmission of corporal punishment: A comparison of social learning and temperament models. *Child Abuse & Neglect*, 19(11), 1323–1335. [https://doi.org/10.1016/0145-2134\(95\)00103-F](https://doi.org/10.1016/0145-2134(95)00103-F)

Pearson, S. J. (2011). 21 “The Child Is an Animal”: Domesticity, Discipline, and the Logic of Joint Protection. In S. J. Pearson (Ed.), *The Rights of the Defenseless: Protecting Animals and Children in Gilded Age America* (p. 0). University of Chicago Press. <https://doi.org/10.7208/chicago/9780226652023.003.0002>

Sameroff, A. J. (Ed.). (2009). *The transactional model of development: How children and contexts shape each other* (1st ed). American Psychological Association.

Social Welfare Bureau Macao. (2022). *Base de Dados das Crianças de Macau* [dataset]. <https://www.childrendb.ias.gov.mo/www/ratio/search?ratioId=f3339ee0b7bd41749ed716456d106e28>

Vygotsky. (1986). *Thought and Language*, revised and expanded edition. <https://books.google.com.tj/books?id=B9HCIB0P6d4C&printsec=frontcover&hl=tg>

World Health Organization. (1999). *Report of the Consultation on Child Abuse Prevention, 29-31 March 1999*, (WHO/HSC/PVI/99.1). Geneva. <https://apps.who.int/iris/handle/10665/65900>

Wurdeman, M. (2015). *Impact of Abuse Throughout a Child's Psychological Development*.

Xie, Q. W., Qiao, D. P., & Wang, X. L. (2016). Parent-Involved Prevention of Child Sexual Abuse: A Qualitative Exploration of Parents' Perceptions and Practices in Beijing. *Journal of Child and Family Studies*, 25(3), 999–1010. <https://doi.org/10.1007/s10826-015-0277-5>

