

PARENTING STRESS AND PHYSICAL ABUSE AGAINST CHILDREN WITH DISABILITIES

RIZQI NUR AINI, TANTUT SUSANTO, HANNY RASNI

Universitas Jember

rizqina17@gmail.com

Children with disabilities often experience physical violence committed by caregivers. This study aims to identify the relationship between stress in caring for physical violence committed against children with disabilities. The study used a cross-sectional design to examine 76 parents with children with disabilities selected by convenience sampling techniques. Of the 76 participants, 35 (46.1%) parents physically abused children with disabilities. The most common type of violence is hitting (74.3%). Parenting stress may be felt by parents because there is a relationship between caregiving stress with physical violence ($Z = -2.85$; $p\text{-value} = 0.004$). Lack of access to information related to adaptive care makes parents in Indonesia still consider physical violence, such as hitting children, is a natural thing. The research concludes that there is a relationship between parental stress and physical violence against children with disabilities. Health workers are expected to be able to teach parents how to improve coping mechanisms to reduce parenting stress so that parenting behaviour becomes adaptive.

Keywords: *parenting stress; violence against children with disabilities; children care; the PWDs domestic abuse; coping with stress.*

Abstrak

Anak difabel sering mengalami kekerasan fisik yang dilakukan oleh pengasuh. Penelitian ini bertujuan untuk mengidentifikasi hubungan antara stres dalam pengasuhan dengan kekerasan fisik yang dilakukan terhadap anak difabel. Penelitian menggunakan desain cross-sectional untuk meneliti 76 orang tua dengan anak difabel yang dipilih dengan teknik convenience sampling. Dari 76 partisipan, 35 (46,1%) orang tua melakukan kekerasan fisik terhadap anak difabel. Jenis kekerasan yang paling banyak dilakukan adalah memukul (74,3%). Stres pengasuhan mungkin dirasakan oleh orang tua karena terdapat hubungan antara stres pengasuhan dengan kekerasan fisik ($Z=-2,85$; $p\text{-value} = 0.004$). Kurangnya akses informasi terkait pengasuhan yang adaptif menyebabkan orang tua di Indonesia masih menganggap kekerasan fisik seperti memukul anak merupakan hal yang wajar. Penelitian menyimpulkan bahwa terdapat hubungan antara stres pengasuhan dengan kekerasan fisik terhadap anak difabel. Tenaga kesehatan diharapkan dapat mengajarkan orang tua dalam meningkatkan mekanisme koping untuk menurunkan stres pengasuhan sehingga perilaku pengasuhan menjadi adaptif.

Kata-kunci: stres pengasuhan; kekerasan fisik terhadap difabel; pengasuhan anak difabel; pemukulan terhadap anak difabel.

A. Introduction

Physical violence against children is one of the problems in Indonesia, where 73.7 percent of children have been the victims of physical violence at home (Know Violence in Childhood, 2017). The occurrence of physical violence may refer to socioeconomic conditions, mother's age, number of family members, and family shape. Physical violence have a significant relationship with family dysfunction, social isolation, and stress felt by caregivers (Tucker & Rodriguez, 2014).

Meanwhile, the proportion of children with disabilities in Indonesia is increasing. According to a source, 0.92% in 2009 and 2.45% in 2012 (Kementerian Kesehatan Ri, 2014). Generally, children with disabilities

experience behavioural problems and low social interaction and communication so that this will lead to parenting stress (Estes et al., 2013). For this reason, special attention and good family adaptation are needed to improve parenting behaviour to avoid the stress of parenting and further prevent physical violence.

Physical violence is one type of violence that has a higher proportion compared to other violence that occurs in children with disabilities. 20.4% of children with disabilities are estimated to experience physical abuse. Concerning sexual violence, the number is 13.7%, emotional violence by 18.1%, and neglect by 9.5% (Jones et al., 2012). In Indonesia, 73.7% of children have been victims of disciplinary violence at home (Know Violence in Childhood, 2017). Besides, in East Java, the incidence of violence against children in 2017 was 528 cases (Dinas Sosial Provinsi Jawa Timur, personal communication, 2017). One district in East Java where cases of violence against children happen is the Bondowoso district, where there were 32 cases of violence against children in 2012 (Ika Kalia, 2016). Some forms of physical violence include attacking, kicking, burning, beating, or activities that can injure a child (Child Welfare Information Gateway, 2016).

Impacts that result from physical violence can be short- and long-term impacts. In addition to death, physical injury and disability, violence can have an effect on psychological aspects such as stress that interfere with brain development, damage the nervous system and the child's immune system. These impacts are further related to late cognitive development, poor school performance, and dropping out of school, mental health problems, suicide attempts, increased health risk behaviour, and recurring violence (World Health Organization [WHO], 2016). The violence data scale above shows the high physical violence against no-disabled children. In contrast, children with disabilities with behavioural problems and communication barriers may experience some of the forms of physical violence that have been described previously, one of which can be supported by parental stress.

Parents having children with disabilities have a higher level of parental stress compared to parents who have not (Miranda et al., 2015). This is caused by problems with children's behaviour, low interaction, and social

communication, and children's abilities in daily life (Estes et al., 2013). Parents need well adapt to maintain psychological balance, so the family can fulfil its role and prevent parenting stress, which will have an impact on parenting behaviour (Potter & Perry, 2005). Family adaptation has specific strategies to optimize the care of children with disabilities so that the burden of care can be overcome (UNICEF, 2014). However, if parenting stress cannot be handled, this can affect parenting behaviour in the form of physical punishment, negative attitudes, and parenting behaviours towards children (Mackler et al., 2015).

Based on that explanation, researchers are interested in researching the stress of caregiving with the occurrence of physical violence against children with disabilities in the SDLB Negeri Bondowoso Regency. This study aims to analyse the relationship of stress in parenting with the incidence of physical violence against children with disabilities in the SDLB Negeri Bondowoso.

B. Research Method

The research used a comparative design with a cross-sectional study approach. The study population consisted of parents with children with disabilities in the State SDLB in Bondowoso District, totalling 116 people. The sample selection in this study used convenience sampling techniques and found 76 parents with children with disabilities who met the inclusion and exclusion criteria in the study. The inclusion criteria used in this study were parents with children aged <18 years who were able to communicate well and were willing to be participants in the study. Exclusion criteria in this study are parents or caregivers who have communication problems and illiteracy, parents who do not live in the same house with children (for example, working outside the city), parents who were not at home at the time of the study, and incomplete addresses. Sampling for parents taken by visiting the SDLB Negeri in Bondowoso District, then the researchers asked for parental data to be subsequently selected according to inclusion and exclusion criteria.

Data collection tools use questionnaires that are filled directly by participants. The survey consisted of participant identity data, parenting

stress index-short form, and juvenile victimization questionnaire 2. Participant identity data contained the age of caregiver, age of a child, length of care of the child, role status, marital status, employment status also child caregiver. The parenting stress index short-form questionnaire was used to measure parenting stress. The questionnaire consisted of 36 questions containing 3 indicators namely parental distress, child difficulties, and dysfunctional parent-child interaction (Ahern, 2004). The questionnaire uses the total score with the lowest score of 36 and the highest score of 144. In this study, researchers only used 30 items of questions that were declared valid in the previous studies (Lestari, 2014). Each question item in this questionnaire used a Likert scale, where the favourable statements contained 4 alternative answers on a scale of 1-4, including strongly agree (4), agree (3), disagree (2), and strongly disagree (1). Whereas the unfavourable statement contains four alternative answers, including strongly agree (1), agree (2), disagree (3), and strongly disagree (4). The final value of the questionnaire in this study obtained a minimum value of 30 and a maximum value of 120. The validity and reliability test were carried out using computer software, namely SPSS version 20, and the Indonesian version's validity value was 0.385, and reliability was 0.628.

The incidence of physical violence was measured using a Juvenile Victimization Questionnaire 2 questionnaire containing 34 questions items (Hamby et al., 2011). The researcher only took one negative question in the survey that was following the variable of physical violence and was further developed with 12 negative statements, which were modifications of aspects of physical violence containing about the type of physical violence. This questionnaire was translated with a back-translation technique in which the researcher adopted the original English questionnaire, which was translated into Indonesian by the researcher. Next, the researcher discusses the results of the translation with the translator to check whether the translation results change the meaning of the questionnaire. After that, the translator gives the questionnaire in Indonesian form to the researcher to use. The questions in this questionnaire were assessed based on the Guttman scale. That includes 'never' with a value of '0', 'ever' with a value of '1'. For the assessment of

statements of types of physical violence, yes or no answers were given. The validity value on this questionnaire is 0.21, where the r table is 0.05, and the reliability value is 0.98 (Hamby et al., 2011). However, in this study, the questions used were only one question item related to physical violence in children.

Data collection procedures performed in this study, the researcher submitted a permit application through the academic section to the Dean of the Faculty of Nursing, University of Jember addressed to LP2M University of Jember for introduction to the SDLBN. Next, the researcher visited SDLB to explain to the teacher concerning the research conducted, which then the teacher gave data of 116 students. From 116 children, researchers obtained a sample of 76 parents who adjusted for inclusion and exclusion criteria. Researchers came to the parents' house and explained the research, how to fill out the questionnaire, and the time needed to fill out the questionnaire, which is about 30 minutes and inform about informed consent. Researchers provide research instruments, namely participant identity, parenting stress questionnaires, and physical violence in children to be filled out by participants with the researcher's assistance. After the participants filled in the survey, the researcher checks again to make sure all questions have been filled-out. Before the study ended, the researchers thanked the participants for being willing to take part in the research activities from beginning to end.

Data are processed by computer software, SPSS version 20. Univariate analysis of categorical data used frequency distribution with a percentage measure. Numerical data that are normally distributed using means and standard deviations, while numerical data that are not normally distributed use medians and percentile value 25-75. The Mann-Whitney test is used to analyse the relationship between stress reinforcement and safety, with significance values used 0.05. Researchers conducted a research ethics test at the Faculty of Dentistry, University of Jember.

C. Result

Table 1. Distribution Characteristics of Participant (n = 76)

Variable	n (%)
Age of Caregiver (M ± DS)	37.80 ± 10.17
Age of the children (Md (P25-P75))	11.00 (9.00-2.00)
Care Duration (Hours/day) Md (P25-P75)	18.00 (12.00-19.75)
Types of Disabilities	
Blind	8 (10.5%)
Deaf	22 (28.9%)
Mentally disabled	23 (43.4%)
Autistic	6 (7.9%)
Double	1 (1.3%)
Physically disabled	6 (7.9%)
Caregivers by sex	
Male	5 (5.6%)
Female	71 (93.4%)
Caregivers by Marriage Status	
Married	68 (89.5%)
Widow/widower	8 (10.5%)
Role Status	
Parents	66 (86.8%)
Other caregivers	10 (13.2%)
Caregiver by Job Status	
Work	45 (59.2%)
Does not work	31 (40.8%)
Babysitter	
Parents	66 (86.8%)
Other caregivers	10 (13.2%)

Note: n (%) = Participant number (percent); M = Mean; DS = Deviation Standard; Md = Median; P₂₅-P₇₅ = Percentiles 25-75

Table 1 shows the characteristics of parents with children with disabilities, it can be seen that the average age is productive. The age of children with disabilities ranges from 9-12 years. The duration of babysitting in a day is at least 12 hours per day and at a maximum of 19.75 hours per day. The type of disability of children obtained is the most mentally disabled, totalling 23

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Journal of
Disability Studies,
Vol. 7, No. 1,
Jan-June 2020*

children (43.4%). Characteristics of child caregivers almost entirely as parents amounted to 66 people (86.8%).

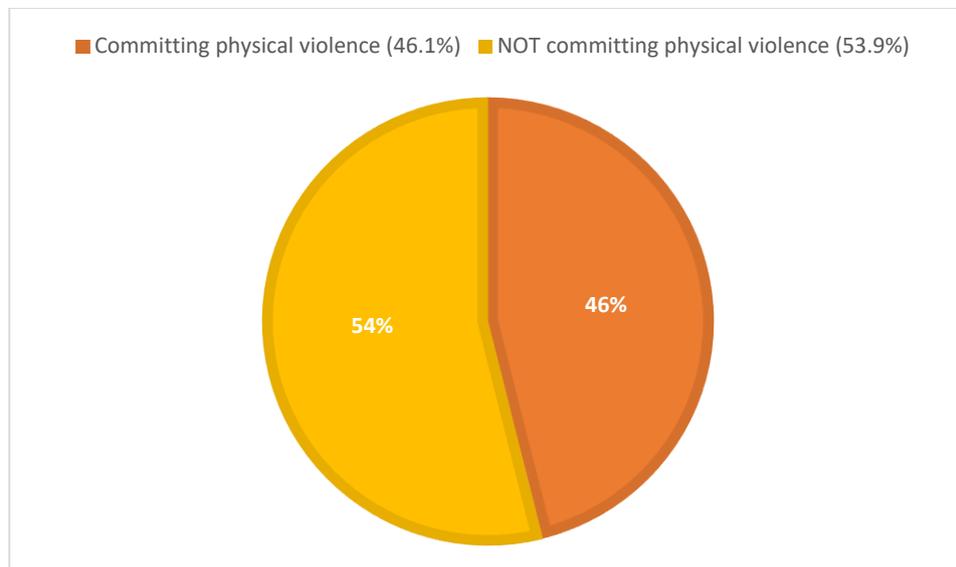


Figure 1. Incidence of violence

Figure 1 shows the incidence of physical violence among parents having children with disabilities. Of the 76 participants, there were 35 (46.1%) parents who did physical violence against children and 41 (53.9%) who did not commit violence against a child.

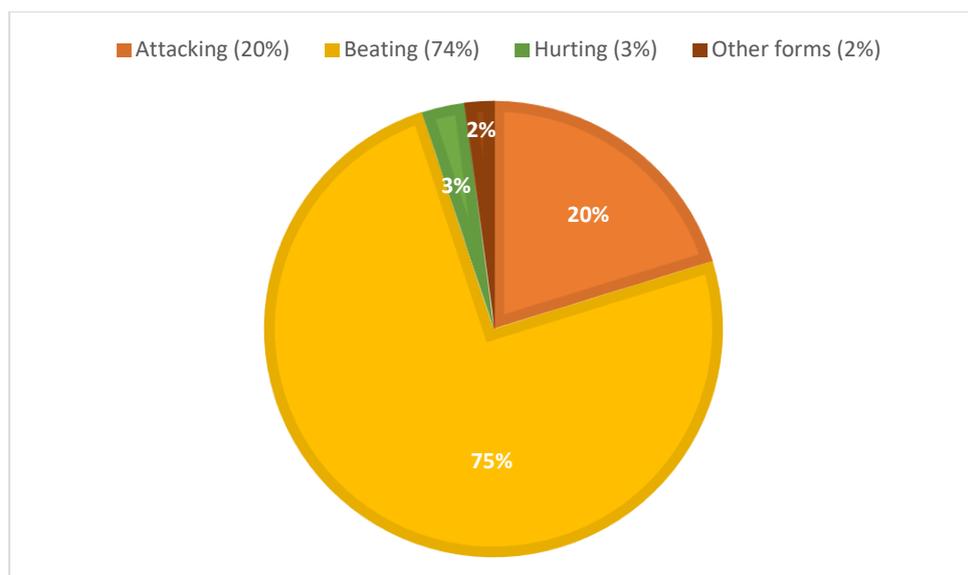


Figure 2. Forms of violences

Figure 2 indicates the forms of physical violence. Most forms of physical violence the parents do against the children is beating (74.3%). The smallest proportion of the types of physical violence committed were hurting and doing more than 2 violence each of 1 people (2.9%).

Table 2. Stress of Care among Parents of the Children with disabilities (n = 76)

Stress of Care	Min	Med	Max
Distress of Care	27	16	32
Child Difficulties	26	17	31
Dysfunctional Interaction between Parents and Children	19	14	24
Total	71.5	49	84

Note: Md = Median; Min = Lowest Value; Max= Highest Value

Table 2 shows parenting stress in parents with children with disabilities, where the higher the score, the higher the parenting stress. From this table, it can be seen that parental stress on parents has a mean value of 71.5.

Table 3. Relationship between parenting stress and physical violence in parents of children with disabilities in SDLBN in Bondowoso District (n = 76).

Stress of Care	The occurrence of Physical Violence		Z	p-value
	Yes	No		
	Md (P25-P75)	Md (P25-P75)		
Distress of Care	27 (26-29)	25 (23-28)	-3,04	0,002
Child Difficulties	27 (25-28)	25 (24-27)	-2,49	0,013
Dysfunctional Interaction between Parents and Children	19 (18-21)	19 (17-20)	-1,46	0,144
Total	73 (70-75)	71 (62,5-73)	-2,85	0,004

Note: Md = Median; P₂₅-P₇₅= Percentile 25-75; Z= Mann Whitney Test; p-value = Significance Value

Table 3 shows the incidence of physical violence and parenting stress in parents with children with disabilities. Based on data analysis using the Mann-Whitney test, there is a relationship between parenting stress and the incidence of physical violence in the elderly ($p < \alpha$ ($0.004 < 0.05$)). Also, indicators of parental distress and child difficulty have a relationship with physical violence ($p < 0, 05$). However, indicators of dysfunctional parent-child interaction do not have a relationship with physical violence.

D. Discussion

This study found that the relationship between parenting stress and physical violence in children with disabilities. Other studies also indicate that parenting stress is related to parenting behaviours carried out by parents in the form of physical punishment, negative parenting attitudes, and behaviours towards children (Mackler et al., 2015).

Indicators of dysfunctional parent-child interaction are not related to physical violence that occurs. This study differs from other studies stating that parents who commit physical violence have high dysfunctional interactions (Francis & Wolfe, 2008). Although there is no relationship between parent-child dysfunctional interactions with physical violence, parents may experience dysfunctional interactions with children. This is due to language limitations in children with disabilities resulting in low interaction and social communication, which in turn causes disturbed patterns of interaction with parents (Storms, 2012). Other indicators of parental stress are related to the incidence of physical violence, such as parental distress and child difficulties.

Indicators of parental distress are related to the incidence of physical violence in children with disabilities. This is consistent with other studies that state that parental pressure felt by parents is related to the occurrence of child abuse (Tracy, 2014). Parenting distress is associated with the ability possessed by parents, one of which is the coping mechanism where parents who can do an excellent coping mechanism, will reduce the stress of caregiving perceived (Zaidman-Zait et al., 2017), (Wiarsih et al., 2017). This, in turn, will result in more positive parenting behaviours (Mortensen & Barnett, 2015). For this reason, an improved coping mechanism can reduce parental stresses that may be felt by parents and then parents can engage in adaptive parenting behaviours.

Indicators of child difficulties have a relationship with the incidence of physical violence in children with disabilities. Parents committed to physical abuse are found to see behavioural problems exhibited by their children (Lau et al., 2006). This is because parents tend to focus on the child's unpleasant

behaviour and believe that the child's behaviour problems will be resolved in a short time. Circumstances, where the child is unable to meet the expectations of parents, will then have an impact on physical violence on children with disabilities (World Health Organization [WHO], 2016).

The incidence of physical violence in children with disabilities in this study obtained as much as 46.1%. The results of this study are higher than in other studies. It shows that 20.4% of children with disabilities were victims of physical violence (Jones et al., 2012). This is due to limitations that affect the ability to communicate causing children not to be able to tell about acts of violence they experienced so that incidents of physical violence continue to be carried out (UNICEF, 2013). Besides, the lack of access to information on adaptive care for parents causes parents in Indonesia to still consider child abuse as natural. Parents argue that they want to give lessons to children so that children are deterrent and do not make mistakes as before. Instead, how to make children do not repeat mistakes can be done through interaction and more positive treatment.

The most common type of physical violence done by parents in this study was hitting children (74.3%). The results of this study are higher than other studies which mention 12.9% of parents have hit children (Erosa et al., 2010). This condition is caused because parents in Indonesia assume that hitting is a common action taken to provide a deterrent effect on children so that children are not expected to repeat certain mistakes. For this reason, it is necessary to increase adaptive care skills to prevent physical violence perpetrated by families and caregivers. Also, for children with disabilities who have been victims of physical violence can be given therapy to overcome physical and psychological trauma.

The possibility of parents experiencing parental stress due to parental stress results obtained in parents is above the middle value in the range of parental stress measurement tools. This relates to research that has been done, where parents with children with disabilities experience the stress of care (Ramadhany et al., 2018). Parenting stress occurs because of differences in the characteristics of children with disabilities and other normal children (Mortensen & Barnett, 2015). Also, the inability of children to meet the

expectations of parents because of their limitations can cause parental stress for parents (Gupta, 2007). Some approaches and learning are needed in overcoming these conditions, such as focusing more on developing children's potential so that they can also adapt to the child's condition (Kandel & Merrick, 2007), (Susanto, Arisandi, et al., 2018). For this reason, parenting education or fun activities such as family gathering are needed to improve parental skills and practice parent-child closeness.

This study concludes that there is a relationship between the stress of caregiving with the occurrence of physical violence in SDLBN in Bondowoso Regency. It is in line with other studies explaining that the stress of parenting is associated with violence to children (Nugrahani, 2015). Having children with disabilities can add the burden. Also, the demand to meet the needs of children where children with disabilities have behavioural and emotional problems are considered to be a source of stress for parenting in parents (Manders & Stoneman, 2009). Parents experience stress, will respond to the stimulus as an adjustment process to maintain psychological balance through coping mechanisms (Potter & Perry, 2005), (Susanto, Rahmawati, et al., 2018). If the coping mechanism is ineffective, it will have an impact on maladaptive responses related to childcare behaviours in the form of an increased risk of violence against others where parents are vulnerable to conduct behaviours that can harm others physically, emotionally or sexually (Hardman & Kamitsuru, 2015), (Susanto et al., 2017). For this reason, parents with children with disabilities are expected to be able to improve their ability to do coping mechanisms to reduce perceived stress of care, so that physical violence does not occur.

This study has several limitations, including the use of cross-sectional design only to measure variables at one time, so that the relationship is temporary. If the research is carried out in other places and samples, this causes the results of the study to change. Then multivariate analysis is needed to compare the relationships between research factors. Also, the use of measuring devices that have a reliable value of 0.6 is still relatively weak. Future studies are expected to use standardized measurement tools in the Indonesian context.

E. Conclusion

Some parents with children with disabilities do physical violence where the most type of physical violence done by parents is hitting children. Also, parents with children with disabilities experience parental stress, which is further related to the incidence of physical violence against children with disabilities. Further research is certainly expected.

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Disability Studies,
Vol. 7, No. 1,
Jan-June 2020*

F. Acknowledgment

The author would like to thank Faculty of Nursing of the University of Jember, parents in the SDLB Negeri Bondowoso District, and the Research Group Family and Health Care Studies who have facilitated the course of this research.

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*Journal of
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Jan-June 2020*

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