

Child sexual abuse: perspectives from around the world

David Skuse

Behavioural and Brain Sciences Unit, Institute of Child Health, London, UK, email d.skuse@ucl.ac.uk

Child sexual abuse is a topic rarely out of the headlines in the UK nowadays. What are the longer-term consequences of such abuse in different cultures? Surprisingly little has been published on the subject. In this issue of *International Psychiatry* we have commissioned three articles from diverse countries where the problem is often ignored for cultural reasons. It is worth noting that until the late 1970s this was true for the UK too. At that time, a colleague of mine from the USA came over to research the subject here, and was told it would be a waste of her time because child sexual abuse did not exist in this country.

Here, we have articles from China, the Arabian Gulf and Southern Africa. Dr Ko Ling Chan and colleagues from Hong Kong describe their well-designed survey of over 18000 adolescents from multiple regions of China. A surprising finding is that proportionately more boys than girls reported both contact and non-contact abuse. There were important mental and physical health consequences, but the level of awareness of abuse in the general population was very low.

In the Arabian Gulf, matters of sexual conduct are rarely discussed in public. Drs Ohaeri and

Al-Fayez discuss the findings from a survey of over 4000 Kuwaiti adolescents. They found the prevalence of contact abuse was substantially higher than is reported in China, but, as in China, boys more often reported it than girls. There were mental health consequences for victims, but also a pervasive fear of reporting the experience for fear of the personal social reprisals.

Finally, Neil Andersson discusses the results of a series of studies they conducted in many African countries, using sophisticated survey techniques. The sample of nearly 50000 children, in early adolescence, reported high levels of coerced sex, with little or no difference in prevalence between male and female abuse. It is worrying to discover that abused children were likely to admit to forcing other children into sexual activity, and that disdain for the safety of others through the deliberate spreading of HIV infection was often reported too.

There do appear to be cultural differences in the exposure of children to sexual abuse but, in all the areas surveyed, the problem affects a significant minority of both boys and girls. The longer-term mental health consequences are substantial.

CHILD SEXUAL ABUSE

Child sexual abuse and health outcomes in the Chinese context

Ko Ling Chan¹ PhD, Elsie Yan¹ PhD, Daniel Y. T. Fong² PhD, Agnes Tiwari² PhD and Wing Cheong Leung³ PhD

¹Department of Social Work and Social Administration, The University of Hong Kong, Hong Kong, email eklchan@hku.hk

²School of Nursing, Li Ka Shing Faculty of Medicine, The University of Hong Kong, Hong Kong

³Department of Obstetrics and Gynaecology, Kwong Wah Hospital, Hong Kong

The Optimus Study was initiated and funded by the UBS Optimus Foundation.

Reported rates of child sexual abuse in China fall at the lower end of the range found in Western studies. However, most of the studies were conducted in only one city or province and thus their results may not be generalisable. Acknowledging the infeasibility of recruiting a truly representative sample, we conducted a survey during 2009–10 using a probability sampling procedure to obtain a large and diverse sample of school-aged adolescents from six regions in China. About one in every 13 children had had experience of sexual abuse. Routine screening in medical and social settings is urged. Efforts should be made to ensure wide awareness of this issue.

As researchers around the world pay increasing attention to child sexual abuse (CSA), the number of studies on CSA in Chinese populations has increased. Reported prevalence rates of CSA in China range from 2% to 14% (e.g. Chen *et al*, 2006; Leung *et al*, 2008), which fall at the lower end of the range found in Western studies. However, most of these Chinese studies were conducted in only one city or province, and thus their results may not be generalisable. Indeed, this problem was noted by Chen *et al* (2006), who reported that Chinese studies on CSA were often preliminary and focused on only a specific group (e.g. female adolescents). Yet, given China's huge population and geographical size, it would be extremely challenging to recruit a truly representative national sample.

The 2009–10 school survey

Acknowledging the infeasibility of recruiting a truly representative sample, we conducted a CSA survey during 2009–10 using a two-stage stratified probability sampling procedure to obtain a large and diverse sample of school-aged adolescents from six geographical regions in China. The random sampling of rural and urban districts, and then schools within the selected districts, was designed to maximise the representativeness of the sample. Details of the design and procedures have been published elsewhere (Chan, 2013; Chan *et al.*, 2013).

A total of 18 341 adolescents (53.3% boys; mean age 15.9 years, s.d. 0.1) participated in the survey. They were asked to report their experience of CSA and other types of violence using the modified Chinese version of the Juvenile Victimization Questionnaire (JVQ; Finkelhor *et al.*, 2005; Chan *et al.*, 2011). Other validated questionnaires were used to elicit demographic data and health status. Demographic factors included gender, age and number of siblings, as well as parents' marital status, educational attainment, employment status and income. Health status included symptoms of post-traumatic stress disorder (PTSD), depression, thoughts of suicide or self-harm, and health-related quality of life. Details of these questionnaires have been presented elsewhere (Chan, 2013; Chan *et al.*, 2013).

Prevalence of child sexual abuse in China

We found an 8.0% lifetime prevalence and 6.4% preceding-year prevalence of CSA among Chinese school-aged adolescents. The three most common forms of CSA were sexual assault by a known adult (3.0–3.8%), non-specific sexual assault (3.0–3.4%) and forced exposure to pornography (2.4–3.4%) (Chan *et al.*, 2013). Surprisingly, more boys than girls reported experiences of CSA ($P < 0.001$), one of the very few pieces of evidence showing male predominance in CSA victimisation.

To explore the issue of CSA from a different perspective, we further analysed the prevalence of CSA by categorising it into contact sexual abuse and non-contact sexual abuse (Table 1). Non-contact sexual abuse was the more prevalent of the two. Again, boys more frequently reported CSA ($P < 0.001$).

Factors associated with child sexual abuse in China

Demographic characteristics

Several characteristics were found to be significantly associated with increased risk of CSA in the Chinese sample (Chan *et al.*, 2013): being a boy, being older and having more siblings (adjusted odds ratios (aORs) = 1.10–1.76), as well as having a single parent and an unemployed father (aORs = 1.34 and 2.30). Although not all of the parental factors investigated were related to CSA, the findings corroborate evidence from other studies that problematic family environments are associated with higher risk of CSA.

Other types of violent victimisation

Adolescents' experience of non-sexual types of violent victimisation was associated with increased risk of CSA after controlling for demographic characteristics (Chan *et al.*, 2013). Using the JVQ, we found that direct victimisation from conventional crime, child maltreatment by parents, peer and sibling violence, and indirect experience or witnessing of violent victimisation were significantly associated with CSA (aORs = 3.74–5.29).

Physical and mental health

The experience of CSA was related to disadvantageous health conditions (Table 2). Both lifetime and preceding-year experience of CSA were positively associated with PTSD, depression and thoughts of suicide or self-harm (aORs = 1.04–2.22), with each relationship independent of the others. Furthermore, CSA was negatively related to health-related quality of life, for both physical and mental health (aORs = 0.96 and 0.97), indicating that CSA experience was associated with poorer perceived health by the victims.

Child sexual abuse in the Chinese context

The 2009–10 school survey found that prevalence rates (lifetime 8.0%; preceding year 6.4%) of CSA among Chinese adolescents were low when compared with Western figures (7–76%; e.g. Holmes & Slap, 1998; Dube *et al.*, 2005). We have proposed two explanations for the difference in reported CSA prevalence between the Chinese and Western populations (Chan *et al.*, 2013):

Table 1

Lifetime and preceding-year prevalence of contact and non-contact child sexual abuse in China

Abuse	Lifetime prevalence (%)				Preceding-year prevalence (%)			
	All (n = 18 341)	Boys (n = 9773)	Girls (n = 8568)	P (from χ^2 test)	All (n = 18 341)	Boys (n = 9773)	Girls (n = 8568)	P (from χ^2 test)
Contact sexual abuse								
Penetration	4.4	5.5	3.2	<0.001	3.6	4.7	2.4	<0.001
Non-penetrative touching	4.2	5.0	3.4	<0.001	3.3	4.0	2.4	<0.001
Non-contact sexual abuse	6.8	8.1	5.4	<0.001	5.2	6.3	4.0	<0.001
Any type of sexual abuse	8.0	9.3	6.6	<0.001	6.4	7.8	4.7	<0.001

Table 2

Independent associations between child sexual abuse and health outcomes ($n = 17\,730$): adjusted odds ratios (95% confidence intervals)

	Lifetime CSA	Preceding-year CSA
PTSD	1.67*** (1.55, 1.80)	1.65*** (1.52, 1.79)
Depression	1.04*** (1.04, 1.05)	1.04*** (1.04, 1.05)
Health-related quality of life		
Physical health	0.96*** (0.95, 0.97)	0.96*** (0.95, 0.97)
Mental health	0.97*** (0.97, 0.98)	0.97*** (0.96, 0.98)
Thoughts of suicide or self-harm	2.22*** (1.95, 2.53)	2.21*** (1.91, 2.55)

CSA, child sexual abuse; PTSD, post-traumatic stress disorder.

*** $P < 0.001$.

- Chinese adolescents might be more reluctant to report CSA (through greater sensitivity about CSA in Chinese culture)
- there is a true difference in the rates of CSA, perhaps because most children in China are single children who receive high parental care and supervision, which are protective factors against CSA perpetrated by non-family members.

Nevertheless, the profile of mental health correlates of CSA among Chinese adolescents was similar to that reported in Western studies. In particular, CSA victims were more likely than non-victims to report poorer mental health, including lower health-related quality of life, higher rates of symptoms of PTSD and depression, and more thoughts of suicide or self-harm. Despite these similarities in the mental health correlates of CSA between Chinese and Western populations, we believe CSA may have more severe negative health consequences for Chinese children. This is because they face several obstacles to help-seeking that are less of a problem for their Western counterparts:

- low awareness and knowledge of mental health (Wong & Li, 2012)
- the stigma attached to sexual abuse and mental health problems, as well as an emphasis on the concept of 'face' (Yang, 2007)
- lack of insurance for counselling services in the social security system
- poor patient–doctor relationships and mistrust of doctors and other healthcare professionals (Shu, 2011).

Since Chinese victims are often influenced by negative cultural attitudes towards seeking help from mental health professionals, they may be less likely to receive proper consultation and treatment for their mental health problems caused by CSA; consequently, these problems are likely to persist and even intensify. Left unattended, the mental health problems may be somatised, leading to a poorer perception of physical health (Najman *et al.*, 2007), as reflected in our finding that CSA was associated with poorer perceived physical health.

Conclusion

The links between CSA and various negative health correlates in the Chinese population call for effective identification and screening procedures so that timely intervention can be offered to victims. In response to the findings on the prevalence of CSA in China (about one in every 13 children had experienced CSA), routine screening in medical and social settings is urged. Efforts should be made to ensure clear awareness of this issue, on the part of both the general population and the authorities in China.

References

- Chan, K. L. (2013) Victimization and poly-victimization among school-aged Chinese adolescents: prevalence and associations with health. *Preventive Medicine*, *56*, 207–210.
- Chan, K. L., Fong, D. Y. T., Yan E., *et al.* (2011) Validation of the Chinese Juvenile Victimization Questionnaire. *Hong Kong Journal of Paediatrics*, *16*, 17–24.
- Chan, K. L., Yan, E., Brownridge, D. A., *et al.* (2013) Associating child sexual abuse with child victimization in China. *Journal of Pediatrics*, *162*, 1028–1034.
- Chen, J. Q., Dunne, M. P. & Han, P. (2006) Child sexual abuse in Henan province, China: associations with sadness, suicidality, and risk behaviors among adolescent girls. *Journal of Adolescent Health*, *38*, 544–549.
- Dube, S. R., Anda, R. F., Whitfield, C. L., *et al.* (2005) Long-term consequences of childhood sexual abuse by gender of victim. *American Journal of Preventive Medicine*, *28*, 430–438.
- Finkelhor, D., Hamby, S. L., Ormrod, R., *et al.* (2005) The Juvenile Victimization Questionnaire: reliability, validity, and national norms. *Child Abuse and Neglect*, *31*, 7–26.
- Holmes, W. C. & Slap, G. B. (1998) Sexual abuse of boys: definitions, prevalence, correlates, sequelae, and management. *JAMA*, *280*, 1854–1862.
- Leung, P., Wong, W., Cheng, Q., *et al.* (2008) Prevalence and determinants of child maltreatment among high school students in southern China: a large school based survey. *Child and Adolescent Psychiatry and Mental Health*, *2*, 27.
- Najman, J., Nguyen, M. & Boyle, F. M. (2007) Sexual abuse in childhood and physical and mental health in adulthood: an Australian population study. *Archives of Sexual Behaviors*, *36*, 666–675.
- Shu, X. (2011) A transformative tale of patients and doctors in China. *Lancet*, *377*, 1144.
- Wong, D. F. K. & Li, J. C. M. (2012) Cultural influence on Shanghai Chinese people's help-seeking for mental health problems: implications for social work practice. *British Journal of Social Work*, doi 10.1093/bjsw/bcs180.
- Yang, L. H. (2007) Application of mental illness stigma theory to Chinese societies: synthesis and new directions. *Singapore Medical Journal*, *48*, 977–985.