



Sexual victimization of children and adolescents in China

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Yours sincerely,

UBS Optimus Foundation



Executive summary

This report presents the results of the Optimus Study in China, which examined the prevalence of child sexual violence (CSV) as well as its associated risk and protective factors.

It was designed to improve the understanding of CSV in order to raise awareness about the issue and mobilize policy-making and prevention initiatives.

To this end, a population survey with representative samples from six cities in China was conducted. This included a household survey of 3,321 children aged 15–17 and 8,945 parents of children aged 0–17 as well as a school-based survey of 18,341 students aged 15–17.

Results

Findings for the school-based study revealed that eight percent of children surveyed reported experiencing CSV during their lifetime and 6.3 percent reported sexual victimization in the preceding year.

Girls were less likely than boys to report experiencing CSV (6.5 percent of girls vs. 9.2 percent of boys), while girls were more likely to report witnessing and experiencing indirect victimization (42.3 percent of girls vs. 38.6 percent of boys) during their lifetime. Boys were more likely than girls to report experiencing peer and sibling victimization (36.9 percent of boys vs. 27.7 percent of girls) and conventional crime (59 percent of boys vs. 55 percent of girls) during their lifetime.

As will be discussed later in the main report, rates reported in the household survey of both parents and children were significantly lower than those reported in the school survey.

A number of demographic factors were found to be associated with an increased risk of child sexual victimization. These included being a boy, having a sibling, being a victim of “conventional” crime, being a victim of other types of child maltreatment, being a victim of peer or sibling abuse, and witnessing or indirectly experiencing victimization.

Several parent characteristics, however, were not found to be associated with child sexual victimization, including the education level of mothers or fathers, family income and mothers’ unemployment. On the other hand, having an unemployed father was associated with greater risk of sexual victimization. In addition, having parents who were separated, divorced or widowed significantly increased the odds of sexual victimization compared to children whose parents were married.

The school-based survey results showed that child sexual victimization was associated with poorer physical and mental health. The primary mental health problems included depression, low self-esteem and post-traumatic stress disorder (PTSD).

Recommendations

The associations found between child victimization and family violence highlight the value of screening for multiple types of victimization when one type has been detected. That is, if children are known to have experienced family violence, then they are at increased risk of child sexual victimization and should be screened accordingly.

Because most studies of child sexual victimization in China have focused on urban areas and because urban-rural divisions are key issues in Chinese society, further studies concentrating on rural areas would add to our understanding of CSV in China. A rural study would have the additional benefit of surveying “left-behind children,” a vulnerable group that may face more CSV risks than other children.

Optimus Study

A research initiative to protect children and young people

The Optimus Study is a multi-stage, cross-national initiative on child sexual victimization (CSV) in the context of other forms of child maltreatment and aims to provide much-needed evidence on the risks and protective factors for children and young people. Its goal is to apply the best social-science research methods available to create an evidence base in order to optimize policy, practice and funding. The Optimus Study focuses on standardized population-based survey methods to assess prevalence and response rates and establish a framework to advance the field by translating the knowledge generated by the research into policy and practice. It also strives to advance international epidemiological research on violence against children.



1. Introduction

This report presents the results of the Optimus Study China, a large population survey designed to investigate sexual victimization of children and adolescents in China.

The study was financed by the UBS Optimus Foundation and conducted by the University of Hong Kong in collaboration with five universities on the mainland. The Optimus Study China is part of the larger multinational Optimus Study.

Child maltreatment – including physical, sexual and emotional abuse and neglect – has been shown to be widely prevalent across the globe (Krug et al., 2002; Pinheiro, 2006). China is no exception, as documented in a systematic review funded by the UNICEF East Asia and Pacific Regional Office (UNICEF, 2012). However, to date, comprehensive estimates have not been assembled in accessible sources. This study aims to fill both a research and health communication gap by investigating the prevalence and risk factors of child victimization in China, with a specific focus on child sexual victimization.

One weakness of the limited research to date is the substantial uncertainty around estimates of the frequency and severity of child maltreatment. Child maltreatment, especially sexual abuse, is difficult to study in China as it remains largely hidden and underreported. Fear, stigma and a lack of open dialogue about this type of violence in society all contribute to the difficulty of measuring and reporting child maltreatment. According to Chinese traditional beliefs, shameful family matters should not be disclosed to others; therefore child maltreatment, and especially sexual abuse, is viewed as a taboo topic in many Chinese communities (Tang, 2002).

Sexual victimization of young people has previously been associated with serious mental health consequences, including reduced psychological well-being, depression and aggression (e.g. Neumann, Houskamp, Pollock and Briere, 1996; Roberts, O'Connor, Dunn, Golding and the ALSPAC Study Team, 2004; Turner, Finkelhor and Ormrod, 2006).

Studies suggest that victims of childhood sexual abuse have a greater risk of being adult victims of sexual assault, rape or intimate partner violence (Tjaden and Thoennes, 2000). Child maltreatment and sexual assault also result in substantial economic costs, including medical and judicial costs as well as psychological costs and lost productivity of the victims (Fang, Brown, Florence and Mercy, 2012; Waters, Hyder, Rajkotia, Basu, Rehwinkel and Butchart, 2004).

In order to understand these issues and increase their visibility, early studies fielded epidemiological surveys to measure the extent of the problem (e.g. Baker and Duncan, 1985; Finkelhor, Hotaling, Lewis and Smith, 1990). During recent decades, this method of data collection has become increasingly popular, and these surveys have been used in several different countries.

However, despite the increase in the number of epidemiological studies about sexual victimization in childhood and adolescence, controversy still exists about definitional and methodological issues. Not only do different surveys use different definitions of sexual victimization and thus different questionnaires; they also often use different types of samples. As a consequence, studies often yield different outcomes and sometimes are not comparable. This problem is not limited to studies of child abuse, however; social-science research that combines a variety of secondary data sources will nearly always be affected by a similar limitation.

The multinational Optimus Study represents a unique opportunity to address this common limitation and advance international epidemiological studies by implementing studies that will use systematic and equivalent methodologies in several countries around the world.

This report focuses on the results of the Optimus Study in China. It examines the prevalence of sexual victimization among children and adolescents in China, risk and protective factors for CSV, and its impact on children's physical and mental health. As an introduction to the findings of this study, the first chapter gives a brief overview of the legal background and child welfare services in China, methodological issues in CSV research there, and previous studies of CSV in Chinese societies.

1.1 Legal background and child welfare services in China

Laws and regulations

Extensive socio-economic change in China during the past three decades has resulted in millions of children living in precarious conditions. While old practices such as the abandonment of children – and, in particular, children with disabilities – have long been on the agenda of the government, new problems including migrant children, “left-behind” children (children left in rural areas with relatives or others while their parents have migrated to cities for employment), street children, child labor, child trafficking, children living in poverty, child abuse and child neglect, among others, have emerged at a time of robust economic growth. Child sexual victimization is one of many emerging issues that have been under-investigated by researchers and policymakers. China also lacks an effective prevention and intervention system to fight against CSV.

On the policy level, the central government has paid some attention to CSV. For example, the China Children Development Outline, one of the most important documents on child protection in China, does not discuss in detail how China should address the emerging social problem of CSV. The National Program of Action for Child Development in China (2001–2010)¹ emphasizes children’s rights to life, protection, development and participation, identifying several major childhood adversities including disabilities, orphaning, abandonment and homelessness (street children). However, child survivors of CSV were not specifically listed as a group facing adversity. The National Program of Action for Child Development in China (2001–2010) did advocate protecting children from all kinds of sexual victimization, but it did not state how the Chinese government would help CSV survivors and their families recovering from the trauma. In short, China’s child protection policy is fragmented and lacks a systematic framework consisting of both prevention and alleviation measures.

The primary law in China governing child protection is The PRC Law on the Protection of Minors, which was passed in 1991 and later revised in 2006, with the revisions enacted on June 1, 2007. The revised law states that all citizens under the age of 18 have the right to survival, development, protection and participation, and it makes it incumbent on the State to “provide special and prioritized protection to minors.” However, this law contains no specific articles pertaining to CSV or the protection of abused children.

Chinese criminal law does contain some articles relevant to the punishment of perpetrators of CSV. However, the terms “molestation” and “rape” are used to describe perpetrators’ abusive behavior instead of concepts of CSV accepted worldwide. Perpetrators of the offenses of “molestation” and “rape” are subject to more severe sentences when their victims are under the age of 14. There are also established laws against forcing children into prostitution and pornography. The current legal system is more effective in addressing CSV perpetrated by non-family members, since some special arrangements have been established to help minors who are victims, such as allowing guardians to be present during the questioning session and protecting the privacy of underage victims by forbidding the release of information about CSV cases to the public. However, intra-family CSV is neglected because the current law stipulates that abused children must go to court to sue abusive parents or guardians, an arrangement that is believed to make these kinds of cases extremely under-reported. Relative to international norms and standards, victimized children are in a vulnerable position within the current Chinese legal system.

Social services

China has two governmental bodies specifically designed for child protection: the National Working Committee on Children and Women as well as the Youth League Committee. However, they focus on providing services and care to orphans, institutional care for children with disabilities, and the establishment of educational projects (e.g. “Hope Project” and “Spring Bud Project”) to help children in poverty finish their compulsory education. The central government has defined and emphasized the duties of child protection as existing primarily within the family system, and CSV has not been a priority social issue.

Although the central government regards the mobilization of NGO resources for child protection as one important strategy in contemporary China, few NGOs provide services for children or families experiencing CSV or who are CSV survivors. To the best of our knowledge, Xi’an Philanthropic Child Abuse Prevention & Aid Center², a nonprofit organization under

1 National Program of Action for Child Development in China (2001–2010) http://www.gov.cn/ztl/61/content_627720.htm

2 <http://www.cnspan.org/english/>

the auspices of Shaanxi Provincial Red Cross, is the first and only organization in all of mainland China to focus solely on child abuse prevention and treatment. Officially registered in 2006 for the advancement and protection of at-risk children in China, CAPAC's purpose is to provide free medical care and counseling for children who have experienced abuse or neglect as well as to provide community-based prevention efforts through the training of teachers, social workers, law enforcement officers and children.

An ideal model for CSV prevention and intervention needs to establish multifaceted collaboration between social welfare, police, education, legal/justice and health services and providers. This is important because most parents/guardians lack the knowledge and skills to communicate with children on issues of puberty, health and sexuality. As a result, parents/guardians are not effective in teaching self-protection skills to children, and most primary, middle and high schools do not provide effective sex education to children or help teach aspects of self-protection. In most schools, social workers are not available to provide intervention services to abused children, and teachers have insufficient information, knowledge, training and awareness of CSV to identify students who are at risk or who may be CSV victims or survivors. Police, judges, doctors, social workers and other direct workers have similarly received very limited training on CSV and need to know more about the prevention, reporting, diagnosis, identification, psychological counseling and treatment of CSV.

1.2 Methodological issues in child sexual abuse research

Although a considerable amount of research on CSV has been conducted over the past three decades, substantial variation has been observed in estimates of the prevalence and impacts of CSV. The following subsections discuss some of the prominent methodological issues related to the study of CSV in general, and in China specifically, including the relevance of definitions of CSV, measurement tools and study informants.

1.2.1 Definitions of child sexual abuse

Defining childhood

According to the United Nations International Convention on the Rights of the Child (ICRC), the period of childhood is defined as all ages from birth until a person attains 18 years of age (i.e. up to age 17). In Article 1 of the ICRC, it was affirmed that "a child is understood to be a human being under 18 years old, unless, in accordance with any applicable law, he/she is considered to have come of age before then." Researchers interested in the study of CSV have, however, used different age criteria for childhood. While CSV generally refers to sexual abuse that occurs during childhood or adolescence (Bensley, Van Eenwyk and Simmons, 2000), the criteria for classifying the victim as a child differ between studies. Whereas some researchers have used a cut-off age of 18 (Bendixen, Muus and Schei, 1994; Briere and Elliott, 2003; Collings, 1997), consistent with the ICRC, others have used cut-offs of 17 (e.g. Paul, Catania, Pollack and Stall, 2001; Walser and Kern, 1996), 16 (e.g. Bartoi and Kinder, 1998; Kalichman, Gore-Felton, Benotsch, Cage and Rompa, 2004), 15 (e.g. Jinich et al., 1998; Mayall and Gold, 1995), 14 (e.g. Merrill, Guimond, Thomsen and Milner, 2003) or 13 (e.g. Carballo-Dieguez and Dolezal, 1995; Dilorio, Hartwell and Hansen, 2002). Such definitions may be of interest or appropriate when considering the impact of, for example, local laws or when secondary data impose constraints that do not allow researchers to observe up to the point of 18 years of age. Unless otherwise noted, this project defines children as all individuals below the age of 18 years.

The incidence, etiology and impacts of CSV vary widely with age. Younger children and teenagers experience different social environments, activities and levels of psychological maturity. Consequently, sexual abuse of younger children and teenagers may be vastly different in nature; it is thus advisable to report the incidence and prevalence of CSV for younger children separately from teenagers in future studies. In this study, a key goal was to ensure comprehensiveness in the study of CSV, and so it was not possible to report by age subgroups within childhood.

Ability to provide consent

Central to the definition of CSV is the age of consent for sexual activity. (Among adults, forcible sexual activity may be classified as sexual assault, rape or similar crimes.) A child's ability to comprehend the sexual activity is one of the major factors considered in deciding whether an activity constitutes CSV (WHO, 1999). However, there is no international agree-

ment on the definition of the age of consent. The UK, the US, Australia, New Zealand, South Africa and Chinese societies including mainland China, Hong Kong and Taiwan define 16 years as the age of consent. In Canada and Singapore, 18 years is the age of consent. Outside of these countries, it is common to use 14 years as the legal age of consent for sexual relations with adults (Graupner, 2000).

Activities that constitute CSV

In addition to age, CSV is also classified according to the sexual activities involved. These range from non-contact forms of abuse to contact forms of abuse (Andrews et al., 2004). Generally speaking, CSV can be classified into three main categories: (a) intercourse forms of abuse, (b) non-intercourse contact forms of abuse, such as attempted intercourse, oral-genital contact and fondling of genitals directly or through clothing, and (c) non-contact forms of abuse, such as exhibitionism or exposing children to adult sexual activity or pornography as well as the use of children for prostitution or pornography. Prevalence estimates of CSV will necessarily vary depending on which sexual activities are included in the data, making it important to specify these.

1.2.2 Measures of CSV

Higher rates of CSV are often reported in studies that included more extensive questioning of respondents. Studies that use only one screening question usually report fairly low rates compared with those that use multiple screening questions (Goldman and Padayachi, 2000). It has been suggested that multiple questions about CSV (Madu and Peltzer, 2001) – and multiple questions about a wide range of traumatic experiences (Back et al., 2003) – should be used in future studies of CSV.

Specific versus general questions

Previous studies indicate that the use of specific examples, “what” and “how” questions, and other closing questions generally yield more disclosure compared to the use of generalized questions (Cheung and Leung, 2008). For example, asking a respondent whether he or she has been “sexually abused” versus asking whether he or she has been “touched in a sexual way” are likely to yield quite different results; the former requires a child to interpret the meaning of “sexually abused.” Rather than asking a general question about the occurrence of sexual abuse, using a set of questions to describe specific acts of sexual abuse is likely to be better for detecting cases of sexual abuse in which the victims may not have categorized acts as being sexual abuse (Kilpatrick and Saunders, 1999). The selection of different types of questions and measures should also be considered in context with the age of the intended respondents.

Volunteer bias and false negatives

The majority of studies of child victimization are retrospective in nature and require a respondent to recall certain experiences when answering questions. This is, to some extent, unavoidable when adult outcomes are of primary interest. Relatively few child abuse studies track child victims or survivors over time longitudinally, although such studies may potentially reduce or eliminate recall bias. Najman, Nguyen and Boyle (2007) suggested that recall bias may be associated with participants’ psychological states as well as their physical and mental health and that persons with poor health may be likely to think of their past more often. Further, Najman and colleagues raised the issue of volunteer bias. Depending on the sampling frame, some over-reporting of unpleasant childhood experiences associated with CSV may occur if those who have experienced CSV are more willing to volunteer for a study.

On the other hand, memory decay is also a methodological concern for retrospective studies, particularly among older respondents. Years or even decades may separate the abusive or adverse incidents from the time at which the study takes place, raising concerns about the credibility of the results. In a longitudinal study of 983 participants followed from birth to the age of 21, Fergusson et al. (2000) found that false positive reports – that is, reporting abuse when it did not actually occur – were not a factor. The false negative report rate, however – abuse that occurred but was not reported or recalled by respondents – was about 50 percent at each time point. A study involving children whose sexual abuse was documented on videotape also found that most participants denied or minimized their experiences (Sjoberg and Lindblad, 2002). This data is congruent with other studies that indicate that prevalence rates based on a single report are likely to significantly underestimate true prevalence (Femina et al., 1990; Martin et al., 1993). It is generally agreed that the number of false negatives will exceed the number of victims who report false allegations of sexual abuse (Brown, Sheehan, Frederico and Hewitt, 2001; Fergusson, Horwood and Woodward, 2000). Some validated instruments, such as the Child

Trauma Questionnaire (CTQ), for retrospectively measuring child abuse among adult respondents do include specific items to identify minimization and denial, along with types and levels of abuse and neglect.

1.2.3 Informants of study

The potential informants in a study include child victims, older survivors, parents or, alternatively, official case reports. Each will be described briefly below along with potential challenges associated with each type of respondent or data source.

Bowman (2008) suggested that there are three main obstacles to studying CSV among adolescents. First, CSV is a sensitive topic. When questioned, participants may feel threatened and experience stress, and this may influence their desire to disclose. Second, working with adolescent participants may involve issues related to the need to obtain legal consent to conduct the study according to ethical research principles and institutional review boards (IRBs). For example, a person is a minor until 18 years of age in the US, and IRBs generally require parental/guardian consent in addition to a child's assent if the respondent is under 18. This can obviously present significant difficulties depending on the research questions and the study protocol. Third, people tend to distance themselves from sexual abuse, a phenomenon often referred to as "gaze aversion." Also known as "cultural denial," gaze aversion refers to avoidance, denial, ignoring or disregarding of sexual activity between adults and children. It is believed that public awareness of and concern about sexual victimization has been suppressed due to gaze aversion. Together, these three factors have hindered the investigation of CSV among adolescents. Despite such obstacles, the use of victims as informants is the most direct way to study CSV and has been used successfully in the literature by many authors.

Most research on CSV is based on retrospective reports in which respondents are asked to recall sexual abuse that happened during childhood and adolescence. The informants used by these studies may be adolescents, young people (e.g. aged 18–24) or adults. Everson and colleagues (2008) suggested that the validity of retrospective reports of abuse by adolescents may be higher than for those of adults when compared to official documents or the "best estimates." However, studies typically only use victims' self-reports for adolescents who are 14 years of age or older. Little data on the incidence of CSV has been collected from younger adolescents (participants under the age of 14) because data collection on sexual victimization among young children faces some insurmountable practical and ethical difficulties. For example, young children may not be capable of providing reliable information on CSV. They may also not be mentally prepared to answer CSV questions that could potentially lead to stress or even trauma.

Parents are another potential type of respondent, although they present a number of potential concerns. Parents may be perpetrators themselves and may therefore falsely report in order to protect themselves. Alternatively, parents may not know about a child's sexual abuse or, if they do, may be ashamed or reticent to disclose this information given social norms, especially if perpetrated by a close family member or the other parent or caregiver. Nonetheless, parents have been used as informants in several published studies. In a random sample of 1,000 households, 1.9 percent of the parents interviewed revealed that their child had been sexually abused in the past year, and 5.7 percent said their child was abused in his or her lifetime (Finkelhor, Moore, Hamby and Straus, 1997).

Official records may also potentially provide a source of data on the trends of CSV over time, but they are heavily influenced by legislation and policy changes, local definitional or administrative conditions, and professional and public awareness. The value of administrative data files is thus somewhat limited in CSV research. Official data records only what is known to authorities, and many offenses against children go unreported. Other cases are investigated, but insufficient evidence is found to substantiate them according to legal requirements in the area, even though abuse may have in fact happened. Most CSV victims do not directly report victimhood to public officials but instead usually tell family or friends about their sexual victimization (Stein and Nofziger, 2008), who in turn may not always report the abuse to authorities. Professionals may also be inconsistent in reporting CSV cases to authorities (Stein and Nofziger, 2008), despite legal requirements to do so. It has been estimated that professionals under mandate to report abuse failed to report approximately half of the maltreatment cases they identified (Sedlak, 1990; Bolen, 2001).

In China there are many limitations to the use of official case reports for measurement of CSV. As described earlier, the system of handling CSV cases is not yet established in mainland China. There is no service equivalent to the child protective services (CPS) in the USA and Canada. Apart from general sexual violence in criminal law, there is no official definition of child sexual victimization or child maltreatment. There is also no reporting or information system recording the number of incidents.

While different types of informants have inherent advantages and disadvantages, the use of multiple sources of information should be considered if the circumstances allow. Previous studies on measurement tools for evaluating trauma symp-

toms in young children found that relying on both parent and child informants provided additional useful information in comparison to relying on either one of the two informants (Lanktree et al., 2008). Specifically, it was shown that different information sources may perceive the child's symptomatology differently; thus, the most information would be obtained when information was collected from both parent and child informants simultaneously.

1.3 Previous studies of child sexual abuse in Chinese societies

Fifty-six empirical studies were reviewed on the prevalence of and risk factors for various types of violence against children in Chinese society. The scope of this review focuses on journal articles and book chapters located in databases including Criminal Justice Abstracts, Criminology, MEDLINE, PsycINFO, Psychology, Social Services Abstracts, and Sociology and Sociological Abstracts. Keyword terms that were searched for included Chinese, China, Hong Kong, Taiwan and child, children, adolescent, abuse, maltreatment, violence, aggression or victimization. Combined, these yielded 660 articles, of which 515 were excluded. The 515 irrelevant articles were mostly about substance abuse, spousal abuse, alcohol abuse, patients with psychological symptoms, crime and violence, juvenile delinquency, HIV and suicidal ideation. Child abuse studies of people of other ethnic groups were also excluded because the focus of this report is limited to Chinese society. The second round of screening further narrowed the remaining 145 to a total of 56 articles. Eighty-nine articles with a focus on interventions and perceptions of child abuse were excluded as outside the scope of this study. These articles included reports on the situation in Chinese populations in places such as mainland China, Hong Kong SAR and Taiwan, and also in large Chinese communities in Singapore and America.

Various forms of child maltreatment were included in the study, such as physical abuse, sexual abuse, psychological abuse, neglect, bullying, child abduction, slavery and trafficking.

The prevalence rate of CSV in general in these articles ranged from around 2.5 percent (Yen, Yang, Yang et al., 2008) to 22.1 percent (Sun et al., 2008), of which 17.9 percent was intra-familial abuse (Ho and Mak, 1992). Incidence rates of 22.1 percent among females and 14.7 percent among males were reported in a retrospective study conducted among 1,307 college students (Sun et al., 2008). This is comparable with a study in the US that found that 14.2 percent of men and 32.3 percent of women reported having experienced CSV (Briere and Elliott, 2003).

A meta-analysis of 27 Chinese studies of CSV by Ji et al. (2013) estimated that females were victimized at a rate of 15.3 percent, 9.5 percent for contact sexual abuse and one percent for penetrative abuse. The corresponding estimates for victimization of boys were 13.8 percent for total child sexual victimization, eight percent for contact victimization and 0.9 percent for penetrative abuse.

Some studies concluded that victims of CSV are more likely to be prepubescent females (Cheung et al., 2004; Tang, 2002) who are from families with multiple children (Chien, 2009). Female victims who experienced CSV before the age of 14 accounted for more than half (11.4 percent) of the overall female incidence rate (22.1 percent). In general, the average age at the first experience of CSV was between 11.5 (Chen, Dunne and Han, 2006) and 12.2 years old (Ho and Mak, 1992) and ranged from four to 15 years old across the studies. Furthermore, victims of intra-familial CSV tend to be younger, under the age of ten (Ho & Mak, 1992), and extra-familial cases are highly skewed towards the preadolescent or adolescent period. In particular, the mean age of onset of sexual victimization in Chinese societies is older than that reported in the West (Wyatt, 1985), which may be explained by a later onset of puberty in the Chinese (Ho & Mak, 1992).

Tang (2002) surveyed 2,147 Hong Kong college students and found significant gender differences in childhood CSV experience. While 72 percent of perpetrators were people known by the victims, males were three times more likely than females to be sexually abused by their friends, and females were more than twice as likely as males to be sexually abused by strangers. The average age difference between victims and perpetrators at the time of the abuse was 14 years, but the difference was greater for female victims than male victims. Males were also more likely to experience repeated sexual abuse than females (Tang, 2002). Tang (2002) also reported on the duration of CSV among the college respondents. Forty-five percent of CSV happened only once; 36 percent occurred more than once but lasted less than a year; five percent continued for one to two years; 12 percent continued for two to five years; three percent of CSV lasted for more than five years (Tang, 2002).

Factors that increased the risk of being a victim or survivor of CSV are: female gender (Chen, Dunne and Han, 2004; Tang, 2002), being an indigenous boy (Yen, Yang, Yang et al., 2008), having siblings (Chien, 2009), being of a lower socio-economic class or from a single-parent family (Ho and Mak, 1992), and reporting frequent family conflicts (Yen, Yang, Yang et al., 2008).

Perpetrators of CSV are typically adults, mostly aged 31 to 50 (Ho and Mak, 1992), at least five years older than the victims (Ma et al., 2004), and 88 percent (Tang, 2002) to 96.3 percent (Ho and Mak, 1992) were males. Perpetrators were friends or household members of the victims in 62.4 percent of cases, followed by 37.3 percent who were strangers; 11.9 percent were fathers, three percent elder brothers, and three percent step-fathers or cohabiters of parents (Ho and Mak, 1992). Multiple incidences of CSV tend to be perpetrated by family members, especially parents, who reside with the victims (Ma et al., 2004).

Sixty-two percent of CSV victims did not report their victimization experience. Among those who did, 56 percent of respondents reported that their cases were not followed up, eight percent were advised by others to keep silent, eight percent were scolded or ridiculed, and only three percent reported being referred to social workers (Tang, 2002). Repeated or multiple-abuse CSV victims are also more likely to tolerate the abuse longer before they disclose it to anyone. CSV victims under 12 years of age tend to disclose it to their own family members, while victims older than 12 years of age tend to disclose it to their friends and to professionals (Ma et al., 2004).

The reported psychological and social impact of CSV on Chinese victims includes depression, suicidal ideation, alcohol abuse, sexual behavior, eating disorders, violence, cigarette use, low self-esteem (Chen et al., 2004), sense of disempowerment, fear for personal safety, anxiety, psychiatric disorders, impairment of mental health (Sun et al., 2008), social isolation, interpersonal difficulties and "clinginess" (T. Y. E. Luo, 1998). Another consequence of CSV is traumatic sexualization, which is manifested as hyper-sexuality, increased salience of sexual issues, preoccupation with thoughts about sex, confusion about sexual identity and norms, and aversion to sex or intimacy. Victims may also engage in compulsive sexual behaviors, experience sexual dysfunction or exhibit unusual varieties of sexual practices, high levels of masturbation and a high turnover of partners, and they may avoid or have phobic reactions to heterosexual intimacy (T. Y. E. Luo, 1998; Y. Luo, Parish and Laumann, 2008). In incestuous CSV, female victims express more anger with the mother than with the father-abuser (T. Y. E. Luo, 1998). CSV victims also show a heightened vulnerability to revictimization (Y. Luo et al., 2008).

1.4 Current study

The goal of the current study is to strengthen the evidence base and provide an insight into the prevalence of sexual victimization among children and adolescents in China, including characteristics of the victimization, risk factors for sexual victimization, patterns of disclosure to others and associations with mental health.

The remainder of this report is structured into three parts. In Chapter Two, the sampling strategy of the study is described and the variables are defined. In Chapter Three, the prevalence and incidence of sexual victimization across a lifetime and during the past year are reported. Chapter Four provides a summary of findings, a discussion of the study's limitations and recommendations for prevention and further research.



2. Method

In this chapter the study design and methodology are described. As noted, the study employed population surveys conducted in schools and households.

2.1 Sample selection and procedure

The present study used a combination of household- and school-based surveys to gather information about child victimization in China. The household-based survey was conducted with children aged 15–17 years as well as with parents of children aged 17 years or younger. The school-based survey was conducted with students aged 15–17 years. The household survey was used as the most feasible way to assess child victimization among young children (aged 0–14), but the school-based survey was believed to be less susceptible to underreporting. Data was collected between November 2009 and July 2010.

A multi-stage sampling procedure was adopted to recruit a diverse sample of eligible participants. Six research sites were selected: Tianjin, Shenzhen, Shanghai, Xi'an, Wuhan and Hong Kong. The first five sites were cities located in the northern, southern, eastern, western and central regions of mainland China respectively.

One major reason for the choice of these five cities was that they are more developed relative to their specific geographical regions but still have some rural districts. This was to maximize the diversity and representativeness of the participants. From each of the five mainland cities, two urban administrative districts and one rural administrative district were randomly selected. Hong Kong, the last research site, is a city (special administrative region) generally regarded as having different socio-economic, political and legal characteristics to other cities in mainland China.

School-based survey (students)

A two-stage stratified procedure was used to identify eligible student participants.

First, a total of 196 high schools were randomly sampled from all of the normal and special schools in Hong Kong and the three selected districts (two urban and one rural) for each of the five mainland cities. Among them, 150 schools agreed to participate and provided informed consent, yielding a school-level response rate of 77 percent. There were no significant differences between the participating and non-participating schools in terms of school enrollment size or geographic location.

At the second stage, one or two classes were randomly sampled from each grade of the participating schools. Students who were 15 to 17 years old were invited to complete a self-report survey on normal school days. In this study, there were 19,142 eligible students, and 18,341 returned a completed survey, yielding an individual-level response rate of 96 percent. No significant differences in age or gender were found between the students who participated and those who did not.

Household-based survey (parents)

As mentioned above, for each of the five mainland cities, three selected districts (two urban and one rural) were randomly sampled. Three neighborhoods, towns or villages were then randomly selected from each administrative district in the next stage. Communes or smaller districts were then further sampled from each neighborhood, town or village selected. A total of 36 communes were sampled in each mainland city. The official registers of households and temporary migrants were used as the sample frame for eligible families. In the final stage, one of the parents or caregivers of any child aged 17 years or below was randomly sampled by selecting the one with the most recent birthday.

A slightly different sampling method was used to identify eligible families in Hong Kong. A group of 14,422 living quarters was randomly sampled from the Register of Quarters, which is maintained by the Census and Statistics Department of the government in Hong Kong. In the first stage, eligible households were randomly selected with stratification on housing

type and geographic region. Next, one of the parents or caregivers of any child aged 17 years or below was randomly selected, resembling the final sampling stage used in the mainland cities.

The parents of 8,945 children under 18 years of age were successfully interviewed, giving an overall response rate of 76.8 percent.

Household-based survey (children)

When the eligible household sampled by the above multi-stage stratified procedure had a child aged 15–17 years, the child was selected to participate. If there was more than one eligible child, the child participant whose birthday was most recent was selected.

A total of 3,321 children aged 15–17 years of age were successfully interviewed. All of the children selected and given consent by their parents participated in this study. Their parents were also interviewed to respond to the parent questionnaire.

2.2 Study participation

Sampled children, students and parents were invited to participate in the study. All participation was voluntary. Participants provided written informed consent prior to the interviews. Questionnaire surveys were conducted in person by trained interviewers. When possible, the surveys were conducted in a quiet setting and distanced from other family members or students.

Questions about sensitive issues were included in a separate, self-administered questionnaire, which was then completed and sealed in an envelope by the participants. All participants were informed that they could decline to answer any question they wished. Each completed survey was assigned a record identifier. To assure anonymity, only the record identifier was recorded on the questionnaires or in the data files and not the participant's name, address or school.

All researchers received training on the ethical issues related to working with participants who report violence. The researchers gave participants an information card with details about social services related to violence prevention.

The study was conducted in compliance with the principles established in the 1996 or later versions of the Declaration of Helsinki as well as the Hospital Authority of Hong Kong's Investigator's Code of Practice in Undertaking Clinical Research. The institutional review board of the University of Hong Kong and the Hospital Authority of Hong Kong's West Cluster provided ethics approval for the entire study. The local institutional review board for each mainland city provided approval for the study at that study site.

2.3 Survey instruments

A range of survey instruments, all of which have been extensively pilot-tested in Shanghai and Hong Kong for feasibility and acceptance, were utilized as modules for the overall questionnaire with study participants.

Child sexual victimization

Child sexual victimization (CSV) was measured using the sexual victimization module of the Chinese version of the Juvenile Victimization Questionnaire (JVQ) (Hamby, Finkelhor, Ormrod and Turner, 2004; Finkelhor, Hamby, Ormrod and Turner, 2005; Finkelhor, Turner, Ormrod and Hamby, 2009; Chan, Fong, Yan, Chow and Ip, 2011): a 34-item scale covering five modules of violence victimization among children and adolescents. A child version of JVQ was used with child and student participants, and a caregiver version was used with parents who were interviewed as a proxy for the target child. The origi-

nal version of the sexual victimization module contained seven items assessing different forms of sexual abuse behaviors (e.g. sexual assault by known adults and nonspecific sexual assault). With permission from the original authors, the sub-scale was modified by adding five new items to assess other forms of CSV. The new items were: (1) forced exposure to pornography, (2) nude photograph(s) being taken against the child's will, (3) being forced to expose private parts, (4) being forced into commercial sex and (5) nude photograph(s)/video(s) being uploaded on the Internet against the child's will. Items were rated on a scale in which one represented having the experience and zero represented not having the experience. Two time frames were selected for reporting the CSV: (1) during the year preceding the study and (2) during the participant's lifetime. The modified sexual victimization module had a Cronbach alpha of 0.97, indicating good internal consistency.

Other forms of child victimization

Four modules of the Chinese version of the JVQ (Hamby, Finkelhor, Ormrod and Turner, 2004; Finkelhor, Hamby, Ormrod and Turner, 2005; Chan, Fong, Yan, Chow and Ip, 2011) were used to assess other forms of child victimization: (1) conventional crime, (2) child maltreatment, (3) peer and sibling victimization and (4) witnessing of, or indirect, victimization. Similar to the sexual victimization module, all 27 items were rated on a 0/1 scale. The internal consistencies of the four modules in this study were satisfactory to good (Cronbach alpha values were 0.83, 0.63, 0.77 and 0.78 for conventional crime, child maltreatment, peer and sibling victimization, and witnessing or indirect victimization respectively).

Symptoms of post-traumatic stress disorder (PTSD)

The 48-item UCLA PTSD index was used to assess adolescents' exposure to 26 types of traumatic events based on DSM-IV PTSD diagnostic criteria (Rodriguez et al., 1999). The scale was translated into Chinese using a back-translation procedure before it was incorporated into the structured questionnaire. Items were rated on a yes/no scale, and the translated PTSD index evidenced good reliability (Cronbach alpha = 0.95).

Depression

Symptoms of depression were assessed using the Chinese version of the Beck Depression Inventory, version II (Hautzinger, Keller and Kühner, 2006; Leung, 2001). The BDI-II consists of 21 groups of statements. Respondents were required to choose one statement in each group that best described how they felt during the past two weeks. A four-point Likert scale from zero to three was employed, with a higher score indicating more severe depressive symptoms.

Health status

The Chinese version of the 12-item Short Form Health Survey (Ware, Kosinski, Turner-Bowker and Gandek, 2002; Lam et al., 2005) was used to assess the health status of participants. In accordance with the instruction manual, item scores were weighted and summarized into two component scores: physical component (PCS) and mental component (MCS) summary scores. Both PCS and MCS scores ranged from zero to 100, with higher scores indicating better health-related quality of life.

Demographic variables

A series of questions was used to collect information on the demographic, socio-economic and family characteristics of the participants and their family members. Student participants were asked about their gender, age, number of siblings, parental marital status, father's and mother's education level, father's and mother's employment status, family income and social security (if any) received by their family. Parent participants provided information about age, gender, education level, employment status, marital status and family income.

2.4 Statistical analysis

Questionnaires collected from all of the sites in mainland China and Hong Kong were integrated as one dataset for analysis. The rate of missing items was not significant in this study. On the sensitive part of the JVQ questionnaire, the percentages of missing items for questions about non-sexual victimization were 2.8 to four percent among parents, 0.4 to 1.6 percent among household children and 0.7 to three percent among students. For the most sensitive part of the survey – sexual victimization – the percentages of missing items were 10.7 percent among parents, 11.4 to 11.5 percent among household children and 0.9 to two percent among students. Blank answers were treated as missing values in the analysis.

Demographic characteristics were summarized, and the lifetime and preceding-year prevalence rates of various types of CSV were calculated. Gender comparisons of the prevalence rates were performed using Fisher's exact test.

Given that CSV is viewed as a shameful family matter and taboo topic in many Chinese communities (Tang, 2002), it is expected that results from the school-based survey are of higher quality than those obtained from the household-based survey. This is because the school context offers more anonymity and ensures that parents are not present and cannot prevent their child from participating. This is relevant since a fair proportion of sexual victimization among younger children is thought to take place within the family. To present the most information and compare the information from various informants, this study presents the prevalence rates of CSV from three samples: household parents with children up to the age of 17, household children aged 15 to 17 and school students aged 15 to 17. However, only the school-based sample was used to examine the risk factors for and consequences of CSV.

A structured multi-phase logistic regression with CSV as the dependent variable was conducted to assess the associations between CSV, other forms of child victimization and demographic characteristics. In phase one, individual logistic regression on CSV was performed with each demographic factor while adjusting for the remaining demographic factors. In phase two, another series of logistic regressions was conducted to examine the associations between CSV and child victimization. In this analysis, each type of child victimization was entered as the independent variable one by one, and other types of victimization, as well as all demographic factors, were controlled.

Logistic regression analyses were also conducted to determine the impact of child sexual victimization on health outcomes, particularly depression, general physical health and mental health as measured by SF-12. The quality of fit of all of the logistic regression models was assessed by the Hosmer and Lemeshow (H-L) test. A p-value < 0.05 was considered statistically significant, and all statistical analyses were performed in SPSS version 17.

3. Results

This chapter presents the prevalence, risk factors and consequences for child sexual victimization (CSV).

3.1 Sample characteristics

3.1.1 School data (children aged 15 to 17 years)

Demographic information, including the parents' and children's characteristics as well as family structure, was obtained in the school interview. A total of 18,341 children aged 15 to 17 years were recruited from 150 schools in the mainland cities and Hong Kong in the current study.

Parents' characteristics

Parents' marital status. Most parents in the current sample were either married or cohabitating (90.2 percent). Only six percent of parents were separated or divorced, and 1.6 percent were widowed. About 2.3 percent did not report their marital status.

Parents' education level. Overall, fathers were more likely to have benefitted from higher education than mothers. Significantly more fathers had undergone tertiary education than mothers (18.8 percent vs. 15.9 percent respectively). The pattern was similar for the education level of secondary grades four through seven (26.7 percent vs. 24.7 percent respectively). About 47.1 percent of mothers and 41.9 percent of fathers reported having an education level of secondary grade three or below.

Parents' employment status. Unemployment rates were similar among fathers and mothers (5.8 percent vs. 5.9 percent).

Income status. The data revealed that 45.8 percent of the sample had an annual household income at the mid-to-high level of the present sample, followed by 22.0 percent with a low-to-mid income level and 15 percent with a low income level. About 8.9 percent of the families had no income, and about 8.3 percent of the participants did not disclose this information.

Receiving social security. Consistent with the income status of the family, 7.4 percent of the families reported receiving social security.

Children's characteristics

Distribution of school sample. Table 1 shows that, among the 18,341 student participants, 21.4 percent were from Hong Kong, 20.8 percent were from Shenzhen, 18.4 percent were from Tianjin and 17.3 percent were from Xi'an. Both Shanghai and Wuhan had 11.1 percent of participants. The distribution of the student participants by gender is also shown in the table.

Table 1. Distribution of student sample by sites (n = 18,341)

| Sites | Total (n = 18,341) | Boys (n = 9,773) | Girls (n = 8,568) |
|-----------|-----------------------|---------------------|----------------------|
| Hong Kong | 3,926 (21.4%) | 1,882 (19.3%) | 2,044 (23.9%) |
| Shanghai | 2,032 (11.1%) | 1,227 (12.6%) | 805 (9.4%) |
| Shenzhen | 3,806 (20.8%) | 2,184 (22.3%) | 1,622 (18.9%) |
| Tianjin | 3,372 (18.4%) | 1,807 (18.5%) | 1,565 (18.3%) |
| Wuhan | 2,030 (11.1%) | 1,187 (12.1%) | 843 (9.8%) |
| Xi'an | 3,175 (17.3%) | 1,486 (15.2%) | 1,689 (19.7%) |

Children's gender. Slightly more boys (53.3 percent) were recruited in the current sample than girls (46.7 percent).

Children's age. The mean age of the student participants was 15.9, SD = 1. No significant gender difference was found among the age group distributions.

Children's education level. More than half of the students were attending secondary grade three or above. About 14.1 percent were studying at secondary grade two, and only 0.9 percent were at the secondary grade one education level. Gender differences were present in the pattern of the educational attainment achieved by students. More girls were attending secondary grade three or above (86 percent) compared to boys (84.1 percent), while more boys (14.9 percent) were at the secondary grade two education level compared to girls (13.3 percent).

Siblings. About 59.3 percent of the children reported having siblings (mean number = 0.9, SD = 1.0). Girls were more likely to have siblings than boys (64.1 percent for girls vs. 55 percent for boys).

3.1.2 Household data (parents)

Demographic information obtained in the parent interview included the child's characteristics, such as gender, age, place of residence and education level. Information was also collected on the parents' characteristics, including marital status, household income, employment status and the highest level of education achieved by the parent(s). Data from 8,945 parents and their families was collected in the sample.

Parents' characteristics

Parents' gender. More than half of the parents (57.7 percent, n = 5,165) in the sample were mothers, with fathers accounting for the remaining 42.3 percent (n = 3,780).

Parents' age. On average, fathers were found to be older than mothers. The mean age of fathers was 41.4 (SD = 7.6), slightly greater than the mean age of mothers (38.5, SD = 6.6).

Parents' marital status. Most of the parents were either cohabiting or married (93.9 percent). Only 2.5 percent were separated or divorced, and 1.9 percent were widowed. Finally, 1.7 percent did not report their marital status.

Parents' education level. Fathers had generally attained a higher education level than mothers. A higher percentage of fathers than mothers also had a tertiary education (16.2 percent vs. 13.3 percent). A similar trend was found in the proportion of participants having attended secondary grades four through seven³ (with fathers at 31.3 percent and mothers at 30.4 percent). About 52.6 percent of mothers reported having an education level of secondary grade three or below, as did 47.2 percent of fathers.

Income status. The results show that 51.1 percent of the sample reported an annual household income above the median income of the present sample, while 40.7 percent were below the median. About 8.2 percent of the participants did not disclose this information.

3 In China, lower secondary = grades seven to nine in the US, upper secondary (four to seven) = grades 10 to 12 in the US

Employment. The unemployment rate of fathers was higher than that of mothers (8.2 percent vs. 5.6 percent), in contrast to virtually no difference reported by gender in the school sample.

Children’s characteristics

Distribution of the sample of children. Table 2 shows that, among the 8,945 child participants, a third were from families in Hong Kong, followed by Xi’an (16.8 percent), Shenzhen (14.5 percent), Tianjin (13.2 percent), Shanghai (11.9 percent) and Wuhan (10.7 percent). The table also shows distribution by gender of the children in the sample.

Table 2. Distribution of child sample by sites (n = 8,945)

| Sites | Total (n = 8,945) | Boys (n = 4,710) | Girls (n = 4,235) |
|-----------|----------------------|---------------------|----------------------|
| Hong Kong | 2,949 (33.0%) | 1,539 (32.7%) | 1,410 (33.3%) |
| Shanghai | 1,062 (11.9%) | 511 (10.8%) | 551 (13.0%) |
| Shenzhen | 1,297 (14.5%) | 730 (15.5%) | 567 (13.4%) |
| Tianjin | 1,178 (13.2%) | 611 (13.0%) | 567 (13.4%) |
| Wuhan | 953 (10.7%) | 537 (11.4%) | 416 (9.8%) |
| Xi’an | 1,506 (16.8%) | 782 (16.6%) | 724 (17.1%) |

Children’s age. The mean age of the children of the parent participants was 11.3 (SD = 5). As noted, 39.3 percent of children were 15 to 17 years old, 22.8 percent were 11 to 14 years old, 16.7 percent were seven to 10 years old, and 13.5 percent were three to six years old. Additionally, 7.8 percent were infants or toddlers younger than three years old. The mean age of girls was 11.5 (SD = 5), slightly higher than that of boys (11.2, SD = 5.1). No significant gender differences were found between the age group distributions.

Children’s education level. Consistent with the age of the children in the sample, 27.2 percent of the children were studying in secondary grades one through three, 27 percent in primary school, 21.9 percent in secondary grades four to seven, and 20.1 percent in pre-primary school. Only 0.6 percent were receiving tertiary education or above.

The distribution patterns of education level were different across genders. Boys were most frequently attending primary school (28.6 percent), followed by secondary grades one through three (26.1 percent). The reverse pattern was found in girls. More girls were in secondary grades one through three (28.5 percent) than in primary school (25.3 percent).

3.1.3 Household data (children aged 15–17 years)

Demographic data was obtained in the child interviews, including the characteristics of both the child and his or her parents. A total of 3,321 children aged 15 to 17 years were recruited in this sample.

Parents’ characteristics

Parents’ gender. More than half of the parents (52.7 percent) in the current sample were mothers. Fathers accounted for the remaining 47.3 percent.

Parents’ age. On average, fathers were older than mothers in the current study. The mean age of fathers was 45.4 (SD = 6.1), while the mean age of mothers was 42.4 (SD = 4.7). The mean age difference between parents was 3.4 years (SD = 3.9).

Parents’ marital status. Most parents in the current sample were either cohabitating or married (95.2 percent for fathers and 91.3 percent for mothers). Mothers were more likely to be separated or divorced (4.2 percent) or widowed (3.3 percent) than fathers (2.4 percent and 1.1 percent respectively). About 1.4 percent of fathers and 1.3 percent of mothers did not report their marital status.

Parents' education level. Overall, fathers were more likely to have benefitted from higher education than mothers. More fathers had undergone tertiary education than mothers (13.1 percent vs. 10.4 percent respectively). About 55.9 percent of mothers and 51.9 percent of fathers reported having a secondary grade three education level or below.

Income status. Fathers reported having a significantly higher earning capability than mothers. In addition, a higher percentage of mothers than fathers reported having no income (25.2 percent vs. 6.4 percent for fathers). More mothers than fathers chose not to report this information (13 percent vs. 7.6 percent for fathers).

Employment. The rate of unemployment was reported to be higher among fathers than mothers (8.8 percent vs. 6 percent), similar to the rates collected in the parent data for the household sample.

Children's characteristics

Children's gender. Slightly more boys (50.7 percent) were recruited in the current sample than girls (49.3 percent).

Children's ethnicity. Nearly all of the children were Chinese. Only 1.2 percent of the children (1.4 percent for boys and one percent for girls) reported belonging to another race or ethnicity.

Distribution of child sample. Table 3 shows that, among the families of the 3,321 child participants, a third were from Hong Kong, 17.8 percent from Xi'an, 16.5 percent from Tianjin, 15 percent from Shanghai, 12.1 percent from Wuhan and 3.3 percent from Shenzhen. The distribution of the child sample by gender is also shown in this table.

Table 3. Distribution of child sample by sites (n = 3,321)

| Sites | Total (n = 3,321) | Boys (n = 1,683) | Girls (n = 1,638) |
|-----------|----------------------|---------------------|----------------------|
| Hong Kong | 1,171 (35.3%) | 582 (34.6%) | 589 (36.0%) |
| Shanghai | 499 (15.0%) | 228 (13.5%) | 271 (16.5%) |
| Shenzhen | 109 (3.3%) | 60 (3.6%) | 49 (3.0%) |
| Tianjin | 549 (16.5%) | 290 (17.2%) | 259 (15.8%) |
| Wuhan | 403 (12.1%) | 226 (13.4%) | 177 (10.8%) |
| Xi'an | 590 (17.8%) | 297 (17.6%) | 293 (17.9%) |

Children's age. The mean age of the child participants was 16.1, SD = 0.8. No significant gender difference was found among the age group distributions.

Children's education level. More than half of the children in the sample were attending secondary school, while 53.3 percent were studying in secondary levels four to seven and 39 percent in secondary levels one to three. About 1.4 percent of the children were studying in primary school or in the tertiary education level or above. Only 0.5 percent were at the pre-primary level. The distribution pattern of educational achievement for boys was similar to that of girls.

Siblings. About 61.5 percent of the children reported having siblings (mean number of children = 1.5, SD = 0.6). Gender differences were found in the average number of siblings within the family. Girls came from families with slightly more siblings on average (mean number of children = 1.5, SD = 0.6) than boys (mean number of children = 1.4, SD = 0.6).

3.2 Prevalence statistics for child sexual victimization

3.2.1 School data (children aged 15–17 years)

Lifetime prevalence

Child sexual victimization was measured by 12 items in this study. Table 4 shows the lifetime prevalence by type of CSV based on the school survey of children aged 15 to 17. Eight percent of the respondents reported having experienced some types of sexual victimization. The most prevalent types of sexual victimization were sexual assault by a known adult (3.8 percent), nonspecific sexual assault (3.4 percent) and exposure to pornography (3.4 percent). The least pervasive sexual victimization was commercial sex (1.6 percent).

Gender differences were found in the lifetime prevalence of CSV. Boys were more likely than girls to experience CSV in general (9.3 percent for boys vs. 6.6 percent of girls). Differences were significant in the rates of all forms of CSV, including sexual assault by a known adult (4.5 percent of boys vs. three percent of girls), nonspecific sexual assault (4.3 percent of boys vs. 2.4 percent of girls), sexual assault by a peer (3.2 percent of boys vs. 1.9 percent of girls), attempted or completed rape (2.5 percent of boys vs. 1.9 percent of girls), flashing or sexual exposure (2.9 percent of boys vs. 2.1 percent of girls), verbal sexual harassment (3.5 percent of boys vs. 2.2 percent of girls), statutory rape and sexual misconduct (3.4 percent of boys vs. 2.1 percent of girls), exposure to pornography (4.4 percent of boys vs. 2.4 percent of girls), exposure to nude photos (2.5 percent of boys vs. 1.4 percent of girls), Internet sexual abuse (2.4 percent of boys vs. 1.6 percent of girls), being forced to expose private parts (4.1 percent of boys vs. two percent of girls) and commercial sex (two percent of boys vs. 1.1 percent of girls).

Preceding-year prevalence

Table 4 shows that 6.4 percent of young people reported experiencing some type of sexual victimization in the preceding year. The most prevalent types of sexual victimization were sexual assault by a known adult (three percent) and nonspecific sexual assault (three percent), followed by verbal sexual harassment (2.5 percent). The least pervasive sexual victimization was commercial sex (1.3 percent).

Regarding gender difference, boys were more likely than girls to experience CSV in general (7.8 percent of boys vs. 4.7 percent of girls). Except for attempted or completed rape and flashing/sexual exposure, significant gender differences were found in the rates of all other forms of CSV, such as sexual assault by a known adult (3.9 percent of boys vs. two percent of girls), nonspecific sexual assault (3.9 percent of boys vs. two percent of girls), sexual assault by a peer (2.1 percent of boys vs. 1.4 percent of girls), flashing or sexual exposure (2.4 percent of boys vs. 1.9 percent of girls), verbal sexual harassment (three percent of boys vs. 1.8 percent of girls), statutory rape and sexual misconduct (2.5 percent of boys vs. 1.4 percent of girls), exposure to pornography (3.2 percent of boys vs. 1.5 percent of girls), exposure to nude photos (two percent of boys vs. 0.9 percent of girls), Internet sexual abuse (1.9 percent of boys vs. 1.1 percent of girls), being forced to expose private parts (3.1 percent of boys vs. 1.6 percent of girls) and commercial sex (1.6 percent of boys vs. one percent of girls).

Table 4. Lifetime and preceding-year prevalence of child sexual victimization based on the school survey of children aged 15 to 17 (n = 18,341)

| Child victimization | Lifetime prevalence % | Preceding-year prevalence % |
|---|-----------------------|-----------------------------|
| Sexual victimization | 8.0 | 6.4 |
| S1) Sexual assault by known adult | 3.8 | 3.0 |
| S2) Nonspecific sexual assault | 3.4 | 3.0 |
| S3) Sexual assault by peer | 2.6 | 1.8 |
| S4) Rape: attempted or completed | 2.2 | 1.8 |
| S5) Flashing/sexual exposure | 2.5 | 2.1 |
| S6) Verbal sexual harassment | 2.9 | 2.5 |
| S7) Statutory rape and sexual misconduct | 2.8 | 2.0 |
| S8) Exposure to pornography | 3.4 | 2.4 |
| S9) Nude photo | 2.0 | 1.5 |
| S10) Internet sexual abuse | 2.0 | 1.5 |
| S11) Being forced to expose private parts | 3.1 | 2.4 |
| S12) Commercial sex | 1.6 | 1.3 |

3.2.2 Household data (parents)

Lifetime prevalence

Table 5 displays the lifetime prevalence of CSV by type based on the sample of household parents. For children up to the age of 17, 1.3 percent of parents reported that their children experienced some type of sexual victimization at least once in their lives. The most prevalent types of CSV were being forced to expose private body parts (0.6 percent), followed by sexual assault by a known adult and exposure to nude photos, both of which were 0.4 percent. The least pervasive sexual victimization forms were nonspecific sexual assault (0.1 percent), sexual assault by a peer (0.1 percent), attempted or completed rape (0.1 percent) and statutory rape and sexual misconduct (0.1 percent).

For children aged 15 to 17, 0.7 percent were reported by their parents as having experienced some types of sexual victimization in their lives. Sexual assault by a known adult (0.2 percent), flashing/sexual exposure (0.2 percent), exposure to pornography (0.2 percent) and being forced to expose private parts (0.2 percent) were the most prevalent types of CSV.

No significant gender difference was found in the lifetime prevalence rate of CSV among these 12 items for both groups.

Table 5. Lifetime prevalence of child sexual victimization based on the sample of household parents

| Child victimization | Household parents (children 0–17) % (n = 8,945) | Household parents (children 15–17) % (n = 3,513) |
|---|--|---|
| Sexual victimization | 1.3 | 0.7 |
| S1) Sexual assault by known adult | 0.4 | 0.2 |
| S2) Nonspecific sexual assault | 0.1 | 0.0 |
| S3) Sexual assault by peer | 0.1 | 0.1 |
| S4) Rape: attempted or completed | 0.1 | 0.0 |
| S5) Flashing/sexual exposure | 0.2 | 0.2 |
| S6) Verbal sexual harassment | 0.3 | 0.1 |
| S7) Statutory rape and sexual misconduct | 0.1 | 0.0 |
| S8) Exposure to pornography | 0.3 | 0.2 |
| S9) Nude photo | 0.4 | 0.1 |
| S10) Internet sexual abuse | 0.2 | 0.1 |
| S11) Being forced to expose private parts | 0.6 | 0.2 |
| S12) Commercial sex | 0.1 | 0.0 |

Preceding-year prevalence

Among participants, 1.1 percent of parents reported sexual victimization among their children in the preceding year (see Table 6). The most prevalent types of CSV were being forced to expose private parts and sexual assault by a known adult, which were 0.5 percent and 0.4 percent respectively. The least pervasive types of sexual victimization were nonspecific sexual assault (0.1 percent), statutory rape and sexual misconduct (0.1 percent) and attempted or completed rape (0.1 percent).

Significant age differences were found in the preceding-year prevalence of CSV. Children aged three to five years were more likely to be sexually assaulted by a known adult (0.9 percent) than children in other age groups. Compared to other groups, children aged 12 to 14 years had a higher rate of overall child sexual victimization (1.8 percent), nonspecific sexual assault (0.2 percent), statutory rape and sexual misconduct (0.2 percent), exposure to nude photos (0.5 percent) and being forced to expose private parts (1.1 percent). The trends for nonspecific sexual assault, statutory rape and sexual misconduct as well as exposure to nude photos were similar, increasing from the age range of six to eleven to the 12 to 14 range and then declining for ages 15 to 17.

Yet the pattern is somewhat different for child victims being forced to expose private parts. The rates increased from ages zero to two to three to five, decreased from ages six to 11, increased sharply at ages 12 to 14 and decreased sharply again at ages 15 to 17.

Similar to the lifetime prevalence, no significant gender difference was found in the preceding-year prevalence rate of CSV among these 12 items for children aged zero to 17 and children aged 15 to 17.

Table 6. Preceding-year prevalence of child sexual victimization by type and age based on the sample of household parents

Group (n = 8,945)

| | Overall % | Age group % | | | | | Chi2 (p-value) |
|---|-----------|-------------|-------|-------|--------|---------|----------------|
| | | 0–17 y | 0–2 y | 3–5 y | 6–11 y | 12–14 y | |
| Sexual victimization | 1.1 | 1.6 | 1.4 | 0.9 | 1.8 | 0.5 | .001 |
| S1) Sexual assault by known adult | 0.4 | 0.8 | 0.9 | 0.4 | 0.4 | 0.2 | .040 |
| S2) Nonspecific sexual assault | 0.1 | 0.0 | 0.0 | 0.0 | 0.2 | 0.0 | .032 |
| S3) Sexual assault by peer | 0.1 | 0.0 | 0.0 | 0.0 | 0.2 | 0.1 | .342 |
| S4) Rape: attempted or completed | 0.1 | 0.0 | 0.0 | 0.0 | 0.2 | 0.0 | .148 |
| S5) Flashing/sexual exposure | 0.1 | 0.4 | 0.0 | 0.2 | 0.2 | 0.1 | .345 |
| S6) Verbal sexual harassment | 0.2 | 0.2 | 0.4 | 0.2 | 0.4 | 0.1 | .518 |
| S7) Statutory rape and sexual misconduct | 0.1 | 0.0 | 0.0 | 0.0 | 0.2 | 0.0 | .032 |
| S8) Exposure to pornography | 0.3 | 0.2 | 0.1 | 0.1 | 0.6 | 0.2 | .069 |
| S9) Nude photo | 0.1 | 0.0 | 0.0 | 0.1 | 0.5 | 0.0 | .009 |
| S10) Internet sexual abuse | 0.2 | 0.0 | 0.3 | 0.1 | 0.4 | 0.1 | .199 |
| S11) Being forced to expose private parts | 0.5 | 0.2 | 0.5 | 0.3 | 1.1 | 0.1 | .000 |
| S12) Commercial sex | 0.1 | 0.0 | 0.0 | 0.0 | 0.2 | 0.0 | .032 |

3.2.2 Household data (children aged 15 to 17 years)

Lifetime prevalence

Table 7 displays the lifetime prevalence of CSV by type based on the sample of household children aged 15 to 17. Among respondents, 3.1 percent reported having experienced some types of sexual victimization. The most prevalent type of sexual victimization was verbal sexual harassment (1.7 percent), followed by exposure to pornography (0.7 percent) and flashing/sexual exposure (0.6 percent). The least pervasive sexual victimization was commercial sex (0.1 percent). No significant difference was found between genders for the lifetime prevalence of CSV.

Preceding-year prevalence

As noted in Table 7, 2.8 percent of young people reported experiencing some type of sexual victimization in the preceding year. The most prevalent type of sexual victimization was verbal sexual harassment (1.6 percent), followed by exposure to pornography (0.6 percent) and exposure to nude photos (0.4 percent). The least pervasive sexual victimization was sexual assault by peers and commercial sex, which were both 0.1 percent. No significant difference was found across genders.

Table 7. Lifetime and preceding-year prevalence of child sexual victimization based on the sample of household children aged 15 to 17 (n = 3,321)

| Child victimization | Lifetime prevalence % | Preceding-year prevalence % |
|---|-----------------------|-----------------------------|
| Sexual victimization | 3.1 | 2.8 |
| S1) Sexual assault by known adult | 0.4 | 0.2 |
| S2) Nonspecific sexual assault | 0.4 | 0.2 |
| S3) Sexual assault by peer | 0.3 | 0.1 |
| S4) Rape: attempted or completed | 0.3 | 0.2 |
| S5) Flashing/sexual exposure | 0.6 | 0.3 |
| S6) Verbal sexual harassment | 1.7 | 1.6 |
| S7) Statutory rape and sexual misconduct | 0.3 | 0.2 |
| S8) Exposure to pornography | 0.7 | 0.6 |
| S9) Nude photo | 0.4 | 0.4 |
| S10) Internet sexual abuse | 0.3 | 0.3 |
| S11) Being forced to expose private parts | 0.4 | 0.3 |
| S12) Commercial sex | 0.1 | 0.1 |

3.3 Risk factors for child sexual victimization

As discussed previously, the school-based sample was used to examine the risk factors for CSV. Results of the first phase of the logistic regression (see statistical methods, section 2.4 above) revealed several demographic factors associated with increased odds of CSV (phase 1, Table 8).

Boys had an adjusted odds ratio (OR) of 1.48 times that of girls for lifetime CSV, indicating that, in this sample, they were more likely to report CSV. This difference was even larger when restricted to the preceding year (OR = 1.76 for boys). Older children (measured in integer years) also had higher odds of both lifetime (OR = 1.11) and preceding-year CSV (OR = 1.10). Children with one or more siblings had 1.30 times greater odds of either lifetime or preceding-year CSV.

Several parent characteristics were not significantly associated with lifetime or preceding-year prevalence of CSV. Educational levels of both fathers and mothers were not significant, and nor were family income and mothers' unemployment. In contrast, fathers' unemployment was associated with increased odds of both lifetime (OR = 1.34) and preceding-year (OR = 1.40) CSV. Relative to married parents, a child whose parents were divorced, separated or widowed had significantly greater odds of lifetime (OR = 2.30) and preceding-year (OR = 2.29) CSV.

A logistic regression was used to analyze the association between prevalence of lifetime and preceding-year CSV while controlling for additional factors, as described in the statistical analysis (section 2.4 above). After adjusting for the socio-economic and demographic characteristics in these models, statistically significant odds ratios indicate a large (OR > 3) association between ever experiencing each of several types of child victimization and the lifetime and preceding-year likelihood of being a victim of CSV. Specifically, being a victim of "conventional" crime was associated with 4.29 times greater odds of lifetime prevalence of CSV and 4.57 times greater odds of preceding-year victimization. Being a victim of other types of child maltreatment (besides CSV) was associated with 3.74 times greater lifetime odds of lifetime sexual victimization and 3.89 times greater odds of preceding-year CSV.

Children who were victims of peer or sibling abuse faced the greatest odds of sexual victimization, with odds ratios of 5.29 for lifetime risk and 4.32 for preceding-year risk of CSV. Finally, children who witnessed or indirectly experienced victimization were strongly associated with greater lifetime (4.56) and preceding-year (4.29) risk of CSV.

Table 8. Demographic characteristics of parents and their association with child sexual victimization

| Demographic characteristics | Lifetime prevalence of child sexual victimization | | Preceding-year prevalence of child sexual victimization | |
|------------------------------------|---|-----------|---|-----------|
| | Adjusted OR | 95% CI | Adjusted OR | 95% CI |
| Phase 1^a | | | | |
| Sites | | | | |
| Mainland ^b | 0.90 | 0.74–1.09 | 0.96 | 0.77–1.19 |
| HK | 1.00 | | 1.00 | |
| Parents' characteristics | | | | |
| Father's education | | | | |
| Secondary ≤3 | 1.22 | 0.90–1.66 | 1.25 | 0.89–1.76 |
| Secondary 4–7 | 1.27 | 0.95–1.69 | 1.19 | 0.87–1.64 |
| Tertiary or above | 1.00 | | 1.00 | |
| Mother's education | | | | |
| Secondary ≤3 | 0.98 | 0.71–1.35 | 0.97 | 0.68–1.38 |
| Secondary 4–7 | 0.91 | 0.67–1.22 | 0.96 | 0.69–1.33 |
| Tertiary or above | 1.00 | | 1.00 | |
| Father's unemployment | 1.34** | 1.02–1.77 | 1.40* | 1.04–1.90 |
| Mother's unemployment | 0.91 | 0.67–1.23 | 0.87 | 0.62–1.22 |
| Marital status | | | | |
| Divorced/separated/widowed | 2.30*** | 1.77–2.98 | 2.29*** | 1.72–3.04 |
| Married/cohabiting | 1.00 | | 1.00 | |
| Family income | | | | |
| Below median (including no income) | 0.90 | 0.76–1.05 | 0.90 | 0.75–1.08 |
| Above median | 1.00 | | 1.00 | |
| Receiving social security | 1.21 | 0.94–1.55 | 1.27 | 0.97–1.66 |
| Children's characteristics | | | | |
| Gender | | | | |
| Boy | 1.48*** | 1.28–1.71 | 1.76*** | 1.50–2.07 |
| Girl | 1.00 | | 1.00 | |
| Age (mean) | 1.11** | 1.03–1.20 | 1.10* | 1.02–1.20 |
| Having siblings | | | | |
| Yes | 1.30** | 1.10–1.54 | 1.30** | 1.08–1.56 |
| No | 1.00 | | 1.00 | |
| Gambling | 2.57*** (2.260, 2.914) | 0.00 | 2.68*** (2.331, 3.077) | 0.00 |

| Demographic characteristics | Lifetime prevalence of child sexual victimization | | Preceding-year prevalence of child sexual victimization | |
|---------------------------------------|---|-----------|---|-----------|
| | Adjusted OR | 95% CI | Adjusted OR | 95% CI |
| Phase 2^a | | | | |
| Lifetime child victimization | | | | |
| Conventional crime | 4.29*** | 3.65–5.05 | 4.57*** | 3.81–5.49 |
| Child maltreatment | 3.74*** | 3.23–4.34 | 3.89*** | 3.30–4.57 |
| Peer and sibling victimization | 4.56*** | 3.93–5.29 | 5.29*** | 4.48–6.25 |
| Witnessing and indirect victimization | 4.29*** | 3.67–5.00 | 4.32*** | 3.64–5.12 |

* p<0.05 / ** p<0.01 / *** p<0.001

^a Variables in phase 1 were adjusted by other variables in the same phase, while variables in phase 2 were adjusted by all variables in phase 1 and other variables in phase 2.

^b Mainland = all sites in mainland China (i.e. Shanghai, Shenzhen, Tianjin, Wuhan and Xi'an)

3.4 Impact of child sexual victimization

Table 9 presents the results of bivariate (unadjusted) logistic regressions used to investigate the impact of CSV on children's physical and mental health. Better physical-health-related quality of life (measured by SF-12 PCS) was related to decreased odds of both lifetime and preceding-year child sexual victimization (OR = 0.95 and 0.95 respectively). Better mental-health-related quality of life (measured by SF-12 MCS) was also related to decreased odds of both lifetime and preceding-year sexual victimization (OR = 0.97 and 0.97 respectively).

Specifically, mental health outcomes such as depression, self-esteem and PTSD were found to be significantly associated with CSV. PTSD was associated with greater odds of lifetime CSV (OR = 1.85) and preceding-year CSV (OR = 1.81). Self-esteem was significantly related to both lifetime and preceding-year prevalence of CSV (OR = 0.94 and 0.94 respectively). Depression was also more likely to be present among children who had experienced lifetime CSV (OR = 1.05) and preceding-year CSV (OR = 1.05).

Table 13. Impact of child sexual victimization

| Demographic characteristics | Crude OR Lifetime prevalence of child sexual victimization | | Crude OR Preceding-year prevalence of child sexual victimization | |
|--|--|---------|--|---------|
| | 95% CI | p-value | 95% CI | p-value |
| Psychological and behavioral characteristics | | | | |
| PTSD | 1.85*** (1.730, 1.975) | 0.00 | 1.81*** (1.681, 1.944) | 0.00 |
| Self-esteem | 0.94*** (0.929, 0.954) | 0.00 | 0.94*** (0.928, 0.956) | 0.00 |
| Depression | 1.05*** (1.044, 1.054) | 0.00 | 1.05*** (1.043, 1.054) | 0.00 |
| SF-12 PCS | 0.95*** (0.945, 0.959) | 0.00 | 0.95*** (0.942, 0.957) | 0.00 |
| SF-12 MCS | 0.97*** (0.960, 0.971) | 0.00 | 0.97*** (0.960, 0.972) | 0.00 |

4. Conclusions

The main objectives of the Optimus Study are to investigate the prevalence, risk factors and consequences of child sexual victimization.

This report summarizes the major findings of the Optimus Study in China, which was pursued to provide a clearer understanding of child sexual victimization in China and influence a proper response by the Chinese government.

This chapter summarizes the findings of the study, discusses limitations and provides recommendations for prevention and future research.

4.1 Summary of findings

4.1.1 Prevalence of child sexual victimization (CSV)

The results of the school-based survey indicated that the lifetime prevalence rate of CSV as reported by school students was eight percent, while the preceding-year rate was 6.4 percent.

The prevalence rates from the household-based survey were lower. The lifetime prevalence rates of CSV, as reported by household parents and household children aged 15 to 17, were 1.3 percent and 3.1 percent respectively. For the preceding year, the prevalence rates were 1.1 percent and 2.8 percent.

The rates of CSV reported by children were generally higher than the rates reported by parents. This may be due to parents resisting disclosing actual incidents because they are ashamed, or some parents may simply be unaware of what may have happened to their children. Chen and Chen (2005) and Chen et al. (2007) point out that the parents' awareness of CSV should be increased, and that parents lack basic knowledge about characteristics of perpetrators, the sexual abuse of boys and nonphysical consequences of CSV.

School students reported the highest rate of overall CSV and each type of sexual abuse. Children in the household setting might not have felt as free as those in the school setting to answer some types of survey questions. Since an appreciable proportion of CSV takes place within the family, it is possible that data collected in the school context may be of higher quality than that collected in the household.

Despite the discrepancies among the rates of CSV reported by parents, the results of this study reveal that experiencing sexual abuse in some form is not uncommon for children in China, indicating the importance of prevention efforts to address the high prevalence of CSV. This, in turn, underscores the importance of strengthening these prevention efforts. As reviewed in the first sections of this report, legal and government roles in the protection of child victims of CSV and in the prevention and mitigation of CSV are below the standards in many Western countries. Many children in Chinese society could benefit from relatively modest and gradual changes to legal and administrative systems in China.

This study has the biggest sample and most comprehensive design of any study of CSV in China. This study contributes to understanding the prevalence of CSV among boys and girls, risk factors and consequences of CSV, underreporting of CSV and other contributing factors.

Gender differences in the lifetime and preceding-year prevalence of child victimization were significant for child sexual victimization. Based on the school survey, almost one in 10 boys (9.3 percent) had experienced CSV perpetrated by an adult during their lifetime, as had nearly one in 15 girls (6.6 percent). This study also shows that prevalence was higher among boys than among girls for all forms of child sexual abuse. This is contrary to the findings of most Western studies, which generally find that girls are more likely than boys to be sexually abused (e.g. Dube et al., 2005; Finkelhor, 1994; Holmes and Slap, 1998). The prevalence rate for boys in this study does fall within the range for the Western studies (four percent to 16 percent); however, for girls the prevalence is lower than the Western average range of 20 to 30 percent (Dube et al., 2005; Finkelhor, 1994; Holmes and Slap, 1998).

One possible reason for the lower prevalence among girls in China compared to Western countries could be the difference in the readiness of adolescent girls in the West and those in China to report their CSV experience. School-aged girls in China are probably more likely to underreport because of family shame, taboos about discussing sex and lack of support from social services in the context of Chinese culture.

Alternatively, the higher prevalence of CSV against boys in this study may reflect a true difference in the prevalence of CSV between China and the West. Such a novel finding is potentially very important scientifically and warrants further study through additional research and data collection efforts. Given the one-child policy operating in mainland China, parental supervision of children, especially girls, is generally strict (Sun, Li, Ji, Lin and Semaana, 2008). The high value placed on female virginity in Chinese societies also means that Chinese girls are more likely to be expected to stay at home and remain under stricter parental supervision (Zhao, 2003). The chance of victimization by non-family members for girls might therefore be reduced, resulting in a relatively lower prevalence than for boys.

4.1.2 Risk factors associated with child sexual victimization

Some demographic factors were found to be associated with CSV. This study found that children with one or more siblings were associated with an increased risk of CSV. Previous studies have shown that between two percent (Leder, 1991) and four percent (Finkelhor and Ormrod, 1999) of people have been sexually victimized by a sibling, where the sexual contact involved some degree of force or coercive activity. Another possible explanation for this association could be that having more children in a family disperses parents' time and resources, making each child more vulnerable to sexual abuse.

Consistent with previous research, specific family environments, such as single-parent families or families with an unemployed father, were linked to an increased risk of CSV (Manlove, Moore, Liechty, Ikramullah and Cottingham, 2005). However, family income, parental education and receiving social security did not appear to be significantly related to CSV. In China, self-reported data on urban household income is usually flawed because of significant underreporting of income by respondents. They tend to truthfully report their regular salaries but are relatively untruthful about other types of income, especially the "gray income" from unidentified sources (Wang and Woo, 2011). Furthermore, the problem of hidden income is more concentrated in the high-income groups (Wang and Woo, 2011). Hence, self-reported income could have serious reliability problems.

Finally, this study showed that experience of other forms of child victimization was associated with greater risk of experiencing CSV. These findings were consistent with those of previous Western studies (Classen, Palesh and Aggarwal, 2005; Messman-Moore and Brown, 2004; Messman-Moore and Long, 2003). It has been argued that child abuse and peer victimization may be associated, given that the two types of violence share common symptoms (Fekkes, Pijpers and Verloove-Vanhorick, 2004). The results of this study further confirmed the association and highlighted the potential predictive or screening utility of one type of violence with regard to the other.

Although all of these other types of victimization had large and significant odds ratios associated with CSV, the reader is cautioned that the data does not support drawing a causal conclusion between such experiences and potentially overlapping types of maltreatment and CSV. Such an analysis would require a specialized or longitudinal dataset. However, this data is indicative of the overall challenges and multitude of adverse experiences that children with CSV face during their lives.

4.1.3 Consequences of child sexual victimization

In general, victims of CSV demonstrated poorer health. They were more likely than non-victims to show symptoms of PTSD and depression, low self-esteem and poorer health-related quality of life. This result replicated the past findings that have shown significant relationships between child victimization and PTSD (Chou et al., 2011), depression (Ozer and McDonald, 2006) and health-related quality of life (Corso, Edwards, Fang and Mercy, 2008). Overall, the present findings with a large and diversified sample support the notion that there are links between child victimization and negative health outcomes within the Chinese population.

Again, it is important to note that these are cross-sectional relationships, and related literature (e.g. Corso et al., 2008) has shown that child maltreatment is associated with a lifetime decrease in adult health-related quality of life (HRQOL). In the present analysis, it is more likely that CSV has reduced HRQOL rather than higher HRQOL leading to a decreased risk of CSV.

4.2 Limitations of the study

There are several limitations of this study that should be noted when interpreting the results. First, as in any study based on self-reporting, recall bias or reporting bias may affect these results. One of the factors contributing to recall bias may be the time frame used to measure violence. One year was used as the reference boundary, and the study asked respondents to recall any violent incident before and after that point. Previous research has highlighted that a year may be a long time period over which to recall victimization that may occur more frequently, while also being a relatively short period in which to recall rarer incidents (Finkelhor, Ormrod and Turner, 2007). However, while underreporting may occur when respondents have forgotten an incident, overreporting can also occur when they “telescope” other types of victimization from earlier periods into the one-year time frame (Finkelhor et al., 2007). At the same time, one should not overstate this concern, since issues of recall are inherent in child maltreatment research when it is conducted on an adult population. Virtually all studies, including those published in leading journals on other populations, face similar concerns.

A second limitation is the use of parental reports as a source of information. As mentioned previously, whether underreporting is present in parental reports is still inconclusive (Finkelhor, Hamby et al., 2005; Kolko et al., 1996). Parental reports may underestimate rates of CSV as parents might not know about victimization incidents involving their children or might be unwilling to disclose them. Gender differences between parental reports may also be a barrier to accurate interpretation of study findings. Similar to past research (Finkelhor et al., 2009; Finkelhor, Hamby et al., 2005), our study recruited caregivers randomly without preference for or exclusion of any gender. However, fathers and mothers may differ in their knowledge or reporting of victimization of their children. Future studies may consider comparing reports between parents to minimize any effect of gender difference on the results.

Third, the current study is based on the most developed metropolitan areas or provincial capitals. While the study included rural areas, these areas are essentially suburban parts of major cities and metropolitan areas. The strategies of the sampling choice make it difficult to generalize the findings to the whole nation, since large cities are significantly different from rural areas or even smaller cities. Larger cities are usually regarded as having more resources, better teachers, better-educated parents and better-managed legal systems. Nonetheless, this concern is offset by the major innovation made by this study in providing new data about an underreported condition in a large population that has been understudied to date. Future studies that wish to generate nationally representative results for wider geographic areas will need to carefully consider the sampling frame and perform appropriate statistical power calculations in developing their design. Indeed, this study provides a foundation for such power calculations and future research by filling a major evidence gap that existed to date.

Within the current sampling framework, some disadvantaged groups are not included in this report, such as “left-behind” children, whose parents have migrated for work, and migrant children. China has 58 million left-behind children, 40 million of whom are under the age of 14. China also has 100 million new-generation migrant workers, and nearly 30 percent of them are in the age range of 15 to 18. Compared to the limited research on CSV among the newly emerging vulnerable children, there are countless newspaper reports on the vulnerabilities of left-behind children exposed to CSV.

4.3 Recommendations for prevention and future research

The associations between child victimization and family violence highlight the value of screening for multiple types of violence when one type has been detected. The results also suggest that prevention efforts should focus on multiple types of violence and that an integrative approach targeting family violence is critical for stopping CSV.

Urban-rural divisions are a key phenomenon of Chinese society and cause numerous social issues. Most existing studies, including the present study, have focused on the urban areas. Having further studies in rural areas would contribute to a deeper understanding of CSV because rural children and adolescents in China are more vulnerable than their urban counterparts for several reasons. First, higher rates of poverty, an inferior socio-economic status and unemployment in rural areas may lead to increased vulnerability to CSV among those children (Lin et al., 2011). Second, the lack of sex education, including CSV prevention programs, in Chinese rural schools may contribute to a lack of awareness of CSV and lack of knowledge regarding self-protection among young children and their parents (Lin et al., 2011). Third, most rural parents work hard to make ends meet for their family, contributing to poor parental monitoring.

In China, the “left-behind” children represent a large and particularly vulnerable group. According to a report from the National Association of Women Federation (2012), the total number of left-behind children in China is 58 million, 40 million of whom are under the age of 14. Thirty percent of these children have parents who have been working as migrant laborers for more than five years. As a particularly vulnerable group, left-behind children may face more risks in terms of CSV than other children. Conducting a survey in rural areas (especially focusing on left-behind children) would greatly improve our understanding of the real situation of CSV in China.

More information and contacts

For more information on the Optimus Study go to www.optimusstudy.org. Besides general information on the project, you will find our publication that summarizes the study in a non-scientific language, as well as information and reports on the related studies conducted in other countries.

You may order such publications via email: order@optimusstudy.org

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