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**Sexual abuse of children in China: consequences and Han culturally appropriate treatment**

Na Du

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Pepperdine University  
Graduate School of Education and Psychology

SEXUAL ABUSE OF CHILDREN IN CHINA: CONSEQUENCES AND HAN CULTURALLY  
APPROPRIATE TREATMENT

A clinical dissertation submitted in partial satisfaction  
of the requirements for the degree of  
Doctor of Psychology

by

Na Du

November, 2023

Thema S. Bryant-Davis, Ph.D.(-) Dissertation Chairperson

This clinical dissertation, written by

Na Du

under the guidance of a Faculty Committee and approved by its members, has been submitted to and accepted by the Graduate Faculty in partial fulfillment of the requirements for the degree of

DOCTOR OF PSYCHOLOGY

Doctoral Committee:

Thema S. Bryant-Davis, Ph.D., Chairperson

Shelly Harrell, Ph.D., Committee Member

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## DEDICATION

This dissertation manuscript is dedicated to my parents, siblings, sponsors and supporters. Your encouragement and trust helped me reach my personal goals. Thank you so much for your faithful support and blessings as I continue this journey. It is impossible that I could come to thus far without you.

## ACKNOWLEDGMENTS

I sincerely give my gratitude to Dr. Thema Bryant and Dr. Shelly Harrell for their guidance to help me complete this manuscript. I acknowledge my classmates Melanie David and Rachel Wu for their moral compassion and support throughout this project. I also appreciate the opportunity to work closely with the faculty staff and professors at Pepperdine University Graduate School of Education and Psychology.

## VITA

**EDUCATION**


---

<b>Pepperdine University</b> Clinical Psychology   APA Accredited	<b>Doctor of Psychology (Psy.D.)</b> 2020 – 2024
<ul style="list-style-type: none"> <li>Dissertation: Sexual Abuse of Children in China: Consequences and Culturally Appropriate Treatment</li> </ul>	
<b>Vanguard University</b> Clinical Psychology	<b>Master of Science (M.S.)</b> 2016-2019
<b>Grand Canyon University</b> Educational Studies	<b>Bachelor of Science (B.S.)</b> 2014-2016

**CERTIFICATIONS**


---

Licensed Marriage Family Therapist  
EMDR (Eye Movement Desensitization and Reprocessing), EMDR Institute, Inc.,

**PREDOCTORAL INTERNSHIP**


---

**Indiana University/Purdue University (APA Accredited)** August 2023—Present  
Supervisor—David Laimore, PsyD., HSPP.

- One-year predoctoral internship with a 12-month rotation in Clinical Psychology (75%) and Clinical Neuropsychology (25%).
- Provide weekly individual and group therapy for college students utilizing Cognitive Behavior Therapy, Short-Term Dynamic Therapy, Trauma-Focused Cognitive Behavior Therapy, and Dialectical Behavior Therapy.
- Conduct psycho-assessment for college students to inform diagnoses and treatment planning.
- Collaborate with other departments within the University via outreach activities to increase college students' awareness and access to mental health treatment.
- Offer Pro Bono teaching activities on special topics, such as coping skills, crisis management techniques, and distress tolerance skills.
- Participating in one-hour weekly individual supervision per rotation, peer and group supervision, weekly didactics, two-hour monthly specialty seminars in assessment, diversity, and professional development, and monthly outreach activities within the University.

**PREDOCTORAL TRAINEE**


---

**Children's Hospital of Orange County (APA Accredited)** Sep 2021—May 2023  
Supervisor – Micaela Thordarson, Ph.D.

- Conduct psychological assessments (i.e., WASI-2, UCLA PTSD Reaction Index for Children and Adolescents-DSM-5 Version, CY-BOCS Obsessions Checklist, Autism Spectrum Quotient) to adolescents aged 12-17 with a broad spectrum of clinical presentations (e.g., depression, anxiety, trauma, eating disorders, and psychosis) and use results to inform comprehensive treatment planning shared with the care team and families.
- Provide weekly individual, family, and group therapy utilizing Dialectical Behavioral Therapy (DBT)
- Teach parents from the community DBT skills and utilization of diary cards.
- Participate in daily consultation groups for specialized training in DBT, as well as weekly

supervision, meetings, consultations, and additional training.

- Responsible for delegating group tasks and roles to group members to ensure quality care for the patients.

### **Pepperdine University Irvine Clinic**

September 2020 – June 2022

Supervisor: Joan Rosenberg, Ph.D. and Edward Shafranske, Ph.D., ABPP, FIPA

- Provided culturally congruent evidence-based individual, couple, and family therapies (e.g., person-centered approach, CBT, psychodynamic approaches, ACT, family system, and emotionally focused therapy) and intake assessments to a diverse outpatient population with a wide range of presenting problems (e.g., mood, anxiety, trauma, personality disorders, and eating disorders; psychosis; relational and marriage problems); collaborated with clients in developing treatment plans and goals.
- Provided adhoc crisis intervention to clients presenting with suicidal ideation.
- Participated in weekly case conference meetings and didactic seminars.

### **Newport Healthcare**

November 2019—Present

- Provide weekly clinical supervision to pre-licensed therapists and offer feedback on their case conceptualization and treatment planning based on a clinical competence model by Dr. Carol Falender and Dr. Edward Shafranske.
- Provide individual, family, and group psychotherapy to families and adolescents with trauma and substance abuse utilizing Mentalization, Intensive Short-Term Dynamic Therapy (ISTDP), EFT, Attachment-based Family Therapy (ABFT), CBT, DBT, and EMDR.
- Conduct intake and risk assessments; collaborated on treatment plans with clients.
- Advocate for clients and appropriate care with insurance companies
- Participate in weekly treatment team meetings discussing progress and changes to clients' care.
- Regularly act as an on-call clinician for mental health crises and emergencies.

## **MARRIAGE AND FAMILY THERAPISTS EXPERIENCE**

### **Mariposa Women and Family Center**

October 2018—October 2019

- Conducted preadmission intakes and assessments.
- Provided individual, couple, and family therapy for clients aged from 10 to 65; collaborated with clients on developing treatment plans and goals.

### **Journeys Counseling Ministry**

September 2018—October 2020

- Conducted intakes and preadmission assessments.
- Provided therapy for a diverse population with a broad range of presentations (i.e., depression, anxiety, substance abuse, bipolar, marital problems, bipolar personality disorders, and autism spectrum disorder); collaborated with clients on developing treatment plans and goals.

### **Hope International University Counseling Center**

January 2018—October 2018

- Provided individual, couple, and family therapy for clients aged from 5 to 65, with average weekly caseload of 12 clients; collaborated with clients on developing treatment plans and goals.

## **RELEVANT WORK EXPERIENCE**

### **Shaanxi Agape Community Care Association (Agape)**

May 2007—July 2016

Positions: Project Manager and CEO

Agape is a Chinese NGO serving orphans, special needs children, and young adults with special needs. It also provides educational opportunities through training and conferences

organized and held in Xi'an, China. Agape has served over 1500 abandoned children, and over 1200 have been adopted by families from 14 countries. Agape also cooperates with China's Education Bureau at the municipal level and is engaged with six universities using the curriculum to spread the truth of love, life, and sex education. Agape promotes the value of marriage and knowing the difference between love and sex to help college students make wise decisions, reject high-risk behaviors, and live a life without apologies.

**Main responsibilities:**

- Established Early Childhood Education Projects for children aged 0 to 6 years old and Sheltered Living Housing for special needs clients who graduated from our Vocational Training Center.
- Organized activities in the community to increase general awareness of disabilities.
- Planned and gave public talks to people to educate local communities and recruit volunteers.
- Created, planned, implemented, and integrated the strategic direction for Agape.
- Directed and empowered 58 staff in different departments within Agape.
- Conducted all operations in accordance with the guidelines established by the Board of Directors.
- Represented the organization with local and provincial officials and communicated with overseas sponsors.
- Provided advanced training for the staff to enhance their professional skills and to help provide comprehensive services for children and young adults.

**AWARDS & HONORS**

Evelyn B. Blake GSEP Scholarship

September 2019—April 2023

**PROFESSIONAL AFFILIATIONS**

American Psychological Association—Division 56, Trauma Psychology

## ABSTRACT

Child sexual abuse in China has a lower prevalence than in Western countries. Due to its conservative culture, child sexual abuse has been a hidden topic, resulting in children suffering from mental health problems since there was no proper treatment or intervention. The objective of the current study was to explore the estimated prevalence of child sexual abuse in China, its long-and short-term psychological effects, and culturally appropriate treatment for those who experienced sexual abuse. The aim of this study is to inform the professionals with knowledge, skills, and techniques to treat those with mental health problems caused by sexual abuse.

Method: This study will use the systemic review to synthesize all peer-reviewed Chinese and English articles published between 2000 and the present to extract relevant information to inform the practice. Result: From the included 23 articles, the prevalence of child sexual abuse varied and ranged from 0.6% to 33.5%. The findings for the prevalence of boys and girls were mixed since some studies reported a higher prevalence among boys, and some had a higher prevalence among girls, while other studies reported mixed results. In terms of the prevalence of perpetrators, this study only found that the male perpetrators had a higher prevalence. Those who went through different types of sexual abuse endorsed different long- and short-term psychological symptoms and disorders, but there were no culturally appropriate clinical treatments available except recommended sex education and completion of Child Human Rights and Protection Laws. Conclusion: some Chinese children and adolescents went through different types of sexual abuse. They endorsed some psychological symptoms and distress, but culturally appropriate treatments are lacking. It is imperative to research some culturally appropriate treatments and approaches to treat those struggling with mental health conditions due to child sexual abuse. The limitations of this study are that there will be translation errors since Chinese articles are included. Some culturally related terms in the original language may not have corresponding terms in English. In addition, cultural elements regarding treatment were not fully addressed. Finally, the prevalence of child sexual abuse in rural and urban areas

was not reported. The contribution is that this study synthesized all the literature to inform professionals about the status of child sexual abuse among Chinese children, including current prevalence, the long and short-term affect of sexual abuse, and the status of treatment.



## **Chapter I: Background and Rationale**

### **Statement of Problem**

Many researchers have studied the status of CSA in China. However, different incidences of CSA have been reported, and the rate of CSA was significantly lower than in Western countries (X. Chen et al., 2021; Ma, 2018; Zhao et al., 2011). Research suggested only a few reasons for the difference in the estimated prevalence. First, it could be due to Chinese conservative cultural perspectives on sexual attitudes and practices, especially concerning children and adolescents. Most Chinese people believe children and adolescents should not engage in sexual activities (J. Chen et al., 2004). Culturally, sex is permissible only within marriage (W. Yu, 2021). Those who have premarital sex or sexual abuse are considered shameful to themselves and their families, even to the community (C. Wang et al., 2020; W. Yu, 2021). Chinese people highly value girls' chastity, which might lead to the girls' underreporting of sexual abuse when they are the victims (Ma, 2018; Zhao et al., 2011). Those who lost their virginity due to CSA have been described as having a "stain" on their lives (W. Yu, 2021).

Additionally, Confucian beliefs restrict people, including the police, from talking about sexual topics in public because it puts shame on them (W. Yu, 2021). Moral blame is often targeted at the survivors or the perpetrators (W. Yu, 2021), preventing survivors and their parents from reporting the abuse and seeking public resources for support (X. Chen et al., 2021). Therefore, Chinese people tend to keep sexual abuse as a secret due to the stigma and shame that it creates for the survivors and their families, especially when the perpetrators are close family members, relatives, and acquaintances in the same neighborhood or village (J. Chen et al., 2021; Zhao et al., 2011). Chinese culture also emphasizes filial piety. Children are often taught to be obedient to adults and are encouraged to defer to adults' instructions. Chinese children tend to comply with offenders' commands and keep sexual abuse a secret (H. Zhang et al., 2020). In addition, Chinese traditional societal culture embraces the stereotype that males are more muscular, powerful, and superior to females (W. Yu, 2021). Therefore,

boys who went through CSA are not usually considered survivors of sexual abuse (W. Yu, 2021).

Second, according to Ma (2018), research suggests that the definition of CSA varies across the studies, which might influence the estimated prevalence. Some research only included survivors of CSA when the participants were under age 13, and the age gap between survivors and perpetrators was over five years. Some research included populations under the age of 16 or 18. Third, some studies have indicated that different sampling methods could influence the estimated prevalence of CSA. Some research used probabilistic samples, and some used non-probabilistic samples. Some articles with probabilistic samples have a lower prevalence of CSA than those who used non-probabilistic samples, whereas others indicated no significant differences. Fourth, some research used different data-gathering methods, which could affect the estimated prevalence of CSA. For instance, some studies used in-person interviews, and some research used questionnaires or surveys. The in-person interviews indicated a higher rate than those who used questionnaires or surveys, while others concluded the opposite result. Fifth, some researchers suggested that gender differences could impact the rate of CSA. Some studies indicated that female minors have a higher prevalence of CSA than male minors, while others found the opposite result or did not find significant differences. Sixth, some studies enrolled participants from different geographic areas. For instance, some research only included sample populations in mainland China; some included populations in Hong Kong; some recruited their populations in Taiwan, some recruited their population in both mainland China and Hong Kong, while others included all three places. The results showed a significant difference regarding the overall prevalence of CSA in China.

### ***Child Sexual Abuse in Rural China***

Another consideration regarding the estimated prevalence of child abuse in China is related to the norms and practices in rural areas. CSA in Chinese rural areas is either unreported or hidden (C. Wang et al., 2020). China's rural community is a collective relational

society, emphasizing interpersonal relationships rather than legal allegations against each other (C. Wang et al., 2020). Therefore, people in rural areas inhibit disclosing their children's sexual abuse in public (C. Wang et al., 2020). Depending on who the perpetrator is, if the perpetrators are acquaintances or villagers, they settle these issues privately and in an extralegal context through monetary compensation, apologies, and keeping their distance from the child. (C. Wang et al., 2020). This collective relational society conceals many CSA cases against children in rural areas (C. Wang et al., 2020). The rules and traditions within this collective relational society trump formal regulations of legal institutions, which were set up as informal rules, private settlements, and negotiations (C. Wang et al., 2020). These traditional rules totally minimize and neglect those who experience CSA. Although there is a law known as the "Human Rights and Protection for Children in Rural Areas," many parents still conceal their children's sexual abuse because the penalty for breaking this law indicates their failure to care for their children, which would result in the children being removed from their parent's custody (C. Wang et al., 2020).

Additionally, it is considered acceptable for families, such as parents, grandparents, siblings, and other close extended relatives, to touch or fondle boys' genitals privately or in group settings, which is not considered CSA. Such traditional perspectives and cultural tolerance regarding boys' sexual abuse might underestimate the prevalence of CSA (Zhao et al., 2011).

Due to the scarcity of sex education in rural China, children do not have sufficient knowledge and self-protection skills to CSA coerced by the people they are acquainted with. According to C. Wang et al. (2020), 25% of children in rural areas are unaware of the physical differences between males and females, which could result in a high risk of sexual abuse. When CSA happened to these children in rural areas, they did not understand that it was a serious assault but might have perceived it as a game (C. Wang et al., 2020).

Some of these children in rural areas are called "left behind children" and are significantly vulnerable to sexual abuse. The left-behind children are those who are living with

one parent, grandparent(s), older siblings, other adult relatives or are on their own when one or two of their parents move to the urban areas for better employment to provide for families in rural areas (X. Chen et al., 2021; H. Zhang, Ma, et al., 2020). The left-behind children do not have adequate or proper parental care and supervision, so they could become potential targets of sexual exploitation by sexual offenders (X. Chen et al., 2021). For instance, in August 2013, there was a scandal about a schoolteacher who molested six primary school students, and all of them were left behind children (X. Chen et al., 2021). Even those living with one parent or grandparent(s) are more likely to be sexually abused (X. Chen et al., 2021; H. Zhang, Ma et al., 2020). One parent at home needs to carry on all the responsibilities within the household, which takes away the time that the parent could provide proper guardianship (X. Chen et al., 2021). Also, the grandparent(s) may only be able to satisfy their basic needs, such as food and clothing, neglecting emotional care and support. When sexual abuse happens to children, the grandparent(s) use traditional concealment to hide the incidence since sexual abuse is such a taboo topic (X. Chen et al., 2021). Mothers who migrate to the cities significantly impact their children's attachment (X. Chen et al., 2021). When the abuse happens to these left-behind children, it has been suggested that they shut down emotionally without talking to any person and that this is related to their inability to bond with their primary caregivers, leaving more opportunities for the perpetrators to continue the abuse (X. Chen et al., 2021; H. Zhang, Ma, et al., 2020).

Without proper parental supervision, monitoring, and guardianship, the left-behind children have increased exposure to risky factors, such as increased interactions with deviant peers, risky peer activities, and delinquent behaviors, including damaging public properties, stealing, taking weapons to school and other occasions, engaging in physical or verbal altercations, drinking, smoking, sneaking out at night, truancy and graffiti, due to the need and longing for emotional connection and support (X. Chen et al., 2021). According to the research, this population is more likely to be sexually abused than those whose parents stay home (X.

Chen et al., 2021). The older left-behind girls are more likely to be sexually abused, while older boys are less likely to be victimized (X. Chen et al., 2021). In terms of ethnicity, Han (dominant ethnic group) children reported increased experiences of sexual abuse among all children in rural China (X. Chen et al., 2021). Han Chinese are considered the largest ethnic group in China. They share cultural practices, lifestyles, languages, customs, and rituals that are not as common among other ethnicities (Elliott, 2012).

### ***Defining Child Sexual Abuse***

According to Ma (2018), CSA is defined by the extent of sexual coercion inflicted by the perpetrator on a child, the age gap between the perpetrator and the child, the age range of the child, the age of the perpetrator, the relationship between the perpetrator and the child, and the type and characteristics of sex activities involved with a child. However, according to the legal criminalization of sex offenses in China, Article 139 stipulates that those who engage in sexual coercion with a girl younger than 14 are considered a rapist and should be punished. Article 360 stipulated that anyone engaging in consensual sexual activities with a girl younger than 14 should be imprisoned for more than five years and fined. These laws exclude boys who could be victims of CSA. This may be related to Chinese people's perspectives regarding male sexual abuse that men, in general, are viewed as strong and should not be considered victims (W.Yu, 2021).

### ***Types of Child Sexual Abuse***

Regarding the types of CSA, there is non-physical contact, including displaying an adult's genitals to the child, an adult's masturbation with a child's presence, an adult's attempt to arouse the child, and watching erotic videos and books with the child (J. Chen et al., 2006; Zhao et al., 2011). There is also physical contact, including asking a child to touch an adult's genitals, an adult's fondling a child's breast or genitals, an adult's kissing a child's genitals with his/her mouth, having anal intercourse with a child, having vaginal intercourse with a child, and forcefully kissing and hugging a child (J. Chen et al., 2006; Zhao et al., 2011).

### ***Perpetrators of Child Sexual Abuse in China***

According to Liang and Hu (2018), 68.4% of the offenders are acquaintances of the child, including fathers, stepfathers, brothers, uncles, grandfathers, neighbors, and adults from the same community or village, and 24% are strangers. Some female perpetrators played a significant role in CSA, but the prevalence of female perpetrators is underreported because female child sexual offenders are rarely reported. One possible explanation for this phenomenon is that women are often believed to be victims and overlooked as offenders (Tozdan et al., 2019). According to Shen (2016), some uneducated females with limited life experiences in rural areas tended to sex traffick children.

Some of these offenders often rely on random opportunities that they might not actively create by themselves (Liang & Hu, 2018). Most of them committed spontaneous crimes when the opportune moment was present (Liang & Hu, 2018). Some would be opportunity-making perpetrators, meaning they took an active effort to plan for their crime by coaxing, forcing, or stalking the victim (Liang & Hu, 2018). Some perpetrators take advantage of victims who have mental and physical disabilities (Liang & Hu, 2018). With these victims, the perpetrators would lure the victims to the crime locations or invade the victims' homes to abuse them while the victims' parental figures were not around (Liang & Hu, 2018).

Some perpetrators are serial offenders, meaning they engage in multiple offenses against the same victim or multiple victims more than once (Liang & Hu, 2018). Serial perpetrators would intentionally plan for their crime, such as time, location, and means (Liang & Hu, 2018). These offenders likely abuse more than one victim through violence (Liang & Hu, 2018). Some CSA would be considered statutory rape, which means an adult has a sexual relationship with a victim younger than 14 years old (Liang & Hu, 2018).

Some educators have taken advantage of their professional position to sexually abuse students (Liang & Hu, 2018; C. Wang et al., 2020). Due to teacher and student relationships, the teachers can easily access their potential targets (Liang & Hu, 2018). There are also

situations like a female teacher's husband abusing his wife's professional authority to sexually exploit students (Liang & Hu, 2018). This kind of crime typically happens in teacher's offices, student dormitories, classrooms, and on-campus (Liang & Hu, 2018).

Other perpetrators are gang/party offenders who would take advantage of the opportunity to sexually abuse minors during a party, where children might drink and believe that everyone who attends the party is safe and friendly (Liang & Hu, 2018). Those gang/party perpetrators would lure the minors into the bathroom, hotel room, or even public places to sexually abuse them (Liang & Hu, 2018). Other perpetrators are incest offenders, closely related to the victims (Liang & Hu, 2018). This type of abuse often lasts a long time before being discovered since Chinese people tend to conceal the abuse due to shame and stigma (Liang & Hu, 2018).

### ***Effects of Child Sexual Abuse in China***

Literature on CSA has indicated that those who experienced CSA suffer from emotional and mental distress and other high-risk behaviors. Sexual abuse disrupts a child's mental health development, causing short- and long-term effects on mental health growth, which could lead to negative behaviors (Ding et al., 2018). In terms of short-term effects, CSA can cause a child to struggle with low self-esteem, social withdrawal, dissociation, depression, anxiety, PTSD, substance abuse, low danger awareness, diminished affective regulation, and risky behaviors, such as impulsivity, aggressiveness, self-harm, sleep disturbance, unsafe sexual activities, engaging various sexual behaviors with multiple sexual partners, and permissive to casual sex (Chung & Chen, 2020; Ding et al., 2018; Guo et al., 2018; W. Yu, 2021; H. Zhang, Ma, et al., 2020; Zhao et al., 2011). These risky behaviors might further cause the re-victimization of children (Ding et al., 2018; E. Ma & Li, 2014). CSA may also alter children's cognition regarding self-concepts and worldviews and distort their life reality (Ding et al., 2018).

Regarding long-term effects, CSA can lead to lifelong mental health issues, including chronic depression, anxiety, PTSD, and risky behaviors, including substance abuse, poor

decision-making, suicidal ideation, aggressive behaviors, and poor socioeconomic status (Guo et al., 2018). According to the literature, the prevalence of depression among male and female survivors of sexual abuse is significantly higher than those who did not experience CSA (J. Chen et al., 2004). For female minors, CSA significantly contributed to two types of eating disorders—anorexia and bulimia (J. Chen et al., 2004). Female minors also reported more anxiety symptoms and learning difficulties than male minors (Chung & Chen, 2020). In contrast, boys endorse alexithymia, defined as difficulty identifying emotions and describing and expressing feelings to others (Chung & Chen, 2020). For boys, CSA also increases the rates of aggressive behaviors, including physical fighting, carrying weapons, reckless behaviors under the influence of substances, such as alcohol and other street drugs, and breaking the law through violence (J. Chen et al., 2004; Xie et al., 2018).

Another significant long-term effect is that CSA interrupts children's interpersonal relationships due to their emotional, cognitive, and behavioral dysregulation in response to the abuse (E. Ma & Li, 2014). Repetitive CSA creates chronic stress that keeps reactivating the child's neural stress response systems. As such, those who went through CSA cannot regulate their emotions (E. Ma & Li, 2014). Consequently, sexually abused children often experience confusion, anger, and withdrawal symptoms, which causes them to develop insecure attachments, such as disorganized attachment (E. Ma & Li, 2014). Also, the research findings suggest that children who experience sexual abuse tend to avoid others, including their parental figures, which can cause them to develop avoidant attachments (E. Ma & Li, 2014). J. Huang et al. (2012) suggest that in the context of insecure attachment without proper interventions, children's experiences of sexual abuse can lead to personality disorders traits, such as borderline personality traits and avoidant personality tendencies. This finding is congruent with the literature regarding the impact of CSA on one's long-term well-being in Western countries.



### ***Prevention of Child Sexual Abuse in China***

There are a few suggestions regarding preventing CSA in China. Liang and Hu (2017) provide multiple recommendations. First, they suggest that sex education for age-appropriate children would help raise awareness of potential risk factors. They note that children in rural areas need education on identifying dangerous adults since they lack precautions, as they are often acquainted with the perpetrators. It is also suggested that children need to learn how to leave the potentially dangerous scene once they know the situation might jeopardize their safety.

Additionally, they should be told to stay in groups in open public places and not to take food, money, or gifts or go to foreign places with strangers. In order to prevent campus crime, female students should not go to their male teachers' offices alone, and the schools should facilitate meeting places for teachers and students that will warrant their students' safety. Second, proper parental supervision is essential to ensure children's safety. For instance, special supervision should be arranged for minors with special needs; an extra support system should be available for students to get home safely; and community protective measures should be instituted, such as a neighborhood watch overseeing the children in rural areas. Third, children should minimize drinking, including substance abuse, and avoid spending nights in foreign places. Sexual abuse often happens at hotels or restaurants, and business facilities should check children's ages for certain services, such as drinking. Fourth, the Chinese government should continue to set up different Child Human Rights Laws and Regulations applicable to all children, including boys. Fifth, public education regarding CSA should be available to parents so the parents can use the official laws to protect their children and further prevent CSA. H. Zhang, Ma, et al. (2020) indicate that the left-behind children in rural areas need to live in villages with social cohesion, defined as those based on mutual trust, where the neighbors are willing to watch over each other's children and provide support. The literature

shows that the preventive efforts have been aimed at potential victims, their families, and the legal system, but none of these recommendations address potential perpetrators.

### **Rationale and Focus for the Proposed Study**

In order to address inconsistencies in the literature and integrate existing research, this study synthesized all the existing studies to inform professionals, including teachers, therapists, governmental officials, and future researchers, of the discrepancies in the prevalence of CSA, its correlation with other mental health problems and the available interventions and treatment. By reviewing current research, this study presented findings regarding the definition of and types of CSA, the effects of CSA, and possible interventions to protect the victims' mental health. After reviewing the critical issues in the literature, this research aimed to summarize and synthesize all the available literature on the prevalence of CSA in China, its relationship to mental health problems, and the existing treatment interventions utilized. A primary objective was to increase Chinese professionals' awareness of CSA and inform them of more appropriate interventions and treatment.

This study focused on the following research questions:

1. What was the incidence and prevalence of CSA in China?
  - (a) What types of CSA were identified in China?
  - (b) What were the characteristics of child abuse described in the research literature?
2. What psychological disorders or symptoms of distress have been found among CSA survivors in China?
3. What CSA interventions have been used in China?
  - (a) What preventive interventions have been used in China?
  - (b) What empirically supported treatments have been used for those experiencing sexual abuse in China?
  - (c) In what ways did these interventions consider culture and context?

## Chapter II: Methodology

### Systemic Review Approach

This systematic review used an integrative methodological approach to identify published quantitative and qualitative studies investigating the prevalence of CSA in China, its consequences, and culturally appropriate treatments. Since this study's objective was to synthesize all relevant research to inform the research questions, a combination of quantitative and qualitative methodologies seemed appropriate. This provided a richer and more comprehensive understanding of the prevalence of CSA in China, its psychological symptoms found among CSA survivors, and the appropriate interventions and treatments for those who experienced sexual abuse in China to inform professionals. The study was informed by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines.

### Eligibility criteria

#### *Inclusion criteria*

All publication sources were eligible for inclusion, including peer-reviewed journals, international journals, books, and chapters published in English and Chinese. To be included, studies must have a publication date between 2000 and the present to minimize bias based on older results since sexual abuse was significantly stigmatized before 2000. According to Cheit et al. (2010), the articles published before 2000 mainly focused on crime, false accusations, and false memory to cover up the incidences of CSA. From 2000 onward, research on this topic has been increasingly published. The author wanted to include the most updated resources to synthesize the status of CSA in China and to inform knowledge regarding the current prevalence of CSA, associated psychological symptoms/disorders, and available treatments.

#### *Study eligibility criteria*

Five primary targeted categories of variables were included in this review: the prevalence of CSA, types of CSA, psychological disorders/symptoms/distress, short- and long-term impacts, and interventions/treatment/prevention within the Chinese Han cultural context.

Second, the study subjects must have been recruited from mainland China and be Han Chinese under 18 years old who experienced at least one type of sexual abuse, such as molestation, assault, rape, etc. Third, all designs and approaches, quantitative, qualitative, and mixed methods, were considered in this study. Quantitative designs included descriptive, correlational, case-control, quasi-experimental, and experimental methods. This review also included all qualitative research approaches, including interview studies, ethnographic research, case studies, observational techniques, grounded theory, phenomenology, and narrative research.

Additionally, literature reviews, meta-analyses, and systematic reviews were considered for inclusion, as this integrated review intended to fully represent the nuanced phenomena of this subject. Therefore, the findings were not only limited to statistical analyses. Fifth, no research settings were excluded from this review. All data collection settings in China were eligible for inclusion, including schools, community-based facilities, mental health treatment centers, and urban and rural settings where the targeted population resided.

### ***Exclusion criteria***

There were no exclusion criteria for studies if they met all the inclusion criteria specified above.

## **Search, Screening, and Selection Processes**

### ***Information sources***

The author searched for studies published in English and Chinese to select studies for inclusion. This review used electronic databases as the main search sources. The English data were from all electronic databases, including PsychInfo, ProQuest, and Scopus. The Chinese articles were from China National Knowledge Infrastructure (CNKI), Chinese Scientific Journals Full-text Database (CQVIP), and Wan Fang Data. Studies were chosen if they focused on the prevalence of CSA in China, psychological disorders and symptoms, and/or culturally appropriate treatment. Information sources for this review were further detailed in Appendix A.

### **Search terms**

The author created a list of search terms to determine appropriate studies for this study. The corresponding synonyms for search terms were identified and used to support and sort the search results from each database. The English search terms were CSA/sexual assault/rape/molestation/sexual violation, incidence/prevalence/rates/epidemiology, psychological disorders/symptoms/distress/mental health issues/problems/struggles, interventions/treatment/prevention for CSA, and China/Mainland of the China/People's Republic of China. The Chinese search terms were er tong xing nue dai (CSA), xing sao rao (sexual assault), qiang jian (rape), xing wei xie (molestation), xing qin fan (sexual violation), fa sheng lu (incidence), pu bian lu (Prevalence), bi lu (rates), xin li zhang ai (psychological disorder), xin li kun rao (psychological distress), jing shen jian kang wen ti (mental health issues), gan yu (intervention), zhi liao (treatment), yu fan (prevention), zhong guo (China), zhong guo da lu (Mainland of China), zhong hua ren min gong he guo (People's of Republic of China).

After the author identified the search terms and synonyms, the keywords were grouped by similarities and assigned a coded number (ID) listed in Appendix A. Besides the information source, Appendix A also included the search type, database, search term ID number, search term, synonyms/alternate forms, search syntax or instructions, field to search, specifiers, and plan notes. The primary English search terms used to identify the prevalence of CSA were *"prevalence,"* or *"incidence,"* or *"rate."* The primary Chinese search terms used to identify the prevalence of children were *"pu bian lu"* or *"fa sheng lu"* or *"bi lu."* The primary English search terms used to identify the participants were *"Chinese children"* or *"Chinese people under 18 years old."* The primary Chinese research terms used to identifying the participants were *"Zhong guo er tong"* or *"18 sui yi xia de zhong guo ren."* The primary English search terms used to identify the targeted population's types of abuse were *"sexual abuse,"* or *"sexual assault,"* or *"sex trafficking,"* or *"sexual violence,"* or *"rape,"* or *"molestation."* The primary Chinese search terms used to identify the targeted populations' type of abuse were *"xing nue dai"* or *"xing sao*

*rao*” or “*xing fan mai*,” or “*xing bao li*,” or “*qiang jian*,” or “*xing wei xie*.” The primary English search terms for identifying the participants' symptomatology were “*psychological symptoms/disorders/distress*.” The Chinese research terms for identifying the participants' symptomatology were “*xin li zhang ai/ xin li kun rao/xin li ya li*.” The primary English search terms used to identify whether treatment was available to the participant were “*interventions*,” or “*treatment*,” or “*prevention*.” The Chinese research terms used to identify whether treatment was available to the participant were “*gan yu*,” “*zhi liao*,” or “*yu fang*.”

### **Search Strategy**

The syntax guiding each electronic search reflected a combination of search terms to locate articles that addressed each research question. The author first started broad searches using the database searching strategy outlined by combining the search syntax and search terms in Appendix A, such as Chinese children + sexual abuse. The author then used more search terms, such as prevalence + Chinese child + sexual abuse, to narrow down results and identify appropriate data that answered research questions. When identifying symptomatology experienced by Chinese children who went through sexual abuse, the author used Chinese children + sexual abuse + symptoms/disorders to select the data. The author used Chinese children + sexual abuse + treatment to determine if treatment was available to the targeted population. The search strategy for Chinese articles was the same as English by combining the search syntax and search terms listed in Appendix A. However, since Chinese syntactic structures are the opposite in English, the author used *zhong guo er tong* (Chinese child) + *xing nue dai* (sexual abuse) + *pu bian lu* (prevalence). When identifying symptomatology and treatment from Chinese articles, the author followed the Chinese syntactic structure to search and narrow down the results.

### **Screening and Selection**

After the search results were determined, the author screened each study's titles, abstracts, and keywords for inclusion. The selection details were recorded in Appendix B. The

author used this form to document the screening process. First, utilizing eligibility criteria, each article from the searches was initially screened for selection based on its title and abstract. Suppose selected articles' titles and abstracts could provide enough information to confirm inclusion. In that case, the author reviewed and applied the inclusion criteria to the full article text to determine its appropriateness for this review. The author used Appendix B for Chinese articles to record the findings. However, before doing so, the author and her research assistant (RA), with a mental health background, read the titles and abstracts of Chinese articles and discussed the readings to ensure the accuracy of Chinese sources for inclusion. After the author and her RAs finalized the Chinese version, the author worked with her RAs to extract appropriate data from Chinese studies.

After the author collected all the English and Chinese sources, she discussed them with her Chairperson. The Chairperson would follow inclusion and exclusion criteria to review a random set of articles to give the author feedback and suggestions. Based on the Chairperson's feedback, the author revised accordingly.

The author used the PRISMA flow chart to illustrate each selection process step for this review, including the electronic data obtained from different databases (English and Chinese sources). This flow chart contained the total number of data screened, the total number of duplicated studies, the total number of excluded articles, and why some data were removed (see Appendix C). The final number of studies selected for this study were presented.

## **Data Extraction and Coding**

### ***Development of the data extraction form***

This integrative systemic study was to synthesize and organize relevant information from the published literature to inform the professionals in China regarding CSA, its prevalence, associated psychological symptoms, short-and long-term, and culturally appropriate treatment. To identify relevant data from each selected study, the author used the data extraction document developed by Shelly Harrell and adopted by the Pepperdine University Dissertation

Research Coordinator as a data organizer. The document was individualized by the researcher to include the critical data points to be collected for this review (see Appendix D). This document was used to extract relevant data from both quantitative and qualitative studies. A set of variables was identified for extraction based on the information presented in preliminary literature searches and guided by the research questions for this study. These variables were broken down into the following categories: (1) study/research identification, (2) general information, (3) methodological information, (4) participant information, (5) prevalence, (6) characteristics of CSA, (7) psychological symptoms/disorders/distress, (8) relation between sexual abuse and psychological symptoms/disorders/distress, (9) intervention/prevention/treatment, (10) assessment of research variables, (11) analysis and statistical information, (12) results/outcomes, (13) conclusion and follow-up.

## **Data Collection and Extraction**

### ***Study documentation and identification***

All selected sources were maintained in the author's Google Drive and Mendeley account. In the first part of the data extraction document, study/research identification, these variables were identified: (a) document name, (b) document ID, (c) Authors and Year, and (d) full document title. The author assigned each document a code name using the study's first author's last name and publication date. If the same last name appeared as the primary author from resources, the author assigned an alpha character after the publication date to differentiate the documents, such as "Chen 2000a" and "Chen 2000b." The author assigned a four-digit number as documentation ID. This four-digit number system started at 1000 and continued in sequence until each article received a code number. With full document title, each document was recorded as its original title.

### ***Data extraction***

The author extracted the following information from each included study:

1. incidence/prevalence statistics



2. data regarding CSA in rural and urban areas
3. types and characteristics of CSA, within which there were subcategories:
  - (a) perpetrator,
  - (b) age of CSA,
  - (c) duration of CSA, and
  - (d) a specific type of sexual abuse. Regarding types of CSA, there were two main types: contact and non-contact. Within contact CSA, there were: fondled or kissed the child's breasts or genitals, asked a child to arouse an adult and sexually touched a child's body, sexually rubbed an adult's genitals against the child's body, kissed the child's genitals with an adult's mouth, asked a child to kiss an adult's genitals with the child's mouth, attempted to have sexual penetration with a child, had sexual penetration with a child, attempted to have anal/vaginal penetration with a child, and had anal/vaginal penetration with a child. Within non-contact CSA, there were; showed an adult's genitals to the child, an adult's masturbation with a child's presence, attempted to make a child sexually aroused, and pornography.
4. types of associated symptoms, within which there were: attachment issues, depression, anxiety, sleep disturbance, trauma/PTSD, substance use, risky behaviors, eating disorders, and other symptoms
5. culturally appropriate intervention
6. type of intervention, including: sex education, child protection laws, preventive intervention, empirically supported treatment, and type of therapy and behavior management.

The author selected those categories within each domain to extract data from quantitative and qualitative research and other publications that met inclusion criteria, such as books.

### ***General information***

The author included these variables in this section: (a) data form completed, (b) sources/publication type, (c) source name, and (d) document language (English or Chinese). The first variable was to document the date the document extraction worksheet was completed. The second variable was used to document the type of publication of each document. The third variable was used to document where the source was from. The fourth variable was used to indicate whether the study was in English or Chinese, and the following variables were used to determine where the study was conducted.

### ***Methodological information***

The author included the following variables in this section: (a) goal of the study; (b) method (qualitative, quantitative, or mixed); (c) duration of participation; and (d) ethical approval needed for the study. The author included the goal of the study by describing the purpose of each article intended to address. The second variable was used to document the design each article used. The third variable documented the length of treatment each participant received in each study. The last variable indicated if the human subject's approval was indicated in the article.

### ***Participant information***

The author included these variables in this section: (a) the participant's age, (b) the participant's ethnicity, (c) whether or not the participant had disabilities, (d) the participant's family structure, (e) the participant's socio-economic status, (f) rural or urban setting, and (g) participants' location (Mainland of China). Participant age and ethnicity were included to document that the study met the inclusion criteria and identified who was being studied in the research on CSA in China. Participants' status of disability was included, as described in the background and rationale, that some victims were disabled and experienced numerous abuses. Participant family structure (single parent, grandparent, non-family caregiver, etc.) and

socioeconomic status were documented. The last variable included identifying the participant's symptoms associated with the sexual abuse they experienced.

### ***Prevalence***

The author documented whether or not child abuse prevalence was reported, and if so, the author recorded the prevalence rate reported.

### ***Characteristic of sexual abuse***

The author included these variables in this section: (a) type of abuse; (b) settings of abuse; (c) frequency of abuse; (d) relationship between victim and perpetrators, such as father, step-father, brother, grandfather, uncle, cousin, friend, relative, teacher, classmate, acquaintance, neighbor, and stranger; (e) gender of victims; (f) age of victims; (g) gender of the perpetrator; (h) age of the perpetrators; and (i) intervention used to treat the victims. These variables helped the author synthesize detailed information from each study regarding the nature of abuse and the characteristics of abusive experiences.

### ***Psychological symptoms/disorder/distress***

The author documented psychological symptoms, mental health disorders, or other indicators of distress reported among participants in this section. This included variables such as attachment issues, depression, anxiety, sleep disturbance, trauma/PTSD, substance abuse, risky behaviors, suicidal ideation, eating disorders, etc.

### ***Relationship between sexual abuse and psychological symptoms/disorders/distress***

The author reported if a study directly investigated the correlation between psychological symptoms/disorders/distress and CSA (yes or no). These variables helped the author identify the potential mental health consequences of CSA experienced by Chinese children.

### ***Treatment/interventions/prevention***

In this section, the author included these variables to extract information regarding treatment used from each study: (a) treatment used, (b) no treatment available, (c) type of

treatment, (d) name of treatment, (e) length of treatment, and (f) treatment effect. If the treatment and interventions were used in studies, the author documented the treatment name and description, as well as the duration and effectiveness of the treatment.

### ***Assessment of research variables***

This section included how the research variables were measured. If a scale or assessment tool were used, the author would report the reliability and validity of each measure. If any study did not use standardized methods to collect data, such as participant reports, the author would document the specific method used in this data extraction form.

### ***Analysis and statistical information***

This section documented data analysis strategies used in the selected research, which included (a) descriptive statistics, (b) inferential statistics (significance testing), (c) qualitative analysis, and (d) other.

### ***Results and outcomes***

The author summarized the key findings from each study in this section. This included some or all of the following: prevalence, correlations between sexual abuse and psychological symptoms, the reasons why there were and/or no correlations, the treatment used or not, and reasons for not using treatment. These variables helped the author organize the results to inform data synthesis.

### ***Conclusion and follow-up***

The author included the following findings from each study: (a) the research question(s) addressed by the study, (b) significant takeaways, (c) study strengths and limitations, (d) the contribution of the study, (e) recommendations for future studies, (f) further study information needed, and g) other. These variables provided extra value to the present review and informed suggestions for effective treatment and research.

### **Quality Appraisal**

The author used individual study quality appraisal forms developed by the Pepperdine University Dissertation Research Coordinator for systematic reviews to address the accuracy and relevance of each study. Within this appraisal form (See appendix E), the following 12 variables were included: (1) study method, (2) specific design, (3) strength and rationale of the literature, (4) research goals/objectives/ questions/ hypotheses, (5) quality of research design or methodology, (6) sample selection process, (7) data collection procedure, (8) data gathering details, (9) analysis and presentation of data, (10) discussion of study limitations, (11) consideration of culture and diversity, and (12) overall rating.

The author manually filled out variables one and two. Then, she rated variable three to variable 11 by assigning either “exemplary,” “strong,” “good/adequate,” or “weak.” A value of three was assigned to exemplary and strong, two points to good/adequate, and one to weak. Variable 12 summarized the frequency of the number value assigned to each variable. All “3”s were exemplary, mostly “3”s were strong, mostly “2”s were good/adequate, and mostly “1”s were weak. The articles with weak quality were excluded from this review.

## **Data Management, Synthesis, and Analysis Plan**

### ***Database development***

The author used Microsoft Excel to create a comprehensive database of the extracted data and critical appraisal forms. To facilitate data synthesis, the author combined data from both quantitative and qualitative studies, as well as English and Chinese articles, in a single database.

### ***Data analysis and synthesis***

The author used the research questions as a guide to synthesize the information from each study. After all the data was recorded in the comprehensive worksheet, the author grouped all studies that addressed the same research questions together to synthesize information for the present review. The author initially grouped Chinese articles that answered the same questions on a separate worksheet to provide the data for this review. Since both

English and Chinese resources were included in this study, to provide a rigorous review, the author compared the relevant information used, such as participant age, geographic location, sample size, results, and conclusions, to synthesize the observed patterns. The author created three spreadsheets to document evidence addressing the three research questions. The Chinese articles were included together with the English studies to generate a detailed report for this review. The first step in the analysis focused on data that informed the rate or prevalence of CSA in China and the types and characteristics of abuse. Second, the author examined data that informed the psychological symptoms/disorders/distress associated with the sexual abuse experienced by Chinese children. Third, the author described the treatments used in China (e.g., cultural elements, empirically supported) as well as their effectiveness.

### ***Reporting of the Results***

An Evidence Table of Included Studies was created to synthesize the basic characteristics and major findings of all studies. This table reported the following information from each study reviewed: (a) author(s); (b) publication year; (c) title; (d) primary variables; (e) method and design; (f) sample size; (g) prevalence; (h) psychological symptoms/disorders/distress; (i) treatment; (j) empirical treatment; (k) culturally appropriate treatment; and (l) notes, takeaways, comments, future research. Additional evidence tables summarized the relevant data for each research question. If any other charts and graphs were needed, the author discussed with the chairperson to include all needed forms to document the results and main findings of this study (See Appendix F).

## Chapter III: Results

### Characteristics of Included Studies

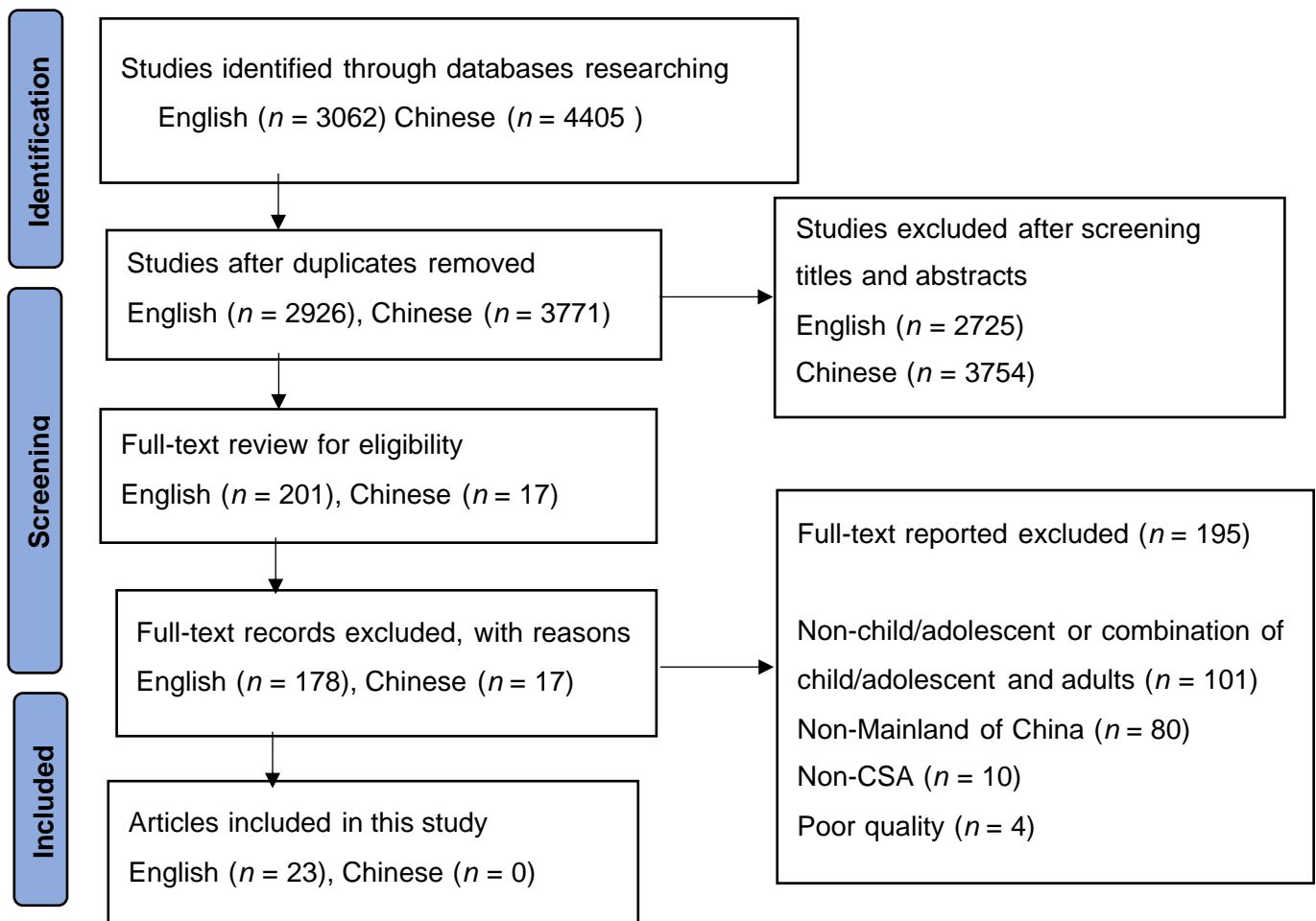
A total of 7,467 published articles were identified using both English and Chinese electronic databases. 4,405 of them were Chinese publications, and 3,062 were English articles. All duplicate articles were removed by using Microsoft Excel's automated features. As a result, 770 duplicated studies were removed. Based on the inclusion criteria, 6,479 articles were excluded after screening titles and abstracts, leaving 218 articles for the full-text review. One hundred ninety-five were excluded after rigorous full-text assessment because some articles did not meet age criteria ( $n = 101$ ), geographical criteria ( $n = 80$ ), abuse type criteria ( $n = 10$ ), and some had poor quality ( $n = 4$ ). In total, 23 studies were included in this systematic review (See Figure 1 PRISMA Chart Appendix C).

The general characteristics of each included study are listed in Appendix B. After the quality appraisal, none of the articles published in Chinese had good quality. Therefore, this systematic review only included the articles published in English and yielded an excellent/good/sufficient research quality.

All 23 included articles were conducted in Mainland China and published in English. Twenty-one were from English electric databases, and two were retrieved from Chinese electric databases.

Seventeen articles were quantitative studies; two were case studies; one was a meta-analysis; one was a systematic review; one was a literature review; and one was combined with quantitative and qualitative methods.

Four articles reported data on the population in rural areas of China. Twelve studies included data on rural and urban areas, and seven reported on the population in urban areas/cities in China.

**Figure 1***PRISMA Chart*

Regarding each study's main project, two articles reported the prevalence of CSA only.

Seven included both prevalences of CSA and its consequences, (e.g., psychological symptoms/disorders/distress). Six reported prevalence of CSA, psychological symptoms/disorders/distress, and treatment/interventions/preventions. One reported psychological symptoms/disorders/distress only. Seven of them included treatment/interventions/preventions only. One article reported both prevalence and treatment/interventions/preventions.

### **Characteristics of Study Participants**

#### ***Participant Age***



Nineteen articles included participants under 18 years old. Two articles included participants between 13 and 19 years old; one of the systematic reviews included 16 studies, of which 12 were on CSA, but the authors did not provide the exact age of the other four articles. One article included CSA survivors from 25 provinces in China aged 3 to 43, with a mean age of 11.

### ***Participant Geographic Characteristics***

Twenty-one studies included participants from Mainland China. Two articles enrolled populations from both Mainland China and Hong Kong, with most participants from Mainland China in each article.

### ***Participant Disability Status***

Three articles included some participants with disabilities. Chan (2012b) included 0.2% of participants with intellectual disabilities, which were not mental illnesses or autism; Liang and Hu (2018) included left-behind children with some disabilities without entailing their specific disabilities; B. Yu et al. (2017) only included participants with hearing loss. The other 20 articles did not provide the participants' abilities but stated that the participants did not receive special education.

### ***Participant Family Structure***

Regarding the participants from rural areas, some were left-behind children; some were from low SES families where either their fathers or mothers were not working. Some were from divorced families and raised by their grandparents or stepparents with one of their biological parents. Regarding the participants from urban areas, most participants were from one-child families per governmental policy.

### ***Participant SES***

Those from rural areas had middle to impoverished SES. Those from urban areas had mild to moderate SES. Seven articles reported the participants' family socioeconomic status, whereas the other 16 did not provide this information.

### ***Participant Ethnicities***

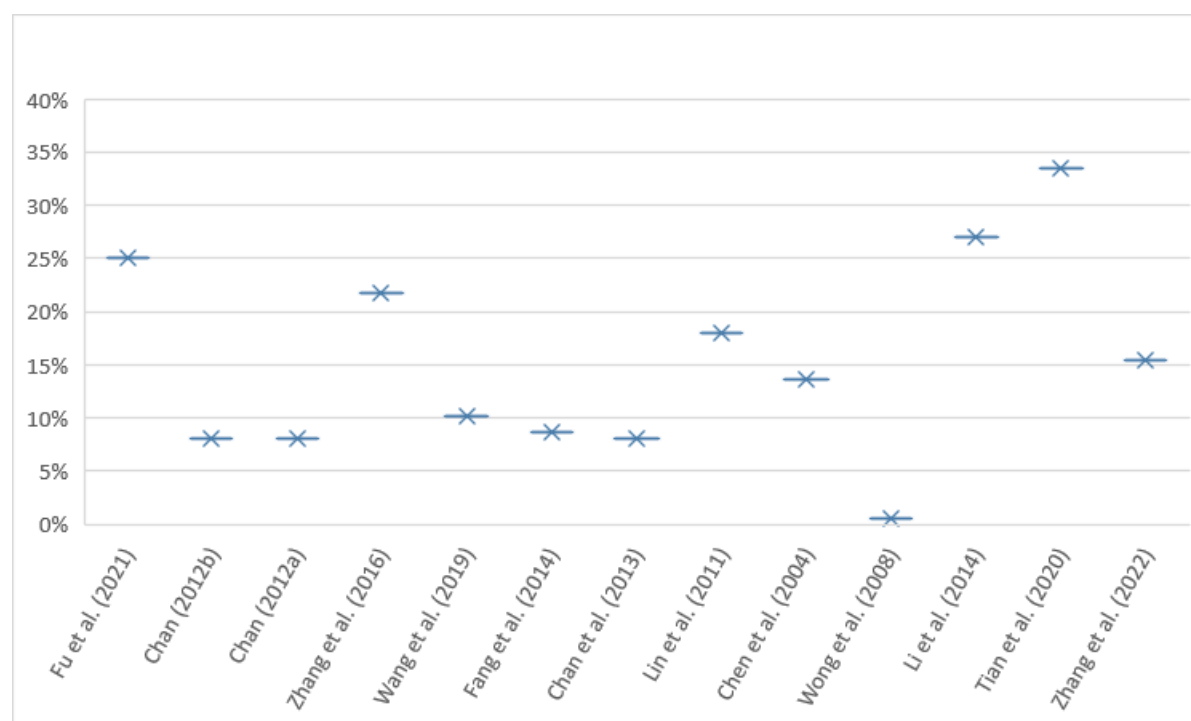
Only two articles reported the participants' ethnicities. Chung and Chen (2020) indicated that the participants were Chinese but did not specify which ethnicity in China. Hu et al. (2017) also included some participants who were minorities, but they did not provide information on which minority groups. The other 21 articles did not comment on the participants' ethnicities.

### **Findings on Prevalence**

This systematic review synthesized the prevalence of CSA and sex offenses against minors to answer research question 1. Twenty-one articles provided data on the rate of CSA, and two reported the prevalence of sex offenses against minors. Regarding the prevalence of CSA, the results varied and ranged from 0.6% to 33.5% (See Chart 1). However, Chan (2012a) and Chan (2012b) reported a prevalence of 1.3%, 3.1%, and 8.0% from the lens of parents, household children, and boarding school students, respectively.

**Figure 2**

*Prevalence*



Across studies, two articles reported the prevalence of sex offenses against minors. In total, 730 offenders with 695 CSA cases were included in those two articles, of which 60% were opportunistic offending, 18% were serial offending, 0.07% were date rape, 0.04% were educator abuse, 0.05% were gang/party offending, and 0.05% were incest offending.

Liang and Hu (2018) and Hu et al. (2017) provided congruent information on sex offenses against minors that male offenders had a high prevalence (98.7% - 100%) of abusing minors. Regarding the relationship between the abusers and victims, the acquaintance had the highest prevalence, ranging from 27.6% to 59.6%. The strangers had the second highest prevalence, ranging from 27.3% to 65.2%. The family members seemed to be the third highest, ranging from 1.5% to 9.0%.

### ***Types and Characteristics of Child Sexual Abuse***

Regarding the prevalence of each type of CSA across studies, four articles talked about the types and characteristics of CSA. Lin et al. (2011) talked about two types (contact vs. non-contact) in general and provided the specific percentage of CSA for each. Chan (2012a), H. Zhang, Zhao, et al. (2016), and J. Chen et al. (2004) discussed both contact and non-contact CSA in great detail by providing specific prevalence for each subtype of CSA under the categories of contact and on-contact. Within these four articles, the total sample size was 25003. 48.5% were in physical contact with CSA, and 26.2% were non-contact. The detailed characteristics of each subtype and its percentage are listed in Table 1. The information in Table 3 would help answer the research 1a and 1b.

**Table 1**

#### ***Types and Characteristics of CSA and Its Percentage***

Contact 48.5%	Non-contact 26.2%
Touched/fondled a child's breasts or genitals 0.4%	Exposed their genitals to the child 0.6% Masturbated in front of the child 0.4%

Contact 48.5%	Non-contact 26.2%
<p>Asked the child to arouse an adult and sexually touched the child's body 0.1%</p> <p>Sexually rubbed an adult's genitals against a child's body 0.1%</p> <p>Offenders kissed the child's genitals with their mouth 0.04%</p> <p>Asked the child to kiss the perpetrator's genitals with the child's mouth 0.05%</p> <p>Attempted to have vaginal intercourse with child 0.19%</p> <p>Had vaginal intercourse with the child 0.02%</p> <p>Attempted to have anal penetration with child 0.03%</p> <p>Had anal penetration with the child 0.02%</p> <p>Rape 0.6%</p>	<p>Attempt to sexually arouse the child 0.3%</p> <p>Used threats to make a child something sexual 0.1%</p> <p>Asked a child to do or watch sexual materials 0.5%</p> <p>Flashing/sexual exposure: 0.5%</p> <p>Verbal sexual harassment: 1.5%</p> <p>Exposure to porn: 0.07%</p> <p>Exposure to nude photos: 0.3%</p> <p>Internet sexual abuse: 0.3%</p> <p>Private part being watched: 0.3%</p> <p>Commercial sex: 0.08%</p>

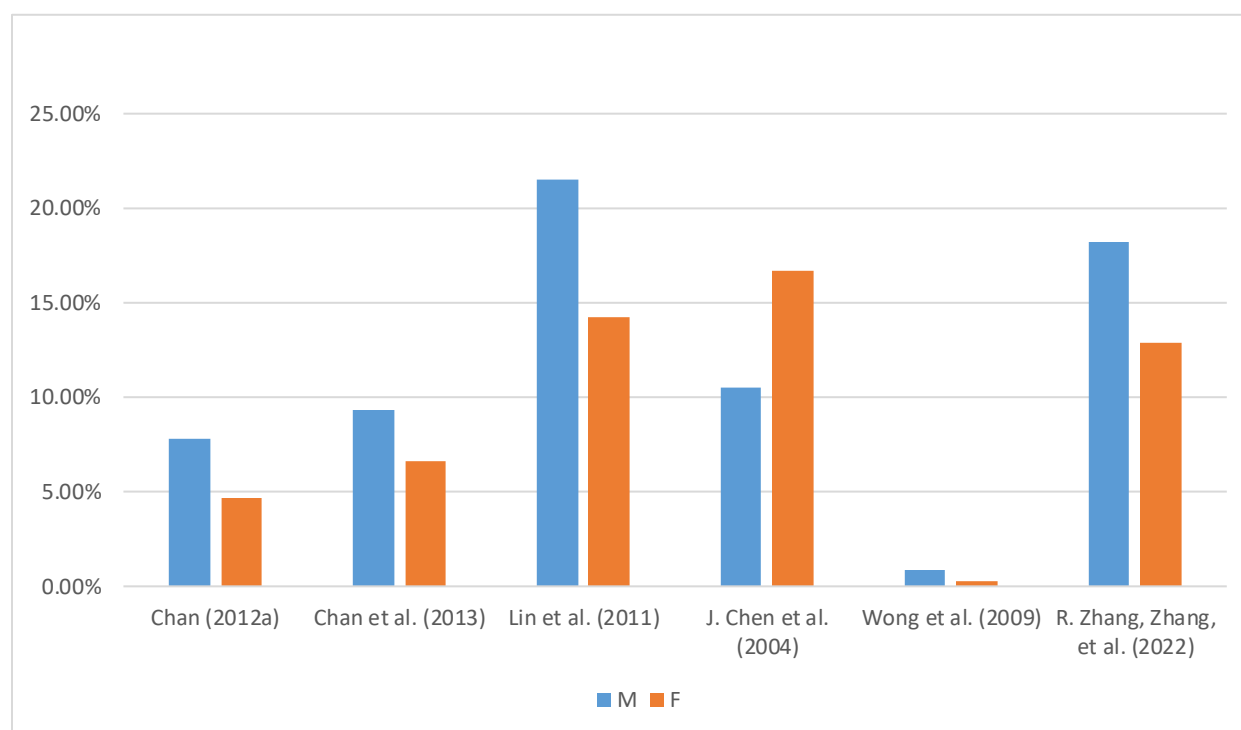
### ***Prevalence of Child Sexual Abuse for Boys and Girls***

Chan (2012a), Chen et al. (2013), Lin et al. (2011), J. Chen et al. (2004), Wong et al. (2009), and R. Zhang, Zhang et al. (2022) further reported different prevalence of CSA happened to boys and girls (See Chart 2). Based on their prevalence, five of them provided congruent data that the prevalence of CSA for boys was more significant than for girls, except J. Chen et al. (2004), who reported the opposite. Lin et al. (2011) also provided the rate of CSA for boys and girls based on their living circumstances. Based on their data, those in the boarding school had a lower prevalence than those at home. At boarding schools, Lin et al. (2011) indicated that boys had a higher chance of being exposed to non-contact CSA than girls and

contact CSA. For those who lived at home, boys had a higher rate of going through non-contact CSA than girls contact CSA. However, J. Chen et al. (2004) also reported that girls experienced higher non-contact CSA than boys. Both Chan (2012a) and J. Chen et al. (2004) reported that girls were more likely to be exposed to genitals.

**Figure 3**

*Prevalence of CSA among Boys and Girls*



### **Findings on the Psychological Symptoms/Disorders/Distress and Its Association with the Child Sexual Abuse**

Research question 2 focused on the psychological symptoms/disorders/distress associated with CSA. Thirteen articles included data on psychological symptoms/disorders/distress. Eleven studies reported that most of these symptoms were positively associated with CSA. Two articles reported that some symptoms were not significantly associated with CSA (See Table 2). Chan (2012a) reported that memory deficit and limited ability to recall were caused by post-traumatic stress disorder. He also indicated that shame and

losing face were associated with the participants' cultural context, where they did not want to bring shame to their families. Chan (2012a) further explained that participants' PTSD and inability to recall were positively associated with their parents' domestic violence. However, the association between CSA and physical and mental health was insignificant.

**Table 2**

*Symptoms Correlated with CSA*

<b>Positive Association Between CSA and Psychological Symptoms/Disorders/Diress</b>	<b>Insignificant Association Between Psychological Symptoms/Disorders/Diress</b>
Post-traumatic stress disorder	Memory deficit
Aggressive Behaviors	Limited Ability to Recall
Self-isolation	Shame and Losing Face
Suicidal Ideation and Attempts	Physical and mental health conditions
Depression	
Anxiety	
Learning Disability	
Emotional Processing Difficulty	
Alexithymia	
Substance Abuse, i.e., Smoking, Alcohol, Illegal drugs	
Attachment Issues	
Self-harm	
Eating Disorder	
Low Self-esteem	
High Level of Peer Pressure	
Weight Loss	
Nightmare	
Short Breath	
Pain in Chest	
Dizziness	
Female Irregular menstruation	
Poor Social Support	
Personality Traits	
Low Level of Life Satisfactory and Physical Health	
Poor academic Achievement	
Permissiveness to Premarital Sex	

***Psychological Symptoms/Disorders/Diress Experienced by Boys and Girls***

Chun and Chen (2020) reported direct and indirect affect on both boys and girls after experiencing CSA. The direct affect was that girls experienced more anxiety symptoms and

learning disabilities than boys and that boys experienced more physical and emotional neglect than girls. CSA has a direct affect on emotional processing for both genders. The indirect affect was that emotional processing could lead to alexithymia, which was significantly associated with psychological symptoms and behavioral problems.

Li et al. (2014) reported that boys experienced more trauma than girls after CSA. Lin et al. (2014) conveyed that boys reported a higher rate of smoking, alcohol use, and binge drinking than girls. J. Chen et al. (2004) provided data on depression that was significantly higher than among both genders after experiencing any CSA. There is no significant difference in low self-esteem for both genders.

### ***Contact CSA vs. Non-contact CSA***

Lin et al. (2014) indicated that those who experienced contact CSA had higher tendencies to report substance abuse, such as smoking, alcohol abuse, and self-harm behaviors, such as excessive drinking and suicidal ideation/attempt, than those who did not experience contact CSA. By comparing with those who did not go through contact CSA, those who did experience contact CSA were three times more likely to endorse nightmares, twice more likely to have short breath, three times more likely to suffer from pain in their chests, twice more likely to struggle with dizziness, and three times more likely to experience sexual abuse as attribution to their irregular menstruation for girls. In addition, those who went through contact with CSA reported more self-esteem issues and less social support. R. Zhang, Zhang, et al. (2022) concluded that those who suffered from contact CSA were more promiscuous in sexual activities than those who did not experience no-contact CSA.

### **Findings on Treatment/Interventions/Preventions**

A total of 14 studies provided data on treatment and interventions/preventions. Ten articles made recommendations on the treatment/interventions/preventions. Four articles experimented with some approaches to prevent CSA.

The following could address research question 3 regarding CSA interventions used in China. Fu and Wang (2021) indicated that the local NGOs took an active role in helping and intervening in those who experienced CSA, but they did not elaborate on the specific treatment that the local NGOs used to treat the participants included in the articles. However, they did conclude that the participants recovered from their trauma symptoms after receiving treatment at the local NGOs. Besides the treatment provided by the local NGOs, they called for the completion of Child Human Rights Laws and Regulations to protect children/adolescents.

Jin et al. (2017) and W. Zhang, Chen, Feng, Li, Liu, et al. (2014) evaluated CSA prevention education for some children. They taught their participants about self-protection knowledge and skills. Jin et al. (2017) used a curriculum called Body Safe Training to facilitate three sessions in total for each participant so they could learn some self-protection skills. After the training, the participants who received educational sessions increased their knowledge and skills in self-protection by comparing them to the control group. In addition, Jin et al. (2017) found that the sessions conducted by teachers were more effective than those conducted by parents.

W. Zhang, Chen, Feng, Li, Liu, et al. (2014) educated their participants in the group setting on self-protection knowledge and skills. Those who participated in the educational groups had significantly higher knowledge about CSA and increased their ability to identify, refuse, and report inappropriate touch than those who did not participate in the study.

S. Huang and Cui (2020) used picture books as prevention to increase children's self-protection knowledge and skills. They asked their participants to read in the group setting. Children who received training through the prevention book were more likely to identify potential abuse and distinguish an inappropriate touch than those who did not receive such intervention.

There are three general recommendations made that could address research 3a. Firstly, educational prevention, self-protection skills, and proper parental supervision should be taught to children and parents to prevent CSA. One way of doing this was to incorporate sex education



for parents and children/adolescents so that the parents could learn to address the stigma of CSA and that the children/adolescents could recognize the potential risk factors. W. Zhang, Chen, Feng, Li, Zhao, et al. (2013) recommended prevention education by providing printed or audiovisual resources to facilitate parent and child communication on CSA. Secondly, it is imperative to complete Chinese Child Human Rights Laws and Regulations. Some authors believed that due to the incomplete Laws, boys were not protected since Child Human Rights Laws and Regulations were only established to protect girls rather than boys. In addition, there wasn't a specific law related to Child Protective Services. For instance, who are mandated reporters, and which department should take care of cases involved with CSA. Finally, cooperation among local schools, NGOs, and social associations was recommended to enlighten and enhance the children and adolescents' welfare to self-protection. One way recommended was to establish public prevention and educational programs to improve the life satisfaction of those who went through CSA and to increase public awareness about CSA.

After carefully reviewing these articles, none of them talked about whether these treatments/interventions/preventions were empirically supported. Therefore, research question 3b is not answered. In addition, half of the articles explicitly talked about the cultural context. Based on the trend from these studies, sex education in public education programs and cooperation with local NGOs seemed culturally appropriate. However, only 52% of the included articles explicitly address cultural context regarding interventions. Therefore, question 3c was not fully answered.

### **Quality Appraisal**

The results of the quality appraisal are displayed in Table 3. Seventeen articles (73.9%) were scored as "strong." Three (13.0%) of them were "exemplary," while another three (13.0%) were "good/adequate."

**Table 3***Overall Quality Appraisal of Included Studies*

<b>Quality Appraisal of Included Studies</b>	<b>Number</b>	<b>Percentage</b>
<b>Exemplary</b>	3	13.0
<b>Strong</b>	17	73.9
<b>Good</b>	3	13.0

Table 4 displays the quality appraisal for specific items two to ten for each included article, including the strength of literature and study rationale, specific research goals and objectives, quality of research design or methods, sample selection process, data gathering procedures, data collection details, analysis and presentation of data, discussion of study limitations, and consideration for culture humility. Four articles had poor quality with data collection tools, data collection processes, and the discussion of study limitations. However, the overall quality of those studies was either good, strong, or exemplary, so those articles were included. Regarding the quality of culture and diversity consideration, 52.1% ( $n = 12$ ) of studies included cultural and diverse context discussion, and another 47.9% ( $n = 11$ ) of articles did not explicitly or fully address culture and diversity issues.

**Table 4***Quality Appraisal for Specific Items*

<b>Quality Items</b>	<b>Exemplary (n) %</b>	<b>Strong (n) %</b>	<b>Good (n) %</b>	<b>Weak (n)%</b>
<b>Strength of Literature Foundation and Rationale for Study</b>	(20) 86.9%	(1) 4.3%	(2) 8.6%	(0) 0
<b>Clarity and specificity of Research Aims/Objectives/Questions/Hypotheses</b>	(22) 95.6%	1 4.3%	(0) 0	(0) 0
<b>Quality of research design or methodological approach</b>	(18) 78.2%	(4) 17.3%	(1) 4.3%	(0) 0
<b>Sample Selection and Characteristics</b>	(15) 65.2%	(7) 30.4%	(1) 4.3%	(0) 0
<b>Data Collection Tools (Scales, Observation, Interviews, etc.)</b>	(17) 73.9%	(5) 21.7%	(0) 0	(1) 4.3%
<b>Data Collection Processes</b>	(13) 56.5%	(8) 34.7%	(1) 4.3%	(1) 4.3
<b>Analysis and Presentation of Data</b>	(16) 69.5%	(7) 30.4%	(0) 0	(0) 0
<b>Discussion of Study Limitations</b>	(14) 60.8%	(6) 26.0%	(1) 4.3%	(2) 8.7%
<b>Consideration of culture and diversity</b>	(7) 30.4%	(5) 21.7%	(0) 0	(11) 47.8%

## Chapter IV: Discussion

### Quality of Articles

Within included 23 articles, all of which were published in English. Twenty-one studies were retrieved from English databases, and two were from Chinese databases. The articles published in Chinese were not included because they either did not meet the inclusion criteria or had poor quality because they did not provide information on their projects, such as the study objectives, participants, research methodology, results, or discussion. Specifically, those authors generally described the theoretical status of CSA in China rather than provided empirical data. For instance, some recommended assessments they should use to measure the CSA; some called for precautions to prevent the CSA without discussing what precautions should be used, and some only talked about possible risks.

A few possible cultural barriers may have led to the Chinese authors writing theoretical articles instead of collecting data for empirical studies. First, under the influence of Confucius culture, people are reluctant to disclose their experiences regarding sexual abuse, especially youth who were not married, tended to inhibit disclosing as they were thinking about their future marital prospects (Finkelhor et al., 2013). Therefore, the authors were aware of the epistemology of CSA, but they might not have participants to participate in their studies since people were not willing to disclose their experiences regarding sexual abuse. It might be challenging to enroll minor participants since the parents would not easily provide consent for their children's participation. Second, due to governmental macro-control, those who wanted to research CSA or sexual abuse were prohibited from publishing their studies since CSA or sexual abuse is considered shameful to individuals, families, communities, society, and even the country (Kleinman & Mechanic, 1979). Therefore, the authors who wanted to research sexual abuse could only provide narrative phenomena rather than include the whole project. Third, some authors might be graduate students at the master's level. They might be aware of the CSA but did not have the tools and resources to conduct comprehensive research.

Therefore, they wrote theses to convey the phenomena of the CSA and called for proper measures to prevent the CSA.

By comparison, the articles published in English, whether collected from Chinese or English databases, provided detailed information about their projects, including their participants, research topics, research methodology, results, discussions, and conclusions with recommendations regarding future studies. These articles yielded good or exemplary quality.

### **Prevalence**

This study synthesized the prevalence of CSA as a whole and specified the rate of sex offenses against Chinese children and girl vs. boy survivors. The prevalence of CSA ranged from 0.6% to 33%, similar to the prior research on the prevalence of CSA in China. Besides the different sample procedures, data gathering methods, and varied mean age of participants influencing the estimated prevalence of CSA in China, another few factors emerged that could help understand the differential prevalence of all articles. First, due to the stigmatization, each study intended to be published must be checked and edited by the Chinese government to ensure that crude statistics regarding true epidemiological significance are not published to save the face of participants, communities, and the country (Kleinman & Mechanic, 1979). Second, one of the traditional Chinese ways of viewing different topics or news is based on social desirability, which means people tend to conform to social rules, expectations, and standards. Therefore, it is more likely that some participants in these studies provided socially desirable responses rather than genuine answers, which could influence the actual prevalence (Finkelhor et al., 2013). Finally, some included articles that enrolled parents and children to complete the questionnaires. Based on their results, the parents' statistics were significantly lower than the children's. Hence, there might be statistical errors or biases in calculating the final prevalence (Ma, 2018).

In terms of the prevalence of sex offenses against minors, only two articles provided the data, but the information was congruent that male offenders had a prevalence of 98% to 100%.

In China, males were often viewed as abusers or offenders, and females were viewed as victims. Consequently, Chinese Human Rights Laws and Regulations were established to protect females. Therefore, it is natural for some researchers to enroll more males in the studies, which could yield a higher prevalence (Tozdan et al., 2019). That said, it does not mean that females were not possible offenders. Although there have not been enough resources to provide an estimated prevalence of female perpetrators, females could be allies of the male perpetrators to children and adolescents. According to Shen (2016), female human traffickers in China are often poorly educated and have limited life experiences, which limits their ability to judge right from wrong, so some females in rural areas are more likely to help men with sex trafficking minors.

### ***Prevalence of CSA in Girls and Boys***

This study had mixed findings on the prevalence of CSA in girls and boys. A few plausible reasons are worthy of special attention. First, Xiao's study (2020) found that, due to Chinese conservative culture, people emphasized female virginity, so parents took more precautions to protect the girls, which could prevent the likelihood of sexual abuse in females. Second, in general, Chinese children are taught to obey adults. Those who lack knowledge regarding CSA might not tell their parents or other authorities about their experiences since the perpetrators might tell them not to share with anyone or threaten to hurt their families or victims (Ma, 2018). In order to protect their families or themselves, victims chose to stay silent. Fourth, the definitions of CSA for boys and girls were different. For instance, by comparing with girls, it was more acceptable for boys than for girls to discuss topics related to sex, look at another male's genitals, watch pornography, or even be touched/fondled in some rural areas since boys were more favorable than girls (Finkelhor et al., 2013). Therefore, when asking the boys to complete the questionnaires on types of sexual experiences, they might not report these experiences since they were considered normal and acceptable, but they would qualify as sexual abuse/assault for girls (Chung & Chen, 2020). Fifth, some studies enrolled more male

participants, and some enrolled more females. This could result in a mixed finding regarding the prevalence. Finally, boys are more likely to disclose their experiences since the cultural stigma related to one's virginity was placed on girls rather than on boys.

This study also found that children at boarding schools had a lower prevalence of CSA than those at home. Compared to children at boarding schools, those at home have the least restrictive living environments, especially those in rural China, since they have more spaces and opportunities to expose themselves in public without proper supervision, increasing the likelihood of being victimized and sexually abused (Lin et al., 2011). In contrast, children at boarding schools have more strict protocols where they cannot go out of campus easily and are strictly supervised by homeroom teachers who engage them in more school activities, leaving little chance for perpetrators (Lin et al., 2011).

### **Psychological Symptoms/Disorders/Distresses and Their Association with the CSA**

All included data reported that most psychological symptoms/disorders/distress experienced by the participants positively correlated with their experiences of CSA. However, there was controversy over shame. Some authors believed shame was a direct consequence of sexual abuse, and some believed shame was directly related to Chinese culture since people view sexual abuse as a stigma that automatically inflicted shame on the survivors (Chan, 2012b).

Depending on the types of CSA (contact vs. non-contact), the severity of psychological symptoms/disorders/distress varied. For instance, some had severe trauma, nightmares, substance abuse, eating disorders, self-harm (cutting and burning), and even suicidal attempts. Some might have depression, anxiety, smoking, and drinking. Whether the mental health conditions are severe or not, its' expression differs from what it is in Western Countries. According to Fishkin (2020), Chinese survivors often suppress their conditions. Besides the cultural norms that the expression of strong emotions is not encouraged, some perpetrators were family members or threatened the survivors, so the survivors chose to bury their

experiences. Consequently, they have difficulty accessing their anger and trauma, which could manifest through physical conditions. Therefore, Chinese survivors consider their mental health conditions somatic complaints.

Hodges and Oei (2007) described mental health problems as '*jing shen ji bing*' in Chinese, equivalent to psychosis in English. Psychosis is still a stigma for individuals, families, and society. As such, mental health problems are often neglected, ignored, or treated as physical illness or an issue of social control. Some minor mental health problems, such as depression, anxiety, insomnia, etc., are often labeled as neurasthenia (*shen jing shuai ruo*). Shen jing shuai ruo is categorized as a physical condition in China, so the survivors of CSA often seek help or support from physicians instead of therapists or psychologists. When survivors' conditions do not receive proper treatment, they may develop other behaviors, such as delinquency, aggression, permissiveness to casual sexual activities, and even sexual abuse of other victims.

### ***Psychological Symptoms/Disorders/Distress Experienced by Boys and Girls***

This study found that CSA affects both girls and boys. Girls experienced anxiety, learning disabilities, association, trauma, eating disorders, self-harm, and suicidal ideation. Boys experienced emotional neglect, smoking, drinking, behavioral delinquency, trauma, depression, and low self-esteem. From these findings, CSA did cause a range of mental health conditions for the victims of both genders. The expression of psychological symptoms and coping mechanisms seemed different among boys and girls (Cheung, 2020). The girls were more punitive to themselves and lost their ability to problem-solve, whereas the boys were both punitive to themselves and aggressive towards others (Cheung, 2020). For instance, the girls would self-harm, starve, restrict food intake, binge eat, and hurt themselves through suicide. The boys neglected themselves emotionally and physically, hurt themselves by excessively using substances, including binge smoking or drinking, and became destructive to themselves and others. Regarding coping strategies, the girls could establish trusting relationships with



relatives, friends, and teachers to seek support. In contrast, the boys tended to keep their stresses private rather than mobilize external support to cope (Cheung, 2020).

With this being said, some potential therapy implications for the Chinese population seeking therapeutic support through counseling are worthy of special attention. Compared with Westerners or those influenced by Western culture, Chinese people influenced by traditional Chinese conservative values are less likely to seek mental health treatment (Song et al., 2019). However, they are more likely to seek support for their external conditions with positive attitudes, such as medical struggles. Since Chinese survivors tended to repress their mental health struggles, those conditions could manifest through physical problems, so they would seek help from physicians who would prescribe herbal medicine (Hodges & Oei, 2007).

Regarding gender differences in seeking mental health support, the Chinese social gender roles inherit the traditional culture of masculinity and femininity. Males are considered more assertive than females, so males are trained to be rational and intellectual. This means they are not prone to disclosing their inner world, such as emotions, feelings, and anything unpleasant (Hodges & Oei, 2007). Even though they established a trusting relationship with a therapist, they tended to activate their logical minds to make sense of their struggles rather than process them emotionally. Once they do not feel connected intellectually, the males easily drop out of therapy (L. Zhang, 2014). Females are more likely to share their inner worlds once they develop a strong alliance with the therapist (Hodges & Oei, 2007). However, females tend to express themselves, such as emotions and thoughts, by sharing their stories rather than directly articulating their feelings (Hodges & Oei, 2007). Once the rapport was established, the females tended to stay with therapy (L. Zhang, 2014).

### **Culturally Appropriate Treatment/Interventions/Preventions**

This study did not find much information related to culturally appropriated and empirically supported treatment to intervene in those who suffered from mental health conditions caused by CSA. The reason is that, according to L. Zhang (2014), some therapists

attempted to indigenize (*ben tu hua*) some treatments, such as cognitive behavior therapy, family system therapy, and other evidence-based approaches widely used in Western countries. Yet, they haven't figured out a way to modify therapeutic models that could align with Chinese culture.

Culturally, it is essential to be mindful of the power dynamics. Chinese people are constantly influenced by Confucian beliefs, where people are taught to pay close attention to the patriarchal dynamics, which suggest that social and generational seniority in Chinese society should be maintained. Professional authorities should be respected (Hodges & Oei, 2007). There is a power dynamic in the client and clinician relationship. The client tends to be more submissive and expects the therapist to tell them what to do. If the suggestions are not forthcoming, the client will perceive the therapist as impersonal, afraid of taking responsibility, and even question the therapist's professional skills and abilities (Hodges & Oei, 2007). Therefore, the therapist may lose clients if they strictly follow the law and ethics codes to stay neutral during therapy.

Another dilemma the Chinese clinicians face is the law and ethics. In the collective culture, there is not a clear-cut therapeutic relationship between the client and the therapist, as people, from a young age, were taught not to speak to strangers, so most clients would be referred by family members or friends because if someone knew the therapist, the client would feel more comfortable to talk to the therapist (L. Zhang, 2014). To abide by law and ethics, clinicians must pay close attention to all these nuanced cultural elements and constantly adjust and modify their approaches.

Psychotherapy was established based on distinct European American cultures, perspectives, worldviews, and values regarding personhood, selfhood, and social norms. Chinese therapists/psychologists/psychiatrists could not assume that a fixed and clear-cut Western-oriented method or approach would fit the Chinese population. For instance, some therapeutic approaches emphasize individualism, whereas Chinese culture focuses on

collectivism. Western-oriented modalities are used to explore the client's internal and external factors contributing to their mental health conditions, but the Chinese population is not encouraged to express their inner emotions, thoughts, and feelings and articulate their external factors, such as interpersonal, family, and societal conflicts.

Treating Chinese clients without attending to their cultural norms can create more misunderstandings about mental health problems in China, making it hard to foster a client's growth and healing through therapy since the value systems are different. Therefore, mental health professionals in China are still exploring culturally appropriate treatment for the Chinese population by intersecting with diverse regimes of knowledge and skills (L. Zhang, 2014). By attending Chinese culture, mental health professionals can help to decrease the stigma associated with mental health conditions and enhance the survivors' chances to seek proper treatment.

Hence, most included research in this study recommended that families and schools work together to enhance sex education so that minors acquire self-protection knowledge and skills. This is culturally appropriate. As H. Zhang et al. (2020) described, many young children lack the common sense of CSA, especially those left-behind children in rural areas. Since sex is a taboo topic, not many families would sit their children down to talk about sex education. At school, many teachers would assign students to read the chapters containing sex education in the biology classes rather than take the opportunity to teach the students. The students either could not understand or felt ashamed to read something they did not believe they were supposed to read. Consequently, the children had limited understanding and could not identify what abuse is since the abusers tend to use 'games' to cover up their intention to abuse them sexually (C. Wang et al., 2020).

In addition, sex education is the first step to taking proper precautions to prevent CSA and understanding CSA, if any. It helps protect minors and increase the parents' awareness of CSA and the courage to have appropriate conversations with their children on topics related to

sex so that they can warrant their child's physical, emotional, and psychological growth (C. Wang et al., 2020).

Some authors also recommended that China complete its Child Human Rights Laws and Regulations to provide a channel for victims and their families to report, seek justice, and prevent perpetrators from abusing others. This is culturally appropriate. According to W. Yu (2021), China does not have complete Child Protection Laws and Regulations to protect all children because there are some Laws and Regulations directly related to minors, but they are specifically related to girls rather than boys. The Chinese lawmakers only assumed that girls might be potential victims, but from the literature, boys can be sexually abused as well.

Another recommendation was to cooperate with local NGOs, as NGOs have been actively providing treatment for the survivors. From Chinese history, back to the Qing Dynasty, according to Kleinman and Mechanic (1979), many missionaries from Western countries went to China to set up hospitals, NGOs, and foundations to provide services to Chinese people. In terms of psychotherapy, some psychologists/psychiatrists/therapists from overseas were invited to China for different conferences, through which those professionals had opportunities to get a rough idea about Chinese people's mental status, especially during the period of the Chinese cultural revolution, that many Chinese people suffered major depression and trauma. As such, those professionals inherited the same historical pattern of setting up NGOs to treat Chinese people and training local professionals to be professionals to continue to serve the local people. Therefore, cooperating with NGOs is culturally appropriate to provide treatment for survivors of CSA. According to W. Zhang, Chen, Feng, Li, Liu, et al. (2014) and S. Huang and Cui (2020), NGOs offer psychological treatment today, such as group therapy and roleplay, by using picture books. Because the local Chinese clinicians lacked holistic training, their interventions focused more on rapport building and positive affect rather than processing the client's unpleasant emotions. Therefore, NGOs are still actively working with survivors in China via in-person sessions and telehealth. They also noticed some cultural conflicts in directly adapting Western-

oriented approaches, so they have joined the mission to ben tu hua (indigenize) some treatments (Fishkin, 2020).

### **Limitations and Potential Contributions**

As with any research project, this review has limitations. First, since there were Chinese resources, it was unavoidable to have term usage errors during the data collection process since there are so many languages in China (Fishkin, 2020). According to Dutta (2009), some culturally specific terms in the original language may not have corresponding terms in another language. For instance, some people refer to abuse and mental health issues differently in different areas of China. In addition, the cultural elements may be difficult to convey in English (Dutta, 2009). Second, this study included articles with both rural and urban participants. Due to its limited resources, the status of CSA for children from rural and urban areas was not fully addressed separately. Finally, some research questions were not answered due to the sensitivity of this topic and cultural conservatism.

Despite its limitations, this integrative systematic review can potentially contribute to the literature. One of its contributions is to synthesize all published articles to inform knowledge. Second, this review offers the general status of CSA experienced by both boys and girls and the mental health struggles experienced by both genders. Through this study, mental health professionals will better understand how prevalent CSA is in China, the types and characteristics of CSA, psychological symptoms/disorders associated with sexual abuse, and the interventions and treatments implemented.

### **Recommendation for Future Research**

It is evident that CSA is a crucial public health issue in China. Due to its cultural norms, many still felt ashamed to disclose their experiences regarding CSA. Consequently, Chinese survivors of CSA continued to suffer from pain and mental health struggles. Besides enhancing sex education and completing Child Human Rights Laws to protect them, it is imperative to research some culturally appropriate treatments so that professionals can utilize them to

intervene in those struggling. Future research should also focus on public education on the risk and protective factors of CSA and its impact on individuals and families so that more people become aware of this issue and enhance treatment for the survivors.

## **Conclusion**

The findings reported in this study provide some crucial factors for understanding the status of CSA in China. Although the prevalence varies, as in other countries, it is evident that CSA requires attention and intervention to intervene in the survivors' struggles and prevent Chinese children from sexual abuse because the literature shows that those who experienced CSA did struggle with a variety of mental health problems. In addition to their psychological barriers, it has been theorized that there are some cultural barriers. The survivors still bury their pain inside or continue with mental health conditions without proper treatment to elevate their suffering. Finally, due to the lack of sex education, many people are unaware of abuse or seeking treatment for their trauma and other conditions. Based on this comprehensive study, the call for future research to focus on treatment and increase public awareness of mental health is imperative in China.

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## APPENDIX A

## Comprehensive Search Plan

<a href="#">Search Type</a>	<a href="#">Databases or Sources</a>	<a href="#">Search Term ID(s)</a>	<a href="#">Primary Term</a>	<a href="#">Synonyms/ Alternate Forms</a>	<a href="#">Search Syntax or Instructions</a>	<a href="#">Fields to Search</a>	<a href="#">Specifiers</a>	<a href="#">Plan Notes</a>
Electronic Database	Scopus	01, 05	CSA	"child sexual assault," "rape," "molestation," "sexual violation," "child sexual abuse"	"child sexual assault" OR "rape," OR "molestation" OR "sexual violation" OR "child sexual abuse," and "Mainland of China" OR "People's Republic of China" OR "China"	Title, Keywords, Abstract	*Years: 2000-2021 *Type: Peer-reviewed journals, international journals, and books	
Electronic Database	Scopus	01, 02, 05	prevalence	"incidence," "rates," "epidemiology," "prevalence"	"incidence" OR "rates" OR "epidemiology," "prevalence," and "child sexual assault" OR "rape" OR "molestation" OR "sexual violation" OR "child sexual abuse," and "Mainland of China" OR "People's Republic of China" OR "China"	Title, Keywords, Abstract	*Years: 2000-2021 *Type: Peer-reviewed journals, international journals, and books	
Electronic Database	Scopus	01, 03, 05	psychological disorders	"psychological distress," "psychological symptoms," "mental health issues/problems/struggles," "psychological disorders"	"child sexual assault" OR "rape," OR "molestation," OR "sexual violation" OR "child sexual abuse" and "psychological distress" OR "psychological symptoms" OR "mental health issues" OR "mental health problems" OR "mental health struggles" OR "psychological disorders" and "Mainland of China" OR	Title, Keywords, Abstract	*Years: 2000-2021 *Type: Peer-reviewed journals, international journals, and books	

<u>Search Type</u>	<u>Databases or Sources</u>	<u>Search Term ID(s)</u>	<u>Primary Term</u>	<u>Synonyms/ Alternate Forms</u>	<u>Search Syntax or Instructions</u>	<u>Fields to Search</u>	<u>Specifiers</u>	<u>Plan Notes</u>
					"People's Republic of China" OR "China"			
Electronic Database	Scopus	01, 04, 05	treatment	"interventions," "treatment," "preventions"	"child sexual assault," OR "rape," OR "molestation," OR "sexual violation," OR "child sexual abuse," and "interventions" OR "treatment" OR "preventions" and "Mainland of China" OR "People's Republic of China" OR "China"	Title, Keywords, Abstract	*Years: 2000-2021 *Type: Peer-reviewed journals, international journals, and books	
Electronic Database	Scopus	01, 03, 04, 05	China	"Mainland of China," "People's Republic of China," "China"	"child sexual assault" OR "rape," OR "molestation," OR "sexual violation" OR "child sexual abuse" and "psychological distress" OR "psychological symptoms" OR "mental health issues" OR "mental health problems" OR "struggles" OR "psychological disorders" and "interventions" OR "treatment" OR "preventions" and "Mainland of China" OR "People's Republic of China" OR "China"	Title, Keywords, Abstract	*Years: 2000-2021 *Type: Peer-reviewed journals, international journals, and books	

<u>Search Type</u>	<u>Databases or Sources</u>	<u>Search Term ID(s)</u>	<u>Primary Term</u>	<u>Synonyms/ Alternate Forms</u>	<u>Search Syntax or Instructions</u>	<u>Fields to Search</u>	<u>Specifiers</u>	<u>Plan Notes</u>
Electronic Database	Scopus	03, 04, 05			"psychological distress" OR "psychological symptoms," OR "mental health issues" OR "mental health problems," OR "struggles" OR "psychological disorders," and "interventions" OR "treatment" OR "preventions" and "Mainland of China" OR "People's Republic of China" OR "China"	Title, Keywords, Abstract	*Years: 2000-2021 *Type: Peer-reviewed journals, international journals, and books	
Electronic Database	PsycINFO	01, 05	CSA	"child sexual assault," "rape," "molestation," "sexual violation," "child sexual abuse"	"child sexual assault" OR "rape," OR "molestation" OR "sexual violation" OR "CSA," and "Mainland of China" OR "People's Republic of China" OR "China"	Title, Keywords, Abstract	*Years: 2000-2021 *Type: Peer-reviewed journals, international journals, and books	
Electronic Database	PsycINFO	01, 02, 05	prevalence	"incidence," "rates," "epidemiology," "prevalence"	"incidence" OR "rates," OR "epidemiology," "prevalence," and "child sexual assault" OR "rape" OR "molestation" OR "sexual violation" OR "child sexual abuse," and "Mainland of China" OR "People's Republic of China" OR "China"	Title, Keywords, Abstract	*Years: 2000-2021 *Type: Peer-reviewed journals, international journals, and books	



<a href="#">Search Type</a>	<a href="#">Databases or Sources</a>	<a href="#">Search Term ID(s)</a>	<a href="#">Primary Term</a>	<a href="#">Synonyms/ Alternate Forms</a>	<a href="#">Search Syntax or Instructions</a>	<a href="#">Fields to Search</a>	<a href="#">Specifiers</a>	<a href="#">Plan Notes</a>
Electronic Database	PsycINFO	01, 03, 05	psychological disorders	"psychological distress," "psychological symptoms," "mental health issues/problems/struggles," "psychological disorders"	"child sexual assault," OR "rape," OR "molestation," OR "sexual violation," OR "child sexual abuse," and "psychological distress" OR "psychological symptoms" OR "mental health issues" OR "mental health problems" OR "mental health struggles" OR "psychological disorders" and "Mainland of China" OR "People's Republic of China" OR "China"	Title, Keywords, Abstract	*Years: 2000-2021 *Type: Peer-reviewed journals, international journals, and books	
Electronic Database	PsycINFO	01, 04, 05	treatment	"interventions," "treatment," "preventions"	"child sexual assault" OR "rape," OR "molestation," OR "sexual violation" OR "child sexual abuse" and "interventions" and "treatment" OR "preventions" and "Mainland of China" OR "People's Republic of China" OR "Mainland of China" OR "China"	Title, Keywords, Abstract	*Years: 2000-2021 *Type: Peer-reviewed journals, international journals, and books	
Electronic Database	PsycINFO	01, 03, 04, 05	China	"Mainland of China," "People's Republic of China," "China"	"child sexual assault" OR "rape," OR "molestation," OR "sexual violation," OR "CSA" and "psychological distress" and "psychological symptoms" OR "mental health issues" OR "mental health problems" OR "struggles" OR "psychological disorders" and	Title, Keywords, Abstract	*Years: 2000-2021 *Type: Peer-reviewed journals, international journals, and books	

<u>Search Type</u>	<u>Databases or Sources</u>	<u>Search Term ID(s)</u>	<u>Primary Term</u>	<u>Synonyms/ Alternate Forms</u>	<u>Search Syntax or Instructions</u>	<u>Fields to Search</u>	<u>Specifiers</u>	<u>Plan Notes</u>
					"interventions" OR "treatment" OR "preventions" and "Mainland of China" OR "People's Republic of China" OR "China"			
Electronic Database	PsycINFO	03, 04, 05			"psychological distress" OR "psychological symptoms," OR "mental health issues" OR "mental health problems" OR "struggles" OR "psychological disorders" and "interventions," OR "treatment," OR "preventions" and "Mainland of China" OR "People's Republic of China" OR "China"	Title, Keywords, Abstract	*Years: 2000-2021 *Type: Peer-reviewed journals, international journals, and books	
Electronic Database	ProQuest	01, 05	CSA	"child sexual assault," "rape," "molestation," "sexual violation," "child sexual abuse"	"child sexual assault" OR "rape," OR "molestation" OR "sexual violation" OR "child sexual abuse," and "Mainland of China" OR "People's Republic of China" OR "China"	Title, Keywords, Abstract	*Years: 2000-2021 *Type: Peer-reviewed journals, international journals, and books	

<a href="#">Search Type</a>	<a href="#">Databases or Sources</a>	<a href="#">Search Term ID(s)</a>	<a href="#">Primary Term</a>	<a href="#">Synonyms/ Alternate Forms</a>	<a href="#">Search Syntax or Instructions</a>	<a href="#">Fields to Search</a>	<a href="#">Specifiers</a>	<a href="#">Plan Notes</a>
Electronic Database	ProQuest	01, 02, 05	prevalence	"incidence," "rates," epidemiology," "prevalence"	"incidence" OR "rates," OR epidemiology," "prevalence," and "child sexual assault" OR "rape" OR "molestation" OR "sexual violation" OR "child sexual abuse," and "Mainland of China" OR "People's Republic of China" OR "China"	Title, Keywords, Abstract	*Years: 2000-2021 *Type: Peer-reviewed journals, international journals, and books	
Electronic Database	ProQuest	01, 03, 05	psychological disorders	"psychological distress," "psychological symptoms," "mental health issues/problems/struggles," "psychological disorders"	"child sexual assault," OR "rape," OR "molestation," OR "sexual violation," OR "child sexual abuse," and "psychological distress" OR "psychological symptoms" OR "mental health issues" OR "mental health problems" OR "mental health struggles" OR "psychological disorders" and "Mainland of China" OR "People's Republic of China" OR "China"	Title, Keywords, Abstract	*Years: 2000-2021 *Type: Peer-reviewed journals, international journals, and books	
Electronic Database	ProQuest	01, 04, 05	treatment	"interventions," "treatment," "preventions"	"child sexual assault" OR "rape," OR "molestation," OR "sexual violation" OR "child sexual abuse" and "interventions" OR "treatment" OR "preventions," and "Mainland of China" OR "People's Republic of China" OR "China"	Title, Keywords, Abstract	*Years: 2000-2021 *Type: Peer-reviewed journals, international journals, and books	

<u>Search Type</u>	<u>Databases or Sources</u>	<u>Search Term ID(s)</u>	<u>Primary Term</u>	<u>Synonyms/ Alternate Forms</u>	<u>Search Syntax or Instructions</u>	<u>Fields to Search</u>	<u>Specifiers</u>	<u>Plan Notes</u>
Electronic Database	ProQuest	01, 03, 04, 05	China	"Mainland of China," "People's Republic of China," "China"	"child sexual assault," OR "rape," OR "molestation," OR "sexual violation," OR "child sexual abuse" and "psychological distress" OR "psychological symptoms" OR "mental health issues" OR "mental health problems" OR "struggles" OR "psychological disorders" and "interventions" OR "treatment" OR "preventions" and "Mainland of China" OR "People's Republic of China" OR "China"	Title, Keywords, Abstract	*Years: 2000-2021 *Type: Peer-reviewed journals, international journals, and books	
Electronic Database	ProQuest	03, 04, 05			"psychological distress" OR "psychological symptoms," OR "mental health issues" OR "mental health problems" OR "struggles," OR "psychological disorders" and "interventions" OR "treatment," OR "preventions" and "Mainland of China" OR "People's Republic of China" OR "China"	Title, Keywords, Abstract	*Years: 2000-2021 *Type: Peer-reviewed journals, international journals, and books	
Electronic Database	China National Knowledge Infrastr	06, 10	er tong xing nue dai	"er tong xing sao rao," "er tong qiang jian," "er tong xing wei xie," "er tong xing qin fan," "er	"er tong xing sao rao" OR "er tong qiang jian" OR "er tong xing wei xie" "er tong xing qin fan" OR "er tong xing nue dai" and "zhong guo da lu" OR	Title, Keywords, Abstract	*Years: 2000-2021 *Type: Peer-reviewed journals, international	

<u>Search Type</u>	<u>Databases or Sources</u>	<u>Search Term ID(s)</u>	<u>Primary Term</u>	<u>Synonyms/ Alternate Forms</u>	<u>Search Syntax or Instructions</u>	<u>Fields to Search</u>	<u>Specifiers</u>	<u>Plans Notes</u>
	Structure (CNKI)			tong xing nue dai	"zhong hua ren min gong he guo" OR "zhong guo"		journals, and books	
Electronic Database	China National Knowledge Infrastructure (CNKI)	06, 07, 10	fa sheng lu	"pu bian lu," "bi lu," "fa sheng lu"	"er tong xing sao rao" OR "er tong qiang jian" OR "er tong xing wei xie" OR "er tong xing qin fan" OR "er tong xing nue dai" and "pu bian lu" OR "bi lu" OR "fa sheng lu" and "zhong guo da lu" OR "zhong hua ren min gong he guo" OR "zhong guo"	Title, Keywords, Abstract	*Years: 2000-2021 *Type: Peer-reviewed journals, international journals, and books	
Electronic Database	China National Knowledge Infrastructure (CNKI)	06, 08, 10	xin li zhang ai	"xin li kun rao," "jing shen jian kang wen ti," "xin li zhang ai"	"er tong xing sao rao" OR "er tong qiang jian" OR "er tong xing wei xie" OR "er tong xing qin fan" OR "er tong xing nue dai" and "xin li kun rao" OR "jing shen ji bing" OR "xin li zhang ai" and "zhong guo da lu" OR "zhong hua ren min gong he guo" OR "zhong guo"	Title, Keywords, Abstract	*Years: 2000-2021 *Type: Peer-reviewed journals, international journals, and books	
Electronic Database	China National Knowledge Infrastructure (CNKI)	06, 09, 10	xin li zhi liao	"xin li gan yu," "yu fan," "xin li zhi liao"	"er tong xing sao rao" OR "er tong qiang jian" OR "er tong xing wei xie" OR "er tong xing qin fan" OR "er tong xing nue dai" and "xin li gan yu" OR "xin li yu fang" OR "xin li zhi liao" OR "xin li zi xun" and "zhong guo da lu" OR "zhong hua ren	Title, Keywords, Abstract	*Years: 2000-2021 *Type: Peer-reviewed journals, international journals, and books	

<u>Search Type</u>	<u>Databases or Sources</u>	<u>Search Term ID(s)</u>	<u>Primary Term</u>	<u>Synonyms/ Alternate Forms</u>	<u>Search Syntax or Instructions</u>	<u>Fields to Search</u>	<u>Specifiers</u>	<u>Plan Notes</u>
					min gong he guo" OR "zhong guo"			
Electronic Database	China National Knowledge Infrastructure (CNKI)	06, 08, 09, 10	zhong guo	"zhong guo da lu," "zhong hua ren min gong he guo," "zhong guo"	"er tong xing sao rao" OR "er tong qiang jian" OR "er tong xing wei xie" "er tong xing qin fan" OR "er tong xing nue dai" and "xin li kun rao" OR "jing shen ji bing" OR "xin li zhang ai" and "xin li gan yu" OR "xin li yu fang" OR "xin li zhi liao" OR "xin li zi xun" and "zhong guo da lu" OR "zhong hua ren min gong he guo" OR "zhong guo"	Title, Keywords, Abstract	*Years: 2000-2021 *Type: Peer-reviewed journals, international journals, and books	
Electronic Database	China National Knowledge Infrastructure (CNKI)	08, 09, 10			"xin li kun rao" OR "jing shen ji bing" OR "xin li zhang ai" and "xin li gan yu" OR "xin li yu fang" OR "xin li zhi liao" OR "xin li zi xun" and "zhong guo da lu" OR "zhong hua ren min gong he guo" OR "zhong guo"	Title, Keywords, Abstract	*Years: 2000-2021 *Type: Peer-reviewed journals, international journals, and books	

<a href="#">Search Type</a>	<a href="#">Databases or Sources</a>	<a href="#">Search Term ID(s)</a>	<a href="#">Primary Term</a>	<a href="#">Synonyms/ Alternate Forms</a>	<a href="#">Search Syntax or Instructions</a>	<a href="#">Fields to Search</a>	<a href="#">Specifiers</a>	<a href="#">Plan Notes</a>
Electronic Database	Wang Fang Data	06, 07, 10	fa sheng lu	"pu bian lu," "bi lu," "fa sheng lu"	"er tong xing sao rao" OR "er tong qiang jian" OR "er tong xing wei xie" OR "ertong xing qin fan" OR "er tong xing nue dai" and "pu bian lu" OR "bi lu" OR "fa sheng lu" and "zhong guo da lu" OR "zhong hua ren min gong he guo" OR "zhong guo"	Title, Keywords, Abstract	*Years: 2000-2021 *Type: Peer-reviewed journals, international journals, and books	
Electronic Database	Wang Fang Data	06, 08, 10	xin li zhang ai	"xin li kun rao," "jing shen jian kang wen ti," "xin li zhang ai"	"er tong xing sao rao" OR "er tong qiang jian" OR "er tong xing wei xie" "er tong xing qin fan" OR "er tong xing nue dai" and "xin li kun rao" OR "jing shen ji bing" OR "xin li zhang ai" and "zhong guo da lu" OR "zhong hua ren min gong he guo" OR "xiang gang" OR "tai wan" OR "zhong guo"	Title, Keywords, Abstract	*Years: 2000-2021 *Type: Peer-reviewed journals, international journals, and books	
Electronic Database	Wang Fang Data	06, 09, 10	xin li zhi liao	"xin li gan yu," "yu fan," "xin li zhi liao"	"er tong xing sao rao" OR "er tong qiang jian" OR "er tong xing wei xie" "er tong xing qin fan" OR "er tong xing nue dai" and "xin li gan yu" OR "xin li yu fang" OR "xin li zhi liao" OR "xin li zi xun" and "zhong guo da lu" OR "zhong hua ren min gong he guo" OR "zhong guo"	Title, Keywords, Abstract	*Years: 2000-2021 *Type: Peer-reviewed journals, international journals, and books	

<u>Search Type</u>	<u>Databases or Sources</u>	<u>Search Term ID(s)</u>	<u>Primary Term</u>	<u>Synonyms/ Alternate Forms</u>	<u>Search Syntax or Instructions</u>	<u>Fields to Search</u>	<u>Specifiers</u>	<u>Plan Notes</u>
Electronic Database	Wang Fang Data	06, 08, 09, 10	zhong guo	"zhong guo da lu," "zhong hua ren min gong he guo," "zhong guo"	"er tong xing sao rao" OR "er tong qiang jian" OR "er tong xing wei xie" OR "er tong xing qin fan" OR "er tong xing nue dai" and "xin li kun rao" OR "jing shen ji bing" OR "xin li zhang ai" and "xin li gan yu" OR "xin li yu fang" OR "xin li zhi liao" OR "xin li zi xun" and "zhong guo da lu" OR "zhong hua ren min gong he guo" OR "zhong guo"	Title, Keywords, Abstract	*Years: 2000-2021 *Type: Peer-reviewed journals, international journals, and books	
Electronic Database	Wang Fang Data	08, 09, 10			"xin li kun rao" OR "jing shen ji bing" OR "xin li zhang ai" and "xin li gan yu" OR "xin li yu fang" OR "xin li zhi liao" OR "xin li zi xun" and "zhong guo da lu" OR "zhong hua ren min gong he guo" OR "zhong guo"	Title, Keywords, Abstract	*Years: 2000-2021 *Type: Peer-reviewed journals, international journals, and books	



## APPENDIX B

## Screening and Selection Record

<u>Authors &amp; Year</u>	<u>Title</u>	<u>INCL (M):</u>	<u>Sample</u>	<u>Age</u>	<u>Prevalence</u>	<u>Psychological Symptoms</u>	<u>Treatment</u>	<u>Participant (Rural)</u>	<u>Participant (Urban)</u>
Fu & Wang (2021)	Protecting Child Rights: The Role of Non-Governmental Organizations	Qualitative--Case study	4 cases	5 to 10	Y	Y	Y	Y	N
Chan (2012a)	Child victimization in China: Interpretation of findings and recommendations	Quantitative	8945 parents, 3321 children, 18341 students	Under 18	Y	Y	N	Y	N
Chan (2012b)	Child victimization in China: Prevalence and risk factors	Quantitative	8945 parents, 3321 children, 18341 students	Under 18	Y	Y	N	Y	Y
Chung & Chen. (2020)	Gender Differences in Child Abuse, Emotional Processing Difficulties, Alexithymia, Psychological Symptoms, and Behavioural Problems among Chinese Adolescents	Quantitative	800 adolescents	13 to 19	N	Y	N	N	Y

<u>Authors &amp; Year</u>	<u>Title</u>	<u>INCL (M):</u>	<u>Sample</u>	<u>Age</u>	<u>Prevalence</u>	<u>Psychological Symptoms</u>	<u>Treatment</u>	<u>Participant (Rural)</u>	<u>Participant (Urban)</u>
H. Zhang, Zhao, et al. (2016)	The impact of Child sexual abuse and psychological distress on delinquency among incarcerated juveniles in China	Quantitative	358 juvenile offenders	15 to 18	Y	Y	Y	Y	Y
L. Wang et al. (2020)	The prevalence of child maltreatment among Chinese primary and middle school students: A systematic review and meta-analysis	Meta-analysis	239 to 14211	12 to 18	Y	Y	Y	Y	Y
Fang et al. (2014)	The burden of child maltreatment in China: A systematic review [La charge de la maltraitance des enfants en Chine: Une revue systématique]	Systematic review	16 studies	Under 18	Y	Y	N	Y	Y
Liang & Hu (2018)	A typology of sex offending against minors: An empirical study of rape and	Literature review	436 CSA cases	Under 18	Y	N	Y	Y	Y

<u>Authors &amp; Year</u>	<u>Title</u>	<u>INCL (M):</u>	<u>Sample</u>	<u>Age</u>	<u>Prevalence</u>	<u>Psychological Symptoms</u>	<u>Treatment</u>	<u>Participant (Rural)</u>	<u>Participant (Urban)</u>
	molestation cases in China								
Hu et al. (2017)	Sex offenses against minors in China: An empirical comparison	Qualitative	440 CSA cases with 692 victims	3 to 43, mean 11	Y	N	N	Y	Y
S. Huang & Cui (2020)	Preventing child sexual abuse using picture books: The effect of book character and message framing	Quantitative	180 Children	5 to 6	N	N	Y	N	Y
C. Wang et al. (2020)	The sexual abuse and neglect of 'left-behind' children in rural China	Mixed	1925 Children	Under 18	N	N	Y	Y	N
Jin et al. (2017)	Evaluation of a sexual abuse prevention education program for school-age children in China: A comparison of teachers and parents as instructors	Quantitative	484 Children	6 to 12	N	N	Y	N	Y
Jin et al. (2016)	Knowledge and skills of sexual abuse prevention:	Quantitative	559 Children	6 to 11	N	N	Y	N	Y

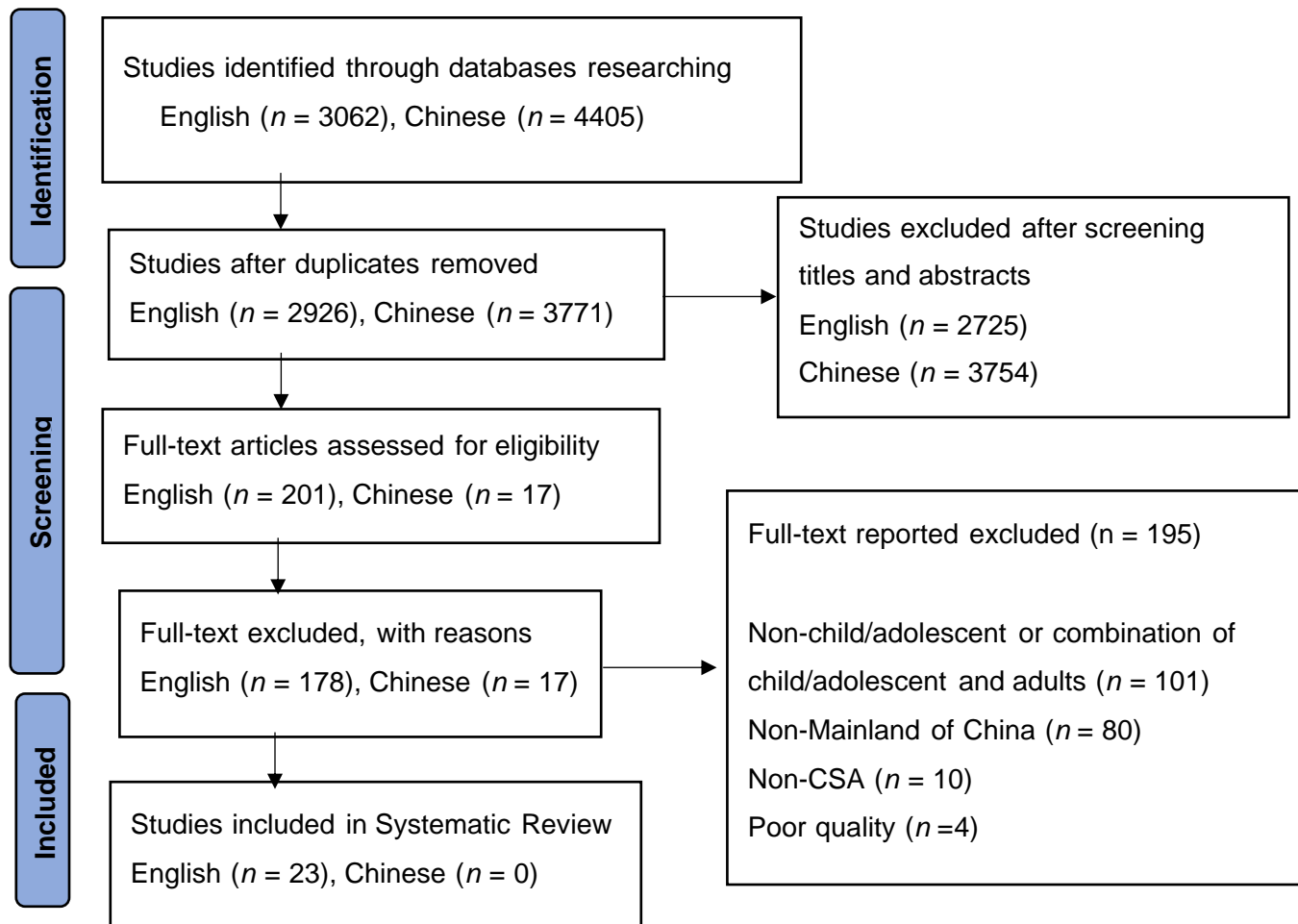
<u>Authors &amp; Year</u>	<u>Title</u>	<u>INCL (M):</u>	<u>Sample</u>	<u>Age</u>	<u>Prevalence</u>	<u>Psychological Symptoms</u>	<u>Treatment</u>	<u>Participant (Rural)</u>	<u>Participant (Urban)</u>
	A study on school-aged children in Beijing, China								
Chan et al. (2013)	Associating child sexual abuse with child victimization in China	Quantitative	18341 adolescents	15 to 17	Y	N	N	Y	Y
Lin et al. (2011)	Child sexual abuse and its relationship with health risk behaviors among rural children and adolescents in Hunan, China	Quantitative	683 children & adolescents	9 to 15	Y	y	N	y	N
J. Chen et al. (2004)	Child sexual abuse in China: A study of adolescents in four provinces	Quantitative	2300 Adolescents	16 to 19	Y	Y	N	Y	Y
B. Yu et al. (2017)	The knowledge and skills related to sexual abuse prevention among Chinese children with hearing loss in Beijing	Quantitative	51 Children & adolescents	10 to 16	N	N	Y	N	Y
W. Zhang, Chen, Feng, Li, Zhao, et al. (2013)	Young children's knowledge and skills related to sexual abuse prevention: A pilot	Quantitative	136 children, 30 fathers, 106 mothers	3 to 5	n	N	Y	N	Y

<u>Authors &amp; Year</u>	<u>Title</u>	<u>INCL (M):</u>	<u>Sample</u>	<u>Age</u>	<u>Prevalence</u>	<u>Psychological Symptoms</u>	<u>Treatment</u>	<u>Participant (Rural)</u>	<u>Participant (Urban)</u>
	study in Beijing, China								
Wong et al. (2009)	To unfold a hidden epidemic: Prevalence of child maltreatment and its health implications among high school students in Guangzhou, China	Quantitative	6593 Adolescents	12 to 16	Y	Y	Y	Y	Y
Li et al. (2014)	Effects of childhood trauma on personality in a sample of Chinese adolescents	Quantitative	485 Children	Under 18	Y	Y	N	Y	Y
Tian et al. (2020)	Complex PTSD in Chinese adolescents exposed to childhood trauma: A latent profile analysis	Quantitative	478 Children	mean 17.46	Y	Y	Y	Y	Y
R. Zhang, Zhang, et al. (2022)	Relationship between childhood sexual abuse and attitudes toward premarital sexual	Quantitative	2292 Children & adolescents	12 to 18	Y	N	N	Y	Y

<u>Authors &amp; Year</u>	<u>Title</u>	<u>INCL (M):</u>	<u>Sample</u>	<u>Age</u>	<u>Prevalence</u>	<u>Psychological Symptoms</u>	<u>Treatment</u>	<u>Participant (Rural)</u>	<u>Participant (Urban)</u>
	permissiveness among middle school students in Luzhou, China								
W. Zhang, Chen, Feng, Li, Liu, et al. (2014)	Evaluation of a Sexual Abuse Prevention Education for Chinese Preschoolers	Quantitative	150 Children	Under 5	N	N	Y	N	Y

## APPENDIX C

## PRISMA Chart



## APPENDIX D

### Data Collection and Extraction Form

This form can be used as a guide for developing your own data extraction form. Sections can be expanded and added, and irrelevant sections can be removed. It is challenging to design a single form that meets the needs of all reviews, so it is important to consider carefully the information that YOU need to collect and design your form accordingly. The information included on this form should be comprehensive as it serves as the data for your study and informs the database for your synthesis and analysis. Content from this form may be used in the text of your review, your 'Evidence Table of Included Studies,' quality appraisal, statistical analysis, etc...

Notes on using a data extraction form:

- Be consistent in the order and style you use to describe the information for each included study.
- Record any missing information as unclear or not described to make it clear that the information was not found in the study report(s), not that you forgot to extract it.
- Include instructions, coding systems, and decision rules on this data collection form or in an accompanying document. It is important to practice using the form and give training to anyone else using it.
- You will need to protect the document in order to use the form fields (Tools / Protect document)

#### 1. Study/document identification

<b>Document Name</b>
<b>Document ID#</b>
<b>Authors and Year</b> <i>(last names of authors and year of publication, e.g., Johnson, Jones, and Jackson 2014)</i>
<b>Full Document Title</b>
<b>Notes:</b>

#### 2. General Information

1. <b>Date form completed</b> <i>(dd/mm/yyyy)</i>	
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2. <b>Source/Publication Type</b> ( <i>journal, book, conference, report, dissertation, abstract, etc.</i> )	
3. <b>Source Name</b> ( <i>Title of Journal, Book, Organization, etc.</i> )	
4. <b>Document language</b> ( <i>English, Chinese</i> )	
5. <b>Other</b>	
6. <b>OTHER:</b>	
7. <b>Notes:</b>	

### 3. Design Characteristics and Methodological Features

	<b>Descriptions as stated in the report/paper</b>	<b>Location in text</b> ( <i>pg &amp; ¶/fig/table</i> )
8. <b>Aim of study</b>		
9. <b>General Method</b> (Quant, Qual, Mixed)		
10. <b>Duration of participation</b>		
11. <b>Ethical approval is needed for the study.</b>		
12. <b>Other</b>		
13. <b>Other</b>		
14. <b>Other</b>		

15. **Notes:**

#### 4. Study Participant information

	Description as stated in report/paper	Location in text (pg & ¶/fig/table)
16. <b>Participants age</b>		
17. <b>Participant's ethnicity</b>		
18. <b>Whether or not the participant had a disability</b>		
19. <b>Participant's family structure</b>		
20. <b>Participant's socioeconomic status</b>		
21. <b>Urban or rural setting</b>		
22. <b>Participant's location</b>		
23. <b>Other</b>		
24. <b>Other</b>		

	Description as stated in report/paper	Location in text (pg & ¶/fig/table)
25. <b>Notes:</b>		

## 5. Prevalence

	Descriptions as stated in the report/paper	Location in text (pg & ¶/fig/table)
26. <b>Yes</b>		
27. <b>No</b>		
28. <b>Prevalence</b>		
29. <b>Other</b>		
30. <b>Notes:</b>		

## 6. Characteristics of CSA

	Description as stated in report/paper	Location in text (pg & ¶/fig/table)
31. <b>Type of abuse</b>		
32. <b>Settings of abuse</b>		
33. <b>Frequency of abuse</b>		
34. <b>Relationship between victim and perpetrators</b>		
35. <b>Gender of victim</b>		
36. <b>Age of victim</b>		
37. <b>Gender of the perpetrator</b>		
38. <b>Age of the perpetrator</b>		
39. <b>Intervention used to treat the victim</b>		
40. <b>Other</b>		
41. <b>Note</b> <b>s:</b>		

## 7. Psychological symptoms/disorders/distress

	Description as stated in report/paper	Location in text (pg & ¶/fig/table)
42. <b>Attachment issues</b>		
43. <b>Depression</b>		
44. <b>Anxiety</b>		
45. <b>Sleep disturbance</b>		
46. <b>Trauma/PTSD</b>		
47. <b>Substance abuse</b>		
48. <b>Risky behaviours</b>		
49. <b>Suicidal ideation</b>		
50. <b>Eating disorder</b>		

	Description as stated in report/paper	Location in text (pg & ¶/fig/table)
51. <b>Other</b>		
52. <b>Notes:</b>		

#### 8. Relation between sexual abuse and psychological symptoms/disorders/distress

	Description as stated in report/paper	Location in text (pg & ¶/fig/table)
53. <b>Yes</b>		
54. <b>No</b>		
55. <b>Other</b>		
56. <b>Notes:</b>		

#### 9. Intervention/prevention/treatment

	Description as stated in report/paper	Location in text (pg & ¶/fig/table)
57. <b>Treatment used</b>		
58. <b>No treatment available</b>		
59. <b>Type of treatment</b>		
60. <b>Name of treatment</b>		

	Description as stated in report/paper	Location in text (pg & ¶/fig/table)
61. Length of treatment		
62. Treatment effect		
63. Other		
64. Notes:		

#### 10. Assessment of Research Variables

RESEARCH VARIABLES	How Assessed ( <i>Measure, Observation, Interview Question, Archival, etc.</i> )	Reliability/Validity/Utility	Location in text (pg & ¶/fig/table)
65. Variable 1			
66. Variable 2			
67. Variable 3			
68. Variable 4			
69. Variable 5			
70. Notes:			

## 11. Analysis and statistical information

	Description as stated in report/paper	Location in text (pg & ¶/fig/table)
71. <b>Descriptive statistics</b>		
72. <b>Inferential statistics</b>		
73. <b>Qualitative analysis</b>		
74. <b>Other</b>		
75. <b>Notes:</b>		

## 12. Results/outcomes

	Description as stated in report/paper	Location in text (pg & ¶/fig/table)
76. <b>Key Result #1</b>		
77. <b>Key Result #2</b>		
78. <b>Key Result #3</b>		
79. <b>Key Result #4</b>		
80. <b>Key Result #5</b>		
81. <b>Key Result #6</b>		
82. <b>Key Result #7</b>		
83. <b>Key Result #8</b>		

	Description as stated in report/paper	Location in text (pg & ¶/fig/table)
84. <b>Notes:</b>		

### 13. Conclusions and Follow-up

	Description as stated in report/paper	Location in text (pg & ¶/fig/table)
85. <b>Does the study directly address your review question?</b> <i>(any issues of partial or indirect applicability)</i>		
86. <b>Significant Take-Aways:</b>		
87. <b>Study strengths and limitations</b>		
88. <b>Contribution of the Study</b>		
89. <b>Recommendations for future research</b>		
90. <b>Further study information needed?</b> <i>(from whom, what, and when, contact info)</i>		
91. <b>Other</b>		



<i>(from whom, what, and when)</i>	
<b>92. Notes:</b>	

## APPENDIX E

## Individual Study Quality Appraisal for Systemic Review

**INDIVIDUAL STUDY QUALITY APPRAISAL FORM FOR SYSTEMATIC REVIEWS**

Developed by Shelly P. Harrell, Ph.D., Pepperdine University

**Author(s) and Year:** \_\_\_\_\_ **Study ID#** \_\_\_\_\_

- 1. Methodology:**                      Quantitative                      Qualitative                      Mixed Methods
- 2. Specific                                              Design/Inquiry                                              Approach:**
- \_\_\_\_\_

**RATING SCALE:**    Strong=3    Good/Adequate=2    Weak=1    Missing=0    N/A

- 3. Strength of Literature Foundation and Rationale for Study:** \_\_\_\_\_  
 (POSSIBLE CONSIDERATIONS: current and relevant references, background literature sufficiently comprehensive, Need/Rationale for study clearly stated, etc.)
- 4. Clarity and Specificity of Research Aims/Objectives/Questions/Hypotheses:** \_\_\_\_\_
- 5. Quality of research design or methodological approach:** \_\_\_\_\_  
 GENERAL CONSIDERATIONS: provides a rationale for the design chosen, appropriateness for research questions, clear description of the design and methodological approach, and strength of design characteristics utilized.  
 QUANTITATIVE CONSIDERATIONS: internal and external validity considered in design; potential confounds identified and addressed in some way; specific design-based "risk of bias" criteria considered such as randomization, blinding  
 QUALITATIVE CONSIDERATIONS: consistent with specific practices relevant to the inquiry strategy (e.g., phenomenological study, case study, grounded theory, etc.), triangulation, audit trail
- 6. Sample Selection and Characteristics:** \_\_\_\_\_  
 GENERAL CONSIDERATIONS: detailed description of sample characteristics, adequacy of sample characteristics in the context of research aims, detailed description of recruitment and selection of participants; rationale provided for sample size; inclusion and exclusion criteria indicated as relevant  
 QUANTITATIVE CONSIDERATIONS: representativeness of the sample, adequacy of sample size in the context of design, the extent of selection or sample bias  
 QUALITATIVE CONSIDERATIONS: sample size appropriate for inquiry strategy; rationale for purposeful sample characteristics
- 7. Data Collection Tools (Scales, Observation, Interviews, etc.):** \_\_\_\_\_  
 GENERAL CONSIDERATIONS: rationale for selection, appropriateness for assessing variables, development of study-specific tool or process clearly described, piloting, pretesting;

QUANTITATIVE CONSIDERATIONS: psychometric properties (reliability, validity, utility) reported, adequacy of psychometric properties, normative or standardization data described

QUALITATIVE CONSIDERATIONS: appropriateness for inquiry strategy and purpose; interview or other data collection process described clearly and comprehensively

**8. Data Collection Processes:** \_\_\_\_\_

(POSSIBLE CONSIDERATIONS: data collection procedures clearly described in sufficient detail, intervention strategies and implementation described in detail, quality of data collected, design-specific considerations such as attrition in RCTs, saturation in grounded theory, etc.)

**9. Analysis and Presentation of Data:** \_\_\_\_\_

GENERAL CONSIDERATIONS: appropriateness of analysis for research questions and type of data; results presented clearly and comprehensively; usefulness and clarity of any tables, graphs, and charts

QUANTITATIVE CONSIDERATIONS: Power and effect size reported; relevant statistics reported clearly; effective use of tables

QUALITATIVE CONSIDERATIONS: textual data and/or direct quotes reported and used effectively; transparent

Description of the development of themes from raw data

**10. Discussion of Study Limitations:** \_\_\_\_\_

GENERAL CONSIDERATIONS: Identify and discuss limitations in the context of the design/strategy utilized.

QUANTITATIVE CONSIDERATIONS: addresses various forms of bias, internal validity, external validity (generalizability), ecological validity

QUALITATIVE CONSIDERATIONS: transferability, credibility, transparency,

**11. Consideration of culture and diversity:** \_\_\_\_\_

(POSSIBLE CONSIDERATIONS: attention to diversity within the sample, includes culturally appropriate methods and tools avoid biased language, use appropriate terminology, etc.)

<b>12. OVERALL RATING: EXEMPLARY</b>	<b>STRONG</b>	<b>GOOD/ADEQUATE</b>
<b>WEAK</b>		
(e.g., all "3"s)	(e.g., mostly "3"s)	(e.g., mostly "2"s)
		(e.g., mostly "1"s)

# APPENDIX F

## Report of Result

<u>Author s</u>	<u>Year</u>	<u>Title</u>	<u>Primary Variables</u>	<u>Method and design</u>	<u>Sampl e size</u>	<u>Prevalen ce</u>	<u>Psychological symptoms/dis tress/disorder s</u>	<u>Treatment</u>	<u>Empiric al treatme nt</u>	<u>Culturall y appropri ate treatmen t</u>
Fu, Y., Wong, J. H.-C.	2021	Protectin g child rights: The role of non- governm ental organizati ons	Prevalenc e, symptoms , treatment	Case study Qualitative	4 cases	25%	PTSD, Aggressive behaviors, self- isolation, SI	Establish laws to protect children. NGOs took an active role in helping and intervening with victims.	N	Y
Chan, K. L.	2012 a	Child victimizati on in China: Interpreta tion of findings and recomme ndations	Prevalenc e, symptoms	Quantitativ e	8945 parents , 3321 children , 18341 student s	Prevalen ce: Parents 1.3%. househol d child, 3.1%, and school students, 8.0%	memory deficit, limited ability to recall due to PTSD, shame, and losing face	N	N	N
Chan, K. L.	2012 b	Child victimizati on in	Prevalenc e, symptoms	Quantitativ e	8945 parents , 3321	Prevalen ce: parents	Depression	N	N	N

<u>Author s</u>	<u>Year</u>	<u>Title</u>	<u>Primary Variables</u>	<u>Method and design</u>	<u>Sampl e size</u>	<u>Prevalen ce</u>	<u>Psychological symptoms/dis tress/disorder s</u>	<u>Treatment</u>	<u>Empiric al treatme nt</u>	<u>Culturall y appropri ate treatmen t</u>
		China: Prevalen ce and risk factors			children , 18341 student s	1.1%, Househol d Children 2.8%, School students 8.0%. Males 7.8% and females 4.7%				
Chung, M. C., Chen, Z. S.	2020	Gender differenc es in child abuse, emotional processin g difficultie s, alexithym ia, psycholo gical symptom s, and behavior al	Symptoms	Quantitativ e	800 adolesc ents	N	More anxiety in females than males Females reported learning disabilities. Males have more physical and emotional neglect than females. Both gender, child abuse, emotional processing difficulty, and alexithymia	N	N	N

<u>Author s</u>	<u>Year</u>	<u>Title</u>	<u>Primary Variables</u>	<u>Method and design</u>	<u>Sampl e size</u>	<u>Prevalen ce</u>	<u>Psychological symptoms/dis tress/disorder s</u>	<u>Treatment</u>	<u>Empiric al treatme nt</u>	<u>Culturall y appropri ate treatmen t</u>
		problems among Chinese adolescents					were significantly correlated with psychological symptoms and behavioral problems.			
Zhang, H., Zhao, R., J. S., Ren, L.	2016	The impact of child sexual abuse and psychological distress on delinquency among incarcerated juveniles in China	Prevalence, symptoms, treatment	Quantitative	358 juvenile offenders	78 (21.8%) one type, 41 (11.4%), 2 types 30 (8.4%), 3 types 7 (2.0%)	Illegal drug use and sale (smoking, alcohol abuse, violent behaviors)	Recommended to offer treatment	N	N
Wang, L., Cheng, H., Qu, Y., Zhang,	2020	The prevalence of child maltreatment among	Prevalence, symptoms, treatment	Meta-analysis	239 to 14211	10.14%	Attachment problems lead to mental health problems,	Recommended to offer treatment	N	N

<u>Author s</u>	<u>Year</u>	<u>Title</u>	<u>Primary Variables</u>	<u>Method and design</u>	<u>Sampl e size</u>	<u>Prevalen ce</u>	<u>Psychological symptoms/dis tress/disorder s</u>	<u>Treatment</u>	<u>Empiric al treatme nt</u>	<u>Culturall y appropri ate treatmen t</u>
Y., Cui, Q., Zou, H.		Chinese primary and middle school students: A systemati c review and meta- analysis					which lead to abuse			
Fang, X., Fry, D. A., Ji, K., Finkelhor, D., Chen, J., Lannen, P., Dunne, M. P.	2014	The burden of child maltreat ment in china: A systemati c review [La charge de la maltraite nce des enfants en Chine: Une revue	Prevalenc e, symptoms	Systematic review	16 studies	8.7%	Depression, anxiety, current smoking, problem drinking, illicit drug, and self- harm	N	N	N

<u>Author s</u>	<u>Year</u>	<u>Title</u>	<u>Primary Variables</u>	<u>Method and design</u>	<u>Sampl e size</u>	<u>Prevalen ce</u>	<u>Psychological symptoms/dis tress/disorder s</u>	<u>Treatment</u>	<u>Empiric al treatme nt</u>	<u>Culturall y appropri ate treatmen t</u>
		systématique]								
Liang, B., Hu, M.	2018	A typology of sex offending against minors: An empirical study of rape and molestat ion cases in China	Symptoms , treatment	Literature review	436 CSA cases	97% were lone offenders , and 93.4% committe d sexual crimes against a single victim. <i>n</i> = 128 were pure opportuni stic offenders , <i>n</i> = 107 created opportuni ties to commit their crimes, <i>n</i> = 29 created their opportuni	N	Recommen ded prevention includes educational prevention, self- protection skills, avoiding substance abuse, and proper parental supervision	N	Y



<u>Author s</u>	<u>Year</u>	<u>Title</u>	<u>Primary Variables</u>	<u>Method and design</u>	<u>Sampl e size</u>	<u>Prevalen ce</u>	<u>Psychological symptoms/dis tress/disorder s</u>	<u>Treatment</u>	<u>Empiric al treatme nt</u>	<u>Culturall y appropri ate treatmen t</u>
						ties by pure force and/or coercion, and $n = 15$ followed or stalked potential victims. $n = 76$ were grouped into serial offenders, $n = 63$ was the serial sexual offender group, and $n = 14$ was the felony crime group. 29 males were				

<u>Author s</u>	<u>Year</u>	<u>Title</u>	<u>Primary Variables</u>	<u>Method and design</u>	<u>Sampl e size</u>	<u>Prevalen ce</u>	<u>Psychological symptoms/dis tress/disorder s</u>	<u>Treatment</u>	<u>Empiric al treatme nt</u>	<u>Culturall y appropri ate treatmen t</u>
						convicted of statutory rape. The age differenc es between perpetrat ors and victims.				
Hu, M., Liang, B., Huang, S.	2017	Sex offenses against minors in China: An empirical comparis on	Prevalenc e	Qualitative	440 CSA cases with 692 victims	91.2% in rape cases. 100% in molestati on cases.	N	N	N	N
Huang, S., Cui, C.	2020	Preventin g child sexual abuse using picture books: The effect of book	Treatment	Quantitativ e	180 Childre n	N	N	Picture books as an interventio n to improve children's self- protection yield	N	N

<u>Author s</u>	<u>Year</u>	<u>Title</u>	<u>Primary Variables</u>	<u>Method and design</u>	<u>Sampl e size</u>	<u>Prevalen ce</u>	<u>Psychological symptoms/dis tress/disorder s</u>	<u>Treatment</u>	<u>Empiric al treatme nt</u>	<u>Culturall y appropri ate treatmen t</u>
		character and message framing						positive effects in preventing CSA		
Wang, C., Tang, J., Liu, T.	2020	The sexual abuse and neglect of 'left-behind' children in rural China	Treatment	Mixed	1925 Children	N	N	Recommended cooperation with NGOs	N	Y
Jin, Y., Chen, J., Jiang, Y., Yu, B.	2017	Evaluation of a sexual abuse prevention education program for school-age children in China: A comparis	Treatment	Quantitativ e	484 Children	N	N	Sex education	N	Y

<u>Author s</u>	<u>Year</u>	<u>Title</u>	<u>Primary Variables</u>	<u>Method and design</u>	<u>Sampl e size</u>	<u>Prevalen ce</u>	<u>Psychological symptoms/dis tress/disorder s</u>	<u>Treatment</u>	<u>Empiric al treatme nt</u>	<u>Culturall y appropri ate treatmen t</u>
		on of teachers and parents as instructors.								
Jin, Y., Chen, J., Yu, B.	2016	Knowledge and skills of sexual abuse prevention: A study on school-aged children in Beijing, China	Treatment	Quantitative	559 Children	N	N	Sex education was recommended	N	Y
Chan, K. L., Yan, E., Brownridge, D., A., Ip, P.	2013	Associating child sexual abuse with child victimization in China	Prevalence	Quantitative	18341 adolescents	Overall lifetime 8.0%, preceding year 6.4%	N	N	N	N

<u>Author s</u>	<u>Year</u>	<u>Title</u>	<u>Primary Variables</u>	<u>Method and design</u>	<u>Sampl e size</u>	<u>Prevalen ce</u>	<u>Psychological symptoms/dis tress/disorder s</u>	<u>Treatment</u>	<u>Empiric al treatme nt</u>	<u>Culturall y appropri ate treatmen t</u>
Lin, D., Li, X., Fan, X., Fang, X.	2011	Child sexual abuse and its relationship with health risk behaviors among rural children and adolescents in Hunan, China	Prevalence, symptoms	Quantitative	683 children & adolescents	18%	Smoking, alcohol, binge eating, SI, suicidal attempts, low self-esteem, and high level of peer pressure	N	N	N
Chen, J. Q., Dunne, M. P., Han, P.	2004	Child sexual abuse in China: A study of adolescents in four provinces	Prevalence, symptoms	Quantitative	2300 Adolescents	13.6%	Depression, tobacco, alcohol, violent behaviors, sexual behaviors, SI and attempt, restrictive eating, and weight loss	N	N	N
Yu, B., Chen, J., Jin,	2017	The knowledge and	Treatment	Quantitative	51 Children &	N	N	Recommended	N	Y

<u>Author s</u>	<u>Year</u>	<u>Title</u>	<u>Primary Variables</u>	<u>Method and design</u>	<u>Sampl e size</u>	<u>Prevalen ce</u>	<u>Psychological symptoms/dis tress/disorder s</u>	<u>Treatment</u>	<u>Empiric al treatme nt</u>	<u>Culturall y appropri ate treatmen t</u>
Y., Zhang, W., Feng, Y., Zhao, X.		skills related to sexual abuse preventio n among Chinese children with hearing loss in Beijing			adolesc ents			prevention education		
Zhang, W., Chen, J., Feng, Y., Li, J., Zhao, X., Luo, X.	2013	Young children's knowledg e and skills related to sexual abuse preventio n: A pilot study in Beijing, China	Treatment	Quantitativ e	136 children , 30 fathers, 106 mother s	N	N	Recommen ded sex education	N	Y
Wong, W. C. W., Leung, P. W.	2009	To unfold a hidden epidemic: Prevalen ce of	Prevalenc e, symptoms , treatment	Quantitativ e	6593 Adoles cents	.6% males and .3% females	SI, nightmares, shortness of breath, chest pain, dizziness,	Recommen ded sex education	N	Y

<u>Author s</u>	<u>Year</u>	<u>Title</u>	<u>Primary Variables</u>	<u>Method and design</u>	<u>Sampl e size</u>	<u>Prevalen ce</u>	<u>Psychological symptoms/dis tress/disorder s</u>	<u>Treatment</u>	<u>Empiric al treatme nt</u>	<u>Culturall y appropri ate treatmen t</u>
S., Tang, C. S. K., Chen, W.-Q., Lee, A., Ling, D. C.		child maltreat ment and its health implicatio ns among high school students in Guangzh ou, China					irregular menstruation of females, low self-esteem and social support			
Li, X., Wang, Z., Hou, Y., Wang, Y., Liu, J., Wang, C.	2014	Effects of childhood trauma on personalit y in a sample of Chinese adolesce nts	Prevalenc e, symptoms	Quantitativ e	485 Childre n	27.01%	Trauma and personality traits	N	N	N
Tian, Y., Li, W., Wu, X., Cheng, X.	2020	Complex PTSD in Chinese adolesce nts exposed to	Prevalenc e, symptoms , treatment	Quantitativ e	478 Childre n	33.50%	High levels of depression, stress, and anxiety. Low level of life satisfaction, physical	Recommen ded interventio ns to help those experience d CSA	N	N

<u>Author s</u>	<u>Year</u>	<u>Title</u>	<u>Primary Variables</u>	<u>Method and design</u>	<u>Sampl e size</u>	<u>Prevalen ce</u>	<u>Psychological symptoms/dis tress/disorder s</u>	<u>Treatment</u>	<u>Empiric al treatme nt</u>	<u>Culturall y appropri ate treatmen t</u>
		childhood trauma: A latent profile analysis					health, and academic achievement.			
Zhang, R., Zhang, W., Liao, M., Liu, Y., Fan, S., Wei, H., Tan, X., Ye, Y.	2022	Relationship between childhood sexual abuse and attitudes toward premarital sexual permissiveness among middle school students in Luzhou, China	Prevalence	Quantitative	2292 Children & adolescents	15.4%	Permissiveness to premarital sex	Recommended that interventions should be the target to help those experienced CSA	N	N
Zhang, W., Chen, J., Feng,	2014	Evaluation of a Sexual Abuse Preventio	Treatment	Quantitative	150 Children	N	N	Self-protection knowledge and skills	N	Y



<u>Author s</u>	<u>Year</u>	<u>Title</u>	<u>Primary Variables</u>	<u>Method and design</u>	<u>Sampl e size</u>	<u>Prevalen ce</u>	<u>Psychological symptoms/dis tress/disorder s</u>	<u>Treatment</u>	<u>Empiric al treatme nt</u>	<u>Culturall y appropri ate treatmen t</u>
Y., Li, J., Liu, C., Zhao, X.		n Educatio n for Chinese Preschoo lers						were taught		