



Current of Child Sexual Abuse in Asia: A Systematic Review of Prevalence, Impact, Age of First Exposure, Perpetrators, and Place of Offence

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Abstract

BACKGROUND: Child sexual abuse (CSA) is a serious global problem and challenge for all people because it increases the risk of various issues.

AIM: This study investigated the CSA in Asian countries focusing on prevalence rates, impact, victim's age of first exposure, type of CSA, perpetrator, and places of CSA offence.

METHODS: We searched PubMed, Medline, ProQuest, ScienceDirect, CINAHL, Academic Search Complete, ClinicalKey, PsycINFO, Google Scholar, and manual search for studies published between January 2011 and November 2020. Only articles related to CSA in Asia were included in this review.

RESULTS: The results showed that prevalence of CSA ranged from 2.2% - 94% for girls and 1.7% - 49.5% for boys. The prevalence rates for non-contact abuse were 12.6% - 56.5% for girls and 0.7% - 68.7% for boys; contact abuse was 5.3% - 67.2% for girls and 2.2% - 53.3% for boys; penetrating abuse was 0.5% - 88.24% for girls and 1.7% - 57.1% for boys. The findings reported most victims' age of first exposure was preteen. The rate of the violation occurring in the victim's house was 6.1% - 41.9%; most CSA perpetrators are known by victims. This study reported adverse impacts on CSA victims such as psychological, health, and physical disorders, and changes in behavior. In addition, other findings were found, including recovery, perceptions, values, causes, and expectations of victims of CSA.

CONCLUSIONS: The incidence of CSA in Asia is still high and the age of the first victims is early adolescence. The majority of victims are women who already know the perpetrator, and taboo cultural factors are thought to play a role in increasing CSA in Asia. The results indicate the need to develop CSA prevention efforts that involve culture.

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Introduction

Children are a very important national asset and they have the right to be protected from all forms of harassment [1], including child sexual abuse (CSA). CSA is defined as the participation of children in a sexual activity that violates the law or social taboos of society in which the child does not understand and cannot give consent to the activity. The activity is carried out by adults and children using the forced coercion of children [2], [3], [4]. There are three forms of CSA, namely: non-contact abuse (exposure to sexual activity that does not involve physical contact), contact abuse (sexual touch), and penetrating abuse [5], [6]. Children are a group at risk of experiencing sexual abuse from the age of 0-18 years. An increased risk of sexual abuse occurs just before puberty when the child enters early adolescence [6]. CSA researches in 14 countries

found that at least 10% of boys and 15% of girls had experienced sexual abuse in their childhood [7], [8]. CSA was a serious challenge for all people in the world because it increased the risk of various problems, both mental and physical [9], [10]. CSA is a serious chronic and global problem widespread in society [5], [11], [12], [13], [14], [15], [16], [17], [18]. The impact on victims is not only during childhood but after becoming adults, and throughout maybe even their whole life, leading to problems such as depression [19], post-traumatic stress disorder [20], risky sexual behaviors [21], and going on to become the perpetrator of the abuse cycle [22]. CSA is a global problem that has a long-lasting negative impact on children's lives.

A review of Stontenborgh's systematic research on CSA around the world showed that CSA levels were alarming. The research in Asia found high rates of CSA for girls (11.3%) and boys (4.1%) [12]. The results of a meta-analysis study in China found that

the prevalence of CSA was about 15.3% in girls while 13.8% in boys [23]. The prevalence of CSA tended to be higher in girls than boys [6], [17], [24], and other studies reported the opposite [25]. There were also studies which reported that the prevalence of CSA was equally high in girls and boys [16]. The true prevalence of CSA was likely to be higher than reported [26], as families may not report due to stigma and the implications on the safety of their children, mistrust of the police, and the presence of perception damaging the reputation of the whole family [27], [28]. Official statistical data may report that the numbers of CSA cases were under-represented because they were not reported or detected, have less safe and confidential assessments, and are not consistent with criteria for measurement of CSA [18], [29]. A study in India revealed that 53.2% of children experienced some form of CSA but the majority was not reported [25]. Reporting is not done because there are many contributing factors, one of which is the negative stigma that children and families will carry when other people find out that their child is a victim. Research on CSA in developing countries is still lacking [30], including CSA in Asia where data is still limited [31], and CSA incidents are reported to be increasing worldwide [26]. Previous literature studies of CSA have focused more on developed countries investigating the prevalence rate [17], [32], [33]. Therefore research on the prevalence of CSA was a challenge [18], especially in Asia. The need to estimate the prevalence of CSA in Asia is very important for health research in Asia, especially to allocate economic resources in health care.

From the description above, it can be concluded that CSA data in Asia is still limited; meanwhile, the number of CSA incidents is reported to increase every year so research on CSA becomes a challenge. A systematic review of the estimated prevalence rate, victims' age of first exposure, type of sexual abuse, perpetrator and relationship to the victim, place of offence, and impact of CSA in Asia is important and necessary for child health research in Asia and for the provision of support. It is also necessary to obtain information for researchers to understand the nature and magnitude of the problem to develop an appropriate strategy in prevention for guideline developers and policy makers, as well as observing progress and evaluating the effectiveness of CSA prevention strategies (Hobbs, 2005; Tanaka et al.) CSA [34], [35]. With this systematic review research, it is hoped that the public will be open about CSA currently happening in Asia. The objectives of this study were to investigate and increase the understanding of CSA in Asian countries focused on prevalence rates, victims' age of first exposure, type of CSA, place of offence, perpetrator and relationship to the victim, impact of CSA, and identifying gaps in the current research.

Methods

Search strategy for relevant study

Using the guidelines of Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) [36] in this systematic review, databases searched for research between 2011 - 2020 included PubMed, Medline, ProQuest, ScienceDirect, CINAHL, Academic Search Complete, ClinicalKey, PsycINFO, and Google Scholar. Searches were carried out using medical subject headings (MeSH) and the following keywords: “sexual abuse” OR “sexual violence” AND “Child sexual abuse” OR “Child sexual violence” AND “Prevalence” AND “Asia”, using nine databases with same search strategy. In addition, for research questions, inclusion criteria, searching strategies, searching terms, searching engines, and study protocols were consulted with experts in the fields of children, sexual, reproductive health, and emergency of nursing (who are members of the author).

A study was eligible if it followed the following inclusion criteria in this study: 1) publication in peer reviewed scientific journals; 2) about sexual abuse experienced before the age of 18 years; 3) contained an estimated prevalence of CSA for girls and boys in Asian countries; 4) estimated the age of first exposure of CSA; 5) estimated type of CSA; 6) estimated perpetrator of CSA; 7) estimated relationship to the victims; 8) estimated places of offence; 9) estimated impact of CSA; 10) contained adequate primary data derived from cross-sectional, longitudinal, cohort, and case control studies with qualitative and mixed methods; 11) included articles in which CSA data was collected retrospectively from adults; 12) issued between January 2011 – November 2020; 13) English language; 14) full text; 14) not a dissertation, letter epidemiological review, meta-analyze, systematic review, comment, review literature, book, book chapters, proceedings, or editorial.

Study Selection

We identified and filtered abstracts of all articles in the database following the inclusion criteria. An initial search of CSA articles in Asia from an electronic literature database yielded 13,539 titles. After excluding 829 duplicates, 12,710 articles remained. Then, after removing the review of title and abstract review, 41 articles remained for full text screening. Of the 41 articles, 5 articles were excluded on the grounds that they had low quality, and so only 36 articles met the requirements (Figure 1).

Each article was identified as relevant to the CSA in Asia by two of the authors who submitted the full text review and data extraction. The first and fourth authors reviewed abstracts of all articles identified in the database. All data was obtained in electronic form. Then, the second, third, fourth, and fifth authors reviewed the full text of the filtered article to assess and confirm its

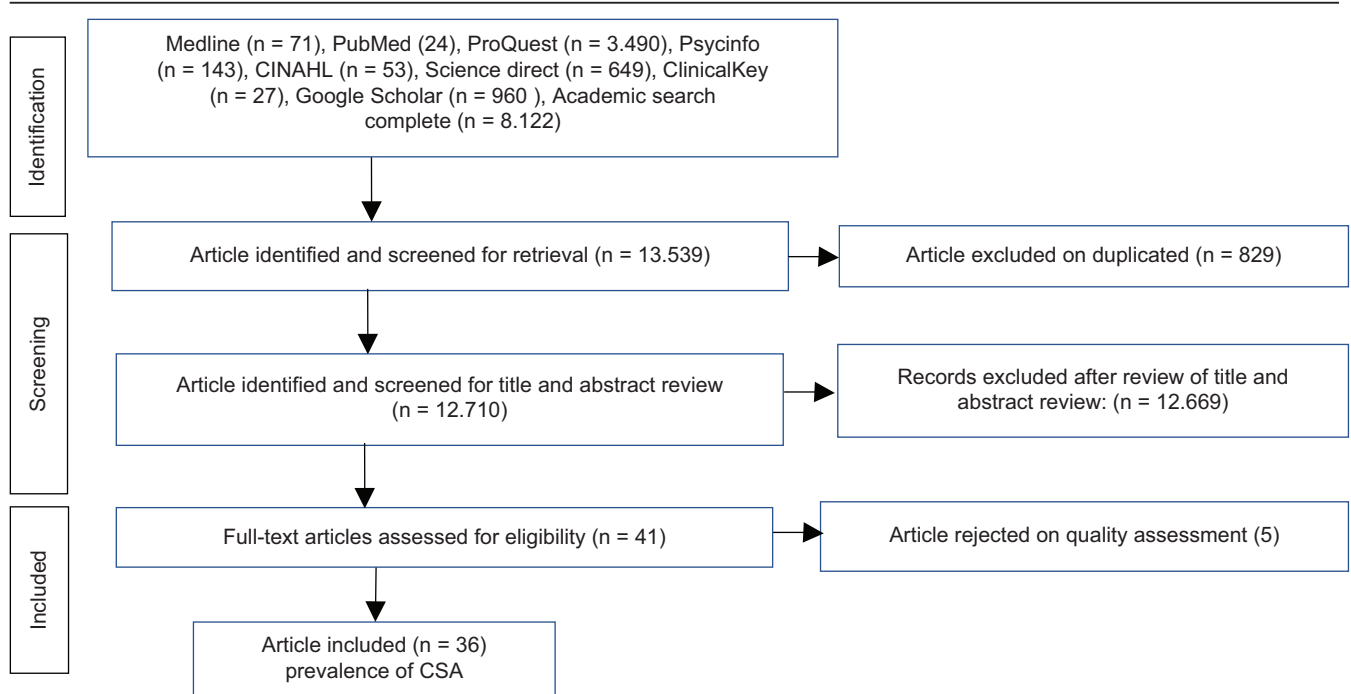


Figure 1: The search strategy based on preferred reporting items for systematic reviews and meta-analyzes flow diagram

eligibility. Every author filled out a study data extraction form for an article that qualified. Those articles were chosen to report the results of the latest literature about the prevalence of CSA. Peer review articles identified from electronic databases were selected and stored in the EndNote X5.01 application. To reduce the risk of bias in this review every effort was made by a panel of experts consisting of three trained academics.

Quality appraisal process

Study quality in the literature was assessed using the Joanna Briggs Institute (JBI) Critical Appraisal Checklist tool for a prevalence study [37]. As for the mixed method and qualitative study, the study synthesis was carried out using an interpretive perspective in which the identified themes were then combined through a list of descriptive themes [38].

Data extraction and analysis

Data extraction included: 1) author; 2) year of publication; 3) the geographical area of the study; 4) study design; 5) sample characteristics (age, sex, sample size); 6) age at first exposure to CSA; 7) CSA types assessed according to WHO classification [39], namely non-contact / non-specific CSA (CSA that does not involve physical contact or aspects of unclear physical contact, e.g., exhibitionism, obscene exposure, voyeurism), CSA contact (any CSA including physical contact that does not involve penetration, e.g., non-genital fondling, kissing, or genital touch), and penetration (any CSA including physical contact that involves penetration, e.g., anal, oral, or vaginal sex);

7) CSA prevalence based on sex; 8) characteristics of CSA perpetrator and relationship to the victims; 9) impact of CSA; and 10) place of offence.

Results

Characteristics of Eligible Studies

This systematic review summarized what was known about CSA and the status of research on CSA in Asia over the past decade. The articles selected described mostly quantitative research (26 studies), with 1 mixed method study, and 9 qualitative studies (Tables 1, 2 and 3). 24 studies used a cross-sectional design, while two studies used a retrospective design. Qualitative studies were also identified in several studies, including one mix-methods study, seven phenomenological studies, one ethnography study, and a grounded design study.

There was a big difference in sample size. Sample size varied in general population-based studies from 51-18.34 for quantitative-mixed methods and 1-151 for qualitative design (children and adults). Most the studies (25/36) included both male and female samples, while several other studies (6/36) were women only and (5/36) were men only. In 27 quantitative-mixed methods research studies, most of the research (16/27) was carried out on general samples and a small part was carried out on victims (6/27), students (1/27), college students (1/27), MSM (2/27), and juvenile prisoners (1/27). In a qualitative study, most of studies was carried out on sample victims with certain populations such as

AQ5 Table 1: The prevalence of CSA on quantitative, mixed methods, and qualitative according to study characteristic

Author, Country, setting	Period of prevalence	Study design	Sample size, age (year)	Ages of first exposure (years)	Impact	Perpetrators (%)	Places of offence (%)
AQ6 Xu <i>et al.</i> , 2017. China. (Community)	Childhood	Cross-sectional	2.050 MSM: 1,030 noncontact (mean age 25.15). 1,020 contact, (mean age 25.05-years)	X	High risk HIV, high risk to be in a relationship with a man	X	X
Lin <i>et al.</i> , 2011 China (Community)	Childhood	Cross-sectional	683 rural children and adolescents (8-18)	<16 years	Non-contact CSA: Suicidal ideation, suicide attempt Contact CSA: smoking, cigarette drinking, alcohol binge, suicide attempt, suicidal ideation	Men experienced at least one of the nine types of CSA (13.5). Experienced verbal harassment/sexual joke/were exposed to sexually explicit materials (97)	The prevalence of CSA was higher in non-boarding children compared to boarding children
Chan and Khodabakhsh 2013. China. (School)	Childhood	Cross-sectional	18,341 students in grades 9-12. (15-17, mean age 15.86)	X	X	Perpetrators by known adult (3.8), peer (2.6)	X
Han <i>et al.</i> 2011. South Korea. (Community)	Childhood	Study retrospective	1,043 adult males, (19–54 years)	13–17 years	X	Family members, acquaintances, relatives, neighbors, friends	X
Zhang <i>et al.</i> 2016. China. (The juvenile correction institution)	Childhood	Cross-sectional,	358 male juvenile prisoners. (15-18).	X	Psychological distress	X	X
AQ6 Xu <i>et al.</i> 2018 China. (Community)	Childhood	Cross-sectional	999 men (≥18, mean age; 25.06).	X	Psychological distress, risk sexual behaviors, substance use, HIV/ STIs risks	X	X
Wahab <i>et al.</i> 2013 Malaysia. (Community)	Childhood	Cross-sectional	51 young sexually abused female (12–20).	Mean age:14.1 ± 2.19 years	Depression	Acquaintances (78,43), stranger (21,57)	X
Kumar <i>et al.</i> 2019 India. (School)	Childhood	Cross-sectional	6,957 Adolescents classes 8-10. (13-16).	X	X	Peer (adults, children, adolescents)	off home, phone,bus, sex books, X
Tomori <i>et al.</i> , 2016. India. (Community)	Childhood	Mixed-methods	11,788 adult MSM. (Median age= 25, quantitative). 363 MSM (median age =30, qualitative)	X	High risk HIV	X	X
Tang <i>et al.</i> , 2018. China. (Colleges)	Childhood	Cross-sectional	17,966 college students. (18-25).	≤14 years	Adverse reproductive health, high risky sexual behaviors, X	Acquaintances/ friends (34.6), intimate partners (24.7) Peer	X
Wei and Chen.2012. Taiwan. (School)	Childhood	Cross-sectional	1,376 Adolescents, classes 7-9.	X	X	Relatives (24), supervisors/ teachers (1,6).	School
Nan Li <i>et al.</i> , 2015. Hanoi, Shanghai, and Taipei. (Community)	Childhood	Cross-sectional,	16,257 people (15-24).	Mean age:10,5 years	X	Friends/ acquaintance/ neighbor (54.2), relative (37.0), family member/ other (4.7), romantic partner (4.0), stranger (0)	X
Sumner <i>et al.</i> 2016. Cambodia. (Community)	Childhood	Cross-sectional	1255 males (13 -24).	≤10 years	Penile discharge, suicidal ideation, depression, anxiety	Victim's home (41.9), perpetrator's home: (6.1), residence/ business (11.6), outdoors (21.8), school (11.7), public event/ party (4.3), other (2.7).	Victim's home (41.9), perpetrator's home: (6.1), residence/ business (11.6), outdoors (21.8), school (11.7), public event/ party (4.3), other (2.7).
Chandrasiri <i>et al.</i> 2017. Sri Lanka. (Community)	Childhood	Cross-sectional	132 victims. (<16, Mean=13.9 years).	< 16 years. 68.9 had attained menarche at the time of CSA. (pre-pubertal age)	Adverse psychological	The perpetrator was known (94): Boyfriend (28.8), father/ step father/ grandparent (10.6), other relative (5.3), known non-relative (46.2), stranger (5.3) Age of the perpetrator =11 - 65 years old	Offender's habitat (55.3), Victim's home (23.5), Secluded areas (11.4)
Karayianni <i>et al.</i> 2017. Cyprus. (School, universities, youth organizations)	Childhood	Cross-sectional	1,852 adolescents-young adults. (15–25).	X	Violence exposure, psychological victimization, neglect, physical punishment	Stranger (36), friends/ acquaintance (32) relative (8)	X
Bae <i>et al.</i> 2017. South Korea. (Children's Center for sexual abuse)	Childhood	Cross-sectional,	162 children. (3-18).	X	X	Male (96.9). Age: 10-19 years (35,2). Acquaintance: family-relative and other (61,1), Stranger (38,9)	X
Sumampouw <i>et al.</i> 2020. Indonesia (Community)	Childhood	Cross-sectional	179 police files of CSA case. (< 18, mean age=12.4)	X	Pregnancy, pain in genitalia,	X	X

(Contd...)

Table 1: (Continued)

Author, Country, setting	Period of prevalence	Study design	Sample size, age (year)	Ages of first exposure (years)	Impact	Perpetrators (%)	Places of offence (%)
Al-Mahroos and Al-Amer. 2011. Bahrain. (Community)	Childhood	Retrospective	440 children victims. (9 months-17, mean age = 8).	X	Gonorrhea, non-specific erythema, encopresis, hymenal rupture, abrasions/lacerations, anal tear, bleeding, anal laxity, abnormal discharge, over-sexualized behaviors, pregnancy	X	Houses (8), neighbors' homes (7), schools (6), shops (6), mosques (2), abuser homes (1), unknown places (7).
Debt and Walsh.2012 India. (School)	Childhood	Cross-sectional	160 boys & 160 girls (14-19).	X	Poor social adjustment	X	X
Choi et al. 2015. South Korea. (Clinic/region al victim assistance center for CSA)	Childhood	Cross-sectional	92 victims. (< 13 years, mean: 9.07)	X	X	Male (93.5). Age mean: 27.56 years. Immediate family: 5 Father, 1 brother/sister. (6.9) Extended family: 7 cousin, 4 stepfather, 2 uncle, 1 grandfather, 1 stepbrother (17.2) Informal guardian: 5 neighbor, 4 parent's friend, 4 teacher, 4 service providers, 1 mother's boyfriend (19.5) Peer group: 8 friend, 5 upper-class students, 5 boyfriends (20.7) Stranger (21.8), Unknown (13.8)	Victim's house: (30.4), perpetrator's house/ automobile (23.9), public places (32.6), Unknown (13)
Pereira et al. 2020. Cambodia. (Community)	Childhood	Cross-sectional	586 children. (13-17).	X	X	X	X
Chan et al. 2011. Hong Kong, China. (Community)	Childhood	Cross-sectional,	5,049 Chinese. (> 16).	X	IPV sexual, suicidal ideation, IPV physical	Relatives/friends (51.2), strangers (34.9), core family members (14.0)	X
L. F. Chan. 2013. Malaysia. (Community)	Childhood	Cross-sectional	4,581 adolescents. (17-18).	X	Suicidal plans, suicidal ideation, deliberate self-harm	X	X
Lam. 2014. Hong Kong, China. (Community and clinic)	Childhood	Cross-sectional	800 (community) + 30 (clinic) adolescent. (13-16).	Mean age 12.2 years (respondent in community). Mean age 12.41 years (respondent in clinic)	Threat and the pain associated with the CSA's experience	Intrafamilial respondent in clinic (30), Intrafamilial respondent in community: parent, stepparent, grandparent, sibling, other relative (12). Majority: male abusers	Home's victims: respondent in clinic (30)
Choi and Oh. 2013. Korea (Public counseling center for sexual abuse)	Childhood	Cross-sectional	495 children. (4-13).	Median age: 7.64	PTSD, disorder, depressive disorder, anxiety, disruptive behavior disorders, eating disorder, tic disorder, enuresis, PTSD	Stranger (41.7), nonfamily acquaintance: (37.8), relative (13.3), immediate family (7.2)	X
Wang et al. 2016. Southern Taiwan	Childhood	Cross-sectional	55 CSA cases.	Mean age 5.71 ± 3.00 years	PTSD	X	X
Bae et al. 2018. South Korea. (Children's and adolescents Center for sexual abuse)	Childhood	Cross-sectional	63 victims. (8-16).	X	PTSD	Acquaintances (79.4), stranger (20.6)	X
Wang and Heppner. 2011. Taiwan. (Community)	Childhood	Grounded qualitative	10 female Taiwanese victims. (20-39)	5-9 years	Post-abuse stress, disrupted victims trust toward others, felt victims' bodies were physically damaged, discomfort interacted, fear, ashamed/angry with victim's self, anger toward others (especially men), worried of shunned by marriage associated loss virginity and chastity, mistrust, suicidal ideation, concentration difficulties, CSA events flashbacks of intrusive-distressing, psychosomatic symptoms, feelings of isolation, feelings of helplessness, hopelessness..	Father, cousins, brother, uncle, ex-boyfriend, security guard at elementary school, neighbor, renovator of victim's house.	X

(Contd...)

Table 1: (Continued)

Author, Country, setting	Period of prevalence	Study design	Sample size, age (year)	Ages of first exposure (years)	Impact	Perpetrators (%)	Places of offence (%)
Batool and Abtahi. 2017. Pakistan (Community)	Childhood	Phenomenological qualitative	8 adolescents of CSA victims (5 boys and 3 girls). (14-17)	X	Poor impact on psychological/ learning/ future goals, very rigid, lost victims' respect and dignity, distraction of social interaction, low confidence, negative self-image, victims could not cherish their childhood	X	X
Wijngaarden et al. 2013.Pakistan (Community)	Childhood	Phenomenological qualitative	10 young feminized men of CSA victims. (14 – 20)	average age : 11,2 years old	Anal STI, high risk of STI and HIV.	Customer/ stranger, friends, uncle, older brother, neighbor, policeman	X
Chouliara and Narang. 2017. India. (community)	Childhood	Phenomenological qualitative	20 adult survivors. (6 males, 14 females; age: 24 - 54)	X	Frigidity, psychological, shame, blame, stigma, guilt, major depression, traumatic, low self-worth. Homosexual, adverse physical health.	X	X
Kaiser and Sinanan. 2020. Bangladesh (community)	Childhood	Phenomenological qualitative	12 female street children. (13-14 y)	X	Fear, worthless felt horrific emotional toll on the children, become to sex workers	Uncles' Victim, stepmother's brother,	Street
Senaratna. 2015. Srilanka. (Community)	Childhood	Phenomenological qualitative	151 participants. (> 18) participants for FGD (School teachers, community youth groups & members of civil organizations), 30 participants for SSIs (Community leaders, religious leaders, social workers, primary healthcare workers)	X	psychological trauma, physical trauma, pregnancies, infections, negative societal attitudes, negative social stigma, humiliation within family/ community/ neighborhood/ school	Fathers, brothers, grandfathers, uncles, cousins, neighbours, friends, boy-friends, unknown persons	Home, neighborhood, school, lodges, hotel rooms
Eisenbruch. 2019 Cambodia. (Community)	Childhood	Person-centered ethnography.	61 victims: 50 girls and 11 boys. (2 - 18). Informant: 39 mothers, 20 fathers, 16 grandparents, 2 elder sisters, 1 aunt, and 8 other relatives of abused Children, 6 perpetrators and their families	X	X	Father, stepfather, other close relative/ uncle (13 people), neighbor (3 people), lay Buddhist officiant (15 people), monk (21 people)	X
Mulya. 2018 Indonesia. (Community)	Childhood	Phenomenological qualitative	3 young Indonesians who have engaged in sexual interaction with adults when they were children: 1 college student, 1 high school student, 1 office worker	5-12 years	Feel ashamed, hate/ afraid of men, sex, & marriage	Acquaintances (friend of uncle, female cousins, parents' employee, friends), stranger	Victim's home, perpetrator's neighborhood, church
Chan and Khodabakhsh. 2020 Malaysia (community)	Childhood	Phenomenological qualitative	One victim. (22)	X	Negative body image, fear of interpersonal relationships, emotional distortion, self-thought distortion,	Step father	X

X: Not available, NS: Non specifics, CSA: Child sexual abuse, IPV: Intimate partner violence, PTSD: Post traumatic stress disorder, STI: Structured treatment interruptions, HIV: Human immunodeficiency virus

migrant children, street girls, street boys, feminist men (8/9), and non-victims (1/9).

Discussion

A systematic review approach was conducted with an overview of studies. We identified 36 studies that met the inclusion criteria for estimating CSA in

Asian countries in papers published between January 2011 and November 2020. This review highlights different study populations (children, adolescents, or adults; vulnerable populations) and different study settings (school, college, or community-based) adding to the practical and statistical challenges of presenting pooled prevalence estimates.

This review summarizes previously known CSA victimization characteristics and the current status of CSA research in countries in Asia. This review added little knowledge about CSA and paid attention to the

extent and severity of the current epidemic in Asia. Our review of 36 recent original studies on CSA shows that CSA is highly prevalent in Asia. This is consistent with previous research [5], [12], [48] reported that girls have a higher level of susceptibility than boys to CSA. The estimated prevalence range of CSA is 2.2% - 94% among girls and 1.7 to 49.5% among boys, which is higher than the global estimate of 2% - 56% for girls and 0.4% - 44% for boys [49].

Girls have a higher risk than boys at being victims of CSA. Similar sex differences were reported in previous reviews for estimates of overall prevalence [33]. This difference in estimates of male and female CSA may be due to methodological problems, where the samples from the study used vary; some use general samples, MSM samples, or victims CSA samples. The prevalence of CSA in boys lower than that of girls was possibly due to underreported cases or a lack of data on the prevalence of CSA among MSM [28], [50]. The prevalence rate was much higher among MSM, rural children, and college students. Furthermore, this study used various sampling strategies, various operational definitions of CSA, several study populations (children, adolescents, or adults; vulnerable populations), and different study settings (at school, college, or community-based). This study adds benefits to the practical and methodological statistics from presenting collected prevalence estimates, comparisons between studies, and cross-population comparisons. Our review found that studies with a comprehensive definition of CSA (contact, non-contact, and penetrative) reported a higher prevalence of CSA. CSA incident reporting was required. This is compared with the previous review literature research conducted by Selengia et al. (2020). The prevalence of CSA in Asia was found to be higher than in previous studies [51].

Our findings showed that it was important to differentiate between types of CSA to obtain a more adequate estimate. We found the highest CSA prevalence estimates for penetrative type CSA abuse (0.5% - 88.24% of girls and 1.7% - 57.1% of boys) higher than the international estimate of 15.1% (95% CI: 12.9 - 17.7) for women and 6.9% (5 - 9.5) for men. Slightly lower rates were reported for abuse of the non-contact CSA type (12.6% - 56.5% for girls and 0.7% - 68.7% for boys). The lowest rate for contact CSA (5.3% - 67.2% for girls and 2.2% - 53.3% for boys) was higher than the international estimate for CSA contacts of 21.2% (95% CI: 17.8 - 25) for women and 10.7% (6.6 - 16.8) for men [12]. This was an important finding of this study. The results of this study differ from the results of a meta-analysis study by Barth et al. (2013) in countries around the world regarding the highest for non-contact type CSA and the lowest for forced intercourse type CSA [17].

In this study, it was found that girls have a higher prevalence of CSA compared to boys in all types of CSA; this is in line with Tanaka's (2017) systematic

review research in Japan [34]. Characteristics of girls such as shyness, obedience, and fear of stigmatization have an important role in increasing CSA in girls [52]. The lower prevalence of CSA in boys than in girls is possible due to underreporting and the absence of data on CSA prevalence among MSM [28], [50]. The prevalence rate is much higher among MSM, rural children, and college students. There is a need for CSA incident reporting. Under-reporting is associated with frequent disregard for children as individuals with their own rights and often neglects sexual abuse and other forms that children may report [53], [54]. Under-reported CSA can also be linked to gaps in communication between parents and children about CSA issues, guilt, fear of humiliation, rejection from society, and associated socio-cultural stigma, as well as distrust of the government who handle CSA [53], [55], [56], [57], [58]. In addition, the definition of CSA also influences the estimation of the prevalence of CSA. Previous authors have argued that defining CSA in a broad sense (i.e. including non-contact, contact harassment, and forced intercourse in one definition) leads to a higher prevalence estimate compared to using a narrow definition (i.e., only forced sexual intercourse and contact abuse) [39], [59]. This happens because every community has different perceptions about the definition of CSA.

Apart from highlighting the high prevalence, the studies in this review are starting to highlight the impact of CSA. CSA has adverse effects on social, psychological, physical, and health functioning behavior across all ages [60], [61], [62], [63], [64]. All these effects will make the victim feel worthless with himself and believe that sex is something terrible [65], [66] which causes disruption of interactions with the surrounding environment [67] thus reducing their quality of life. CSA has been generally recognized as the reason for much suffering in the lives of the adult survivors [68]. All CSAs tended to have unintended relationships with health conditions and social problems such as acts of victimization through intimate partner violence, becoming perpetrators of CSA in the future, depression, drug abuse, and even suicidal ideation or death [22], [31], [60], [69], [70], [71], [72]. Drug abuse were more likely than heroin subjects to be involved in risky sexual behavior [73]. Some CSA victims dream of a happy future [74] and there are some victims who can perform CSA recovery to eliminate these impacts [75], [76], [77], but it is certainly difficult for victims to move on from what they have experienced. Moreover, Asia has an Eastern culture where chastity is very important for a woman [75]; rape victims are considered dirty women that will never be able to restore their honor [76]. It is sad that this culture is one where they have to maintain the good name of their family by not reporting CSA incidents [75], and that CSA is seen as a bad legacy caused by actions in previous lives [78]. This will increase the chance of CSA perpetrators committing sexual abuse against children as the perpetrators will feel safe from

Table 2: The mind finding of CSA on quantitative and mixed methods according to study

Author, Country, setting	Type of sexual abuse		Contact (%)		Penetrating (%)		Prevalence %	
	Noncontact (%)							
	̄	̄	̄	̄	̄	̄	̄	̄
Xu <i>et al.</i> , 2017. China. (Community)	X	36.2%	X	29.8%	X	X	X	15.0–20.4%
Lin <i>et al.</i> , 2011 China (Community)	12.6	19.7	15.0	9.2	X	X	14.2	21.5
Chan <i>et al.</i> , 2013. China. (School)	Verbal sexual (2,2), forced exposure to pornography (2,4), nude photographs being taken (2,5), nude photographs being uploaded on the internet (2,4).	Verbal sexual(3,5), Forced exposure to pornography: (4,4), Nude photographs being taken (1,4),Nude photograph being uploaded on Internet (1,6)	X	X	Rape: 1,9	Rape:2,5	9.3	6.6
Han <i>et al.</i> 2011.South Korea. (community)	X	See their genitalia; (3,7), verbal harassment (0,7)	X	Forced to engage in kissing (2,2), Asked to touch the perpetrator's genitalia (2,7), 53.3	X	1,7	X	13.5% had experienced at least one types of CSA. 21.8
Zhang <i>et al.</i> 2016. China. (The juvenile correction institution)	X	41	X	53.3	X	5.7	X	21.8
Xu <i>et al.</i> 2018. China. (Community)	X	11.1	X	29.6	X	X	X	40.7
Wahab <i>et al.</i> 2013. Malaysia. (community)	X	X	X	X	88.24	X	X	X
Kumar <i>et al.</i> 2019. India. (School)	11,5	68.7	9.7	18	0.5	2.7	14.0.	34.2
Tomori <i>et al.</i> , 2016. India. (community)	X	X	X	X	X	X	X	22.4
Tang <i>et al.</i> , 2018. China. (colleges)	56.5	43.5	67.2	32.8	42.9	57.1	27.5	
Wei and Chen. 2012. Taiwan. (School)	20.4	26.1	5.3	8.5	X	X	25.4	
Nan Li <i>et al.</i> , 2015. Hanoi, Shanghai, and Taipei.(community)	0.9		1.0		NS	NS	2.2	1.7
Sumner <i>et al.</i> 2016. Cambodia. (community)	X		X		X	3.3	X	5.6
Chandrasiri <i>et al.</i> 2017.Sri Lanka. (community)	11.4% (physical battery), 20.5 (libidinous acts)		39.4 (intracural sex)		Penetrative (61.4), digital penetration (4.3), anal sex (10.6)		92.4	7.6
Karayianni <i>et al.</i> 2017. Cyprus. (school, universities, youth organizations)	25.9		7.6		5.8		80	21
Bae <i>et al.</i> 2018.South Korea. (Children's and adolescents Center for sexual abuse)	X		73.0		27.0		92.1	7.9
Sumampouw <i>et al.</i> 2020. Indonesia. (Community)	X		24.2		75.8		94	6
Al-Mahroos and Al-Amer. 2011. Bahrain. (community)	11		71.5		61		50.5	49.5
Debt & Walsh.2012. India. (school)	X		X		X		25.0	11.3
Choi <i>et al.</i> 2015.South Korea. (Clinic/ regional victim assistance center for CSA)	X		X		X		77.2	22.8
Pereira <i>et al.</i> 2020. Cambodia. (community)	X		X		X		16.57	X
Chan <i>et al.</i> 2011 Hong Kong, China. (community)	X		0.7		0.2		0.9	
L. F. Chan. 2013.Malaysia. (community)	X		X		X		21.3	
Lam. 2014. Hongkong, China. (community and clinic)	64 (respondent in community)		X		14 (respondent in community), 50 (respondent in clinic)		73.1	
Choi and Oh. 2013. Korea (Public counseling center for sexual abuse)	X		X		33.1		73.1	
Wang <i>et al.</i> 2016. Southern Taiwan	43.64. Full disclosure (17 children), Non full disclosure (7 children)				52.73. Full disclosure (15 children). Non full disclosure (14 children)		87.27	12.73
Bae <i>et al.</i> 2017. South Korea. (Children's Center for sexual abuse)	77.2				22.8		90.1	9.9

X: Not available, NS: Non specifics, CSA: Child sexual abuse

punishment. Meanwhile, our review of the mixed method with the MSM sample provided insight into the influence of CSA history on HIV, where HIV prevalence in the number of MSM experienced CSA was almost twice as high if compared to those without CSA.

In this review, most researchers reported the age of first time the child had CSA at under 12.41 years or the preteen period. The results of this study are different from other studies which reported that the age of first-time children being victims of CSA was less than 12-16 years old [79], [80]. The mean age at risk of experiencing sexual abuse in this study was in the pre-adolescent age for both boys and girls. This is consistent with the results of a study by Karayianni *et al.* (2017) on 1852 adolescents and young adults in Cyprus which showed that various types of sexual abuse were more likely to occur in adolescents compared to other

developmental stages. [81]. The findings in this study are important, considering that many Asian societies still have the perception that young children are unlikely to become victims of sexual abuse.

In the review of this study, it was found that most CSA perpetrators (37% - 79.4%) were people known and close to the victim. Children are easily deceived by offenders who they are comfortable with and consider as friends or protectors. The review is consistent with previous research which reported that CSA perpetrators were the majority of people known to the victims [82], [83], [84], [85]. In fact, the community thinks that it is impossible for people known to the victims to commit sexual crimes against children they know. So far, parents have always reminded their children to be alert to strangers from crimes, including sexual crimes. According to the Crime Victim Center, teaching children

Table 3: The mind finding of CSA on qualitative according to study

Author, Country, Setting	Main finding
Wang and Heppner.2011. Taiwan. (Community)	1. The recovery of Taiwanese survivors of CSA is described by the process: (1) Intrapersonal, interpersonal, sociocultural factors, (2) coping process-outcomes of CSA survivors 2. Chastity is important 3. Lack of knowledge of victims due to their parents not discussing sexuality with them. They receive is inadequate. 4. There is pressure on CSA victims to hide the incidence because they have to protect their family's good name from shame
Batool and Abtahi. 2017. Pakistan. (Community)	CSA victims believe that they will never be able to return their respect in the eyes of their family and friends if they find out they are CSA victims. Coping performed by CSA victims: dissociation, denial, disconnection from offender, avoiding specific places, distraction, religious beliefs, and rationalization of the incident of abuse.
Wijngaarden et al. 2013. Pakistan. (Community)	The experiences of victims it was found that: Young feminized men face high levels of stigma, violence and sexual abuse having reportedly been raped during childhood and early adolescence. Since victims was little, he acted like a woman and was hated by his parents because of his behavior
Chouliara and Narang. 2017. India. (Community)	There were four processes identified in the way victims described their journey out of CSA, namely: the affected self-keeping the self together, accurate symbolization, activation of the recovering self, self-reconnection, integration, and growth
Kaiser and Sinanan. 2020. Bangladesh. (Community)	The majority of street children experienced of CSA, many street children still dream of a happy future, and the reasons for being street children are poverty, family violence, and avoiding CSA which is carried out by their own families
Senaratna. 2015. Srilanka. (Community)	The vulnerability of these migrant girls to abuse, but rarely disclosed due to social and institutional factors. Girls are more often sexually abused than boys because girls are shy and obedient, fearing being stigmatized,
Eisenbruch. 2019. Cambodia. (Community)	CSA is seen as deriving from a "cultural pull," including a bad legacy caused by actions in a previous life, a bad character that starts early in life, astrological susceptibility to abuse, predetermined attachments between children and abusers, paths to destruction, "and moral blindness that portrays the perpetrator as innocent.
Mulya. 2018. Indonesia. (Community)	The victim thinks that the meaning of sex is terrible, adults as powerful but children as helpless and innocent
Chan and Khodabakhsh. 2020. Malaysia. (community)	CSA affects negative perceptions of body image, difficulties in interpersonal relationships, and distorted thoughts in CSA victims

CSA: Child sexual abuse.

about the dangers of strangers is misleading, let alone not discussing the fact that most children were abused by people they know [86]. Parents have neglected the real danger to their children that comes from individuals close to them. In Asia, parents' perceptions of sexual predators of children should begin to change from thinking that it is impossible for people known to the children to commit acts of sexual assault on their children, including families with blood ties. Parents are their child's first teachers in sexuality education [87] and must provide information to their children about who they should be aware of regarding sexual abuse. This study also highlights the CSA scene. In this study, it was reported that CSA was more common in the perpetrator's house and in the neighborhood. This is possible because the location is quiet and rarely known by other people. The prevalence of CSA can be influenced by place [23]. Thus, parents should supervise their children so that they do not escape the parents' observation where children are not left alone or are able to play in an environment without supervision because crimes occur as a result of opportunities arising.

Important findings in this study indicate that there are many internal and external factors of the victim

that contribute to CSA. Most of the causative factors are internal factors of the victim, such as the characteristics of the victim, lack of knowledge, lack of parental protection and supervision of the child, and cultural factors adopted. Street children and children who run away from home are most at risk of experiencing CSA in this study. Even after they grow up and start looking for coping mechanisms, the detrimental effects of CSA can destroy them throughout their lives.

Strengths and limitations

Strengths in this review were the categorization of CSA into non-contact, contact, and penetrative, the homogeneity of the methodology used, use of an adequate sample, and the fact that all studies were published in peer reviews. However, the analysis was limited by the characteristics of the sample and the age limit of the victim. Retrospective studies can underestimate the prevalence rate because of bias in remembering CSA that occurred in the past, especially if abuse occurred while they studied in preschool years. Sexual abuse of boys committed by female offenders may also not be reported. Therefore, the prevalence rate in this systematic review can be taken into consideration as a minimum rate.

Conclusion

Based on the results of the review, it can be concluded that CSA is one of the major public health problems in Asia. The majority of victims experience CSA for the first time in their preteen years. CSA perpetrators are mostly people known and close to the victim. Cultural factors have a role in increasing the prevalence of CSA. CSA has adverse physical, psychological, social, and behavioral effects where the victim will suffer a lifetime of trauma, so it is necessary to develop effective CSA prevention interventions involving Asian culture and provide adequate follow-up.

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Authors' Contribution

TS designed the study and provided the concept. TS, CEK did screening, collection, and analysis of data. TS, HSM, and YH wrote the manuscript. TS, HSM, YH, IP and CEK, revised the manuscript for important intellectual contents.

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