



Child Sexual Abuse by Parents: Identifying Its Contributing Factors, Assessing Indicators, and Prevention Methods

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Abstract:

Sexual abuse is a pervasive issue across all societies, affecting both boys and girls. It is not limited to specific cultural, social, or economic environments and can occur in both rural and urban areas, including suburbs. It is also not restricted by ethnicity, race, religion, or language. Sexual abuse has multiple contributing factors and far-reaching effects that extend into later stages of life. The long-term consequences, particularly when untreated, can be devastating, as victims often feel unable to speak out about the abuse. This becomes even more complex when the abuse is inflicted on an immature individual, like a child, who is not prepared for or knowledgeable about sexual relationships. These children become vulnerable targets for perpetrators, and the abuse has a profound impact on their lives. Sexual abuse is one of the most difficult and hidden forms of abuse, making it hard to gather accurate data or prevent it, particularly since children are often afraid to report such incidents, especially if the abuser is a parent.

Keywords: Sexual abuse, parental abuse, child, contributing factors, effects, prevention.

Introduction:

Child abuse is a widespread phenomenon affecting both boys and girls and is not restricted by ethnicity, race, religion, or language. Abuse is not uniform in how it occurs, and its consequences stretch into the later stages of life. UNICEF's annual report from 2006 titled "The Excluded and the Hidden" indicated that about 4 million children are subjected to abuse every year, with approximately 65% of them experiencing it within the family environment. These abuses are often perpetrated by those responsible for the child's care, such as parents,

relatives, or household staff.

The long-term effects of abuse, particularly if left untreated, can be devastating. One of the most painful and difficult to speak about types of abuse is sexual abuse. When such abuse is inflicted by a parent or guardian, it becomes even more damaging. The child's life is permanently altered by this abuse, often affecting their emotional and psychological well-being for years to come.

Sexual abuse involves involving the child in sexual activities that they do not fully comprehend, are not developmentally prepared for, and cannot express consent or rejection to. This form of abuse is illegal and socially and culturally condemned. It typically occurs when an adult, someone in a position of responsibility or trust over the child, exploits their authority to abuse them. The perpetrator may be a family member, someone familiar to the child, or even a stranger. Sexual abuse is one of the most damaging forms of abuse, directly affecting the child's development and leading to numerous psychological disorders and deviations throughout their life.

Children often experience sexual abuse at the hands of someone they know or someone responsible for their care, such as a parent or close family member. This is much more common than abuse by a stranger, and such cases are typically reported to judicial authorities or health and social services. Cases of incest, where a parent or close family member abuses the child, are particularly troubling.

Sexual abuse within families has gained increasing attention in recent decades, with researchers and child protection professionals recognizing the profound effects it has on children. International studies suggest that nearly one billion children worldwide suffer from various forms of abuse, with varying degrees depending on social, economic, and cultural factors. In one study conducted in 2007, the national police recorded 516 minors as victims of violence, including 115 cases of sexual abuse. The parents were the primary perpetrators in 82.76% of these cases, with fathers responsible for 40.9% of the cases, followed by mothers at 19.5%. The remaining family members accounted for 17.07%, and teachers were responsible in a smaller percentage of cases. In cases of sexual violence, the father was identified as the perpetrator in 55.55% of cases.

Children may experience sexual abuse at home without being fully aware that what is happening to them constitutes abuse. This lack of awareness is often due to their inability to distinguish between potentially harmful and non-harmful situations, and their limited ability to assert themselves or defend their rights. Additionally, children may lack the basic protective skills needed to handle potential abusive situations. This makes them more vulnerable to the abuse.

Sexual abuse can have profound effects on a child's self-concept and social behavior. Some children may feel embarrassed or fearful to speak out about the abuse they are enduring, which may encourage the perpetrator to continue or escalate the abuse. These children are often placed in an overwhelming situation, facing long-term risks and psychological damage. The consequences of childhood sexual abuse can extend across various stages of the child's life, and include a variety of psychological issues, such as:

- **Post-Traumatic Stress Disorder (PTSD):** Children may experience symptoms such as reliving the traumatic event, avoiding reminders of the abuse, feeling generalized anxiety, and experiencing flashbacks and nightmares related to the trauma.

- **Depression:** Children who have suffered sexual abuse may experience sadness, a sense of betrayal by someone they trusted, feelings of guilt, and a loss of interest in life. This can lead to self-destructive behaviors, diminished achievements in developmental tasks during childhood and adolescence, and a negative self-concept.
- **Social and Emotional Problems:** The child may develop a distorted self-image, leading to social confusion, isolation, and problematic behaviors such as sexual behaviors or aggression. They may become more susceptible to further abuse, and in many cases, the abuse goes unreported due to various reasons.

Reasons for Not Reporting Abuse: There are multiple reasons why a child may fail to report sexual abuse, including:

- **Fear of not being believed:** The child may be afraid that others will doubt their account of the abuse.
- **Fear of blame:** They might worry they will be blamed for what happened.
- **Fear of damaging their relationship with the abuser:** If the perpetrator is a family member or trusted adult, the child may be afraid of losing the relationship.
- **Fear of losing gifts or money:** The abuser may have offered the child material incentives.
- **Fear of family disintegration:** The child may worry that reporting the abuse will lead to family breakdown or separation.
- **Fear of humiliation:** The child may feel ashamed and embarrassed about the abuse and be unable to speak up.
- **Lack of knowledge:** The child may not understand that the abuse is inappropriate or harmful.
- **Verbal skill deficiencies:** The child may lack the communication skills necessary to explain what happened.

Furthermore, children may have received messages from their families discouraging them from discussing sexual matters. This can further prevent them from reporting the abuse.

The significance of studying this sensitive topic stems from the fact that it is often a taboo subject in society—something that is rarely discussed or studied openly. This paper aims to provide a brief yet comprehensive look at sexual abuse within the home, an issue that remains under-addressed despite its profound impact on children.

1. Definition of Sexual Abuse

Sexual abuse refers to any form of exploitation or coercion in which an adult family member manipulates, persuades, or forces a child to participate in any explicit sexual act. This includes activities such as incest, rape, molestation, or any form of sexual exploitation. The abuse can also include involving the child in sexual activities meant to be observed or filmed, which is illegal and highly damaging to the child's emotional and psychological development.

Logsi defines child sexual abuse as "the sexual contact between a child and an adult family member to satisfy the sexual desires of the latter, using force and control over the child." Sgroi Suzanne defines child sexual abuse as "imposing sexual behavior on a child who lacks the emotional development, maturity, experience, or ability to be manipulated into a sexual relationship based on the complete control of the offender, whether an adult or a teenager."

Child sexual abuse refers to the act of controlling a child, which involves any sexual activity forced upon a minor, often by a parent, typically the father. It is experienced as an assault, and the child is coerced into enduring it. Child sexual abuse is the adult's sexual attraction to a child and the use of the child to fulfill their sexual needs. Any sexual act performed by an adult toward a child, whether it be rape, incest, or harassment, falls under the category of sexual abuse, starting from the viewing of body parts to full sexual intercourse.

Parental sexual abuse refers to the acts a parent may commit on a child to fulfill their sexual desires. These actions vary based on research, involving interviews with children and parents about their own childhoods. The findings showed that 10% of parents admit to sexually abusing their children. 19% of children acknowledge that they were sexually abused. 90% of incarcerated women report being raped during their childhood. These significant differences in percentages reveal the real dangers of this type of violence in various societies and cultures.

Finkellor defines sexual abuse as "an unwanted sexual experience with a child, ranging from fondling to sexual intercourse, performed by someone older than the child."

Gilbert and others define parental sexual abuse as "forbidden violence, considered a form of unlawful and illicit violent acts that are sexual in nature." It includes acts where the child's acceptance or rejection of these actions depends on two situations: the abused child is unaware of the activity and has no idea about it, or the child agrees to the sexual relationship with the adult, often out of fear, threats, or exploitation. This acceptance is not voluntary because the child does not understand its significance or consequences.

The relationship between the offender and the victim is such that the child does not wish to initiate the relationship.

Parental sexual abuse falls under the category of incest, which refers to any sexual activities between a child and close relatives, such as between parents and children, siblings, grandparents and grandchildren, uncles and aunts, or nephews and nieces.

Incest is prevalent in all societies, across all social classes and economic levels, targeting children at all ages, from infancy to puberty. It may be accompanied by other forms of abuse, such as physical or psychological abuse. Incest remains a forbidden topic in our society due to prevailing values and traditions that emphasize the importance of family unity, making it shameful to discuss this subject. As a result, many abuses go unreported, and thus, statistics on incest are very limited unless it reaches the level of rape, at which point it may be reported to the authorities.

Stekel defines incest as "repressed sexual desires towards relatives, whether from a father to his daughter, a mother to her son, or a brother to his sister, and vice versa. These desires shape his behaviors and attitudes, often leading to symptoms, fears, and severe compulsive actions that prevent the fulfillment of these desires. It frequently results in sexual impotence in men and frigidity in women, among other neurological symptoms."

Eykel also defines it as a form of sexual abuse manifested in a sexual relationship between individuals who are connected by blood or marriage, such as a child abused by their father (blood) or by their mother's husband (marriage). The age of the child victim is considered before the age of fifteen to be regarded as sexual exploitation to satisfy the adult's sexual urges through direct assault, threats, or manipulation.

The distinction between incest and sexual abuse was made in 1982, as in sexual abuse, the child falls into

the group whose right is violated or oppressed, while the adult is the legal offender and this is not required in incest.

2- Forms of sexual parental abuse of the child:

Parental sexual abuse is a form of abuse characterized by sexual activity, involving all types of sexual touching or contact by a caregiver. Child sexual abuse falls into three main types:

2.1 Physical and reproductive sexual abuse:

Its models are: kissing the child in an intimate way, touching him, groping his body in different aspects of it, caressing him against his will. Encouraging or forcing the child to touch intimate areas of the offender's body directly with his hands or by artificial sexual objects. Forcing him to sit on the lap of the aggressor to pet him against his will. Touching and caressing the baby's breast, foreplay may take on the character of force and violence by forcing the victim to succumb to the intimate touch of the perpetrator. Placing the sexual organ of the offender in intimate places of the victim's body. Attempting to enter the child's vagina ((Genital-genital seism. Penetration into the victim's anus (reproductive-rectal contact), provocation of the sexual organ of the offender through the victim's mouth (oral-genital contact and asking her to perform the same behavior with the perpetrator), foreplay and anal oral contact (oral-anal contact), full sexual intercourse, whether with or without resistance, pushing the child and forcing him to have sex with other children in front of the aggressor, which makes the child an aggressor at the same time and a victim. Forcing the child to have sex with other children in front of the abuser, which makes the child a perpetrator and a victim at the same time

2-2 - Visual Sexual Abuse: The molester

shows his naked body or exposes his sexual organs to the child, it is forcing him to watch what he shows him. Or the harasser strips naked in front of the child and forces the child to Watch pornographic pictures, pornographic films, obscene magazines or books showing sexual acts, or naked people or images of deviant sexual practices, and forcing them to display their sexual organs or to be naked in front of the harasser. Forcing them to strip naked in front of the harasser. Forcing the child to watch sexual acts. If a parent is the abuser, they may force their child to watch them have sex with his partner as a prelude to having sex with him later. Peeping

Peeping and spying on him, such as watching him surreptitiously through the peephole of a door or window when he takes off his clothes while he is in the shower or while he is urinating in the toilet.

2.3 Verbal sexual abuse:

Talk to the child in an absurd and confrontational manner or over the phone. -Telling him obscene jokes or stories. -Using words with sexual connotations in front of him. - Forcing him to utter obscene words.

3- Stages of parental sexual abuse on the child:

The transformation of a child into a victim goes through several stages, but this does not mean that the basic condition for verifying the occurrence of sexual abuse on the child is to go through all these stages according to a fixed grade, as the development of harassment according to this gradual ladder is affected by the circumstances of the abuse and the personality of the perpetrator, as well as the age and personality of the victim.

3.1 - Victimization:

Sexual abuse of a child is an intentional and premeditated act, and the first condition is for the molester to be

alone with the child. To achieve this solitude, he usually lures the child by inviting him to engage in a specific activity or resorting to the method of material temptation, bribing him, bringing him gifts and sweets or showing an apparent interest in him, verbally caressing him or playing a game that the child likes, so the conditionnement occurs between the victim's desires and the molester's offerings (Conditionnement (Conditionnement)). If the child responds well to the public affection, the harasser moves on to the second stage, but if the child does not respond due to several considerations, such as panicking, refusing to sit on his lap, not responding to his verbal affection, or exposing him, the abuser will look for an alternative or a new victim.

3-2-Gradual approach to the victim: After preparing the victim, the harasser begins attempts to caress the child, kissing and hugging them tenderly, then touching and feeling sensitive areas of their body under the pretense of playing. The harasser tries to convince the child that they are playing and that they will go to a favorite place or buy sweets as soon as they finish playing. The harasser exploits the child's ignorance of sexual matters, their inability to distinguish between permissible and forbidden, their complete dependence on him, and the great trust they place in him. If this seduction outing is repeated, and the actions requested by the parent are repeated, the child's confidence in him is shaken, so he thinks, as his mental maturity and experience are appropriate to withdraw, but the parent's control over him does not always lead to the success of this withdrawal in time, as the child may be silent, does not scream, run away or refuse, and does not speak about what is going on, so he enters here in a new stage.

3-3- Sexual interaction and victim involvement:

The harasser first begins with a non-sexual relationship and then gradually develops and dyes it with sexual connotations, this stage is characterized by joint sexual activity or the actual development of the child where the aggressor asks him to reciprocate love and tenderness by accepting him in turn, and to touch and feel him in intimate places of his body, then escalate his harassment and continue to go too far, especially if the child acquiesces, revealing in front of him his sexual organs, and pushing him to exchange the same practices, and soon the matter slips into more reciprocal practices When the relationship develops to this level, the victim finds herself unable to retreat because she has succumbed to the perpetrator's pacification and engaged in joint sexual activity with him, and this stage paves the way for what will happen in the next stage.

3-4- Control over the victim:

The perpetrator's control over the victim becomes increasingly evident, and they resort to fundamental slogans to succeed in their endeavor, which are:

3-4-1-Confidentiality: Its essence lies in convincing the victim through persuasion and intimidation to maintain absolute silence regarding what is happening and not to disclose it to anyone, and that what is happening is confidential and should not be known by anyone. Maintaining confidentiality is of utmost importance for the perpetrator to avoid consequences on one hand, and to ensure continued control over the victim on the other hand.

3-4-2- Manipulating the Victim's Emotions: Here, we see the perpetrator sometimes pretending to be the victim's favorite, claiming to love them a lot, and that they will get used to this way of expressing love. They might also claim to be the most exciting among their siblings and friends, a hero in a secret story just like in movies. At other times, they threaten to punish the victim, abandon them, and deprive them of love and gifts if

they break their agreement. This manipulation increasingly confuses the child due to their lack of experience and being trapped by an adult who knows how to intimidate them, gradually weakening their bond, and allowing the perpetrator to satisfy their sexual desires through oral or anal practices in general.

3-5- Public or implicit threats: The perpetrator is fully aware that what he is doing is illegal and socially condemned because it goes against social norms and the laws that regulate relationships between individuals, and because it violates the frameworks established by the community for sexual conduct. Therefore, he exerts various means to prevent the child from revealing the assault, even threatening his life, his family, or his loved ones among his friends if he does not comply with his orders. Here, the child is subjected to threats, intimidation, and terror, being told that disclosing what is happening between them will not be in his interest, ensuring the continuation and development of the relationship. Among the threats the child hears are:

- You are a small child, no one will believe you.
- You will look ridiculous and like a liar in front of everyone.
- No one will listen to you.
- You will be kicked out of the house.
- I will kill you if you do.
- I will kill your family if you tell.
- I will claim that you wanted this.
- I will claim that you always harass me.
- You will also feel pleasure
- You will be the one accused if the matter is revealed.

Thus, the child is coerced into submitting to incestuous abuse or other forms of sexual abuse accompanied by threats, and sometimes by beating, which encourages the perpetrator to continue their actions without any deterrent or fear, sometimes leading to full sexual intercourse with the child.

3-6-Revealing the abuser and escaping from them or hiding and repressing:

This stage constitutes an important turning point as the child either moves towards revealing their experience of sexual abuse and fully liberating themselves from this painful experience if the environment provides them with support, assistance, and rehabilitation, or they move towards completely hiding what is happening, which leads to the continuation of their exposure to sexual abuse, and the persistence of enduring the painful and hurtful emotions that result from it, culminating in the repression of this traumatic experience and the resulting pathological manifestations. It may happen that the child does not succumb to the continuous threats to remain silent and tells a family member what is happening, or sends signals in this regard, such as saying: "I don't want to stay alone with my father, he does strange things," or "I don't want to accompany our neighbor, I don't like his behavior..." If someone in the child's environment picks up on these signals and tries to understand the reality of the situation, this intervention becomes the child's last chance for liberation and survival. However, the child often remains silent and does not disclose the parent.

In summary, in cases of parental sexual abuse of a child, we observe the following progression: the perpetrator begins with ambiguous actions and movements, then moves on to touching and caressing the sexual organs, followed by masturbation, then inserting a finger into one of the victim's body openings, and finally progressing

to incomplete sexual acts where the child does not penetrate with their sexual organ, culminating in a complete sexual act with penetration.

4.Psychological patterns and personality traits of sexually abusive parents:

Scientific studies and research have not yet been able to identify fixed characteristics, unified traits, and precise psychological and behavioral criteria and standards to fully determine the identity of child sexual offenders. They can be found in the highest economic and cultural levels as well as the lowest, in various social environments, both committed and liberal, among females and males, and across different age groups up to old age. However, most of those who commit sexual abuse against children appear outwardly as ordinary people, making them difficult to detect because, in many situations, they seem socially adapted in their public behavior. And there are two types of child sexual abusers according to the researcher (BalbiGlod) in his book "Children Victims of Sexual Assaults":

4-1-First Type: Relies on seductive violence: These parents suffer from pathological narcissism, are self-loving, and impose themselves on weak or immature individuals. These abusers are non-violent by nature but find it difficult to integrate into the adult world, especially regarding sexual behavior. They fear sexual relations with an adult, and the natural alternative becomes the child.

4-2-Second type:Direct violence is practiced: It is the most dangerous to society. The harasser does not hesitate to rape the victim and then kill her in various brutal ways. For him, pleasure is mixed with violence and aggression, meaning he does not distinguish between sexual life and aggression. The sexual act is experienced as an aggressive act because the perpetrator remains stuck in an early childhood stage of development. When maturity occurs, in normal cases, sexual life is clearly linked to emotional life, and this connection implies exchange and sacrifice. The individual engages in sexual acts to take and give pleasure, with no need for control. And there are four psychological traits that are frequently found in those who sexually assault children, which are:

4.3 - Father's inability to express his feelings: The father has great difficulty in expressing his feelings and emotions, his behaviour is capricious and impulsive because he suffers from a disassociation between sexuality and the mental representations that are supposed to be associated with it. We have a perception that sex is a socially regulated act and all our actions and words conform to our mental notions of what is forbidden and what is allowed, but for sexual harassers or abusers, this link between sexuality and mental life does not exist. There is no need for the abuser to verbally express his feelings and sensations, nor for a preparatory stage that precedes and prepares the sexual act. Therefore, he considers children as easy partners, he does not take the trouble of expressing and talking to them, in addition to the fact that the child is obedient, undemanding and at the service of the father's sexual whim without any moral, emotional or rational deterrent.

4-4- Projecting desire onto the child victim and accusing her of seducing the father: Here, the child victim is considered by the perpetrator (the father) to be the oppressor, the one who seduced and lured him. After initially denying his act, he sometimes justifies it by claiming that he actually succumbed to "temptation" because he loves his children so much or feels nostalgic towards them, and that he provides the child with the pleasure and enjoyment she requested, all for the child's benefit.

4-5- The possessive relationship with the victim: The parent does not regard the child as a person or a human

being, so they do not pay much attention to their external appearance and do not consider aesthetic tastes or preferences in choosing them. They interact with them as a tool for signaling, not as a partner in it, as their sexual life is not primarily directed towards the other. This other is an object without feelings, and the parent does not expect "reciprocal" interaction from them, as the perpetrator often interacts alone.

4-6-Preempting failure and lack of confidence in sexual abilities: The fear of failure in attracting others, along with a lack of confidence in sexual abilities, are very common psychological traits among offenders who tend to be attracted to children and engage in exclusive sexual harassment of them. These individuals have an immature personality, including insufficient maturity, and are dissatisfied with their sexual skills. They do not trust their ability to attract adults or their general sexual abilities, and they have doubts about their competence, which makes them prefer to establish an intimate relationship with an immature child. This group is characterized by relative sexual impotence, sexual difficulties, and insufficient emotional maturity. Additionally, there are other traits that some individuals who are sexually dependent on their children may share, including:

4.6.1. Abuse of a Child: Many studies agree that a child's sexual abuser is often someone who was emotionally or sexually abused or neglected in childhood. The abuse experienced in childhood is most likely sexual in nature. A large group of pedophiles admit that they were victims of sexual violence in their childhood. About 30-50% of them report being sexually abused by adults. Therefore, when they grow up surrounded by a large number of children, they often repeat the same behavior with their victims, and they do not need to be re-educated when they engage with their victims. There is a difference between a male who was subjected to sexual harassment as a child and a female who experienced the same situation. A female often exercises extreme protection over her children to prevent them from undergoing the same experience. If she uses violence against them in other physical or psychological forms, the male is more likely to sexually abuse his own children in retaliation for the violation of his body and dignity.

4.6.2. Severe Suppression of Sexuality: Some parents report experiencing severe suppression of their sexuality, which manifests as impulsive bursts toward an external source of excitement, especially if the source is full of vitality and energy.

4.6.3. Desire for Revenge: The harasser may seek to retaliate against his wife by assaulting his sons and daughters.

4.6.4. Adult Sexual Satisfaction: A parent's passionate choice to engage in sexual relations with children and sometimes with animals.

4.6.5. Personal Traits of an Abusive Parent: These individuals view themselves as failures, unloved, unworthy, and incapable of engaging in meaningful tasks or planning their lives. They tend to be lonely, isolated, and withdrawn, dominated by thoughts of death and suicide. Some pedophiles complain of mental illness or intellectual disabilities. They may sometimes target family members who also suffer from intellectual disabilities. These individuals are so impressionable that they cannot control their impulses, and they engage in condemned actions with their children without being aware of their behavior.

People with schizophrenia, for example, exhibit abnormal sexual behaviors, such as voyeurism and child rape, and may be subjected to coercion. Their perception of the outside world is severely distorted. When they engage

in sexual acts, they are typically brutal and inadequate, and they often come from families with psychosis. Similarly, obsessive-compulsive individuals are exuberant at intellectual, emotional, and sexual levels. They are active, self-confident, overvalue themselves, expect success in everything they do, boast about their sexual energy, believe they are talented, develop delusions or illusions about their importance, and think others have strong sexual impulses.

They believe they are capable of anything, especially succeeding in their sexual fantasies. Sometimes they use sexist language and shift from verbal boasting to direct sexual action without moral inhibition, as their judgment is unstable. Alcoholics and drug addicts also lack moral restraint and are often involved in incestuous behavior. Anti-social individuals are characterized as unstable, chaotic, unsustainable, and obstructive. They represent the highest percentage of rape and sexual assault offenders, often having a criminal or violent background, showing aggression toward others, and being prone to sexual discord.

Here is the translation of your text into English:

The summary of the above is that sexually abusive parents towards their children typically exhibit unclear personalities, fragile psychological structures, limited social relationships, isolation, self-centeredness, failure in their marital lives, lack of sexual confidence, and often a limited career. They may feel unlovable, and might have an antisocial personality with no sense of guilt or shame, or they could be alcoholics, drug addicts, or mentally handicapped.

5. Diagnosis of Parental Sexual Abuse of Children: The diagnosis of a child's exposure to sexual abuse is based on three main criteria: the child's interrogation, clinical examination, and laboratory tests. Each of these steps plays a crucial role in uncovering facts and assisting in identifying the perpetrator, their connection to the victim, and determining the circumstances of the incident, its frequency, and the level of physical and sexual harm inflicted on the victim.

5.1. Interrogating the Victim: It is well-known that investigating sexual violence requires obtaining accurate information. Therefore, the child should be interrogated by official authorities to gather facts and attempt to identify the perpetrator, the circumstances of the abuse, and its frequency. The younger the child, the harder the interrogation becomes, and the opportunities to learn many details about the traumatic event and the perpetrator's identity are reduced. A social and psychological expert should have created a comprehensive file on the child and their family to include in the investigation, have spoken to the child to reassure them, confirm their support, and establish a friendly relationship to gain their trust and alleviate their anxiety.

The conversation should begin calmly and slowly between the victim and the expert. The aim is to explain to the child the importance of speaking about everything that happened, even if it brings back painful memories. It is preferable to record the conversation and film the session to refer back to it if necessary, which reduces the repetition of questions and minimizes the child's distress and embarrassment. It is better not to insist on asking about the perpetrator's identity, as the chances of the child providing an answer are very low, especially if the perpetrator is the father. In this case, psychological specialists may resort to alternative methods instead of direct questions to try to identify the perpetrator. These methods include reading a list of names of people the child knows, such as family members, relatives, and acquaintances, and asking them to nod when the perpetrator's name is mentioned. This way, the child does not feel pressured or scared, especially if it is their father. Another

technique is to show the child a large number of pictures of people suspected of being involved, including family members, neighbors, and acquaintances, and ask the child to point to the perpetrator.

The use of dolls is also an effective technique for projection with children, which helps the psychologist understand the circumstances and details of the abuse. Anatomical dolls that show the genital organs are particularly helpful as they allow the child to reenact the incident through play, without having to use words, especially since the child does not understand the deductive nature of what they are doing. The child projects their experience onto the dolls without realizing that what they are describing and acting out is merely a reflection of their own experience. The child can then describe the event and its circumstances in detail. Another method is to use anatomical pictures of the human body and encourage the child to point to the body parts that were violated and those used to carry out the violation.

5.2. Clinical Examination: Naturally, this examination should be conducted by a forensic doctor, preferably one with extensive experience in cases of sexual violence against children, as children are very sensitive and embarrassed about this type of examination. It is recommended to perform the clinical examination as soon as possible, ideally within 72 hours after the abuse, as the effects of sexual assault may disappear after this time, making it difficult to confirm the incident. The clinical examination serves as the primary basis for diagnosis, during which necessary samples are collected for laboratory tests such as swabs and traces of blood or semen. Physical marks like spots and bruises may not appear in all victims, appearing in only about 25%. Typically, the clinical examination is carried out in several stages, including:

1. Talking to the child and building a friendly relationship to avoid triggering fear or anxiety.
2. Genital examination, during which the sexual organs are examined and swabs are taken to check for sexually transmitted diseases, along with an anal examination to assess any tearing of the hymen, the presence of semen inside the vaginal canal, etc.
3. Physical examination, which involves a general medical examination of the skin, pelvic area, and mouth.

The clinical examination plays a crucial role in revealing and documenting the evidence, identifying the effects of the abuse, and determining the extent of the harm that requires treatment and follow-up care.

5.3. Laboratory Tests: These are performed immediately after the clinical examination, with the results being influenced by the timing of the incident and its duration. These tests include:

- Taking samples of blood from the alleged perpetrator (e.g., bloodstained undergarments), hair samples, and skin samples from under the victim's nails.
- Conducting laboratory tests for sexually transmitted diseases.
- Collecting semen samples, which can help identify the perpetrator (semen can remain viable up to 6 hours after sexual activity and can be dead up to 72 hours later). It is necessary to obtain a sample of the victim's underwear to check for dry semen.
- Urine samples, particularly if repeated abuse of a female child is suspected, to confirm the absence of pregnancy.
- Blood samples from the victim to check for traces of narcotics or alcohol.
- Examination of the semen to identify the perpetrator. Each of these steps, including victim interrogation, clinical examination, and laboratory tests, helps confirm whether the child is a victim of sexual abuse.

The forensic doctor, social worker, and psychologist all have complementary roles in ensuring a precise and accurate diagnosis to identify the perpetrator and understand the impact on the victim.

5.4. Indicators of Sexual Abuse Effects on the Child: Sexual abuse is not an illness that can be easily diagnosed, so we rely on indicators or signs that require immediate attention and intervention:

5.4.1. Genital Indicators: The following genital symptoms, if present together, suggest the possibility of sexual abuse. The child should be immediately referred to a forensic doctor to write a medical report:

- Vaginal pain in a girl.
- Pain in the genital area with redness and fluid discharge in a boy.
- Rectal pain or burning.
- Pelvic pain.
- Pain or burning when urinating.
- Infections in the anus or genital organs (fungal infections, etc.).
- Scratching, swelling, or pain in the male genitalia, testicles, or vagina.
- Rectal laxity due to anal sexual abuse, which may lead to fecal accidents.
- Bruises on the buttocks.
- Vaginal bleeding with tears due to rough penetration.
- Vaginal tumors.
- Rectal bleeding.
- Presence of semen on the child's body or clothes.
- Abnormal genital discharge.
- Repeated urinary tract infections.
- Hymenal rupture.
- Diagnosis of pregnancy.

5.4.2. Physical Indicators: Most of these signs appear immediately after sexual abuse and are quite clear, but they are often temporary and do not last long. Sexual abuse may sometimes be accompanied by physical violence to overpower the victim. Among the indicators:

- Visible bruises or pressure marks from fingers on the child's body or buttocks.
- Bite marks, scratches, and bruises around the mouth, neck, thighs, nipples, buttocks, and abdomen.
- Scratches and swelling on the lips.
- Difficulty walking or sitting.
- Throat or pharyngeal infections due to being forced into oral sexual practices.
- Torn and bloodstained underwear.

5.4.3. Psychosomatic Indicators: These symptoms indicate that the child has gone through a painful experience. They do not appear immediately after the abuse, but rather after some time. Among these symptoms are the following:

Digestive Issues:

- Frequent vomiting
- Intestinal problems, frequent diarrhea
- Menstrual problems in adolescent girls
- Eating disorders such as anorexia or binge eating
- Weight changes: increase or decrease
- Sleep disturbances: nightmares, insomnia, interrupted sleep, refusal to sleep alone, insistence on keeping the light on in the room, refusal to go to bed, night wandering (parasomnia)
- Fatigue, exhaustion, frequent headaches, involuntary bedwetting

5.4.4. Academic and Mental Indicators:

- A clear and sudden deterioration in academic results
- Difficulty concentrating and slow cognitive processing
- Difficulty expressing needs
- Frequent daydreams and fantasies as a result of trauma
- Absenteeism, running away, neglect of school assignments, decreased academic performance, refusal to go to school (Al-Dasouki, n.d.)

A study by Ferracuti showed that these effects are more severe in girls, and their symptoms include:

- Fear: Most cases of incest between girls and their fathers occurred when the father approached their bed, and they were not asleep during the assault. Instead, they would close their eyes and avoid eye contact with their fathers, either due to fear or because they did not want to believe it was happening. This leads to a fear of sex, lower academic performance, fear of loneliness, fear of marriage.
- Feelings of loneliness, guilt, shame, and low self-esteem
- Anxiety and frustration, disturbed sleep, nightmares
- Social isolation
- Early abandonment of studies (Ferracuti, 1972)

Studies have also shown that many victims become perpetrators of rape, a phenomenon known as "identification with the aggressor," as a result of feelings of fear, emotional emptiness, anger, shame, and guilt from being violated by the woman who should have been the most nurturing and protective. They may also experience sexual disorders in adulthood, such as:

- Inability to respond to sexual activity, abstaining from sex, or conversely, experiencing a compulsive desire for sex.
- Negative effects on long-term memory, where the victim tries to protect themselves from recalling the events of the traumatic experience.
- **5-4-5 Behavioral Indicators:** The lack of creative activity as an indicator sometimes of the victim falling into a depressive state. Behavioral indicators vary depending on the child's age: A- Children from

seven to twelve years old: They are particularly affected by symptoms of hyperactivity, regression, aggression, and academic problems. B- As for adolescents: They are primarily affected by depression, self-isolation, fear, and suicidal behavior. Anxious, tense behavior is expressed through newly emerging and unjustified fears, such as a fear of being alone. - Sudden feelings of hatred toward one of the parents. - Wearing clothes that do not match the season to hide signs of bruises or wounds. - Sudden behavioral habits such as frequent daily bathing. - Feeling of loss. - Creating a friend or an imaginary character. - Regressive behavior that does not fit their age, such as thumb sucking, involuntary urination, soiling their clothes, drinking from a bottle, etc. - Sexual behavior manifested through frequent masturbation and sometimes engaging in it in public.

6- Methods of Preventing Parental Abuse:

When people became aware of the severity of child sexual abuse, efforts to address this issue began. In the late 1970s, efforts to understand and prevent sexual abuse evolved, focusing on identifying the causes of aggressive sexual behaviors, preventing abuse, and treating those affected by it.

Efforts to prevent abuse focus on:

- **Primary Prevention:** Aimed at everyone, with the goal of preventing abuse from occurring at all.
- **Secondary Prevention:** Targets groups at risk of abuse.
- **Tertiary Prevention:** Focuses on individuals or groups who have already experienced abuse, aiming to prevent future occurrences.

Programs for preventing child sexual abuse reflect growing awareness of the issue worldwide. Taal and Edelaar (1997) assert that child abuse is preventable, and the focus is on prevention and education.

Some programs for preventing sexual abuse are direct, while others are indirect:

- **Indirect Prevention:** These focus on educating and training professionals, parents, and other adults who can teach children about sexual abuse and self-protection.
- **Direct Prevention:** These focus on teaching children at high risk of abuse how to protect themselves.

Some prevention programs are conceptual, while others focus on skill-building. Conceptual programs aim to provide information and educate potential victims, emphasizing concepts like body ownership, empowerment, the right to say "no," the right to escape dangerous situations, awareness of available resources for help, and understanding the difference between "good" and "bad" secrets.

Skills-based prevention programs focus on translating knowledge into behavior, teaching children self-protection skills, such as saying "no," escaping, and reporting the incident.

According to Finkelhor (1983), primary prevention programs have become one of the fastest responses to child sexual abuse. Schools play a key role in children's lives, providing a platform for sexual abuse prevention programs, which help reduce sexual abuse rates. Schools also offer a wide-reaching and fast way to reach parents, which can help improve children's assertiveness skills and increase their responses to problematic situations.

Thus, primary prevention programs have become one of the fastest and most effective responses to child sexual

abuse.

Conclusion:

Based on the above, the researcher can recommend the following:

- Raising awareness among families, schools, and the community about the provisions of the Convention on the Rights of the Child through parent councils and various media outlets.
- The necessity of combating domestic violence and all forms of child abuse through various media channels, developing teaching methods, and incorporating rights in curricula that children should enjoy and the need to respect them.
- Activating the role of religious institutions in education and awareness to combat domestic violence and abuse against children.
- Women's organizations and associations should play a significant role in raising awareness and educating mothers about the meaning of child sexual abuse, its forms, harms, and effects on mental health.
- The need for media institutions to review children's movies and programs and ensure they are free from sexual violence and child sexual abuse.
- Addressing the problem of children dropping out of school and enforcing laws to reduce this phenomenon.
- Focusing on hiring psychologists in elementary schools to provide early intervention in addressing the problems of abused children.

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