Research Article ISSN 2641-4317

International Journal of Psychiatry Research

Child Sexual Abuse in Saudi Arabia (The Taboo)

Alkhateeb Saad Omar^{1*} and Amina Alkhateeb²

¹Senior Child Psychiatric Consultant, Jeddah Psychiatric Hospital, Saudi Arabia.

²Senior Psychiatric Resident, Jeddah Psychiatric Hospital, Saudi Arabia.

*Correspondence:

Alkhateeb Saad Omar, Senior Child Psychiatric Consultant, Jeddah Psychiatric Hospital, Saudi Arabia.

Received: 01 November 2019; Accepted: 16 December 2019

Citation: Alkhateeb Saad Omar, Amina Alkhateeb. Child Sexual Abuse in Saudi Arabia (The Taboo). Int J Psychiatr Res. 2019; 2(7): 1-4.

Keywords

Child Sexual Abuse, Muslims, Saudi Arabia.

Background

Muslims do not have a monopoly on morality. The notion that child abuse and neglect are rare in Arab & Muslim countries is a myth that can no longer withstand the strength of the evidence; this indefensible denial is unacceptable. Many recent reports document child abuse in the Gulf countries; reports began to surface in the 1980s and early 1990s. The overall rate of reporting has been steadily increasing over the years, peaking in 2009! It is understood that child abuse & sexual abuse in particular is a very sensitive topic, not only in Saudi Arabia and the gulf state but all over the world. That might explain why only few published review or research has been conducted in this taboo area.

In fact, in Saudi Arabia, we have a tiny idea of the extent of child sexual abuse, its causes or consequences.

Method

We reviewed all published material concerning Child sexual abuse in Saudi Arabia and near area prior to June 2015 in pub med search and other search site in English language to have an approximate estimate of the prevalence & to try to correlate the different prevalence rate found in different study taking into account the type of study; difficulties in definition of a case and the statistical method used

Child Sexual Abuse

Child abuse, including sexual abuse, is a problem in all societies regardless of cultural and/or religious backgrounds. Sexual assault occurs when any sexual act is carried out upon a person without his or her consent. Sexual assault is rarely reported for many reasons: embarrassment, guilt, lack of awareness regarding victim's rights, unwillingness to confront the legal system, the need to keep the event hidden from significant people, and fear of not being believed. This under-reporting makes the actual prevalence a

difficult task.

Child sexual abuse "occurs when a child is used by another person for his/her gratification or sexual arousal or for that of others". Child sexual abuse is also defined as any contact between an offender and a child victim who due to age and/or immaturity is incapable of giving consent. Nearly a quarter of young adults (24.1%) experienced sexual abuse (including contact and noncontact) (Radford et al, 2011).

WHO global estimates

20% of women and 5-10% of men are sexually abused as children. Disabled children can be particularly vulnerable to sexual abuse. Sexually abused children can suffer a range of psychological and emotional problems especially if the abuse is never uncovered. Sometimes the only chance of uncovering sexual abuse is when a child makes a disclosure. Many victims wait years before telling anybody about their abuse.

Risk factors for child sexual abuse

CSA occurs across all socioeconomic and ethnic groups but there are some risk factors other forms of abuse, especially previous sexual abuse.

Disrupted home can lead to a child being more susceptible. Domestic violence can push children out of the home and make them susceptible. Children of parents whom misuse substances. Children with disabilities are particularly vulnerable to sexual abuse. Extending the child network including use of nannies and driver. Children can also be at risk when using the Internet, Social media, chat rooms and web forum.

Child sexual abuse in Saudi Arabia & other Arabic country

Very few epidemiological studies concerning child sexual abuse in Saudi Arabia were found in PubMed search & other search tool. In Saudi society, the violation of personal dignity by means of sexual crimes was a hidden subject that nobody wanted to discuss a taboo!

Int J Psychiatr Res, 2019 Volume 2 | Issue 7 | 1 of 4

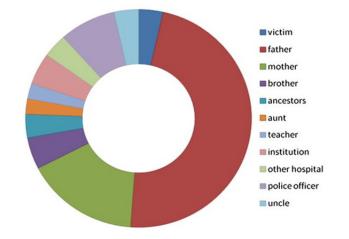
The 1st published research as an MD thesis estimate child sexual abuse in Saudi Arabia to be approximately 22% (Al- Zahrani, A. H. University of Edinburgh 2012) a study conducted by Wafa Mahmoud, assistant professor at King Saud University, revealing a high percentage of cases. One of every four children experienced sexual harassment. 25%. Another study by Munera Abdurrahman showed that 49.23 percent of sexually abused children were less than 14.

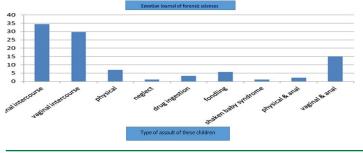
Child Sexual Assault: Prevalence in other nation

A sexual assault occurs every two minutes in USA 20001. As many as 1:4 girls and 1:6 boys will experience some form of sexual abuse before age of 18 (many of these cases go unreported). 75% are victimized by family member or others within their "circle of trust". About 44% of rape victims are < age 18. Less than 39% of sexual assaults are reported to law enforcement. Almost 2/3 occur between 6pm and 6am 2011 meta-analysis of 217 studies estimated a global prevalence of child sexual abuse to be 12.7% — 18% for girls and 7.6% for boys.

Prevalence of Child Maltreatment across the Globe	
Table 1. Combined self-reported prevalence rates for all types of maltreatment per continent of origin of the studies including the number of	studies (k), the
number of participants (N), 95 per cent confidence intervals (CI) and the statistic of contrast test (contrast Q)	

				7.5				
Type of maltreatment	Continenta	k^{a}	N^2	Combined prevalence (%) ^a	95% CI ^a			Contrast Q ^a
Sexual abuse (female)								
	Africa	8	13 318	20.2**	13.1	-	29.7	
	Asia	11	5466	11.3**	7.5		16.6	
	Australia	12	16 372	21.5**	15.3	-	29.3	
	Europe	39	35 468	13.5**	11.0	-	16.5	
	North America	120	143 883	20.1**	18.1	-	22.4	
	South America	3	1564	13.4**	6.2		26.5	
Sexual abuse (male)								10.59*
	Africa	5	1403	19.3*	8.9	-	37.0	
	Asia	8	3888	4.1**	2.0	-	8.3	
	Australia	8	10 775	7.5**	3.8	-	14.2	
	Europe	24	26 513	5.6**	3.8	-	8.4	
	North America	57	99 681	8.0**	6.2	-	10.2	
	South America	2	415	13.8*	3.7	-	40.0	





Type of abuse in Saudi study

A well-controlled descriptive case-series analysis study of Child physical and sexual abuse in Dammam, Saudi Arabia Almadani 6 Out of 87 reported cases, 85% of the assaults were sexual, 12.6% of the assaults were non-sexual and 2.3% were combined (both sexual and non-sexual abuse)!

Cases of sexual abuse were significantly higher in the older age group in comparison to the non-sexually assaulted group, which occurred more often at younger ages (P < 0.001) the mean age was (11.04 + 5.07). Most victims were females (56.3%) and Saudi (90.8%). Another Saudi study of 188 cases conducted in Riyadh medical city 2010 Al Eissa, M. Almuneef 4 showed that physical abuse composed the majority of cases (48.9%) followed by neglect (32.3%), and then sexual abuse (15%). Emotional abuse represented the remaining proportion (3.8%).

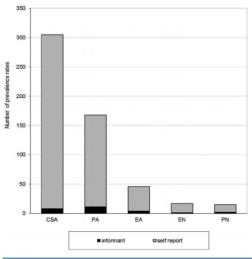
Type of abuse in Bahrain

A study of 150 abuse victims in Bahrain Al- Mahroos 3 showed that 58% of victims suffered sexual abuse compared to 33.3% who suffered physical abuse.

The U.S. Department of Health and Human Services' Children's Bureau report Child Maltreatment 2010 found that 9.2% of victimized children were sexually assaulted!



Prevalence of Child Maltreatment across the Globe



C SA = Sexual abuse; PA = physical abuse; EA = emotional abuse;
EN = Emotional neglect; PN = physical neglect.

The variation in proportions by location could be explained by differences in examining centers and the fact that social perceptions of abuse types can affect the number of reported cases.

Do Physician's Recognize Sexual Abuse? More than half of the physician could not recognize clear evidence of chronic sexual trauma Ladson et al AJDC 1987 & More than half of primary

care physicians could not identify major parts of a female child's genital anatomy. New doctors miss chronic findings of abuse and call the examination normal when it is not! 8. Untrained physicians are more likely to over-diagnosis -- meaning calling normal variations evidence of abuse when they are not...!!!! "The genital examination of the abused child rarely differs from that of the non-abused. Thus, legal experts should focus on the child's history as the primary evidence of abuse." Berenson, A. Am J. OB/ Gyn 2000. Examination might be normal due TO Nature of assault may not be damaging, Disclosures often delayed; Complete healing can occur and the hymen changes with puberty.

When to be concerned?

- Sexual expression is more adult than childlike
- Other children complain
- Continues despite requests to stop
- Children sexualize nonsexual things
- Genitals are persistent and prominent in drawings

Friedrich's Top 10 (most common behaviors) 10, 11, 12

- Touches sex parts in public
- Tries to look at people when they are nude
- Stands too close
- Touches breasts
- Touches sex parts at home
- Dresses like opposite sex
- Hugs adults not known well
- Shows sex parts to adults
- Masturbates with hand
- Very interested in opposite sex (**10-12yo)

Disclosures in Sexual Abuse

The most important piece of the puzzle, the disclosure needs to be obtained appropriately without direct and leading questions. Trained interviewers with limited number of interviews. Child body language documentation & Remember children think concretely and need reassurance.

Minimal Disclosures tactic

Where on the body touched? Who touched him/her? Where did the touching occur? When did this happen? NOT WHY

Child reaction 4 Steps of the Process

- Denial: Child's initial statement was that he/she was not a victim of sexual abuse Three-fourths of children denied when initially questioned.
- **Disclosure:** Tentative (78%): child's partial and vague acknowledgement of sexual abuse. "It only happened once" "It happened to Joe" "He tried to touch me but I hit him" "I was only kidding" 7% of initial denials move directly to active disclosure 96% of all eventually give active disclosure.
- Recant: Refers to the child's retraction of a previous allegation
 of abuse that was formally made and maintained over a period
 of time Common, 22% of children in study Often influenced
 by the perpetrator but more often influenced by the "non-

- offending" family members Intentionally or Unintentionally.
- **Reaffirm:** Defined as the child's reassertion of the validity of a previous statement of sexual abuse that has been recanted; of those who recanted, 92% reaffirmed the allegations over time.

Child sexual Abuse Management

- Repair of injuries
- Treatment of STDs
- Pregnancy prevention
- Protection against further abuse
- Psychological support for patient and family

Prevention

- Parental Education
- Communication
- Young children are concrete thinkers! Use anatomical Dolls & drawing.
- Educational programmers
- Some evidence that they improve children's knowledge and protective behaviors.
- School-based child education programs

Conclusion

Child sexual abuse seems to be the common type of abuse in the published SAUDI research, father are unfortunately is the main abuser, Mother came next!!

Child sexual abuse prevalence seems to be high in Saudi Arabia and Bahrain compared to other Asian country similar to a high rate seen in western European country. See above table. Child sexual abuse is a problem and preventative measure should be started as early as possible. Very few published research in this topic stressing different etiological factor make future preventative measure very tentative.

Special educational program in Arabic like (la-talsmsnee) don't touch me used in the last few year might be valueless but further research are mandatory.

References

- 1. Emmert C, Köhler U. Data about 154 children and adolescents reporting sexual assault. Arch Gynecol Obstet. 1998; 261: 61-70
- 2. World health organization (WHO). International society for the prevention of child abuse and neglect (ISPCAN). Preventing child maltreatment: A guide to taking action and generating evidence. Geneva: Switzerland. 2006.
- 3. Berenson A, Tan A, Hirth JM. Complications and continuation rates associated with 2 types of long-acting contraception. Am J Obstet. 2015; 212: 761.
- 4. Al- Mahroos F, Abdulla F, Kamal S, et al. Child abuse: Bahrain's experience. Child Abuse Negl. 2005; 29: 187-193.
- 5. Al Eissa M, Almuneef M. Child abuse and neglect in Saudi Arabia: journey of recognition to implementation of national prevention strategies. Child Abuse Negl. 2010; 34: 28-33.

Int J Psychiatr Res, 2019 Volume 2 | Issue 7 | 3 of 4

- McCann S, Miyamoto C, Boyle K, et al. Healing of nonhymenal genital injuries in prepubertal and adolescent girls: A descriptive study. Pediatrics. 2007; 120: 1000-1011.
- Osama AlMadani, Manal Bamousa, Dalia Alsaif, et al. Child physical and sexual abuse in Dammam, Saudi Arabia: A descriptive case-series analysis study. Egyptian Journal of Forensic Sciences. 2012; 2: 33-37.
- 8. Pillai M. Forensic examination of suspected child victims of sexual abuse in the UK: a personal view. J Clin Forensic Med. 2005; 12: 57-63.
- Hosenfeld J, Freund K, Liebschutz J. Factors associated with sexual assault and time to presentation. Prev Med. 2009; 48:

- 593-595.
- 10. Friedrich WN. Psychological assessment of sexually abused children and their families. Thousand Oaks, CA: Sage Publications. 2002.
- Friedrich WN. Child Sexual Behavior Inventory: Professional Manual. Odessa, FL: Psychological Assessment Resources. 1997.
- 12. Friedrich WN. Sexual victimization and sexual behavior in children: A review of recent literature. Child Abuse & Neglect. 1993; 17: 59-66.

© 2019 Alkhateeb Saad O & Amina A. This article is distributed under the terms of the Creative Commons Attribution 4.0 International License

Int J Psychiatr Res, 2019 Volume 2 | Issue 7 | 4 of 4