

**PREDISPOSING FACTORS AND IMPACT OF CHILD
VICTIMIZATION: A QUALITATIVE STUDY**

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TABLE OF CONTENT

TITLE	PAGE
ACKNOWLEDGMENT	ii
TABLE OF CONTENTS	iii
ABSTRAK	v
ABSTRACT	vii
CHAPTER 1: INTRODUCTION	1
CHAPTER 2: OBJECTIVES	10
CHAPTER 3: MANUSCRIPT	
3.1 Introduction	15
3.2 Material and methods	16
3.3 Result	19
3.4 Discussion	26
3.5 Conclusion	28
3.6 References	29
CHAPTER 4: PROTOCOL SUBMITTED FOR ETHICAL APPROVAL	
4.1 Introduction	32
4.2 Literature review	33
4.3 Research question	37
4.4 Objectives	37
4.5 Operational definition	38
4.6 Methodology	38
4.7 Research tool	39

4.8 Data collection	40
4.9 Data analysis	41
4.10 Rigor	42
4.11 Ethical consideration	43
4.12 Honorarium and incentives	44
4.13 Gantt chart and milestone	45
4.14 References	46
CHAPTER 5: APPENDICES	
Appendix 1: JEPeM approval letter	51
Appendix 2: Guideline/Instruction to author	53

ABSTRAK

Pengenalan: Penderaan seksual terhadap kanak-kanak semakin meningkat pada kadar yang membimbangkan dan masalah ini tidak ditangani secara terbuka. Pantang larang budaya menghalang individu daripada berbincang tentang seks atau subjek berkaitan secara terbuka.

Matlamat: Untuk menerangkan faktor risiko dan kesan penderaan seksual kanak-kanak secara emosi tingkah laku.

Metodologi: Kajian kualitatif tanpa gangguan ini dijalankan ke atas kanak-kanak berumur 10 hingga 18 tahun yang mengalami penderaan seksual dan rawatan susulan di klinik psikiatri dari tahun 2019 hingga 2021 di Hospital Universiti Sains Malaysia. Tiga puluh rekod kes telah disemak, dibaca, ditranskripsi menggunakan Microsoft Word dan dipindahkan ke perisian komputer analitik NVivo untuk pengurusan data. Transkripsi dianalisis menggunakan kaedah analisis tematik.

Keputusan: Keputusan menunjukkan bahawa umur purata mangsa ialah 14.6 tahun. 94% daripada mangsa telah mengalami penetrasi faraj, dan 23% daripada kes melibatkan sumbang mahram. Faktor penyumbang sosio-psikologi yang melibatkan struktur keluarga dan disfungsi dinamik, kekuatan intrapersonal yang rendah, pengaruh sosial, dan status sosioekonomi keluarga yang rendah menjadi penyumbang kepada penganiayaan seksual. Penganiayaan seksual ini kemudiannya boleh membawa kepada kecelaruan emosi, kesan negatif ke atas fungsi, pemikiran, akademik dan sosial, reaksi ibu bapa yang negatif terhadap kejadian itu, penciptaan hubungan bayi dan ibu dan hubungan cinta atau benci, dan kurang matlamat dan harapan untuk masa depan.

Kesimpulan: Mangsa dalam kajian ini mengadu tentang penderaan seksual, tetapi mereka juga mengalami gejala tingkah laku dan fizikal yang tidak spesifik, termasuk ponteng sekolah, gangguan tidur, gejala kronik seperti sakit kepala atau sakit perut. Penderaan seksual kanak-kanak memberi kesan kepada mangsa dan masyarakat dan ia tidak boleh diabaikan, dan program pencegahan dan intervensi perlu dilaksanakan. Program kesedaran dan pendidikan berasaskan sekolah untuk kanak-kanak harus dipromosikan di Malaysia untuk memastikan kanak-kanak dimaklumkan tentang potensi risiko ini.

ABSTRACT

Background: Sexual abuse of children is increasing at an alarming rate and these problems are not addressed openly. Cultural taboos prevent individuals from discussing sex or related subjects publicly.

Aim: To describe the risk that influences child sexual abuse and the impact of sexual abuse on children's emotions and behavior.

Methods: This unobtrusive qualitative study was conducted on children aged 10 to 18 years old who experienced sexual abuse and followed-up at a psychiatric clinic from the year 2019 to 2021 in Universiti Sains Malaysia Hospital. Thirty case records were reviewed, skimmed, read, transcribed using Microsoft Word and transferred to analytic computer software NVivo for data management. The transcriptions were analyzed using thematic analysis.

Results: The mean age of the victims was 14.6 years. 94% of the victims had experienced vaginal penetration, and 23% of the cases involved incest. Socio- psychological predisposing factors involving family structure and dynamic dysfunction, low intrapersonal strength, social influence, and low family socioeconomic status could lead to sexual victimization. This sexual victimization then lead to emotional turmoil, negative effects on cognitive, academic and social function, negative parental reactions toward the incident, the creation of baby-mother relationship and love-hate relationship, and a lack of goals and hope for the future.

Conclusion: Disruptions in family dynamics and low socioeconomic status are significant contributors to child sexual abuse. The longer the duration of sexual abuse, the greater the psychological and behavioural effects. Sexual exploitation of children has implications for both the victim and society, including greater expenses for child welfare and criminal justice. Therefore, programs for prevention and intervention must be implemented. Malaysia should promote school-based education and awareness programs for children in order to keep them informed of potential hazards.

Keywords: sex abuse; sex offense; incest; adolescents; qualitative research

CHAPTER 1:

INTRODUCTION

The United Nations International Children's Emergency Fund (UNICEF) estimated that 15 million adolescents aged 15 to 19 years have experienced sexual abuse in their lifetime (Walker-Descartes *et al.*, 2021). The World Report on Violence and Health (2002) and the United Nations Secretary General's Study on Violence against Children (2006) stated that child maltreatment - the physical, sexual and emotional abuse, exploitation and neglect of children - has been widely increased in all societies. Children are a country's asset and can help it prosper in the future. It is important to protect children from harm that can threaten their development. In Malaysia, child abuse has become a critical social problem. It is an old problem because it has been in existence for centuries. Violence against children is defined as all forms of violence against children below 18 years old, including child maltreatment; physical, emotional or sexual abuse and neglect by their guardians. Boys and girls are at equal risk of physical and emotional abuse while girls are at greater risk of sexual abuse (Singh *et al.*, 2014).

Facets of Child Sexual Abuse

Child sexual abuse is a problem with national and worldwide prevalence because it negatively affects the child's present and future. Much research has clearly shown the negative impact of child sexual abuse on social, psychological, and sexual functioning later in life. It has also been reported that some individuals remain asymptomatic despite a history of experiencing child sexual abuse (Sanjeevi *et al.*, 2018).

Sexually abused children typically try not to disclose their experiences due to feelings of guilt and shame, bonds of dependence upon perpetrators and their inability to understand the sexual meaning of the abuse (McElvaney and Nixon, 2020). Evidence shows that most abuse occurs in homes, families, schools, alternative childcare institutions, hospitals or juvenile care homes. According to recent global data, the research shows that about 1 in 4 girls and 1 in 13 boys in the United States experience child sexual abuse. Roughly, 90% of victims report

that the perpetrator was someone they knew and trusted, usually a boyfriend or child's family member.

Sexual abuse is defined as the involvement of children in sexual activities in which they do not fully understand what is being done or the impact of the consent given. The act is something contrary to the role of the family. Examples of sexual abuse included having sex with a child, rape, incest, exposing genitals, sexual sadist, child prostitution and child pornography images. Molesting acts like holding, kissing, rubbing private parts of children and unnatural sexual behavior are also included in sexual abuse (Abas, 2012). While incest is defined as any sexual intercourse between close blood relatives, including step-relatives and family members, legal marriage is forbidden between them (Yildirim *et al.*, 2014). Incest is the severest form of child sexual abuse (Şahin and Taşar, 2012).

More than 90% of the perpetrator were males (Koçtürk and Yüksel, 2019). The perpetrators were commonly the victims' fathers, stepfathers, uncles, brothers, and grandfathers (Yesuiah, 2018). The perpetrators among the Malay population were fathers, uncles, and cousins. Among the Chinese, most perpetrators were fathers, while among the Indians, they were uncles and brothers-in-law (Mohd Yusof *et al.*, 2015). Sometimes, the perpetrator could be females, particularly victims' mothers (maternal incest) (Koçtürk and Yüksel, 2019). There is a bias in people's minds about the capacity of females to abuse children sexually (Haliburn, 2017b). Female perpetrators targeted victims averaging 6.48 years of age, which is 3.08 years, significantly younger than those abused by male perpetrators (Cheung *et al.*, 2019).

Sexual abuse within the family is forbidden in Islamic societies (Mohd Yusof *et al.*, 2015; Mollamahmutoglu *et al.*, 2014b). Therefore, it is frequently kept as a secret within a family, which results in a chronic process that is hard to recognize. Incest is more difficult to reveal than other forms of abuse (Şahin and Taşar, 2012). From the Muslim perspective, the

lack of research on the sexuality education of Muslim children poses a challenge for policy-makers, service providers, sex educators, and other stakeholders to gain sufficient understanding to guide the development of effective and inclusive sexual education for Muslim children (Wong *et al.*, 2017). Muslim parents reported having parental misinformation, myths, and ignorance (Merghati-Khoei *et al.*, 2014).

There is generally no single factor that results in child sexual abuse. However, research has shown several risk factors commonly associated with maltreatment. These include familial dysfunction, divorce, parental substance abuse, low socioeconomic status, and permissive parenting styles (Kheswa, 2017b). Research has shown that the cause of child sexual abuse lies within the perpetrator who has psychological problems, which leads them to their inability to control their sex drive and is compounded by a lack of available partners. Hence, it influences the offender's decision to engage in the behavior (Anderson *et al.*, 2007). Other factors include early exposure to online chatrooms, which can lead to victims falling prey to perpetrators they befriended through the internet (Anonymous, 2018), and parental mental illness, which approximately doubles a child's risk of physical or sexual abuse (Matta Oshima *et al.*, 2014).

The short-term and long-term sequelae of child sexual abuse are multifaceted because of the consequences for the individual victim, abuser, family and society. Hence, child sexual abuse is a social, cultural, political and public health concern locally and globally. The increasing number of research relates adult victims with eating disorders, borderline personalities, sexual dysfunction and depression with a history of sexual molestation during childhood (Unlu and Cakaloz, 2016a). The longer the first abuse event to the first psychiatric evaluation, the more intense the potential sexual abuse-related psychiatric disorders can be (Yuce *et al.*, 2015). While the victims may recover, their memories of these experiences may alter their perceptions, thoughts, and emotions, leading to overwhelming sadness throughout their lives (Roseth *et al.*, 2011).

Child Sexual Abuse in Malaysia

Cultural taboos prevent Malaysians from discussing sex or sex-related subjects publicly. Individuals who are not sufficiently exposed to accurate sex information are more likely to misunderstand facts and accept myths (Mohd Yusof *et al.*, 2015; Mollamahmutoglu *et al.*, 2014a), which results in children being unaware or unable to recognize sexual misconduct. Most children suffer in silence because they do not know where to turn for help (Asmida and Nur Fazini Asro, 2017; Mohd Yusof *et al.*, 2015), and the abuse lasts for years.

According to the Department of Social Welfare, more than 2,000 child abuse cases were reported yearly, and the number of cases in 2019 stood at 6,061. As many as 2,040 child abuse cases were reported in the first four months of 2021. Considering the stigma and attitudes of Malaysian public, most cases of child abuse go unreported. Hence, the statistical overview presented above could be just the “tip of the iceberg”. The recent statistic from the Women, Family and Community Development Ministry revealed that a total of 1055 child abuse cases were reported by the Social Welfare Department from January to June 2022. The highest number of cases reported were physical abuse (54.8%), followed by sexual abuse (39.6%) and emotional abuse (5.6%).

Legal and Policy in Malaysia

Child abuse in Malaysia is punishable under the Child Act (2001) and the Penal Code (revised 1997). Offenders may be liable to a maximum fine of RM 25000 or up to 10 years imprisonment, or both depending on the offence. Despite this legal provision, the Malaysian government also established the Child Protection Policy, which was introduced in July 2009 as part of the National Economic Policy. The policy requests participation and commitment from parents and guardians to protect children from all forms of harm, including sexual abuse.

The Child Protection Teams, known as Pasukan Pelindung Kanak-kanak was also created consisting of welfare, medical and police officers as a protector when dealing with the abuse case.

The establishment of over 149 child activity centers as “Pusat Aktiviti Kanak-kanak” (PAKK) serves 20,000 abused and neglected children in Malaysia. These institutions provide seminars, courses, workshops, and interventions in counselling, sports, and motivational talks. Suspected Child Abuse and Neglect (SCAN) team in 34 hospitals around the nation was established specifically for handling child sexual abuse cases. They were placed in public hospitals with paediatrician and psychiatrists. Their role is to counsel children and family members who suffer from trauma. At the same time, psychologists were also obliged to follow up on each case at each stage.

The government also introduced “Talian Nur” (NUR Hotline) in order to assist abused children and adults in seeking advice and assistance by reporting child abuse cases. The Ministry of Women, Family and Welfare Development (KPWKM) launched the Childline in November 2010 for children as a front-line effort to fight child abuse.

The ministry of KPWKM also organized various advocacy programs with the cooperation of agencies and non-governmental organizations (NGOs), generic towards family-oriented issues. The Teddy Bear Hospital (TBH) is an innovation whereby the children bring their teddies while visiting the volunteers, assuming the healthcare practitioners’ role to reduce the children's anxieties about hospitalization (Rashid *et al.*, 2021).

The Child Act 2001 of Malaysia requires medical doctors, family members, and childcare providers to report a child physically or emotionally injured due to being ill-treated, neglected, abandoned or exposed, or sexually abused, to the social welfare officers or police.

The Child Act 2001 is intended to protect minors. However, they presently appear to be useless for the intended purpose. The few reasons why The Child Act is likely to fail. First, the law-designated temporary or permanent protectors of children (welfare, medical, and police officers) frequently fail to use the Child Act to protect children. Some of these officers lack a thorough understanding of the act, while others believe that parents have more rights than children, despite the fact that the law states otherwise. Second, the police and courts also prefer to use other legislation, particularly the Penal Code, rather than the Child Act, despite the fact that the latter was written specifically to protect children. Third, the Child Act allows for the punishment of parents or other individuals who fail to protect children in need, but this has not been utilized when these individuals fail to fulfill their responsibilities.

Theoretical framework: Understanding and explaining the research

It is important to explore any relevant theoretical underpinning that can help me to understand the lived experience of child with sexual abuse identified the risk factor and impact after the events. The Spaccarelli's Transaction Model (1994) was adopted to understand why child victim react differently after sexual abuse.

In Spaccarelli's Transactional Model, it suggests that child sexual abuse can be understood as a series of related stressful events. According to this model, the victim's cognitive appraisals (how they perceive and interpret the abuse) and coping responses can either be risk factors or protective factors that influence the impact of the abuse on their mental health.

One strength of this model is that it recognizes that not all victims of child sexual abuse will necessarily experience severe mental health problems. Instead, it emphasizes the complex interaction between developmental processes prior to the abuse and the subsequent person-

environment transactions. These transactions can either contribute to negative outcomes or activate the victim's protective factors, leading to positive outcomes.

In summary, Spaccarelli's model highlights the importance of considering the interplay between a victim's personal characteristics, the environment they are in, and the specific experiences of child sexual abuse. It acknowledges that the victim's response can vary and be influenced by various factors, not solely predetermined by risk factors.

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CHAPTER 2:

OBJECTIVES

Research question

What are the factors that influences on child sexual abuse and the impact on emotion and behaviour?

General objective

To explore the emotional burden and behavioural impact on children who experienced sexual abuse.

Specific objectives

1. To explore the factors that influence child sexual abuse.
2. To explore the emotional burden and behavioural impact on children who experienced sexual abuse.

Operational definitions

Child sexual abuse can be defined as any activity with a child before the age of legal consent for the sexual gratification of an adult or a substantially older child. These activities include oral-genital, genital-genital, genital-rectal, hand-genital, hand-rectal, or hand-breast contact; exposure of sexual anatomy; forced viewing of sexual anatomy; and showing pornography to a child or using a child in the production of pornography (Johnson, 2000).

CHAPTER 3:

MANUSCRIPT



Article

Predisposing Factors and Impact of Child Victimization: A Qualitative Study

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Abstract: Sexual abuse of children is increasing at an alarming rate. This study aims to describe the risk factors and the effects of sexual abuse on children. This unobtrusive qualitative study was conducted on children aged 10 to 18 years old who experienced sexual abuse and followed-up at a psychiatric clinic between the years 2019 and 2021. The information from case records was transcribed. Thematic analysis was performed. Thirty case records were reviewed. The mean age of the victims was 14.6 years; 94% of the victims had experienced vaginal penetration, and 23% of the cases involved incest. The results indicated that socio-psychological predisposing factors involving family structure and dynamic dysfunction, low intrapersonal strength, social influence, and low family socioeconomic status could lead to sexual victimization. This sexual victimization can then lead to emotional turmoil, negative effects on cognitive, academic and social function, negative parental reactions toward the incident, the creation of baby–mother relationships and love–hate relationships, and a lack of goals and hope for the future. Children who experienced sexual abuse may show rape or pregnancy symptoms but may also show entirely non-specific ones. A thorough examination of their history, including biopsychosocial aspects, is necessary to appropriately care for them.

Keywords: sex abuse; sex offense; incest; adolescents; qualitative research



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1. Introduction

Violence against children is defined as all forms of violence against children below 18 years old, including child maltreatment, physical, emotional or sexual abuse, and neglect by their guardians. Boys and girls are at equal risk of physical and emotional abuse, while girls are at greater risk of sexual abuse [1]. The United Nations International Children's Emergency Fund (UNICEF) estimated that 15 million adolescents aged 15 to 19 years have experienced sexual abuse in their lifetime [2]. The sexual abuse of a child is defined as any sexual activity conducted with a child who is below the age of legal consent for sexual gratification of an adult or a substantially older child. These activities include oral–genital, genital–genital, genital–rectal, hand–genital, hand–rectal, or hand–breast contact, exposure of sexual anatomy, forced viewing of sexual anatomy or pornography, or using a child in the production of pornography [3]. The World Health Organization classifies child sexual abuse as a silent health emergency [4]. Still, it remains a neglected social issue, especially in cases of incest, even though most reported incest victims are children [5]. Additionally, data from a meta-analysis study showed that victims of intra-familial sexual abuse were younger than the victims of extra-familial abuse [6].

There is generally no single factor that results in child sexual abuse. However, research has shown several risk factors to be commonly associated with maltreatment. These include familial dysfunction, divorce, substance abuse by parents, low socioeconomic status, and permissive parenting styles [7]. Research had shown that the cause of child sexual abuse lies with the perpetrator who has psychological problems, which has led them to an inability to control their sex drive and is compounded by a lack of available partners. Hence, it influences the offender's decision to engage in the behavior [8]. Other factors include early exposure to online chatrooms, which can lead to victims falling prey to perpetrators whom they befriended through the internet [9], and parental mental illness, which approximately doubles a child's risk of physical or sexual abuse [10].

The short-term and long-term sequelae of child sexual abuse are complex. Major depressive disorder was the most common psychiatric diagnosis, identified in 44.9% of child sexual abuse victims [11]. The longer the first abuse event to the first psychiatric evaluation, the more intense the potential sexual abuse-related psychiatric disorders can be [12]. While the victims may recover, their memories of these experiences may alter their perceptions, thoughts, and emotions, leading to overwhelming feelings of sadness throughout their lives [13].

Cultural taboos prevent Malaysians from discussing sex or sex-related subjects publicly. Individuals who are not sufficiently exposed to accurate sex information are more likely to misunderstand facts and accept myths [14,15], which results in children being unaware or unable to recognize sexual misconduct. Most children suffer in silence because they do not know where to turn for help [5,14], and the abuse lasts for years.

In some cases, the perpetrators force the victims to keep silent, meaning that, even if family members know what is taking place, the victim will not take action due to fear of repercussions [16]. It can have a tremendous psychological impact on children. Accordingly, this study aimed to describe both the risk factors of sexual abuse and its impact on the children who experienced it.

2. Materials and Methods

In this study, we applied the Spaccarelli's Transaction Model (1994). This model suggests that sexual abuse as a series of related stressful events and coping responses of victims can be either a risk or protective factors that mediate the effects of sexual abuse. The victim's reaction to abuse stressors is also affected by their upbringing and environment. Depending on the victim's age at the time of the abuse, developmental factors could affect how they respond to sexual abuse later in life. Some environmental factors that play a part are the structure of the family, the socioeconomic level of the family, and whether or not the abuse was caused by alcohol or drugs.

A qualitative study design was employed to explore the emotions and behavior of children who experienced sexual abuse as recorded by the doctors and social workers who treated them. The unobtrusive qualitative method of data mining did not require the researchers to interact with the respondents of the study; the researchers instead studied the secondary data and extracted relevant information from case records. This was considered appropriate because it allowed researchers to collect data without interfering with the subjects under study, therefore avoiding unnecessary traumatic experiences for these children [17].

This qualitative study was conducted in Universiti Sains Malaysia Hospital, Kubang Kerian, Kelantan, located in Peninsular Malaysia. Kelantan state has a population of 1.93 million, and 36.7% of them are children under 18 years old. A retrospective study of children who experienced sexual abuse, whose medical case records were accessible from 2019 to 2021 until current hospital follow-up in Psychiatric Clinic, Universiti Sains Malaysia Hospital (USM), were retrieved. This research obtained approval from the Human Research Ethics Committee of the USM (USM/JEPeM/20110554).

Children aged 10 to 18 years old who were able to provide information to their doctors were eligible for this study based on inclusion criteria. These criteria were derived based on the children's age range and their ability to provide information to the treating doctors. Children with vision, hearing, speech impairments, and those with known psychiatric disorders before the abuse, were excluded because these cases were under-reported. This occurred due to the inability of these victims to report their abuse and difficulties in recognizing and understanding the signs on the part of the healthcare services. Purposive sampling was applied, such that hospital case records were deliberately chosen because they could provide the information to the researcher.

This study was conducted over six months, from 1st January 2021 to 30th June 2021. The case records were skimmed, read, and synthesized until no new information could be obtained [18]. The main source of retrospective data was the case records, which included demographic data, the experience of the abuse, and its emotional, behavioral, education, and social impact on the victims. The list of sexual abuse victims attended to by the Suspected Child Abuse and Neglect (SCAN) team came from the pediatric clinic; this team consists of a pediatrician, psychiatrist, psychologist, social worker, religious officer, and obstetrician and gynecologist. The case records were traced and skimmed to determine their eligibility; relevant information was transcribed using Microsoft Word. The case record extraction guide was used in this study and was described in Table 1, and the focus was on demographic data, abuse history, challenges, and the post-abuse effects on the victims.

Table 1. Case record data extraction guide.

Domains	Information of Interest
Demographic Information	• How old is the victim? • Where did the victim live? • With whom the victim lived at home? • How about the victim's education level?
The Abuse History	• What has happened to the victim that led him/her to be in Social and Welfare Department custody? • How old was the victim when it happened the first time? • Who is the perpetrator? A family member or an outsider? • What is the sex of the perpetrator? • How did the victim know the perpetrator? Online/smartphone? • What is the nature of the assault (anal, vaginal and/or oral penetration)? • How long has the abuse lasted? • Are there any forces involved? • Did it happen one time or more than one time? • Did the abuse happen during the day, at night, or both?
The Challenges	• How difficult is it for the victim to go through it? • How did the victim disclose the event? Is it purposeful or accidental (any physical changes or pain)? • Whom does the victim talk to? • What did the victim do to forget about it? • Did the victim feel threatened or in danger or embarrassed/shameful/fearful? • Is it associated with emotional distress (eating or sleeping disturbances, aggressive or withdrawn behaviors)? • What are the blood results for infective screening? • Who brought the victim for a follow-up? • How about the support system?
The Impact	• What did the victim expect for his/her future? • What was the victim's wish? Get married or continue studying? • Did the victim need long-term psychiatric follow-up?

The raw data were managed using computer-aided qualitative data analysis software, NVIVO version 12 (QSR International Pty Ltd., Burlington, MA, USA, 2012), and thematic analysis was used to code the information in six phases [19]. All documents were manually read and re-read to get a sense of the victims' entire story. The researcher coded these transcripts independently and created an initial list of codes, re-evaluated and finalized in consultation with the other researchers. New codes were continuously added throughout this process, and data were constantly compared to the codes to ensure that none of their meanings changed. Similar codes in the victims' words and the researchers' interpretations were clustered to develop subthemes; these were then combined into main themes.

Descriptive analyses were performed using IBM SPSS Statistics version 26.0 (SPSS Inc., Chicago, IL, USA, 2019) for the sociodemographic characteristics of sexual abuse victims. The residential area was determined based on the patients' addresses as given in the case records; the Kota Bharu district was considered an urban area.

To ensure the rigor of the study, the main themes were agreed upon by all researchers who are experts in qualitative study. The saturation of themes occurred when no new themes could be observed in the data for all thirty cases. Several validation strategies were also applied as follows [18]. First, any discrepancies in the information were cross-checked with the case records. In the investigator's triangulation, the co-researchers read selected case reports. Secondly, the thick description specifies the theme by providing many different perspectives to become realistic and richer. Thirdly, negative or discrepant information with contrary information was presented to add credibility to the account.

3. Results

Thirty case records of victims who had follow-up appointments at Psychiatric Clinic Hospital USM between 2019 and 2021 were reviewed. All the victims were females between the ages of 10 and 18, with a mean of 14.6 years old. Table 2 presents the sociodemographic characteristics of the victims, including their family dynamics. In contrast, Table 3 describes the sexual history of the victims, the relationship between the victims and the perpetrators, and the type of sexual abuse they experienced.

Table 2. Sociodemographic characteristics of sexual abuse victims ($n = 30$).

Variable	Mean (SD)	n (%)
Age (years)	14.6 (1.77)	
Race		
Malay		29 (96.7)
Non-Malay		1 (3.3)
Background education level		
Primary school		3 (10.0)
Lower secondary school		18 (60.0)
Upper secondary school		9 (30.0)
Residential area		
Rural		28 (93.3)
Urban		2 (6.7)
Parental status		
Married family		19 (63.3)
Separated parents family		11 (36.7)
Living arrangement		
Living with both parents (biological or step)		19 (63.3)
Lived with mother alone		9 (30.0)
Living with father alone		1 (3.3)
Living with foster family		1 (3.3)
Main guardian occupation		
Unemployed		5 (16.7)
Self-employed		21 (70.0)
Government servant		4 (13.3)

Table 3. Sexual history of the victims.

ID	Age	Type of Sexual Act	Suspected Perpetrator	Circumstances of Sexual	Abuse (Most Serious)	
			(Age)	Abuse Happened		
P01	14	Consensual rape	Step brother (17)	Live together	Vaginal	intercourse
P02	16	Consensual rape	Boyfriend (23)	Dating	Vaginal	intercourse
P03	16	Consensual rape	Boyfriend (20)	Visitation	Vaginal	intercourse
P04	15	Consensual rape	Boyfriend (19)	Visitation	Vaginal	intercourse
P05	14	Non-consensual rape—2 perpetrators	Friends (22) and (18)	Dating	Vaginal	intercourse
P06	13	Non-consensual rape—3 perpetrators	Boyfriend and his friends (17–20)	Dating	Vaginal	intercourse
P07	15	Consensual rape	Boyfriend (16)	Visitation	Vaginal	intercourse
P08	17	Non-consensual rape	Foster father (40)	Living together	Vaginal	intercourse
P09	15	Non-consensual rape	Brother (24)	Living together	Vaginal	intercourse
P10	14	Non-consensual rape	Brother (15)	Living together	Vaginal	intercourse
P11	16	Consensual rape	Brother in law (26)	Living together	Vaginal	intercourse
P12	15	Consensual rape	Boyfriend (15)	Visitation	Vaginal	intercourse
P13	15	Consensual rape	Boyfriend (16)	Visitation	Vaginal	intercourse
P14	16	Molestation	Employer (28)	Dating	Masturbation/ejaculation	
P15	16	Consensual rape	Boyfriend (20)	Visitation	Vaginal	intercourse
P16	16	Rape	Not revealed	Not revealed	Not revealed	
P17	10	Non-consensual rape	Stranger (20)	Dating	Vaginal	intercourse
P18	15	Consensual rape	Boyfriend (19)	Visitation	Vaginal	intercourse
P19	10	Molestation	Uncle (42)	Visitation	Fondling private parts	
P20	13	Consensual rape	Boyfriend (17)	Visitation	Vaginal	intercourse
P21	12	Non-consensual rape	Brother's friend (17–18)	Visitation	Vaginal	intercourse
P22	14	Consensual rape	Boyfriend (16)	Visitation	Vaginal	intercourse
P23	16	Non-consensual rape	Friend (27)	Visitation	Vaginal	intercourse
P24	17	Consensual rape	Boyfriend (19)	Visitation	Vaginal	intercourse
P25	13	Non-consensual rape—6 perpetrators	Friend and strangers (18–22)	Visitation	Vaginal	intercourse
P26	14	Non-consensual rape	Father (40)	Living together	Vaginal	intercourse
P27	15	Non-consensual rape	Brother's friend (18)	Visitation	Vaginal	intercourse
P28	17	Consensual rape	Boyfriend (23)	Visitation	Vaginal	intercourse
P29	14	Non-consensual rape—4 perpetrators	Boyfriend and strangers	Visitation	Vaginal	intercourse
P30	15	Non-consensual rape	Uncle (65)	Visitation	Vaginal	intercourse

Note: Consensual rape: victim agreed and gave consent before sexual activity; Non-consensual rape: victim was forced into sexual activity; Dating: abusive, controlling, and aggressive behaviors occurring in a current dating relationship can take the form of sexual abuse; Visitation: the sexual abuse happened when the perpetrator came to the victim's house or vice-versa; Living together: the sexual act occurred between people living in the same house.

3.1. Abuse Characteristics

3.1.1. Perpetrators

All of the child abuse perpetrators in our dataset were men. More than 70% of the victims were sexually abused by a non-relative; of this group, 86% were friends, while foster fathers, employers, and strangers represented 4.3% each; 23% of the cases involved incest; 28.6% of those abusers were brothers; 28.6% were uncles; fathers, stepbrothers, and brothers-in-law represented 14.3% each. Four of the victims were abused by multiple perpetrators, ranging from two to six. The perpetrators' age was between 15 to 65 years old, and the mean age of the perpetrators was 23 years old. Seven perpetrators were in school, while four were 16 years old or below; all are school dropouts. The other perpetrators either work odd jobs or are self-employed, like fishermen, laborers, and non-government servants. More than half of the victims were sexually abused by their friends or boyfriends as early as three months after knowing the perpetrators. One of the victims, a ten-year-old girl, was raped by a stranger while walking to a nearby shop. One perpetrator had a history of physically abusing his wife and child and then sexually abused his daughter after the wife died. About 50% of the perpetrators had been involved in high-risk behavior, such as illicit substance use, smoking, drinking kratum, addiction to pornography materials, exhibited high libido behavior, and showed a high tendency to molest.

3.1.2. Types of Abuse

We noted a spectrum of sexual abuse acts ranging from masturbation to vaginal penetration; 6% of the victims were molested, while 94% experienced vaginal penetration. Sexual abuse was associated with physical violence in one case. More than 50% of the victims had consented to sexual activity, and about 40% did not consent to it. However, they were considered statutory rape when the victims were under the age of 16 years. Most of the incidents occurred at night or early morning; the average time of abuse ranged from between 9 p.m. and 3 a.m.

3.1.3. Frequency of Abuse

Repeated episodes of sexual abuse occurred in 90% of cases; the same perpetrators conducted these repeated episodes in 74% of cases. Two of the victims were sexually abused for the first time. Another victim (P16) did not reveal her abuse history, though she presented pregnancy symptoms to the emergency department.

3.1.4. Circumstances Leading to the Abuse Event

The perpetrator's visitation or vice-versa became the greatest foreshadower of child sexual abuse, leading to 60% of cases. In contrast, being out on a date led to 17% of cases. Most sexual events occurred after victims went out with the perpetrators or went to the perpetrators' houses (or vice-versa). Two victims reported that they had quarrelled with their parents beforehand, leading to them sleeping over at their boyfriends' houses. Some of the victims said that they initially went out with the perpetrators willingly but then were raped. Several victims were raped when their parents went to work, and they were home alone. Child sexual abuse happened in about 20% of cases where the perpetrators and the victims lived together; these cases involved incest.

3.1.5. Confrontation and Disclosure

In most cases, victims did not disclose the abuse immediately after the event due to fear and threats by the perpetrators, such as, “If you tell anyone, I will kill your brother” (P25). Six perpetrators raped one victim with a learning difficulty (P25) for four consecutive days after being threatened. The victim only confided in her friend, who then informed the victim’s mother. Ten of the victims disclosed the sexual abuse event after experiencing pregnancy symptoms, such as abdominal distension, suprapubic pain, near-fainting, severe nausea, and vomiting; they were then brought to healthcare facilities to confirm the pregnancy. One victim presented with aggressive behavior and a positive drug test; she disclosed the abuse to medical personnel after coming down from the drugs. Some of the victims were forced to reveal their abuse after being caught by family members.

3.1.6. Physical Findings

Physical examination was normal in 96.6% of cases, and signs of physical violence, such as bruises and strangulation marks, were noted in 3.4% of cases; 70% of victims had vulvovaginitis, erythema, a hymenal old tear, and abrasions of the perineum. One-third of the victims were given emergency contraception, either tablet levonorgestrel or combined oral contraceptive pills. Ten percent of victims were prescribed tablet Metronidazole and Doxycycline for two weeks to treat sexually transmitted infections. One victim required examination under anesthesia in the operation theatre because she was too traumatized for standard genital examination. Eight victims came with pregnancy symptoms; pregnancy was later confirmed with urine tests and ultrasonography.

3.1.7. Behavior during Physical Examination

About 70% of the victims did not show any psychological distress during the interview. They were forthcoming with the interviewers, exhibiting strong eye contact, normal speech patterns, and no psychotic features. About 7% of the victims were not cooperative, and one-third experienced behavioral changes during the assessment. Fear and anxiety were reported in one victim, especially when discussing her family’s reaction to the abuse. The other three victims were sad and worried when discussing the consequences of unprotected sex and sinfulness in terms of religion. From a psychiatric assessment, three victims between 13 to 14 years old exhibited childish behavior, such as holding their breast, yawning, and even smiling during the examination. However, there were signs that some of the questions were only answered by relying on their guardians. In contrast, the other questions were independently responded to by nodding or shaking their heads.

3.1.8. Post-Disclosure Help-Seeking

After disclosing the abuse, most victims were brought to lodge a police report by family members. The police accompanied about 83% of the victims to the Accident and Emergency Department for a rape kit, while the other 17% came to the facility with labor symptoms. All victims were referred to the SCAN team. Ten victims were found to be pregnant; three of them were moved to a shelter in Kelantan after discovering the pregnancy. The shelter officer brought them for prenatal visits and eventually arranged for the babies’ adoption. After discovering the pregnancy, the other victims stayed with their family members and traveled to health clinics for prenatal visits. They were referred to social services in the district for assessment regarding their home environment and safety.

3.2. Themes and Subthemes

Table 4 summarizes the two main themes and subthemes that emerged from the victims' experiences of sexual abuse and the effects of that abuse as follows: (i) socio- psychological predisposing factors; and (ii) effect of sexual abuse on the victims.

Table 4. Themes and subthemes.

Themes	Subthemes
Socio-psychological predisposing factors	i. Family structure and dynamic
	ii. Intrapersonal strength
	iii. Social influence
	iv. Family socioeconomic status
Impact of sexual victimization	i. Emotional turmoil and cognitive function
	ii. Academic functioning
	iii. Parental reactions toward the incident
	iv. Social interaction
	v. Baby–mother relationship
	vi. Love–hate relationship
	vii. Future hope and expectations

3.2.1. Socio-Psychological Predisposing Factors

The first theme involves the socio-psychological factors that lead to the victims' sexual abuse. It is important to understand the psychosocial dynamics present in families in which sexual abuse occurred; this knowledge can lead to prevention and early intervention.

Family Structure and Dynamics

More than 60% of the victims lived with their married parents; two-third of this group lived with both biological parents and one-third with step-parents. Another 36.7% of the victims lived with separated parents, either with their mother or father alone or with a foster family. We found that divorce greatly weakened the relationship between the victims and their parents; one example of a lack of communication and interactions between the victim and her parents can be found in the case of P04.

Only her mother knew that she was pregnant. Her parents' relationship was not good. The father did not know that the patient was pregnant despite living in the same house. She had a good relationship with her mother; however, she did not speak to her father for ages. She claimed her father was always angry toward them. (P04)

The parents were divorced in 2008. After that, she lives with her mother and stepfather. Her stepfather raped her at the age of 12, and her stepfather is currently in jail. Since last year, the patient was cared for by her foster family, her father's best friend. At the age of 15, she had been raped three times by her foster father from June 2019 until February 2020. (P08)

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After separation, parents remarried then formed complex families with children from previous marriages, breaking the usual practice of a typical family. This complexity within the family leads to one victim getting romantically involved with the perpetrator (a stepbrother), even though they were brought up together. In one case, an unemployed, financially unstable father physically abused his late wife and children and sexually abused the victim after her mother passed away.

Her parents were divorced when she was a baby; then, her mother married her current father when she was one year old. The stepfather already had twelve children from the previous marriage. They were brought up together since childhood. The patient admitted to having multiple sexual intercourse with her stepbrother from February until April 2020. It was a consensual relationship, and they liked each other. (P01)

Personal Strength and Interpersonal Relationships

Thirty percent of the victims are introverts and rarely shared their problems with their family members. They kept their secrets among themselves and a small circles of friends. Many mothers described their children as obedient and helpful at home. Two of the victims were over-pampered by their guardians and easily got what they wanted when dealing with financial issues. After they were restricted, they showed rebellious action. More than 50% of the victims had a friendly personality with a big circle of friends. Three of them stated that they were not committed to religious practice in their daily lives. The other two victims said they had been introduced to pornography by the perpetrators before being sexually abused.

As her grandparents took care of her, the mother described the patient as being over-pampered. She was pampered, rebellious, involved with friends who are rebellious and loitering. She did not pray and was under peer influence. (P15)

According to the sister, the patient was an obedient daughter who occasionally went out and returned home late. She already has a driving and motorcycle license, free to go out on a motorcycle. Premorbid, she was a cheerful daughter but at times hard-headed and pampered by her parents. (P28)

Social Influences

Our findings noted that the circle of friends was one key factor that affected how the child grew up. For example, two of the victims became involved in illicit drugs after being introduced to them by their friends, and three performed poorly in school after mingling with the wrong company.

She took Erimin 5 pills a few years ago after being introduced by her cousins but claimed already stopped. The patient had stolen her parent's money, RM 700, to give to her boyfriend. (P05)

The patient's mother noted that she was rebellious after mixing with the wrong circle of friends. She always came back late and declined in school performance. She started to rebel when her mother tried to be stricter in finance. (P15)

Family Socioeconomic Status

About 70% of the victims' parents were self-employed, working as rubber tappers, fishermen, laborers, and sellers. Seventeen percent were government servants, and the last 13% of them were unemployed. The families suffered from poor health, including strokes and lack of physical independence; the victims generally experienced low levels of life satisfaction, weak communication, minimal social media-based interactions, and a lack of support from friends and family. A perpetrator financially supported one victim; when the incident happened, her mother ignored it.

Mother received money from social welfare and payment from a rented house about approximately RM 600 every month. During a shortage of cash, the stepfather only gave a small amount of money. The perpetrator (uncle) usually helped the mother during her financial crisis. After discovering the incident, the mother stopped asking for help from her uncle, but no police report was made to protect her. (P30)

3.2.2. Impact of Sexual Victimization Experiences

The second theme involves the effect of sexual abuse on the victims and their parents. The victims may suffer from emotional turmoil, adverse effects on cognitive, academic, and social function, adverse parental reaction toward the incident, the creation of baby–mother and love–hate relationships, and a lack of goals and hope for the future.

Emotional Turmoil and Cognitive Function

Most of the victims showed emotional and behavioral changes due to childhood sexual abuse, usually in anger, embarrassment, sadness, and worry. Most victims felt guilty for disappointing their parents, and some were embarrassed because knowledge of the incident spread throughout their communities; others, however, primarily felt anger toward the perpetrators. Most regretted that they could not prevent the abuse and said they were glad when the perpetrators were caught.

The patient feels sad now because she embarrassed her mother. She feels guilty to her mother because she did something illegal and not following her religion. (P12)

The patient felt sad and guilty for her actions and was not sure what to do next. She thought of dying but still think about her parents. She did not plan to do anything to harm herself. Feeling sad for making parents sad and ashamed. (P18)

The patient felt remorse for what she did. She knew that sexual intercourse with an unmarried person is a sin. She felt sad about what she did. She claimed to be regretful and shameful after the incident. Plans to be a better person and changed. Unable to contact the accuser afterward. (P28)

Academic Functioning

The victims' academic functioning was also affected by a frequent refusal to attend school, a lack of interest in their studies, changing schools, and a reduced attention span. As a result, there is an overall deterioration of academic performance in school. Some of the victims were pregnant and delivered their babies at a young age. After delivery, some babies were adopted, and some of them were taken care of by the victim's parents. Most of the victims wanted to resume their studies after delivery. A few expressed the desire to change schools due to community knowledge of the abuse. Two of the victims dropped out of school and married their abusers.

After that incident, she is not schooling and claimed she did not want to marry that man and was not ready to be a mother. She still wants to continue her study after delivery. Father claimed other family members would adopt her baby after delivery. Her family members still accept her and will arrange patient to transfer to another school after delivery. (P03)