



# Psychological And Physical Crises in Child Victims of Sexual Harassment: A Case Study from Algerian Society

Aicha Largot<sup>1\*</sup>, Zineb Aggab<sup>1</sup>, Rahma Ghorab<sup>2</sup>, Belkacem Aouine<sup>2</sup>

<sup>1\*</sup>Cognitive and Social Neuropsychology Laboratory, University of El-Oued (Algeria).

<sup>2\*</sup>Social Development and Community Service Laboratory, University of El Oued (Algeria).

\*Corresponding author: Aicha Largot

\*Email: largot-aicha@univ-eloued.dz

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## ABSTRACT

Child sexual abuse is one of the most prominent societal issues that carries severe psychological and physical consequences for the victims. However, it often remains within the realm of societal silence due to the stigma and fear of being labeled. This study aims to investigate the psychological and physical crises resulting from child sexual abuse by applying a clinical approach to an intentionally selected case of an eight-year-old girl in the Wilaya of El Oued, Algeria. The study employed various research tools, including a semi-structured interview and Horowitz's Event Scale (1979), to assess the effects of sexual abuse on the case under study. The results showed that the child experienced multiple psychological crises, such as stuttering, recurrent nightmares, and fear of leaving the house, in addition to physical crises, including genital infections and other bodily pains. In conclusion, the study found that child sexual abuse is not merely a transient incident, but rather a profound psychological trauma that can affect the child's development and social behavior in the long term. The study also recommended breaking the societal silence barrier, providing psychological support to child victims, and enhancing awareness and prevention programs for this phenomenon.

**keywords:** Psychological crises, Sexual abuse, Children.

## Introduction

Childhood is one of the most critical stages in an individual's life, and sexual abuse of children represents one of the deviant behaviors that significantly impact a child's personality. It restricts the natural maturity and growth of an individual as they progress through the various stages of life. Child abuse can take many forms, such as emotional maltreatment, physical harm, exploitation, neglect, or sexual harassment and assault. These forms of abuse harm the child's psychological health, hinder their ability to develop normally, and threaten their social interactions. The child's capacity to integrate into their environment, such as the family, peer group, school, and other community institutions, is also compromised, which negatively affects their personal development and growth.

It is a well-established fact that sexual abuse of children has become a societal phenomenon that is often silenced or hidden. It is difficult to determine the exact number of children who have experienced any form of sexual harassment, as both children and parents often hesitate to report these incidents. This reluctance stems from various reasons, the most significant being the traditional secrecy and the feelings of shame and disgrace associated with such painful experiences. Another factor is the possible familial relationship between the abuser and the victim, leading to a desire to protect the family from public disgrace that could arise from disclosing the incident.

### Study Problem:

Parents bear the responsibility of safeguarding their children by taking appropriate measures and precautions to protect them from dangers and challenges in the world. This responsibility includes physical and psychological care, as well as ethical, educational, social, political, and health support, ensuring the best possible upbringing and development. To achieve this goal, parents often implement various measures, such as imposing restrictions on their children, such as limiting what they can watch on television or discussing concepts of safety and security in daily life. They also engage in conversations about good behavior and morals, striving to protect their children from dangerous experiences or circumstances that could harm them or threaten their lives. One of the most pressing concerns for parents is the fear of their children being subjected to sexual abuse.

The problem of child sexual abuse has recently become one of the most significant social issues in Algerian society, representing a critical problem that must be addressed seriously by all responsible parties. The phenomenon of sexual abuse has reached a point where it demands urgent action to address the problems that conflict with the social and religious values of this society. However, the reported cases do not accurately reflect the reality due to secrecy, as such issues are often viewed as matters of honor and shame, leading society to categorize them as a scandal rather than a social crime. This has contributed to the increasing prevalence of such abuse over time.

Some Algerian media outlets have raised awareness about this phenomenon by reporting real stories, such as the case of two children, "Haroun" and "Ibrahim" from the city of "Constantine," aged 9 and 10, respectively, who were abducted and repeatedly sexually assaulted, culminating in their murder and brutal treatment by two individuals aged 19 and 35, who were neighbors and identified as homosexuals. (Al-Nahar Al-Jadida newspaper, dated 14/03/2013)

Given that child sexual abuse is one of the most severe forms of violence directed at children, with devastating effects on their psychological well-being and development, as well as its negative social implications, we can raise the following questions:

- What are the psychological crises experienced by children who have been sexually abused?
- What are the physical crises resulting from child sexual abuse?

### Significance of the Study:

- Understanding the psychological suffering experienced by children who have been sexually abused.
- Investigating the causes behind the spread of this phenomenon and finding ways to address it.
- Approaching the victims of sexual abuse to comprehend their suffering after the abuse occurs.

### Objectives of the Study:

- To understand the psychological crises resulting from sexual abuse in children.
- To examine the physical crises resulting from sexual abuse in children.

### Study Concepts:

- **Child Sexual Abuse:** This refers to any inappropriate verbal or physical action carried out by an adult against a child, including assault, intimidation, or coercion. The effects of sexual abuse on children are assessed using Horowitz's Event Impact Scale (1979), which measures two main aspects of trauma: intrusive thoughts and avoidance.

### Previous Studies:

1. **Study by Qasimi Masouda (2017):** Entitled "Sexual Abuse of Children in Primary School," this field study was conducted in various locations, including the forensic medicine department and the mental health clinic. The study used the case study method, with data collection tools including semi-structured interviews, clinical observation, and the Children's Apperception Test (CAT). The results showed that sexually abused children exhibited psychological trauma and aggressive behavior as a defensive mechanism.
2. **Study by Loushni Abdelkader (2015):** "Psychopathological Study of Child Sexual Abuse and the Psychological Effects of Trauma," which also used a clinical case study approach. The study relied on semi-structured interviews, clinical observation, and psychological tests (e.g., free drawing and the draw-a-person test) to assess the impact of abuse on children. The findings confirmed the negative psychological effects on the child's development.
3. **Study by Zahra Jaadouni (2011):** This research focused on the psychological profiles of sexual offenders. Using a clinical approach, she conducted case studies with the Rorschach test and the Thematic Apperception Test (TAT). Her results suggested difficulty in processing instinctual urges and a failure to rationalize such instincts, which contributed to the abusive behavior.
4. **Study by the Palestinian Center for Democracy and Conflict Resolution (2009):** This study on child sexual abuse in Gaza surveyed 390 children aged 8-15. The results indicated that 7% of the sample had experienced some form of sexual abuse. Furthermore, 55.5% of the victims knew their abusers, and 60% did not seek help after the abuse occurred.

### Commentary on Previous Studies:

The previous studies presented various findings related to child sexual abuse, including its prevalence, the profiles of the abusers, and the impact on the victims. Most studies align with our research in terms of objectives, specifically in exploring the consequences of sexual abuse and the methods of protecting children from exploitation. Common findings include the psychological and physical damage caused by abuse, although the statistics differ due to the sensitive nature of these topics in different cultural and social contexts.

Our study shares similarities with Qasimi Masouda's research, particularly in the case study methodology and the age group of the sample. However, differences exist in terms of the sample size (our study focuses on a single case) and the diagnostic test used. Similarly, our research has similarities with Loushni Abdelkader's study, especially regarding the psychological effects of abuse, though we employed different testing tools and a case study approach. Our study is specifically focused on both the psychological and physical impacts of child sexual abuse.

In summary, while our study shares similarities with previous research, it emphasizes the particular psychological and physical consequences of sexual abuse, and the recent resurgence of attention to this issue in the media.

### Theoretical Framework :

1. **Definition of Sexual Harassment:** Sexual harassment refers to the use of a child to satisfy the sexual desires of an adult or adolescent. It involves deliberate exposure of the child to inappropriate scenes, sexual or nude images, or other stimulants such as intentional touching of the child's genital area, in addition to direct sexual assault in its known forms, whether normal or abnormal. (Palestinian Center for Democracy and Conflict Resolution, 2009, p. 6)

David A. Wolfe (2008) defined it as unwanted sexual behaviors, which are a form of assault in which the perpetrator uses their power to control the victim. It may take physical forms such as removing clothing, unwanted touching of the body, and even rape, or verbal forms such as sexual comments, sexual jokes, or spreading rumors. (Al-Qawasmi, 2012, p. 31)

2. **Forms of Sexual Harassment:** Numerous classifications of sexual harassment have been proposed by experts and specialists. These classifications vary based on the nature of the harassment act, differing according to social and organizational contexts.

One of the most well-known classification attempts was made by the U.S. Equal Employment Opportunity Commission and the American Association of University Professors. This attempt distinguished two main forms of sexual harassment:

- 2.1 **Compensatory Sexual Harassment:** This occurs when an individual uses their organizational power over a subordinate at work to involve them in sexual activity. This form involves a relationship between the harasser and the victim, often with prior acquaintance or equal status.

- 2.2 **Environmental Sexual Harassment:** This form refers to continuous and persistent sexual offers that an individual is exposed to within their social environment. It includes sexual comments, unwanted sexual attention, and may occur without any relationship between the harasser and the victim. (Juni, 2018, p. 18)

3. **Theories Explaining Sexual Harassment:** Various theories have been proposed to explain the phenomenon of sexual assault, with each theory offering interpretations, expectations, and possible therapeutic interventions. These theories assume that sexual assault is a pathological behavior in itself, unrelated to sexual deviance. These theories include:

- 3.1 **Biological Theory:** This theory emerged from the cognitive development of medical sciences and the advancement of research techniques aimed at uncovering organic causes behind sexual assault. The development of this theory occurred in three historical stages: the 1960s focused on identifying aggression chromosomes, the 1970s explored hormonal factors, and the 1980s linked the theory to neurobiological sciences, leading to three main explanatory aspects:

- 3.1.1 **Genetic Aspects:** These aspects explain sexual assault by the presence of abnormal, multiple, or absent chromosomes. These genetic conditions result in clinical profiles characterized by physical or behavioral traits that predispose individuals to sexual assault. A key compound identified is (xxy), where individuals typically possess 46 chromosomes divided into 23 pairs, with the 23rd pair being the sex chromosomes. The additional Y chromosome (xxy) is a result of a cell division error, leading scientists to consider aggression as a male trait. (Qasemi, 2017, p. 66)

- 3.1.2 **Endocrine Aspects:** This aspect explores the role of male hormones in sexual assault. It is well known that sexual maturation and the increased interest in sex during puberty are accompanied by higher glandular secretions, especially testosterone. This hormone is crucial for normal sexual behavior, influencing the production of steroid hormones and sperm. However, some studies have suggested a relationship between testosterone and aggressive behavior, though there has been no conclusive evidence from laboratory experiments. In 1989, Gautier Smith studied the role of libido and male hormones,

concluding that testosterone is essential for spontaneous erections but not in the absence of visual sexual stimuli. (Pinard, 1993)

**3.1.3 Neurobiological Aspects:** Normal sexual behavior, like other behaviors, requires a healthy nervous system. Neurotransmitters such as serotonin, dopamine, and norepinephrine interact within the hypothalamus to influence behavior. Alcohol and drugs, especially heroin and cocaine, affect neurotransmitter systems, influencing sexual behavior. Brain injuries and dysfunctions have also been linked to various sexual behaviors, enabling diagnostic tools like neuropsychological tests and magnetic resonance imaging to be applied. (Jadouni, 2011, p. 96-97)

**3.2 Psychoanalytic Theory:** According to psychoanalytic theory, deviance can be categorized into three types:

- **Object Deviance:** Where pleasure is derived only from other sexual objects, such as pedophilia or homosexuality.
- **Goal Deviance:** Where pleasure is obtained through non-sexual areas, such as anal intercourse.
- **Deviance Associated with Non-Normal External Conditions:** This includes fetishes, sadomasochism, voyeurism, and exhibitionism.

Psychoanalytic theory, particularly the Freudian perspective, posits that these deviations are linked to unresolved Oedipal conflicts, leading individuals to regress to earlier stages of sexual development, with sexual patterns controlled by partial instincts. Freud viewed neurosis as a negative expression of deviance. Later psychoanalytic theories, such as those of Kohut (1977), emphasized sexualization as a defense against negative emotions, aiming to restore narcissistic cohesion. (Qasemi Massouda, 2017, p. 67-69)

**3-3 Behavioral Approach:** According to Bond et al. (1967), deviant sexual behaviors result from a single factor, which is deviant sexual arousal. Ten years later, Barlow and Abel (1976) proposed an alternative explanatory model, hypothesizing that deviant sexual behaviors do not arise solely from an increase in deviant sexual arousal but also from a deficit in non-deviant sexual arousal and the social skills necessary to engage with a suitable adult partner. In 1983, Darke, Marshall, Earls, and Segal proposed a third model that builds on the previous ones, linking the increase in arousal to a deficiency in social skills, which creates barriers to fulfilling psychological needs at an internal level, leading to anxiety that triggers deviant sexual behavior.

These behavioral models are based on the learning of both deviant and non-deviant sexual behaviors. This hypothesis has been confirmed by several behavioral researchers through experiments exposing sex offenders to external sexual stimuli, tailored to the type of victim, and recording their responses. The results showed that when sexual stimuli were presented, the response was arousal, while presenting violent stimuli led to inhibition. In the same experiment, social skills with women were studied, revealing a deficiency in this skill among sexual offenders, especially pedophiles, as compared to those who commit rape. Even in cognitive processes, differences were observed between pedophiles and other offenders in response to sexual stimuli related to sexual intercourse. The physiological, behavioral, and cognitive responses of rapists were distinct from others, and all offenders shared a deficiency in problem-solving skills.

The study concluded that no single factor or deficit can be identified as characteristic of rape; rather, it is the interaction of several deficits, including social skills, cognitive abilities, sexual arousal, and the handling of specific and diverse sexual topics. (Jadouni, 2011, pp. 101-102)

**3-4 Social Approach:** In the past thirty years, scientific writings have distinguished sexual abuse of women and children from the field of crime, establishing it as a distinct area of study. Society has gradually shifted from blaming the victim as the primary cause of the abuse to absolving the victim and criminalizing the perpetrator, holding them accountable in court. The social theory has been able to identify and analyze the various social factors involved in abuse, which has led to the identification of preventive and therapeutic measures, particularly in sexual education to dismantle the social myths surrounding sexual life and sexual assault, and to raise public awareness, especially among children. (Masoudi, 2018, p. 40)

#### **4 - Causes of Sexual Harassment:**

1. A departure from religious ethical values and the absence of a family perspective on fulfilling its primary role in education and healthy upbringing, with a focus on accumulating wealth amid difficult economic conditions.
2. The disappearance of the role of education in schools and universities.
3. The overwhelming void that young people experience due to rampant unemployment and the lack of sports spaces where they can channel their energy.
4. Drug use that leads to loss of consciousness and contributes to committing sexual harassment.
5. The increasing age of marriage, high marriage costs, and the widespread phenomenon of spinsterhood.
6. The spread of satellite channels and unethical, pornographic television content.
7. A lack of sexual education for children of various ages, particularly younger ones.
8. Secrecy surrounding this issue, particularly from parents.



9. Curiosity in children, making them easy targets.
10. The economic factor driving families to live in close quarters (both male and female members).
11. Sending young children to work in unsafe environments.
12. The failure of parents to monitor what their children watch through media and communication platforms.
13. Deviations and psychological issues in the perpetrators. (Masoudi, 2017, p. 24)

**5 - Effects of Sexual Harassment on Children:** Sexual harassment of children has destructive effects, including the distortion of their innocence or alteration of their innate nature. These effects can be physical, which may persist long after the harassment occurs, and can impact various stages of the child's development. The effects can be categorized into physical health effects, behavioral and psychological effects, and social and cognitive effects.

*First: Physical Health Effects:* Sexual harassment of children brings pain, suffering, and health problems. If harassment is repeated regularly, it may result in chronic conditions. In severe cases, this violence can lead to death. Victims of sexual abuse may contract sexually transmitted diseases such as syphilis and HIV/AIDS. Studies have shown that women who were sexually abused in childhood are more likely to experience persistent physical and sexual health problems, including stomach issues, headaches, and obesity.

*Second: Behavioral and Psychological Effects:* Sexual abuse directly affects the child's sense of security and well-being. The psychological state of the victim can be seen in the following manifestations:

1. **Psychological Effects:** Among the psychological effects experienced by children immediately following abuse are sadness, guilt, shame, confusion, defiance, anger, anxiety, fear, depression, introversion, low self-esteem, and hysteria, especially dissociative disorders like "multiple personality disorder." In most cases, children resort to silence and fail to report the abuse. In extreme cases, they may not fully comprehend what happened to them. Studies have shown that people tend to forget or suppress painful experiences, as recalling them exacerbates their emotional distress or may misinterpret the actions they experienced, not recognizing them as abusive.
2. **Behavioral Effects:** These are reflected in self-directed behaviors such as thumb-sucking, smoking, drug use, self-harm (such as suicidal tendencies), eating disorders, and emotional disengagement from violence. There are also externalized behaviors such as irritability, aggression, and violence. Social effects on abused children may not be as obvious but are equally profound and important. As these children grow older, the social effects of childhood sexual abuse become more evident in their relationships with family and society. These include difficulties in trusting others, self-hatred, submission, and a distortion of social values.

(Hijar, Wahab, 2014, pp. 36-37)

**6 - Symptoms of Sexual Abuse in Children:** Sexual abuse of children leads to symptoms that reveal the abuse. Some of these symptoms are physical, while others are psychological, as many of these crimes remain hidden under the veil of shame and disgrace. It is essential to recognize the signs of abuse, especially since many cases of sexual abuse against children are not reported. It is crucial for those around them to recognize the signs of abuse.

Therefore, there are several physical, behavioral, and psychological indicators that can appear in the child:

**6-1 Physical Indicators:** Children who have been sexually abused often display signs such as difficulty walking or sitting, pain in the genital area, unusual discharges, bleeding, or frequent infections in the urinary tract or pelvic area. They may also exhibit a desire to scratch their genital area or experience headaches, and may contract sexually transmitted infections, particularly before adolescence.

**6-2 Psychological Indicators:** These include fear, anxiety, excessive nervousness, hypochondria, mood swings, sadness, and depression. Regressive behaviors such as thumb-sucking, bedwetting, and low self-esteem may also manifest. In some cases, children may exhibit self-destructive behaviors.

**6-3 Behavioral Indicators:** These include withdrawal, isolation, daydreaming, difficulty sleeping, frequent nightmares, declining academic performance, lack of participation in school and sports activities, truancy, and involvement in delinquent behaviors. Girls, in particular, may display deviant behaviors. (Hijar, Wahab, 2014, pp. 12-13)

## Methodological Procedures of the Study

### 1. Methodology

The study employed the **clinical method**, specifically the **case study approach**.

### 2. Study Boundaries

#### 2.1 Place and Time

The study was conducted in the municipality of **El Oued** during the period from **September 3 to October 27, 2022**. This was done after obtaining the consent of the case's family. The interviews were conducted at the case's home.

#### 2.2 Human Field

The study focused on **one case** among children who were exposed to sexual harassment in the community of El Oued. The case involved an **8-year-old girl**.

### 3. Study Sample

The study was conducted on **one case** due to the sensitivity of the topic and the lack of societal and familial acceptance to discuss or disclose the details of the incident that the child victim endured. Initially, **four cases** were selected, but only one case was completed due to the families' refusal to provide sufficient information on which the study was based. The fear of mentioning or hinting at anything that could lead to the identification of their children was also a factor. The case that was completed initially refused, but after our assurance that nothing would be mentioned or any information that could identify her, she agreed to participate in the study.

The case was selected based on the following **study conditions**:

1. The case should be between **6 and 12 years old** (attending primary school).
2. The case should have been exposed to some form of **sexual harassment**.
3. The case should be **healthy**, not suffering from any mental disorders, and living in a stable family.
4. **Consent** was obtained from the case's guardians to conduct the study.

In the end, the research group and the study location were determined. The research group consisted of **one girl** from the state of El Oued, as shown in the following table:

<b>Table (01): Characteristics of the Research Sample</b>		
<b>Pseudonym</b>	<b>Age</b>	<b>Number of Harassment Incidents</b>
Maryam	8 years	Sexual harassment by an adult, once

4. **Study Tools:** The study relied on observation and semi-structured interviews to understand the psychological crises faced by children who have been sexually harassed. The interviews were structured around key topics that address these crises, following specific criteria to comprehend the case and achieve the study's objectives, as well as to validate the research hypothesis. The interviews with the study sample were conducted through sessions designed to gather general information and gain the trust of the subject ("the case").

4.1 **Impact of Event Scale (IES):** The Impact of Event Scale is one of the first tests developed to study Post-Traumatic Stress Disorder (PTSD) and remains a valuable scientific tool to this day. It is widely used by researchers for diagnosis and monitoring the patient's condition through therapeutic psychological sessions. It is also applicable in field research related to trauma and disasters.

Post-Traumatic Stress Disorder (PTSD) refers to an individual's experience of or exposure to a traumatic event, which could involve death, real harm, or a threat to the person or others. This event triggers an immediate response of extreme fear, helplessness, or horror (DSM-IV, 1994, p. 424).

The test was developed by Horwitz in 1979 and is called the Impact of Event Scale (IES). This test measures two main aspects of trauma: **Intrusive thoughts** and **Avoidance**. It consists of 15 questions (7 regarding intrusive thoughts and 8 related to avoidance), with four possible answers: Never, Rarely, Sometimes, Often. These responses correspond to the following scores: (1-3-4-5). The diagnostic criteria are as follows:

- **Intrusive Thoughts:**

- Low: 0–8
- Moderate: 9–19
- High: 20–35

- **Avoidance:**

- Low: 0–8
- Moderate: 9–19
- High:

(Ya'qoub, 1999, pp. 93-95)

20–40

## 5. **Presentation and Analysis of Study Results:**

### 5.1 **Case Data :**

#### **Case: "Mariam"**

- **Name:** Mariam
- **Gender:** Female
- **Age:** 8 years
- **Educational Level:** Grade 2 (Primary School)
- **Number of Siblings:** 3 (1 male, 2 females)
- **Position Among Siblings:** Third
- **Economic Level:** Average (Middle-income)

#### **Physical Characteristics:**

- **Build:** Short stature
- **Hair:** Long
- **Eyes:** Large

- **Body Shape:** Full-bodied

### **Family Background:**

#### **Father:**

- **Age:** 40 years
- **Educational Level:** Intermediate education
- **Occupation:** Day laborer

#### **Mother:**

- **Age:** 35 years
- **Educational Level:** Primary education
- **Occupation:** Housewife

## **5.2 Case Presentation**

Maryam, an eight-year-old girl, is in the second grade of primary school. She comes from a small family consisting of her father, mother, and three siblings. She is about three years older than the youngest sibling and is in the middle of the family, with a six-year age gap between her and her older sister. Morphologically, she has a physical build that matches her physical and psychological growth, being short in stature. Her general appearance reflects her femininity and innocence, and she does not suffer from any congenital or organic deformities. However, after the harassment, she developed stuttering, which was an encrypted message to her parents expressing her lack of safety and anxiety. During our meeting with her, we found her calm, smiling, good at communication, and able to convey her thoughts effectively, which made it easier for us to interact with her. She has the ability to confront situations, and her mental abilities are good in terms of intelligence, understanding, concentration, and attention. She can remember both distant and recent events and has the ability to perceive and distinguish between what is imaginary and what is real.

The family has an acceptable standard of living (well-off). The mother is attentive to her children, keen on their upbringing and education, and provides them with the affection they need. The father, on the other hand, has a domineering and fanatical personality, to the extent that his children fear him. Maryam's relationship with her parents and the family environment indicates that she loves her mother very much (she placed her in the first place), while she does not talk much to her father, which suggests a dryness in their relationship. As for her relationship with her siblings, Maryam loves her younger sister, with whom she shares attention and play. She said that she loves her other siblings but not as much as her younger sister.

She rarely visits uncles and aunts, is not social with older people, and is open to the external environment, especially with her peers. This is evident through her communication with her friends ("my friends love me and always play with me"). Her hobbies and favorite activities are limited to helping her mother with housework and watching TV.

## **5.3 Interviews**

### **First Interview: Conducted on 03/09/2022**

This interview was a visit to the mother to obtain consent to conduct interviews with her daughter, who had been exposed to sexual harassment. The mother initially refused outright due to fear of scandal or that her daughter's name would be mentioned in the research. However, after reassuring her that no details indicating the family or any hint identifying the girl would be mentioned, she agreed, and an appointment was made for the following week to interview her daughter, Maryam.

Maryam was exposed to sexual harassment, and the incident dates back to last summer (summer 2022).

### **Second Interview: Conducted on 10/09/2022**

At the beginning, we were introduced to Maryam by her mother as psychologists who had come to help her. We initially talked randomly about children, school, and then began discussing harassment in general. Signs of anxiety and tension began to appear on Maryam, so we asked her, "What's wrong?" She remained silent, and her mother said, "Talk to them and don't be afraid." We told her, "We want to help you and help children who have been exposed to harassment, and ensure that other children are not exposed to sexual harassment, and raise awareness among their parents." We continued talking with her at length until we gained her trust, and after gaining her trust, we moved on to discuss the incident.

At first glance, it became clear to us the anxiety and anger she felt when mentioning the name of the person who harassed her. She began narrating the incident, describing it in detail. One day, she was with her mother and younger sister at home, and they had (the harasser) working on the upper floor. He was an old man with a white beard, she said ("an old man like my grandfather"), and they lived on the lower floor. On that day, her father and brothers were traveling with her uncle.

She was playing with her younger sister, and in the middle of the day, they used to knock on his door when lunch was ready for him to come and take the food ("we used to knock on his door every day and give him tea and cake"). On that day, her mother knocked on the door, and the old man did not come, so her mother thought he had left because there was a door that led directly to the street without them seeing him. She

called Maryam and said, "Go up and see if the worker is still here or has left?" ("Go up and see if the servant is still here or has left? And if he is there, call him to take his breakfast.") So she went up the stairs, jumping and playing, and found him upstairs. She called him, "Uncle, we have put breakfast by the door, come and have breakfast." He said to her, "Come, my daughter, give me the towel before I go up the stairs."

Maryam began to blush and feel anxious, so she started pulling her dress and remained silent for a long time. In turn, we began to encourage her and talk to her spontaneously, asking her about the things she liked to get her out of that state, but she did not respond to us. She lowered her head and remained silent for a long time. After encouraging her, wiping her tears, and talking to her at length, we asked her, "What happened after that?"

She said that the old man grabbed her, took off her clothes, closed her mouth, and threatened her not to scream. He then sexually harassed her. ("When he let me go, I ran down to my mother crying and told her everything. I told her when my father comes, we will tell him to hit him and arrest him.") Her mother screamed and said to her, "Do not tell or say a word to your father or brothers." She went to the kitchen, heated a spoon, and burned her with it (she pointed with her finger to the place of the burn, its mark was on her hand).

The interview was difficult and had a negative impact, and this was one of the difficulties we faced, which was the inability to hear more due to the severity of the case's tension. For a moment, we changed the course of the conversation to another path to get Maryam out of that state, and we used funny stories and talked about the things that made her happy. We ended the interview with her and told her we would come back to her another day.

Her mood was normal at the beginning, but what we noticed about her after the first interview was that her mood was dominated by a kind of anxiety and sadness, which was evident through her facial expressions, especially when mentioning topics related to sexual harassment incidents and the sexual abuse she was subjected to.

### **Third Interview: Conducted on 17/09/2022**

In the second interview with Maryam, we gave her a gift and some sweets to get closer to her and gain her trust. The joy was evident in her eyes, and we started from where we left off in narrating the rest of the incident ("When my mother burned me, I cried and did not say anything, and when my father came, he asked me what happened to your hand. My mother said I said bad words and burned me.") Maryam told us, "I did not do anything. I did not do anything, and my mother lied to my father and told him that I said bad words, so my father also hit me and said, 'This is the first and last time.'"

As a result of all these consecutive events—the harassment, followed by the threat from the mother, the burning, the lie to the father, and his punishment of her for something she did not do—Maryam cut off her relationship with her mother and refused to eat because of her anger at her. However, with the passage of days, that anger faded. She mentioned that the day after the incident, her mother took her to a woman she did not know ("She took me to an old woman who checked my genitals and told me to be careful not to go to men and be careful not to play with boys.") The mother wanted to make sure that the hymen was not torn, so she took her to the "midwife" instead of the doctor, who confirmed that her hymen was intact.

Maryam did not mention the worker until we asked her, "What happened to him?" She said, "He does not come anymore. My father told him to finish the work." She added, "Every morning we see him, and every time we see him, we do not like to look at him and we change our face and start mocking him in my heart, and when he calls me, I do not go to him." She said after that, "When I grow up, I will become a policewoman to arrest the old men in prison and those who scare the boys and kill them." She sighed and said, "I want my father to know and tell the police to put him in prison and hit him."

She was sad about the perpetrator not being punished and wished for his punishment. She was very affected this time, so we decided to continue the conversation with her in the next interview.

### **Interview with the Mother: Conducted on 25/09/2022**

This interview was conducted with the mother to find out the changes that occurred to Maryam after she was exposed to sexual harassment. We asked several questions, including:

- **What changes have you noticed in Maryam's condition?**

The mother replied: Maryam has become more silent and isolated. She does not talk except when she wants to ask for something or in response to our questions.

- **Is she always tense and afraid?**

She has become afraid of loud noises or darkness. She gets tense quickly, unlike before.

- **Has she developed any diseases that she did not have before?**

Yes, she has been suffering a lot from headaches, and she has also been exposed to infections in the genital area several times (I took her to the doctor, and he gave her medicine, and her condition has improved now).

- **Does she avoid any talk that reminds her of the incident she was exposed to?**

We do not mention the incident at all in any way, and I am the only one who knows about the matter.

- **Has she shown very strange or completely unusual behavior or actions?**

Yes, she cries a lot and without reason. She never goes up to the upper floor, even if she is forced or beaten.



- **Does she treat family members the same as before the sexual harassment?**

No, she has changed. She does not interact with us much and prefers to stay alone. She does not sit with us except at meal times and remains silent almost all the time.

- **Has the relationship changed in terms of preferring the father over the mother?**

Yes, she has become more inclined to her father and does not love me as before.

- **Does she communicate with her siblings and play with them?**

No, she was very close to her siblings, especially the youngest, and she was cheerful and laughed a lot. She has become not playing with them and not joking with them except rarely, and she hits her younger sister for the slightest reasons.

- **Has she ever blamed you for what happened to her?**

No, she did not mention that, but sometimes I feel that she blames me for not telling her father about the incident because she thinks he will punish the harasser.

- **Does she like going to school?**

No, she complains most of the time and grumbles about going to school on the pretext that she does not like to leave the house.

We noticed regret and sorrow on the mother and sometimes a sense of guilt. She said, "I want the old man to be exposed and go to prison or die, but where do I turn when people hear about my scandal? My daughter's future is ruined, and people will not have mercy."

### Interview with the Teacher

We visited the teacher to find out the changes that occurred in Maryam after the incident, as the mother told us that after much insistence from the teacher to know the reason for the change in Maryam's condition, she informed her about what had happened and told her about the incident.

The teacher agreed to provide us with some information after we asked her several questions, which she answered. The questions were as follows:

- **Does Maryam refuse to play with her friends at school?**

Yes, she has almost stopped communicating with them, especially the males.

- **What is the impact of this on her academic performance?**

Unfortunately, her academic level has declined significantly after she was one of the top students.

- **How is she inside the classroom?**

Previously, she was cheerful, playful, very active, and laughed a lot. However, she has become absent-minded most of the time, with little concentration, little movement, and rarely laughs.

- **How does she treat you?**

Her treatment of me has not changed, but she has become less talkative and joking with me, not like before.

### 5.4 The Test: Conducted on 19/10/2022

In this interview, we focused on asking Maryam some questions to see the extent of the incident's impact on her daily life and what changed after the harassment she was exposed to. The first question we asked her was: **"What has changed after the incident?"**

She replied:

- "I always feel afraid, especially in the street and school (places with many people)."
- "I always dream (I dream that the door is opened, and I find an old man grabbing me by the hand and taking me up the stairs by the arm)."
- "I don't like to go to school." She paused and then said, "I go by the arm."
- She added, "I don't like to go out to the street, and I don't like to play."
- Also, "I no longer tell my mother about anything because I'm afraid she will hit me."

After that, we asked her questions from the **Event Impact Scale**, and the conversation was as follows: The answers are: **Never, Rarely, Sometimes, Often.**

1. **Do you think about the event (what happened to you) unintentionally?**

○ Often.

2. **Do you get upset when you think about the event or remember it?**

○ Often.

3. **Do you try to remove the image of the event from your memory?**

○ Often.

4. **Do you have difficulty sleeping because of thoughts and images related to the event?**

○ Often.

5. **Do you experience waves of strong painful emotions related to the event?**

○ Sometimes.

6. **Do you have nightmares "dreams" related to the event?**

○ Often.

7. **Do you try to avoid what reminds you of the event?**

- Often.
- 8. **Do you feel that what happened to you was not real?**
- Often.
- 9. **Do you try to avoid talking about the event?**
- Often.
- 10. **Do images related to the event dominate your mind?**
- Rarely.
- 11. **Are there things that if you see or hear them remind you of the event?**
- Often.
- 12. **Do you have difficult feelings associated with the event that you cannot express?**
- Often.
- 13. **Do you try not to think about what happened?**
- Sometimes.
- 14. **Is there something that causes you to recall the event?**
- Often.
- 15. **Are your feelings numb towards the event (i.e., you suppress your feelings and ignore it)?**
- Often.

## 5.6 Analysis and Interpretation of the Case

### 5.6.1 Test Analysis

The **Event Impact Scale** is one of the tests used to study **post-traumatic stress disorder**, as it focuses on measuring two main aspects of trauma: **intrusive thoughts** and **avoidance**. Through its application on the case "Maryam," it was clear that she obtained high scores for both aspects.

Her answers to the first three questions of **intrusive thoughts** were: **Often**, which is measured by a score of **05**.

Maryam still suffers from constant thinking about the harassment she was exposed to, and she often thinks about it, meaning she has not overcome the crisis she experienced. She also often gets upset when she thinks or remembers what happened to her, so feelings of discomfort still accompany her. She often tries to remove the incident from her memory and tries to forget it and what she was exposed to.

Her answers to the other three questions of **intrusive thoughts** were: **Often**, which is measured by a score of **05**, and the fifth question: **Sometimes**, which is measured by a score of **03**.

Maryam suffers from difficulty sleeping due to thinking about what happened to her and the fear of it recurring when she goes to sleep. She imagines things related to the incident. In most cases, she has nightmares about an old man using force to take her and harass her. As for the strong painful emotions related to the incident, her mother said, "Sometimes Maryam cries for no reason." Her crying is due to a painful memory that moved her feelings and saddened her. She also tries in most cases to avoid anything that reminds her of the incident, as she said: "I no longer want to go out to the street or go to school." She also said, "Every time we see the harasser, we change our face and do not like to look at him," meaning she avoids seeing him so as not to remember the incident she was exposed to.

She obtained a score of **05** on six out of seven questions related to **intrusive thoughts**, and she obtained a score of **03** on question number **05**.

Her answers to the first two questions of **avoidance** were: **Often**, which is measured by a score of **05**, and the third question: **Rarely**, which is measured by a score of **01**.

Maryam denies what happened to her. She feels that what she was exposed to is not real, and sometimes she thinks it is a dream. She escapes from the reality of the incident despite her certainty that it actually happened. She often avoids talking about what happened to her. We noticed this because she did not talk to us from the first time, but after many attempts, she spoke. She avoids mentioning anything that indicates the incident inside and outside the house. However, she says that she does not remember specific images that dominate her related to the incident, meaning she does not stop in most cases to remember painful and sudden moments that bring her back to the incident.

Her answers to the other three questions of **avoidance** were: **Often** for the first and second questions, which is measured by a score of **05**, and the third question: **Sometimes**, which is measured by a score of **03**.

Maryam remembers the incident in most cases because of seeing the old man "the harasser" when she leaves the house and goes to school, as he lives in the area where she studies. The memory of the incident arises as soon as she sees him free, and she is filled with feelings of hatred and resentment because he was not punished. She also has feelings related to the incident that she could not express because she does not understand the harassment and does not comprehend the topic as a whole. Even after the incident, her mother did not explain to her the nature of the act that was practiced on her. Sometimes she tries not to think about what happened and ignores anything related to it to forget it.

Her answers to the last two questions of **avoidance** were: **Often**, which is measured by a score of **05**.

Maryam says that what causes her to recall the incident she was exposed to is seeing the harasser "the old man." So, every time she sees him, she relives the memory of the incident. She also says, "Sometimes when I see my mother lying to my father, I recall the memory because she lied to him when I was a victim of

harassment." She added that she often tries to suppress her feelings and control them in order to forget what she was exposed to. She avoids and ignores it.

### Final Results of the Test:

- **Intrusive Thoughts:** She obtained **33 points**, and she was given a **high rating** on the level of diagnostic criteria.
- **Avoidance:** She obtained **35 points**, and she was also given a **high rating** on the level of diagnostic criteria.

### 5.6.2 Interpretation of the Case

Through the interviews and the test, it became clear that Maryam was psychologically traumatized by the incident of **sexual harassment** she was exposed to. This was evident through her inability to sleep, recurring nightmares, and her reluctance to leave the house or go to school.

The incident that Maryam experienced caused her living conditions to deteriorate and regress. She no longer had the desire to eat ("she went on a hunger strike") and did not have a favorite meal. It was also evident in her sleep, as she said she had difficulty sleeping and disturbing dreams ("I dream that the door is opened, and I find an old man grabbing me by the hand and taking me up the stairs").

Maryam stopped playing with her younger sister and communicating with the rest of the family, which is evidence of **avoidance**. She avoids any interaction with her family members and people in general. She also lost trust in her mother after she lied to her father, and she was punished for something she did not do. It would have been more appropriate for the mother to inform the father to punish the harasser so that Maryam could feel confident, strong, and safe. Here, she lost her sense of security, so even if something else happens to her, she will not tell her mother about it because she thinks she will be punished ("I no longer tell my mother anything because I'm afraid she will hit me").

Maryam lost her sense of humor and cheerfulness. She became withdrawn, afraid of dark places and old men. She lost her sense of security because her family did not protect her. Her relationship with her mother deteriorated, her academic level declined, and she developed hatred ("When I grow up, I will become a policewoman and arrest all the old men in prison"). Maryam changed significantly after the incident. It would have been more appropriate for her family to support her and restore their daughter's right so that she could feel safe with them and realize that every mistake is punished. Unfortunately, the family succumbed to societal constraints and the fear of scandal and shame caused by opening this forbidden topic, especially in Soufi society. The mother did not inform the father, who still interacts with the one who violated his honor and dignity, greeting him without knowing the extent of the harm he caused to the innocence that has changed her conditions and is suffering without being treated to coexist with what happened to her.

## 6. General Conclusion

This study was presented to shed light on the issue of **sexual abuse of children** and the psychological and physical disorders they suffer from. The event of exposure to sexual harassment has psychological and physical crises on the child.

Through examining the results of the questions, it became clear that there is suffering for the child as a result of the **sexual violence** committed against them, which leads to serious deviations in their behavior. It also showed the emergence of psychological symptoms such as nightmares during sleep, fear of leaving the house, stuttering, and other physical health crises such as infections in the genital areas. It also showed that the family environment has a significant role in the possibility of the child being exposed to sexual harassment, especially if this environment is characterized by poverty, ignorance, concealment, and secrecy about this crime, for fear of scandal. This indicates that there is a relationship between **sexual harassment** and the family's economic and cultural status. Sexual harassment has a negative impact on the child's personality, which is entrenched in their memory and affects the course of their life. The study showed that the family and school have a significant role in providing assistance and making the child feel secure and reassured after being exposed to sexual harassment to reduce its effects.

## Conclusion

The exposure of a child to **sexual harassment** is a major shock they receive, which destroys their healthy development. They lose trust in those around them, and this event results in suffering and psychological pressures due to their inability to defend themselves and their lack of understanding of what happened to them, given their incomplete psychological structure. Therefore, many disorders and constant complaints

appear, such as fear, anxiety, and a decline in academic level, as well as physical illnesses such as infections in the genital areas and headaches.

The family and the social environment in which the child lives have a significant role in concealing this phenomenon, which has remained to this day one of the taboos that individuals avoid talking about because of its association with shame and scandal, which it brings to families in their view. This has led to its spread, as the perpetrator knows that he will escape punishment, and the child remains silent, causing them negative psychological crises. Many children in Algeria have fallen victim to treachery as a result of their families' concealment of what happened to them, fearing scandal and disgrace, and this is what we noticed with the case we studied. Sexual harassment also leaves physical crises that remind the child of the event, so it is the duty of the family to present the child victim to a specialist to alleviate the effects resulting from their exposure to it and to report the offender to restore their child's confidence and make them feel safe.

### Recommendations for Parents and Educators

1. **Teach Children the Correct Names for Their Body Parts:** It is essential to educate children about the proper names of their genitalia. This knowledge empowers them to communicate clearly if they experience any form of abuse.
2. **Educate Children About Privacy:** Children should understand that their bodies are private and that no one should see or touch them inappropriately. Teach them that it is okay to say "no" to unwanted touches.
3. **Differentiate Between Good and Bad Touches:** Help children distinguish between affectionate touches (like a hug from a parent) and inappropriate touches. Encourage them to speak up if someone touches them in a way that makes them uncomfortable.
4. **Recognize Manipulative Behavior:** Teach children to be wary of individuals who may use gifts, toys, or sweets to gain their trust and manipulate them into inappropriate situations.
5. **Encourage Reporting:** Make it clear to children that sexual abuse is never their fault and that they should immediately report any incidents to a trusted adult, even if the perpetrator is a family member or someone they know.
6. **Persist in Seeking Help:** Encourage children to keep telling their story until they find someone who listens and takes action. Reassure them that they will be believed and supported.
7. **Foster Open Communication:** Build a trusting relationship with children so they feel safe discussing anything that bothers them. Encourage them to share their concerns without fear of punishment or judgment.
8. **Believe the Child:** If a child reports abuse, take their claims seriously. Investigate the matter thoroughly and avoid dismissing their concerns as lies or exaggerations.
9. **School Involvement:** Schools and kindergartens should play a proactive role in educating children about sexual harassment. Teachers should be trained to recognize signs of abuse and provide a safe environment for children to express their concerns.

### Research Suggestions

1. **Sexual Harassment of Male Children:** Investigate the prevalence and impact of sexual harassment on boys, as they are often overlooked in discussions about abuse.
2. **Social Dimensions of Sexual Harassment:** Explore the societal factors that contribute to the prevalence of sexual harassment and how cultural norms influence its occurrence and reporting.
3. **Treatment Methods for Child Victims:** Develop and evaluate effective therapeutic approaches to help children recover from the trauma of sexual harassment.
4. **Long-term Effects of Sexual Harassment:** Study the psychological, emotional, and social consequences of sexual harassment on children as they grow into adulthood.
5. **Sexual Harassment and Psychological Security:** Examine the relationship between sexual harassment and a child's sense of safety and well-being.
6. **Prevention Programs:** Create and implement educational programs aimed at teaching children how to protect themselves from sexual harassment and abuse.

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