

Child sexual abuse presenting to police centers in Khartoum-Sudan; pattern and victim associated factors

Abstract

Recently, the issue of Child sexual abuse (CSA) in Sudan started to become public, following recurrent accidents of severe injuries and deaths. A cross sectional, prospective survey including 282 sexually abused children has been conducted from 1/3 to 30/6/2012. The aim was to identify patterns of child sexual abuse in Khartoum-Sudan in addition to pre abuse, peri abuse and post abuse factors that put the children at a risk of abuse. The survey was conducted through a questionnaire which was analyzed within SPSS 16. Pattern of child sexual abuse was found to be (92.6) through Contact), mainly sexual intercourse (60.2%). Offenders were extra familial figure (88.3%), mainly neighbors (44.0%) and people in the surrounding (17.4%).

Only 14.2% were total strangers. (11.7%) abused by an intra familial figure, and (3.6%) by incest. Repeated sexual abuse was (18.1%) and significantly linked to females and older children and significant when living with stepfather, stepmothers and when offender used persuasion to commit the abuse. The most targeted age group was from 5-10years (45.4%). Most of the abuses took place in areas significantly known to child and family and significantly related to offenders (44.1%) and the family (23.8%). Associated family factors to Child Sexual abuse were Low income, Crowdedness, restricted values, absence of sexual education and parent's low education. Disclosure rate was (61.0%) mainly to parent. Females and older children were significantly less disclosing. Timing of disclosure was immediately (58.2%). Significant causes of delay were fears of parent's reaction and feeling of guilt, shame, love, confusion, fear, responsibility, and young age, mother use of corporal punishment and offender use of persuasion. Parent's reaction was mainly supportive and non-offending (89.4%).

Negative parental reaction was significantly associated to females and older children. Areas of difference from international studies were; high rates of penetrative sexual abuse (SA), low rate of interfamilial SA, high rates of immediate disclosure, no significant gender differences between victims. Crowdedness and low income were significantly associated with CSA. For prevention and management; Child protection programs and more wide scale research are needed.

Keywords: CSA, patterns, pre abuse, peri-abuse, post-abuse, CSA

Introduction

The subject of CSA inspired a large number of book authors and researchers since the late 1970s.¹ Almost all aspects of the abuse were well studied worldwide. It is true that human experiences share faces of similarities but some kind of cultural identity always exists. These cultural entities necessitate in-depth studies to differentiate elements of power and prevention from elements of weakness and vulnerability. To the best knowledge of this researcher, very few researches were conducted in Sudan up to date, these researches focused on prevalence,² characteristics and consequences.³⁻⁵

Sudan is a multicultural multi ethnic country which has gone through the longest civil war in Africa ever. This resulted in displaced families and tribes and whole local societies. Among those displaced by the war 1.8 million children lived in camps and slums in greater Khartoum.⁶ The British organization Hope and Homes estimates that in 2006 about 44000 of these displaced children live in a protected street situation in Khartoum state alone in.⁷ To assess various elements of CSA, the effect of poverty, illiteracy, increasing numbers of household members, crowded houses and increasing rates of unemployment should be studied.

Authoritarian mode of discipline at homes and schools that enforces children to be obedient to old people, living in extended or joint families, using of corporal punishment, emotional abuse and neglect, restricted family values and other aspects of Sudanese beliefs and practices should be studied. We need to explore elements of weaknesses that expose our children to CSA and delay or prevent disclosure.

A police unit for family and child protection in Khartoum and other states in Sudan founded in 2007;⁸ documented in its data base about 1111 victim of CSA from 2007-2010. And due to collaborative work of governmental and non-governmental institutions and organizations finally the new child act in Sudan came out in 2010 with clear incrimination of child sexual abuse in chapter 9 which also included sexual harassment.⁹

Objectives

The general objectives of this research were:

- i. To study pattern of child sexual abuse in Khartoum-Sudan.
- ii. To study pre abuse factors that expose children to CSA.

Specific objectives:

- i. To study The Pattern of CSA:
- ii. Type of abuse; with sexual contact/ or sexual non- contact (sexual request, exhibitionism and pornography).
- iii. Type of offenders; from Intra familial or /Extra familial figures).
- iv. To study peri abuse variables: (Use of force or persuasion, Frequency and duration).
- v. To study pre abuse exposure factors: (Subjective factors: (socio demographic data, Physical and mental health, social relations). Situational factors: (Situational relation between child and offender, Place of abuse). Family factors: (General family factors, Parental or care Figure 1 characteristic).

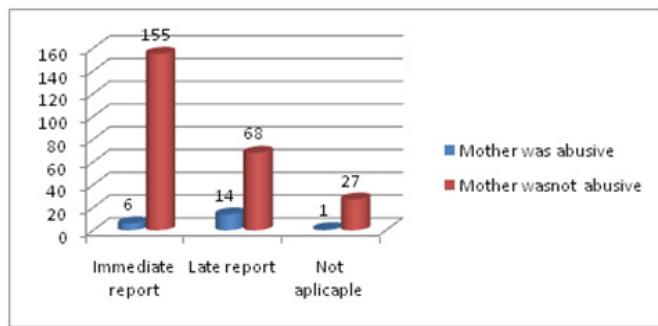


Figure 1 Mother was abusive in relation to timing of disclosure.

Case presentation

Cross sectional, prospective survey, took place in three police centers in Khartoum state, that belong to Child and Family Protection Unit-Khartoum (CAFPU) and CEMA center which is an NGO that works in partnership with this police units. There were three centers serving CAFPU in Khartoum at (Almogran), (Omdurman) and (Sharg Alneel). Those centers are receiving direct reports from victims and their families or indirect reports through hotlines 24hours a day.

The study was carried out in the period from the 1st of March 2012 to the 30th of June 2012. Target groups were; sexually abused children under age of 18years old; Regardless of their gender, and accepted to participate in the research. Or presented in 2010 after the emergence of new child act in April where new assessing forms were used in the unit including telephone numbers of the victims. The inclusion of the targeted group was conditional on having valid phones. The children were selected consecutively when they attended the units, or through their old records. 283 of the children were selected. 162 of the children were new cases that interviewed face to face. 120 of the children and their parents were interviewed over the phone after their old records were fully revised and only one family apologized from participating in the study. All children that fulfilled the inclusion criteria were interviewed with their families face to face or through phones. Direct permission was taken from the victims and their families whom we offered free sessions of psychotherapy and parental coaching.

The children were interviewed by the researcher and a team of six data collectors working in different centers of CAFPU as psychologist or social workers. Some of them were working with the police either as employees or volunteers. Before conducting the interviews the data collectors were trained, 4hours per day for 6days in how to fill

the questionnaire and to investigate the victims of child sexual abuse according to UNICEF's training manual on caring for survivors of sexual violence in conflict situations that based on international research, writing and clinical interventions that have been developed over 30years in the field of sexual violence survivors.¹⁰

The questionnaire was designed to collect data about pattern of abuse, peri abuse, pre abuse and post abuse and disclosure variables that related to the experience of CSA. Most of the research questions were applied before in other international research situation and were based on literature review.¹¹ The questionnaire was corrected and organized after pilot study.

Analysis

Statistical package for social sciences (SPSS for Windows version 16.0) was used for data analysis. Frequencies, cross tabs and Chi-square test were used to describe victims associated factors and to elaborate high associations. A low significance value (typically below 0.05) indicated that there was some relationship between the two variables.

Results

Pattern of abuse

It looks like the age of the child was critical in determining pattern of (CSA). Older children were significantly abused through sexual intercourse (P value 0.015); the commonest pattern of CSA, (60.2%) in this study. Attempted intercourse was (19.2%) and significantly related to younger children, (p value 0.038). Other patterns of (SA) were, touching sex organs (15.3%), fondling (12.6%), Frotteurism (12.3%) and oral SA (2.7%), (p value 0.001, 0.001, 0.001, 0.001, 0.001) respectively.

Intra familial/extra familial sexual abuse

Offenders were mainly extra familial figures (p 0.001). But only (14.2%) were total strangers. (P value 0.001). Among those cases of intra familial; one out of 40 stepfathers was involved in CSA, (p value 0.001). Incest rate was (3.6%).

Abuse factors

Fortunately CSA was significantly single event (p value 0.001). Repeated SA was significantly related to females (p value 0.007) and older children (p value 0.014). Offender's Use of force was significantly towards male gender (p value 0.022), and older children (p value 0.002). Offender's Use of persuasion as a grooming tactic was significantly exposing children to repeated SA and delayed disclosure (p value 0.002, 0.001) respectively.

Pre abuse exposure factors

No association between gender and CSA was proved. (P value 0.057). Females were significantly exposed to CSA within certain situation namely emotional (p value 0.001) and blood relation to offender (p value 0.013). Sexually abused Females were more abused inside houses (p value 0.001).

CSA seems to be increasing with age with significant high rates between 5-10years old, then children above 10years old. The least group were children under 5years old (P value 0.001). Younger children were significantly abused in side houses (p value 0.006). The majority of children were physically and mentally healthy. Only (1.4%) were

suffering from speech problem, deafness and Diabetes Mellitus, (p value 0.001) and (3.2%) were diagnosed before the interview as either suffering from learning disabilities (1.8%) or obsessive compulsive disorder (0.4%), (p value 0.001). When testing situational relation between children and offenders; (44.0%) were neighbors, (17.4%) were surroundings like family friends, milk maids, workers and others. (16.0%) were strangers, (8.5%) blood related, (7.1%) were in love relation, (1.1%) teachers, (0.4%) stepfather and (0.4%) school mates.

Most of the abuses took place in areas known to families and children, either related significantly to offenders; houses (36.2%), and shops (8.9%). Or family's houses (23.8%). (16.0%) were in public places, (10.6%) in distant place and (2.1%) in vehicles (P value 0.001). Low socioeconomic status was significantly associated with CSA. (46.1%) of children's families were living with monthly income 100-500 SDG, (33.7%) between 500-1000, (12.1%) more than 1000 and (3.2%) with less than 100, (p value 0.001). (100\$=500Sdg). (70.2%) of children were living in nuclear families, 17.0% in joint families and only 11.0% in extended families, (p value 0.001).

Living in crowded houses was significantly associated with CSA, (p value 0.001). And most of the victims were significantly coming from religious and restricted family values (36.5%), rather than liberal family values (17.0%), (p value 0.001). A liberal and modest family value was significantly related to female gender (p value 0.048).

Parental characteristics

Living with stepmothers; increase the risk of repeated SA especially that goes for weeks and years, (p value 0.029). There was significant relation with duration of CSA that went for weeks and years and living with stepmothers, (p value 0.033).

The majority of fathers (57.8%), and mothers (64.9%) weren't able to finish their high school education and this was significantly associated with CSA (p value 0.001). Mothers were significantly using corporal punishment (cp) with their older children, (p value 0.046). The mother's use of cp in disciplining children was significantly delaying child reporting of sexual abuse, (p value 0.001). Absence of sexual education was significantly associated with CSA. Only fifth of parents were discussing some sexual educative issues with their children (Table 1).

Discover of CSA

The majority of children took the initiative and told their parents about being abused (61.0%). 37.6% weren't able to report because of many reasons that will be discussed later in this Study. This difference was significant as indicated by (Chi square 15.669, p value 0.001). Females and older children were significantly less disclosing to parents, P values (0.005, 0.033) respectively. And in this study; Female gender and older children were significantly more discovered by another household members, p values (0.001), (0.028). Or by their parents, p values (0.005, 0.043) respectively.

Among those who didn't report, parents came to know the CSA through other means. In 6.4% of cases someone outside household members knew about CSA and reported to parents. (P value 0.001). In 17.0% of cases the child told another household member. (P value 0.001). In 14.9% another household member discovered the abuse and told the parents. (P value 0.001). In 22.1% of cases parents discovered the CSA. (P value 0.001). In 16.7% of cases change in child behavior

suggested the SA (P value 0.001). In 2.4% of cases the whole family or one member saw the offender while he was abusing the child. (P value 0.001).

Table I Factors associated with disclosure

Type of abuse	P Value	
Contact	261	92.6
Non- Contact	21	7.4
Intra Familial	33	11.70%
Extra Familial	249	88.30%
Offenders Relation to Family	P Value	
Known to the Child and Family	221	78.40%
Not known	40	14.20%
Frequency	P Value	
Single	231	81.90%
Repeated	51	18.10%
Victim Gender	P Value	
Male	125	44.30%
Female	157	55.70%
Age at Onset	P Value	
< 5	45	16%
From 5-10	128	45.40%
> 1	105	37.20%
Place of Abuse	P Value	
Offender House	102	36.20%
Family House	67	23.80%
Public Place	45	16.00%
Distant Place	30	10.60%
Offender Shop	25	8.90%
Vehicle	6	2.10%
Family Values	P Value	
Religious and Restricted	103	36.50%
Liberal and Open	48	17.00%
Modest	130	46.1
No Sexual Education	219	77.70%

Timing of disclosure and causes of delay

The majority of children significantly disclosed the SA immediately (58.2%). 31.2% delayed or not reporting the abuse and some cases were not fitting research question about timing of abuse (10.6%).

Children delayed or refused to report for many reasons;

- Afraid of parents' reaction (19.1%). significantly related to increase age at onset as indicated by (Chi square 11.510, p value 0.003).
- Guilt feeling (9.9%). Older Children feel guilty more than younger children, and that was significant as indicated by (Chi square 8.273, p value 0.016)

- iii. Ashamed (11.7%). significant difference as indicated by (Chi square 3.857, p value 0.050).
- iv. Frightened (16.3%). The difference was not significant as indicated by (Chi square 762, p value 0.383).
- v. Felt responsible of the abuse (7.8%). Significantly related to older children and females p values (0.010, 0.002) respectively.
- vi. Loved the offender (9.6%). Child loves the offender was significantly related to female gender and older children. P values 0.005, 0.012) respectively.
- vii. Confused (16.0%). The difference was not significant as indicated by (Chi square 0.429, p value 0.513).
- viii. Were so young (10.3%). The difference was significant as indicated by (Chi square 8.576, p value 0.003).

Feelings and reactions towards CSA

Feelings: The majority of children felt negative about the whole experience (80.5%). 8.5% were neutral, 8.5% were positive and in 2.1% of cases the question was not applicable. The difference was significant as indicated by (Chi square 469.420, p value 0.001).

Feeling positive about SA, was significantly related to female gender and increase age at onset as indicated by (p value 0.024, 0.003) respectively. In 46.5% of cases children found the experience very distressing, 14.2% moderately, 18.4% mildly, 17.0% not at all distressing and 2.5% of cases the question was not applicable. The difference was significant as indicated by (Chi square 150.381, p value 0.001). Child felt not at all distressing, was significantly related to male gender as indicated by (p value 0.039).

Reactions

The positive parents' reaction towards children after the SA was significantly associated with CSA (89.4%). Only (10.3%) were reacting negatively and in 0.4% the question was not applicable, (Chi square 402.533, p value 0.001). Negative parental reaction was significantly more with females and older children. P values 0.005, 0.001) respectively.

Positive parental reaction was represented in:

- i. Believed the child (88.7%). This was significantly associated with CSA, (Chi square 244.063, p value 0.001). Parents were significantly disbelieving older children and that was indicated by (Chi square 6.190, p value 0.045)
- ii. Stopped the CSA (86.5%). Significantly associated with CSA. (Chi square 241.016, p value 0.001).
- iii. Showed empathy and concern (87.9%). This was significantly associated with CSA, (Chi square 239.143, p value 0.001).
- iv. Parents' negative reaction towards their children (subject of study) was represented in:
- v. Mainly blamed the child (8.9%), (Chi square 22.154, p value 0.001).
- vi. The other reactions were not significant and less represented, such as
- vii. Disbelieve the child (4.6%). (Chi square 0.001, p value 1 0.001).

- Significantly related to older children and that was indicated by (Chi square 6.190, p value 0.045).
- viii. Hated the child and rejected him/her (4.6%). (Chi square 0.143, p value 0.705).
- ix. Turned to be violent towards the child physically (6.0 (Chi square 1.286, p value 0.257).
- x. Minimized the abuse (6.0%). (Chi square 1.286, p value 0.257).
- xi. Denied the SA (3.2%). (Chi square 3.001, p value 0.083).

Discussion

The amount of penetrative SA is higher than findings in international research Finkelhor writes: Around 20% to 25% of child sexual abuse cases involve penetration or oral-genital contact.¹² And that difference could be attributed to cultural differences like concepts of sexual act and increase age of children. Interfamily perpetrators in this research were less than found in international research and no gender difference was found. Where interfamily perpetrators constitute less than half of the total in retrospective studies and interfamily perpetrators constitute from one-third to one-half of all perpetrators against girls, and only about one-tenth to one-fifth of all perpetrators against boys.¹³

Less intra familial abuses in Sudan could be attributed to the nature of family constituents where child care and protection is responsibility of all members of extended families. Add to these religious and cultural values that made issues of honor and virginity matters especially to people in charge of the child. Despite low rates of intra familial SA, it was significantly related to repeat SA (p 0.015) and that was similar to literature on the topic. No question that interfamily abuse is more likely to go on over a longer period of time and in some of its forms, particularly parents-child abuse, has been shown to have more serious consequences.¹⁴

One interpretation of these findings might be that the emotional injury caused by parents abuse, e.g. increased feelings of powerlessness and betrayal as described in 'traumatogenic model', produces greater psychological harm.¹⁵ Despite that 40children (14.2%) had stepfathers. Only one was involved in CSA. The victim was female more than 10years old that suffered repeated SA for years. Stepfathers were significantly related to repeated abuse by neighbors and people in the surroundings. This result was going with international studies that showed; the presence of a stepfather in the home doubles the risk for girls, not only for being abused by the stepfather but also for being abused by other men prior to the arrival of the stepfather in the home. Low rate of CSA by stepfather be explained by Sudanese cultures and values where sexual relation with step daughter even if she is mature adult and the mother dead or divorced was incriminated by religion of Islam. As in holly Quran (Forbidden to you (for marriage) are: your mothers, your daughters, your sisters, your father's sisters, your mother's sisters, your brother's daughters, your sister's daughters, your foster mother who gave you suck, your foster milk suckling sisters, your wives' others, your step daughters under your guardianship, born of your wives to whom you have gone in - but there is no sin on you if you have not gone in them (to marry their daughters).¹⁶

Definition of incest in Islam extended to cover step daughters. This definition is different from international one: (the legal definition of incest applied to vaginal intercourse between male and female whom

the offender knew to be his daughter, sister, or mother and didn't include stepfathers or adoptive fathers or actions other than vaginal intercourse.¹⁷

According to Anne and others; sex offenders are not easily identifiable and they don't generally fit (the dirty old man) or (perverted strangers) stereotypes. Rather, many offenders are trusted individuals who appear to be highly regarded in their communities, successful in their works, and particularly engaging with children. In adult retrospective surveys, victims of sexual abuse indicate that no more than 10% to 30% of offenders were strangers, with the remainder being either family members or acquaintances. The importance of acquaintance perpetrators; especially neighbors, teachers, coaches, religious leaders, and peers, should not be obscured by an exclusive emphasis on family abuse.¹⁸ Neighbors in this research were representing people in the neighborhood including shop keepers. Neighbors are honored in Sudanese and Muslims communities they are trusted and counted like family. To be intimate to neighbors for example, Sudanese construct their houses in such a way that it makes access to neighbors easy through common doors. High rates of neighbors, shop keepers and Low rates of peers SA were new elements in this research reflecting Sudanese entities.

Most of the abuses took place in areas significantly related to people known to family and the child. This result was goes with international studies that found the most common location for all CSA was the offender's own home.¹⁹ The gender was an area of disparity in research, report that boys are more likely than girls to be sexually abused by multiple perpetrators, but other authors and do not find this to be the case.²⁰ There was no significant gender difference in victim rates between males (44.3%) and females (55.7%). This result was different from international studies but consistent with other research in Sudan.²¹

This finding was similar to pattern found in other studies on sexual maltreatment in Jewish and Arab schools in Israel.²² The research disparity in this result could be attributed to cultural differences in Islamic, Arab and Jewish societies in which boys were less protected and outgoing. So boys were more available for indoors and outdoors SA and females kept inside and more available for indoors SA. Also we can add family sexuality regarding gender differences which concentrate much on female's protection and desensitize boys towards their bodies. Regarding the age at onset of abuse, children from 5-10 were significantly more targeted (45.4%) then children more than 10(37.2%) and children who were less than 5years (16.0%).

There was significant relation between females and age at onset less than 5 and more than 10years. These results were consistent with international studies which proved that; Risk for CSA rises with age. Data from 1996 indicate that approximately 10% of victims are between ages 0 and 3years. Between ages 4 and 7years, the percentage almost triples (28.4%). Ages 8 to 11years account for a quarter (25.5%) of cases, with children 12years and older accounting for the remaining third (35.9%) of cases. Some authorities believe that, as a risk factor, age operates differentially for girls and boys, with high risk starting earlier and lasting longer for girl.²³ Repeated SA was significantly found to be related to older children (p value 0.014). And that was consistent with research where CSA after age 12 was associated with an increased number of abusers in the last 2months of abuse.²⁴

Socio economic classes were areas of disparity in international

research that found low socioeconomic status was a powerful risk factor for physical abuse and neglect, and has much less impact on CSA. Such as low socioeconomic status, have received little support from research results.²⁵ This difference could be attributed to Sudanese culture where poor families, either go for long working hours or sending their children for work them self. Child labor is acceptable in Sudan where national research found 7-10% of Sudanese children economically active.²⁶ Sometimes poverty can create state of deprivation that can put children at risk for exchanging sexual advantages by money or gifts. Also neighborhood in poor areas could be dangerous for children.

Absent sexual education and restricted family values rather than liberal one was significantly associated with CSA. According to literature; whatever the precise mechanism, it is clear from this finding that it is not sexually lax, but sexually reserve families that foster a high risk for sexual exploitation, and some priority should be given to investigating this connection further. Liberal and modest values were significantly associated with being female. International studies, found Sexual education in schools and homes of benefits.

The weight of currently available evidence shows that it is worth providing children with high-quality prevention-education programs. Mother use of cp was significantly associated to older children and delayed report and the later finding was consistent with international studies that found Children whose caretakers were "supportive" disclosed at a rate 3.5times greater (63%) than those whose caretakers were "non-supportive" (17%). And in the literature CSA may be a risk factor for subsequent physically abusive parenting. And CSA was mostly prevalent in homes were children witnessed violence or were subjected to physical or psychological abuse, as well as amongst children who perceived lack of family affection.

Disclosure factor

In a research done by Karen and Debra, three phases of disclosure were identified; self, where children come to understand victimization internally; confident selective reaction, where they select a time, a place, and person to tell and then weather that person's reaction (supportive or hostile); and consequences (good and bad) that continued to inform their on-going strategies of telling. The actions and reactions of adult were significant and informed the girl's decisions.

Sometimes the abuse continues for months or years before someone discovers the abuse or the child disclose it. The majority of children in this research significantly report SA to their parents (61.0%). 37.6% weren't able to report because of many reasons. less reporting was significantly related to females and with older children. older children less reporting was going with international studies that found children whose disclosures occur accidentally tend to be younger than those children who make purposeful disclosure. Male or female gender in relation to child disclosure was area of disparity in research. Some studies have yielded mixed findings on the relationship between the gender of a victim and disclosure of sexual abuse.

A few studies have found gender and disclosure to be unrelated. However, a variety of research suggests that underreporting is a significant problem among boys. Research suggests that boys are more hesitant and unlikely to disclose than girls. The trend may increase with age, as adolescent boys have been observed to be least likely to report their sexual victimization.

Among non-reporting children, Parents come to know the CSA

through other means. In 22.1% of cases parents discovered the CSA. And that was significantly related to female gender and less with older children. According to international studies: Symptoms that are unique to sexual abuse such as ano-genital injury, sexual transmitted diseases or evidence of seminal fluids, generally are not observed and are rarely present at the time of the child disclosure. Children who have been sexually abused may be no more symptomatic than other clinical non abused children, except in their levels of PTSD symptoms and sexualized behaviors. In 17.0% of cases the child told another household member, 16.7% of cases something in child behavior suggested the SA and 14.9% another household member discovered the abuse and told the parents and that was significantly related to female gender and older children and the later finding could be interpreted according to Sudanese sensitivity towards sexuality where females and older children were under focus and close observation from the whole family so as to prevent any suspicious behavior. In 6.4% of cases someone outside household members knew about CSA and reported to parents. In a research done by Tine et al.²⁷ and others the result indicated that disclosure is a fundamentally dialogical process that becomes less difficult if the children perceive that there is an opportunity to talk, and a purpose for speaking, and a connection has been established to what they are talking about.²⁷

The majority of children were significantly disclosing the SA immediately (58.2%). 31.2% delayed or not reporting the abuse mainly Females and older children. Immediate report was higher than found in international studies in America and Canada, where (Significant numbers of children deny their sexual victimization despite compelling evidence to the contrary. Research suggests that less than one in four victims of CSA disclose immediately. Offender's use of persuasion was significantly related to delay disclosure (p 0.001). This finding was consistent with international studies that found one tactic used by perpetrators of all ages is known as desensitization and desensitization is where the perpetrator displays caring and compassion towards the child to get closer and obtain access to the potential victim.

Reasons for not reporting or delay disclosing were

Fear of parent's reaction (19.1%) and that was significantly related to older children. This cause was introduced by other international studies. Where Many CSA victims have reported that they delayed or refrained from disclosing their abuse because they feared they would not be believed. One child in ten who disclosed their sexual victimization reported their disclosure was received with disbelief.

Guilt feeling was significantly related to older children. Feeling responsible was significantly related to female gender and older children. According to recent study by, older children who had been abused by a family member and who felt responsible for the abuse and feared negative consequences of disclosure had the longest delays in reporting their sexual abuse experiences.²⁸ Other research found that Regardless of the type of abuse experienced by a child, most children feel responsible for their own abuse.

The dynamics of the abusive relationship and the insidious nature of the grooming process may lead victims to perceive themselves as willing participants in a "relationship" with the offender. Association between older children and feeling responsible of the abuse could be understood by the nature of teenage period where children can get eroticized during the abuse and the nature of relation with offender which in some cases complicated with love feeling. Feeling responsible in female gender could be due to patriarchal awareness that send females responsible of their own sexual abuse and categories

them as initiator of any sexual affair.

In 9.6% of cases child delayed reporting because he loves the offender. Those were mainly females and older children. This cause was consistent to international studies (Victims of CSA are often admonished that their family or loved ones will be hurt emotionally and/or physically if they divulge their abuse 16.0% of cases children delayed reporting because they were confused and 10.3% of cases were not able to report because they were so young. This finding was consistent with international studies where (Perpetrators tend to target emotionally needy, vulnerable children, exploiting not only their sexuality but their needs for attention and affection. As a result, victims often hold ambivalent and confusing feelings for their perpetrators). 80.5% of children felt negative about the whole experience, 8.5% were neutral, and 8.5% were positive. There was significant relation between positive feelings and female gender and older children. In some cases, 46.5% of children found the experience very distressing, 14.2% moderately, 18.4% mildly, 17.0% not at all distressing. There was significant relation between feeling not at all distressing and female gender.

Most of the parents were reacting positively with their children after the SA (89.4%), and 10.3% negatively. Negative parental reaction was significantly more with females and older children. As we explained before, females were usually blamed for any sexual affair regardless its abusive situation. Older children were significantly females. In Sudanese society, concept of childhood, consent, religious and criminal responsibilities were confused by puberty where females could engage in emotional relationship with consenting mature adult and married off at early teens. Positive reaction represented in; 88.7% believed the child, 87.9% of parents showed empathy and concern to their children and 86.5% stopped the CSA.

Parents' negative reaction towards their children (subject of study) was significantly related to females and older children. This could be attributed to Muslim cultures that defining age of responsibilities by puberty and to patriarchal society that set females as initiator of their own abuse. And so, Parents disbelieve the child was significantly associated with older children.

Conclusion

Some findings were consistent with international studies and other findings showed difference either in the rates or in associated /not associated factors.

i. Areas of Similarities were; 5 to 10years old group were more targeted and then children above 10years old. Age operates differentially for girls and boys, with high risk starting earlier and lasting longer for girls. Offenders were mainly from acquaintance. The majority of Places of SA was significantly known to family and abused children and related mainly to offenders and family members. Father and mother not finishing high school, restricted values, and absent sexual education were associated to CSA. Abusive mothers significantly associated to delayed disclosure. Younger children significantly were more disclosing to parents. Areas of Differences that reflect the entity of Sudanese socio- cultural context were; High rates of penetrative SA. Low rates of intra familial SA and incest. No gender differences were found. Low income and crowdedness were associated to CSA. High rates of immediate disclosure.

Recommendation

It is most needed if we are able to prevent child sexual abuse

(primary prevention). Or at least; encouraging early disclosure and prevent re abuse (secondary prevention).

- i. Advocate for in depth wide scale and community based surveys for both victims and offenders communities to advance the understanding of the problem and to suggest effective preventive practices.
- ii. Child empowerment especially in issues of relationships, and sexuality; that enable them to differentiate between good people, good touch and bad people and bad touch.
- iii. Promote environments and education that support healthy development.
- iv. Revising norms, behaviors, images, and messages; that put children at risk of CSA, like sending younger children to neighbor houses and shops without observation.

Limitations

- i. The research was limited to Khartoum State. Although most of Sudanese ethnic groups were adequately represented in the Capital, geographical generalizations cannot be possible.
- ii. The research was limited to police centers where the entire sample from victims was drone, No control group. And unless it is further supported by community based studies the results of the research will not represent Khartoum community.
- iii. Social variables that test emotional relations, happiness, closeness and treatment were subjective and difficult to be assessed accurately.

Acknowledgements

- i. My special thanks to Dr. SALAH HAROUN, my Supervisor; for his challenging and stimulation guidance.
- ii. My thanks are also extended to the team of the Family and Child Protection Unit, ANAS EISA, HIAT ABD ALLAH, SAFINAZ TAHA, SAMAR SIDDEIG AHMED, SOLAFA BASTAWI, TAWWA AHMED and TAHANI. This research would not have been possible without your help.
- iii. I am grateful to the survivors of child sexual abuse, who sat bravely, opened their hearts and shared their stories.

Conflict of interest

The author declares no conflict of interest.

References

1. David F. *Child Sexual Abuse: New Theory and Research*. New York, USA: The Free Press; 1984.
2. Manal M, Abdel R. *Child abuse: prevalence and associated psychological and physical health problems: Khartoum state as a case study*. Faculty of art: unpublished research: Department of psychology; 2009.
3. Abdalla DA. *A study to determine the characteristics of the child sexual abuse in Family and child protection unit, Khartoum/Sudan*. University of medical science and technology: unpublished research; 2010.
4. Riyad. *Child protection initiative publication series (10): Vulnerable children in Khartoum state: status ·problems ·needs and service offered*; 2007. p. 1–132.
5. Child act, Khartoum: Sn; 2010.
6. IASC. *Training Guide: Caring for survivors of sexual violence in Emergencies*. 2010.
7. Daniel TW, Fiona R, Zerine CO. Resilience and risk factors associated with experiencing childhood sexual abuse. *Child Abuse Review*. 2004;13(5):338–352.
8. Turner HA, Finkelhor D, Ormrod R. Family structure variations in patterns and predictors of child victimization. *Am J Orthopsychiatry*. 2007;77(2):282–295.
9. Verse by Verse Qur'an study circle. *Tafsir surah an- Nisa Ayah*. 2012;23(Part 1).
10. Glasser M, Kolin I, Campbell D, et al. Cycle of child sexual abuse, links between being a victim and becoming a perpetrator. *Br J Psychiatry*. 2001;179:482–494.
11. Anne HH, Esther D, Craig DF, et al. *Cognitive behavioral Strategies in crisis intervention*. 2nd ed. New York, USA: The Guilford press; 2000. 171 p.
12. Finkelhor D. Current Information on the scope and nature of child sexual abuse; the future of children. *Sexual Abuse of Children*. 1994;4(2):31–53.
13. Stephen S, Richard W. Child sexual abuse in Queensland: offender characteristics Modus Operandi. The Criminology Research Council, Australia; 2001. 193 p.
14. Faller KC. Characteristics of a clinical sample of sexually abused: how boy and girl victim differ. *Child Abuse Negl*. 1989;13(2):287–291.
15. Manal M, Abdel R. *Child abuse: prevalence and associated psychological and physical health problems: Khartoum state as a case study*. Department of psychology. Faculty of art: unpublished research; 2009.
16. Putnam FW. Ten-Year research update review: child sexual abuse. *J Am Acad Child Adolesc Psychiatry*. 2003;42(3):269–278.
17. Bassani DG, Palazzo LS, Béria JU, et al. Child sexual abuse in southern Brazil and associated factors: a population-based study. *BMC Public Health*. 2009;9:133.
18. Finkelhor D. Current information on the scope and nature of child sexual abuse. *Future Child*. 1994;4(2):31–53.
19. David F. *Child sexual abuse; new theory and research*. New York, USA: The Free Press; 1984.
20. David F. *Prevention of Sexual Abuse Through Educational Programs Directed Toward Children*. Crimes Against Children Research Center, USA: University of New Hampshire; 2007.
21. Paine ML, Hansen DJ. Factors influencing children to self-disclose sexual abuse. *Clin Psychol Rev*. 2007;22(2):271–295.
22. DiLillo D, Tremblay GC, Peterson L. Linking childhood sexual abuse and abusive parenting: the mediating role of maternal anger. *Child Abuse and Neglect*. 2000;24(6):767–779.
23. http://www.crin.org/docs/CSA_Study_FINAL_ENGLISH
24. Karen MS, Debra NG, pp. 1415.
25. Anne Hope Heflin, Esther Deblinger, Craig DF. pp. 174.
26. Lisa K. *A Literature Review On School Child Sexual Abuse Prevention Programs*. In: Marion M editors. 5th ed. Wisconsin, USA: Publication Manual of the American Psychological Association; 2004. 40 p.
27. Tine KJ, Wenke G, Svein M. pp. 1396.
28. Mary LP, David JH. *Factors influencing children to self-disclose sexual abuse*. Published in Clinical Psychology Review. 2002. p. 271–295.