Professionals' Perceptions of Child Sexual Abuse: Symptoms and Causes in Different Cultures

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Abstract: **prevention of child sexual abuse can be achieved by identifying the symptoms and causes of abuse. The aims of this study were:**

1. **To describe the demographic characteristics of the participants included in the study.**

2. **To look at a difference in perceived symptoms and cause of abuse according to participant's culture (Collectivist: Arabic and Indian and Individualist from several different Western countries).**

Methods: **A three culture: Arabic, Indian and Western by two gender of the child: male, female by two genders of participant: male, female design was used. Twenty-eight item questionnaires from a specially designed vignette were completed by 201 participants (104 Arabic, 57 Indian and 40 Western).**

Results: **The major finding of the study showed that the respondents were 201 (67.0%) out of 300. Among them, 104 (51.7%), 57 (28.4%) and 40(19.9%) subjects were Arabic, Indian and Western respectively. The mean age being 35.5 years, was largely male (Male 120: Female 81), married with 1-3 children, and with a bachelor degree qualification. Majority were with 1-5 years' of work experience. There was no significant difference according to culture regarding perceived symptoms and cause of abuse.**

Conclusions: **An unfair allegation of abuse is a grave risk if reporting is done too readily or with little proof, but an unassisted victim of abuse is also unacceptable. Great understanding and care is needed in trying to detect honest cases by identifying the symptoms and causes of abuse, therefore, a wider preventive method is reached.**

Keywords: **Child Sexual Abuse, Professionals' Perceptions, Symptoms, Causes.**

1.   INTRODUCTION

Professional's perception of child abuse remains an area of child abuse rarely examined despite its relevance to understanding risks of abuse of vulnerable children [27]. However, in responding to the problem of child sexual abuse, one of the most challenging tasks is to identify the group of children who may be at high risk. Not only will such identification allow the professionals to focus their prevention efforts where they are most needed, it will also give them valuable new clues about the causes of child sexual abuse [21]. The task of identifying high risk children is not a simple one. Because, much sexual abuse is hidden, so are the risk factors. One time, it has been thought that sexual abuse was limited to a small number of children in certain unusual family and social circumstances that might be readily identifiable. However, the findings from many studies; proved that is not the case; sexual abuse is prevalent in remarkable large quantity in children from all social and family circumstances [21]. On the other hand, it is widely recognized among professionals that multiplicities of risk factors are associated with the occurrence of child abuse. It is also assume that the presence of multiple risk factors increases the likelihood of child abuse [35]; [44].

As well, research conducted over the past era indicates that a wide range of psychological and interpersonal problems are more predominant among those who have been sexually abused than among individuals with no such experience [12]. A

child who's being abused may feel guilty, ashamed or confused. He/she may be afraid to tell anyone about the abuse, especially if the abuser is a parent, relative or family friend. In fact, the child may have an apparent fear of parents, adult caregivers or family friends. That's why it's vital to watch for red flags, such as: withdrawal from friends or usual activities, changes in behaviuor such as aggression, anger, hostility or hyperactivity or changes in school performance, depression, anxiety or a sudden loss of self-confidence, frequent absences from school, reluctance to leave school activities, as if he or she doesn't want to go home, or avoidance of certain situations, such as refusing to go to school or ride the bus attempts at running away, rebellious or disobedient behaviuor, bed wetting, and attempts at suicide or self-harm [31]. Moreover, victims of child sexual abuse are more likely than non-victims to develop some type of inappropriate sexual (or sexualized) behaviuor. In children, this tendency is observed in a heightened interest in, and a preoccupation with, sexuality which is manifested in a number of ways including sexual play, masturbation, seductive or sexually aggressive behaviuor, and age-inappropriate sexual knowledge. In adolescents, there is evidence of sexual acting out, such as promiscuity and a possibly higher rate of homosexual contact [7];[8]. Other signs and symptoms include pregnancy or a sexually transmitted infection, blood in the child's underwear, statements that he/she was sexually abused, trouble walking or sitting, and/or abuse of other children sexually [16]. Nevertheless, knowledge about professional's perception of signs and symptoms of child abuse is limited. Although many issues may be endorsed to this scant knowledge, including inconsistency in legal and theoretical definitions of abuse across counties, proliferation of terms related to abuse, and varying inspection of abusive symptoms across studies [4]; [42], the majority of existing studies focus primarily on direct accounts of signs and symptoms of child abuse or retrospective accounts of childhood abuse and few on direct extent of perception of abuse.

Thus, professional's perception regarding the causes and symptoms of child sexual abuse in one society may not translate to other society because of differences in sociocultural conditions and experiences. Even within each society, there are indications that perception of abuse differs across racial, cultural, and ethnic backgrounds [3]. Therefore, the purpose of this study was to explore the identification of professionals' perception regarding symptoms and causes of the child sexual abuse in three different cultures (Arabic, Indian, and Western).

2. RESEARCH METHODOLOGY

A quantitative, non-experimental, descriptive cross sectional design was used. The target population was professionals working in many governmental authorities, governmental schools, and private educational & business sectors in Dubai-United Arab Emirates. All participants gave informed consent, and the ethical committee of the appropriate NHS Trust Committee approved the study protocol. A self-report semi-structured questionnaire using the internet questionnaire comprising two parts was used for the study. From a specially designed 28 items questionnaires; 22 items that dealt directly with symptoms & causes of abuse were used and completed by 201 participants (104 Arabic, 57 Indian and 40 Western). Data analysis was done using Statistical Package for Social Sciences (SPSS) Version 18. Frequency and percentage was used for the demographic characteristics, and one way ANOVA was calculated for comparison between more than two means. However, this study is continues of the previous study done by Abul (2014).

3. RESULT

A total of 300 questionnaires were distributed via email to many governmental and private sectors and authorities. However, 201 were returned and found valid for analysis yielding a responsive rate of (73.3%). From the total number of the participants; 120 (59.7%) were males, and 81 (40.3%) were females; their mean age was 35.5 years. The ranges of responder's age lie between 20 to 60 years old with high percentage of responders in their thirties. One hundred and thirty (64.7%) of the participants were married and having children range from 1 to 3. Majority of the participants were educated with variable education level with a high percentage of a bachelor degree 130 (59.7%), 24 (11.9%) had master's degree, 4 (1.9%) held doctoral level degree and 53 (26.4%) under the category of Other which included 22 (41.5%) diploma degree, 14 (26.4%) high school degree and 17 (32.1%) not specified. About 22 (10.9%) of the participants were physician, 12 (6.1%) were teacher, 5 (2.5%) were social worker, 1 (0.5%) was police officer, and 161(80.1%) was under the category of Other which included 34 (21.1%) manager, 29 (18.0%) pharmacist, 27 (16.8%) secretarial, 15 (9.3%) nurses, 11 (6.8%) engineering, 1 (0.6%) lawyer and 44 (27.3%) not specified. Almost half of the sample 93 (46.3%) had from 1 to 5 years of work experience, 48 (23.9%) from 6 to 10, 32 (16.0%) from 11-15, 19 (9.5%) from 16-20 and 9

(4.5%) more than 20 years of work experience. Among 201 of the participants, 104 (51.7%), 57 (28.4%), 40 (19.9%) were Arabic, Indian, and Western respectively (Table 1).

Table 1: Demographic Variables in Arabic, Indian, and Western Culture (N=201)

Socio-Demographic Data		Arabic Culture (N=104)	Indian Culture (N=57)	Western Culture (N=40)
Age (Years)	<35	66	37	20
	>35	38	20	20
Gender	1. Male	51	45	24
	2. Female	53	12	16
Marital status	1. Single	35	14	16
	2. Married	64	43	23
	3. Divorced	04	00	01
	4. Widowed	01	00	00
Number of children	1-3	42	29	18
	4-6	15	02	01
Educational level	1. Bachelor	64	32	24
	2. Master	10	09	05
	3. PhD, MD	02	02	00
	4. Other	28	14	11
Occupation	1. Physician	17	04	01
	2. Teacher	11	00	01
	3. Social Worker	03	01	01
	4. Police officer	01	00	00
	5. Other	72	52	37
Total years of work experience in your current role (Years)	1-5	47	23	23
	6-10	23	15	10
	11-15	15	11	06
	16-20	15	03	01
	>20	04	05	00

Table 2 shows the professional's perception of causes and risk factors of child sexual abuse in Arabic, Indian, and Western Culture. After reading the case vignette, the participants rated the extent to which they agree or disagree with each statement. A 5-point Likert scale has employed, where 1=strongly disagree and 5= strongly agree. And for simple illustration, agree and strongly agree was combined into one category of agree, and disagree and strongly disagree was combined into one category of disagree. Neither agree nor disagree was labelled as Neutral.

Table 2: Professional's Perception of Causes of Child Sexual Abuse in Arabic, Indian, and Western Culture (N=201)

Statement			Arabic Culture (N=104)	Indian Culture (N=57)	Western Culture (N=40)
1	Boys are more likely than girls to suffer sexual abuse	1.Agree	36	15	07
		2.Neutral	33	22	15
		3.Disagree	35	20	18
2	Girls are more likely than boys to suffer sexual abuse	1. Agree	47	32	19
		2.Neutra	33	17	07
		3.Disagree	24	08	14
3	Children of educated parents are more likely to suffer abuse	1.Agree	72	37	20
		2.Neutral	19	16	18
		3.Disagree	13	04	02

4	Living in poverty can predispose people to perpetrate to child abuse	1.Agree	58	39	20
		2.Neutral	21	13	10
		3.Disagree	25	08	11
5	Abuse is more likely in families where at least one parent has a psychiatric disease	1.Agree	53	27	23
		2.Neutral	26	18	04
		3.Disagree	25	21	13
6	Abuse is more likely in families where at least one parent abusing substance	1.Agree	74	36	27
		2.Neutral	12	14	08
		3.Disagree	18	08	05
7	Parents who are victims of child abuse, abuse their children more	1.Agree	33	17	11
		2.Neutral	21	16	12
		3.Disagree	50	24	17
8	If parents perceive the child as personal property there is an increased risk of child abuse	1.Agree	51	21	16
		2.Neutral	26	12	17
		3.Disagree	26	24	07
9	If a child results from an unwanted pregnancy there is an increase risk of child abuse	1.Agree	44	30	08
		2.Neutral	26	09	15
		3.Disagree	35	18	17
10	Marriage of the parents at a very young age can lead to child abuse	1.Agree	85	44	30
		2.Neutral	10	07	03
		3.Disagree	09	06	07
11	Parental unemployment can predispose to abuse	1.Agree	42	27	12
		2.Neutral	26	17	15
		3.Disagree	36	13	13
12	Physical and emotional problems can be a cause of child abuse	1.Agree	70	40	28
		2.Neutral	26	11	07
		3.Disagree	08	06	05
13	Marital and family problems are a cause of abuse	1.Agree	54	32	15
		2.Neutral	28	17	12
		3.Disagree	22	08	13

Table 3 represents the professional's perception of signs and symptoms of child sexual abuse in Arabic, Indian, and Western Culture. The participants rated the extent to which they agree or disagree with each statement. A 5-point Likert scale has employed, where 1=strongly disagree and 5= strongly agree. And for simple illustration, agree and strongly agree was combined into one category of agree, and disagree and strongly disagree was combined into one category of disagree. Neither agree nor disagree was labelled as Neutral.

Table 3: Professional's Perception of Symptoms & Signs of Child Sexual Abuse in Arabic, Indian, and Western Culture (N=201)

Statement		Arabic Culture (N=104)	Indian Culture (N=57)	Western Culture (N=40)
1	It is normal for children to be very afraid of their parents	1.Agree	67	42	21
		2.Neutral	14	07	14
		3.Disagree	23	08	05
2	Too much dependence on parents can be a sign of abuse	1. Agree	17	07	00
		2.Neutra	21	13	06
		3.Disagree	66	37	34
3	Falls Asleep in class is a sign of child abuse	1.Agree	14	05	03
		2.Neutral	22	16	03
		3.Disagree	68	36	34

4	Female child very scared when an adult male approaches her can be related to sexual abuse	1.Agree	67	33	15
		2.Neutral	20	15	16
		3.Disagree	17	09	09
5	Inappropriate social behaviour can be a consequence of child abuse	1.Agree	66	41	26
		2.Neutral	20	13	09
		3.Disagree	18	03	05
6	Unusual genital infections can be due to sexual abuse	1.Agree	58	32	17
		2.Neutral	28	18	15
		3.Disagree	18	07	08
7	Seductive behaviour in the child can be a sign of sexual abuse	1.Agree	55	32	18
		2.Neutral	31	18	14
		3.Disagree	18	07	08
8	Wet the bed after being dry for several months or years, is a sign of child abuse	1.Agree	44	15	06
		2.Neutral	30	31	15
		3.Disagree	30	11	19
9	Child become worried about clothing being removed can be a cause of child abuse	1.Agree	64	31	15
		2.Neutral	24	17	17
		3.Disagree	16	09	08

As a final point, failing to support the hypothesis, One Way Anova calculations revealed no significant difference according to culture regarding perceived symptoms and cause of abuse, $f_{200,1}=1.431$, $p>0.05$, ns.

Nor was there a significant difference for either gender of participants concerning the symptoms of abuse, $f_{200,1}=3.502$, $p>0.05$, ns or an interaction between culture and gender, $f_{200,2}=0.640$, $p>0.05$, ns.

4. DISCUSSION

Some methods have been developed to examine perception of child abuse and most are particularly approved through hypothetical vignettes, questionnaires (Likert-type scales), interviews, focus groups, and scenarios [6]; [40]. Some of these methods were developed to cover perception of major types of abuse, whereas others focus on perception of only one type of abuse, such as sexual abuse [38]. Still, advantages of using these methods in measuring perception of child abuse in different cultures are many, including the possibility of understanding risks, causes, signs and symptoms for abuse, and generating abuse-related knowledge. Though, to achieve that, the present study used (Likert-type scales).

To date, experiential reports suggest that child abuse such as sexual abuse, is prevalent in multiple settings, including homes, institutions, streets, or places of worship in numerous countries [2]; [36]; [39]. Although empirical reports describing professional's perceptions of symptoms and causes of child sexual abuse in several cultures, especially in Arabic and Indian, are negligible. However, the current study elaborates the comparison between the Arabic, Indian, and the Western cultures regarding the professional's perceptions of symptoms and causes of child sexual abuse.

Previous research has identified four major classes of variables that are associated with risk for child abuse: demographic variables, family relationships, parental characteristics, and child characteristics [5]. Most research on the role of demographic variables has focused on the potential effects of low socioeconomic status on risk for child abuse [34]; [46]; [52]. Research has established a strong relationship between poverty and abuse [56], although other researchers have obtained contrary findings [47]; [51]; [54]. Hence, the association between socioeconomic status and child maltreatment remains unclear [13]. A number of family characteristics have been reported to be associated with the occurrence of child abuse. Victims of child sexual abuse have frequently reported poor family and parent-child relationships [18]; [22]. Historically, the view of children as "property" permitted the use of violence against them [25]. Abusive parents have been reported to use severe physical punishment more frequently [50], to be more power assertive [49], and to punish their children more habitually for moral wrongdoings, conservative social transgressions, and noncompliance [49] than non-abusive parents. As the result, the child may be afraid to tell the parents about the sexual abuse because the child has a reason to believe that he/she will not be supported [25]. Research has also indicated that conflict between parents and poor parental relationships are connected to sexual abuse through emotional disturbances in the child. If the child is unhappy, emotionally deprived, or needy, then the child and especially female child maybe more venerable to an adult

interested in molesting her [11]; [43]. In addition, female victims of sexual abuse are more likely to have lived without their biological father, and to have lived in the presence of a stepfather [22]. Research has also indicated that disruption of relationships with biological parents appears to contribute to risk for sexual abuse of girls [18]; [22], and that maternal employment outside the home may be associated with risk for sexual abuse [21]. Numerous parental characteristics have been found to be associated with risk for child abuse and maladaptive parenting, including maladaptive personality characteristics e.g., hostility, low self-esteem [13]; [32]; [41]. Social and environmental factors such as parental substance abuse [30], parental psychopathology and domestic violence [17]; [34] have also shown to be associated with child abuse. Further, parents who were abused during their own childhoods may be more likely than others to abuse their own children [45], although those who had supportive relationships may be less likely to repeat the cycle of abuse [9]. Parental factors also included low parental warmth, low parental involvement, and unwanted pregnancy [34]. Several characteristics of children have also been found to be associated with risk for abuse. Research has consistently demonstrated that girls are at greater risk than boys for sexual abuse [28]; [34]. In addition, research has indicated that disabilities [48]; [53], childrens' personality, psychiatric symptoms and character may contribute to increased risk for abuse [15]; [24]. Many researchers in several parts of the world have tried to find out the risk factors and causes for child sexual abuse in the society (for example, in North America: Bergner, Delgado, & Graybill, 1994; Finkelhor, 1979; Finkelhor & Baron, 1986; Finkelhor, Hotaling, Lewis, & Smith, 1990; in Australia: Fleming, Mullen, & Bammer, 1997; in Malaysia: Kassim & Kasim, 1995), but most of their findings are not agreed with each other. For instance, in North America, out of the eight risk factors found by Finkelhor (1979) (parental occupation, income, and education; religion; ethnicity; presence or absence of the father at home; presence of a stepparent; degree of violence at home; and the quality parental marital home) only one factor (family income less than $10,000) was confirmed by Bergner and colleagues (1994). In South Africa, Collings (1991) found disciplinary or emotionally rejecting parents and separation from the natural father as significant factors. Though, the present study concentrated on the followings risk factors for child abuse: child gender; parental occupation, education, poverty, abusing substance, having psychiatric diseases, victim of child abuse, perceiving child as a personal property, marriage at a young age; and unwanted pregnancy. On the other hand, the current study focused on the followings signs and symptoms of child sexual abuse, extreme fearfulness from the parents, extreme dependence on the parents, fall asleep in the class, bed wetting, unusual genital infections, seductive behaviour, inappropriate social behaviour, female child very scared when an adult male approaches her, worried about clothing being removed. Further, much abusive behaviours exceed socio-legal restrictions because of collective evidence of their physical and psychological consequences to children and because of their contraindications for societal survival. Because abusive behaviours are best considered abusive through observed demonstration of their long-term negative consequences [37], perception of abuse is best operationalized through abusive behaviours demonstrated to result in long-term negative consequences to children. Beyond experiential knowledge of negative consequences of abuse for children, factors such as sociocultural values and beliefs about abuse, knowledge of existing regulations regarding abuse [3], and perhaps childhood experience of abuse are generally believed to influence professional's perception of abuse. Thus, integration of these factors will enhance the professionals' perception of child abuse.

Lastly, literature in cross-cultural definitions of abuse suggests that groups of people, professional and nonprofessional, as well as persons of different cultures, vary in their perceptions of cause, symptoms and the severity of different forms of child abuse [26]. Although national origin, class, education, and professional identity were also shown to influence perception and definitions of child abuse, reports from immigrants suggested even greater divides between parents who were born and raised in east and parents born and raised in the west, (even though all parents are currently living in the west). In addition to varying cultural norms, values and social realities, it is likely that perception regarding the parental behaviours toward children in the three groups: east born parents, west born parents and child welfare professionals, differ markedly [55]. However, the current study did not reveal any significant difference according to culture regarding perceived symptoms and cause of abuse. Nevertheless, this study does not attempt to report any strong relationships. But, it just gives an idea of the variables that might be involved in this correlation. Moreover, literature reviews show that not much study has been done on professional's perception regarding the symptoms and causes of child sexual abuse in different cultures, as no general statement could be made up to date on risk factors and signs & symptoms. This study, therefore, is intended at filling such a gap. Added, how can we still detect the cases of child sexual abuse going on in the society? And how can we predict such cases with maximum accuracy? [33]. These are some challenging questions for the future study in the area of causes and symptoms for child sexual abuse.

5. CONCLUSION

Although knowledge about professional's perception of symptoms and causes of child abuse is still in its infancy stage, the absence of practical researches in identifying the perception remains a challenge in utilizing knowledge about perception to inform policy, practice, and research. Therefore, initiating step for understanding the professional's perception of child sexual abuse in different diverse cultures that has been provided by the current study; is a step in the right direction.

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