



CHILD SEXUAL ABUSE: The Lebanese Situation

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The situation in Lebanon

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KAFA (enough) Violence & Exploitation
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List of abbreviations:

ADP: Area Development Program

ARABISPCAN: Arab International Society for the Prevention of Child Abuse and Neglect

CSA: Child Sexual Abuse

CAS: Central Administration of Statistics

FGD: Focus group discussion

GSHS: Global School Based Student Health Survey

HCC: Higher Council for Childhood

ICAST: International Child Abuse Screening Tool

ICT: Information and Communication Technology

IDRAAC: The Institute for Development, Research, Advocacy, and Applied Care

ISPCAN: International Society for the Prevention of Child Abuse and Neglect

MOSA: Ministry of Social Affairs

NGO: Non-Governmental Organisation

PTSD: Post Traumatic Stress Disorder

SDC: Social Development community Center

UPEL: Union for Protecting Childhood in Lebanon

WHO: World Health Organisation

EXECUTIVE SUMMARY

The problem of child sexual abuse (CSA) has scarcely been addressed in the Arab world, despite its prevalence worldwide. This study is subsequently unique as it is the first to be conducted in Lebanon exploring and highlighting a problem that has otherwise been left behind closed doors in this region. The following project was envisioned by KAFA in partnership with Save the Children Sweden following the encounter of several child sexual abuse victims at the end of the July 2006 war. This study is an important first step in discussing and examining solutions to a problem that has been ignored for too long. It has been implemented in collaboration with the Higher Council for Childhood (HCC), the Ministry of Social Affairs (MOSA), the Development Community Centres, Arab International Society for the Prevention of Child Abuse and Neglect (ARABISPCAN), the Rene Mouawad Foundation (Access MENA Project), World Vision Area Development Programs in Bourj Hammoud and Bekaa, in addition to Child Protection NGOs.

The study examines Child Sexual Abuse in Lebanon by 1) assessing the magnitude of CSA, 2) identifying its predisposing factors and drawing a profile of children who may be at high risk of victimization, and 3) assessing the effect of the July 2006 war on the prevalence of CSA. The research covered several areas in Lebanon and included two major components: a cross-sectional survey of children aged 8 to 17 years, and focus group discussions with children, mothers and educators. The results of the study will be disseminated in an effort to address and examine objectively a problem that is currently cast in the shadows for being considered 'taboo'. Furthermore, this research will set a national strategy to address CSA in Lebanon and layout recommendations for reducing its occurrence especially under emergency situations, including war. 1,025 children were administered a structured survey related to their socio-demographic characteristics, exposure to sexual abuse (before, during and after the July 2006 war), violence at home (physical, psychological, verbal, as well as witnessing violence) lifestyle habits and

psychological status (i.e. trauma related symptoms that include sleeping problems, depression, anxiety, anger, post traumatic stress disorder (PTSD), dissociation, sexual concerns and somatic complaints).

16.1 per cent of the children surveyed admitted experiencing at least one form of sexual abuse¹ either before or after the 2006 war. 12.5 per cent were victims of sexual acts, 8.7 per cent of sexual attempts, and 4.9 per cent were exposed to photos or movies containing sexual content. The average age of children surveyed that encountered some form of abuse was 10.3 years old. Children's gender, religion, schooling, father's education, and gender of the person sharing the child's room made no difference in the child's likelihood of being a victim of sexual abuse. Children who were more probable to acts of sexual abuse included children coming from fragmented families, living either in small or large houses, whose mother had either a high or low education or a working-mother, and working children.

The survey showed that most incidents of sexual abuse occurred at home repeatedly by an unidentified male perpetrator. According to the findings, CSA was mostly prevalent in homes where children witnessed violence or were subjected to physical or psychological abuse, as well as amongst children who perceived a lack of family affection.

54.1 per cent of the sexually abused children said they had talked to someone about being abused, most commonly their mother. Children that had experienced some form of sexual abuse were more likely to fail in school, lead a less healthy lifestyle, and have a worse psychological profile than children that had not been abused. Symptoms of abused children differed based on gender; sexually abused girls tended to suffer more of symptoms related to post traumatic stress, sleeping problems, and anxiety than sexually abused boys.

¹ In this study, we have classified child sexual abuse as one of three forms: Subjection to direct sexual acts such as kissing, and touching; subjection to indirect sexual acts such as watching pornographic films; and attempts at one of these two forms.

4.8 per cent of the children surveyed admitted experiencing at least one form of sexual act during the war. Findings showed that boys were subjected to sexual abuse more frequently than girls during the 2006 war. Most of these abuse incidents took place at home and were inflicted by an unidentified male.

The focus group discussions (FGD) held with mothers and educators reflected a certain lack of knowledge regarding the prevalence and the predisposing factors leading to CSA. The discussions also illustrated a striking gender bias in addressing cases of sexual abuse, as cases of girl-victims were treated with greater secrecy than boys. FGD revealed the reluctance of children to reveal the abuser's identity, especially when the perpetrator was a family member. Participants of the study acknowledged the importance of addressing CSA on a national level despite it being considered taboo in society.

Child Sexual Abuse: the situation in Lebanon

A- INTRODUCTION

The past decades have witnessed a growing interest worldwide in addressing the issue of child maltreatment and particularly sexual abuse. Research on behavioural, social and mental health consequences of child sexual abuse are evidence of this major problem and its serious implications for the individual child and society. In Lebanon, the problem has not received adequate attention, although there are several victims that have been seeking help from organisations working in this field. Hence, the importance of conducting a study that examines thoroughly the issue of child sexual abuse in Lebanon with the aim of setting the groundwork for addressing this matter and establishing a national strategy to deal with it.

a- Definition

There are several definitions of child sexual abuse, the most comprehensive is provided by the Federal Child Abuse Prevention and Treatment Act that describes it as "the employment, use, persuasion, inducement, enticement, or coercion of any child to engage in, or assist any other person to engage in, any sexually explicit conduct or simulation of such conduct for the purpose of producing a visual depiction of such conduct; or the rape, molestation, prostitution, or other form of sexual exploitation of children, or incest with children"(CAPTA, 2003).

Accordingly, child sexual abuse can be: 1) physical, which includes: touching, fondling, kissing, molestation, rape; 2) visual, such as: exposing sexual organs, exhibiting sexual acts, showing pornographic movies or pictures depicting sexual acts; 3) verbal, for example: addressing a child in a sexual manner or using words that denote sexual connotations; and/or 4) exploitation, such as taking pictures or movies of a child in sexual positions, acts of child prostitution, and or child trafficking.

b- Prevalence

Prospective studies on child sexual abuse are difficult to carry out for ethical and legal reasons. Consequently, all data has been gathered from reports of men and women asked to recall their experiences of unwanted sexual activity before the age of 18 years. However, in such cases, abuse may be underreported because many people are afraid or ashamed to reveal victimization, some have repressed memories of being abused, while others refuse to participate in studies or are in denial of what they had experienced (Finkelhor 1986). Hence, unreliable recall bias represents a threat to the validity of the results and follow-up studies often show that a false-negative rather than a false-positive bias is the rule (Fergusson 2000).

Methodological factors may also compromise the validity of results. Rates differ according to the definition of abuse adopted in the study (e.g., unwanted versus forced, penetrative versus exposure), survey methods (e.g., telephone surveys versus questionnaires, lifetime versus past year), and representativeness of the samples collected (e.g. students versus clinical patients).

Nevertheless, the sexual abuse rates reported for women have ranged from 8 per cent to 32 per cent in retrospective general population samples, and the rates for men ranged from 1 per cent to 16 per cent (Finkelhor, 1994). The rates for contact in addition to penetrative abuse were found to be 3.6 per cent in males and 17.9 per cent in females (Andrews 2002). Childhood sexual abuse is considerably less common in males, with the ratio of female to male victims estimated to be as high as 12:1 (Silverman, 1996); however, there is a belief that the reported rates for male-child sexual abuse are seriously underestimated (Mendel, 1995).

c- Risk factors for Child Sexual Abuse

Child sexual abuse does not seem to be limited by culture or socioeconomic status (Huyer 2005) and occurs in rural, urban and suburban areas as well as among all ethnic, racial and socioeconomic groups (NRCCSA 1994). Two population-based studies showed no differences in education-levels between abused and non abused (Finkelhor 1990, Vogeltanz 1999). Studies have shown that children are most vulnerable between the ages eight to twelve years old (Finkelhor 1986) and that the average age for first-time abuse is 9.9 years among boys and 9.6 years among girls (NRCCSA 1994, Andrews 2002). Reports have also indicated that in more than 20 per cent of cases victimisation occurred before the age of eight years old and that 24 per cent of female-child sexual abuse survivors were abused for the first time at five years old or younger (Boyer 1992).

The primary factors for increased risk of female-child sexual abuse are having few friends, absent or unavailable parents, a stepfather, and conflicts with or between parents (Finkelhor 1986). Other risk factors include: physical or mental disability, separate living arrangements from the biological parents, mental illness, alcohol or drug abuse in the family, a parent who was physically or sexually abused as a child, homes with other forms of abuse, prostitution or transient adults (Finkelhor 1986, Gutman 1991, Sobsey 1992).

Eight of the abovementioned indicators were observed in a study to see the correlation between their occurrence and the risk of girls being victims of sexual abuse. The findings showed 68 per cent of girls that listed three indicators had a history of sexual abuse, 26 per cent listed two indicators, 9 per cent one indicator, and 6 per cent of girls did not list any of the indicators. Another study found 78 per cent of sexually abused children citing at least three of the abovementioned risk factors (Gutman 1991).

The strongest family related factors correlated with abuse were found to be: divorce, domestic violence and having family members who abuse substances or who are emotionally unavailable (Finkelhor 1986, Beitchman 1992). Sexual abuse often occurs in successive generations of the same family. Most often, children are abused by someone they know and trust, although boys are more likely than girls to be abused outside of the family (AMA 1992). Studies have shown that in 40 per cent of child sexual abuse cases the abuser is a family member, and additional studies have indicated that in 75 per cent of CSA incidents the abuser is known to the child (Goldman 1997, Swanston 1997). Family members constitute one-third to one-half of the perpetrators against girls and 10 per cent to 20 per cent of the perpetrators against boys (Finkelhor 1994). In up to 50 per cent of reported cases, the offenders are adolescents; interestingly, almost half of the offending fathers and stepfathers also abuse children outside their family (National Research Council, 1993).

d- Consequences

The lifelong consequences for child sexual abuse are tremendous. A number of studies have found that women who had been sexually abused at childhood generally had a greater incidence of teenage marriage, divorce or separation, were of lower socioeconomic status, and had higher rates of various other life stressors than did women without abuse histories (Bagley 1985, Mullen 1988, Bifulco 1991).

CSA is associated with poor functional disability, heightened physical symptoms, frequent physician-coded medical diagnoses, almost doubling of emergency room visits, and a large median annual health care cost (Walker 1999). The physical symptom clusters most commonly associated with sexual abuse history include headaches, abdominal pains and gastrointestinal disorders, gynaecologic and pelvic disorders, in addition to panic-related symptoms (Leserman 2005). However, these symptoms of poor physical health status often appear many years after the initial trauma (Golding 1996, Walker 1999, Hulme 2000) making the association less obvious.

Moreover, there is a plethora of literature relating sexual abuse to an increased risk of developing a psychiatric disorder (McCauley 1997, Wilsnack 1997, Brown 1999, Paolucci 2001, Molnar 2001, Wise 2001). Compared with non-abused girls, abused girls are more likely to report depression, poor self image, self destructive or suicidal behaviour, eating disorders, excessive drinking, and early onset of sexual activity (Finkelhor 1986, Mullen1988). In addition, there are documented associations between childhood physical and sexual abuse, poor academic performance (Erickson 1991), teen pregnancy (Boyer 1992), running away and prostitution (Widom 1996), as well as substance abuse (Kendler 2000).

Kendall-Tackett and Marshall (1998) described seven domains of adult disorders deriving from sexual abuse in childhood and/or adolescence:

- 1) Post-traumatic stress disorder (including, intrusive thoughts, sudden intrusive flashbacks and memories of the abuse);
- (2) Cognitive disorders (such as, seeing the world as a dangerous place, chronic perceptions of helplessness, powerlessness and low self-esteem);
- (3) Emotional distress (for example, depression, fear, anxiety, phobia, obsessive-compulsive disorder and anger);
- (4) Impaired sense of self (that include, difficulty protecting self and difficulty setting boundaries);
- (5) Avoidance (for instance, dissociation, excessive daydreaming or "spacing out" and amnesia regarding abuse-related events);
- (6) Interpersonal difficulties (such as, intimacy dysfunction, difficulty in self-disclosure and expressing warmth in intimate relations as well as a high need for closeness);
- (7) Health problems (for example, brain structure changes, immune system deficiencies, frequent feelings of fatigue, frequent gynaecological problems, excessive drug or alcohol use, and frequent headaches).

Yet, not all children manifest the ill effects previously mentioned. Kendall-Tackett et al. (1993) found that a substantial percentage of the victims (31 per cent to 49 per cent) reported no symptoms at all. It is unclear why some victims display symptoms and others do not. It seems that several factors contribute to the development of further pathology; these factors can be grouped as: child related factors, abuse, or event related. Among the child related factors, age at which the abuse has occurred plays an important role. There is evidence to show that sexual abuse at childhood may be particularly pernicious in its effects and is more likely predictive to the subsequent development of psychiatric illness than sexual assault occurring in adulthood (Burnam 1988). For example, women with a history of sexual abuse before 14 years of age scored significantly higher on the Beck Depression Inventory² than patients that had not been abused (Gorcey 1986). A review by Kendall-Tackett et al (1993) of 45 empirical studies conducted in the 1990s concluded that there were different effects of CSA associated with age. Amongst preschoolers, the most common symptoms noted included anxiety, nightmares, and inappropriate sexual behaviour, whereas among school-aged children the most common symptoms reported were fear, mental illness, aggression, nightmares, problems in school, hyperactivity, and regressive behaviour. Common symptoms among adolescents included depression, withdrawn behaviour, suicidal or self-injurious behaviour, physical complaints, illegal acts, running away, and substance abuse. The child's capacity to successfully survive the adverse events and to develop adequately afterwards, is a form of defense-mechanism created by the child to deal positively with a trauma incident. Resilience is related to the individual's past history and the way he/she perceives the events that occur in his/her life (Cyrulnik B).

² The Beck Depression Inventory is a self-report inventory consisting of 21 multiple-choice questions that is one of the most widely used instruments for measuring the intensity, severity, and depth of depression.

Circumstances surrounding the abuse affect the child's response to it. Severity of the abuse, as reflected by its nature and frequency plays a role. Studies have shown that more invasive childhood sexual abuse (such as penetration) is associated with worse psychological and physical symptoms (Bendixen 1994) along with worse health status than the less severe forms of sexual abuse (Leserman 1997). Increased numbers of sexual abuse incidents were associated with increased psychopathology (Nash 1993) and a longer duration of abuse was related to more physical symptoms (Rimsza 1988). Moreover, the identity of the abuser (relation to the victim, age difference), the strategies used (violence, threatening, seduction), how long the abuse remained a secret, and the reaction of those surrounding the victim, especially the non-abusing parent (silence, indifference, or blaming) affect further consequences.

e- Child Sexual Abuse in the Arab World

Data on CSA from the Arab world is scarce. Although most Arab countries have institutions that provide services for CSA victims, only two countries (Bahrain and Palestine) have official records maintained by governmental agencies for child maltreatment cases (Arab Country Perspective on Child Abuse, Edition 6, an official publication of ISPCAN). It is unknown whether the prevalence and form of CSA in the Arab world are similar to that reported in western literature. Mennen (1995) studied the relation between CSA, race, and ethnicity in the United States of America, but did not find an overall correlation between ethnicity and CSA symptoms; however Latino-American girls that had experienced penetration at the time of abuse suffered higher levels of anxiety and depression. This finding was explained by the fact that Latino communities ascribe high value to purity and virginity, a norm that is also characteristic in Arab communities. In addition, Arab society is characterized by centrality of honour which is commonly linked to the sexual conduct of women, and the sanctity of the family (Barakat 1993). Thus, it follows that victims of CSA in the Arab world, particularly when victimized by a family member, may have to suffer the consequences of

their abuse in silence so as not to tarnish their honour or break the family unity.

Hajj Yahia (2000) found the rates of sexual abuse among Palestinian students within the range of rates reported in other societies. Research participants indicated that a family member (8.6 per cent), a relative (36.2 per cent), or a stranger (45.6 per cent), had perpetrated at least one act of sexual abuse against them since early childhood. No significant differences were found between female and male participants, or among the socio-demographic characteristics of the sample. In addition, significantly higher levels of psychological symptoms were found among victims abused by a family member.

In Lebanon, the records of the Ministry of Justice reveal that for the period extending from January 1 to June 30 2007, 33 cases of child sexual abuse or rape were investigated (25 victims, 7 perpetrators, and 1 witness), 12 adolescents were accused of sexual acts violating social norms and 8 of prostitution. As for child maltreatment cases examined at court, 58 per cent were sexual assault cases, 21 per cent related to physical abuse and 1 per cent of the cases reported child neglect (Ministry of Justice 2004). These numbers seem to represent the tip of the iceberg, with the actual numbers being higher. However, very few studies have been conducted in Lebanon to tackle the problem of child sexual abuse. A World Health Organisation (WHO) study on child abuse in Lebanon reported that 0.4 per cent of interviewed children admitted being sexually abused, yet researchers recognised this number to be inaccurate (Abbas 2004). The presence of sexual abuse was derived from the narrations of 12 children interviewed for a case study on children and violence (Chemaly 2003). A preliminary study on sexual exploitation of children in Lebanon aiming to identify risk factors, concluded that family factors (disruption, absence of protective role, addiction and psychopathology), environmental factors (heavily populated areas) and socio economic factors (poverty, child labour, lack of recreational centres, school dropouts) alluded to the sexual exploitation of children

(Chemaly 1996). In addition, the relation between the response to CSA and culture-related personality dimensions was studied among Lebanese university students, concluding that denial was the pervasive response to CSA (Eid 2004). In 2005 5,115 students (between 13 and 15 years old) were surveyed by the Global School Based Student Health Survey (GSHS) regarding their health behaviours and lifestyles. Results of the survey revealed the lifetime prevalence of sexual harassment (defined as making comments of sexual nature, touching private body parts, and/or trying to force a sexual relationship) as 17.3 per cent; with a greater prevalence amongst male students (19.5 per cent) than female students (15.3 per cent).

Several cases of child sexual abuse were encountered during the July 2006 war which raised a major concern regarding the magnitude of CSA in Lebanon and whether the war impacted its prevalence and characteristics. Hence the following project was envisioned by KAFA, in partnership with Save the Children Sweden and implemented in collaboration with the Ministry of Social Affairs, the Higher Council for Childhood, Development Community Centres, the Arab International Society for the Prevention of Child Abuse and Neglect, the Rene Mouawad Foundation (Access MENA Project)³, World Vision⁴ Area Development Programs in Bourj Hammoud and Bekaa, in addition to Child Protection NGOs.

³ The ACCESS MENA project is one of Rene Mouawad foundation's several activities; it is an initiative that is functional in several areas of Lebanon and focuses on combating child labour through education and sustainable projects.

⁴ World Vision has many developmental community projects throughout Lebanon, some that address children and displaced communities.

The aims of the project were to 1) assess the magnitude of CSA in Lebanon, 2) identify some of the predisposing factors and draw a profile of children who may be at high risk of victimization, 3) assess how the 2006 July war effected the prevalence of CSA, and 4) begin to amend the perception of CSA as taboo so that it is addressed more objectively. The results of the study will be used to formulate a national strategy that addresses CSA in Lebanon and provides recommendations on how to reduce its occurrence at all times, including emergencies.

B- METHODS

The study was devised in two major parts: a cross sectional survey and focus group discussions. The cross sectional survey included a randomly selected sample of children aged 8 to 17 years old from several areas in Lebanon, who were administered the questionnaire by previously trained social workers. This age group was selected based on the studies mentioned earlier that indicated most cases of CSA occur by 10 years of age. Hence, surveying this age group was an attempt at reducing recall-bias, increasing the possibility of early intervention, and preventing the negative consequences of CSA. Ten focus group discussions were also conducted: five with parents and educators and five with children of the same age group (8 – 17 years old) that had not participated in the survey. The focus groups were conducted in five Lebanese governorates (mohafazat): one focus group with parents and educators, and one with children were conducted in each governorate. In addition, the discussions held with children were followed by awareness sessions on the subject of CSA.

Prior to collecting the data for the cross-sectional survey, social workers received a two day training on interviewing skills, questionnaire administration, ways to appropriately introduce and explain the survey, and ethical guidelines on interviewing children and obtaining their consent to participate. The social workers were also informed about the possible reactions of children that may be induced by the questionnaire and the appropriate ways to react to them; in addition they were

instructed not to force the child to answer any questions against their will. The children were given the telephone number of the Union for Protecting Childhood in Lebanon (UPEL)⁵ in each governorate to call in case of an emergency situation.

Focus group discussions with the parents were conducted by a social worker, while discussions with the children were held by a psychotherapist from KAFA⁶ with previous experience in dealing with CSA cases. The discussions were taped and transcribed.

a- Instruments:

i- Questionnaire

A questionnaire was developed in Arabic to be used for the cross sectional survey. A pilot-questionnaire was tested before the final administration (Annex I). The questionnaire included the following sections:

1- *Socio-demographic characteristics*: age, place of residence, religion, housing conditions (such as number of people living with child, number of rooms, persons sharing bedrooms), parents marital status, education, employment, person(s) who stay with the child during the parents absence, child's employment and school type (private or public).

⁵ UPEL was founded in 1936, and is mandated by the Ministry of Justice. It has offices in six governorates, and a reformatory for juveniles in Fanar. In each office social counselors study the files of juveniles that are exposed to danger (ill-treatment, homelessness, carelessness, sexual or physical abuse, moral violence) and who are appearing in courts for violation of laws (including robbery, attempted murder, pick pocketing, and beating).

⁶ KAFA (Enough) Violence and Exploitation was founded in 2005 and is mandated to work on gender-based violence and child sexual abuse. KAFA has a listening and counselling centre with a specialised multi-disciplinary team.

2- *Abuse related information*: the International Child Abuse Screening Tool (ICAST) was used to collect information on child exposure to physical abuse, emotional abuse, sexual abuse, or witnessing abuse occurring in his/her surrounding. The ICAST was developed by ISPCAN and the United Nations Children's Fund (UNICEF), and reviewed by more than 60 scholars from both developed and developing countries. The tool provides a list of behaviours related to physical abuse, emotional abuse, neglect, sexual abuse, and witnessing abuse. It was decided to exclude questions on neglect due to it being difficult for children to determine whether the neglect was intentional or secondary to parental preoccupation with the war and its repercussions. Questions related to sexual abuse were categorised as follows: attempt (where the perpetrator tries to involve the child in a sexual act: items number 2,6,7, and 12 under question 23), action (where the perpetrator involves the child in a sexual act: items number 1,3,4,5,9,10,13 and 16 under question 23), and Information and Communication Technology (ICT)⁷ (questions related to forcing the child to view pictures or movies depicting sexual acts either on internet or videos: items number 14 and 15 under question 23).

Children were asked to rate how frequently the abusive behaviours occurred during the period extending from the end of the July war until the time of data collection, (approximately a one-year period) on a 3-point scale, 0: never occurring, 1: occurring a few times (1-2 times), and 3: frequently occurring (more than twice in the above mentioned period). An additional code was introduced for abusive behaviour occurring before the war. The questionnaire also included items regarding the age of the child, when the incident occurred, the identity of the perpetrator, and the location of the incident.

Children were also asked whether they informed anyone about being abused, and the reaction of the person they told. If they kept the abuse

⁷ Information and Communication Technology (ICT) refers to all ICT including television, videos, internet, telephones, and mobile.

confidential, they were asked their reasons for not revealing it. Additionally, they were asked if there was a specific person (and to identify if yes) in their life who they were afraid of, and whether they knew of a friend or a relative who was subjected to sexual abuse and his/her perpetrator.

3- *Experiences during the war*: information related to place of displacement, number of persons sharing the room, as well as exposure to sexual abuse was collected. The questions addressing sexual abuses during the July 2006 war were only related to sexual acts.

4- *Consequences of child sexual abuse*: the questionnaire collected information on:

- *School performance*: years spent in school, number of schools changed, number of grades repeated;
- *Lifestyles*: history of smoking cigarettes or water-pipe, drinking alcohol, being involved in any regular sport activities, having hobbies, or presence of friends.
- *Trauma symptoms*: were measured using the Trauma Symptom Checklist for Children (TSC-C). This is a 54-item instrument developed to assess repercussions of childhood trauma and/or abuse, written to be understandable by children as young as eight years of age. The original TSC-C contains six subscales: anxiety, depression, post-traumatic stress, dissociation, anger, and sexual concerns. Responses to the items were originally based on a 4-point scale: 0: never, 1: occasionally, 2: fairly often and 3: very often; however since the children could not differentiate clearly between occasional and fairly often, the scale was reduced to a 3-point scale: 0: never, 1: often, 2: very often. However, most items related to sexual concerns were removed as they were considered culturally inappropriate, keeping only one item related to excessive thinking about sex. In addition, the sleep subscale of the Trauma Symptom Checklist (TSC-33) (Briere & Runtz, 1989) was added, as well as

items related to body complaints grouped to reflect a subscale labelled somatic symptoms. The final questionnaire consisted of 55 items containing seven subscales: anxiety, depression, post-traumatic stress, dissociation, anger, sleep and somatic symptoms and one item on sexual-thoughts. For each child a score was computed per subscale by adding the points marked for the corresponding items.

5- *Abuse related factors*: additional information collected by the questionnaire pertained to:

- *Family functioning*: a short 20-item version of Roelofse and Middleton's (1985) Family Functioning in Adolescence Questionnaire was used to measure children's perceptions of the functioning of their families with special emphasis on structural, affective and communication dimensions in the family. Responses to these items were originally based on a 4-point scale: 1: almost always true, 2: frequently true, 3: somewhat true and 4: hardly ever true, but were changed to a 3-point scale as children could not differentiate between frequently true and somewhat true.
- *Trustful relations*: the presence of trustful relations in the life of the child was assessed using several questions about who the child would seek the help of, or recommend a friend to seek the help of, when facing problems. The children were also asked whether or not they thought the police would be a helpful source to report to when facing any unpleasant experience.

6-*Feedback*: At the end of the questionnaire, children were asked whether they found difficulty understanding or answering the questions, and speaking out about the experiences they had been through. They were also requested to give suggestions for interventions against child abuse.

ii- Focus Group Discussions checklist

Several meetings were conducted by the research team to discuss and finalize a checklist that the facilitator of the focus group discussions (FGD) could follow when conducting these sessions. The checklist included points related to the objectives of the FGD, i.e. to elucidate the knowledge and attitudes of the parents and children towards CSA and recognize the barriers that discouraged the child from reporting the incident or seeking help. Knowledge and attitudes regarding violence against women in general and sexual violence in particular were also explored. Introductory icebreaking points related to daily lifestyles and chores were also included (Annex II).

b- Sample size and selection:

A power analysis⁸ estimated the sample size consisted of 1,000 children. This sample size was adequate to estimate the prevalence of CSA within 2.5 per cent, a 95 per cent confidence and test for associations with moderate effect sizes (0.50 - 0.60) with 90 per cent power. Sampling of participants was proportional to the distribution of adolescents aged 8 – 17 years old (obtained from the Central Administration of Statistics website: <http://www.cas.gov.lb/>) in the six governorates of Lebanon

Children were randomly selected by social workers and staff working at the Social Development community centres, Ministry of Social Affairs (MOSA) centres, World Vision Area Development Programs in Bekaa and Bourj Hammoud, as well as in the Rene Mouawad Foundation's ACCESS MENA project. These centres and organisations were chosen because they have a long-term experience in dealing with children, are widespread all over Lebanon, and have access to groups from various

⁸ A statistical technique used to determine the number of subjects required to detect differences between experimental or control groups.

socio-economic backgrounds that the researchers wanted to include in the study. The Social Development Community and MOSA centres are primary health care centres that provide social services to the community.

Children were selected randomly (every third child that visited the centres) during the period extending from mid-August to mid-September 2007. In addition every third child in the list of attendees of the summer camps held by the Social Development Community Center (SDC) at MOSA was selected to participate in the study. The research group recognized that the reporting of CSA may differ based on whether the sample was taken from health centre's or summer camps and accordingly an additional code was introduced to specify the venue.

c- Data Analysis

Data analysis was done using SPSS⁹ (version 15 Chicago, USA). Descriptive statistics were calculated and bivariate associations were investigated. For descriptive statistics, proportions were used to summarize categorical variables (for example: gender, abuse, and work status) while the mean was used to summarise continuous variables (such as: age, and different scores). The chi-squared test (or Fisher's exact test) was used to look for associations between categorical variables, while the t-test was used to compare the means of continuous variables across the abused groups. Moreover, Pearson's correlation coefficient was used to assess correlations between different scores.

⁹ Statistical Package for Social Sciences (SPSS): a computer program used for statistical analysis.

C- RESULTS

C. I- Results of the cross sectional survey:

1,035 children completed the questionnaires. Ten lacking substantial data, were excluded from the analysis making the final sample 1,025.

1- Socio-demographic characteristics of the sample

The children surveyed were between 8 and 17 years old. 86.5 per cent of the children were living with both parents whose educational level was primarily secondary or below, in homes of 4 rooms or less; 55 per cent of the children attended private schools and 10 per cent were employed (Table 1).

Table 1: Socio-demographic characteristics of the sample (N= 1025)

Variable	Mean (SD)	Number (%)
Age	11.89 (1.67)	
Gender		
Female		469 (45.8%)
Male		554 (54.2%)
Religion		
Muslim		679 (68.1%)
Christian		311 (31.2%)
Unknown		7 (0.7%)

Governorate

Beirut	70 (6.9%)
Mount Lebanon	403 (39.5%)
North	232 (22.8%)
South	50 (4.9%)
Bekaa	153 (15.0%)
Nabatyyieh	111 (10.8%)

Family status

Parents together	888 (86.5%)
Parents Separated	55 (5.4%)
At least one parent dead	68 (6.7%)
Other	14 (1.4%)

Number of rooms in the home

<2	26 (2.6%)
2	146 (14.5%)
3	306 (30.3%)
4	269 (26.7%)
5	164 (16.3%)

6 or more	98 (9.7%)
Fathers' Education	
Illiterate	57 (5.7%)
Read/Write	111 (11.1%)
Primary	174 (17.3%)
Middle	239 (23.8%)
Secondary	120 (12.0%)
University	154 (15.4%)
Unknown	148 (14.8%)
Mothers' Education	
Illiterate	60 (6.2%)
Read/Write	103 (10.6%)
Primary	164 (16.9%)
Middle	218 (22.5%)
Secondary	159 (16.4%)
University	143 (14.8%)
Unknown	122 (12.6%)
School Type	
Public	386 (39.7%)

	Private	531 (54.6%)
	Boarding	40 (4.1%)
	Other	15 (1.5%)
Work		
	Yes	100 (10.2%)
	No	884 (89.8%)

2- Prevalence and characteristics of child sexual abuse before and after the war

a- **Prevalence:** 16.1 per cent of the children surveyed admitted experiencing at least one form of sexual abuse before and after the war; 46 per cent of which occurred before the war. 12.5 per cent of the children were victims of sexual acts, 8.7 per cent were victims of sexual attempts, and 4.9 per cent were exposed to ICT display of sexual photos or movies. Results indicated that the prevalence of CSA did not vary according to the venue (health care center versus summer camp) where the data was collected. Table 2 represents how frequently the child was abused according to the various types of sexual abuse. Findings revealed that touching was the most frequent act perpetrated on children and that the average age for occurrence of the abuse was 10.3 years old.

Table 2: Prevalence of child abuse and frequency of occurrence according to different types of CSA

Variable	Number (percentage)
<u>Sexual abuse attempts</u>	<u>89 (8.7%)</u>
- Child kissed or hugged against their will	66 (6.4%)
- Child forced to expose their private parts	27 (2.6%)
- Child forced to touch private parts of perpetrator	24 (2.3%)
- Child forced to have sex against their will	10 (1.0%)
<u>Sexual abuse through ICT</u>	<u>50 (4.9%)</u>
- Movies or pictures in magazines	39 (3.8%)
- Internet	32 (3.1%)
<u>Sexual abuse actions</u>	<u>128 (12.5%)</u>
- Child Touched against their will	86 (8.4%)
- Child kissed or hugged against their will	50 (4.9%)
- Various parts of child's body kissed against their will	21 (2.0%)
- Perpetrator exposed his/her private parts	41 (4.0%)
- Touched child's private parts against their will	34 (3.3%)
- Child forced to touch perpetrator's private parts	20 (2.0%)

- Child forced to sit on the lap of perpetrator and fondled against their will	26 (2.5%)
- Child forced to sit on lap of perpetrator for pleasure	14 (1.4%)
- Child forced to have sex	6 (0.6%)
- Perpetrator took pictures or movies of child alone or having sex with others	5 (0.5%)

165 sexually abused children, making the prevalence of CSA 16.1%

b- ***Socio-demographic characteristics of victims:*** Among children who reported being sexually abused (Table 3), no difference was found based neither on the child's gender, religion, school type, or father's education nor by the gender of the person sharing the child's room. However, sexual abuse was significantly more frequent among children coming from fragmented families (separated parents or dead parent(s)), living either in small (2 rooms or less) or large houses (6 or more rooms), whose mother has either a high or low level of education (illiterate versus university level), or who have working mothers (regardless of the type of work). Survey results illustrated that sexual abuse was found to be most prevalent among working children, specifically sexual abuse related to ICT. For instance working children were more exposed to images of sexual acts through the use of videos, magazines and the internet. No significant difference between the type of work the child was undertaking and the presence of abuse were noted. Results showed that the prevalence of CSA varied based on geographical areas; findings showed it was significantly less prevalent in Beirut compared to Bekaa and Nabatiyyeh. The highest prevalence of CSA was found in the North, South, and Mount Lebanon.

Table 3: Socio-demographic characteristics of CSA victims

Variable (p value)		Prevalence of CSA
Age	(p= 0.003)	
9 or less		6.1%
10-12		13.9%
13-14 years		21.4%
15+		35.3%
Gender	(p=0.192)	
Female		14.5%
Male		17.5%
Religion	(p=0.234)	
Muslim		15.0%
Christian		18.0%
Governorate	(p=0.001)	
Beirut		1.4%
Mount Lebanon		18.4%
North		21.1%
South		20.0%
Bekaa		11.8%

Nabatiyyeh	11.9%
Family status (p=0.003)	
Parents together	14.7%
Parents separated	25,5%
Father dead	15.6%
Mother dead	45.0%
Both parents dead	33.3%
Number of rooms (p= 0.01)	
2 or less	20.9%
3-5	13.7%
6+	25.5%
School type (p=0.387)	
Private	14.7%
Public	17.9%
Child working (p=0.009)	
Yes	24.0%
No	76.0%
Father's education (p=0.209)	
Illiterate	22.8%
Secondary	14.3%
University	17.5%

Mother's education (<0.001)

Illiterate	25.0%
Secondary	11.3%
University	23.8%

c- **Abuser.** The survey showed that in 27 per cent of child sexual abuse cases the perpetrator was a male stranger, and in 21.6 per cent of incidents a friend. Among family members, the uncle (8.4 per cent) and the brother (8.1 per cent) were reported as the most frequent perpetrators. This finding was the same with all types of abuse except for cases whereby the child was forced by a friend to look at ICT materials containing sexual content (Table 3.1). Almost all types of sexual abuse acts were perpetrated by a male regardless whether the victim was a boy or a girl.

d- **Place of sexual abuse.** Survey results indicated that 55.8 per cent of CSA cases took place at home, 6 per cent at school, 5.5 per cent of abuse incidents happened in neighbour's homes and 5.1 per cent in homes of relative's. Therefore, the home was cited as the most common place of child sexual abuse occurrence; however additional places also cited included houses of friends, shops, and internet cafes (Table 3.1).

e- **Reaction to sexual abuse.** According to the survey results, 54.1 per cent of the sexually abused children confided in someone about the incident. Of these, 36.4 per cent confided in their mother, 19.7 per cent disclosed what happened to both parents and 10.6 per cent told their father. Children also recounted being abused to their friends, brothers, sisters, or other family members. The identity of the person the victim confided to have no relation to the child's gender. When children were asked how the person they confided in reacted to hearing about the sexual abuse case, 42.9 per cent stated that the person listened carefully to them, 14.3 per cent were told that what happened was insignificant,

14.3 per cent were asked not to talk about it and 6.3 per cent were scolded. Of the children surveyed, 23.2 per cent did not tell anyone they had been sexually abused because they were scared of their perpetrator, 23.2 per cent kept what had happened to them a secret because they felt ashamed, and 12.5 per cent were afraid of their parents (Table 3.1).

Table 3.1: Characteristics of child sexual incidents occurring before and after war

Frequency	
1	193 (43.6%)
2-5	118 (26.6%)
6+	132 (29.8%)
When	
Before war	200 (46.0%)
After war	235 (54.0%)
Perpetrator:	
Male stranger	80 (27.0%)
Friend	64 (21.6%)
Uncle	25 (8.4%)
Brother	24 (8.1%)
Neighbour	22 (7.4%)
Location:	
Home	253 (55.8%)

School	27 (6.0%)
Relative house	23 (5.1%)
Friend house	8 (1.8%)
Neighbour house	25 (5.5%)
Other	117 (25.8%)
Age at occurrence (years)	average (SD) 10.33 (2.58)
<6	23 (5.0%)
6	14 (3.0%)
7	19 (4.1%)
8	51 (11.1%)
9	53 (11.5%)
10	59 (12.8%)
11	63 (13.7%)
12	99 (21.5%)
13+	80 (17.4%)
Did child report the sexual abuse?	
Yes	66 (54.1%)
No	56 (45.9%)

Person told about abuse

Father	7 (10.6%)
Mother	24 (36.4%)
Both parents	13 (19.7%)
Mother and friend	2 (3.0%)
Brother/sister	5 (7.6%)
Family member	5 (7.6%)
Other person	5 (7.6%)
Unknown	5 (7.6%)

Reaction of the person

Scolded child	4 (6.3%)
Listened carefully	27 (42.9%)
Said it was unimportant	9 (14.3%)
Asked child not to tell	9 (14.3%)
Other	14 (22.2%)

Reasons for not revealing abuse

Scared of the perpetrator	13 (23.2%)
Scared of parents	7 (12.5%)
Ashamed	13 (23.2%)
Considered it a secret	1 (1.8%)
Other	22 (39.3%)

3- Prevalence and characteristics of child sexual abuse during the war

4.8 per cent of children surveyed admitted to having been subjected to at least one type of sexual act. Table 4 represents the frequency distribution of the various forms of abuse the child was exposed to. 57.2 per cent of the children surveyed were exposed to CSA more than once.

Table 4: Prevalence and characteristics of CSA acts that occurred during the war

<u>Sexual abuse act</u>	<u>Number (percentage)</u>
- Talked or wrote about child in a sexual way	26 (2.5%)
- Made child watch movies, pictures, or internet sites containing sexual content	25 (2.4%)
- Made child look at the private parts of the perpetrator or perpetrator looked at child's private parts	17 (1.7%)
- Perpetrator touched child's private parts or made child touch his/her private parts	13 (1.3%)
- Perpetrator took movies of the child alone or with others doing sexual things	2 (0.2%)
 Location	
Home	49 (53.8%)
School	9 (9.9%)
Other	28 (30.8%)

Not answered	5 (5.5%)
Perpetrator	
Father	3 (3.3%)
Mother	7 (7.7%)
Brother/sister	7 (7.7%)
Relative	9 (9.9%)
Other	63 (69.2%)
No answer	2 (2.2%)
Number of times	
1	35 (38.5%)
2-5	29 (31.9%)
6+	23 (25.3%)
No answer	4 (4.4%)
Did child tell someone about the sexual abuse?	
Yes	15 (30.6%)
No	22 (44.9%)
No answer	12 (24.5%)
Person told about the abuse	
Mother	7 (46.7)
Father	1 (6.7%)

Brother/sister	1 (6.7%)
Family member	2 (13.3%)
Other person	1 (6.7%)
Did not want to tell	3 (20.0%)
Reaction of person informed	
Listened carefully	4 (26.7%)
Said it was unimportant	1 (6.7%)
Asked child to not to tell anyone about it	2 (13.3%)
Other	8 (53.3%)
Reason for not revealing abuse	
Scared of the perpetrator	6 (27.3%)
Scared of the parents	6 (27.3%)
Ashamed	2 (9.1%)
Considered it a secret	2 (9.1%)
Other	6 (27.3%)

The socio-demographic characteristics of the children sexually abused during the war are shown in Table 5. Interestingly, the frequency of sexual abuse occurring during the July 2006 war was significantly higher among boys. 5.7 per cent of sexually abused children surveyed indicated that they had been displaced during the war versus 4.4 per cent among non-displaced.

The most common perpetrator amongst family members during the war was a relative in 9.9 per cent of cases, mother in 7.7 per cent of cases, and and sibling in 7.7 per cent of times. However, in 69.2 per cent of the sexual abuse cases, the perpetrator was not a family member. Home was the most common place where the sexual abuse occurred during war (53.8 per cent of cases).

30.6 per cent of the children sexually abused during the July 2006 war confided in someone about being abused: 46.7 per cent told their mother, 6.7 per cent confided in their father, 6.7 per cent told their brother or sister, 13.3 per cent disclosed being sexually abused to a family member. In 20 per cent of cases, the identity of the person the children talked to was not revealed.

When the children surveyed were asked about the reaction of the person they confided to about being sexually abused, 26.7 per cent said that the person listened carefully to them, 6.7 per cent were told that the incident was of no importance, and 13.3 per cent of the children were asked not to tell anyone about what had happened. 44.9 per cent of the children did not disclose being sexually abused because 27.3 per cent were afraid of their perpetrator, 27.3 per cent were scared of their parents, and 9.1 per cent felt ashamed.

Table 5: Socio-demographic characteristics of children sexually abused during the war

Demographic variable	Sexually abused during the war	p-value
Age	12.29(1.54)	.091
Gender		.014
Female	14 (3.0%)	
Male	35 (6.3%)	
Displaced		.385
Yes	17 (5.7%)	
No	31 (4.4%)	
Number of persons per room		.121
1	2/32(6.3%)	
2	5/180(2.8%)	
3	8/120(6.7%)	
4	3/101(3.0%)	
5	6/117(5.1%)	
6	7/71(9.9%)	
7	0/44(0.0%)	

8+	9/118 (7.6%)	
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4- Domestic violence: prevalence, characteristics and correlation to sexual abuse

During the period extending from the end of the July 2006 war until the time of data collection (from May 2006 to December 2007), 54.1 per cent of children said they had experienced at least one of the eight forms of physical violence listed in the questionnaire: 31.5 per cent were pushed or kicked, 43.0 per cent were hit by hand, 18.1% were hit with an instrument, 3.1 per cent were strangled, 2.9 per cent were subjected to burns, 6.4 per cent were imprisoned or tied up, 25.3 per cent were bitten, and 1.9 per cent were threatened with a weapon. The father was the most frequent perpetrator of physical violence, 27.7 per cent; however, when each act is taken separately, biting was most frequently practiced by the mother, and hitting by the siblings (Table 6).

Table 6: Physical violence: prevalence and most common perpetrator by type of abuse

Variable	Prevalence	By whom
Pushed-kicked		Father 74 (24.8%)
Never	707 (68.5%)	Mother 44 (14.8%)
Sometimes	220 (21.3%)	Both parents 18 (6.0%)
always	105 (10.2%)	Sister/brother 93 (31.2%)
		Grandfather 2 (0.7%)
		Grandmother 2 (0.7%)
		Uncle 8 (2.7%)

		Aunt	2 (0.7%)
		Relative	17 (5.7%)
		More than one family member	14 (4.7%)
		Other	24 (8.1%)
Hit with hand		Father	121 (29.5%)
Never	587 (57.0%)	Mother	95 (23.2%)
Sometimes	301 (29.2%)	Both parents	50 (12.2%)
always	142 (13.8%)	Sister/brother	80 (19.5%)
		Grandfather	1 (0.2%)
		Grandmother	2 (0.5%)
		Uncle	4 (1.0%)
		Aunt	3 (0.7%)
		Relative	16 (3.9%)
		More than one family member	27 (6.6%)
		Other	11 (2.7%)

Hit with instrument		Father	82 (49.4%)
Never	845 (82.0%)	Mother	30 (18.1%)
Sometimes	115 (11.2%)	Both parents	16 (9.6%)
always	71 (6.9%)	Sister/brother	9 (5.4%)
		Grandfather	2 (1.2%)
		Grandmother	2 (1.2%)
		Uncle	3 (1.8%)
		Aunt	2 (1.2%)
		Relative	2 (1.2%)
		More than one family member	
			9 (5.4%)
		Other	9 (5.4%)
Strangle		Father	4 (14.3%)
Never	1000 (96.9%)	Mother	3 (10.7%)
Sometimes	22 (2.1%)	Both parents	1 (3.6%)
always	10 (1.0%)	Sister/brother	10 (35.7%)
		Grandfather	0 (0.0%)
		Grandmother	0 (0.0%)
		Uncle	3 (10.7%)
		Aunt	0 (0.0%)

		Relative	2 (7.1%)
		More than one family member	0 (0.0%)
		Other	5 (17.9%)
Burned		Father	4 (14.3%)
Never	1002 (97.1%)	Mother	2 (7.1%)
Sometimes	19 (1.8%)	Both parents	0 (0.0%)
always	11 (1.1%)	Sister/brother	11 (39.3%)
		Grandfather	1 (3.6%)
		Grandmother	0 (0.0%)
		Uncle	1 (3.6%)
		Aunt	0 (0.0%)
		Relative	3 (10.7%)
		More than one family member	0 (0.0%)
		Other	6 (21.4%)
Imprisoned or tied		Father	22 (37.9%)
Never	966 (93.6%)	Mother	11 (19.0%)
Sometimes	44 (4.3%)	Both parents	2 (3.4%)
always	22 (2.1%)	Sister/brother	8 (13.8%)

		Grandfather	0 (0.0%)
		Grandmother	1 (1.7%)
		Uncle	3 (5.2%)
		Aunt	0 (0.0%)
		Relative	2 (3.4%)
		More than one family member	2 (3.4%)
		Other	7 (12.1%)
Bite		Father	35 (14.5%)
Never	771 (74.7%)	Mother	76 (31.4%)
Sometimes	153 (14.8%)	Both parents	17 (7.0%)
always	108 (10.5%)	Sister/brother	73 (30.2%)
		Grandfather	0 (0.0%)
		Grandmother	1 (0.4%)
		Uncle	4 (1.7%)
		Aunt	4 (1.7%)
		Relative	8 (3.3%)
		More than one family member	15 (6.2%)
		Other	9 (3.7%)

Threaten with weapon		Father	4 (23.5%)
	1013 (98.2%)	Mother	1 (5.9%)
Never	13 (1.3%)	Both parents	0 (0.0%)
Sometimes	6 (0.6%)	Sister/brother	3 (17.6%)
always		Grandfather	0 (0.0%)
		Grandmother	0 (0.0%)
		Uncle	0 (0.0%)
		Aunt	0 (0.0%)
		Relative	2 (11.8%)
		More than one family member	0 (0.0%)
		Other	7 (41.2%)
Overall (at least sometimes or always on one of the above 8 questions)			
No	472 (45.9%)		
Yes	557 (54.1%)		

64.9 per cent of children surveyed experienced at least one of the 7 forms of psychological violence listed by the questionnaire (Table 7). The least prevalent was threatening to hurt the child (4.0 per cent) while

the most prevalent was yelling at the child (55.7 per cent). 31 per cent of the children said they were cursed, 25.9 per cent were humiliated, 11.6 per cent wished dead, 5.4 per cent were prevented from getting home, and 6.1 per cent were threatened to be abandoned.

Findings showed that the father was the most frequent perpetrator of psychological violence, 28.1 per cent; however the perpetrator varied depending on the act of violence.

Table 7: Psychological violence: Prevalence and most common perpetrator by type of abuse.

Variable	Prevalence	By whom
Yelled at		Father 157 (29.5%)
Never	455 (44.3%)	Mother 142 (26.7%)
Sometimes	369 (35.9%)	Both parents 62 (11.7%)
always	203 (19.8%)	Sister/brother 70 (13.2%)
		Grandfather 3 (0.6%)
		Grandmother 4 (0.8%)
		Uncle 18 (3.4%)
		Aunt 9 (1.7%)
		Relative 11 (2.1%)
		More than one family member
		34 (6.4%)
		Other 22 (4.1%)

Cursed at		Father	58 (19.5%)
Never	711 (69.0%)	Mother	50 (16.8%)
Sometimes	197 (19.1%)	Both parents	20 (6.7%)
always	123 (11.9%)	Sister/brother	72 (24.2%)
		Grandfather	4 (1.3%)
		Grandmother	2 (0.7%)
		Uncle	7 (2.4%)
		Aunt	10 (3.4%)
		Relative	22 (7.4%)
		More than one family member	15 (5.1%)
		Other	37(12.5%)
Embarrassed		Father	72 (31.9%)
Never	764 (74.1%)	Mother	44 (19.5%)
Sometimes	188 (18.2%)	Both parents	17 (7.5%)
always	79 (7.7%)	Sister/brother	34 (15.0%)
		Grandfather	1 (0.4%)
		Grandmother	2 (0.9%)
		Uncle	12 (5.3%)
		Aunt	8 (3.5%)
		Relative	16 (7.1%)

		More than one family member	8 (3.5%)
		Other	12(5.3%)
Wished dead		Father	21 (19.1%)
Never	913 (88.5%)	Mother	42 (38.2%)
Sometimes	78 (7.6%)	Both parents	7 (6.4%)
always	41 (4.0%)	Sister/brother	20 (18.2%)
		Grandfather	2 (1.8%)
		Grandmother	2 (1.8%)
		Uncle	1 (0.9%)
		Aunt	0 (0.0%)
		Relative	6 (5.5%)
		More than one family member	4 (3.6%)
		Other	5 (4.5%)
Threaten to leave		Father	24 (43.6%)
Never	970 (94.0%)	Mother	21 (38.2%)
Sometimes	48 (4.7%)	Both parents	3 (5.5%)
always	14 (1.4%)	Sister/brother	2 (3.6%)
		Grandfather	0 (0.0%)
		Grandmother	0 (0.0%)

		Uncle	1 (1.8%)
		Aunt	0 (0.0%)
		Relative	3 (5.5%)
		More than one family member	1 (1.8%)
		Other	0 (0.0%)
Prevent from home		Father	26 (56.5%)
Never	977 (94.7%)	Mother	10 (21.7%)
Sometimes	43 (4.2%)	Both parents	1 (2.2%)
always	12 (1.2%)	Sister/brother	2 (4.3%)
		Grandfather	3 (6.5%)
		Grandmother	0 (0.0%)
		Uncle	1 (2.2%)
		Aunt	1 (2.2%)
		Relative	1 (2.2%)
		More than one family member	0 (0.0%)
		Other	1 (2.2%)

Threaten to hurt		Father	8 (22.9%)
Never	990 (95.9%)	Mother	5 (14.3%)
Sometimes	25 (2.4%)	Both parents	3 (8.6%)
always	17 (1.6%)	Sister/brother	7 (20.0%)
		Grandfather	0 (0.0%)
		Grandmother	0 (0.0%)
		Uncle	2 (5.7%)
		Aunt	0 (0.0%)
		Relative	3 (8.6%)
		More than one family member	
			6 (17.1%)
		Other	1 (2.9%)
Overall (at least sometimes or always on one of the top 7 questions)			
No	360 (35.1%)		
Yes	667 (64.9%)		

40.8 per cent of the children surveyed witnessed at least one act of violence occurring at home (Table 8). 7.5 per cent saw a family member act violently following the consumption of drugs or alcohol, 34 per cent witnessed heated verbal arguments, 20.7 per cent observed family members hitting one other, and 7.2 per cent saw a family member threaten another using a weapon. Both parents were the most frequent actors of the violence witnessed by children. The father was most frequently cited for acting violently post-consumption of drugs or alcohol, and for making threats using weapons; whereas both parents were frequently observed in heated arguments. Brothers and sisters, were most commonly observed hitting each other (Table 8).

Table 8: Witnessing violence prevalence at home and most common perpetrator by type of abuse

Variable	Prevalence	By whom	
Drug in the house		Father	34 (50.0%)
Never	953 (92.5%)	Mother	3 (4.4%)
Sometimes	46 (4.5%)	Both parents	4 (5.9%)
always	31 (3.0%)	Sister/brother	12 (17.6%)
		Grandfather	1 (1.5%)
		Grandmother	1 (1.5%)
		Uncle	3 (4.4%)
		Aunt	0 (0.0%)
		Relative	4(5.9%)

		More than one family member	3 (4.4%)
		Other	3 (4.4%)
Verbal arguments		Father	26 (8.4%)
Never	680 (66.0%)	Mother	3 (1.0%)
Sometimes	214 (20.8%)	Both parents	108 (35.1%)
always	136 (13.2%)	Sister/brother	27 (8.8%)
		Grandfather	4 (1.3%)
		Grandmother	1 (0.3%)
		Uncle	17 (5.5%)
		Aunt	2 (0.6%)
		Relative	35 (11.4%)
		More than one family member	70 (22.7%)
		Other	15 (4.9%)
Hitting		Father	21 (11.3%)
Never	817 (79.3%)	Mother	5 (2.7%)
Sometimes	141 (13.7%)	Both parents	28 (15.1%)
always	72 (7.0%)	Sister/brother	64 (34.4%)
		Grandfather	0 (0.0%)
		Grandmother	0 (0.0%)

		Uncle	7 (3.8%)
		Aunt	2 (1.1%)
		Relative	18 (9.7%)
		More than one family member	24(12.9%)
		Other	17(9.1%)
Threaten with a weapon		Father	22 (32.8%)
Never	957 (92.7%)	Mother	5 (7.5%)
Sometimes	55 (5.3%)	Both parents	4 (6.0%)
always	20 (1.9%)	Sister/brother	12 (17.9%)
		Grandfather	0 (0.0%)
		Grandmother	0 (0.0%)
		Uncle	9 (13.4%)
		Aunt	0 (0.0%)
		Relative	4 (6.0%)
		More than one family member	5 (7.5%)
		Other	6 (9.0%)
Overall (at least sometimes or always on one of the top 4 questions)			

No	609 (59.2%)	
Yes	420 (40.8%)	

Children who witnessed acts of violence, or who were exposed to psychological or physical violence were also often victims of sexual abuse (Table 9). The relation was present when each item was analysed separately in its association with CSA, reflecting that the risk of being a child victim of sexual abuse is higher amongst victims of domestic violence, irrespective of the nature of violent act the child was exposed to.

Table 9: Correlation between sexual abuse and domestic violence

Variable	Number (%)	Prevalence of Sexual Abuse	P-value	correlation
Witnessing Violence	420 (40.8%)	99 (23.8%)	<.001	.313
Psychological Violence	667 (64.9%)	146 (22.1%)	<.001	.311

Physical Violence			<.001	.310
	557 (54.1%)	135 (24.5%)		

5- Consequences of child sexual abuse

The impact of CSA on the performance of children in school and their lifestyle habits was analysed in this study; additionally, the severity of trauma symptoms was assessed.

a- School performance: 268 children who had been victims of sexual abuse repeated a school-year at least once. A significant difference was noted between the genders, as 32.9 per cent of boys repeated their class compared to 21.5 per cent of girls. In addition, among those who repeated a grade, 20.5 per cent of children had a history of sexual abuse, 73.8 per cent had been psychologically abused, 62.6 per cent physically abused and 49.1 per cent had witnessed violence.

b- Lifestyle habits: there was a statistically significant relation between children with a history of CSA and negative lifestyle habits; such as smoking cigarettes or a water-pipe, drinking alcohol and not having many friends (Table 10). Smoking cigarettes and water-pipes were also associated with the three types of domestic violence studied, whereas drinking alcohol was not. A relation was found between witnessing violence in the family and having few friends. No differences in lifestyle habits were observed between sexually abused boys and girls.

Table10: Relation between child sexual abuse and children life style habits

Variable	Prevalence	Prevalence of Sexual Abuse	p-value
Smoking a water-pipe	153 (14.9%)	49 (32.0%)	.000
Smoking Cigarettes	31 (3.0%)	18 (58.1%)	.000
Smoked a cigarette at one point in time	161 (15.8%)	61 (38.1%)	.000
Consuming alcohol	167 (16.6%)	54 (32.3%)	.000
Having friends	941 (94.1%)	147 (15.7%)	.010
Involved in sports	946 (98.0%)	153 (16.3%)	.340
Having hobbies	546 (55.4%)	79 (14.6%)	.175

c- Trauma symptoms: Results of the study noted the following symptoms as representative of psychological consequences to sexual abuse: sleep disturbance, somatic complaints, depression, Post-Traumatic Stress Disorder (PTSD), anxiety, anger, and having sexual thoughts.

The research showed significant trauma symptoms among those that spoke about subjection to sexual abuse, which may or may not be due to the experience of CSA. Trauma symptoms were also found among those who did not report CSA, which could be due to either unreported CSA or other trauma-inducing experiences.

Sleep disturbances: The mean sleep score for the sample was 2.17 with no differences noted between genders. A higher rate of sleeping disorders was noted among sexually abused children compared to children without a history of abuse, and this was consistent with all types of abuse. In addition findings revealed that sexually abused girls had more sleeping problems than sexually abused boys (4.01 versus 3.40)

Somatic complaints: The mean score of somatic complaints for the sample was 3.98. Children that had been sexually abused reported more somatic symptoms than those that did not reveal a history of abuse and this was consistent with all types of sexual abuse. No differences in somatic complaints were observed among sexually abused boys and girls.

Depression: The mean depression score for the sample was 6.84 with no differences noted between the genders. Children who were sexually abused suffered from depression more than those that did not reveal a history of sexual abuse. However, no difference in depression scores was observed between sexually abused boys and girls.

Dissociative symptoms: The mean dissociative score for the sample was 3.35 with no differences noted between girls and boys. Dissociative symptoms were noted amongst sexually abused children more than amongst children that had no history of abuse. However, no difference

in dissociation scores was observed between sexually abused boys and girls.

PTSD: The mean PTSD score for the sample was 4.39 with significantly higher scores of PTSD amongst girls (4.65 versus 4.17). Scores of PTSD amongst sexually abused children were greater than amongst those that did not have a history of abuse. Additionally, sexually abused girls had significantly higher PTSD scores than sexually abused boys (9.16 versus 7.74).

Anger: The mean anger score for the sample was 1.93 with boys revealing higher scores for anger than girls (2.06 versus 1.77). Children who were sexually abused had significantly higher anger score than the ones who did not reveal a sexual abuse history, and this was consistent with all types of sexual abuse.

Anxiety: The mean anxiety score for the sample was 5.63. Sexually abused children had significantly higher anxiety scores than did children without a history of abuse. Girls that had been sexually abused displayed higher anxiety scores than abused boys (9.76 versus 11.79).

Table 11 Trauma subscales by types of sexual abuse, gender and domestic violence

	Sleep disturbance	Somatic symptoms	Depression	Dissociative symptoms
General score (SD)	2.17 (1.88)	3.98 (4.09)	6.84(5.81)	3.35(3.37)
Score for girls	2.24, p=.225	3.99, p=.946	7.10, p=.170	3.38, p=.795
Score for victims of any type of sexual abuse	3.65, p<.027	8.61, p<.001	13.16, p<.001	6.79, p<.001
Score for victims of Action sexual abuse	3.84, p<.001	9.16, p<.001	14.09, p<.001	7.23, p<.001
Score for victims of Attempt sexual abuse	3.81, p<.001	9.55, p<.001	14.53, p<.001	7.31, p<.001
Score for victims of Media sexual abuse	3.72, p<.001	8.51, p<.001	13.28, p<.001	7.02, p<.001
Score for sexually abused girls	4.01, p=.027	9.01, p=.339	13.90, p=.175	7.29, p=.105
	PTSD	Anger	Anxiety	
General score (SD)	4.39(3.83)	1.93(2.20)	5.63(5.02)	
Score for girls	4.65, p=.051	1.77, p=.040	5.85, p=.174	
Score for victims of any type of sexual abuse	8.34, p<.001	4.04, p<.001	10.59, p<.001	
Score for victims of Action sexual abuse	8.79, p<.001	4.26, p<.001	11.37, p<.001	
Score for victims of Attempt sexual abuse	9.13, p<.001	4.15, p<.001	11.54, p<.001	
Score for victims of Media sexual abuse	8.20, p<.001	4.16, p<.001	10.90, p<.001	
Score for sexually abused girls	9.16, p=.018	4.26, p=.267	11.79, p=.008	

6- Abuse related factors:

The study examined the child's relationship with family (communications, trust, and parents' marital status) in addition to having trustful interactions outside of the family, in order to detect whether this had any correlation with experiencing abuse.

a- Family functioning: Children exposed to sexual violence had significantly higher scores on the three aspects of family functioning studied, namely: structure, communication and affection. Significantly higher prevalence of CSA was found to be associated with a child's perception of lacking family sympathy (CSA prevalence = 28.7 per cent), a child's perception of parents not caring for their child's future (CSA prevalence = 24.7 per cent) or the absence of a calm atmosphere at home (CSA prevalence = 22.1).

Table 12: Relation between family functioning and child sexual abuse¹⁰

Variable	Sexual Abuse		P-value
	Yes	No	
Family Structure	4.49	3.79	<.001
Family Communication	3.52	3.24	.001

¹⁰ The grading system adopted in table 12 indicates 1 as the highest score and 10 as the lowest score

Family Affection	7.11	6.07	<.001
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b- Trustful relations: Findings revealed that sexually abused children confided most often in their mothers most often about being sexually abused (Table 13). The prevalence of child sexual abuse was not significantly higher among children that did or did not have relations built on trust. Of the children who expected to receive help from the police when abused (59.3 per cent), a majority reported being sexually abused (52.4 per cent).

Table 13: Prevalence of abuse among children lacking trustful relations

	Mother	Father	Friend	Noone
- Child reported abuse to	367 (38)	115(11.9)	1 (1.5)	148(15.3)
- Child shared secret with	207 (20.3)	38(3.7)	300(29.4)	200(19.6)
- Child advised their friend to seek help from				
	338(33.6)	86 (8.6)	135 (13.4)	68(6.8)
- Child would ask help from	296 (29.5)	91 (9.1)	146 (14.5)	71 (7.1)

7- Feedback and children recommendations to end child abuse

18.3 per cent of children surveyed said they found it difficult to discuss the topic of CSA, 35.4 per cent of these children had been sexually abused.

104 children suggested ways to prevent child abuse (Annex III). The recommendations included: improving parental skills by providing guidance on how to treat their children, allowing children greater freedom of expression, having and encouraging open discussions with parents, enforcing and respecting laws prohibiting violence against children, and punishing those who violate those laws. Some children also suggested preaching religious doctrines and praying as useful methods to combat CSA and deal with its consequences.

C. II- Results of the focus group discussions with mothers and educators

Several themes were discussed during the focus group discussions held with mothers and educators (Annex IV). The discussions were divided into several topics, covering domestic violence, marital sexual violence, and CSA with the aim of determining whether there are any correlative links between domestic violence and CSA. The following is a summary of the points raised during these discussions:

a- Violence against women

Women stated during the FGD that they were frequently subjected to physical and psychological violence by their partners and to a lesser extent social, economical, and sexual abuse. The women attributed domestic violence to the social patriarchal norms and stereotypical roles drawn by the culture; whereby the man is supposed to exercise power and control the women while socially the woman must accept and endure this. The women stated that they felt there were limited options available for them, especially those with children and without income.

They also believed that the stigma associated with divorce put women at an additional disadvantage in abusive relationships.

b- Sexual violence

During the FGD women also discussed the issue of marital sexual violence. Women claimed that sexual violence was a result of the sexually arousing movies available on the internet and in the media, claiming that as a result men were no longer sexually-satisfied and therefore acted aggressively and abusively towards the woman, blaming them for not satisfying their sexual needs. Many of the women that took part in the focus groups did not approve of discussions regarding marital rape and considered sex during marriage as a husband's right. Moreover, they believed that discussing sexual violence was taboo and a matter to be kept private.

c- Sexual education

The women that participated in the FGD generally agreed that sexual education for children was important, however debated whether it was the parents' responsibility to provide education to children on this matter (father to son and mother to daughter), other family members' duty, or school teacher's obligation. Mothers admitted feeling embarrassed to answer questions from their sons on sex and preferred having their husbands deal with this matter. During the discussions, women stated that the ideal age for girls to receive sexual education was 11 years old, whereas for boys the age of 15 and that they should be tutored on this issue until marriage. It was also stressed that sexual education given to girls should reinforce the importance of behaving in a manner that is socially accepted.

d- Child sexual abuse

The women that participated in FGD defined CSA as touching of private parts or having sex with a child by force or following seduction. Using sexual language when talking to a child or exposure to movies and pictures with sexual content were less recognised as being CSA. Women believed that CSA occurred considerably less in Lebanon compared to the Western world, and occurring at a smaller scale. FGD also reflected that the women believed there was a correlation between the prevalence of CSA to socioeconomic levels (rich and poor), crowding, and unemployment. The women attributed the problem of sexual abuse to pornographic movies, sexually stimulating pictures and fragmented families (domestic violence at home or lack of child supervision). In the discussions women noted that parents needed to be more careful about the way they acted in the presence of their children, such as making sure their children did not see them having sexual intercourse, or see their father walking around the home nude. The government was blamed for not adequately censoring what is disseminated by the media and the women blamed the mothers of sexually abused children for not supervising them adequately despite recognising that abuse can occur anywhere, even at school.

In the focus groups, women stated that amongst the recognizable signs of CSA were bodily injuries (such as scratches and bruising); behavioural and psychological changes in the child were less frequently mentioned.

In the FGD women also noted that parental reaction to sexual abuse varied according to the gender of the child and identity of the perpetrator; giving the example that if the victim were a boy, parents would pursue the case and ensure the punishment of the perpetrator, whereas if a girl was sexually abused it would be kept a secret, and if the perpetrator were a member of the family then the incident would also remain confidential to avoid a scandal.

Many of the women that participated in the FGD were unaware of the laws prohibiting child sexual abuse. They were also unaware of the organisations that deal with this issue and emphasised the need for them to be publicised. There was a reluctance to address CSA publicly because the topic is largely viewed as being “taboo” and for fear of creating a scandal, being labelled as incompetent parents, or creating more problems.

C. III- Results of the focus group discussions with children

FGD were conducted with children to increase their awareness and understanding of CSA. At the beginning of these sessions an assessment was conducted to see how knowledgeable the children were on CSA (the results are summarised in Annex V). The results indicated that most of the children participating in the discussions did not have a clear definition of sexual abuse. In addition children identified places where abuse can happen based on the geographical areas they were from, for example children from Bekaa and the South indicated gardens and orchards as being the most common places sexual abuse might occur, whereas children from Beirut noted bedrooms, and children from the North stated schools.

The children described the perpetrator as being a person the child trusts such as a parent, neighbour, extended family member, or teacher. They also revealed during the FGD that if they were sexually abused they would report what happened to their parents. The discussions showed that many of the children were unaware of how to protect themselves from abuse and many did not know of Law 422¹¹. Many of the children knew others their age that had been sexually abused and who had shared stories of those incidents.

¹¹ Law 422 was enacted in 2002 for the Protection of Juvenile Delinquents and Endangered Juveniles.

D- DISCUSSION

This study attempts to shed light on sexual abuse in Lebanon. However due to a lack of census on the population in the country, national surveys are difficult to perform; nevertheless the methodology used to conduct this research makes the findings valid in representing the situation in Lebanon.

a- Prevalence of child sexual abuse:

The findings reveal a 16.1 per cent prevalence of child sexual abuse among children between the ages of 8 and 17. This figure falls within the range reported by numerous studies conducted in other parts of the world, and is comparable to the 17.3 per cent prevalence reported by the Global School of Health and Science (GSHS). The prevalence of sexual abuse actions was found to be considerably higher than the abuse attempts, as the actions are easily recognised and remembered by the child whereas attempts can be unrecognised, misinterpreted or even forgotten.

Unlike studies conducted in the western world that indicate higher rates of sexual abuse amongst females than males, this research reveals that the frequency is similar for both genders; the same finding was noted by Hajj Yahia (2001) in his study of child sexual abuse among Palestinian university students. This observation warrants further investigation to clarify whether there is a real difference between the western and Arab world or if this finding is due to underreporting of sexual abuse by Arab girls, due to the stigma and taboo associated with such a declaration.

b- Socio-demographic characteristics of CSA victims

The results of the study reveal that sexual abuse amongst young Lebanese children is not related to family size, religion, father's level of education or type of work. However there was a correlation between CSA and the number of rooms per house: cases of sexual abuse were mostly prevalent in homes with more than six rooms (17.5 per cent) possibly due to lack of supervision and in smaller homes with 2 rooms or less (9.1 per cent) maybe due to crowding. Findings showed that CSA is more prevalent in Beirut, Mount Lebanon and the north, compared to other governorates which are in accordance with the Ministry of Justice annual reports (2002-5) that reveal a higher number of sexually abused children victims from these areas.

The link between CSA and fragmented family's (separated or dead parents) is consistent with international literature. In particular there was a higher prevalence of CSA among children living without their mothers and with mothers of very low or high educational level. Still, this observation warrants further evaluation and investigation.

Findings of the study revealed that working children are at a higher risk of being sexually abused; a finding that has been noted in a previous study by Nuwayhid (2005) that reported 40 per cent of working children in Lebanon experienced verbal and physical abuse. The present study reveals that working children are victims of physical abuse, psychological violence, sexual abuse, and are prone to witnessing domestic violence.

Findings reveal that the average age of children subjected to sexual abuse is 10.3 years old, which coincides with early pubertal changes. Half of the child sexual abuse incidents reported occur repeatedly at home, which furthers the hypothesis that the child is being abused by someone they know and trust, and this may also be the reason why the child is reluctant to reveal the identity of the perpetrator. In addition, the study showed that many of the sexual abuse incidents are inflicted by a friend, brother, uncle or neighbour. The child sexual exploitation by another adolescent

has been reported in the literature and was estimated to account for approximately one third of abuse reports (Boyd 2006); however, its extent in the case of Lebanon needs to be further elucidated through additional studies.

Women that took part in the focus group discussions confirmed that the perpetrator of child sexual abuse tended to be a relative or someone close to the child. They frequently mentioned the presence of children, regardless of gender, being abused by the father. The findings of this study indicated that father's were the reported perpetrator in 2 per cent of incidents; however this percentage may be underreported due to children being afraid of accusing their parent.

In most cases (56.1 per cent) children confided in their mothers or both parents about being sexually abused. Reactions from the person they confided to varied as some listened carefully while others trivialized the incident and asked them to keep silent. Further studies are recommended to look into whether action is taken by the person's children confide in about being sexually abused, or whether there is a need to provide reporting mechanisms and guidance on dealing with such matters.

c- Child sexual abuse and war

Although the study revealed that the overall prevalence of sexual abuse during the July 2006 was lower than that in the combined period before and after the war. The prevalence of certain acts of sexual abuse increased significantly during and after the war. For example, there was only one incidence of forced sex reported before the July 2006 war, compared to eight cases reported during the war, and five after the war. A similar trend was seen for the act of filming children performing sexual acts; one before the war, two during, and four cases after.

The lower overall prevalence of CSA during the war may be explained by the small duration of that period (33-days) in comparison to the larger time-frame examined before and after the war.

During the war the prevalence of sexual abuse among males (6.3 per cent) was more than twice that among females (3.0 per cent). However, displacement during the 2006 war did not affect the prevalence of CSA; as the prevalence of sexual abuse among those displaced was 5.7 per cent compared to 4.4 per cent among non-displaced a statistically insignificant difference.

d- Domestic violence and child sexual abuse

This study revealed that 54 per cent of children are subject to physical violence, 64 per cent to psychological violence and 41 per cent are witness to violent acts occurring at home. Although the most commonly cited perpetrators of domestic violence are fathers there is also a high percentage of violent behaviours perpetrated by the siblings, an observation that perhaps indicates violence is spreading to the next generation and is propagated within the family.

Findings also illustrate a high correlation between each of the three types of domestic violence examined (physical, psychological and witnessing violence) and sexually abused children. Such a correlation is well established in the literature and was recognized by the participants of the focus group discussions, who pointed out that a child raised in a violent family environment would seek love and care outside of his or her home and would subsequently be at a higher risk of sexual abuse.

e- Consequences of child sexual abuse

The study indicated a relation between school failure, child sexual abuse, and domestic violence. Similar relations were found when unhealthy life styles that include smoking cigarettes, water pipe, and drinking alcohol were studied. These behaviours have been found to coexist with abuse, further reflecting lack of parental supervision or as consequence of the abuse, denoting unhealthy ways of coping and self destructive behavior commonly occurring with abuse victims.

Outcomes of the study revealed that sexually abused children suffered from sleeping problems, depression, anxiety, PTSD, dissociative symptoms, somatic symptoms and had greater sexual concerns. Results of the study noted a difference between the impact of abuse on gender whereby sexually abused girls exhibited higher scores on anxiety and sleep disturbance than boys. The consequences of sexual abuse by the gender of victims was studied in the literature and it was found that females were more likely to exhibit internalising behaviours such as suicide or disordered eating, and males were more likely to exhibit externalising behaviours that include delinquency or heavy drinking (Chandy 1996). FGD argued that these differences might be due to the importance that society attributes to the girl's honour and the stigma and scandal that would face the girl if people knew she had been sexually abused.

f- Family functioning and child sexual abuse

Results revealed a strong correlation between the prevalence of child sexual abuse and children coming from fragmented homes. This association has been documented in the literature by Fergusson (1996) and Finkelhor (1994). Children brought up in fragmented families, subjected to or witnessed domestic violence become more vulnerable to sexual abuse. It can be argued that CSA victims not receiving adequate support they expect from the persons they confide to may perceive their

family as lacking sympathy and not caring, a feeling that may further alienate the child and predispose him/her to further abuse. The study indicated the crucial role family can play in preventing the occurrence and consequences of CSA.

E- Conclusion and Recommendations:

The findings of this study have confirmed that child sexual abuse is a prevalent phenomenon in Lebanon, and that the 2006 war may have contributed to an increase in certain sexual acts (such as forced sex, and filming of children performing sexual acts). Indeed 16.1 per cent of the sample is inordinately high. Children from all backgrounds are vulnerable to CSA however special attention should be given to those living in fragmented, disruptive, or violence families. CSA is psychologically disruptive, and children who experience it are more likely to experience symptoms of trauma, adopt unhealthy lifestyle habits such as smoking and drinking alcohol, and also to perform poorly in school. Since sexual abuse is culturally sensitive and considered taboo, families tend to downplay the phenomenon contributing to a culture of silence on the issue which is ironic considering that the most prevalent location for occurrence of abuse is the home. In addition, the strong correlation found between domestic violence and child sexual abuse indicates that CSA lies on a systematic continuum of violence, rather than a series of isolated incidents. This of course has ramifications for what strategies need to be adopted to combat CSA. The study revealed that there is an alarmingly large lack of awareness regarding laws addressing CSA and organisations working with victims of CSA.

An interesting aspect of this study is the inclusion of recommendations made by the children that participated in the report on how best to deal with incidents of child sexual abuse. Chief among their responses was the need for more openness and dialogue on the part of the parents, as well as a clearer legal structure to deal with CSA.

Accordingly, the following points are being recommended as steps to adequately address the problem of CSA in Lebanon:

At the child level:

- Awareness and educational sessions beginning at the age of four as part of a self-protection program on how to recognize inappropriate sexual advances and attempts at sexual abuse; how to repel attempts; and the importance of reporting.
- Sexual education in schools
- Awareness on children's rights and particularly article 422
- Dissemination of information on the institutions and organisations addressing CSA
- Empowering children to advocate for their rights and monitor violations through child-led clubs

At the family level:

- Educate parents on non-violent methods of discipline; highlight the importance of raising the child on basis of understanding and self-protection and not fear
- Increase awareness on the severity of CSA consequences and stress the fact that every child is potentially vulnerable
- Educate parents on how to respond to the normal sexual curiosity of children and their sexuality-related interrogations in an age-appropriate manner
- Supervise children's access to TV and internet with sexual content
- Educate on how to recognize signs of CSA victimization while stressing that children may not show any obvious symptoms or change in their habitual behaviour
- Increase awareness on article 422 and available legal procedures
- Educate parents on how to adequately respond to sexual abuse.
- Encourage the reporting of CSA.

At the level of institutions and organisations:

- Advertise their roles and services related to CSA
- Raise awareness about CSA among care givers, including parents and school educators
- Advocate for proper implementation of existing laws and advocate for better protection mechanisms
- Establish an adequate community-based referral system that is accessible to all victims
- Encourage institutions to develop a Child Protection Policy
- Implement capacity building programmes for front line personnel working with children
- Supervise workers dealing with children and educate them on how to interact with and support children
- Establish a unified national helpline for children and child-friendly reporting systems with the government
- Establish a specialised rehabilitation system and shelter for sexually abused children
- Encourage national studies and systematic collection of national baseline information on child sexual abuse
- Establish a code of conduct for journalists and media regarding how to address sexuality and sexual violence with respect to child protection and child rights
- Establish and strengthen programs and legal structures to combat domestic violence

At the government level:

- Enforce implementation of existing laws
- Establish a unified national helpline for children and child-friendly reporting systems
- Supervision of shelters for children by the government

- Establish an Ombudsman¹² responsible for documenting cases of child abuse, monitoring the implementation of the Child Rights Convention, and monitoring the work of child protection agencies
- Offer special official funding for child protection programs
- Increase police capacity to effectively recognise, report, and respond to sexually abused children. Encourage police collaboration with the community in raising awareness that CSA is a crime punishable by law, and act in the best interest of the child
- Establish and strengthen programs and legal structures to combat domestic violence

¹² An **ombudsman** is an official appointed by the government or parliament, who is charged with representing the interests of the public by investigating and addressing complaints reported by individual citizens.

REFERENCES

- Abbas T, Awdeh A, Hobballah L, Elhajj H. (2004) Child abuse in Lebanon
- American Medical Association, *Diagnostic and Treatment Guidelines on Child Sexual Abuse*. Chicago: AMA, March, 1992)
- Andrews G, Gould B, Corry J (2002). Child sexual abuse revisited. *MJA*; 176 (10): 458-459
- Bagley C, Ramsey R (1985): Sexual abuse in childhood: psychosocial outcomes and implications for social work practice. *J Social Work and Human Sexuality*; 4:33–48
- Barakat H. (1993). The Arab world: society, culture, and state. Berkeley, CA: University of California Press
- Bendixen M, Muus KM, Schei B (1994). The impact of child sexual abuse: a study of a random sample of Norwegian students. *Child Abuse Negl*;18:837–47.
- Beitchman JH, Zucker KJ, Hood JE, DaCosta DA, Akman D, Cassavi E (1992): A review of the long term effects of child sexual abuse, *Child Abuse Neglect* 16: 101-118
- Bifulco A, Brown GW, Adler Z (1991): Early sexual abuse and clinical depression in adult life. *Br J Psychiatry*; 159:115–122
- Boyd C (2006). Young people who sexually abuse: Key issues. Australian Centre for the Study of Sexual Assault CSSA WRAP December No 3 :1-8
- Boyer, D; Fine, D. (1992) Sexual abuse as a factor in adolescent pregnancy and child maltreatment. *Family Planning Perspectives*, 24 (1):4-11.
- Briere J. Professional Manual for the Trauma Symptom Checklist for Children (TSC-C). Odessa, Fla: Psychological Assessment Resources; 1996.
- Brown J, Cohen P, Johnson JG, Smailes EM.(1999) Childhood abuse and neglect: specificity of effects on adolescent and young adult depression and suicidality. *J Am Acad Child Adolesc Psychiatry*; 38:1490–6.

- Burnam MA, Stein JA, Golding JM, Siegel JM, Sorenson SB, Forsythe AB, Telles CA (1988): Sexual assault and mental disorders in a community population. *J Consult Clin Psychol*; 56: 443–450
- Chandy JM, Blum RW, Resnick MD (1996). Gender specific outcomes for sexually abused adolescents. *Child Abuse Neglect* 20:1219-1231
- Chemaly N, Baroud Z, Khoury J, Saad M, Kahi H. (1996). Etude préliminaire sur l'exploitation sexuelle des enfants (cas du Liban)
- Chemaly N (2002-2003). L'enfant et la violence dans deux localités du Metn Nord
- Child Welfare Information Gateway. Definitions in federal law. The Federal Child Abuse Prevention and Treatment Act (CAPTA) (42 U.S.C.A. §5106g), as amended by the Keeping Children and Families Safe Act of 2003. Accessed at: <http://www.childwelfare.gov/can/defining/federal.cfm>
- Claytor RN, Barth BA, Shubin CI. Evaluating child sexual abuse: observations regarding ano-genital injury. *Clin Pediatrics* 1989;28(9):419-22
- Cyrulnik B., *Un merveilleux malheur*, Edition Odile Jacob.
- Eid N. (2004). Response to child abuse and culture related personality dimensions among Lebanese university students
- Erickson, P., Rapkin, A., (1991) unwanted sexual experiences among middle and high school youth. *Journal of adolescent health*, 12(4): 319-25.
- Fergusson DM, Horwood LJ, Woodward LJ. The stability of child abuse reports: a longitudinal study of the reporting behaviour of young adults. *Psychol Med* 2000; 30: 529-544
- Fergusson D. M., Lynskey, M. T., & Horwood J.(1996). Child sexual abuse and psychiatric disorders in young adulthood: Prevalence of sexual abuse and factors associated with sexual abuse. *Journal of the American Academy of Child Psychiatry* 34, 1355-1364.
- Finkelhor D, (1994). Current information on the scope and nature of child sexual abuse. *Future Child* 4, pp. 31–53
- Finkelhor D et al (1986), ***A Sourcebook on Child Sexual Abuse***, Newbury Park: Sage Publications.

- Finkelhor K, (1987): The sexual abuse of children: current research reviewed. *Psychiatr Annals*; 17:233–241
- Finkelhor D, Hotaling G, Lewis IA, Smith C (1990). Sexual abuse in a national survey of adult men and women: prevalence, characteristics, and risk factors. *Child Abuse Negl*; 14: 19 –28.
- Global School Based Student Health Survey (2005) WHO, Center for Disease Control and Prevention
- Golding JM.(1996) Sexual assault history and limitations in physical functioning in two general population samples. *Res Nurs Health*;19:33– 44.
- Goldman JDG, Padayachi UK (1997). The prevalence and nature of child sexual abuse in Queensland, Australia. *Child Abuse Negl*; 21: 489-498
- Gorcey M, Santiago JM, McCall-Perez F: Psychological consequences for women sexually abused in childhood. *Soc Psychiatry* 1986; 21:129–133
- Gutman L (1991) et al "Human Immunodeficiency Virus Transmission by Child Sexual Abuse," *American Journal of Diseases of Children*, vol. 145,
- Hajj Yahia M, Tamish S (2000) The rates of child sexual abuse and its psychological consequences as revealed by a study among Palestinian university students *Child Abuse Negl* 25:1303-1327
- Hulme PA.(2000) Symptomatology and health care utilization of women primary care patients who experienced childhood sexual abuse. *Child Abuse Negl* ;24:1471– 84.
- Huyer Dirk, MD, (2005) Child sexual abuse and family physicians. *Canadian Family Physician* 5: 1317-19
- Kendall-Tacket, K.A., Williams L.M., Finkelhor D., (1993). The effects of sexual abuse on children: a review and synthesis of recent empirical studies. *Psychological Bulletin*,113,164-180
- Kendall-Tacket, KA, Marshall R. (1998). Sexual victimization of children: incest and child sexual abuse. In R.K. Bergen (Ed.), *Issues in intimate violence* (pp47-63). Thousands Oaks, CA:Sage
- Kendler KS, Bulik C M, Silberg J, Hettema JM, Myers J, Prescott CA (2000) Childhood sexual abuse and adult psychiatric and substance use disorders in women an epidemiological and cotwin control analysis, *Arch Gen Psychiatry* 57: 953-959

- Leserman J, Li Z, Drossman DA, Toomey TC, Nachman G, Glogau L. (1997) Impact of sexual and physical abuse dimensions on health status: development of an abuse severity measure. *Psychosom Med*;59:152– 60
- Leserman J. (2005) Sexual abuse history: prevalence, health effects, mediators, and psychological treatment. *Psychosom Med*; 67:906–915
- McCauley J, Kern DE, Kolodner K, Dill L, Schroeder AF, DeChant HK, Ryden J, Derogatis LR, Bass EB. (1997) Clinical characteristics of women with a history of childhood abuse: unhealed wounds. *JAMA*; 277: 1362–8.
- Mendel, M. P. (1995). *The male survivor: The impact of sexual abuse*. Thousand Oaks, CA: Sage
- Mennen F E (1995). The relationship of race and ethnicity to symptoms of childhood sexual abuse. *Child Abuse and Neglect*, 19,115-124
- Ministry of Justice (2004) Child maltreatment a reality
- Ministry of Justice: <http://www.justice.gov.lb/alahdath> last accessed Feb 2 2008
- Molnar BE, Buka SL, Kessler RC. (2001) Child sexual abuse and subsequent psychopathology: results from the National Comorbidity Survey. *Am JPublic Health*;91:753– 60.
- Mullen PE, Romans-Clarkson SE, Walton VA, Herbison GP (1998): Impact of sexual and physical abuse on women's mental health. *Lancet*; 1:841–845
- Nash MR, Zivney OA, Hulsey Y (1993). Characteristics of sexual abuse associated with greater psychological impairment among children. *Child Abuse Negl*;17:401– 8.
- National Research Council (1993). ***Understanding Child Abuse Neglect***, Washington, DC: National Academy Press
- The National Resource Center on Child Sexual Abuse, "Fact Sheet on Child Sexual Abuse," Huntsville: NRCCSA, 1994
- Nuwayhid I, Usta J, Khodr A, ElZein A. Health of children working in small industrial shops. *Occup Environ Med*. 2005 Feb; 62 (2):86-94
- Paolucci EO, Genuis ML, Violato C. (2001) A meta-analysis of the published research on the effects of child sexual abuse. *J Psychol*;135:17–36.

- Rimsza ME, Berg RA, Locke C (1998). Sexual abuse: somatic and emotional reactions. *Child Abuse Negl*;12:201– 8.
- Silverman AB, Reinherz HZ, Giaconia RM (1996) The long-term sequelae of child and adolescent abuse: a longitudinal community study. *Child Abuse Negl*; 20:709–723
- Sobsey D(1992), "What We Know About Abuse and Disabilities," *NRCCSA News*, National Resource Center on Child Sexual Abuse, Nov/Dec
- Swanston HY, Tebbutt JS, O'Toole BI, et al. Sexually abused children 5 years after presentation: a case-control study. *Pediatrics* 1997; 100: 600-608
- Vogeltanz ND, Wilsnack SC, Harris TR, Wilsnack RW, Wonderlich SA, Kristjanson AF. (1999) Prevalence and risk factors for childhood sexual abuse in women: national survey findings. *Child Abuse Negl*;23:579 –92.
- Walker EA, Gelfand A, Katon WJ, Koss MP, Von Korff M, Bernstein D, Russo J. (1999) Adult health status of women with histories of childhood abuse and neglect. *Am J Med*;107:332–9.
- Walker EA, Unutzer J, Rutter C, Gelfand A, Saunders K, VonKorff M, Koss MP, Katon W. Costs of health care use by women HMO members with a history of childhood abuse and neglect. *Arch Gen Psychiatry* 1999;56:609 –13
- Weiss, E , Longhurst J , and Mazure C Childhood Sexual Abuse as a Risk Factor for Depression in Women: Psychosocial and Neurobiological Correlates *Am J Psychiatry* 1999; 156:816–828
- Widom, C. & Kuhns, J. (1996). Childhood victimization and subsequent risk for promiscuity, prostitution, and teenage pregnancy: a prospective study. *Am J Public Health*, 86 (11): 1607-12.
- Wilsnack SC, Vogeltanz ND, Klassen AD, Harris TR. (1997) Childhood sexual abuse and women's substance abuse: national survey findings. *J Stud Alcohol*;58:264–71.
- Wise LA, Zierler S, Krieger N, Harlow BL.(2001) Adult onset of major depressive disorder in relation to early life violent victimization: a case control study. *Lancet*;358:881–7.

ANNEX I: Questionnaire

Survey on abuse and maltreatment of children

Prepared for children between 9 - 14 years of age

Questionnaire number

Center

Governorate

Qada

Around the world, children are commonly exposed to violence or abuse either by a family member, in their community, or at work. Violence and maltreatment are serious problems that affect children all over the world. We would like to ask about experiences that you may have had with violence.

A- Tell us about your self

1. Permanent address:

2. Gender ☐ boy ☐ girl

3. Nationality

4. How old are you _____ years

5. Family status ☐ father & mother together
☐ mother & father separated
☐ father dead ☐ mother dead
☐ father & mother dead ☐ other, specify

In case of absence of one parent or separation, with who do you live?

16. Do you work? ☐ Yes ☐ No

If yes, what?

Number of working hours per week.....

Your average monthly income.....

When do you get paid?.....

B- Information regarding school:

1. Is the school you go to

☐ Public ☐ Private ☐ Boarding ☐ Other

2 Including this year, how many years have you attended school?
.....Years

3. How many schools have you changed (until present)?
.....schools

4. Did you repeat grades at school?

☐ Yes (how many times?) ☐ No

5. What is the job that you dream of having when you are older (over twenty)?
.....

6. Do you think you will do it? ☐ Yes ☐ No

(Note: re-emphasis on confidentiality of information)

C- Family relations:

This part is composed of twenty sentences about family, and these items are related to your family life please choose your answer from among the following:

1- Always correct 2- Sometimes correct 3- Absolutely incorrect

- 1. In my family we do not spend leisure times together
- 2. My family sympathizes with me and understands me
- 3 . My family ignores others when they speak
- 4. My parents value and respect others
- 5. My parents are a happy couple in their marriage
- 6. My parents care for me and accept me as I am
- 7. My parents do not trust me
- 8. There is a quiet atmosphere at home
- 9 . We encourage and support our successes in the family
- 10. My parents encourage me to express my views freely on some sexual cases, political even if they are different views
- 11. In my family share household chores
- 12. I feel free to express my inner feelings with my family
- 13. Members of my family have learned to say things the way they are
- 14. My family encourages its members to work together in dealing with family problems

- 15. My parents care a lot about my future work
- 16. In my family we care for one another
- 17. I am surprised when my family sympathises with me
- 18. We express our views freely while accounting for the feelings of each other
- 19. My family is good in resolving differences among us
- 20. I feel that my family members listen to me when I tell them what is bothering me

D- Children's experiences at home

We want to find out about experiences that happen to children **at home / inside the family**. This questionnaire is being used with children in many parts of the world to ask children about experiences that they might have had so that people can know what things they must focus on to keep children safe.

We want to find out about the things that adults sometimes do to children and adolescents that may hurt or make them feel uncomfortable, upset or scared in their school. We want to ask you about things that have happened to you **since the end of the July 2006 war until now**. These questions may seem strange or hard to answer. Please try to answer them as best you can, thinking about the past year. This is not a test. There is no right or wrong answer, just say what you remember happened to you. If at any point you feel too uncomfortable to continue you can stop. Unless you tell us you want to talk, no one will ever know that the answers you give are about you.

Sometimes, when children and adolescents are growing up, they see people (like natural parents/ Step-parents/ adoptive parents/ caregivers/ older brother / aunts and uncles or sisters / cousins), behaving in or near their home in ways that make them feel uncomfortable or even frightened;

Since the end of the July 2006 war and until the present time

	No never	Sometimes (once or twice)	A lot (more than twice)	Yes but before war	Who did that
1- Has anyone in your home used drugs and/or alcohol and then behaved in a way that frightened you?					
2- Have you seen adults in your home shouting and yelling at each other (arguing) in a way that frightened you?					
3- Have you seen adults in your home hit, kick, slap, punch each other or hurt each other physically in other ways?					
4- Have you seen anyone in your home use knives, guns, stick, rocks or other things to hurt or scare					

someone else inside the home?					
-------------------------------	--	--	--	--	--

*Sometimes, when children and adolescents are growing up, people say or do things to make the child or adolescent feel embarrassed, ashamed or bad. **Since the end of the war until now**, has anyone in your family and living in your home (for example natural parents/ grandparents/ step-parents/ adoptive parents/ caregivers/ aunts and uncles/ or brothers, sisters or cousins)*

	No never	Sometimes (once or twice)	A lot (more than twice)	Yes but before war	Who did that
5- Screamed at you very loud and aggressively?					
6- Called you names, said mean things or cursed you?					
7- Made you feel humiliated in front of other people in a way you will always feel bad about?					
8- Said that they wished you were dead/ had never been born?					

9- Threatened to leave you forever or abandon you?					
10- Locked you out of the house for a long time?					
11- Threatened to hurt or kill you, including invoking evil spirits against you?					

*Sometimes people that live in the same home as children and adolescents can hurt them physically. Thinking about yourself, **Since the end of the July 2006 war until now,** has anyone in your home (for example: natural parents/ grandparents/ stepparents/ adoptive parents/ caregivers/aunts and uncles/ older brothers or sisters or cousins) done something such as:*

	No never	Sometimes (once or twice)	A lot (more than twice)	Before war	who
12- Pushed, Grabbed, or Kicked you?					
13- Hit, beat, or spanked you by hand?					
14- Hit, beat, or spanked you with a					

belt, paddle, a stick or other object?					
15- Choked you, smothered you or tried to drown you?					
16- Burned or scalded you, (including putting hot chillies or peppers in your mouth)?					
17- Locked you up in a small place, tied you up, or chained you to something?					
18- Pulled your hair, pinched you, or twisted your ear?					
19- Threatened you with a knife or a gun					

20- Is there a person you are scared from a lot?

☐ Yes, who? ☐ No

☐ A family member, specify

☐ Not a family, specify

(Note: re-emphasis on confidentiality)

21- Many times, adults hug, kiss or touch the child in a way or in places in his/her body that are uncomfortable; do you know someone to whom these things are happening?

☐ Brother/sister ☐ friend ☐ cousin

Who is doing this to him/her-----

22- Did this happen to you? ☐ Yes ☐ No

23- Has anyone:

(Note: open conversation with the child)

			When (before & after war, identify)	How old were you	Where did it happen	How many times	Who did that
23.01	Touched you against your will	Yes/No					
23.02	Tried to kiss you or hug you in an upsetting way against your will	Yes/No					
23.03	Kissed you or hugged you in an upsetting way against	Yes/No					

	your will						
23.04	Kissed various parts of your body (not only your face) against your will	Yes/No					
23.05	Exposed his/her private parts	Yes/No					
23.06	Tried to force you to expose your private parts	Yes/No					
23.07	Tried to force you to touch his/her private parts	Yes/No					
23.08	Touched your genitals against your will	Yes/No					
23.09	Forced you to touch his/her private parts	Yes/No					
23.10	Forced you to sit on his/her lap	Yes/No					

	to fondle you						
23.11	Forced you to sit on his/her lap to fondle you and get sexual pleasure	Yes/No					
23.12	Tried to have sex with you against your will	Yes/No					
23.13	Had sex with you and used force	Yes/No					
23.14	Made you look at sexual films or pictures in a magazine against your will?	Yes/No					
23.15	Made you look at sexual films or pictures on the internet /computer	Yes/No					

	against your will?						
23.16	Took films of you alone or with others while doing sexual acts	Yes/No					

31- Did you tell someone about what happened to you?

- 31.1 ☐ Yes, who? ☐ Mother ☐ Father
☐ Brother/Sister ☐ Family member ☐ Other

What was his/her reaction?

- ☐ scolded me (beat me, shouted at me)
☐ Listened carefully
☐ Belittled the issue
☐ Told me not to tell anyone about it
☐ Other,-----

31.2 ☐ No, why?

- ☐ I was scared of him/her
☐ I was scared of my parents finding out
☐ I felt ashamed
☐ He/she told me it is a secret
☐ Other,-----

D- Children's experiences during the war

1- Where were you during the last Israeli war?

- ☐ Stayed at home ☐ Stayed in a school
- ☐ Stayed with relatives ☐ Stayed in a stranger's home

2- How many persons were you sleeping in one room?

3- **During the last Israeli war in 2006** did anyone

		Where	Who did that	How many times
Upset you by speaking to you in a sexual way or writing sexual things about you?	Yes/No			
Made you watch a sex video or look at sexual pictures in a magazine or computer when you did not want to?	Yes/No			
Made you look at their private parts or wanted to look at yours?	Yes/No			
Touched your private parts, or made you touch theirs?	Yes/No			
Made a sex video of you alone or with other people doing sexual things?	Yes/No			
Tried to have sex with you when you did not want them to?	Yes/No			

4- Did you talk to any one about what happened?

4.1 ☐ Yes, who?

☐ Mother

☐ Father

☐ Brother/Sister

☐ Family member

☐ other

What was his/her reaction

☐ scolded me (beat me, shouted at me)

☐ Listened carefully

☐ Belittled the issue

☐ Told me not to tell anyone about it

☐ Other

4.2 ☐ No, why?

☐ I was scared of him/her

☐ I was scared if my parents knew

☐ I felt ashamed

☐ He/she told me it is a secret

☐ Other

5 - Suppose someone did to you some of the things we mentioned before, would you tell anyone?

- ☐ I tell mom
- ☐ I tell dad
- ☐ I tell someone from my family
- ☐ I tell one of my friends
- ☐ I tell my teacher
- ☐ Do not tell anyone

6- Did you pass through any other harmful experience at home and it's not included in the questions?

7- Do you think that if you got exposed to any of the experiences mentioned previously and you resorted to the police, you will receive assistance?

- ☐ Yes ☐ No

E- Lifestyles

- | | | |
|---|--------------------------------------|-----------------------------|
| 1. Do you smoke water pipe? | ☐ Yes | ☐ No |
| 2. Do you smoke cigarettes? | ☐ Yes | ☐ No |
| 3. Did you try to smoke even one cigarette, a complete one? | ☐ Yes | ☐ No |
| 4. Do you drink beer / arak / wine or other? | ☐ Yes | ☐ No |
| 5. Do you have friends? | ☐ Yes | ☐ No |
| 6. What is your favourite sport? | | |
| 7. Do you exercise regularly? | ☐ Yes specify | ☐ No |
| 8. Do you have hobbies such as, music, drawing | ☐ Yes specify | ☐ No |

9. Who told you about puberty and the changes that occur at this stage

☐ Mother ☐ father ☐ brother / sister ☐ friend ☐ other

☐ no one

10. Usually, who is the person you tell your secrets to?

☐ Mother ☐ father ☐ brother / sister ☐ friend ☐ other

☐ no one

11. If any of your friends had a problem, whom do you advise him to talk to?

☐ Mother ☐ father ☐ brother / sister ☐ friend ☐ other

☐ no one

12. If you had a problem, who would be the person you would talk to?

☐ Mother ☐ father ☐ brother / sister ☐ friend ☐ other

☐ no one

F- How do you estimate the frequency of each of the following occurring to you in the last 2 months?

0=never 1= occasionally or frequently 3= all the time

----- 1. Sleepiness

----- 2. Uncomfortable sleep

----- 3. Nightmares

----- 4. Waking up early and unable to go back to sleep

----- 5. Losing weight (not dieting)

----- 6. Feeling isolated from others

----- 7. Feeling lonely

- 8. Feeling sad or unhappy
- 9. Remembering things that happened that I did not like
- 10. Going away in my mind, trying not to think
- 11. Headache
- 12. Stomach pain
- 13. Crying
- 14. Worrying about things
- 15. Getting mad and can't calm down
- 16. Getting into fights
- 17. Dizziness
- 18. Fainting
- 19. Wanting to hurt myself
- 20. Wanting to hurt others
- 21. Feeling scared of men
- 22. Feeling scared of women
- 23. Washing myself because I feel dirty on the inside
- 24. Feeling stupid or bad
- 25. Feeling like I did something wrong
- 26. Feeling like things aren't real
- 27. Forgetting things, remembering things
- 28. Feeling like I am not in my body
- 29. Feeling nervous or jumpy inside
- 30. Breathing with difficulty
- 31. Scary ideas or pictures just pop into my head
- 32. Pain in the heart or chest
- 33. Scared of open spaces or streets
- 34. Loss of energy to make movement
- 35. Trembling (Shiver)
- 36. Not trusting people
- 37. Getting scared all of sudden and don't know why

- 38. Feeling mad
- 39. Feeling body too weak can't do things
- 40. Do things slowly to do make sure they are done well
- 41. Rapid heartbeat
- 42. Make sure things are working well several times
- 43. My mind going empty or blank

- 44. Feeling something bad will happen
- 45. Feeling weak in certain parts of the body
- 46. Thinking of death
- 47. Have ideas non-existent in others
- 48. Feeling afraid
- 49. Feeling irrelevant
- 50. Can't stop thinking about something bad that happened to me
- 51. Wanting to yell and breaking things
- 52. Feeling afraid from the dark
- 53. Thinking about sex in a way that hurts
- 54. Having scary ideas about nature
- 55. Feeling guilty

- Did you find this questionnaire difficult to answer? ☐ Yes ☐ No

- Were there thing /s you did not understand it? ☐ Yes ☐ No

- Was it difficult to say the things that happened to you? ☐ Yes ☐ No

- Are there other things you want to talk about in relation to what happened to you or to the questionnaire?

☐ Yes ☐ No

- Do you have suggestions to prevent violence against children?

☐ Yes ☐ No

Field researcher observations: (disability, emotional situation, silence etc.)

-----Name of field researcher:

Date:

Signature:-----

مسح خاص يتعرض الأطفال للعنف: الإستمارة العامة

رقم الاستمارة

اسم المركز

في جميع أنحاء العالم يتعرض الأطفال للعنف أو سوء المعاملة من قبل أحد أفراد الأسرة، في المجتمع الذين يعيشون فيه أو في العمل. العنف أو سوء المعاملة هم من المشكلات الهامة التي يعاني منها الأطفال في جميع أنحاء العالم . نود أن نسألك عن تجربتك مع العنف الذي قد يكون وجه اليك.

1- عرفنا عن نفسك

1. عنوان السكن الدائم :

2. هل انت ولد أم بنت ☐ ولد ☐ بنت

3. الجنسية :

4. كم تبلغ من العمر..... سنة

5. وضع الأسرة ☐ 1- الأب والأم موجودان في أسرة واحدة

☐ 2- الأب والأم منفصلان

☐ 3- الأب متوفي ☐ 4- الأم متوفاة

☐ 5- الأب والأم متوفيين ☐ 6- غيره، حدد

في حال غياب او انفصال احد الوالدين، مع من يسكن الولد

6. من هم الآخرين الذين تعيش معهم؟ ☐ الجد ☐ الجدة ☐ أخوات ☐ أخوة

☐ أقارب آخرون

☐ آخرون لاتربطك بهم صلة قرابة

7. عدد الاخوة و الاخوات-----

8. ما هو ترتيبك بين الأخوة والأخوات؟

9. ما هو عدد غرف البيت ما عدا المطبخ و الحمام-----

10. من يشاركك غرفة نومك-----

11. ما هي ديانتك؟ ☐ مسلم ☐ مسيحي ☐ لا اعلم

12. ماذا يعمل والدك بالتحديد؟

13. ما هو أعلى صف وصل اليه والدك في المدرسة؟

☐ 1- أمي ☐ 2- يقرأ ويكتب ☐ 3- ابتدائي

☐ 4- متوسط ☐ 5- ثانوي/ مهني ☐ 6- جامعي

☐ 7- لا أعلم

14. هل تعمل والدتك خارج البيت؟ ☐ نعم ☐ كلا

15. ما هو أعلى صف وصلت اليه الوالدة في المدرسة؟

☐ 1- أمية ☐ 2- تقرأ وتكتب ☐ 3- ابتدائي

☐ 4- متوسط ☐ 5- ثانوي/ مهني ☐ 6- جامعي

☐ 7- لا أعلم

16. هل تعمل انت؟

☐نعم ماذا

عدد ساعات العمل اسبوعيا

☐كلا

ب- معلومات تتعلق بالمدرسة

1. هل المدرسة التي تذهب اليها. ☐رسمية ☐خاصة

☐داخلي ☐غيره

2. كم سنة أمضيتها في التعليم بما فيها هذه السنة الدراسية..... سنة

3. كم مدرسة بدلت (حتى الآن)؟

4. هل دوبلت أحد الصفوف في المدرسة؟ ☐نعم (كم مرة؟.....) ☐كلا

5. ما هي المهنة التي تحلم بها عندما تكبر (فوق العشرين)؟

6. هل تعتقد أنك ستعمل فيها؟ ☐نعم ☐كلا

ج- : العلاقات الاسرية يتكون هذا الجزء من عشرين جملة عن الأسرة، وهذه الفقرات لها علاقة بحياتك الأسرية نرجو اختيار إجابتك من بين الإجابات الأربعة التالية:

1- دائما صحيحة 2- احيانا صحيحة

3- صحيحة إلى حد ما 4- غير صحيحة إطلاقا

1 ----- كان والداي قياديين في بعض أمور حياة الأسرة

2 ----- في أسرتي لا نقضي وقت الفراغ معا

3 ----- تتعاطف معي أسرتي وتتفهمني

4 ----- أسرتي تتجاهل الآخرين عندما يتكلمون

- 5. والداي يقدرُون ويحترمُون الآخرين
- 6. والداي زوجان سعيدان في زواجيهما
- 7. قاما والدي برعايتي وتقبلي بالشكل الذي أنا عليه
- 8. لا يثق بي والدي
- 9. يوجد جو هادئ في منزلي
- 10. نشجع وندعم نجاحنا في الأسرة
- 11. والدي يشجعاني على التعبير عن آرائي بحرية حول بعض القضايا الجنسية،
السياسية حتى لو اختلفت عن آرائهم
- 12. في أسرتي نتعاون في إنجاز الأعمال المنزلية
- 13. أشعر بالحرية في التعبير عن مشاعري الداخلية مع أفراد أسرتي
- 14. أفراد أسرتي تعلموا أن يقولوا الأشياء كما هي
- 15. أسرتي تشجع أفرادها للعمل معا في التعامل مع المشاكل الأسرة
- 16. اهتم والدي كثيرا بعملتي المستقبلي
- 17. نهتم لبعضنا البعض في أسرتي
- 18. أتعجب إذا تعاطفت أسرتي معي
- 19. نعبر عن آرائنا بحرية مع المحافظة على مشاعر بعضنا البعض
- 20. أسرتي جيدة في حل الخلافات التي بيننا
- 21. اشعر ان افراد عائلتي يستمعون لي عندما اخبرهم عما يضايقني

د- تجارب الأطفال في المنزل

نود أن نعرف تجارب الأطفال في المنزل وداخل الأسرة. هذا الاستبيان يطبق على الأطفال في أنحاء عديدة في العالم للتعرف على التجارب التي مروا بها وهذا لمعرفة ما يجب الإهتمام به للحفاظ على سلامة الأطفال.

نود معرفة الأشياء التي تصدر أحياناً من البالغين تجاه الأطفال والمراهقين والتي قد تؤذي هؤلاء الأطفال والمراهقين أو تشعرهم بالضيق، عدم الارتياح أو الخوف وهم في منازلهم. نود أن نسألك عن الأشياء التي قد تكون حدثت لك منذ انتهاء الحرب وحتى الآن.

قد تبدو لك هذه الأسئلة غريبة أو يصعب الإجابة عليها ولكن حاول الإجابة على الأسئلة بقدر استطاعتك وأسترجع ذاكرتك في خلال العام الماضي لا يوجد إجابة صحيحة وأخرى غير صحيحة. فقط أذكر ما تتذكر حدوثه لك. إذا لم تشعر بالارتياح تجاه هذه الأسئلة ، يمكنك التوقف في أي وقت.

إذا كنت تحتاج الى مساعدة في أي من الأسئلة المطروحة، تحدث الى الشخص الذي يجري معك المقابلة. وتأكد أنه لن يضطلع أي شخص من المحيطين بك على ما تدلى به من إجابات.

أحياناً، وعلى مر السنوات الطفولة والمراهقة، يرى الأطفال والمراهقين أشخاص (مثل الأم ، الأب، زوجة الأب، زوج الأم، الأباء بالتبني، القائمين بالرعاية، الأخوة والأخوات الذين هم أكبر منك سناً، الخال والخالة وكذلك العم والعمة وأولادهم) يتصرفون داخل المنزل أو في محيط المنزل بطريقة تشعرك بعدم الارتياح أو تخيفك.

منذ انتهاء الحرب وحتى الآن

لا ابدا	أحيانا (مرة أو مرتين)	كثيرا (أكثر من مرتين)	قبل الحرب	من

1- هل حدث أن أحدا من الذين يعيشون معك في المنزل، تعاطى مواد مخدرة أو كحول وتصرف بطريقة أخافتك؟

					2- هل رأيت أشخاصا بالغين في منزلك يتناقشون بحدة أو ينشاجروا بطريقة أخافتك؟
					3- هل رأيت أشخاصا بالغين في منزلك يضرب (ركل، لطم، لكم) أي منهم ؟
					4- هل رأيت أحدا في منزلك يستخدم سكين، عصا أو ادوات أخرى لتخويف أو إصابة شخص آخر داخل المنزل؟

أحيانا وعلى مر سنوات الطفولة والمراهقة، يقوم بعض الأشخاص بأعمال أو تصرفات تجعل الاطفال والمراهقين يشعرون بالخلج، الضيق أو يشعرون بأنهم سيئون. في العام الماضي، هل حدث وأن أحدا من أفراد أسرتك أو الذين يعيشون معك في المنزل (مثل الأم ، الأب، زوجة الأب، زوج الأم، الأباء بالتبني، القائمين بالرعاية، الأخوة والأخوات الذين هم أكبر منك سنا، الخال والخالة وكذلك العم والعمة وأولادهم) .

منذ انتهاء الحرب وحتى الان

من	قبل الحرب	كثيرا (اكثر من مرتين)	احيانا (مرة او مرتين)	لأبدا	
					5- صرخ في وجهك بصوت عالى أو بطريقة عنيفة؟
					6- سبك، لعنك ، أو ناداك بأسماء سيئة؟

					7- جعلك تشعر بالخجل/الزعاج أمام أشخاص آخرين بطريقة تجعلك تشعر دائماً بالسوء تجاه هذا الموقف؟
					8- قالوا أنهم يطمنون موتك أو يطمنون أنك لم تولد؟
					9- هددوك بأن يتركوك أو يتخلوا عنك الى الأبد؟
					10- منعوك من دخول المنزل لوقت طويل؟
					11- هددوك بأنهم سوف يؤذوك، يسلطوا عليك العفاريت أو أنهم سوف يقتلوك؟

أحياناً الأشخاص الذين يعيشون في نفس المنزل مع الأطفال والمراهقين من الممكن أن يؤذوا هؤلاء الأطفال و المراهقين جسدياً. تذكر نفسك منذ انتهاء الحرب وحتى الآن، هل أي شخص من الذين يعيشون معك في المنزل (مثل الأم ، الأب، زوجة الأب، زوج الأم، الأباء بالتبني، القائمين بالرعاية، الخال والخالة وكذلك العم والعمة الأخوة أو الأخوات الذين هم أكبر منك سناً، أولاد أو بنات العم/العمة/الخال/الخالة)

من	قبل الحرب	كثيراً (أكثر من مرتين)	أحياناً (مرة أو مرتين)	لأبداً	
					12- دفعك أمسك بك بعنف أو ركلك؟
					13- ضربك بيده (ضربة واحدة أو عدة ضربات متتالية)؟

					14- ضربك بواسطة أداة مثل خيزان، عصا، سوط أو نربيج ؟
					15- خنقك، كتم أنفاسك أو حاول أن يغرقك؟
					16- حرقك بماء ساخن أو معدن ساخن (ملقعة/ قطعة معدنية)او سيجارة؟
					17- حبسك في مكان ضيق، ربطك بحبل أو قيدك في شيء؟
					18- شدك من شعرك، قرصك أو عضك؟
					19- هددك بسكين الة حادة أو مسدس

20- هل هناك شخص تخاف منه كثيرا ☐ نعم، مين ☐ كلا

☐ احد افراد العائلة ، حدد

☐ خارج اطار العائلة، حدد

21- مرات كثير بيجي ناس كبار بيعبطوا الولد او بيبوسوه او ببسطعوه بطريقة او بمحلات كثير بتضايق الولد بتعرف حدن عم يصير معو هيك؟

☐ اخ/اخت ☐ صديق/ة ☐ ابن او ابنة عم او خال

مين عم يعمل معو هيك _____

22- صار معك انت هيك شي

نعم ☐ كلا ☐

23- هل سبق و ان قام احد الاشخاص ب:

كم مرة	اين حدث ذلك	كم كان عمرك	متى (قبل او بعد الحرب،حدد)			
				نعم/ كلا	لمسك ضد رغبتك	23.01
				نعم/ كلا	حاول تقبيلك أو ضمك بطريقة مزعجة، ضد رغبتك	23.02
				نعم/ كلا	قبلك أو ضمك بطريقة مزعجة ، ضد رغبتك	23.03
				نعم/ كلا	قبل مناطق مختلفة بجسدك (ليس فقط وجهك) ضد رغبتك	23.04
				نعم/ كلا	عرض أعضاءه/ أعضاءها التناسلية	23.05
				نعم/ كلا	حاول إرغامك على عرض أعضائك التناسلية	23.06
				نعم/ كلا	حاول إرغامك على لمس أعضائه أو أعضائها التناسلية	23.07
				نعم/ كلا	لمس أعضائك التناسلية ضد رغبتك	23.08
				نعم/ كلا	أرغمك على لمس أعضائه أو أعضائها التناسلية	23.09

				نعم/ كلا	أرغمك على الجلوس بحضنه ليلاطفك	23.10
				نعم/ كلا	أرغمك على الجلوس بحضنه ليلاطفك و ينبسط	23.11
				نعم/ كلا	حاول ممارسة الجنس معك ضد رغبتك	23.12
				نعم/ كلا	مارس الجنس معك واستعمل العنف	23.13
				نعم/ كلا	جعلك تشاهد أفلام جنسية أو تطلع على صور في مجلة عندما لم تكن ترغب في ذلك؟	23.14
				نعم/ كلا	جعلك تشاهد أفلام جنسية أو تطلع على صور على الكمبيوتر عندما لم تكن ترغب في ذلك؟	23.15
				نعم/ كلا	صور افلام جنسية لك وحدك أو مع أشخاص آخرين يقومون بممارسات جنسية؟	23.16

31- هل حكيت لحدن عن الي صار؟

- 31.1 ☐ نعم، لمين ☐ ماما ☐ بابا ☐ اخ/اخت ☐ احد افراد العائلة----
- ☐ غيره
- شو كانت ردة فعله ☐ عنفني (ضربني، عيط عليي..) ☐ استمتع باهتمام
- ☐ استسحف الموضوع ☐ قال لي ما خبر حدا
- ☐ غيره

- 31.2 ☐ كلا، ليش ☐ خفت منو ☐ خفت اذا عرفو اهلي ☐ استحييت ☐ قال لي هيدا سر ☐ غيره

د- الحرب

1- بايام حرب اسرائيل وين كنتوا

- ☐ بقينا بالبيت ☐ قعدنا بمدرسة ☐ قعدنا عند اقارب ☐ قعدنا مع ناس غربا ببيت ☐ غيره

2- كم شخص كنتو تناموا بغرفة واحدة

3- بايام الحرب هل قام احد الاشخاص

كم مرة	مين	لا	نعم	
				أزعجك بأنه تكلم معك بطريقة تحتوي على تلميحات جنسية أو كتب عنك كلام يحمل عبارات جنسية؟
				جعلك تشاهد أفلام جنسية أو تطلع على صور في مجلة أو على الكمبيوتر عندما لم تكن ترغب في ذلك؟
				جعلك تنتظر الى أعضائه التناسلية أو كان يريد أن ينظر الى أعضائك التناسلية؟
				لمس (تحسس) أعضائك التناسلية (العانة والثدي) أو جعلك تلمس (تتحسس) أعضائه التناسلية (العانة والثدي)؟
				صور أفلام جنسية لك وحدك أو مع أشخاص آخرون يقومون بممارسات جنسية؟
				حاول ممارسة الجنس معك عندما لم تكن تريد ذلك؟

4- هل حكيت لحدن عن الي صار؟

4.1 ☐ نعم، لمين ☐ ماما ☐ بابا ☐ اخ/اخت

☐ لحد افراد العائلة----- ☐ غيره

شو كانت ردة فعله ☐ عنفني (ضربني، عيط عليي..) ☐ استمع باهتمام

☐ استسحف الموضوع ☐ قال لي ما خير حدا

☐ غيره

4.2 ☐ كلا، ليش ☐ خفت منو ☐ خفت اذا عرفو اهلي

☐ استحييت ☐ قال لي هيدا سر ☐ غيره

- لنفترض انو حدن تحركش فيك او عمل شي من اللي ذكرناه قبل، بتقول لحدنا؟

☐ يخبر ماما ☐ يخبر بابا ☐ يخبر حدا من العائلة

☐ يقول لحدنا من صحابي ☐ يخبر استاذ المدرسة ☐ ما بقول لحدنا

- هل مررت بتجارب أخرى تعرضت فيها للإيذاء في المنزل ولم تشملها هذه الأسئلة؟

- هل تعتقد انك اذا تعرضت لاي من التجارب المذكورة سابقا و لجأت للشرطة ستلقى المساعدة؟

☐ نعم ☐ كلا

هـ-سلوكيات

1. هل تدخن أرجيلة؟ ☐ نعم ☐ كلا
2. هل تدخن سيكارة؟ ☐ نعم ☐ كلا
3. هل جربت أن تدخن ولو سيكارة واحدة؟ ☐ نعم ☐ كلا
4. هل تشرب البيرة / عرق / نبيذ وغيره؟ ☐ نعم ☐ كلا
5. ما هي رياضتك المفضلة؟
6. هل تمارس الرياضة بشكل منتظم؟ ☐ نعم ☐ نعم حدد ☐ كل
7. هل تمارس هواية معينة كالرسم، موسيقى.. ☐ نعم ☐ نعم حدد ☐ كلا
8. من أخبرك عن البلوغ و التغيرات التي تحصل في هذه المرحلة
- ☐ ماما ☐ بابا ☐ اخ/اخت ☐ صديق/ة ☐ غيره ☐ لا احد
9. لمن نقشي اسرارك عادة؟
- ☐ ماما ☐ بابا ☐ اخ/اخت ☐ صديق/ة ☐ غيره ☐ لا احد
10. اذا تعرض احد رفاقك لمشكلة، لمين ستتصحو بحكي
- ☐ ماما ☐ بابا ☐ اخ/اخت ☐ صديق/ة ☐ غيره ☐ لا احد
11. اذا تعرضت انت لمشكلة، مين بتطلب منو يساعدك
- ☐ ماما ☐ بابا ☐ اخ/اخت ☐ صديق/ة ☐ غيره ☐ لا احد

و- : ما هو تقديرك لكثافة أو تكرار تجربتك مع كل من الحالات التالية خلال الشهرين الماضيين. أرجو إختيار إجابتك من إمكانيات الأجوبة المذكورة أدناه.

(0) أبداً (1) من حين لآخر (2) بدرجة ملحوظة

1. ----- نعاس
2. ----- نوم غير مريح
3. ----- كابوس
4. ----- الإستيقاظ مبكراً وعدم القدرة على العودة إلى النوم
5. ----- النزول في الوزن (بدون رجيم)
6. ----- الشعور بالعزلة عن الآخرين
7. ----- الوحدة
8. ----- الحزن
9. ----- الإرتجاع (ذكريات فجائية، متكررة، ومزعجة)
10. ----- الشرود الذهني
11. ----- وجع الرأس
12. ----- آلام بالمعدة
13. ----- بكاء لا إرادي ومن الصعب عليك السيطرة عليه.
14. ----- نوبات قلق
15. ----- إشكالية في السيطرة على المزاج
16. ----- مشاكل في التوافق مع الآخرين
17. ----- دوخان
18. ----- إغماء

- 19. رغبة في إيذاء نفسي جسدياً
- 20. رغبة في إيذاء الآخرين جسدياً
- 21. خوف من الرجال
- 22. خوف من النساء
- 23. اغسل يداي بتكرار حتى لو لم يكن من الضروري
- 24. شعور بالنقص
- 25. شعور بالذنب
- 26. شعور بأن الأشياء غير حقيقية
- 27. مشاكل في الذاكرة
- 28. اشعر أحياناً بالاغتراب عن جسدي
- 29. الشعور بالاضطراب والتوتر كل الوقت
- 30. مشاكل في التنفس
- 31. سيطرة أفكار غير سارة على عقلك
- 32. آلام في القلب أو الصدر
- 33. الخوف من الأماكن المفتوحة أو الشوارع
- 34. قلة الطاقة للحركة
- 35. الارتجاف (الرعشة)
- 36. الشعور بعدم الثقة بالآخرين
- 37. الخوف المفاجئ بدون سبب
- 38. فقدان الأعصاب وعدم السيطرة عليها
- 39. الشعور بعدم القدرة على عمل الأشياء

- 40. عمل الأشياء ببطء للتأكد من صحتها
- 41. سرعة ضربات القلب
- 42. التأكد من عمل الأشياء أكثر من مرة
- 43. الشعور بأن عقلي فارغ
- 44. عدم التفاؤل بالمستقبل
- 45. الشعور بضعف بعض أجزاء الجسم
- 46. التفكير بالموت
- 47. وجود أفكار لدي غير موجودة لدى الآخرين
- 48. الخوف من الجمهور، الأسواق والسينما
- 49. الشعور بعدم الأهمية
- 50. الخوف من حدوث أشياء سيئة معك
- 51. الصراخ وقذف الأشياء
- 52. الشعور بالخوف عند الخروج العامة
- 53. وجود أفكار مرتبطة بالجنس تؤذيكَ (تؤلمكَ)
- 54. أفكار وتصورات مخيفة عن الطبيعة
- 55. الشعور بالذنب
- هل وجدت هذا الإستبيان صعب الإجابة عليه؟ ☐ نعم ☐ كلا
- هل كان هناك شيء أو أشياء لم تفهمها؟ ☐ نعم ☐ كلا
- هل وجدت صعوبة بأن تدلى بالأشياء التي حدثت لك؟ ☐ نعم ☐ كلا
- هل هناك أشياء أخرى ترغب في إضافتها متعلقة بما حدث لك أو بهذا الإستبيان؟

ملاحظات الباحث الميداني: (إعاقة، الحالة الإنفعالية، الصمت.... إلخ)

إسم الباحث الميداني:

التوقيع:

التاريخ:

ANNEX II: Women Focus group discussions checklist

أسئلة عامة:

كيف تمضي النساء أيامها، ما هي أعمالهن اليومية؟ ما هي نشاطاتهن الإجتماعية؟ هل تعتقدن أنهن أكثر انشغالا عن قبل؟ وبماذا؟

كيف يمضي الرجال أوقاتهم الآن؟ هل لديهم نشاطات اجتماعية؟ ما هي؟

كيف يمضي الأولاد أيامهم، هل هم في المدرسة؟ إذا كلا، لماذا؟ هل يلعبون: أين وماذا ومع من؟ (سن الأقران) ؟ هل يعملون؟ إذا نعم، بماذا؟

اسئلة تتعلق بالعنف ضد المرأة

ماذا عن العنف ضد المرأة تحديدا ما هي أشكاله؟ أي من الأشكال برأيك يحدث؟ غالبا ؟ من الفاعل بالنسبة للعنف ضد المرأة ؟

هل تظنين أن هناك حالات من العنف الجنسي؟ ما هو برأيك العنف الجنسي ضد المرأة ؟ برأيك من يلام في هذه الحالات ؟ ما هي الحالات التي يمكن أن تلام المرأة على الإيذاء الجنسي لها؟ من دون ذكر أسماء أو تحديد شخص معين، من هو الفاعل؟ اين يمكن ان تتجه المرأة لطلب المساعدة إذا تعرضت للعنف الجنسي؟

اسئلة تتعلق بالأطفال والأولاد : التربية الجنسية، الاساءة الجنسية

ماذا عن الاطفال و الاولاد، برأيك هل يجب أن نتحدث مع الأطفال بموضوعات البلوغ والقضايا الجنسية ؟ إذا كلا لماذا؟ إذا نعم، من يجب ان يعطيهم المعلومات المتعلقة بالبلوغ والتغيرات؟ بأي عمر يجب ان تعطى هذه المعلومات؟ هل هناك فرق بين البنات و الصبيان؟ كيف تتصرفون إذا طرح إنكم او ابنتكم أسئلة متعلقة بالقضايا الجنسية والبلوغ؟

"الاساءة الجنسية للطفل". برأيك ماذا يعني هذا التعبير؟ ما هي أشكالها وأنواعها؟ هل تعتقدن ان الاساءة الجنسية واسعة الانتشار في لبنان؟ هل برأيك هي أقل في بعض المجتمعات عنها في مجتمعات أخرى في لبنان؟

برأيك، ما هي العوامل المساعدة على حدوث إساءة جنسية ؟ من هو الفاعل؟ لماذا (خصائصه)؟ من يلام ؟ بأية حالات يلام الاولاد اذا تعرضوا للإساءة الجنسية؟

برأيك ما هي مضاعفات الإساءة الجنسية للطفل؟ ما هي العلامات الدالة على حدوث إساءة جنسية على الطفل؟

إذا شعرت أن هناك إساءة جنسية ماذا تفعل؟ ما باعتقادك ستكون ردة فعلك (تجاه الطفل وتجاه الموضوع) إذا اعترف لك أحد أولادك بأنه/ها تعرض لاعتداء جنسي؟ ماذا إذا كان أحد الأولاد المقربين إليك؟ هل تتغير ردة فعلكم إذا كان المسيء من داخل المنزل أو من خارجه ووفقا لنوع الإساءة؟ كيف ؟

برأيك إلى أية درجة يساهم جو المنزل في تفاقم هذه المشكلة (الحوار بين الزوجين ومع أطفالهن)؟ ما هي العوامل التي تحمي الطفل

أين يمكن اللجوء لطلب المساعدة ؟ هل هناك مؤسسات تعنى بذلك؟ هل يوجد قانون ؟ هل تعتقد أن من الأفضل التحدث عن الموضوع علنا؟ لماذا؟ (في حال نعم أو كلا)؟ ما هي العقوبات التي تمنع الأولاد وأهاليهم من طلب المساعدة إذا تعرض الأولاد للإساءة الجنسية

هل هناك أولاد بمحيطكم تعرضوا للإساءة الجنسية؟ كيف تم التعامل مع موضوع الإساءة الجنسية؟

خلال الحرب :

هل تعتبر أن الحرب تساهم في ازدياد هذه المشكلة ؟ كيف ؟ لماذا ؟ هل تعرفن عن حالات حدثت خلال الحرب ؟ أين ؟ وكيف كانت ردة الفعل على حسب معلوماتك؟

General question:

How do women spend their days, what is their daily work? What is their social activity? Do you think that they are busier than before? If yes why?

How do men spend their time now? Do they have social activities? What do they do?

How do children spend their days, are they in school? If not, why? Do they play: where? What? With who? Do they work? If yes, what?

Questions concerning violence against woman

What do you know about abuse against women, what are its forms? In your opinion, what is the most prevalent? Who is usually the abuser? Do you know of any case?

In your opinion what is sexual abuse? In your opinion who is to be blamed? In which situation do you think the woman is to be blamed? Do you know of any case of sexual abuse around you? Without mentioning names or specifying the person who is the perpetrator? If a woman gets exposed to violence, where can she seek help?

Questions related to children: sexual education, sexual abuse

What about children, do you think we should talk to children about puberty and sexual cases? If no, why? If yes, who is supposed to educate them about puberty and its changes? At what age should this information be given? Is there a difference between girls and boys? How do you react if your daughter asks you about puberty or sex? What if it were your son?

"Child Sexual abuse". In your opinion, what does this expression mean? What are its forms and types? Do you think child sexual abuse is widespread in Lebanon? Do you think it is more common in certain societies in Lebanon? In your opinion, what are the factors that predispose to sexual abuse? Why? Who is to be blamed? In which situations do you think the child is to be blamed for the abuse?

Would the child show any sign of abuse? If yes what are they? In your opinion what are the consequences of child sexual abuse?

If you face a child who is sexually abuse, what do you do? what do you think your reaction will be? What if your son or daughter confesses that s/he was exposed to sexual abuse? Would your reaction differ if the abuser is a family member? how?

In your opinion, do you think the home environment contributes to this problem? What are the factors that may protect the child?

Where can the child go to seek help? Are there organisations that address this issue? Is there any law in this regard? Do you think it is better to talk publicly about this problem? Why? (whether yes or no)? what are the barriers that prevent parents and children to seek help in case their child was exposed to sexual abuse?

Do you know of children around exposed to sexual abuse? How were they treated?

Do you think that war affected this problem? How? Why? Do you know of cases that happened during war? Where? What was the reaction?

ANNEX III- Children's suggestions on how to prevent child sexual abuse

104 children provided suggestions on ways to prevent child abuse(Annex V). These suggestions were grouped into those related to parenting skills, those related to legislation plus several miscellaneous ones

a- Parenting skills

Parents should be guided on treating their children well (15)

Parents should allow their children to express themselves (15)

Parents should have open discussions with their children (14)

Parents should explain to their children by words not through beating them (8)

Parents should support and understand their children (7)

Children should not be allowed to work (7)

Parents should supervise children (6)

Children should be allowed to do what they want and like (5)

b- Legislative

- Enforcing and respecting laws prohibiting violence against children (14)

- Punishing parents who torture or beat their children (12)

- Punishing those who violate the laws (11)

c- Miscellaneous suggestions

- Praying (4)
- Abiding to religious doctrines (4)
- Exercise (3)
- Involve authorities (3)
- Improving the economical situation so that parents become more patient (3)
- Parents should be treated by doctors (2)
- Adopting the American system of child protection (2)

ANNEX IV- Results of the Focus Group Discussions with mothers and educators

5 Focus group discussions were conducted, one in each area: Chiah (Mount Lebanon), Musaytbeh (Beirut), Babeltabbaneh (Tripoli - north), Libaa (south) and Housh Aloumara (Zahle - Bekaa). The number of participating women in each group ranged between 12 and 18. They were mostly mothers or educators of children aged between 9 and 14 years old, of various socioeconomic and educational levels. The topics that were discussed at length were related to violence against women (knowledge regarding types, causes and resources), sexual abuse (knowledge and attitude, causes and barriers to seek help), sexual education (attitude and practice), and child sexual abuse (knowledge, attitude, and barriers).

Violence against women:

All participants revealed they were aware of several women being subjected to abuse and that domestic violence is occurring frequently. Some even confessed being survivors themselves: *"many women are being beaten", "when the man has problems he cannot solve, he lets it out on the woman", "there are men who are aggressive by nature and they hurt their women"*. They recognized that violence is not only physical: *"the worst and most frequent type is the verbal and psychological", "the insults or the bad names she is being called", "the disrespect", "not being allowed to do things she likes", the neglect "he treats her as if she is only there to care for the house and kids", "she has no say not even in how to raise the kids"*. Fewer women mentioned social violence *"being prevented from seeing people", "becoming isolated, having no relations", "not being allowed to see friends or neighbours"*, the sexual violence *"forced sex hurts the woman the most", "he sleeps with her and then beats her"*, or the economical violence *"he curtails the income and the daily needs of his family"* as forms of abuse.

Many women in the FGD attributed the culture as being a rehind for violence against women, *"we are living in a society where women's rights are forsaken", "according to our oriental culture, there is a certain agreement that the man is the master of the house, he is the one in control", "it is our tradition, the man is the head", "we are living in a patriarchal society, the man spends on the house and governs it"*. Although some participants blamed the woman for *"bringing the beating upon themselves", "having a weak personality"*, or on the other hand, for *"not talking and staying silent"*; many

others said that the man who beats his wife is *"a sick person", "psychologically disturbed", "has a weak personality, he is controlled by his parents and tries to show power over his wife", "he thinks he will become a man if he insults his wife", "he has to show her that he is in power, never admits being wrong even when it is so clear that she is right", "has so many personalities, not always liking what he does but imitates others", "the man is so overwhelmed, he has too many things in his head plus the financial burden, he has to release the stress"*. There may also be relationship problems *"she talks about her problems and he talks about his problems and then the fighting starts for silly reasons"*

When asked what a woman can do when subjected to abuse, most respondents said that *"she has to accept especially if she has children"; "it will be her choice to leave if she has no children but it is a very difficult step, she will be labelled as a divorcee"*. She may talk to a friend or a family member but many times that will lead nowhere. Few mentioned seeking the help of the Ministry of Social Affairs center or a professional organisation, and many were unaware that there are special organisations addressing the subject of violence against women.

Sexual abuse

Almost all women agreed that there are cases of sexual abuse occurring almost daily, which they hear about through the media such as television or newspapers, but *"there are cases that are exposed"*. However, they disagreed about whether sexual abuse is decreasing in frequency as women are *"becoming empowered"* and *"more educated"*. They stated that the man is most commonly the perpetrator but *"there are cases where the man is calm and the wife is stronger"*. Several forms of sexual abuse were mentioned by the participants that included rape by a stranger, a neighbour, a friend or a family member; or abstinence from performing sex. But most of the participants talked about sexual abuse within a marital relation, *"it happens when the woman rejects her husband", "whenever she says she doesn't want sexual relations, he threatens to remarry", "when he gets his satisfaction, he pushes her and beats her", "he treats her as if she is only there to meet his sexual desires"*. One woman talked about her own experience with marital sexual abuse *"when I refuse to have sex with him, he keeps requesting it and then starts saying bad words to me; sometimes I am very tired and we share the same bedroom with the kids, I don't like to do it when they are there"*; another one talked about her friend's experience *"the husband wants to have sex several times during the day and if she says once "I don't want" he starts*

breaking things in the house". However, some women disagreed whether forced sex within a marital relation is considered abuse, as some stated *"the woman should not refuse sex, it is her husband's right"*, *"the woman is supposed to satisfy the sexual needs of her husband"*, *"I blame myself when I tell my husband I don't want to have sex"*. In addition, there are *"women who enjoy violent sex"* or *"are too demanding sexually"*.

As for the reasons behind the occurrence of sexual abuse, most women related it to ICT that exposes sexual pictures *"that are not supposed to be there"*, *"they are very exciting"*, *"the man will then ask his wife to do things she is not used to doing"*, *"the internet corrupts men"*, or due to lack of open communication between the couple *"she does not tell him what may arouse her or what things she doesn't like, and he doesn't either"*.

Opinions regarding the sexual abuser included descriptions of the perpetrator as being *"mentally sick"*, an *"animal"*, *"has no control"*, *"has deviant sexual tendencies"*, *"finds pleasure in making others suffer"*, *"may be something happened to him as a child"* or *"may be he grew up in an environment where such things happen or he is hanging out with people who do this, then he will imitate them"*, *"men look at women walking in the street as if she were nude"*; many others blamed the woman for bringing the abuse herself: *"the way she dresses and the gestures she makes"*, *"some women get big beaded and the man is a man he cannot tolerate these things"*, *"when she keeps rejecting her husband he will abuse her"*, *"when she doesn't know how to handle her husband"*, *"when she doesn't listen to her husband or follow his orders"*, *"we shouldn't blame the man, he has sexual needs that the wife has to satisfy or else he will have extramarital affairs"*. Few blamed the women for keeping silent *"if she doesn't talk about it the first time or the second time it happens then it will continue forever"*, *"women have to speak out, if one man gets punished or judged, the others will be scared to do the same"* but could justify it *"even a weak woman can persist saying no but if he is mentally sick that will be putting her in danger"*

Most participants showed reluctance to seek help outside their own home when subjected to sexual abuse, and preferred to solve the issue with their husband; they blamed it on the society norms and counted several bad experiences when the issue was raised *"it is the society and the lack of sexual education"*, *"sex is something forbidden to discuss"*, *"sex talk is taboo"* *"the woman doesn't dare talk about it with her own mother"*, *"even when she talks to her mother, her mother scolds her and tells her that it is not an important issue to make a fuss about"*, *"there is a woman I know whose husband was a heavy drinker, he used to beat and rape her; she complained to her mother, but the mother rejected her and told her to bear the situation; she told her that her father was doing the same"*

and his behavior decreased as time passed". "It needs courage to discuss the issue outside home", then the victim can address a family member (his or her family), individuals that her "husband listens to" so "if he needs treatment they will tell him" or "a trustworthy friend who can guide her" or a religious leader; some mentioned the possibility of going to the MoSA centres, or seeking the help of a social worker gynaecologist or a psychiatrist

Sexual education

All mothers agreed that children should receive sexual education, and some even stressed its importance for both genders *"we must educate our children, they may get the wrong information from their peers", "they need to know so they have more self confidence and don't see 'this thing' as shameful"* particularly to girls: *"we worry about the girl more", "the girl is vulnerable", "I don't want my daughter to have unpleasant surprises in her life", "I don't want sex to be a strange thing in her life", "when 'this thing' happens to her I don't want her to feel that she is not normal" "it is easier to talk about puberty than to discuss real sexual matters". "*

Regarding who should provide the child with sexual education, some mothers said it was best to be given by them *"she is closer to her kids", "she follows them minute by minute", "some fathers are shy", "fathers are not tuned to talk about these issues",* others suggested that the *"mother discusses 'these things' with her daughter while the father deals with his son", "the son may be shy to ask his mother questions", "the son may notice something happening to him in the morning and it is better that he talks to his father about it", "there should be direct communication between father and son, the son may want to inquire about things other than body changes at puberty";* or the school, *"the information is more accurate", "they know how to disseminate the information".* Some even suggested that uncles or cousins should provide sexual education. It was argued whether it really mattered who gave the information as long as it is provided at home; *"what is important is for the child to have a reference person to resort to whenever needed"*

Although some women did not think that there should be a gender difference as to which age the sexual education is to be given, the majority suggested that girls are to be sexually educated at an earlier age (around 2 years earlier) than boys. *"We have to educate the girl at an early age, but this does not mean that she is to be given freedom", "the freedom we give to the girl is different than the boy's", "we have to put more weight on educating girls, and we also need to teach her that her reputation is*

important". For many, the preferred age to begin with sexual education was 11-12 years old for girls and 15 years of age for boys, with few suggesting an earlier age, and it was stressed that the *"education should continue until marriage"*. Others related education to puberty *"when the girl tells her mother, look I have breasts"*, or when she asks about *"the use of sanitary napkins"* or they receive the education in school *"they receive sexual education in grade 6, if they have further things to inquire about, they can ask me"*. One woman even initiates sex talks with her children *"sometimes when some sex scenes are broadcast on TV I ask my son what he feels when he sees these dirty and ugly scenes"*.

When asked about how they respond to their children's inquiries about sex, some women admitted *"feeling embarrassed and being grateful for TV that helps to provide information and therefore releasing them from this task"*, others said *"I reply to their questions but don't expand my answers and don't give them wrong information"*, *"we can't talk about everything"*, *"I start asking him questions to know why he is asking these questions and how much information he needs to know"*, *"I feel more comfortable dealing with my daughter's questions, than when my son asks me questions because I feel embarrassed, I direct him to his father"*, *"we shouldn't feel timid, we can relate the information as a joke"*, *"if I don't attend to their questions, they will think I am stupid and ignorant"*, *"I give the information according to his age, he will understand the rest with time"*

Child Sexual abuse

Participants were first asked: what in their opinion, does 'child sexual abuse' mean; the most common definitions given were: *"having sexual relations with a child"*, *"forcing a sexual relation upon a child after inflicting physical harm (beating, burning with cigarette buds...)"*, *"seducing a child with money or drugs to have sex with him/her"*, *"playing with the child's genitalia or asking him/her to play with the person's genitalia"*, *"an older guy abusing a child"*. Less frequently mentioned were statements such as *"abusing infants"*, *"seeing parents performing sexually"*, *"addressing the child with sexual expressions"*, *"physical harm that leads to psychological damage"*, *"psychological hurt and child destruction"*. Surprisingly, several women talked within this context about fathers harassing their sons or raping their daughters.

The women debated how widespread CSA is in Lebanon during the FGD: many women said it is more common in the west, *"Europe, the United States, Germany maybe in Egypt and Saudi Arabia too"*, *"we don't hear much about it"*, *"not present in our surrounding"* *"maybe in Lebanon among the wealthy people but it is quite subtle"* or *"common wherever there is poverty and over-crowded"*, *"maybe present in some areas of Lebanon, possibly up in the North"*, *"more common in cities where family ties are not that strong"*; but it was argued *"why shouldn't it happen in Lebanon, it is present worldwide"*, *"Lebanon is following the west in many ways, why not this too"*, *"Lebanese people are becoming more open to the west and heading further away from religion"*, *"they talk about it on TV so it must be occurring here"*. Few women thought that it is alarmingly common in Lebanon *"but people don't talk about it, particularly if the abuser is a family member"*, *"I have heard that in populated areas 8 per cent of girls are being abused"*, *"I worry about it too much, I give strict instructions to my daughters that whenever they use a public toilet to keep her sister waiting at the door, I don't want anyone to harm them"*, *"I don't let my children step out of the house without supervision"*.

Many participants labelled the perpetrator of CSA as being *"mentally ill"*, *"psychologically disturbed"*, *"a depressed person"*, *"has abnormal sexual tendencies"* and mentioned that it may be the father (several stories were narrated where the father was sexually abusing the children), the brother, a family member (never the mother) or any other person in the child's surrounding like neighbour, friend, teacher, house helpers or shopkeepers. They also explained that the incident can occur anywhere: *"at the beach"*, *"in the wilderness"*, *"any isolated place"*, *"home"* (some women disapproved that it may occur at home), *"small shops"*.

CSA was attributed by the FGD participants to *"poverty"*, *"wealth"*, *"unemployment"*, *"not getting married at a young age"*, *"watching too many movies over the internet or satellite that have sexual content so that sex becomes an obsession"*, *"seeing parents performing sex"*, *"seeing parents naked like parents having shower with their children or undressing in the presence of their children"*, *"family members kissing and touching the children in an unusual way"*, *"getting less religious"*, *"bad peers"*, *"family disruption"*, *"too many fights at home which will lead the child to avoid staying there"*, *"violent father"*, *"parents not caring for their children"*, *"emotional deprivation"*, *"when they don't ask the child where and with who they are going out with"*, *"allowing the child to sleep outside the house"*.

In the FGD the following factors were suggested to prevent children from becoming victim of sexual abuse: education, awareness, trustful and loving relations with parents, and non-violent environment at home.

Some participants of the FGD blamed the government for leading children to become victims of sexual abuse *"for letting crimes go unpunished"*, *"for lack of censorship on what is diffused through the media / TV"*, while others blamed the parents *"for not talking openly and therefore corrective measures will not be taken"*. However, the majority thought that it is the mother who should be blamed *"she spends too much time with the kids"*, although they acknowledged that there will be circumstances when the mother will not be available to watch her children *"she may have to leave the children with the house keeper or at a day-care where these things happen"*. Although the child can be blamed for not speaking out about being sexually abused it was also recognized that he/she may be *"threatened by the perpetrator and will be scared to talk"* or *"may be scared of being punished"*

As for the consequences of CSA, the participants talked about the child developing behavioural changes: getting irritable, aggressive, isolated, not talkative, feeling guilty, school failure, becoming an unsuccessful person with a weak personality, having deviant sexual behaviours, becoming homosexual or, getting involved with theft or drug addiction. *"He may later do the same to his children"* or *"have a fragmented family as he will not be able to get along with others"*

When asked whether CSA victims will have recognizable signs, they recited the behavioural changes mentioned above, but some women differentiated the signs according to the gender of the victim. If the sexually abused was a boy then they would notice *"secretion on his pants"*, *"more money in his pocket and he will start buying new clothes"*, *"inquires about sex"*, *"keeps playing with and touching his genitalia"*, *"will try to seduce girls"*; whereas they noted different behaviours amongst girls *"of course the girl will have different changes"*, *"her body composition is different"*, *"she is more harmed"*, *"she will have bruises or scratches on her body"*, *"menstrual changes"*, *"secretions on her pants"*, *"redness on her genitalia"*, *"she will become scared of men"*, *"afraid of her father"*, *"starts asking intimate questions"*, *"changes in the way she looks or the way she dresses"*, *"refuses to go out alone"*.

Mothers and educators admitted they would be devastated upon hearing a child has been sexually abused and their reactions included statements such as *"I don't think I can handle it"*, *"I would die if I knew"*, *"I will have a nervous*

breakdown", and *"I will raise hell"*. Some said they would *"have to deal with it in a cool manner, without letting his/her siblings know"*, *"will inform the father"*; the majority agreed that they would have to deal with the psychological consequences that follow and consult with a doctor; few of them said their response to hearing such news would not change depending on whether their son or daughter were involved. Most mothers agreed that if the victim were a boy, *"it is easier"*, *"will talk to him quietly about it"*; but will *"make sure the person who abused my son will go to jail so he doesn't do the same to other children"*; however when the victim is a girl, *"it is difficult to talk about it"*, *"I will choke it in my heart"*, *"I may kill the perpetrator"*, *"girls mistakes can't be corrected"*, *"if something happens to her, it is over for her"*, *"the girl has a reputation to worry about"*, *"people will start talking about her"*, *"she will be the talk of the town"*, *"society doesn't let you speak"*, *"I may tell her father or brother"*, *"may send someone to talk with the perpetrator"*, *"will ask the perpetrator to marry her"*. They reported the same reactions when the victim is supposed to be a close child and not a sibling, few added that they will advise the child and/or parent to seek the help of a doctor or a specialized organisation; however, when the perpetrator was supposed to be a family member, many changed their attitudes and admitted it to be a *"more difficult, and disastrous situation"* as it *"will lead to family disputes"*, *"loss of trust in people around"* and would pose *"more psychological burden on the child"*.

When asked where would they go for help, most said they would resort to a family member first or a friend when they feel *"the situation is difficult to deal with"*, to a psychologist or a priest *"to help the child"*. Some proposed going to a lawyer for guidance *"they are not many and not widespread"*. As for the presence of laws banning CSA, the participants were not sure of their existence, or *"if present we don't know what they are"*. Few are aware that there are organisations like KAFA that provide assistance to victims of CSA. One woman advised against going to the police as she knows of a girl who went to the police to file a report and was harassed there. They commented that the society's reaction is not encouraging: it is *"bad"*, *"disrespectful"*, frequently *"blames the mother and accuse her of not being an adequate parent"*, and *"will follow the child with those looks"*, *"it is unfair to the child whether the child is responsible or not"*.

Participants also identified barriers preventing the children victims from sexual abuse and or their parents from seeking help. These included *"scandal"*, *"publicity"*, *"unknown consequences"*, *"fear of being labelled bad parents"*, *"fear of being hurt by the perpetrator"*, *"talking about sex in our society is a taboo"*, *"honour crimes"*, *"there is no solution to this problem"*.

As to the effect of the July 2006 war on CSA, participants agreed that war increases the prevalence of CSA: *"in war there is chaos", "there is over-crowding", "more poverty", "parents don't pay attention to their children during war", "living becomes unstable", and "there is no work, too much empty time"*.

The last point raised during these FGDs was related to attitudes regarding public campaigns that raises awareness about CSA; many encouraged such campaigns and considered it important to *"prevent children from falling into that mistake"*, and to *"make parents aware so that they check where their children are going and with who"*, and suggested to involve schools *"they know how to talk to the child"* and Churches *"people accept these subjects when raised there"*, but they were reluctant because *"we have traditions that have to be respected"* and advised addressing the subject in an indirect way because *"parents would refuse to listen", "this is not how we were raised"*.

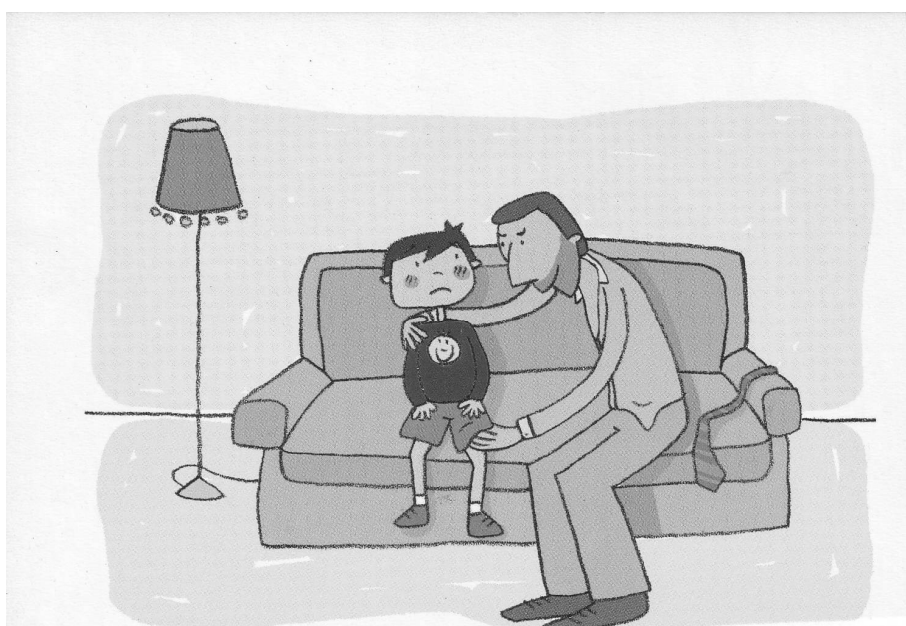
ANNEX V- Focus Group discussions with children - Results

Five sessions were conducted: one in each area of Mount Lebanon, Bekaa, South, Beirut, and North. Each session included approximately 50 children between 9 and 14 years old. The aim of the sessions was to raise the children's awareness about the problem of CSA and provide them with information on how to respond to the advances of a sexual abuser, and the resources available for them to seek help.

The sessions were introduced by showing pictures that the children were then asked to interpret followed by a series of questions to know their baseline level of knowledge. The following is a summary of the information collected

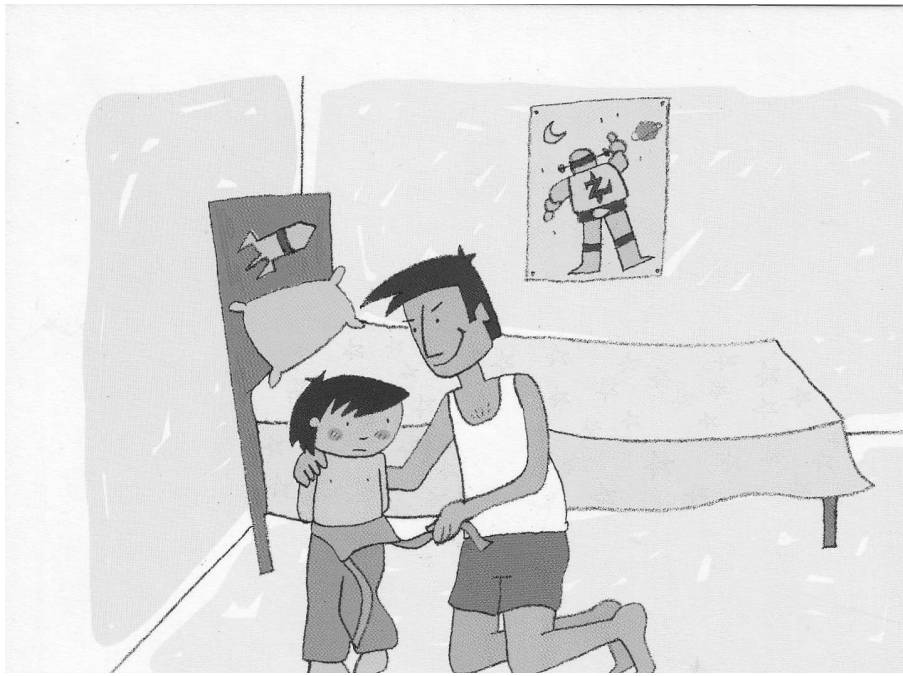
What do you see in the following pictures?

Picture 1



- *Father consoling his crying son;*
- *Father talking quietly with his son;*
- *A father sitting next to his son in the room and asking him why he is upset. The son replies that his friends in school are hitting him and treating him violently;*
- *A boy falling into danger;*
- *I feel so sorry for the boy;*
- *The boy is being abused;*
- *A father harassing his son who is feeling very upset.*

Picture 2



- *Father helping the child to get dressed;*
- *Father taking off the child's clothes and he is upset with him;*
- *A man in a room undressing a child who is scared that the man might do something to him and does not know what to do;*
- *Uncle harassing a boy.*

What is child sexual abuse?

“Annoying a little child”; “when a child cries”; “a man attacking people in the streets, kidnapping, or hurting them”; “when we hurt each other”; “a helpless little child”; “raping a younger girl”; “harassment of women and children, which happens often, and the ones who do it say bad words”; “one person embarrassing or harassing another whether male or female”; “raping another person whether man, woman, or child”; “an older person harassing a younger one against his/her will”; “bitting, killing, or physical abuse from one person to another”; “a man abusing a little child because he does not know what to do”; “man kidnapping a girl”; “being scared of terrorists or kidnappers”; “kidnapping children”; “embarrassing children”; “raping, beating or killing a child”; “when a child cry’s”.

Who is at risk of CSA?

“Children”, “the weak ones”, “women and children”.

Where can CSA happen?

“Anywhere”; “home”; “street”; “school: courtyard or classes”; “small alleys”; “gardens”; “anywhere where there are not many people around”; “bars”; “bedrooms”. A difference by geographical area was observed when children were asked about common place for sexual abuse: children from Bekaa and the South mostly quoted: Garden or orchard; from Beirut quoted: Bedrooms; whereas children from the north mostly mentioned Schools.

Who would be the perpetrator?

“Father”, “uncle”, “persons with disabilities”, “drug addicts”, “whoever”, “beggars”, “thieves”, “school teacher”.

How can a child protect himself?

“Parents have to protect them and not allow them to play on the streets; the parents and older brothers and sisters can protect the child; I will tell my parents. I won't walk alone at night; I will have a bodyguard walk with me; will go to an institution; the child can talk to his parents and they will protect him or take him to a hospital; the child can cry and shout and the parents will feel embarrassed and protect him/her; I can protect myself by not letting anyone harass me.”

To be noted that when law 422 was mentioned during FGD, none of the children were aware that such a law exists

***If you become subjected to child sexual abuse, who would you talk to?
What do you think his/her reaction would be?***

“Father”, “mother”, “friend”, “someone I trust”, “brother or sister”, “police or sexual intelligence agency.”

Do you know of children who were abused sexually?

“Once a man tried to kidnap me and take me to a room. He told me there are a lot of toys and games there, I said no and started to shout. People rushed in and started hitting him and took him to the police”

“Once I was with my uncle at a gas station washing the car; my uncle asked me to fill a bottle with water; over there an old guy tried to harass me I started to shout and ran back to my uncle who gave him a beating”

“There is a 14 year old girl who was sexually abused by her brother who is 20 years old...he tried to rape her. She was scared to talk to her parents so she told her friend who advised her to inform her parents. They kicked the boy out of the house and humiliated him.”

“There is a married woman who is physically and sexually abused by her husband.”

“I have a friend that is younger than me who showed me very naughty pictures on the computer.”

“Once I was at the beach, a young man and woman came, undressed, went into the sea and started kissing each other.”

“A concierge working in a building tried to rape a girl in the entrance, she started to scream, ran away and went home then her father hit the concierge.”

“Once I was walking with my friend and guys asked us to go with them to buy bananas, but we ran away and told my father who is in the police. They were beaten and put in jail.”

