



Parental Involvement with Children and Strategies to Avoid Child Sexual Abuse

Abdu Funa*

Department of Optometry, Faculty of Health and Social Sciences, Nigeria

*Corresponding Author's E-mail: abdu@una.gmail.com

Received: 02-Mar-2023; Manuscript No: irjass-23-90813; **Editor assigned:** 06-Mar-2023; Pre-QC No: irjass-23-90813 (PQ); **Reviewed:** 20-Mar-2023; QC No: irjass-23-90813; **Revised:** 24-Mar-2023; Manuscript No: irjass-23-90813 (R); **Published:** 31-Mar-2023, DOI: 10.14303/2276-6502.2023.83

Abstract

A crime or serious offence known as child sexual abuse (CSA) occurs when a kid is subjected to sexual activity that they do not completely understand and for which they are unable to offer informed permission. It is an infringement on a child's fundamental human rights. CSA is frequently shrouded in silence, which can happen for a variety of reasons, such as the family's silence or the child's fear that reporting the incident will lead to further punishment. It can also happen because it is difficult to diagnose CSA, notify the parents, and because there aren't any standardised and efficient tools for handling cases properly in the health system.

Keywords: Crime, Sexual, Human right

INTRODUCTION

For ethical and legal considerations, it is challenging to conduct studies on CSA. Past research from several nations has assessed the incidence of CSA and its long-term effects. Previous research conducted in the US and other western nations estimated that 1 in 5 females and 1 in 12 boys had been subjected to maltreatment as children (Boni MF et al., 2020) 5, 6 Research from developing nations have shown that 1 in 15 children under the age of 18 experience maltreatment every year; this rate can be viewed as higher than the projections for the US and European nations. According to a recent meta-analysis, there is a considerable disparity between boys and girls in the prevalence of sexual victimisation, which was determined to be 7.9% in males and 19.7% in girls. Over the world, CSA is becoming more common

(Latinne A et al., 2020). Yet, due to cultural variations, the prevalence of CSA differs between nations individually. CSA was present in Morocco at a prevalence of 9.2%4, compared to 9.2% in Europe, (Andersen KG et al., 2020).1% in Asia, 15.8% in the US, and 23.9% in Oceania (Lau SKP et al., 2007). 11 According to several researches, Africa (34.4%) has the highest frequency of CSA. recently examined the prevalence of CSA among school pupils in the Kingdom

of Saudi Arabia and found that it was 16%. Similar to this, between 1987 and 2007, a paediatric surgery facility in KSA reported multiple incidences of CSA, according to a 2009 retrospective investigation (Ge X-Y et al., 2013).

MATERIALS AND METHODS

The primary health care centre (PHCC) of Imam Abdurrahman Al-Faisal Hospital in Dammam, Saudi Arabia, was the site of this cross-sectional descriptive study. The study comprised parents of children younger than 18 who attended the PHCC. Parents without children, parents who had children older than 18, and parents of kids with psychiatric disabilities were not eligible (Bell Ann V et al., 2014). Using the Raosoft Sample Size Calculator, the minimal sample size was determined. When the predicted proportion of CSA is 50.0%, a sample size of 374 people is sufficient to give an interval of 95% confidence with an accepted margin of error of 5%.The relation was to be specified by the parties. Once the research tool had been created, it was sent to four reviewers for their input on its suitability: a consultant and a family doctor with extensive experience handling child maltreatment cases; a nurse who was active in patient counselling and education; and a researcher in the social and behavioral sciences (Betancourt Joseph R, 2006). In order to assess subject replies, gauge the

validity of the questionnaire, and test the study equipment, a pilot study was carried out at the PHCC under the direction of an investigator. Also, it was crucial to use the pilot to determine the optimal technique for data administration and gathering.

Parent-child communication (Bleakley Alan et al., 2008).

Its gives specific information about the methods used by parents and children to communicate. The majority of the kids, 359 (90%) replied correctly when questioned about parent-child communication techniques regarding the possibility of sexual abuse and teaching kids that parents or other reliable people should be informed if such instances happened (Bochatay Naïke et al., 2020). Three hundred and fifty-seven (89.5%) of the parents who responded said they had told their kids to politely decline any advances towards their private areas and leave the area right away. The majority of parents (89.2%) have advised their kids against taking presents from strangers or to avoid going places alone or with strangers without first getting permission from their parents. A total of 349 parents (87.7%) had instructed their kids not to go anywhere with anybody else, even if they were well-known adults, without first getting permission from them (Braun Lundy et al., 2017). A total of 329 people (82.5%) acknowledged having a conversation with their kids on their right to personal space. Less communication directly addressing sexual concerns occurred than communication especially targeting the safety of the children from abuse (63.3%). 95 parents (24%) followed poor communication methods, compared to 305 parents (76%) who had effective communication practises about CSA.

DISCUSSION

In order to identify any gaps that require additional investigation, this study evaluated parent-child communication and CSA preventative activities. The current survey indicated that 8.2% of parents stated that their children had experienced sexual abuse, while 10.8% of parents reported having experienced sexual abuse as children. A research conducted in Nigeria found that 2.1% of parents and 3.9% of parents said their children had suffered from CSA. Worldwide, it is now thought that child sexual abuse is more common. This might be because there have been more cases reported, more parents are aware of the situation, and more people are talking about it in general, which has helped to better highlight the issue. This pattern could be a sign of impending danger due to the rising prevalence of CSA. According to a 2008 study of Jeddah's female college students, 68.3% of the students had some experience with sexually improper behaviour as children. The most common perpetrators of abuse, both physically and emotionally, were siblings. The outcomes also showed that family members and non-family members were the primary perpetrators of sexual violence. Parents must be well-versed in CSA and must educate their children self-defense in order to safeguard them from sexual assault. According to the

survey, 76% of the participants had effective parent-child communication procedures in place. Similar to past studies, the current study found that most parents spoke to their kids about their privates and that most have advised them not to go with or take gifts from unfamiliar or friendly adults without first getting their consent. Only a small percentage of parents had discussed sexual issues with their children, however they also talked to their kids about their physical safety. It is important to promote parental communication with children as a positive behaviour. According to this study, parents who have experienced sexual abuse in the past and parents of children who have experienced sexual abuse are better at spotting the symptoms of CSA. Knowing the signs of abuse may have contributed to this. Another crucial finding was that parents who had previously experienced sexual abuse and parents of children who had been molested held the same false beliefs about abusers and thought that boys were not at risk of sexual abuse. Nonetheless, every participant in the survey believed without a doubt that females could sexually assault infants.

CONCLUSIONS

The research was unanimous that females may sexually abuse children. About this issue, parents need to receive thorough information. The National Guard Community Hospital in Saudi Arabia needs to implement culturally relevant CSA prevention programmes. Parents should be taught about exposing specifics of sexual abuse, according to health care professionals including doctors and clinicians. Also, they must be given the proper training regarding CSA and should be urged to interact with youngsters.

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