Arab Parents' Reactions to Child Sexual Abuse: A Review of Clinical Records

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Arab Parents' Reactions to Child Sexual Abuse: A Review of Clinical Records

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This paper addresses parents' reactions to sexual abuse cases in their families. The study analyzed the clinical records of individual and family therapy sessions with 35 cases of Arab Palestinian clients, citizens of Israel (27 individuals and 8 families). Families were categorized as either functional or dysfunctional. It was concluded that the degree and type of relatedness of the perpetrator to the victim's family influences the type of reaction more than the family's level of functionality or the type of harm caused to the victim. Functional families consider the mental welfare of the victim as a serious concern. However, when the abuser is a relative or an acquaintance, functional families balance between support for the victim and the maintenance of correct relations with the abuser's family. Dysfunctional families offer solutions that in the short-term and/or the long-term usually harm the victim.

KEYWORDS incest between siblings, sibling abuse, perpetrators, victimization

Sexual violence against minors engenders both short-term and long-term implications for victims. Among Arab society in Israel, the influence of religious and cultural gender values, continued adoption of traditional Arab practices, and the hesitation of the Arab education system to introduce sex

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education into elementary schools have precluded any discourse on the subject of sex and/or sexual violence by the victims and between them and their families. The ensuing silence causes secondary victimization to those injured. It is not only children who lack the necessary information and tools relating to sexual abuse—parents are equally disadvantaged (Abu-Baker, 2006). This paper attempts to identify factors that influence the reactions of Arab parents who become aware that sexual abuse was committed against their child. This information is derived directly from the personal stories of victims and/or their parents told in individual or family therapy sessions.

Most Arab families (both Christian and Muslim) relate to sex in two dichotomous ways: as a legitimate and enjoyable relationship between husband and wife who are officially married, or as a sinful, illegitimate relationship between nonmarried persons (Ilkkaracan, 2000). Islam, the religion of about 85% of the population in the Middle East and about 80% of the Palestinian population of Israel, treats rape and incest as serious sins. According to Islamic law, perpetrators should be punished publicly. Although anyone who participates in extramarital sex is considered a sinner, victims of incest and sexual abuse are not to be punished (The Koran, 5:33, 24:10). Islamic norms and culture also influence family and community norms among Christians and Druze who live in Israel (Kaufman, Abu-Baker, & Sa'ar, 2012).

Arab families tend to be sensitive to *fadiha*: a scandal causing damage to their reputation in their society (Abu-Baker, 2005, 2007). The fear of Fadiha is augmented by a dominant external locus of control influenced by collective norms (Brewer & Yuki, 2007). According to Kagan and Schlosberg (1989), abusive parents and even sometimes parents who took no part in the abuse force their children to hide the abuse as a family secret. In such families, victims are unable to seek outside support. Abusive parents are described as driven to manage their public image.

In traditional Arab communities, extramarital sexual relations are also considered as severely harmful to the honor, or *Sharaf,* of the victim, perpetrator, and families on both sides (An-na'm, 2006; Touma-Suliman, 2006). When according to cultural conceptions their personal or family honor is harmed some families may even practice "Honor Killing," murdering the victim or the perpetrator (Goodwin, 1995; Hasan, 2003; Shalhoub-Kivorkian, 2005). These Arab cultural norms like Islamic customs mentioned previously influence all sectors of Middle East Arab society (Patai, 1983).

Cultural attitudes regarding sex tend to restrict the introduction of sex education in the Arabic school system in Israel. Nevertheless, a recent study of 797 Palestinian parents in Israel revealed that parents agreed to the provision of sex education for their children at school when it was clarified by the researchers that the learning content would include both information about the human body and guidance on how to abstain from sexual relations until marriage (Jobran, Marcos, Avital, & Ram, 2011). Although parents may

prepare and equip their children with ways to protect themselves against sexual abuse, they often refrain from offering them sex education at school or at home.

Submission to cultural norms has largely muted professional and social discourse about sexual abuse in Arab society. However, information regarding child sexual abuse (CSA) in the Arab world started to emerge in the early 21st century, especially with increased access to information on Internet. Most studies were conducted with adults who were asked whether they had endured sexual abuse in the past. Haj-Yahia and Tamish (2001) found that among victims of sexual abuse in a sample of 652 Palestinian college students in the West Bank, 18.6% reported having been victims of perpetrators within their family, 36% reported having been victimized by people in their families' inner circle, and 45.5% reported having been victims of nonkin abusers. Mansour and colleagues (2010) studied the long-term consequences of CSA on university students in Egypt. They found that 13% of a sample of 963 students reported that they had been sexually abused. They also noted a radical increase in studies about all kinds of child abuse in the Arab world between the years of 1995 and 2009, from rare publications to about 40 studies published in the journal *Child Abuse and Neglect* during that period. Nonetheless, studies relating to sexual abuse in other Arab countries are still very rare.

Concerning reactions to the aftermath of CSA disclosure in families, there is evidence that in the Arab world the disclosure often leads to further victimization of the victim. Hasan (2003) claims that "until a few years ago, the practice of murdering women to preserve family honor enjoyed almost total legitimacy within Palestinian society" (p. 25). It is not rare for victims and perpetrators to be beaten by adult relatives upon revelation of the CSA, as reported by Shalhoub-Kevorkian (1999, 2005). Relying on her clinical work with female victims of CSA in Egypt, Al-Sadawi (1990) concluded that typical reactions of victims' families to the abuse included enforcing silence on the victim, usually causing extended harm to the victim's mental health. This reaction reflects feelings of devastation, desperation, and fear regarding the consequences of the CSA. This traumatic reaction may lead Arab victims and their families to refuse to report the abuse to the authorities or to unfold its details publicly or even in therapy after their discovery of the sexual abuse. For example, Bashtah (2012), who studied narratives of 10 adults who had experienced CSA in Saudi Arabia, found that most victims indicated that when they reported the abuse they were accused of telling a lie that could cause harm to the fabric of the family.

The sociocultural context in which Arab families (including Muslims, Christians, and Druze) live influences their reaction to sexual abuse. It is widely believed that family ties within Arab societies are still managed according to traditional norms. The family, rather than the individual, is the basic unit in Arab society. Arab families are patriarchal and patrilocal, where

men live close to their family of origin and women move to live close to their in-laws (Abu-Baker, 2012; Al-Haj, 1987, 1989). People are socialized to believe that collective well-being supersedes individual well-being. In general, people born in small societies live near their relatives, who become their lifelong neighbors, often working together and relying on one another for economic, political, and social support (Abu-Baker, 2012; Dwairy, 1998).

In addition, marriage with family relatives is still a common practice, involved in 30% to 70% of all marriages among Palestinians in Israel (Abu-Baker, 2010). These conditions influence the individual's sense of psychological and social security, mainly trusting and relying on their family of origin and extended families as support systems (Abu-Baker, 2012). Yet the proximity and closeness of the families sometimes causes problems. Many cases of abuse are perpetrated by relatives, usually first-degree and second-degree cousins (Abu-Baker, 2006).

In previous clinical studies, the present author (Abu-Baker, 2005, 2006, 2007) concluded that Arab families seek to prevent CSA for the following reasons: (a) to protect their children from the immediate abuse, (b) to prevent future harm to the victim's and the nuclear and extended family's reputations, and (c) to conserve young females' virginity, as it is still a condition for first marriage of women in many traditional communities, regardless of their age. This article examines the difference in the reaction of Arab Palestinian parents when sexual abuse is perpetrated against their children by (a) siblings, (b) other relatives, (c) nonkin who are acquaintances from the community, or (d) strangers.

METHOD

Participants

Qualitative data were gathered from the records of therapy sessions of self-referred individuals (first group) and families (second group) treated in a private practice providing outpatient individual, couple, and family therapy. The first group consisted of 27 adult individuals who sought therapy for diverse reasons; however, sexual offenses or abuse constituted a dominant theme in therapy for them all. Demographic features of this group were as follows: 12 female Muslim clients, seven female Christian clients, five Muslim male clients and three male Christian clients. The second group included eight families, who came to therapy shortly after discovering sexual abuse against their child. The victims in this group were: six girls (four Muslims and two Christians) and two boys (one Muslim and one Christian). The children's ages ranged from 4 to 12. The total number of cases investigated in the research was 35. The demographic data are summarized in Table 1 below.

TABLE 1 Age, Religion, and Sex of Clients in the Study Sample

	Religion				
	Muslim		Christian		
	Sex		Sex		
Age	Male	Female	Male	Female	Total
4–12	1	5	1	1	8
18+	5	12	3	7	27
Total	6	17	4	8	35

The clients in the study came from various regions of Israel: the Galilee region, mixed cities (Jews and Palestinian Arabs), and the central region of Israel, populated by Palestinians and known as the Triangle. The ethnic distribution of the sample is not representative of the proportions of Christian and Muslim Arabs in Israel, and cases were selected solely for their ability to shed light on the studied phenomenon. The percentage of Christian adult clients among the studied population (40%) is higher than their percentage within the Palestinian Arab population in Israel (10%; Central Bureau of Statistics, 2012, Table 2.6). There is evidence that Christian Arabs seek therapy more than Muslim Arabs due to their generally higher level of education and income and their adoption of a Western orientation (Dwairy, 1998; Kaufman et al., 2012). Although sexual abuse occurred when victims were children, 77% of the studied population reached therapy as adults.

Procedure

Clinical case notes from the past seven years were reviewed, searching for references to sexual abuse. All cases that included reports of CSA were selected for the research, a total of 35 cases, about 18% of all cases treated by the clinic during those years. Informed consent procedures that are routinely used in the private practice were followed. All clients sign a consent form on entering therapy which states, "The client allows the therapist to use any information received during therapy for the purposes of teaching, supervision, research, and/or academic publication on condition that any data identifying the client in any way are disguised to maintain his or her anonymity."

Data Analysis

Thematic analysis was used to derive the following data from the case material: (a) What was the victim's age when sexually abused? (b) Who was the perpetrator? (c) What was the relation of the perpetrator to the family

(sibling, member of the extended family, nonkin acquaintance, or stranger)? and (d) How did the family react to the perpetrator (including both immediate and long-term action)? All case notes were read three times with a two-week gap between each reading. Lincoln and Guba (1985) suggested that data should be reread several times when peer debriefing or member checking is unavailable. This enables researchers to check their own biases while categorizing and to reach the phase of saturation of categories. Chenail and Maione (1997) state that the researching therapist:

> can reflect on one observation at one time and use that new sensemaking perspective to look for something qualitatively different in the phenomenon from what had been the focus of study before. . . . In this fashion, qualitative research becomes an unfolding dialectic of building and shaking confidence until researchers reach a level of trust in their sensemaking of the phenomenon in question. (para. 24)

The tools of grounded theory, developed by Glaser and Strauss (1967), were employed for the interpretation of the data. Strauss and Corbin (1990) explained that "a grounded theory is one that is inductively derived from the study of the phenomenon it represents. . . . One does not begin with a theory, then prove it. Rather, one begins with an area of study and what is relevant to that area is allowed to emerge" (p. 23).

Initial analysis of the clinical records distinguished between "functional" and "dysfunctional" families who sought therapy. Bradshaw (1996) described the profile of a functional family as "one in which the members are functioning fully and the relationships between the members are fully functional. . . . A functional family is the healthy solid out of which individuals can become mature human beings" (p. 44). He detailed the conditions for a functional family as (a) undertakes the role of a survival and growth unit, (b) respects and meets the emotional needs of the various members while balancing autonomy and dependency and assists social and sexual training, (c) provides for the growth and development of each member and trains for solid self-esteem, and (d) socializes and mediates relations with society by teaching moral values. Bradshaw (1996) also described the profile of a dysfunctional family system: they forbid emotional, intellectual, social, and psychological freedom; they experience life in a dichotomous way, suffering from an intimacy vacuum in which roles are fixed, frozen, and rigid; children have to sacrifice their needs and take care of the needs of the system; and the ego mass is undifferentiated and boundaries are enmeshed. There is almost always low-grade anger and depression in a dysfunctional family (p. 94).

Stoop and Masteller (1997) describe dysfunctional families as living in constant conflict: adults misbehave, refuse to take responsibility for their actions, and cause harm to their children, who do not experience their

parents as supporters and rescuers. Children growing up in dysfunctional families sometimes feel that the arrangement is normative (Stoop & Masteller, 1997).

Reliability and Validity

A good qualitative study can help us "understand a situation that would otherwise be enigmatic or confusing" (Eisner, 1991, p. 58). Stenbacka (2001) indicates that "reliability is a concept to evaluate quality in quantitative study with a 'purpose of explaining' while quality concept in qualitative study has the purpose of 'generating understanding'" (p. 551). Lincoln and Guba (1985) use the concepts "dependability" and "confirmability" to discern the quality of qualitative research, terms that closely correspond to "reliability" in quantitative research (p. 300). In this case, confirmability was tested by comparing the findings with relevant literature published in the Arabic world and by juxtaposing the research data with information from other Arab therapists who work in the same field (Lincoln & Guba, 1985; see also Chenail & Maione, 1997).

Guba and Lincoln (1998) replaced traditional positivist criteria of internal and external validity with the terms "trustworthiness" and "authenticity." Trustworthiness was strengthened here by (a) identifying similar themes in the recent experiences of children in treatment and in childhood experiences reported by adults in treatment, despite the fact that in some cases there was a difference of up to 30 years between the reported incidents, and (b) searching for authenticity in the explanations given by those who underwent the experiences and examining the credibility of their stories (Guba & Lincoln, 1998). Authenticity was reinforced by a thick description of the findings.

Limitations of the Study

No claim is made for the representative nature of the cases that were studied. Arabs who seek individual and family therapy in private practice are not representative of the general Arab population (Dwairy, 1998). This is not a commonly accepted practice in traditional Arab society. Similarly it cannot be claimed that this convenience sample of the clients in a particular clinic represents the population of sexual abuse victims among the Arab population in Israel (in or outside therapy). This study aimed to analyze the studied phenomenon in depth according to specific clients' reflections regarding their personal experiences and to derive new practical knowledge from this analysis. In regard to generalization of the results, Lincoln and Guba (1985) preferred the term "transferability" to "generalizability" when discussing qualitative research, meaning the degree to which the findings of this inquiry can be transferred beyond the bounds of the project and "apply to all contexts within the same population" (p. 297). In the present case, transferability may be limited to cases of CSA in Arab families in Israel who

apply for therapy. However, practitioners are invited to consider to what extent the rich body of findings are relevant to their own experiences in similar contexts.

RESULTS

This section describes the reactions of parents in family cases and the reported reactions of parents in individual adult cases. Data for these descriptions were derived from the treatment sessions transcripts in answer to three questions: (a) What was the victim's age when sexually abused? (b) Who was the perpetrator? and (c) What was the relation of the perpetrator to the family (sibling, member of the extended family, non-kin acquaintance, or stranger)? Until now, data from the first group of clients who revealed CSA in individual therapy and from the second group who revealed it in family therapy were analyzed independently. The analysis in this section relates to the data on these two groups as if they were a single group composed of 35 cases that experienced CSA.

The total number of families categorized in line with extant theory as functional was 18. In this group, 11 families supported the abused child, by believing the story, seeking therapy, and/or rebuilding a sense of safety for the child. The other seven families suppressed the victims' complaints by minimizing the importance of the event, asking the victim to immediately get past the trauma, and/or refusing to discuss the victim's concerns. In the 17 families categorized as dysfunctional families, parents suppressed the victims' complaints, and sometimes the victim was punished for "causing trouble" for the family. Perpetrators in the functional families included three brothers, who were themselves minors; eight relatives from the extended family; four nonkin acquaintances; and four strangers. Of the perpetrators in dysfunctional families, four were brothers, five were other relatives, six were nonkin acquaintances, and two were strangers. See Table 2 for more information on the families and perpetrators.

Eight types of family reactions were identified, in accordance with two dimensions: the identity of the perpetrator and the functionality or dysfunctionality of the family. In the following description of these eight different types, each type is illustrated by an example case.

Family Reactions in Functional Families

PARENTS CONTAIN THE BETRAYAL THAT HAD OCCURRED WITHIN THE NUCLEAR FAMILY: THE PERPETRATOR IS A MEMBER OF AN INTACT FUNCTIONAL NUCLEAR FAMILY (INCESTUOUS RELATIONSHIP)

In such cases, the immediate reaction of the parents is shock, trauma, and mourning. They take responsibility for the victim's suffering and the

TABLE 2 Identity of the Perpetrator in Sample Cases by Type of Family Functionality and Religion

Family Functionality	Religion	Who Is the Perpetrator?				
		Family Member		Other		
		From the nuclear family	From the extended family	Acquaintance from the community	Stranger	Total
Functional	Muslim	2	7	4	4	17
(Intact)	Christian	1	1	0	0	2
Dysfunctional	Muslim	2	4	5	1	12
(Multiproblem)	Christian	2	1	1	1	5
Total		7	13	10	6	36

misconduct of the perpetrator. They seek therapy for both family members in an attempt to assist in curing family functionality (Maddock & Larson, 1995). Such families reject the possibility of reporting the abuse to the authorities since they believe that it would cause continued harm to the victim, the perpetrator, and the nuclear and extended family (for a legal and ethical discussion of this issue see Abu-Baker & Dwairy, 2003).

Case example 1. Jumana was a 10-year-old girl who had been sexually molested by her 14-year-old brother for several months. The parents were both teachers who taught on days when their two children had a day off. The parents discovered the sexual molestation when Jumana developed a severe genital infection. The family doctor asked the girl about "types of touches" she may have experienced to her genitals, at which point, Jumana revealed the unwanted "touches" her brother had forced on her. Both parents were deeply shocked and blamed themselves for being unable to protect their children from unacceptable sexual behavior. Despite the fact that they were both teachers, they lacked the tools to talk about sex with their children.

FAMILY WAS BETRAYED BY A MEMBER OF THE EXTENDED FAMILY: THE PERPETRATOR IS A RELATIVE IN THE EXTENDED FAMILY

Parents feel frustrated, angry, and betrayed. They seek help for the victim and work intensively to remove the perpetrator from further contact with the extended family and community. This act aims to rebuild the victim's sense of security within their close environment. Parents do not report the abuse as they attempt to retain the support of the extended family.

Case example 2. Ziad was 10 years old when he was raped several times by his father's paternal cousin, a single man in his early 30s. A new rape attempt was discovered accidentally by Ziad's younger sister, who cried for help. The perpetrator's parents then met with Ziad's parents, offering

their apology to the victim's family; they showed willingness to present any help needed to support Ziad. The two parties agreed that it was necessary to send the perpetrator to therapy and to distance him from the community. The perpetrator was sent to live in another town, with his older brother, who assumed responsibility for watching his behavior and accompanying him to therapy. Ziad was also sent to therapy. The relationships between Ziad's father and his paternal family (excluding the perpetrator) remained intact.

FAMILY WAS BETRAYED BY THE COMMUNITY: THE PERPETRATOR IS NONKIN YET KNOWN TO THE FAMILY

The functional family tends to disconnect relations with the perpetrator immediately. The parents' dominant feeling is anger. The perpetrator is forced to move away from the neighborhood or the community of the victim. In some cases, the abuse is reported to the police. In these cases, respected community members try to mediate between the extended families of the perpetrator and the victim, attempting to compensate the victim and their family, according to traditional customs, independent of state laws and remedies.

Case example 3. The parents learned about the sexual misconduct of a salesman in the neighborhood grocery toward their two daughters who had refused to patronize his store. The angry parents threatened to report the salesman's sexual misconduct and forced him to close his business. Later, they informed the perpetrator's relative, for whom they had respect, about the sexual misconduct. Two days later, an all-male delegation of the perpetrator's relatives, accompanied by respected community figures, visited the victims' family. The delegation had two missions: to apologize for the misconduct of their relative and to try to convince the family not to report the abuse to the police. They offered to pay the family *diyah*, compensation money similar to that paid in cases of accidental killing (Abu-Nimer, 2001). They also promised to watch the perpetrator closely. Negotiations ended with the victim's family accepting the agreement, believing that it had saved the reputation of both families while also taking care of the therapy of the victims and the perpetrator.

FAMILY ATTEMPTS TO ATTAIN REVENGE: WHEN THE PERPETRATOR IS A STRANGER

In these cases, the family works in two main ways. First, they try to take care of the physical and psychological harm caused by the abuse, and second, they work toward punishing the perpetrator. The family's dominant feelings are anger and a desire for revenge. Revenge is exacted in various ways:

from causing physical harm to the perpetrator to reporting the abuse to the police. The family of the victim usually calculates its strategy of revenge in accordance with the type of harm potentially caused to their reputation. Often, the family emphasizes the physical, psychological, and social damage caused to the victim by the perpetrator.

Case example 4. Two young construction workers in their-mid 20s, working in a particular neighborhood, raped a local 9-year-old boy and threatened to kill him if he disclosed the rape to anyone. The boy's physical and psychological reactions led his parents to discover the rape. He was immediately treated by the family doctor, who notified the parents that he was obliged to report the rape to the police. The parents agreed, on condition that he would do all he could to protect their child's confidentiality. Later, a delegation of representatives of the extended families of the two perpetrators appealed to the victim's parents to waive charges. The request was denied.

Family Reactions in Dysfunctional Families

FAMILY BLAMES THE VICTIM: THE PERPETRATOR IS A MEMBER OF THE DYSFUNCTIONAL NUCLEAR FAMILY (INCESTUOUS RELATIONSHIP)

One group of parents believed that silencing the subject of abuse would help their victim child to "forget" and "erase" the "unpleasant incident." A second group believed that "digging" deeply into the details of sexual abuse would cause harm to the child's future functioning (Abu-Baker, 2006). Therefore, they quickly extinguished any discussion regarding the abuse. Dysfunctional Arab families regarded helping professionals with suspicion (Dinsmore, 1991), therefore, they did not immediately seek professional help (Haj-Yahia, 1995).

Case example 5. Nujud was the third among five daughters of a mother who was a second wife of a wealthy Bedouin Muslim man living in the Galilee region. The second wife and her daughters were hated and abused physically and socially by the first wife and her adult children. The second wife was forced to work in the fields, leaving her young daughters unwatched for long hours. Nujud was sexually abused for three years, from age 8 to 11, by her three half-brothers (aged 21, 24, and 25). When a teacher suspected the abuse, she encouraged Nujud to inform her parents. Nujud revealed the incest to her father. The father's immediate reaction was to beat Nujud harshly, and then he blamed her mother for having invented the accusation as revenge against his first wife and her children. The second wife was immediately divorced and expelled from the house and village along with her daughters. Later, Nujud was moved to a residential treatment center where the incest was addressed in therapy. No legal complaint was filed with the police against the half-brothers.

ENFORCING MARRIAGE AS A SOLUTION: WHEN THE PERPETRATOR IS A
MEMBER OF THE EXTENDED FAMILY OF THE DYSFUNCTIONAL NUCLEAR FAMILY

The news of the abuse devastates both the perpetrator's and the victim's family of origin. Traditional management of CSA depends on the type of abuse. In cases of penetration and damage caused to the hymen, the perpetrator, or one of his male siblings, is forced to marry the victim either immediately, or, depending on the two parties' ages, in the future (Goodwin, 1995; Shalhoub-Kevorkian, 1999; Zied, 1966). Parents believe that this outcome cares for the victim's future. She is ensured the possibility of having a husband and a family of her own and she will not be judged by any husband for having lost her virginity; consequently, her reputation and that of her parents will be protected. This practice is controversial. Although it is sometimes considered to be helpful for some victims, it revictimizes and retraumatizes others (see discussion of the practice in Al-Sadawi, 1990; Hasan, 2003; Shalhoub-Kevorkian, 1999, 2005). As for the parents in this study, they believed that the practice met traditional norms of conduct, serving all parties involved by helping them proceed with their lives while maintaining good extended family relations and alliances. This type of solution provides evidence for the preeminence of the collective good over the individual.

Case example 6. Rinad, a shy 16-year-old girl, had been sexually abused for several months by her maternal uncle. When she became pregnant, the incest was revealed to her mother. Her mother's quick consultation with Rinad's father and maternal uncles ended with the suggestion to marry Rinad to a maternal cousin, a developmentally delayed 22-year-old man. The maternal uncles took care of all the wedding details, furnished a small house for the couple, and married them within a month after the incest's revelation. The perpetrator uncle was expelled from the extended family and the village and deprived of all family properties and inheritance rights. The rapidly organized unwanted wedding and the unwanted baby produced by the rape sustained Rinad's feelings of victimization. Her parents believed that they had rescued their daughter's and their extended family's reputations from a very cruel future had her sexual abuse and her pregnancy became known to the public. They believed that this solution was her destiny with which she had to learn to live.

COVER UP OF ABUSE BY A MEMBER OF THE CLOSE COMMUNITY: WHEN THE
PERPETRATOR IS FROM THE COMMUNITY OF THE DYSFUNCTIONAL FAMILY

In such a case, the abuse is often not disclosed immediately due to the absence of dialogue between children and adults and the internalization of the fear that the perpetrator has instilled through threats. Since it is easier for some parents to sever a relationship with community members than with extended family members, when CSA is discovered, it is often accompanied by a deep dispute between the families involved.

Case example 7. Aneesa was a 10-year-old girl when her sister married Rafeeq, a man from the same village. Rafeeq sexually harassed Aneesa whenever he had the chance to be alone with her. Aneesa was too afraid to tell anybody about the harassment and handled her predicament by trying to stay away from Rafeeq. On one occasion, Rafeeq pushed his fingers very deeply into Aneesa's genitals until she bled. Her mother saw the blood and started shouting uncontrollably. Aneesa's parents accompanied her to a female gynecologist who they asked to write a report stating that an injury occurred to her hymen as a result of a fall. They planned to use the report if a problem arose in the future on Aneesa's wedding night. Aneesa's father immediately declared a dissociation of all relations with Rafeeq. The sister, Rafeeq's wife, was not allowed to visit the family or share in family events for the next 10 years. The cover-up story told to the community was that Rafeeq tried to steal money from his father-in-law. This dysfunctional solution, which caused a cutoff from Aneesa's sister, created constant tension and distress in the family for the next decade.

REVENGE AND/OR FORCED MARRIAGE: WHEN THE PERPETRATOR IS A STRANGER

In such cases, when the abuse is discovered, the family immediately reacts by trying to attain revenge against the perpetrator and sometimes against members of his family. The revenge often includes beating, causing severe damage to property, or exclusion from the community. The victim is asked to stay silent on the subject unless there is pregnancy, in which case the family tries to force the perpetrator, or one of his brothers, to marry the victim. In cases when the perpetrator refuses to solve the problem by marrying the victim, the family may choose either to find a candidate from the extended family to marry the victim or they might seek to abort the pregnancy. When abortion is chosen, the authorities are informed about the abuse and the perpetrator is reported to the police. The victim's family invests efforts to create a cover-up or "camouflage story" to hide the victim from the "watchful eyes of the community" (Abu-Baker, 2006). An example of a camouflage story would be: "she had to have emergency surgery for a sudden problem in her intestines."

Case example 8. Noura was 14 years old when she was brutally raped by Shadi, who was 23 years old. Her intense bleeding alerted her mother, and then her father, to the rape. Noura's family forced marriage on Noura and her rapist. A year later, Shadi raped another girl and was put in prison for five years, leaving Noura alone and pregnant.

To summarize the results, the effectiveness of the different families' independent solutions can be measured by asking "How did the victim feel about their parents' reaction?" It was found that victims in functional families felt

safe and protected as a result of the care their parents showed for them along with the immediate intervention of their extended family and community. Contrastingly, victims in the dysfunctional families indicated that the solutions enforced on them caused secondary victimization to them and to other members of their families.

DISCUSSION

The discovery of incest or other types of CSA is a traumatic event for all family members. Incest and other forms of CSA take place in both functional and dysfunctional families (Maddock & Larson, 1995). In this study, the reactions of functional and dysfunctional Arab families to CSA were, in most cases, influenced by the type of ties they had with the perpetrator rather than by the type of harm the perpetrator had caused to the victim. This finding can be explained by understanding the phenomenon of interdependence within Arab extended families and the marginalization of children's needs in Arab society. Arab families in Israel rely on their extended families, despite individual cases of abuse or mistrust, sensing that social welfare authorities and police ignore possible harm to the family reputation when filing abuse charges.

Arabs in Israel often have a sense of distrust and foreignness in their contacts with the state's social and mental health services (Al-Krenawi, 2009; Diab & Sandler-Lif, 2011). There is a shortage of mental health services and Arab-speaking therapists in Arab towns and villages (Vacnin, 2008). Arab minority traditional norms in Israel relating to sexual behavior and misbehavior do not permit the release of information to the authorities. These norms contradict the state's dominant Western cultural norms. Many Arabs in Israel, therefore, feel that the Israeli legislation does not adequately consider the immediate and long-term harmful effects of overt legal procedures on Arab families' structure and reputation. These intersecting aspects continue to influence families' decisions to treat cases of CSA away from authorities' influence. This strengthens the codependence between four nested rings: the individual, family, extended family, and the community in Arab society in times of crises. Both functional and dysfunctional families regularly address the needs of their extended families and communities and in return they seek consultation and solutions from these entities in times of crises, instead of turning to the state's legal and social services.

The functionality of Arab extended families and communities is measured by their ability to offer services and support, considered as culturally acceptable solutions. When a functional family discovers incest, they are expected to offer help and support for both their children (victim and perpetrator), or for their child and their relative or for their child and for the family of the perpetrator from their community. When the collective takes responsibility to fix the harm of the crime, they reinforce family and social

norms within their community. However, when sexual abuse is caused by strangers, it is believed that authorities should intervene as an act of revenge and exclusion from the support of Arab community.

Dysfunctional Arab families are characterized by positioning children's physical, psychological, educational, and social needs as secondary considerations within the family's scale of priorities while the needs of the patriarch are considered as the primary focus (Elbedour, Abu-Bader, Onwuegbuzie, Abu-Rabia, & El-Assam, 2006; Haj-Yahia, 1995). These types of families are also characterized by their lack of tools to accommodate new types of difficulties, frustrations, and traumas. Therefore, the reaction to CSA is influenced by the parents' sense of capability to meet the needs of their children (Bradshaw, 1996; Maddock & Larson, 1995; Stoop & Masteller, 1997).

Dysfunctional families studied here tended to minimize the value of the suffering that CSA caused to victims. This reaction engenders additional negative feelings for the victims, such as distress, distrust, frustration, and disappointment (Abu-Baker, 2004; Haugaard & Reppucci, 1988). Furthermore, the most common reaction found in the group of dysfunctional families was blaming the victim. Sometimes the victim was punished "for not being able to protect herself/himself." These findings are similar to those found in previous studies of Arab Palestinian clients in Israel (Abu-Baker, 2005, 2006) and in the West Bank (Shalhoub-Kevorkian, 1999) and among Saudi Arabian (Bashtah, 2012) and Egyptian victims (Al-Sadawi, 1990).

Research supports the impression that most Arab families do not attempt to educate their children about sex (Jobran et al., 2011; Oz, 1996). Thus, many young female victims who become pregnant often do not know sufficient basic physiology to understand that they are pregnant and most pregnancies are discovered when it is too late to abort. Usually the victim is asked to silence her narration of the abuse and sometimes even to create a camouflage story to cover up the abuse or its consequences. Camouflage stories serve the community's social control system, asking victims to cover up their personal stories. This type of reaction retraumatizes the victim (Abu-Baker, 2006). However, victims learn that their family's solutions keep them alive although they cannot remedy the trauma. As a result, a sense of hopelessness and helplessness characterizes this group of victims later in life. Similar unsuccessful solutions that cause retraumatization and a sense of hopelessness and helplessness were also described in previous studies published by Finkelhor (1979, 1986) and Stoop and Masteller (1997).

In this study, the session transcripts revealed that marriage is often forced on the victim and the perpetrator in order to avoid the need for "honor" killing. Therefore, both victims and perpetrators were often convinced that from their parents' point of view, this procedure was the best solution for their sake.

In some cases the behavior of functional families may be judged as similar to that of the dysfunctional families. This similarity may be explained by

(a) parents' lack of tools for discussing sex and sexual abuse with their children (Abu-Baker, 2007; Jobran et al., 2011; Oz, 1996), (b) the marginalizing of children's needs, and (c) the influence of cultural norms even accepting the use of sexual abuse and forced marriage as tools for revenge or "solution" between the feuding families' patriarchs.

In this study, the number of families in therapy who were categorized as functional families (18) was almost identical to the number categorized as dysfunctional families (17). Families who meet the definition of functional families come to private therapy because they see therapy as an additional way to address the trauma of sexual abuse, while dysfunctional families tend to use therapy as a strategy that may help them to avoid police involvement. Twenty-seven out of the 35 CSA cases investigated in this study were reported by adult victims who were retrospectively describing their dysfunctional families of origin from their unique perspective as adults.

Conclusions and Recommendations

To summarize, this study showed that all families rejected the sexual abuse behavior, and all focused on achieving a solution that would serve the best interest of the family as a unit. This study has also shown that the reactions of Arab families to the news of CSA is influenced by parenting skills that parents possess, the type of preexisting relationships between the family and the perpetrator, the patriarchal structure of the family, the centrality of the perpetrator or victim child's needs within the family, the importance of virginity before first marriage, the level of adoption of the cultural norms of "sexual sin" and "honor crime," and the stress on collective rather than individualist norms expressed in loyalty to the extended family. These results resemble findings by Abu-Baker (2006, 2007) and Elbedour and colleagues (2006) among Palestinians in Israel and by Mansour and colleagues (2010) in Egypt. However, reactions of the functional families in this study often helped the family and the victims recover from the crisis, while "solutions" of dysfunctional families created secondary victimization and promoted severe long-term problems. The results indicate that an appropriate definition for a functional Arab family that has experienced a case of CSA involving one of its members is a family that knows how to balance between care for the mental health of the victim, the perpetrator, and the parents while maintaining effective ties with the extended family and the community.

When considering these findings, the limitations of the study need to be considered. As already noted, the limitation of this study is that it focuses on case reports of a relatively small random sample of people in individual and family therapy. The cases give authentic examples of the researched phenomena. However, they are limited and should not be related to as

generalizable, though they may have inherent value in that they increase knowledge concerning the phenomenon of CSA in Arab society in Israel, an issue little studied in the past.

In order to improve knowledge in this clinical area, it is suggested that future research should examine the characteristics and factors that enable functioning Arab parents to manage the revelation of CSA in the family in an optimal manner in order to be able to transfer such knowledge to dysfunctional families. It would also be beneficial to examine whether functional and dysfunctional parents' reactions are influenced by the gender of the victim and the gender of the perpetrator.

For future treatment considerations, functional and dysfunctional families may cooperate better with therapy offered to victims, perpetrators, and parents when they are assured that their reputation will not be damaged and that measures will be taken to ensure confidentiality. Results of other mental health studies with Arab clients in Israel have demonstrated that when mental health workers adopted culturally sensitive approaches and included the family as a support system, outcomes of therapy showed prominent success (Abu-Baker & Dwairy, 2003; Al-Krenawi, 2009; Diab & Sandler-Lif, 2011; Haj-Yehia, 1995). Therapy is also highly recommended to help Arab parents to master sex education tools and to promote preventive awareness concerning sexual abuse.

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