

Psychological Intervention Strategies for Parents of Sexually Abused Children: A Case Study from Burundi

Manariyo Elvis¹, Bukeyeneza Nadège²

¹School of Psychology, Shandong Normal University, Jinan

²Department of Psychology, University of Burundi, Bujumbura

Abstract: *In Burundi, child sexual abuse is a reality, but stigma, a lack of resources, and traditional beliefs frequently impede effective support for impacted families. This study investigated psychological intervention strategies for parents of sexually abused children in Burundi. Three cases were analysed using a case study approach to understand the emotional and social challenges parents face and the effectiveness of interventions such as psycho-education and community support programs. The findings highlighted the critical role of mental health professionals and community engagement in addressing stigma, fostering resilience, and supporting recovery. Recommendations emphasised collaborative efforts to ensure holistic care for affected families.*

Keywords: Psychological intervention, sexual abuse, trauma, resilience, case study.

1. Introduction

Organisations and centres that provided psychological assistance to victims of the sexual abuse phenomenon and related circumstances had been established in Burundi as a result of the ethnic hostilities that existed there between 1993 and 2005 during the country's civil war. The Seruka Center, named after the Kirundi term SERUKA, which means "coming out of the shadows," has existed since September 2003 thanks to Doctors without Borders Belgium (MSF Belgique). It is a facility with specialised care for victims of sexual and gender-based abuse. As the armed war in Burundi ended in 2005, Doctors Without Borders was forced to withdraw from this project at the end of 2008 because sexual abuse was the organisation's justification for existence. Thoughts of turning the initiative over to public or private organisations ready to continue helping victims of sexual and gender-based violence were entertained by MSF; however, the number of cases received remained high and stable. In Burundi, sexual abuse impacts many people and is not selective. Sexual abuse affects individuals regardless of gender, age, or social class. Sexual abuse has detrimental effects on the victim's mental and physical health and hinders the victim's family's ability to develop. Sexual abuse is a tragic reality that, like other forms of violence, is frequently trivialised even though it poses a significant threat to the victim's health.

Sexual abuse occurs thus virtually everywhere, including at home, on the street, in a place of employment, and more. The psychological impact on parents with children victims of sexual violence seems a topic that needs to be emphasised. It is known that all the pain and abuse perpetrated on children has an enormous effect on their parents. In light of this, a paper entitled "Psychological Intervention Strategies for Parents of Sexually Abused Children: A Case Study from Burundi" was conducted. The choice of the study topic was based on and nourished by the theories and interest gained from the training sessions' courses, such as psychopathology, ethics of psychological practices, and in-depth questions

about psychopathology. These sessions discussed trauma in various contexts, such as trauma resulting from sexual abuse and the appropriate ways to intervene with traumatised individuals. Throughout the present study, the researcher sought to make a psychological intervention on behalf of the parents whose children have been sexually abused to reassure them and assist them in surviving and overcoming this tragic circumstance.

2. Review of Related Literature

Reviewing the literature related to a study is an essential step for an investigator. It gives him an idea of the available findings in the field he intends to research. It shows excellent insights and will help the researcher picture the earlier research gaps. The main objective is to help the researcher understand the research he is carrying out. Another aim will be to enable a researcher to get used to research in a given field and give the readers a clear insight and smooth understanding of the content of the new product by establishing a nuance between the previous literature and the new one soon on a reading plate. It enables the researcher to engage himself in using shreds of evidence.

Hart (2018) stated that it assumes that if one can work out how the ideas, techniques, and methods found in the literature can be adapted and used in research, then he will have taught himself some valuable skills that no manual can provide. Learning how to learn is one of these abilities.

Banyard et al. (2007) conducted an experimental study on sexual violence prevention through bystander education: An experimental evaluation. They targeted to evaluate a sexual violence prevention program based on a community of responsibility model that teaches women and men how to intervene safely and effectively in cases of sexual violence before, during, and after incidents with strangers, acquaintances, or friends. The researcher randomly selected a sample of three hundred eighty-nine undergraduates. The program benefited both women and men. The results revealed

that participants in the treatment conditions showed improvements across measures of attitudes, knowledge, and behaviour, while the control group did not.

In a study on the impact of sexual abuse on children: A review and synthesis of recent empirical studies, Kendall-Tackett et al. (1993) showed that children who had experienced sexual abuse exhibited more symptoms than children who had not, with abuse explaining 15–45% of the variation. Among the many symptoms identified, the most common ones were fears, post-traumatic stress disorder, behavioural issues, sexualised behaviours, and low self-esteem; however, no single symptom was found to be representative of the majority of children who experienced sexual abuse. Lee & Hwang (2016) conducted a study on the effects of sexual abuse prevention education programs on sexual knowledge and attitude among elementary school students. The findings of this experimental study highlighted that the experimental group outperformed the comparison and control groups in terms of sexual knowledge and attitude. It was concluded that elementary school students need to participate in a sexual abuse prevention education program that links their physical and psychological development in order to enhance their sexual knowledge and attitude.

Sexual abuse can intensify in a region or in a particular population based on the characteristics that are present. A study on assessment of the efficacy of the behavioural skills training program in preventing sexual abuse was performed on 72 Chinese female adolescents with mild mental retardation. The subjects were randomly assigned to either an attention control or behaviour skills training program. Although the scores on the recognition of appropriate-touch requests showed a declining trend, the behavioural skills training group maintained their higher posttest knowledge of sexual abuse and self-defence skills at the 2-month follow-up. After completing the prevention program, they also showed less fear of things, people, and circumstances. The findings implied that Chinese adolescents with mental retardation might benefit from a modified behaviour skill training program (Y. K.-S. Lee & Tang, 1998). Some theories say that sexual abuse may differ depending on a given context. *Sexual violence during war varies in extent and takes distinct forms. In some conflicts, sexual violence is widespread, yet in other conflicts, including some cases of ethnic conflict, it is pretty limited. In some conflicts, sexual violence takes the form of sexual slavery; in others, torture in detention* (Wood, 2006).

Research Questions

- What psychological intervention strategies are provided to those who have experienced sexual abuse in Burundi?
- What are the main supporting activities reserved for particular categories of victims and their parents?
- What should be the suggestions to base on most to help the victims recover from the incident's psychological effects?

Objectives of the Study

The present study intended:

- To inventory the psychological interventions reserved for sexual and gender-based violence victims and their parents;

- To guarantee all survivors of sexual and gender-based violence access to medical care, justice, and psychosocial integration and invest in the prevention of this scourge;
- To restore the psychological balance of the victims' parents after the incident that their children suffered.

Explanation of the Terms

Clarifying essential ideas is crucial since it helps to avoid or decrease barriers that could lead to reader misunderstandings. The concepts indispensable to this study have been described because a word may have many meanings or provide understanding challenges depending on the context in which it is used or the reader's expectations.

a) Sexual abuse

The definition of sexual abuse varies depending on the offenders and the context. Sexual abuse, in a society where everyone is treated equally and the autonomy of the will is revered, is the worst evil, according to Antoine Garapon. The legal system views sexual abuse as a violation of the law. Sexual abuse is defined as "subjecting an individual by force or violence to an involuntary sexual connection" in the practical dictionary of humanitarian law. A person (the rapist) forcing sexual contact with penetration on another person against his will is sexual abuse, according to the Petit Robert dictionary.

b) Sexual violence

Sexual violence is defined as any unwelcome or performed act of exploitation of a sexual nature that is imposed by physical force, threats, intimidation, or compulsion on a partner. Sexual violence is defined as any act, attempt, comment, or approach of a sexual nature that is made without the victim's consent and involves or does not involve physical contact. When the victim of sexual abuse cannot give consent because of their current mental or physical condition, such as when they are inebriated, the perpetrator may employ physical force to produce tension that will modify the victim's body's composition and structure.

c) Victim

The term "victim" refers to a person who suffers as a result of the actions of others. Victims of criminal offences, including felonies and misdemeanours, sexual abuse, and victims of injustice, fall under this definition. A person who has experienced sexual abuse is also a victim. To avoid the guilt and loss of control that the term "victim" implies, the term "survivor" is increasingly used.

d) Counselling

The act of counselling is the extension of advising to include the regular activities of the advice-giver and, hence, the profession of the school counsellor. Counselling is a practice that encourages dialogue and interaction between a counsellor and his patient. This method seeks to assist the patient in resolving his issues independently. "Counseling is intended to help the victim understand what transpired, overcome guilt, express anger, realise she is not to blame for the aggressiveness, receive moral support, and be encouraged to come up with solutions. The main objective of counselling is to enable patients to assist themselves.

Limitations of the study

Given that the act of sexual abuse occupies such a broad area, it would be challenging to handle it simultaneously in all its dimensions at all the institutions caring for these victims. This study focused on carrying out psychological interventions for the victims of sexual violence. The researcher thought it was crucial to restrict the analysis to parents of victims (children) between the ages of 4 and 15. The present study was limited to Seruka Center, a well-known facility that provides care for victims of sexual abuse and other forms of sexual harassment.

3. Method and Cases

The present study relied on a descriptive research design. Children between four (04) and fifteen (15) years old, victims of sexual abuse and their parents constituted the population for the present study. In its format of a case study, the researcher interviewed three (3) parents whose children have been victims of sexual abuse, and these three cases constituted the sample for the present study. Semi-structured interviews with parents of children who had been sexually attacked allowed them to discuss the issues they faced with their children. They also discussed their initial reactions and what needed to be done to help them regain their mental equilibrium. The identification of the victims has been changed, and only codes that replace their names have been used in the present study to meet the highest level of confidentiality.

4. Data Collection and Analysis

The researcher has, through semi-structured interviews, gathered data from three cases, which were then subjected to content and thematic analysis to succeed in the inventory of the psychological interventions on behalf of the victims and their parents to ensure the psychosocial assistance and legal assistance for the victims, and to manage the stability of the psychological balance of the victims.

4.1. Cases Presentation**First Case**

EN is a widowed woman with four children. Her child who was raped was a 14-year-old girl who was studying in the 5th year of primary education, and she was the only girl in the family. Regarding the circumstances of the rape, EN said that a neighbouring man flattered her by promising to take her to Congo to live there but with the aim of raping her, and he ended up succeeding. EN was angry with her daughter, who did not consider the fact that she was an orphan before engaging in such behaviour. This mother cried a lot with thoughts that her daughter could be infected with HIV/AIDS as she was also HIV positive. EN, in her words, displayed a depressive mood following the sexual assault suffered by the child. She lived in unfortunate conditions because her husband died a long time ago, and she did not have enough to feed her four children. EN said: "amagorwa ntasiga ayandi!" which translates to "misfortune never comes alone!"

In the intervention, the psychologist first created a climate of trust while understanding her situation and helping her understand it exists. She was reassured that being afraid of her daughter is understandable because everything that affects the

child also affects her parent. The psychologist discussed with her how all her questions could be solved, how she could continue to survive despite this unfortunate situation and how she would prevent this immoral act from happening again. Starting from her proposals as a solution, they insisted together on finding the one that could be the best. She said that she would advise her daughter, showing her the consequences that could occur after these sexual relations. Likewise, the psychologist told her that dialogue with her daughter is essential so that she knows certain realities about sexual and reproductive health. EN was deeply hurt in her mind, but after the psychological intervention, she felt relieved. As a result, she admired the psychological help she received.

Second Case

IB is a man who has five children. His child who was raped was an 11-year-old girl who was studying in the 5th year of primary education; his wife had left the family for a job opportunity in OMAN without his consent. IB told the psychologist about the circumstances of his child's rape. He said that it was a man he was staying with who committed this crime. The father was not at home, and when his daughter arrived home from school, she ate, as usual, and went to sleep as she liked to sleep after eating. After a few minutes of sleep, this man who was staying next to their house entered the room where she was asleep and raped her. When her father arrived home, his daughter told him that she had just been raped. The father was afraid of HIV/AIDS and sexually transmitted infections (STIs) for his daughter. During the intervention, he cried a lot because he remembered that his wife had left them. To help him, as usual, the therapist first created a climate of trust so that he felt secure. The therapist reassured him that he brought his daughter at the right time for the prevention of HIV/AIDS and other STIs. Thus, the therapist made him aware that the act of rape occurs like other accidents and that it is not the fact that his wife left that caused the child to suffer this rape. The therapist discussed with him what he would do to prevent this from happening to his child. He replied that the aggressor was already incarcerated, which reassured him that his daughter was safe.

Third Case

OM is a married woman with two children. Her child, who was raped, was a 4-year-old girl. OM did not know the circumstances of her child's rape, but she noticed that her child was walking with difficulties with her legs apart. That's when she asked her what happened to her. However, the child could no longer say anything about the incident. However, the mother had not left things like that; she undressed her daughter and noticed that there was a wound on her genitals. She was afraid that her child had been raped, which made her come to the centre for the consultation. In our intervention, creating a climate of trust was the priority so that she could express herself freely. The psychologists helped her understand that such cases exist. Afterwards, they discussed with her what to do so that this did not have repercussions. The mother suggested that the evening dialogue could provide her with information on everything that could happen to the child. The psychologists reinforced the mother's idea that from this dialogue, the child would gradually learn to tell his mother what happened to him, whether good or bad.

5. Findings and Discussion

Factors Amplifying Sexual Violence in Burundi

Sexual abuse is widespread in Burundi. Many of the factors amplifying the children's sexual abuse originate from the cultural context of Burundi. The history of this country, predominantly the social and family relations, the traditional adages and proverbs, teach the young generation questionable behaviour, inciting young people to invest themselves actively into sexual acts. Children who witness all types of violence grow up to be violent, which feeds the cycle of violence. Research findings demonstrated that the factors influencing street life are complex and have causal relationships contributing to a violent cycle. They showed that interpersonal and personal factors exist in addition to environmental ones. Results suggested that primary, secondary, and tertiary preventive action is necessary to combat this phenomenon by preventing the problem from developing, intervening early, treating the consequences, and reintegrating the children into society (Ladislav et al., 2024).

These factors consist of, among others:

- Beliefs: girls or women who approach marabouts or sorcerers frequently experience sexual violence;
- Indecent clothing;
- Pornographic films;
- Burundian tradition and culture encourage other forms of sexual violence like "umugore si uwumwe" and "umugore ni uw'umuryango," which mean that a burundian woman does not belong only to her husband but also to all the men of the husband's close family "Gutera intobo" which is the proposal of sexual relations from the husband's father to his daughter-in-law;
- "Gushinga icumu" which means the free act to the sisters-in-law or anyone else whose husband is being neglected or disrespected;
- "Umwonga umwe wonza inyoni", which means that one woman is not enough for the sexual life of a man;
- "Impfizi ntiyimirwa" for men, which means that any male being can have sexual relations with all the women he wishes;
- "Kwiyogerezamwo" means finding a woman to have sex with immediately after healing from a circumcision.

Lee et al. (2007), in their study on sexual violence prevention, have identified risk factors for individual victimisation, such as being female and having experienced past sexual victimisation. They also stated risk factors for individual perpetration, including being a male, having coercive sexual fantasies, hostility towards women, and a history of childhood sexual victimisation. Growing up in an emotionally unsupportive family environment, adherence to societal norms supportive of sexual violence, male superiority and male sexual entitlement are also part of the principal risk factors leading to sexual violence.

Can Men also be Victims of Sexual Abuse?

Men, as women, can also be victims of sexual abuse, with a slight difference in the reactions from female and male victims. Due to the intense embarrassment they experience, it is uncommon for males who have been sexually abused to disclose what occurred to them. The psychological and emotional trauma caused by sexual abuse is the same for both

men and women, despite differences in the physical effects. The man may experience frailty, regret, letting go, and impotence. Because society expects a man to be strong, authoritative, and able to protect himself, he could worry that his reputation as a "genuine" man and a family man would be ruined. "The male has become a woman; he is doubly polluted by sexual violence" is a statement that captures how men feel in situations of sexual abuse. Gordon (1990) highlighted that at the time of initial abuse, males were older than females, and the person who abused them was typically not too far away in age. Compared to females, they were less likely to have reported abuse, but it was more likely to be more severe. By splitting the sample into those who were abused by family members and those who were not, it was possible to identify several differences between the profiles of male and female victims that are related to the type of relationship they had with the abuser.

The Consequences of Sexual Abuse

The effects of sexual abuse were felt in all facets of life. This was consistent with Briere & Elliott (1994), who stated that a number of general categories, such as post-traumatic stress disorder, cognitive distortions, emotional pain, avoidance, a diminished sense of self, and interpersonal difficulties, are used to review the different issues and symptoms mentioned in the literature on child sexual abuse. These included physical effects, such as injuries, lesions, diseases, STDs, HIV/AIDS, undesired pregnancies, abortions, menstrual irregularities, gynaecological irregularities, fistulas, incontinence, and death. Additionally, it encompassed psychological effects such as anxiety, guilt, moral anguish, despair, trauma, and feelings of disgust, helplessness, insecurity, and revolt. It also included sleep difficulties, mental illnesses, suicidal thoughts, post-traumatic stress disorder, and other issues. Sexual abuse also had societal repercussions, such as stigmatisation, problems finding a husband for women, paternity and inheritance matters, dropping out of school, divorce for married victims, social exclusion, and child abandonment. Because of the loss of honour, it sometimes happened that a person who had been openly accused of being the victim of sexual abuse still faces maltreatment. An individual's economic side would suffer if their physical and psychological well-being were affected. As a result, sexual abuse had financial repercussions, such as reduced productivity and work capacity. It might also result in family rejection or social marginalisation, which causes precarity. Knowledge of such consequences might result in benefiting the victims. Knowing the repercussions of sexual abuse can help pediatric nurse practitioners anticipate patients' physical and mental health needs and potentially help identify victims of sexual abuse, as usually, sexual abuse doesn't happen in a vacuum (Hornor, 2010).

The Post-Sexual Abuse Feelings of the Victims' Surroundings

It was crucial to communicate with parents whose children have been the victims of sexual abuse to understand how they accepted and processed the sad events that occurred to their kids and how they responded. The existence of a sexually abused child in the family was considered to be a source of shame for the parents in Burundi due to the possibility that the child might be stigmatised and rejected by others in his immediate environment, including members of his own

family. According to Feiring et al. (1996), research findings revealed a theoretical and testable model that identifies psychological processes linked to the traumatic dynamics of stigmatisation in children and adolescents who have experienced sexual abuse. The model suggested that sexual abuse caused shame, which in turn caused poor adjustment through the mediation of cognitive attributions about the abuse.

Not all parents responded in the aftermath of a child's sexual abuse; some were illiterate and stubbornly adhered to tradition, while others were informed and realised that such incidents might occur. There was a significant psychological problem since educated parents and ignorant parents did not share the same sense of guilt and shame. Some parents alternately lived in a condition of hope and despair about their children's future, depending on their level of anxiety and guilt.

In contrast, others held themselves accountable for their children being sexually abused. For instance, AN stated that if she had left with her child, she would not have been sexually abused. "Iyo ngenda njanye umwana wanje, ntiyari gufatwa ku nguvu". This could result in a variety of diseases, one of which was depersonalisation, which was the experience of a feeling that one was not one's true self throughout one's body. They believed everything was their fault, felt withheld from others, and entered a lifelong condition of guilt. They also thought they caused all wrong and lived in constant insecurity.

Types of Psychological Interventions for the Sexual Abuse Victims

There were different organisations led by Seruka Centre focusing their interventions on psychological activities, such as:

- Providing survivors of sexual violence with high-quality psychological care;
- Contributing to the promotion of health and mental hygiene for all;
- Ensuring the rights and needs of survivors of sexual violence, considered for peace and sustainable development;
- Prevention and repression of sexual violence;
- Assuring everyone's safety and justice;
- Taking care of survivors to promote their integration and expertise sharing to improve the decentralisation of services;
- Prevent the phenomena of sexual violence from being taboo.

The Psychological Intervention for the Victims of Sexual Abuse

The psychological and social issues that plagued the parents of sexually abused children made it necessary for them to be approached by persons they could trust to address their traumatism. Child sexual abuse has a wide range of effects on families, children, and the health and social care systems (Wilcox et al., 2004). If this was not done, the victim, the victim's parents or both might experience future depressive disorders. Sexual abuse is a crime both in Burundi and worldwide; therefore, when it happens, it affects the mental health of the children and their parents (in the present case). Thus, psychologists observe a sense of remorse for the parents

of abused children. They then intervened to clarify the situation for these parents. They frequently employed the counselling approach, which encouraged dialogue and interaction. With the aid of this method, the patient was encouraged to resolve his issues. This is where the victim and psychologists worked collaboratively, based on what the parent suggested as remedies for his concerns. However, a psychologist's function in the victim's stream of solutions would be to point out those that could worsen the issue by outlining potential outcomes until the parent presented the most incredible answer. Ultimately, he will realise that what happened to his child was an accident similar to countless others and not a fatality. If the perpetrator of the sexual abuse was known, the parent would get irrationally angry with him and believe he was doing something irreparably. For instance, AI's parent sought retribution after a neighbour abused his daughter. 'Bakinyereka uwafashe kunguvu umwana wanje, nagire ndamunige iyo ababanyi batamfata,' he said. It means: "If my neighbours did not intervene, I was going to strangle him as soon as I was shown who had harmed my child!" Start by comprehending this related to assisting him. He was enraged with the aggressor, but psychologists tried to convince him that such situations did occur and that the critical thing was to report the incident rather than seek retaliation so that the aggressor was held accountable. As a result, because parents have varied perspectives on sexual abuse, the sexual abuse of children could lead to disputes between parents. As an illustration, the parents' divorce resulted from the sexual abuse of a three-year-old by a twelve-year-old neighbour. When psychologists spoke with the victim's mother, she claimed that her husband had accused her of being careless about the sexual abuse that had happened to their child. They tried to convince her that it was an accident and not her fault. They ultimately requested permission from her to invite her husband to attend marital counselling at the centre with her. Summury, childhood sexual abuse has a vast number of consequences that may replicate later in the advanced ages of the victim.

According to Gold (2013), "*adult survivors of child abuse often face this dilemma. Instead of being nurtured as children and taught life skills by their caregivers, child abuse survivors were subjected to a daily regimen of coercive control, contempt, rejection and emotional unresponsiveness.*" Therefore, it is not surprising that many survivors encounter difficulty adjusting from this type of damaging childhood atmosphere to one in which they have autonomy.

In reality, psychological intervention was mending shattered relationships and personal peace after an individual had experienced an occurrence. It was also the act of providing psychosocial assistance by getting involved with this person so that the crime's main target did not side with the victim. In this perspective, care was a psychological, emotional, or social intervention from one person to another who struggled to help him get through challenging circumstances.

Support Activities for Victims of Sexual Abuse

Lee et al. (2007) stated that little was currently known about protective factors that might reduce vulnerability to victimisation and risk for perpetration or environmental factors contributing to prevalence. However, the researcher

mentioned that promoting protective factors and addressing social and ecological contributors were essential components of a public health approach to preventing sexual violence. For their medical, psychological, social, and, if necessary, legal care, the care centres accepted sexual and gender-based abuse victims. The fact that the centres offered various services allowed the staff members to recognise the multiple instances that needed to be handled through observations and follow-up of the victims' recovery. They decided who needed care from a centre and who should be sent to other facilities that might likely accommodate them using this method. A card with the victim's number appeared on it, and neither the victim's nor the centre's name seemed to protect confidentiality. This was done after the centre's victims had been identified and named. Then, they moved on to meetings with various interveners because victims of sexual abuse primarily required physical, psychological, and social treatment from doctors and psychologists, as well as legal support if the victim decides to register a complaint. Among the support services offered were medical care, psychosocial support, and legal assistance.

a) Medical Care

A victim of sexual abuse must be seen as quickly as possible, ideally within 48 hours, for adequate care to prevent tetanus, HIV/AIDS, sexually transmitted infections (STIs), unplanned pregnancies, and other conditions. Even after 48 hours, a sexual abuse survivor can consult a caring facility and, depending on how long it takes, get the proper care.

b) Psychosocial Care

Speaking with the victim about the occurrence was considered psychosocial care and would aid in regaining the victim's psychological equilibrium and mental health. The act of sexual abuse affects not only the physical body but also the mind. What affects the body supposedly also affects the mind. The compassionate centre then offered the victims assistance in overcoming their dire circumstances. They required intentional and ongoing listening because they had been severely harmed in many ways.

c) Legal Assistance

Responders from the medical field took the lead in handling sexual abuse. The attorney would explain to the victim the various steps to take to prosecute the aggressor if the victim submitted a complaint. The prosecution and punishment of the perpetrator, prevention through moral sanctions, psychological relief, and the fact that the victim felt safe and protected were only a few reasons why legal action was essential for a victim of sexual abuse. However, many factors could account for the low number of legal actions taken by victims of sexual abuse, including ignorance of the legal system, fear of the perpetrator's retaliation, fear of being singled out or shamed, as well as psychological distress.

Conclusion

The study highlighted the necessity of targeted psychological interventions for parents of sexually abused children to facilitate their emotional recovery and support their children effectively. By addressing stigma and enhancing resilience through community and professional support, sustainable strategies can promote the well-being of affected families. Policymakers, healthcare professionals, and organisations

must work together to combat sexual abuse and provide comprehensive care.

Suggestions and Recommendations

Given the prevalence of sexual violence in Burundi, everyone should work tirelessly to end this scourge. Therefore, it is worthwhile to make recommendations to many parties, including donors, public authorities, caring institutions, sexual abuse victims, parents of sexually abused children, and members of the victim's entourage.

a) To Parents with sexually abused children:

- Not engage in isolation and instead consider this fact to be just another problem that could happen to anyone;
- Break taboo mentalities that view anything sexual as wrong and instead view sexual abuse as an accident for which the victim is not to blame;
- Refuse to hide the fact and instead see a doctor at a specialised centre to protect the victim and file a complaint against the perpetrator.

b) To Members of the entourage:

- Make an effort to keep good ties with parents of sexually abused children and assist them by being compassionate and refraining from any actions that may harm them;
- Avoid accusing them of being cursed, and try to understand them and assist them in solving their issues.

c) To the Public Authorities:

- Set up centres that deal with victims of sexual violence and provide them with specialised staff and adequate material equipment;
- Get involved financially and materially instead of leaving this sector in the hands of private individuals and NGOs as if the victims are foreigners who have no right to the respect of the nation;
- Establish education programmes on sexual and reproductive health in public and private schools, emphasising abstinence as the most effective prevention method against AIDS and other sexually transmitted infections.

d) To Organisations supporting sexual abuse victims:

- To raise public awareness and educate the community that sexual abuse is a crime under common law;
- To help the public understand the effects of sexual abuse and assist victims in legal processes.

The last recommendation is made to donors, asking them to increase the funds and donations given to organisations responsible for caring for sexual abuse victims because public hospitals are frequently overburdened and only provide medical care, neglecting the psychological and social aspects best suited for the victim's reintegration into society.

References

- [1] Banyard, V. L., Moynihan, M. M., & Plante, E. G. (2007). Sexual violence prevention through bystander education: An experimental evaluation. *Journal of Community Psychology*, 35(4), 463–481. <https://doi.org/10.1002/jcop.20159>
- [2] Briere, J. N., & Elliott, D. M. (1994). Princeton

- University Immediate and Long-Term Impacts of Child Sexual Abuse. *Source: The Future of Children*, 4(2), 54–69.
- [3] Davis S. Lee, Lydia Guy, Brad Perry, Chad Keoni Sniffen, S. A. M. (2007). Sexual Violence Prevention. *Journal of Interpersonal Violence*, 25(1), 111–135. <https://doi.org/10.1177/0886260508329123>
 - [4] Feiring, C., Taska, L., & Lewis, M. (1996). A process model for understanding adaptation to sexual abuse: The role of shame in defining stigmatisation. *Child Abuse and Neglect*, 20(8), 767–782. [https://doi.org/10.1016/0145-2134\(96\)00064-6](https://doi.org/10.1016/0145-2134(96)00064-6)
 - [5] Gold, S. (2013). Not Trauma Alone: Therapy for Child Abuse Survivors in Family and Social Context. *The Tailor and Francis Group*, 11–14. <https://doi.org/10.4324/9780203782538>
 - [6] Gordon, M. (1990). Males and females as victims of childhood sexual abuse: An examination of the gender effect. *Journal of Family Violence*, 5(4), 321–332. <https://doi.org/10.1007/BF00979068>
 - [7] Hart, C. (2018). Doing a Literature Review: Releasing the Research Imagination. *Journal of Perioperative Practice*, 28(12), 318–318. <https://doi.org/10.1177/1750458918810149>
 - [8] Hornor, G. (2010). Child Sexual Abuse: Consequences and Implications. *Journal of Pediatric Health Care*, 24(6), 358–364. <https://doi.org/10.1016/j.pedhc.2009.07.003>
 - [9] Kendall-Tackett, K. A., Williams, L. M., & Finkelhor, D. (1993). Impact of sexual abuse on children: A review and synthesis of recent empirical studies. *Psychological Bulletin*, 113(1), 164–180. <https://doi.org/10.1037/0033-2909.113.1.164>
 - [10] Ladislav, G., Leandre, S., & Fabienne, G. (2024). Children in Street Situations, Their Determinants, Survival and Strategies. Case of the City of Bujumbura. *European Scientific Journal, ESJ*, 20(5), 144. <https://doi.org/10.19044/esj.2024.v20n5p144>
 - [11] Lee, Y. H., & Hwang, W. J. (2016). Effects of Sexual Abuse Prevention Education Program on Sexual Knowledge and Attitude among Elementary School Students. *Journal of Korean Academy of Community Health Nursing*, 27(2), 132. <https://doi.org/10.12799/jkachn.2016.27.2.132>
 - [12] Lee, Y. K.-S., & Tang, C. S. (1998). *Evaluation of a sexual abuse prevention program by Chinese mild mental disability.pdf* (pp. 105–116).
 - [13] Wilcox, D. T., Richards, F., & O'Keeffe, Z. C. (2004). Resilience and risk factors associated with experiencing childhood sexual abuse. *Child Abuse Review*, 13(5), 338–352. <https://doi.org/10.1002/car.862>
 - [14] Wood, E. J. (2006). Variation in sexual violence during war. In *Politics and Society* (Vol. 34, Issue 3). <https://doi.org/10.1177/0032329206290426>