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Peculiarities of Providing Psychological Assistance to Abused Children

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Abstract: The paper reflects the content and forms of the sexual abuse of children and the features of incestuous abuse. It analyzes the impact of sexual abuse on a child's life, including the immediate and long-term consequences of sexual violence. The paper determines the peculiarities of psychological assistance to sexually abused children, the goals of psychological support, the tasks and forms of conducting a psychological session with a child. The aim of the study is to identify the impact of psychological assistance on the dynamics and changes in the personal characteristics of sexually abused children. The empirical basis of the study consisted of 64 people (9 boys and 55 girls between the ages of 6 and 15) who had been sexually abused and received psychological assistance. The experimental study was conducted during 2019 and covered the results of observations, interviews with children who were the victims of violence, collecting formalized data using three multifactorial psychodiagnostic techniques. It was proved that psychotherapeutic work with this category of children contributes to changes in the emotional, cognitive, and behavioral spheres of personality. There were positive changes in mental states, gradual changes in the attitudes towards their body and assessment of their physicality, the development of sexuality, a correct idea of the body was formed, etc. The methodical complex used in the research confirmed its validity and it can be used as a psychological tool for diagnosing the mental trauma of abused children.

Keywords: *child victims; violence; abuse; sexual assault; sexual abuse; psychological help; psycho-rehabilitation.*

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1. Introduction

To date, the problem of violence and abuse of children is increasingly mentioned around the world. The situation is exacerbated by the constant reforming of the field in which children are brought up: the functioning of educational institutions, media, youth and children's non-governmental organizations, and the family institution is changing (Aleksandrov et al., 2017). Self-doubt, financial dependence, age characteristics of the minors' mentality (immaturity, subordination to adults, the lack of life experience, inability to assess the situation fully and critically and predict possible consequences) lead to the fact that children are being abused more and more often in a violence-tolerant society (Mannapova, 2019).

The number of cases of the sexual violence of children is growing every year, although these cases are not always open to public analysis owing to non-disclosure, shame, and suppression of violence. Any child or adolescent, regardless of age, gender, cultural or social background, can be a victim of sexual violence. These cases can be explained by the lack of experience, errors in the perception of reality, the children's lack of necessary knowledge to understand or explain what is happening to them. All this determines the need for the existence and interaction of the system of "child-victim – psychological assistance – normal life".

2. Literature Review

The problem of sexual violence was studied by such scientists as Ananenko (2002); Bezpal′ko et al., (2010); Cherepanova (1995); Demirci (2018); Dvoryanchykov & Hutnyk (2012); Gindin & Dukhova (1997); Hobbs et al., (1993); Hunea et al., (2020); Kempe et al., (1962); Malkina-Pykh (2010); Mikhanovs′ka et al., (2019); Nambo (2019); Platonova & Platonov (2004); Summit (1983); Tsymbal (2007); Volkova (2011). Thus, the violence and abuse of children have recently become the subject of empirical research; domestic works on this issue remain occasional. In particular, Kochemirovs'ka (2008) explains that sexual abuse of children is the most covert form of abuse. At the same time, having studied the problems of child abuse within the family, Cherepanova (1995) described the manifestations and symptoms that may reveal the fact of violence against a child by parents. She explored the social, physical, and psychological consequences of the sexual abuse of children within the family. In addition, Safonova (2007) revealed the concept of child abuse within the family, its types and forms of manifestation, and the consequences of psychological,

physical, and sexual violence against children within the family. The researcher developed a number of lessons for social educators and social workers to expand the concept of domestic violence and teach them to work with abused children, which included diagnostics and general recommendations for interviewing such children. Thus, analyzing some scientific studies on the psychological assistance to sexually abused children, we can conclude that there is no clear understanding of the content of psychological assistance to such children; preventive work in this area is not systematic, the forms and methods of psychological assistance are insufficiently studied.

Gindin & Dukhova (1997) note that most sexual assaults on children occur without the use of physical force or threat, i. e. without the use of violence in the traditional criminal sense. It is connected with the fact that the goal of an adult is to engage a child in sexual intercourse but not to cause physical or mental suffering, or demonstrate negative emotions, power, and control, as in the cases of physical or mental abuse. Therefore, the term "sexual abuse" is more accurate than "sexual violence".

Sexual violence or abuse is involving a child with or without consent to sexual activity with adults to get sexual pleasure or benefits.

The child's consent to sexual intercourse does not give grounds to consider it non-violent, as a child depends on the adult and may not be aware of the importance of sexual intercourse owing to functional immaturity, and is unable to predict all the negative consequences of these actions (Gindin & Dukhova, 1997).

Regarding the classification of sexual violence, it can be based on different characteristics and approaches. Thus, Hobbs et al. (1993) emphasize specific forms of the sexual abuse of children. They state that domestic violence is sexual violence by blood relatives (parents, brothers, and sisters); persons replacing parents (adoptive and foster parents); persons who perform the functions of parents (husband or cohabitant of the mother, wife or cohabitant of the father); close relatives (uncles, aunts, grandparents, cousins) with whom a child lives or communicates frequently. All these adults affect a child, who depends on them.

At the same time, domestic violence includes sexual violence by an adult who is well known to a child, such as family friends, neighbors, distant relatives, or educators. A child is familiar with these individuals, trusts them, and does not perceive them as a possible source of danger.

Besides, non-domestic gang sexual violence refers to the creation of a stable group of children by a pedophile, some of whom participate in sexual relations. As varied as the forms of such groups may be (public

organization, sports section, club, studio, etc.), the main purpose of their creation is sexual contact of adults with children, that is why all such groups have following common features: unconditional authority (power) of the charismatic group leader; a rigid hierarchical structure of the group, which connects the power and authority of any group member with its closeness to the leader; the secrets known only to the initiates that lead to the lack of information of the majority of group members about the nature of relations among the elect; strict discipline; older adolescents who do not appeal to the leader as a sexual partners anymore have the opportunity to engage younger members of the group in sexual relations; extensive use of rituals, the convictions about the sense of having been chosen, because of which the group is closed from external control; keeping the leader's sexual contact with members of the group secret contributes not only to the leader's authority but also to adolescents pressure; any dissemination of sexual information between the group members is considered treason and is condemned; emphasized kindness and love for children, which is demonstrated by the leader during public speeches and in the media; active participation in a group of children from disadvantaged families who do not have a trusting relationship with their parents and whose parents are not interested in the lives of their children; special relationships in the group (strict control, secrecy, the exaltation of the leader) are represented as pedagogical innovations.

Street violence is sexual violence by strangers or casual acquaintances. This form of violence is characterized by a sudden attack, the use of physical force, or threats to suppress the child's resistance.

Finally, institutional abuse comprehends sexual violence, which is used to demonstrate power and control, to build hierarchical relationships within the team. This form of sexual violence is common in closed child groups (Hobbs et al., 1993).

The analysis of cases of the sexual abuse of children shows that the subject of sexual abuse is mostly a relative or acquaintance. The most serious form of sexual abuse is incest, i. e. when a child is sexually abused by a close relative. Such sexual violence is a sign of a malfunctioning family. Incest is not considered violent against a child, as it does not always involve force or direct coercion. In most cases, children voluntarily accept sexual activity (Mannapova, 2019). There are many reasons for this, such as trust and love for the abuser, the fear of losing one's attachment. However, child care workers must be aware that a child may not realize violence because of age or other reasons. Therefore, Platonova, and Platonov (2004) point out that it is extremely important to understand that even when children are aware of

the importance of their actions, they still do not have the experience to predict all the effects of such actions on their mental or physical health (Öznacar et al., 2018).

At the initial stage of incestuous relationships, they do not seem violent to a child, because they start with physical contacts, such as touching, stroking, and only then these actions become more sexualized. Children may perceive such relationships between a loving adult and a child as normal and acceptable (Platonova & Platonov, 2004).

In addition, Kochemirovs'ka (2008) mentions that some victims report that they understood that everything that happened to them was wrong but did not want to lose the emotional warmth they received from the offender in exchange for consent and silence. Gindin & Dukhova (1997) explain this situation by the fact that communication disorders are common for such families – children and other family members are often aware of the violence but expect it to end on its own.

Besides, Dvoryanchykov & Hutnyk (2012) argue that there may be several sexually abused children in a family, and if it is not disclosed for a long time, all children may be victims consecutively or simultaneously. Often children do not realize that their siblings are also victims because their experiences are self-centered. When only one child is a victim of violence, other children notice a special attitude towards one but cannot understand the reasons. The features of mechanisms that prevent disclosure are important in the analysis and diagnosis of child abuse cases. The main ones include isolation, a threat that leads to despair, demonstration of power, deception, or blackmail (Dvoryanchykov & Hutnyk, 2012).

A child's confession is a process in which a child is motivated to tell a specialist or significant adult that he or she is being abused. The recognition occurs when the motivation to report the event and change the situation is stronger than the motivation to keep everything secret, not to change the situation, and to avoid the possible negative consequences of disclosing violence. Alekseyeva (2003) explains that the less a child understands the specifics of the actions happening to him, the more familiar is the environment in which they take place, the less important is the struggle of motives.

The studies conducted by Bezpal'ko et al. (2010); Bridges et al. (2004) demonstrated that offenses, cruelty, and the lack of emotional warmth have a fatal effect on a child's life. These children grow up distrustful and vulnerable. They perceive themselves and others inadequately, do not distinguish their own feelings they are unable to trust, prone to cruelty, as if they want to take revenge on others for their

experience of humiliation. The immediate consequences of abuse are emotional (low mood, anxiety), cognitive (obsessive memories of what happened), behavioral (self-destruction), and autonomic (sleep and appetite) disorders. According to the mechanism of occurrence, the direct psychological consequences of sexual violence are acute reactions to mental trauma (stress).

Summit (1983) notes that if sexual violence lasts a long time, a child develops a complex of psychological and behavioral disorders aimed at adapting to these conditions. This complex is a specific disorder of adaptation, which from the perspective of modern psychiatry, is called accommodation syndrome in English literature. The manifestations of the accommodation syndrome cannot be considered a mental norm, but it should be considered that this is a child's natural reaction to extreme conditions, a reaction that allows minimizing the harm of sexual violence. The accommodation syndrome described by Summit occurs only when sexual contact with an adult happens against the will of a child and the offender uses coercion, mental or physical violence to achieve the goals. However, if an adult makes a child receive sexual pleasure from one's own actions using the child's trust and commitment, it does not form the typical accommodation syndrome because there are no events perceived by a child as mental trauma (Summit, 1983).

Pchel'nikova (2012) distinguishes the forms of abused children's attitudes to themselves and others:

1) they feel different, unworthy of love, bad, "dirty". This is often combined with the idea of being little, weak, not able to affect the life situation. A child feels helpless and insecure about one's own abilities and skills (situation of the victim). It is also possible that teenager looks like a "strong guy" or a "cool girl" but a deep fear and the same feeling of helplessness, complicated by alienation from people, the desire for love and warmth is hidden behind this armor;

2) children do not trust others (especially adults). Such victims of violence consider adults dangerous, hostile, and deprive themselves of the opportunity to seek help. Often the motto of such children is "do not trust anyone, do not expect anything, and do not ask for anything";

3) they have extremely weak contact with their body and true feelings. The suppression often results in dissociation. The most common form of dissociation is the separation of bodily sensations and awareness. At some point, the dissociation helped a child survive; cope with unbearable physical and/or mental pain. It seems to a child that this happened to someone else but not to her/him. A child learns to "freeze" his or her

emotional and physical reactions, and then often tries to regain the lost intensity of feelings through alcohol or drugs;

4) such children have disorders of interpersonal interaction. They become either excessively rigid or indistinct (Pchel'nikova, 2012).

It should be noted that there is a difference between boys and girls in the way of dealing with psychological trauma after being abused. Thus, according to a study by Dvoryanchykov & Hutnyk (2012), boys try to deal with memories of abuses through imprudent behavior in order to identify themselves, for example, from an attacker. This can lead to sexual behavior and an increased risk of violence from others. At the same time, girls often react as victims and are more vulnerable to traumatic experiences. They may feel that the abuse was their fault, feel self-loathing, with low self-esteem, which can lead to self-destructive risky behavior.

That is why, Platonova & Platonov (2004) point out that the work on knowledge and memories should be gradual. A specialist should create trusting and stable emotional connections; move slowly and gently to warmth, trust, intimacy but without sharp movements that cause protective behavior. The intensive experience requires strong external borders, a stable and safe environment.

The importance of favorable interpersonal relationships between a child and psychologist is considered by some researchers on this issue (Mishchyk et al., 2003). The therapy with adults makes it possible to achieve positive results in both positive and negative transference; however, the work with children requires only positive transmission. This implies a tender affection, which resembles the child's attitude towards the mother.

Thus, it can be argued that the loss of control and feeling helpless are very significant for the affected child. Persecutors make their victims feel guilty for what happened to them: a child looked or acted in the way to provoke coercion or cruelty. Children often talk about what happened with their relatives or teachers but they do not believe them. Thus, it is no wonder that after such a reaction, the child's sense of helplessness increases. The more the integrity of the ego of a sexually abused child is violated, the more supporting elements that promote integration and the restoration of integrity must be included in the work.

In addition, some researchers (Kempe et al., 1962; Robins et al., 2012) indicate that after recognizing the fact of violence, a child may experience loneliness, neglect, and loss. A child often feels homesick if one has moved to another place of residence, sometimes he/she may lose the attention and warmth one received from the abuser. Realizing that relatives and close people have failed to escape violence can make a child feel guilty

and sometimes depressed. The child's sense of guilt becomes very acute after the violence is revealed, as he/she starts to reconsider one's relationship with the abuser. When the fear begins to diminish, the sense of guilt becomes dominant. The guilt is often suppressed because of the taboo imposed on sexuality. A girl may believe that she has seduced a criminal, and this thought is exacerbated if she has sexual feelings. She may believe that she has ruined the mother's relationship with a father or stepfather. A child takes responsibility for the breakup of the family, accusing herself of poor protection. The guilt is revealed in different ways. Children with a relatively strong sense of dignity may react angrily to government intervention, aggressively to the abuser and the mother who failed to protect them. These negative feelings can lead to self-destructive behavior. Aggression can contribute to imprudent behavior at home and at school and creates the conditions for delinquency. One form of guilt is depressed, closed, and silent behavior. The feeling of guilt and shame can be destroyed only through a consistent and thorough restoration of trust in the relationship with a child. The confession of shame is the first stage of self-help, as the possibility of destroying feelings of guilt and shame arises from verbalization and other ways of responding to a situation of violence. In the process of psycho-rehabilitation, it is important to show a child that feelings cannot be bad or good. The best way to respond to ambivalent feelings is a child's natural activity (drawing, playing, i. e. using art therapy, play therapy, sand therapy, etc.). In the process of providing psychological assistance to children, the central point is the child's story about the happened events (Kempe et al., 1962; Robins et al., 2012).

In general, sexually abused children have a weak sense of dignity, thus, in our opinion, an important step of psycho-rehabilitation is working with the child's "self-concept", which is often referred to as "bad-me". As a result of violence, children are deprived of a sense of control over their psychological security, so they feel powerless and unable to protect their personal space. The following results should be achieved: strengthening the child's independence, increasing self-confidence and a sense of dignity. These goals are achieved when teaching children the following skills:

- avoiding risky situations;
- setting borders and understanding of the need for self-defense in the future;
- feeling the borders and personal space of other people;
- saying "no" in different situations;
- communicating (orally and nonverbally);

- forming a distance in communication and distinguishing between acceptable and unacceptable touching.

Thus, it becomes clear that all these positions have both advantages and disadvantages, so they should be taken into account in the complex. At the same time, the issues of identifying the dynamics of changes in the personality of an abused child after receiving psychological help are ignored. Therefore, **the aim of the study** is to identify the impact of psychological assistance on the dynamics and changes in the personal characteristics of sexually abused children.

3. Methodology

The empirical basis of the study included the results of observations and interviews with 64 sexually abused children between the ages of 6 and 15, including 9 boys and 55 girls, who received appropriate psychological assistance. The study was conducted in three stages in 2019.

At the initial stage, formalized data were collected using three multifactorial psychodiagnostic methodologies, including the method "Pediatric Symptom Checklist", adapted questionnaire of the mental states self-assessment by H. Eysenck, questionnaire MBSRQ-AS – the scales of the appearance assessment and orientation to appearance. The indicators on the methodologies scales obtained after statistical analysis are presented in Table 1 (in the column "the 1st stage").

The methodology "Pediatric Symptom Checklist" was developed by Jellinek, Murphy, and their colleagues (Jellinek et al., 1988), and adapted by Mikhanovs'ka et al. (2019). This methodology is aims at the identification of psychosocial dysfunction of children, designed to facilitate the recognition of their cognitive, emotional and behavioral problems. The issues of the questionnaire cover the features of psychosocial development of a child from 5 main areas of the daily life of school-age children: emotional mood, games, school, friends, and family relationships. The critical points (from 31 points and above) show that a child still has certain psychosocial disorders that require detailed analysis and the help of psychological and medical professionals. To find out which exactly problems a child has, the subscales of internalization and externalization can be applied.

The questionnaire of the mental states self-assessment by H. Eysenck is designed to diagnose the intensity level of such states as anxiety, frustration, aggression, rigidity (Lemak & Petryshche, 2012). The questionnaire involves 40 statements that allow determining the attitude on a trichotomous scale (the answer options are "suitable", "suitable, but not too

much", "not suitable"). The statements are grouped into 4 scales: anxiety, frustration, aggression, rigidity. The processing of the results is carried out by calculating the sum of points on each scale. The obtained result indicates the intensity level of the selected four states.

The MBSRQ questionnaire was developed by Cash (1995). The study applies the short version of this questionnaire (MBSRQ-AS), adapted by Tataurova (2009). The MBSRQ-AS consists of 34 items and contains five subscales that describe a person's attitude to one's own body, including two-factor subscales (the assessment of appearance and orientation to appearance) and three additional (the satisfaction with body parameters, concern for overweight and self-assessment of weight). The questionnaire items are the statements about various aspects of the attitude towards one's own body. The respondents are asked to assess the extent to which each of the statements relates to them, using a 5-point scale, where the number "1" means the lowest degree of agreement, and "5" – the maximum degree of agreement with each statement (Tataurova, 2009).

In the second stage, sexually abused children were provided with psychological support in the form of psycho-rehabilitation (minimum obligatory number of meetings was 30). The following goals of psychological assistance were identified:

- the formation of a positive self-concept;
- the development of abilities and skills, that allow a child to express thoughts, feelings, behavior, establish confidence in others;
- the restoration of self-esteem and positive attitude towards oneself;
- the development and improvement of social qualities of the child's personality;
- the correction of "sexualized" behavior;
- the formation of the ability to accept one's own body.

At the third stage, repeated psychodiagnostics was performed according to the mentioned methods (column "the 2nd stage" in Table 1) to identify statistically significant differences in data that reflect the dynamics of personal indicators of this category of subjects received before and after providing psychological assistance. To compare the indicators before and after providing psychological assistance, the Wilcoxon T-test, which is designed to compare two samples in terms of the features intensity, was used. The Wilcoxon signed-rank test is significant at the level of 0.05, i. e. if the significance level is $p \leq 0.05$, the changes are authentic with a tolerance of 5%, and if the significance level $p \leq 0.01$, the changes are authentic with a tolerance of 1%.

The research was carried out according to the requirements of the Code of Ethics of Kharkiv National University of Internal Affairs. Informed consent was received from all individuals who took part in this research and who could refuse participation at any time.

4. Results

The diagnostic work (the 1st stage) indicated a low level of psychosocial functioning – 29.84±2.40, and increased levels of externalization and internalization (16.01±1.22 and 13.75±1.61 respectively). Therefore, children directed the response to the psycho-traumatic situation both to their internal and external world. They spent more time alone, were less interested in school and friends, became more afraid of new situations, had bad sleep and appetite, hid their feelings, felt guilty and bad, did not understand the feelings of others, complained about various pain, getting tired quickly. They also had problems in relationships with parents, friends, teachers and others; took excessive and unjustified risk, resulting in injuries and damage. According to the results of the adapted questionnaire of the mental states self-assessment by H. Eysenck (Lemak & Petryshche, 2012), a high level of anxiety (14.78±2.29) and frustration (16.00±2.14), and middle levels of rigidity (12.78±1.53) and aggression (9.07±1.71) were observed. The indicators of the MBSRQ-AS (Tataurova, 2009) questionnaire revealed a distorted perception of one's own body and a misunderstanding of normal sexuality.

The general comparative analysis of the indicators of psycho-rehabilitation work with the children who experienced sexual violence showed statistically significant differences in the data (Table 1), which reflect the dynamics of changes in the child's personality after receiving psychological help.

Table 1. The comparative analysis of the results of psycho-rehabilitation work with sexually abused children (Mean±SD), c.u.

The indicators studied	The stages of research		The Wilcoxon T-test	Significance value, p
	the 1st stage	the 2nd stage		
"Pediatric Symptom Checklist" (PSC) (Mikhanovs'ka et al., 2019)				
General index	29.84±2.40	28.18±1.73	850.00	-
Internalization scale	13.75±1.61	12.81±1.11	431.00	0.001
Externalization scale	16.01±1.22	15.18±1.55	439.00	0.05
The mental states self-assessment by H. Eysenck (Lemak & Petryshche, 2012)				
Anxiety	14.78±2.29	13.23±1.34	513.50	0.05

Frustration	16.00±2.14	15.03±1.14	333.50	0.05
Aggression	9.07±1.71	8.76±1.43	376.50	-
Rigidity	12.78±1.53	11.82±3.24	555.00	0.05
	The questionnaire MBSRQ-AS (Tataurova, 2009)			
Appearance assessment	8.04±0.80	9.35±0.53	555.50	0.05
Orientation to appearance	9.58±2.30	12.48±0.91	713.00	-

Mean – arithmetical average; SD – standard deviation; p – significance of difference between the indicators of the first and the second stages of research

On the basis of the data in the Table 1, it should be noted that the work has positive results. First, the level of psychosocial functioning on the scales "internalization" and "externalization" was improved ($p \leq 0.001$ and $p \leq 0.05$ respectively). The construct "psychosocial functioning" reflects the child's ability to perform daily activities and enter into relationships with other people in a way that satisfies them and others. The indicators of the integrated index demonstrate a low level, i. e. some "psychosocial dysfunction". However, a comparative analysis shows statistically confirmed changes in cognitive, emotional, and behavioral areas, such as peer communication, well-being, sleep, anxiety and fears, behavior, and interaction with others.

Comparing the indicators according to the methodology "The mental states self-assessment" (Lemak & Petryshche, 2012), the dynamics was found on the scales "Anxiety", "Frustration" and "Rigidity" at $p \leq 0.05$. The most universal and severe response to any kind of violence is low self-esteem, which helps to maintain psychological disorders associated with violence. A child experiences feelings of guilt, shame, a constant belief in one's own inferiority. As a result, it is difficult for a child to gain the respect of others and success, communication with peers also becomes difficult. Such children and adolescents have depression very frequently which is revealed in attacks of anxiety, unconscious sadness, loneliness, and sleep disorders. In later years, adolescents may experience suicide attempts or commit suicide. They feel unhappy, wretched, adapt to abnormal living conditions, and try to find a way out. Psycho-rehabilitation work has a positive impact on these areas. The children who have experienced violence can objectify their anxiety, anger, and fear, express their feelings, which have often been taboo by the abuser and relatives who did not help in overcoming the violence, in a safe atmosphere at sessions. Such work helps a child to overcome feelings of guilt, shame, and responsibility for the

violence, to accept oneself with those "wounds" that will remain "scars" and to integrate this self-perception into the structure of one's personality.

The formation of a new external self-image in adolescence is conditioned by physiological, social, and psychological determinants. The perception and acceptance of one's own body and satisfaction (dissatisfaction) with one's appearance affect not only the behavior, self-esteem, and self-attitude of the adolescent but also one's self-concept. The external self-image is a much more important component of adolescence than adults usually think. The scale "Appearance assessment" describes the feeling of physical attractiveness/unattractiveness. The high points on this scale mean general dissatisfaction with one's own appearance. "Orientation to appearance" characterizes the degree of contribution to one's own appearance. The low scores mean indifference to one's own appearance, a person does not spend much time to look good. In general, the study shows that in the process of psycho-rehabilitation work there are positive changes in the assessment of physicality ($p \leq 0.05$), a correct idea of the body and normal sexuality is formed. It is also important to prevent possible difficulties in future psychological and sexual life. Realizing the impact of body image on self-awareness in general and on such an indicator as standards of living, it is necessary to recognize the importance of the work in this area.

5. Limits and Discussion

The psychodiagnostic techniques used in our study (Pediatric Symptom Checklist (PSC), the mental states self-assessment by H. Eysenck, questionnaire MBSRQ-AS) are not original. They are the adapted versions in Russian and Ukrainian, the use of which is authorized by Ukrainian scientists on the basis of a cooperation agreement between G. S. Kostiuk Institute of Psychology of the National Academy of Pedagogical Sciences of Ukraine and international public professional organization European Federation of Psychologists Associations (EFPA) (No. 27/134 dated 12.05.1997).

Despite the small number of research in this area, we are expanding the scope of the problem of the sexual abuse of children, which was outlined by Ananenko (2002); Bezpal′ko et al. (2010); Cherepanova (1995); Demirci (2018); Dvoryanchykov & Hutnyk (2012); Gindin & Dukhova (1997); Hobbs et al. (1993); Hunea et al. (2020); Kempe et al. (1962); Malkina-Pykh (2010); Mikhanovs′ka et al. (2019); Nambo (2019); Platonova & Platonov (2004); Summit (1983); Tsymbal (2007); Volkova (2011), because it was established that psychological work with a child (a victim of sexual violence)

is aimed at overcoming the child's alienation by establishing trusting contact and neutralizing the affective state, and subsequently, correcting the crisis and the behavior of the individual.

Bezpal'ko et al. (2010), Karaca et al. (2011); Hunea et al. (2020) note that the first step in working with a child is to accept him or her and assume that the child has a right to one's own attitudes toward others. Our study found that the driving force behind children's development is their emotional relationships with people who care for them. It is especially important for the work with children who are the victims of violence. To help them change, it is necessary to understand them deeply and create an experience of corrective care, to compensate for the lack of warmth. A child can express one's feelings only if there is a person who fully accepts, understands, and supports her/him.

An important step in the psychological support of a child is overcoming the fears that arise as a result of exposing violence. This topic is dominant for the child from the first meetings with a specialist. Therefore, according to Geddes et al. (2000), it is worth talking about all stages of the jurisdictional process very clear and detailed, emphasizing the child's role. The fears of being punished, neglected, and abandoned must be worked out with a child.

The children who have been sexually abused often have a distorted view of their own bodies and a misunderstanding of normal sexuality. Karaca et al. (2011); Malkina-Pykh (2010); Nambo (2019); Tsymbal (2007) point out the changes in the child victims' self-perception of their body image; these children may get the impression that their body is "spoiled" – the so-called damaged goods syndrome. Other children may have the idea that they are dirty; sometimes their attitude towards themselves is accompanied by an exaggerated need to wash (obsessive symptom). According to the results of our research, high-quality psychological assistance contributes to changes in self-perception. It is important to prevent possible difficulties in the future emotional and sexual life.

On the basis of the position of Al Odhayani et al. (2013) in terms of the relevance of identifying the problems of an abused child, the results of our study developed the opinion that child victims of sexual violence have difficulty expressing their feelings in words or actions. Sometimes hidden feelings and needs are expressed in undifferentiated aggression, which a child cannot understand and express in words. The difficulties in expressing feelings are mostly explained by the fact that they were the parts of the child's strategies for psychological survival after trauma. Therefore, in the

process of counseling, a specialist should identify other problem areas of an abused child.

6. Conclusions

In the course of our empirical research it was proved that the efficient goals of providing psychological assistance to sexually abused children are the formation of a positive self-concept of such children; the development of abilities and skills that allow a child to express thoughts, feelings, behavior, establish confidence in others; the restoration of self-esteem and positive attitude towards oneself; the development and improvement of social qualities of the child's personality; the correction of "sexualized" behavior; the formation of the ability to self-acceptance; the development of the ability to make independent decisions. This research is useful for building the competence of psychologists and social workers in providing psychological support and assistance to sexually abused children.

The consequences severity of the sexual abuse of a child depends on many factors, including the circumstances of the violence, the characteristics of an abuser; duration, frequency and severity of violence; the reactions of others, etc. Sexual abuse is the most traumatic for a child. The consequences of abuse are more serious if it is committed by a person who is close to the child. If family members are on the child's side rather than the abuser's after sexual abuse, the consequences for the child will be less serious than in the case when the child does not receive protection and support.

In the process of clearly organized psycho-rehabilitation work with this category of children, there are positive changes in the emotional, cognitive, and behavioral areas of personality such as mood, features of the games, school life, relationships with friends and parents. This helps to reduce emotional indicators of guilt, shame, fear, and responsibility for violence, anxiety about the future, ambivalence, self-regulation disorders, and outbursts of aggression. Gradually, there appear positive changes in the attitude to one's own body, a correct idea of one's own body and the development of sexuality is formed. Therefore, it can be argued that the methodological set of tools that we used in the process of providing psychological assistance to sexually abused children confirmed its validity in the studied category of persons.

The problem of sexual violence requires a comprehensive approach and joint efforts of psychologists, social educators, law enforcement officers and the public.

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