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Homicide, Rape, Kidnapping, and Physical and Sexual Violence: A Clinical Case Study Conducted at the Public Hospital of Tiaret Province (Forensic Psychological Assessment Model)

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Abstract
The present study aimed to identify the major psychological effects resulting from attempted homicide, rape, kidnapping, physical violence, and sexual violence among minors under the age of 18. The study was conducted on a minor under 18 years of age using the clinical method through its principal tools, namely clinical observation, the clinical interview, and play therapy techniques. The findings revealed that the case was suffering from psychological trauma.
Keywords: Minor victim; psychological effects; attempted homicide; rape; kidnapping; physical violence; sexual violence; psychological trauma.

Introduction

Recent literature has devoted considerable attention to the field of disasters and psychological trauma resulting from events surrounding individuals, particularly natural disasters. However, increasing attention has recently been directed toward traumatic events resulting from interpersonal violence, including homicide, kidnapping, physical torture, and sexual abuse, because their psychological consequences often persist over both the short and long term, especially in the absence of early psychological intervention for victims and their caregivers, particularly family members, whose support plays a crucial role in helping victims overcome traumatic experiences.

Establishing a therapeutic relationship with this population is particularly challenging, as gaining the victim's trust requires considerable clinical effort. In an article published in the *American Journal of Psychiatry* in 1974, Burgess and Holmstrom reported that information regarding the physical and psychological consequences of rape, as well as the appropriate management of survivors of sexual assault, was still scarce in the psychological literature.

The psychological and social impact of traumatic experiences varies in both intensity and duration from one victim to another. This variation can be attributed to several factors, including the nature of the relationship between the victim and the perpetrator (father, brother, relative, friend, or stranger). The more the perpetrator represents a source of safety and protection for the victim, the more severe the negative psychological consequences become. Likewise, the frequency of abuse and the setting in which it occurs influence the severity of trauma. Repeated assaults deepen psychological trauma, whereas assaults occurring in exposed or public settings often intensify victims' feelings of psychological disintegration. Furthermore, the victim's personality characteristics and the degree of family support received following the incident significantly influence recovery and may reduce the severity of post-traumatic psychological disorders (Hamza, 2021, p. 641).

Victims may develop a wide range of psychological disorders. The physical and psychological collapse resulting from assault profoundly alters their lives and interpersonal relationships, frequently manifesting through psychological, behavioral, and sexual disturbances. Nevertheless, the severity of these consequences largely depends on the child's individual characteristics, including intelligence and psychological and emotional development (Bouhoui, 2024, p. 443).

Statistics indicate a continuous increase in such cases. According to the Department of Forensic Medicine at the Public Hospital Institution of Tiaret, more than 339 cases involving minors under the age of 19 were referred to the department by security authorities between January and September 2025. Among these cases, 88 victims were female and 251 were male, all of whom had been subjected to psychological or physical violence perpetrated by parents, relatives, teachers, neighbors, or strangers. During the same period, more than 83 cases of sexual harassment were reported, including 58 female victims and 25 male victims.

Violence against children has become a pathological phenomenon observed across societies regardless of time or place. Recent years have witnessed a marked increase in various forms of violence directed toward children, including psychological abuse, physical abuse, and sexual assault (Bouzar, 2023, p. 1128).

Accordingly, the present study seeks to answer the following research question:

What are the major psychological effects resulting from attempted homicide, rape, kidnapping, physical violence, and sexual violence among minor victims?

Objectives of the Study:

The present study aims to:

- Identify the principal psychological effects resulting from attempted homicide, rape, physical violence, and sexual violence among minor victims.

Significance of the Study:

The significance of the present study lies in the fact that it examines several traumatic variables simultaneously within a single clinical case, thereby providing a unique and valuable contribution. Furthermore, the study has preventive value by contributing to the development of more appropriate psychological intervention strategies for children exposed to such traumatic experiences.

1. Conceptual Definitions:

Psychological Effects:

Psychological effects refer to the principal psychological, behavioral, and emotional disturbances experienced by a minor victim who has been subjected to attempted homicide, rape, physical violence, or sexual violence perpetrated by an adult.

Kidnapping:

The United Nations has reported a continuous increase in child kidnapping cases in Algeria. According to its records, 1,100 cases were documented between January 2001 and 2016. Furthermore, the Child Protection Office of the General Directorate of National Security recorded 256 kidnapping cases and 1,818 cases of sexual assault in 2013 (Ben Jari, 2022, p. 478).

Kidnapping is defined as removing a child from his or her primary source of safety—namely the parents or legal guardian—for a certain period, which may range from several hours to several days or even longer. Such an experience often results in psychological and behavioral disturbances that may emerge either immediately or over the long term.

Kidnapping has profound consequences for a child's psychological well-being, largely due to the abusive treatment inflicted by the perpetrator, whose behavior is typically characterized by criminal violence. These consequences also extend to the victim's family. Immediate reactions commonly include intense fear, uncontrollable crying, sleep and eating disturbances, somatic complaints, and noticeable behavioral changes. Other children may exhibit silent or withdrawn responses. Delayed reactions may include Post-Traumatic Stress Disorder (PTSD), anxiety disorders, regressive behaviors, academic difficulties, behavioral disturbances, and psychosomatic disorders (Sebsoub & Bouslouk, 2022).

Regarding the magnitude of suffering experienced by kidnapped children, *El-Darki* Magazine reported that even when a child survives the kidnapping, he or she has often been subjected to physical abuse, ill-treatment, deprivation of food, isolation, restraint, torture, sexual harassment, or other forms of exploitation during captivity. Such experiences seriously disrupt healthy psychological development and frequently lead to chronic anxiety, depression, impaired self-image, social withdrawal, sleep disturbances, poor concentration, diminished self-confidence, declining academic performance, and feelings of reactive aggression (Karkoush, 2013, p. 205).

Physical Violence:

Physical violence refers to any act that deliberately inflicts direct psychological or physical pain upon a victim, whether through the use of weapons, physical assault, threats of injury, or threats of death (Laaj & El Mahi, 2024, p. 346).

This form of violence is typically characterized by brutality, visible physical harm, and severe pain. In addition to leaving physical marks on children's bodies, it frequently produces enduring psychological consequences (Ben Gassemi, 2011, p. 59).

Sexual Violence:

Sexual violence refers to any sexual interaction between an adult and a child intended to satisfy the adult's sexual desires through coercion, domination, or exploitation. It also includes sexual activities involving sexually immature children who are incapable of understanding the nature of sexual acts or providing informed consent. In such situations, the primary objective is the gratification of the perpetrator's sexual needs and desires (Mousaybeh & Hassas, 2021, p. 954).

Long-term consequences of sexual violence against children include diminished self-esteem, persistent feelings of frustration, aggressive behavior, anxiety, and a wide range of long-term psychological and behavioral disorders (Zeqaar, 2007).

Individual Play Therapy:

Psychological treatment of traumatized children requires a therapist capable of creating a therapeutic environment that closely resembles the child's own world. Among the most effective therapeutic approaches is play therapy, which employs toys as therapeutic mediators.

Observing children while they play provides valuable insight into their psychological functioning. Melanie Klein argued that everything children express through play—even when it appears irrational—carries psychological meaning. The content of play, the manner in which children play, the toys they select, and the toys they reject all possess symbolic significance that can be interpreted in much the same way as dreams.

This therapeutic approach combines spontaneous play, allowing children complete freedom to express themselves naturally, with structured play, in which the therapist introduces specific toys or situations to identify traumatic symptoms more precisely and facilitate therapeutic intervention.

A. Re-experiencing the Traumatic Event:

The most appropriate way to address symptoms of traumatic re-experiencing is to allow children to recreate the traumatic event spontaneously through symbolic play.

When children are unable to resolve the traumatic situation after several attempts, the therapist may introduce protective elements into the play scenario. These external elements often take the form of a helpful person entering the play to rescue or protect the child. Ideally, this figure should represent someone familiar and emotionally significant to the child, thereby reinforcing the child's perception that supportive individuals are available to provide protection. Such interventions may assist children in reconstructing the traumatic experience and achieving psychological closure.

B. Avoidance of the Traumatic Event:

Many traumatized children hesitate to discuss or reenact traumatic experiences because doing so evokes intense anxiety. Some even believe that merely thinking about the traumatic event will cause it to recur. Such beliefs may stem from common parental warnings—for example, telling children that "if you do not think about ghosts, they will not come after you." These beliefs may unintentionally discourage children from expressing their emotional suffering.

An effective therapeutic strategy therefore consists of avoiding direct confrontation with the traumatic event during the initial stages of treatment. Instead, intervention focuses on the anxiety accompanying the trauma. The therapist should establish a psychologically safe environment while demonstrating genuine understanding of the child's fears.

In some cases, the therapist may facilitate emotional expression without directing or influencing the child's responses. Otherwise, excessive therapist guidance may reduce the effectiveness of treatment, particularly when a strong therapeutic alliance has not yet been established.

Generally, children's anxiety is described as fear. To demonstrate an understanding of this fear, therapists may ask children to identify where they feel fear within their bodies and then invite them to represent it through clay modeling or drawing. Subsequently, both internal and external coping resources are explored in order to reduce the intensity of fear.

C. Hyperarousal:

Intervention targeting hyperarousal symptoms should first focus on restoring the child's sense of safety and security. Subsequently, the therapist should help the child redirect feelings of anger toward the perpetrator rather than toward himself or herself or other individuals. This process should take into consideration the child's areas of strength and personal resources while fostering the development of relaxation skills and adaptive coping strategies (Bouhoui, 2024, p. 448).

Forensic Psychologist:

A forensic psychologist is a practicing clinical psychologist who has been officially appointed by the competent court to serve as a forensic expert and who has accumulated more than seven years of professional clinical experience.

Field Study:

2. Method and Procedure:

Selecting an appropriate methodological approach represents one of the fundamental steps in scientific research. Accordingly, the present study adopted the clinical method, which involves conducting an in-depth investigation of a particular subject by examining its background, current condition, and interaction with its surrounding environment. The subject of investigation may be an individual, a group, a community, or an institution.

This approach allows researchers to collect information regarding both the current condition of the case and its personal history and interpersonal relationships, thereby facilitating a deeper understanding of the broader context represented by the case (Ghani, 2022, p. 507).

The present study employed the clinical interview as one of its principal assessment tools. The purpose of the clinical interview extends beyond merely collecting information; it also involves establishing a professional therapeutic setting in which the patient can gradually construct and communicate meaningful personal experiences (Arar & Djeradi, 2016, p. 273).

In addition, play therapy using dolls was employed to confirm the psychological consequences experienced by the child following exposure to the traumatic event.

3. Case Presentation and Discussion

The minor Nana was examined on 21 May 2025 at 10:00 a.m. in our office at Youssef Damerdji Public Hospital, Tiaret, in the presence of her mother.

A second clinical interview was conducted on 22 May 2025, with both parents present.

The child, Nana, born on 11 May 2022, was admitted to the Intensive Care Unit on 24 April 2025 after receiving emergency medical treatment from the attending physician. Psychological First Aid (PFA) was initiated in the intensive care unit. However, on 25 April 2025, psychological intervention focused primarily on helping the parents accept the traumatic situation. Subsequently, the child was referred to both an infectious disease specialist and the Department of Forensic Medicine.

Case Description

- The child's psychological, social, and language development was within the normal developmental range.
- No previous medical history was reported. However, the child had undergone eye surgery at approximately 12 months of age.
- Communication with the child was easily established. She was able to recount the general circumstances of the traumatic incident, reflecting an age-appropriate linguistic repertoire.
- Relationships with siblings were reported to be normal.
- No language, eating, or play disorders were observed. The child engaged in age-appropriate play with siblings and peers, although a tendency toward aggressive behavior directed at others was noted.
- The child experienced psychological distress whenever confronted with reminders or cues associated with the traumatic event.
- She appeared to rely on psychological repression as a defense mechanism in an attempt to avoid recalling the traumatic experience.

General Clinical Conclusion

At the time of assessment, Nana, a three-year-old minor, was found to be suffering from Type I Psychological Trauma.

The child demonstrated the ability to recall details of the traumatic event and exhibited symptoms including irritability, emotional instability, anger, heightened emotional reactivity, hypervigilance, and recurrent nightmares with nonspecific traumatic themes.

Although her limited linguistic abilities restricted verbal expression, the child clearly manifested the traumatic experience through atypical play behavior, which strongly reflected the traumatic event.

Long-Term Psychological Consequences

The psychological effects are expected to extend over several years and may include:

- Persistent feelings of disgust, anger, and fear, accompanied by difficulties in interpersonal relationships.
- Reduced self-esteem and diminished self-confidence.
- Disturbance in body image, particularly due to the visible marks of strangulation on the neck, accompanied by feelings of guilt. The child may also develop disturbances related to gender identity.
- The possible emergence of psychopathological symptoms during adolescence, particularly Post-Traumatic Stress Disorder (PTSD).
- The child currently requires continuous psychological care aimed at restoring psychological stability and a sense of safety.

The findings of the present case study indicate that the child is suffering from psychological trauma. These findings are consistent with those reported by Hamza (2021), who found that victims of sexual assault exhibit severe symptoms related to the re-experiencing of traumatic events. The study also demonstrated that victims display marked avoidance of trauma-related experiences and severe symptoms of heightened arousal associated with traumatic memories.

Similarly, the study conducted by Russell et al. (1984) reported that victims of sexual abuse experience long-lasting psychological consequences of varying severity. These consequences are not limited to victims who seek professional medical or psychological consultation but also affect those who do not receive such services. The reported consequences can generally be classified into emotional, physical, behavioral, and interpersonal disorders (Al-Arabi, 2020, p. 12).

Furthermore, the findings of Bezraoui (2016) demonstrated that childhood sexual abuse significantly lowers victims' self-esteem. The study emphasized the pivotal role of family responses, showing that violent reactions, indifference, and the absence of parental support exacerbate psychological harm. In contrast, the child examined in the present study benefited from substantial family support as well as strong support from the surrounding community, which mobilized immediately after the kidnapping in an effort to locate the victim.

The psychological consequences of such traumatic experiences may persist into adulthood. These long-term effects include feelings of guilt, self-blame, diminished self-worth, and the repeated re-experiencing of traumatic memories, particularly when individuals are exposed to situations or topics related to sexual assault (Bouhari, 2024).

6. Conclusion:

Clinical practice enables psychologists to master a range of professional skills and therapeutic techniques specifically designed for managing highly sensitive cases that are often accompanied by social stigma, whether within the family or the wider community. This is particularly true when the family system is closed or dysfunctional.

Regardless of the nature of the crime, such experiences generate profound psychological consequences not only for the victim but also for the family. Consequently, intervention should be carried out within a multidisciplinary framework that facilitates the preparation of a comprehensive forensic psychological report, which constitutes one of the principal documents relied upon by judicial authorities when issuing legal judgments against perpetrators.

Moreover, although many psychological and behavioral disorders emerge shortly after the traumatic event, clinicians should carefully consider all relevant clinical factors when developing a comprehensive therapeutic plan aimed at minimizing long-term psychological consequences and preserving the victim's psychological stability and well-being.

Recommendations:

Based on the findings of the present study, the following recommendations are proposed:

- Strengthen psychological intervention services and encourage victims' families to break the silence surrounding crimes committed against children.
- Train specialists in child protection and promote close coordination with the National Police and National Gendarmerie to ensure comprehensive care for child victims.
- Develop specialized therapeutic training programs through collaboration between university academics and field practitioners working in child mental health.
- Enhance the role of civil society organizations in implementing public awareness campaigns aimed at protecting children from violence and abuse.
- Encourage media institutions to raise public awareness regarding the short- and long-term psychological consequences of crimes committed against children.

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