

## REVIEWER'S REPORT

Manuscript No.: IJAR-57514

Title: Les agressions sexuelles sur mineurs : une sÃ©rie marocaine. Case Series

### Recommendation:

Accept as it is .....

Accept after minor revision.....

**Accept after major revision .....YES**

Do not accept (*Reasons below*) .....

| Rating         | Excel. | Good | Fair | Poor |
|----------------|--------|------|------|------|
| Originality    |        | √    |      |      |
| Techn. Quality |        | √    |      |      |
| Clarity        |        | √    |      |      |
| Significance   |        | √    |      |      |

Reviewer's ID: JPR-094

## Detailed Reviewer's Report

### ## Reviewer's Report

### # Overall Recommendation

### \*\*Major Revision\*\*

The manuscript addresses a highly important public health and child psychiatry issue and provides valuable clinical data from a Moroccan tertiary care center. The topic is relevant, socially significant, and underrepresented in North African literature. However, substantial methodological, structural, linguistic, and analytical improvements are required before the manuscript can be considered for publication.

### # Strengths of the Manuscript

### ### 1. High Public Health Relevance

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The study addresses child sexual abuse and psychotrauma, which are major medico-social and psychiatric concerns worldwide, particularly in low- and middle-income settings where data remain limited.

### ### 2. Regional Originality

The manuscript contributes Moroccan clinical data on pediatric sexual assault victims, an area with relatively scarce published literature from North Africa.

### ### 3. Multidimensional Clinical Assessment

The authors evaluated:

- \* psychiatric manifestations,
- \* developmental consequences,
- \* family context,
- \* functional impairment,
- \* school impact,
- \* follow-up adherence.

This multidimensional approach enriches the clinical value of the study.

### ### 4. Strong Clinical Perspective

The discussion demonstrates good knowledge of:

- \* psychotraumatology,
- \* developmental psychopathology,

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- \* attachment theory,
- \* adolescent neurobiology.

### ### 5. Emphasis on Multidisciplinary Care

The manuscript appropriately highlights the importance of:

- \* medico-legal coordination,
- \* early psychiatric intervention,
- \* trauma-informed care,
- \* family involvement.

## # Weaknesses of the Manuscript

### ### 1. Small Sample Size

The study includes only 31 patients, limiting:

- \* statistical power,
- \* generalizability,
- \* subgroup analysis.

### ### 2. Lack of Statistical Depth

The manuscript remains largely descriptive.

No:

- \* inferential statistics,

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\* comparative analyses,  
\* p-values,  
\* confidence intervals,  
\* regression analyses  
were provided.

### ### 3. Methodological Ambiguity

The study is described as:

> “rétrospective, descriptive et analytique”

However, no analytical statistical methodology is presented.

### ### 4. Ethical Approval Not Clearly Mentioned

The manuscript mentions consent and confidentiality but does not specify:

\* ethics committee approval number,  
\* institutional review board authorization.

This is a major concern for human-subject research involving minors.

### ### 5. Timeline Inconsistency

Data collection is stated from:

> January 2024 to December 2025

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This may raise concerns if submission occurred before completion of the study period.

### ### 6. Overly Long Discussion

The discussion section is excessively extensive and partially resembles a narrative review rather than direct interpretation of study findings.

### ### 7. Excessive Theoretical Digressions

Sections on:

- \* neurobiology,
- \* Ferenczi theory,
- \* borderline personality disorder,
- \* transgenerational trauma

are scientifically interesting but exceed the scope of the presented data.

### ### 8. Absence of Standardized Assessment Tools

The manuscript does not specify validated instruments for:

- \* PTSD,
- \* depression,
- \* dissociation,
- \* anxiety,

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\* trauma severity.

Reliance solely on clinical assessment reduces methodological rigor.

### ### 9. Language and Formatting Issues

Numerous:

- \* spacing errors,
  - \* typographic inconsistencies,
  - \* grammatical issues,
  - \* merged words,
  - \* inconsistent percentages
- require correction.

### ### 10. Missing Limitations Section

The manuscript lacks a dedicated section discussing:

- \* sample bias,
- \* retrospective design,
- \* missing judicial data,
- \* loss to follow-up,
- \* single-center recruitment.

### # Key Points of the Study

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- 1. Sexual aggression against minors produces severe multidimensional psychopathological consequences.**
- 2. Acute stress disorder was the predominant diagnosis.**
- 3. Developmental and psychoaffective impairment was highly prevalent.**
- 4. Family dysfunction and repeated abuse increased vulnerability.**
- 5. Follow-up discontinuation represented a major challenge.**
- 6. Early multidisciplinary intervention is essential to prevent chronic psychiatric morbidity.**

### **# Scientific Significance**

### **### Clinical Significance**

**The study emphasizes the urgent need for:**

- \* early trauma screening,**
- \* pediatric psychiatric evaluation,**
- \* integrated medico-legal care pathways.**

### **### Public Health Significance**

**The findings highlight:**

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- \* underreporting,**
- \* delayed disclosure,**
- \* social stigma,**
- \* barriers to continuity of care.**

**### Regional Significance**

**The study provides important Moroccan and North African clinical data, helping address the lack of regional evidence on child sexual abuse-related psychotrauma.**

**# Justification for Major Revision**

**Major revision is recommended due to the following issues:**

| <b>  Issue</b>                           | <b>  Justification</b>                            | <b> </b> |
|------------------------------------------|---------------------------------------------------|----------|
| <b>  -----</b>                           | <b>  -----</b>                                    | <b> </b> |
| <b>  Limited methodology</b>             | <b>  Lack of analytical/statistical rigor</b>     | <b> </b> |
| <b>  Missing ethics approval details</b> | <b>  Essential requirement for publication</b>    | <b> </b> |
| <b>  Overextended discussion</b>         | <b>  Needs shortening and better focus</b>        | <b> </b> |
| <b>  Lack of validated scales</b>        | <b>  Weakens diagnostic standardization</b>       | <b> </b> |
| <b>  Formatting/language problems</b>    | <b>  Affects readability and professionalism</b>  | <b> </b> |
| <b>  No limitations section</b>          | <b>  Methodological transparency insufficient</b> | <b> </b> |
| <b>  Timeline inconsistency</b>          | <b>  Raises concerns about study completion</b>   | <b> </b> |
| <b>  Descriptive-only analysis</b>       | <b>  Limits scientific impact</b>                 | <b> </b> |

**# Specific Reviewer Suggestions**

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### ### Methodology

- \* Clarify study period and recruitment timeline.
- \* Specify whether ethics committee approval was obtained.
- \* Add statistical methods section in detail.

### ### Results

- \* Present data in tables for clarity.
- \* Include exact numbers alongside percentages.

### ### Discussion

- \* Reduce theoretical digressions.
- \* Focus more directly on interpretation of findings.
- \* Shorten neurobiological explanations.

### ### Limitations

Add a dedicated subsection discussing:

- \* small sample size,
- \* retrospective nature,
- \* selection bias,
- \* missing judicial outcomes,
- \* high attrition rate.

**REVIEWER'S REPORT****### Language Editing**

**Professional French language revision is strongly recommended.**

**# Final Reviewer Comment**

**This manuscript addresses an important and sensitive topic with clear clinical relevance and regional interest. The study contributes useful observations regarding the psychiatric and developmental consequences of sexual aggression in minors within a Moroccan tertiary care setting. However, important methodological clarifications, structural revisions, and language improvements are necessary to strengthen scientific rigor and publication quality. Following substantial revision, the manuscript may become suitable for publication.**

***Justification for Major Revision (Line-by-Line / Section-Wise Issues and Reasons)***

| <b>Section / Line</b> | <b>Issue Identified</b>                                                                                                 | <b>Reason for Major Revision</b>                                                                          |
|-----------------------|-------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| Title                 | “Les agressions sexuelles sur mineurs : une série marocaine” is too broad for a small monocentric retrospective series. | Title should specify retrospective hospital-based pediatric psychiatry study to avoid overgeneralization. |
| Abstract Lines 6–8    | Objective is broad and not clearly linked to study design.                                                              | Need clearer research question and primary outcome measures.                                              |
| Abstract Lines 10–12  | Sample size very small (31 patients) and monocentric.                                                                   | Limits external validity and statistical robustness; limitations not acknowledged in abstract.            |
| Abstract Lines 14–21  | Multiple percentages reported without denominator consistency.                                                          | Statistical presentation lacks methodological clarity and precision.                                      |
| Abstract Lines 17–21  | Clinical findings are descriptive only.                                                                                 | No inferential statistical analysis to support associations or risk factors.                              |
| Abstract              | No mention of study limitations.                                                                                        | Essential in observational retrospective studies.                                                         |

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| Section / Line                     | Issue Identified                                                                              | Reason for Major Revision                                                        |
|------------------------------------|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| Introduction Lines 31–38           | Epidemiological data mixed from WHO, UNICEF, Morocco without synthesis.                       | Literature review lacks coherent scientific framing.                             |
| Introduction Lines 39–42           | Psychological consequences extensively cited but not operationalized.                         | Need clearer conceptual framework and hypotheses.                                |
| Introduction                       | Missing recent international epidemiological references after 2020 except isolated citations. | Literature review not sufficiently updated.                                      |
| Methods Lines 46–50                | Study described as “descriptive and analytical” but no analytical methods presented.          | Methodology inconsistent with results section.                                   |
| Methods Lines 49–50                | Use of Google Forms and Excel only.                                                           | Statistical methodology inadequate for analytical claims.                        |
| Methods                            | No statistical tests described.                                                               | Major methodological weakness preventing scientific validation.                  |
| Methods                            | No sample size justification or power consideration.                                          | Raises concerns about representativeness and validity.                           |
| Methods Lines 51–56                | Inclusion criteria vague regarding confirmation of abuse.                                     | Need medico-legal or standardized diagnostic confirmation criteria.              |
| Methods Lines 57–63                | Variables insufficiently operationalized.                                                     | No validated scales or assessment tools described.                               |
| Methods                            | DSM-5 diagnoses mentioned but assessment procedure unclear.                                   | Need explanation of diagnostic standardization and evaluator reliability.        |
| Ethical Considerations Lines 64–68 | Minors reportedly “gave consent”.                                                             | Ethical issue: minors generally provide assent, while guardians provide consent. |
| Ethical Considerations             | No ethics committee approval number.                                                          | Mandatory for publication in most indexed journals.                              |
| Results Lines 71–79                | Socioeconomic and family variables insufficiently defined.                                    | Ambiguity limits reproducibility and interpretation.                             |
| Results Lines 81–86                | Percentages do not always sum logically.                                                      | Requires data verification and statistical consistency check.                    |
| Results Lines 87–93                | Abuse characteristics insufficiently detailed.                                                | Missing duration, severity, age at onset, disclosure delay.                      |
| Results Lines 94–                  | Diagnostic overlap unclear.                                                                   | Need clarification whether                                                       |

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| Section / Line                       | Issue Identified                                                                 | Reason for Major Revision                                               |
|--------------------------------------|----------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| 105                                  |                                                                                  | comorbidities are mutually exclusive.                                   |
| Results Lines 95–100                 | High prevalence of acute stress disorder may reflect referral bias.              | Requires discussion and methodological caution.                         |
| Results Lines 106–122                | Developmental impact described qualitatively without validated instruments.      | Reduces scientific reliability of conclusions.                          |
| Results Lines 123–128                | Reasons for follow-up dropout appear speculative.                                | No systematic assessment method described.                              |
| Discussion                           | Extremely long and disproportionate to sample size.                              | Discussion exceeds strength of available data.                          |
| Discussion Lines 137–143             | Historical/legal overview excessively narrative.                                 | Needs condensation and stronger scientific focus.                       |
| Discussion Lines 151–160             | Comparisons with other studies lack methodological contextualization.            | Cross-study comparisons may be misleading.                              |
| Discussion Lines 185–192             | Bowlby attachment theory discussion overly theoretical.                          | Speculative interpretations unsupported by study data.                  |
| Discussion Lines 225–245             | Neurodevelopmental explanations too extensive.                                   | Review-style discussion disproportionate for observational case series. |
| Discussion Lines 256–266             | Neurobiological mechanisms not directly studied.                                 | Overinterpretation beyond study findings.                               |
| Discussion Lines 281–303             | Discussion of borderline personality disorder and Ferenczi concepts speculative. | Concepts not assessed in cohort; scientific overreach.                  |
| Discussion                           | Frequent causal language despite retrospective descriptive design.               | Study design only supports associations, not causality.                 |
| Therapeutic Approaches Lines 318–345 | Treatment strategies insufficiently standardized.                                | No therapeutic protocol or outcome evaluation described.                |
| Therapeutic Section                  | Medication doses mentioned without prescribing rationale.                        | Ethical and methodological clarification needed.                        |
| Follow-up Section                    | Loss to follow-up interpretation speculative.                                    | Requires structured data collection or limitation acknowledgment.       |
| Perspectives Lines 362–374           | Recommendations not sufficiently derived from study findings.                    | Need stronger linkage between results and recommendations.              |
| Conclusion Lines                     | Conclusions stronger than data                                                   | Overgeneralization from small                                           |

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|----------------------------|----------------------------------------------------------------|-----------------------------------------------------------------------|
| 375–383                    | support.                                                       | retrospective sample.                                                 |
| Key Points                 | Some points repeat discussion content.                         | Needs conciseness and prioritization.                                 |
| References                 | Several references inconsistently formatted.                   | Journal style and citation formatting need correction.                |
| References                 | Some web references incomplete or unstable.                    | Need DOI or permanent source links where available.                   |
| Entire Manuscript          | Numerous spacing, punctuation, and formatting inconsistencies. | Requires substantial language and editorial revision.                 |
| Entire Manuscript          | French scientific writing occasionally repetitive and verbose. | Manuscript requires linguistic condensation and professional editing. |
| Entire Manuscript          | No limitations subsection.                                     | Essential for transparency in observational research.                 |
| Entire Manuscript          | No strengths section.                                          | Needed to balance interpretation and contextualize contribution.      |
| Overall Scientific Quality | Study mainly descriptive with limited methodological rigor.    | Requires major restructuring before publication consideration.        |

### ***Overall Editorial Recommendation: MAJOR REVISION***

#### **Main Reasons**

**Methodological weaknesses** (absence of analytical statistics, unclear diagnostic standardization, lack of validated tools).

**Over-interpretation of findings** beyond the scope of a small retrospective cohort.

**Insufficient ethical and statistical reporting.**

**Discussion excessively theoretical and disproportionate** to the actual data-set.

**Need for major language, formatting, and structural revision.**

#### **Required Before Reconsideration**

Clarify methodology and statistical analysis.

Add ethics approval details.

Reduce speculative/theoretical discussion.

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Include study limitations explicitly.

Improve data consistency and presentation.

Revise conclusions to align with evidence level.

Perform professional French language editing.