

Social Support for Child Abuse Cases in Institutional Care

*Abdul Razak Abd Manaf, Norliza Mokhtar
College of Arts and Sciences Universiti Utara Malaysia, Malaysia
*a.razak@uum.edu.my

Abstract: The purpose of the study is to initially examine the experience and interpretation of support received by the sexual abuse victims living in institutional care. Five teenage female participants were interviewed. Preliminary results of this qualitative study revealed a number of critical issues that may be considered seriously by the stakeholders. One of the concerns is the on-going traumatic experiences faced by the victims. Dealing with several psychosocial challenges, participants are more likely to share their problems and get support from their peers that are close to them in comparison to the staffs in the institution. The findings of this study suggested a number of social work implications that must be addressed regarding the welfare and well-being of sexual abuse victims.

Keywords: *Sexual abuse, victims, children, institutional care, Malaysia*

1. Introduction

Children sexual abuse cases are long documented phenomenon and are increasing in the country (Utusan Malaysia, 11 August 2013). Nonetheless these remain a complex issue to be fully understood. These sexual abuse cases among children are considered a very private affair of family internal problem' which usually un-reported (Pipe, Lamb, Orbach & Cederborg, 2013). The impact of sexual abuse is critical and enormous. The sexual abuse can provide long-lasting traumatic effects on the children's well-being (Hyman, Gold & Cott, 2003; Anwar, 2011; Nor Shafrin, 2012; Steel, Sanna, Hammond, Whipple & Cross, 2004). Mental disturbance and negative perceptions or deleterious beliefs (Browne & Finkelhor, 1986) such as self-critical, feeling helpless, hopeless and self-blame are the impact suffered by the victims. These children also suffer from stress, feeling confused and guilty, undergoing fear, depressed, sensing traumatic experience and having difficulty in forming relationships when they grow up (Lianny, 2004; Salina, Fauziah, Suzana & Zaizul, 2012). In terms of behavioural consequences, the victims are usually aggressive to their friends and other younger children, having a tendency to run away from home, playing truancy and involving in drug problems (Muhammed & NurDiyana, 2012; Finkelhor & Browne, 1985). In this context, many efforts have been planned and are being undertaken by various parties to address the issue. At this point, child abuse cases are under the jurisdiction of the Department of Social Welfare (DSW). Under the Child Act 2001, DSW provides care, protection and rehabilitation to children under the age of 18 years (Social Welfare Department Annual Report, 2009). Children affected by abuse are placed in the institutional care or Children Homes for ascertain period of time as determined by the Court for Children (Pathmanathan, 2009). In line with the objectives to ensure that the care, protection, rehabilitation and development of the children are provided in an effective and efficient manner, DSW provides a comprehensive system of social support for total recovery especially emotional salvage to these victims.

The institutional care which is called Children Homes under the auspicious of the government is established to deal with cases of abused children and those children who are in need of special protection. In this regard, the institution is expected to provide support system to the children and addressing any related issues in a systematic, structured and quality service in a professional manner. This includes academics education, human development programs, early intervention programs to read and write, and vocational skills training (Social Welfare Department Annual Report, 2009). Various routine and ad-hoc programs or activities also being conducted such as counselling, spiritual exercises, leisure and sports in the institution (Abdul Razak, Zakiah, Rusimah, & Ahmad Shukri, 2010). It assures that the responsibilities of child protection are implemented in accordance with the concept of the best interests of the child given their terrifying experiences of being sexual abuse victims. In this regard, the role of DSW and Children Home are very important as a medium to meet all aspects of child protection needs of the victims. As a child gazetted institution, Children Home has a massive and comprehensive role to provide substitute

care to children in need of protection by focusing on the growth and development of physical, emotional and mental health of the family institution (RumahKanak-kanak, JKM). Until May 2012, there were 1,500 children in need of protective services in an institution with 515 are boys and 985 are girls. Of the total, 379 children were reported to have been sexually abused, 355 are girls and the rest are boys (Social Welfare Statistics, 2012). Despite various support systems being laid out and provided in the institution, its effectiveness in helping these sexual abuse victims remains a question mark. According to Frost, Mills and Stein (1999), this is the reality that theory and practice of direct services to children in institutional care and protection has always been controversial to be discussed. As can be seen from related studies (for example, Siregar, 2011; Azizah & Azelin, 2004; Feiring, Taska & Lewis, 1998), sexually abused children portray various personality and behavioural problems as well as being mistreated by the society at large. However, in the face of those woes and maladies, there are many victims who are able to adapt and function effectively in their lives. One of the factors contributing to this situation is the existence of social support received (Hyman, Gold & Cott, 2003). The well-being of these children is assumed achievable and guaranteed if they receive formal as well as informal social support from the institution and society at large. Notwithstanding this promising premise, Wilson's classic work (1978) pointed out that the sexual abuse survivors did not receive the support and services which they need during the recovery process.

In line with significant contribution of support received by the sexually abused children, Siregar (2011) found that children are more dependent on formal support received especially from the staffs and social workers. These children acknowledged that they are comfortable expressing problems to institutional workers against their own family and friends at the institution. They believe that the supports provided by these workers give them strengths to overcome their trauma. In contrast to a study carried out by Feiring, Taska and Lewis (1998), the sexually abused children elucidated that family support they received is crucial in helping them undergo the recovery process and manage traumatic experience accordingly. These children also revealed that supports from friends and peers did not assist them in dealing with their concerns. While the impact of the sexual abuse is continuously written and discussed around the globe, issues on support system provided to the victims are not commonly articulated in the established local literature especially to those who are residing in the institutional care in Malaysia. In regard to this, given various issues of support received by the sexually abused children within rehabilitation and institutional settings, in addition to limited studies related to the issue in Malaysia, this study was undertaken to conceptualize social support being experienced by the sexual abuse victims in institutional care.

2. Methodology

Sampling method and ethics: This study used a qualitative research approach. Qualitative method is used with the assumption that it is the most appropriate method to explore the understanding of the respondents and to get a view of the issues studied (Corbin and Strauss, 1990; Holloway & Todres, 2003). Five participants aged 12 to 18 years old from one of the institutional care centres in Pahang Malaysia were involved in this study. The selection of participants was purposive sampling. Children with history of sexual abuse were selected. Researchers have done several procedures before making the selection of participants. Researchers have applied to the DSW for permission in getting information about the selected participants. After obtaining the permission and consent from DSW, researchers contacted the principal of the institutional care and started the selection of the participants. Participants were given explanation from the researchers about the purpose of research. Participants had also been given a description of their rights such as on issues of confidentiality, anonymity and counselling assistance in case they require during and after the interview sessions. .

Instrument: In this study, in-depth semi-structured interviews were utilized. The semi-structured interview which allowed for flexibility and openness, depends on a set of loosely structured questions and tries to guide the conversation (Hesse-Biber & Leavy, 2006; Punch, 2004; Strauss & Corbin, 1998) was considered a vital tool to help unload this phenomenon of social support. By using this instrument, participants were allowed to express the meanings and their experiences of social support within their own frame of reference. The interview protocol was formulated to guide the researcher in addressing the intended focus of the study.

Data Collection and Data Analysis Techniques: All the interviews were recorded and transcribed. Thematic analysis was used to analyse the data. It was performed by transcribing the collected data, compiling the data, extract into the units, performing the synthesis, compiling into a pattern, choosing what is important and relevant to the context of the study and finally five developing themes were identified.

3. Results and Discussion

Participants' Profile: All of the participants are incest victims. Three of the victims were sexually abused by biological father, one victim was sexually abused by stepfather and one child was molested by biological brother. Participants' age is within 12 years old to 17 years old.

Impact of Sexual Abuse: Participants admitted that the incident of sexual abuse is still haunting them and traumatic. The result also showed the existence of a high level of stress and trauma. All respondents reported that they were being seriously threatened if telling the truth to other people, including their biological mother. Three respondents felt ashamed and have low self-esteem to get along with others. Two respondents reported that they repeatedly and continuously remember the incident which leading to bad dreams. Another respondent revealed that feeling of fear arose when dealing with an individual of the opposite sex. The incident affects their ability to 'comfortably' form relationship with other individuals especially the opposite sex. Studies suggested that the most common problems exhibited by child victims include affective disorders; anxiety and fear, depression; learned helplessness; aggressive and antisocial behaviours; self-destructive behaviours; psychopathology; poor self-esteem; and problems with interpersonal relationships (Lusk & Waterman, 1986). It is well documented that the trauma of sexual abuse is associated with psychological maladjustment that begins shortly after the abuse and continues into adulthood (Hyman, Gold & Cott, 2003). In relation to this, several factors mediate the impact of any type of abuse on children. These factors include the age of the child at the time of the abuse, the chronicity, the severity, the relationship to the offender, the level of threats to the child, the emotional climate of the child's family prior to the abuse, the amount of guilt the children feels, the sex of the victim, and the parental response to the child's victimization (Gil, 2012). Having this issue of stressful and traumatic experiences emerged across the interviews with the participants; support system provided by the institution could possibly help those victims in managing their concerns. It is hope that the presence of social support would act as a buffer to high levels of stress and could protect suffering individuals from developing symptoms and other maladaptive behaviours (Cohen & Wills, 1985; Heller, Swindle & Dusenbury, 1986).

Support from Family Members and Significant Relatives: Participants in this study commented that their family and significant close relatives always give full support to them to deal with the trauma. These 'family members' provide continuous emotional and spiritual supports even though these victims are physically distant from the family. In addition to this, participants also hope their family members and close next of kin to continuously keep in contact with them and provide supports to them. This hope may be due to the fact that the participants can only communicate with their mother or significant others through telephone or letter. Once admitted into the centre, the communication with these peoples only through phone calls and a letter or a visit by the family which is seldom a case. This has caused them to feel sad and disappointed with the situation. Related to this, a study by Tremblay, Hébert & Piché (1999) found that behavioural difficulties were less intense and self-worth more positive in children who felt supported by their parents. This is further supported by Feiring, Taska and Lewis (1998) in their study of sexually abused children and adolescents, where they found that parental support were related to lower levels of depression and higher self-esteem among the victims.

Peers as a Critical Source of Support: Participants in this study elucidated that peers in the institutional centre become a source of social support especially in terms of emotional care. Supportive relationships that they gain from their fellow peers help them in one or another to overcome their sexual traumatic experience as well as other daily problems that they are facing. The findings indicated the participants are keener to share their problems with their peers that are close to them. They feel that the presence of peers was found to be helpful in their efforts of ignoring and confronting the hardship that they have been undergone through. They indicated that friendships and good examples of fellow peers around them helped them to feel supported and role model to follow with. They further clarified that supports received from peers who believed in them helping them to believe in themselves and feel good about themselves.

This preliminary result did not coincide with the study by Siregar (2011), which suggested that children are more dependent on staffs and social workers to overcome the trauma in the protection centre. In that study, the victims were more comfortable expressing problems to the staffs in the institution against their own family and friends. Furthermore, Tremblay, Hébert and Piché (1999) found that support from peers did not aid significantly in adjustment. Meanwhile Feiring, Taska & Lewis (1998) in their study of sexually abused children also indicated that support from peers did not lead to an increase in psychological adjustment.

Insignificance Supports from Staffs In The Institution: In this study, participants are reluctant to share their problems or concerns with staffs at the institution. They are not ready and willing to disclose anything and everything to the staffs because they think they cannot 'trust' these people and they are not friendly-enough to secure meaningful relationships. All respondents also agreed that it hard to deal with the staff if it relates to their personal problems. Most staff did not show a friendly attitude towards children. The participants revealed that the staffs are very firm and easily punish the children even for minor offenses. These children also added that most staffs were not consistent with what they said especially in terms of punishment, rules and regulation issues. Therefore, the children felt uncomfortable to talk and share their problems. This finding is in contrast to Siregar's study (2011) which denoted the significant contribution of staffs in the institution as a formal provider in supporting the well-being of the children. In relation to this, it is especially important for sexual abused children to feel accepted and respected by staffs or their social workers. Many sexual abused children fear or mistrust social workers and the social systems (Langely, 2010) due to various reasons. The helping and therapeutic relationships will not be established and brought about positive change until and unless the staffs show good therapeutic alliance and environment as well as quality service in treating children especially to these special, potential group of abused victims.

Material and Infrastructural Supports by the Institution Are Adequately Addressed: This study revealed that material and infrastructural supports are adequately addressed by the institution and met the needs of the participants. All five respondents also said that the DSW gave a lot of supports to them in terms of physical needs, academic necessities and material requirements to help them coping with their problems and issues. All participants were very satisfied with the physical facilities provided at the Children Home and they got no critical negative feedback or complaint on this matter. Even though the interviews found that the children feel comfortable living in the institution, with its complete and adequate physical resources, it did not please them at all. All respondents would prefer to be with their families and this is a vital issue to be seriously pondered upon.

4. Implications of the Study

Findings of this study suggest a number of social work implications. Participants residing in the institutional setting demonstrate need for continuous mental health care and related services to address their issues and problems. In accordance to this, psychosocial and mental health interventions by professional helpers including social workers to help these children coping with their traumatic experiences must be provided. Secondly, the institution must focus on harnessing continuous support from professional workers. Efforts to provide knowledge, skills and training for institutional workers to deal with sexual abuse victims in best interest of the child should be intensified so that quality service can be delivered effectively. In addition to this, the institution could find ways to reengineer and strengthen peer-group interventions. As portrayed in this study, peers in the institutional care are the main players or individuals in supporting their fellow sexual abuse victims. Therefore efforts should be aggressively carried out to inculcate or equip these children with right knowledge and skills to deal with their issues and concerns so that positive effect on treatment outcome could be achieved efficiently through peer-group support systems.

Last but not least, role of family members and significant others should be strengthened and highly-engaged. Involvement of significant family members is crucial for the intervention efforts to be fruitful and effective as they are the main sources of support system to the children's well-being. Since these children will one or another go back and stay with family members or close relatives after leaving the institutional setting, the contribution of families in helping them is critical. Treatment is more effective when parents are involved and can have significantly improved lives (Landsverk, Burns, Stambaugh & Rolls Reutz, 2009). For that reason, any intervention efforts must include significant family members as

they are sources of support system of the children. To conclude, supportive social networks and close personal relationships have been linked to an impressive array of positive health related outcomes (Shonkoff, 1984). Collaboration between institution as a formal service provider and family or significant others are crucial in helping these sexual abuse victims to achieve their total well-being. Therapeutic relationships exercised among the stakeholders could significantly be recognized as essential to the betterment of psychosocial and behavioural functioning of the victims in their pursuit of positive change.

Limitations of the Research and Future Studies: This study is qualitative in nature and could be better if it is being conducted using mix-methods. The participants of the study were selected in one of the residential care centre and all of them were female participants. Future studies could include other institutional care in the country and male participants so that the results of the study could be generalized and applied in a wider population.

References

- Abdul Razak A. M., Zakiah, J., Rusimah, S. & Ahmad Shukri, A. H. (2010). Kajiankeberkesanan program danaktivitirumahkanak-kanakkepadabekaspenghuniRumahKanak-Kanak. GeranJabatan Kebajikan Masyarakat.
- Azizah O. & Azelin, A. (2004). Fenomenasumbang mahram di kalanganmasyarakat Islam di Malaysia.Laporandibentangkanpada Seminar AntarabangsaNilaidalamKomunitiPascaModenisme (SIVIC 2004), 4-6 September.
- Browne, A. & Finkelhor, D. (1986). Impact of child sexual abuse: A review of the research. *Psychological Bulletin*, 99(1), 66-67.
- Cohen, S. & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin*, 98(2), 310-357.
- Corbin, J. & Strauss, A. (1990). Basics of qualitative research: Grounded theory procedures and techniques. London: Sage Publications.
- Feiring, C., Taska, L. S. & Lewis, M. (1998). Social support and children's and adolescents' adaptation to sexual abuse. *Journal of Interpersonal Violence*, 13(2), 240-260.
- Finkelhor, D. & Browne, A. (1985). The traumatic impact of child sexual abuse: A conceptualization. *American Journal of Orthopsychiatry*, 55(4), 530-541
- Frost, N., Mills, S. & Stein, M. (1999). Understanding residential child care. England: Ashgate Publishing Limited.
- Gil, E. (2012). The healing power of play: Working with abused children. New York: Guilford Press.
- Heller, K., Swindle, R. W. & Dusenbury, L. (1986). Component social support processes: Comments and integration. *Journal of Consulting and Clinical Psychology*, 54(4), 466-470.
- Hesse-Biber, S. N. & Leavy, P. (2006). The practice of qualitative research. Thousand Oaks, CA: Sage Publications.
- Holloway, I. & Todres, L. (2003). The status of method: Flexibility, consistency and coherence. *Qualitative Research*, 3(3), 345-357.
- Hyman, S. M., Gold, S. N. & Cott, M. A. (2003). Forms of social support that moderate PTSD in childhood sexual abuse survivors. *Journal of Family Violence*, 18(5), 295-300.
- Landsverk, J. A., Burns, B. J., Stambaugh, L. F. & Rolls Reutz, J. A. (2009). Psychosocial interventions for children and adolescents in foster care: Review of research literature. *Child Welfare*, 88(1), 49-69.
- Langely, R. T. (2010). Child protection, the courts and social worker. New York: Nova Science Publisher.
- Lianny, S. (2004). Tindakankekerasanpadaanakdalamkeluarga. *JurnalPendidikanPenabur*, 3(3), 129-139.
- Lusk, R. & Waterman, J. (1986). Sexual abuse of young children. New York: The Guilford Press.
- M-Anwar, F. (2011). Dinamikapsikologiskekerasanseksual: Sebuahstudifenomenologi. *Psikoislamika*, 8(2), 191-208.
- Muhammed, S. M. & NurDiyana, A. R. (2012). Kesanpsikologidanben tuksokongananakderaanseksual. *Journal of Educational Psychology & Counselling*, 6(6), 30-49.
- Nor Shafrin, A. (2012). Penderaanseksual: Keperluan criteria pegawai, puncapenderaan, dankestidakdilaporkan. *Sosiohumanika*, 5(1), 81-92.
- Pathmanathan, A. L. R. N. (2009). Implementasihakkanak-kanak (CRC) di RumahKanak-Kanak. Tesis master tidakditerbitkan, Universiti Malaya, Kuala Lumpur.
- Pipe, M. E., Lamb, M. E., Orbach, Y. & Cederborg, A. C. (Eds.). (2013). Child sexual abuse: Disclosure, delay, and denial. New York: Psychology Press.

- Punch, K. F. (2004). Introduction to social research: Quantitative and qualitative approaches. London Sage Publications.
- RumahKanak-kanak, J. K. M. (2013). Diaksespada 27 Februari 2013, di <http://www.jkm.gov.my/oldsite16082013/index.php?option=comcontent&view=article&catid+59&3Ainstitusi-kanak-kanak&id+128%3Arumah-budak-laki-laki-tun-abdul-azizi&Itemid+66&Lang=ms>
- Salina, N., Fauziah, I., Suzana, M. H. & Zaizul, A. R. (2012). Kajiankes inses bapa-anakperempuan: Memahamipengalamandariperspektifmangsa. e-BANGI: *JurnalSainsSosialdanKemanusiaan*, 7(1), 46-58.
- Shonkoff, J. P. (1984). Social support and the development of vulnerable children. *American Journal of Public Health*, 74(4), 310-312.
- Siregar, B. (2011). Program perlindungananakmelaluirumahperlindunganansosialanak (RPSA). Jakarta: P3KS Press.
- Social Welfare Department Annual Report. (2009). Kuala Lumpur.
- Social Welfare Statistics. (2012). Kuala Lumpur.
- Steel, J., Sanna, L., Hammond, B., Whipple, J. & Cross, H. (2004). Psychological sequelae of childhood sexual abuse: Abuse related characteristics, coping strategies, and attributional style. *Child Abuse & Neglect*, 28(7), 785-801.
- Strauss, A. & Corbin, J. (1998). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (2 ed.). Thousand Oaks, CA: Sage Publications
- Tremblay, C., Hébert, M. & Piché, C. (1999). Coping strategies and social support as mediators of consequences in child sexual abuse victims. *Child Abuse & Neglect*, 23(9), 929-945.
- Utusan Malaysia. (2013). 4000 kanak-kanakdideratahunlepas – Menteri. Diaksespada 24 Ogos 2013 di http://www.utusan.com.my/utusan/DalamNegeri/20130811/dn_21/4000-kanak-kanak-dideratahun-lepas---Menteri#ixzz2cwEjEENV
- Wilson, P. R. (1978). The other side of rape. Brisbane: University of Queensland Press.