



Family stress experience in dealing with child victims of sexual violence

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KEYWORDS

Child;
Sexual violence;
Family;
Stress

Abstract

Objective: Stress is one of the responses experienced by families with child victims of sexual violence. The purpose of this study was to explore in depth the stress experienced by families dealing with child victims of sexual violence.

Method: This qualitative study employed the phenomenology approach. A purposive sample of six families participated in the study. Data were analyzed using Colaizzi's method.

Results: This study discussed the experience of family with children who are victims of sexual violence. This study generated the following 5 themes: 1) sexual violence and the subsequent behavior changes in children as a source of family stress; 2) Family stress as a response to changes in the family process; 3) social support as sources of the family's strengths; 4) spiritual activities for coping with stress, and 5) parenting changes as a family learning and evaluation.

Conclusions: Results suggested the development of the School Mental Health Unit to help families, and the community, identify and prevent sexual violence. In addition, the School Mental Health Unit would be a useful source for students who experience sexual violence to function well at school.

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Introduction

Childhood is an important stage of life that must be loved and protected. Nevertheless, today's conditions, including poverty, unemployment, low morality, and the role of information technology has been contributing to violence against children, including exploitation and trafficking¹. A large population, particularly of children, has led to Indonesia becoming one of the most targeted sources of human trafficking. The population of Indonesia has reached 258,708,986 individuals², making it the fourth most populous country in the world. In addition, there are approximately 89.5 million

children in Indonesia, accounting for over one-third of the total population (37.66%)³.

UNICEF indicated that poverty puts children at a higher risk of exploitation, harassment, violence, discrimination, and stigmatization⁴. Of these, violence has become a major problem in Indonesia. Child abuse is physical, sexual, or emotional violence; kidnapping; and neglect committed by relatives or others⁵. Violence against children is more prevalent in West Borneo due to economic inequalities, low educational level, and geographical conditions. Similarly, children trafficking is higher in this region⁶. Victims are forced to work as sex workers or laborers. The Commission for Child Protec-

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tion (KPAI) of West Borneo Region reported that there were 39 cases of violence against children in 2011; this figure increased considerably to 56 cases in 2013, and the number of cases had nearly doubled to 101 cases in 2015; majority of these cases were sexual abuse and neglect⁷.

Sexual violence against children includes child fondling, intercourse, sodomy, rape, exploitation through prostitution or pornography material for manufacture⁸. Violence can affect the quality of life of children⁹. A study showed that sexual violence led to self-negligence, low self-esteem, and altered behavior such as sleep and activity disturbances¹⁰. Another study revealed that sexual violence resulted in nutritional problems, sleep disturbances, and social isolation¹¹. Furthermore, violence impeded their development to a higher level. Adults who had experienced sexual violence in childhood reported facing difficulties in fulfilling development tasks, including in their marriage and work lives¹².

Families play an essential role in supporting child survivors of sexual violence. Emotional support from parents, especially mothers, helped children deal with the feelings of guilt and self-blame¹³. Families of children who experienced sexual violence might be stressed out, and furthermore, depressed¹⁴.

Method

This qualitative research employed the phenomenology design, and aimed to explore the family experience of living with child victims of sexual violence. The study was conducted in the province of West Borneo, Indonesia. A purposive sample of six families was involved in this study with the following inclusion criteria: 1) families with children who were victims of sexual abuse by a perpetrator who was not a family member; 2) families of children who were victims of sexual violence by someone who acted as the primary caregiver for the child at home, and 3) the participants were willing to participate in the study and signed the informed consent form provided.

Instruments in this qualitative study were the researchers themselves. The capability of the researchers was tested by having trials of in-depth interviews. The researchers were equipped with a recorder, interview guidelines sheets, and field notes to record the results of observation during the interview process, including the environmental situation and non-verbal communication expressed by the participants.

Data were collected using in-depth interviews. The study was conducted by upholding the principles of autonomy, beneficence, and justice. Data from interview transcripts and field notes were quoted verbatim, and analyzed by Colaizzi's method. The legality and the validity were determined using the following 4 steps: 1) credibility; 2) dependability; 3) conformability, and 4) transferability.

Results

Study participants were six nuclear families (parents) with children who were victims of sexual violence in West Borneo. The families were represented by 2 males and 4 females with ages ranging from 31-54 years. On average, the highest educational level of the participants was elementa-

ry school. The job types of the participants varied from private employees, farmers, and unemployed. All participants in the study were of the Islamic faith. The participants were of Java, Malay, Bugis, and Sambas origins.

There were 4 male and 4 female children, and their ages ranged from 3-17 years. The types of violence experienced by children were sodomy, sexual abuse, and rapes. The length of childrearing was 6 months to 5 years.

This study generated the following 5 themes: 1) sexual violence and the subsequent behavioral changes in children as a source of family stress; 2) family stress as a response to changes in the family process; 3) social support systems as sources of the family's strengths; 4) spiritual activities for coping with stress, and 5) parenting changes as a family learning and evaluation.

Theme 1. Sexual violence and the subsequent behavior changes in children as a source of family stress

Sexual violence might cause some changes in the children, thereby causing family stress. The changes include rebelling or being irritable and lazy. In addition, the children might show decline in academic performance.

The participants' statements are listed below:

"My son has been more irritable recently. He was an obedient child, but after the violence a year ago, he changed, he sees his parents like friends whom he can mad and yell at" (P1).

"This is also a headache for me; after the incident, she/he rebels, becomes emotional, irritable" (P5).

"Another problem is: I (am) frequently contacted by his/her teacher, and a year after the incident, she repeated a grade" (P3).

Theme 2. Family stress as a response to changes in the family process

Families reported physical changes, including changes in sleep and eating patterns, and other physical complaints:

"I could not eat, my child's problem made me feel so weak" (P1).

"I found all foods bland" (P2).

"I fainted, I had my diabetes relapsed because of that incident" (P6).

"I could not sleep at night thinking of what has happened to my child" (P4).

Families also reported psychological changes as follows:

"I always blame myself; this incident has taught me a lot, because prior to the incident, I was so busy with works" (P2).

"I become more emotional after the incident. I often yell at my children" (P1).

"It was a shame, a disgrace to the family. Everyone knew I felt so ashamed, everyone knew our disgrace" (P4).

"I am afraid that my child will do the same (sodomy) in the future, because, as people say, those who do this were the victim in the past, and that is the fear I have in mind right now" (P1).

Social changes are illustrated below:

"Perhaps for 3-4 days I felt lazy. I was very lazy to work" (P2).

"I barely ever leave the home. I usually sit alone because I feel ashamed that this happened" (P4).

"I was a seller, but ever since that incident, I don't go working anymore. I used to sell cakes at my usual pitch close to a farm, but now I don't want to work anymore" (P5).

Theme 3: Social support as a source of the family's strength

Social support came from large families:

"My family gave supports, especially my sister. My husband and my sister talked to my son not to do the same thing to his mother. They also said that if his mother knew, she would not let that thing happen to him" (P1).

"My mother-in-law gave an advice. She said that I have to face everything happened" (P2).

"When that happened, all families in Pontianak supported and motivated us" (P4).

"I got full supports from families and my children in particular" (P6).

Other support came from neighborhoods and local leaders:

"There were no changes in relationships with neighbors; even they supported us" (P1).

"I and the local leaders immediately reported the incident to have a medical exam" (P4).

The last source of support included the Ministry of Social Affairs, KPAI, and nongovernmental organizations (NGOs):

"Alhamdulillah (Thank God) we were helped by the government through KPAI" (P6).

"I got supports from the local government and the Ministry of Health after the incident" (P5).

"Because we got sympathy from the NGOs and KPAI" (P4).

Theme 4: Spiritual activities for coping with stress

Families managed stress with various social activities:

"I am selling things, doing sports, having activities, and talking with neighbors, I do all these things as usual" (P2).

"I managed my stress by doing sports, I don't think about it over, when someone asks to go out, then I will go and (temporarily) forget it" (P6)

Families also reported coping with stress by participating in spiritual activities:

"I managed my stress by being busy with activities, such as reciting Quran, doing my hobby like playing rebana, participating in study groups (pengajian) every Friday noon or night, doing dzikir [praying] with friends. These make me feel calm" (P5).

"I pray, recite Quran; whenever I have a chance, I recite Quran. I can only pray to God, that there would be a silver lining for what has happened to my child" (P1).

Theme 5: Parenting changes as a family learning and evaluation

The families learned how to deal with the problems related to the sexual violence against their children and its impacts on the children and the family process. The first parenting change in the family was supervising their children:

"Although my other child is still young, I will keep an eye on her (pointing to the younger child). I was afraid and traumatized. I keep a constant watch on her when she plays with her nieces or inside her room. Once is enough; I would never expect this to happen again" (P1).

"I keep my children and never allow them to leave home. Even if he/ she wants to leave, I have to know where and what for" (P4).

The second parenting change is improving communication with the children:

"As a family, we could only give advices, for instance, ask them not to late come back home at night" (P2).

"Yeah, teaching them, giving them advices, and directing them" (P6).

The third parenting change is showing affection to the children:

"I used to spend my time at work, but now most of my time is spent with my family" (P2).

Discussion

Stress experienced by families whose children are victims of sexual violence can cause several changes in the family, especially to the primary caregiver. Caregivers are those who fully care for an individual, and can be the family, relatives, or otherwise¹⁵. Stress might contribute to family dysfunctions, or disturbances in the physical, psychological, and

spiritual aspects of one or more of the family units¹⁶. Changes in the family process including physical and psychological changes. Physical changes included disturbances in sleep and nutritional pattern. Meanwhile, psychological changes included feelings of guilty, disgrace, disappointment, worry, and anxiety.

Behavioral changes in children include being rebellious; feeling emotional, irritable, or unmotivated; and exhibiting declined academic performance. Sexual violence would not only affect the victims' physical conditions¹⁷, but also affect their maturity and mental health.

The source of family support might come from large/extended families, the community, and the government. The ability of the family to cope depends on external and internal factors. The coping strategy adopted by the family could also be classified into strategies of community, relationship, cognitive aspects, and spirituality.

There were changes in the parenting pattern as a learning process in response to the experience of sexual violence. Parenting pattern is the way parents motivate their children to change their behaviors, knowledge, and values. Parenting modification that might be done: included adequate supervision, communication enhancement, and affection. Warm behaviors along with modification have been proven to decrease the unintended behaviors of children¹⁸.

Conclusions

This study discussed the experience of families with children who were victims of sexual violence. The study generated the following 5 themes: 1) sexual violence and the subsequent behavioral changes in children as a source of family stress; 2) family stress as a response to changes in the family process; 3) social support systems as sources of the family's strengths; 4) spiritual activities for coping with stress, and 5) parenting changes as a family learning and evaluation. The results of the study suggested the development of School Mental Health Unit to help families, and the community, identify and prevent sexual violence. In addition, the School Mental Health Unit would be a useful source for students who have experienced sexual violence to function well at school.

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Conflicts of interest

The authors declare no conflicts of interest.

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