



Professional proximity in perceiving child sexual abuse in residential care: The closer the better?



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Introduction

Over the past decades several studies have been conducted into the prevalence and incidence of child sexual abuse (CSA) in residential youth care (Allnock & Barns, 2011). At the same time, the number of academic publications on CSA is still modest. Nevertheless some patterns, relating to the nature and scale of CSA in residential care, emerge. First of all, research has made it clear that perpetrators are not primarily adults. Findings from several studies indicate that half of the cases of sexual abuse reported by children in residential homes involved a peer (Barter, 1997; Morris, Wheatly & Lees, 1994). Westcott and Clement (1992) found in their study that half of the reported cases of sexual abuse involved a male peer perpetrator who also lived in the institution. A similar percentage of male peer perpetrators was reported in recent studies on sexual abuse in Dutch residential settings (Euser, Alink, Tharner, Van Ijzendoorn & Bakermans-Kranenburg, 2013; Timmerman, Schreuder, Harder, & Dane, 2012). Secondly, although perpetrators are usually (though not exclusively) men, both boys and girls are victims (though girls more often than boys). A third pattern of CSA in residential youth care concerns the vulnerability of children and young people with a history of sexual abuse: while staying in a residential home, they run a greater risk of once again becoming victims of abuse than children and young people with no such history (Hukkanen, Sourander, Bergroth & Piha, 1997; Lindsay, 1999).

When searching for explanations for CSA in residential youth care, it is important to look not only for individual factors, but also for contextual ones, e.g. the institutional culture, the sexual culture and the gender ideology within the institution (Green, 2005). The style of communication within the residential home and the loyalties of those involved, are influenced by existing hierarchies among and between staff and children, as well as by the extent to which an institution is open or closed. The ways in which the topic of sexuality can be broached, together with the institution's gender ideology, set the tone for permissible and non-permissible ways of relating and responding to each other. These aspects are barely touched on in research studies (Timmerman & Schreuder, 2014).

Considering the incidence rates of CSA in residential care, the research literature has indicated that figures reporting on the scale of sexual abuse in residential care should be viewed with great caution. Sexual abuse percentages vary according to definitions and respondents' experiences. For instance, is sexual abuse in residential care reported by the young victims themselves or by the professionals working in the institution? Reports of sexual abuse also vary according to the victim's age: children tend to regard only very serious forms such as rape as sexual abuse. On the other hand, young people and professionals are less inclined to consider adolescence-related sexual explorations as potentially harmful. Sexual abuse percentages also vary according to the methodology used (surveys, ethnographic studies, case studies, case-file analyses). For example, extensive lists of items which enquire into many different sorts of sexual abusive behavior tend to yield a higher incidence rate compared to largely general questions involving the experience of sexual abuse (Timmerman, 2005; Timmerman & Bajema, 1999).

For professionals working in residential youth care, not seeing their young clients on a daily basis may further complicate an accurate estimate of the incidence of sexual abuse. Of course, professionals do not see every incident of sexual abuse between young clients or between young clients and professionals. As such, they cannot know the "truth" about the scale, types or harmfulness of sexual abuse of young people in residential care (the proverbial "tip of the iceberg"). Some studies have compared the incidence rates reported by professionals who work in residential youth care, to self-reports of children and young people who have been the victim of sexual abuse in residential care. In a recent Canadian study, the concordance in occurrence of sexual abuse was measured among residential treatment care workers ($n = 14$), youth ($n = 53$) and their file reports from child protection services (Milne & Collin-Vézina, 2014). This study found a high degree of agreement between residential young clients and professionals as to the occurrence of sexual abuse (70%); an additional 15% of the young people claimed that sexual abuse had taken place, while professionals suspected it (but were not sure). Furthermore, professionals reported a further 15% of cases of sexual abuse in residential care situations where youngsters reported no sexual abuse. Research in Poland found different degrees of agreement between professionals and young people's perspectives in residential care settings regarding different forms of sexual abuse (Nobody's Children Foundation, 2009–2010).

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High concordance was found on sexual exposure and rape: 13% of professionals and 10% of youth reported the occurrence of sexual exposure; and 11% of both professionals and youth reported the occurrence of rape. Disagreement was found concerning the occurrence of verbal harassment (8% of professionals and 24% of youth), touching private body parts (19% of professionals and 10% of youth) and Internet recruitment (2% of professionals and 13% of youth).

In sum, previous research indicates a varying, but none the less relatively high degree of similarity (or correspondence) between youths' and professionals' reports of incidents of sexual abuse in residential homes. Professionals and youth do not always agree on the occurrence of different forms of sexual abuse in residential care, but generally speaking, professionals seem to make good estimates about the occurrence of sexual abuse as experienced by the adolescents themselves.

However, it can be assumed that not all professionals who work in residential youth care are equally likely to be aware of the occurrence of CSA. For instance, social workers who work with children on a daily basis might be more likely to perceive signals of sexual abuse, compared to professionals who see the young residents less frequently. At the same time, children and adolescents might find it easier to confide in professionals they are very familiar with. From attachment theory and ecological theory, the importance of having a close and secure relationship for the development of trust, support and reciprocity, is well established (Bowlby, 1988; Bronfenbrenner, 1979; Degner, Henriksen & Oscarsson, 2010). Young people in residential care often lack a basic sense of trust in and support from their parents: this stresses the need for other significant adults, e.g. professionals, who can provide a safe and confident relationship. From a public health perspective it is important to gain more insights in the conditions that can improve professionals' expertise and sensitivity regarding CSA.

In this study we examine whether professionals who are 'in the frontline' of residential care perceive more incidents of CSA than other professionals who meet the children less frequently. In residential youth homes, different types of professionals are employed, developing different types of relationships with the young clients. Some professionals can be regarded as 'substitute parents', taking care of the children in a domestic setting ('frontline professionals'), while other professionals are responsible for treatment programs for each child individually ('treatment professionals'). Frontline professionals are also literally more close to the young clients than treatment professionals as they are present in the residential settings during the day or night, taking care of the children. Treatment professionals are less often present, they see the children only incidentally for treatment, and therefore it might be assumed that they have a less close physical relationship with the young residents. From the perspective of attachment theory and ecological theory, we expect that the first group of professionals to perceive CSA in the residential homes more often than the second group of professionals.

Method

Sample and procedure.

In 2011–2012 we conducted a nation-wide study into sexual harassment and sexual abuse of children and adolescents in Dutch residential care, a study commissioned by the Dutch government (Commissie Samson, 2012). This study was a population-based research project as all Dutch care institutions providing residential youth care were included. The address lists of the national youth care organizations were used to approach 256 institutions and locations at their contact addresses (Sociale Kaart Jeugdzorg 2010, 2009). Most residential institutions ($n = 164$; 64%) agreed to participate by filling in a questionnaire. The reasons for non-response were not always provided, e.g. some institutions feared the study would cause unrest within the institution. The questionnaires were filled in anonymously. In all, 354 respondents sent back a completed questionnaire, relatively equally distributed all over the country. Institutions and locations of only one

province – out of 12 provinces in the Netherlands – did not participate in the study.

Questionnaire.

A written and/or digital questionnaire was sent to all residential youth care institutions in the Netherlands. The questionnaire was designed specifically for this survey, based on previous research on the nature and scale of CSA in residential youth care. The main questions in the research project involved the extent and types of sexual abuse in child and youth residential care. The survey comprised 16 composite questions. The first part contained general questions about the institution and/or organization where the respondent worked (type of care, institution's prior history, respondent's job and number of years' work experience), along with questions about the institution's target group (gender composition, age groups).

The second part of the survey contained questions about sexual abuse of children and young people in the residential homes. The respondents were asked to report on incidents, suspected incidents and rumors of sexual abuse (number, year, nature of sexual abuse and perpetrator(s)) that happened in the residential homes while they were employed in the institution. Most of the questions in the survey were of the closed-response kind, including where appropriate the option of 'Other, namely...'. The average time taken to complete the survey was 20 min.

Respondents.

The 354 respondents who sent back a completed questionnaire held one of the following positions: educational staff member, childcare worker, social worker, non-residential counsellor, family counsellor, senior executive and board member, care manager, team manager, team leader, unit head, institution manager, line manager. Also other professionals who provide treatment to the young people living in the residential homes, e.g. psychologists, remedial educationalists, filled out a questionnaire. In some cases there were responses from several respondents per institution, for example, an executive staff member and a head of treatment or educational staff member. Their period of employment at the institution varied widely, ranging from five months to 39.6 years. The respondents who completed the questionnaire had worked an average of 11.9 years in their institution ($SD = 9.3$).

The professionals can be categorized into three groups, based on the degree of proximity to the children and young people in the residential care settings:

1. 'frontline' professionals ($N = 124$), working as youth care worker in residential groups. These professionals take care of children and young people in residential care on a daily basis;
2. 'treatment' professionals ($N = 107$), working as psychologist, remedial educationalist, etc. These professionals see the children and young people for intake and further treatment regularly (e.g. once a week), but not daily.
3. management and secretarial staff ($N = 123$), who are not in a professional relationship with the children and young people in the residential care settings.

Analysis.

Associations between groups of professionals and number of definite and suspected incidents are examined by using a non-parametric test (the Mann-Whitney U Test). Test results below $p < 0.05$ were interpreted as statistically significant.

Results

All professionals were asked to report on the number of cases of sexual abuse they knew of, while being employed in the residential organization (Table 1).

In all, 220 (62.1%) of the 354 respondents reported one or more cases of sexual abuse, making a total of 750 cases. The vast majority of these were 'definite' – in other words, involving an incident known within the organization and also known to respondents themselves

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