THE EFFECT OF PSYCHOSOCIAL SUPPORT ON SEXUALLY ABUSED CHILDREN WITH DISABILITY

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ABSTRACT

Child sexual abuse has been addressed in Bangladesh since the early 1990s.Sexual abuse of children with disabilities, today, is an under reported phenomenon due to the inability of victims to report, lack of awareness of direct service providers to recognize and understand the meaning of signs of sexual abuse, and due to their reluctance to comply with mandated reporter laws and responsibilities.

In 2012 study the World Health Organization (WHO) found that worldwide children with disabilities are almost three times more likely to be sexually abused than non-disabled peers. The study also found that children with cognitive or mental health disabilities are nearly five times more likely to suffer such abuse.

Another study was conducted jointly by the Bangladesh Protibondhi Foundation (BPF) and Save the Children Sweden-Denmark in 2010. The result of the study showed that half of all the disabled children in Bangladesh are sexually abused, mostly by close relatives.

Psychological approaches to helping children in Bangladesh recover from sexual abuse have emerged in the last few years. However, Bangladesh Protibondhi Foundation have set up 'counseling' units as psychosocial support and have tried to full recognition of the holistic approach required to address child sexual abuse with adequate training, standards and protocols necessary to produce healing environments and effective interventions in support of the child .

The present study will be conducted with those children with disability who are already identified as sexually abused assessed by the clinic of Bangladesh Protibondhi Foundation The study will show the effect of psychosocial support including different types of counseling psychotherapy and home based psychological services for this children by pre and post test of their self-esteem, loneliness and anxiety level.

BACKGROUND

Child sexual abuse is the exploitation of a child or adolescent for the sexual gratification of another Person. Child sexual abuse is an horrific crime against children, boys and girls, and describes when a child is used by an adult or adolescent for their sexual means and stimulation. This, not surprisingly, can cause severe problems in the children future lives. It can be soul destroying for any individual, as it's such a violation of trust that a lot of people find hard to overcome, and can cause many problems at later stages of life.

Children living in adverse condition are more likely to be in abusive situation which may include physical or sexual abuse, and exploitation characterized by street child, child labor, child domestic workers, or youth offender. It may take the form of violation of rights such as family violence and neglect, conflict with arms and war, law enforcement; acid violence, sexual exploitation and child trafficking etc.

Causes of children living in adverse condition

- Poverty, ignorance and low level of education
- Adult's attitude toward children, social taboo e.g. blaming the children
- Inappropriate laws and ineffective implementation
- Power structure of the society
- Parenting; low participation of children in families.
- Lack of children participation in family and society
- Patriarchal nature of the society
- Unequal power structure and relation such as gender, age, class, disability, cast, religion etc.
- Existing violence in the society including violence against children.
- Stereotyped gender discrimination

Research Finding

From 2012 study of the World Health Organization (WHO) found that worldwide children with disabilities are almost three times more likely to be sexually abused than non-disabled peers. The study also found that children with cognitive or mental health disabilities are nearly five times more likely to suffer such abuse.

Child sexual abuse has been addressed in Bangladesh since the early 1990s. Breaking the Silence (BTS) was one of the first organizations in South Asia to address CSA. They began raising awareness on the issue in 1993. The Centre for Training and Rehabilitation of Destitute Women (CTRDW) provides shelter and day care for pregnant unmarried young girls and women, many of whom have been sexually abused and/or trafficked, and alienated from their families and communities. A study was conducted jointly by the Bangladesh Protibondhi Foundation (BPF) and Save the Children Sweden-Denmark (2010). The result was that half of all the disabled children in Bangladesh are sexually abused, mostly by close relatives.

APPROACHES TAKEN BY BPF

1. Psychological:

Helping children in Bangladesh recover from sexual abuse have emerged in the last few years. However, Bangladesh Protibondhi Foundation have set up 'counseling' units as psychosocial support and have tried to full recognition of the holistic approach required to address child sexual abuse with adequate training, standards and protocols necessary to produce healing environments and effective interventions in support of the child .

Depending on the age and sometimes gender of the child, different experiential techniques and approaches were applied .The activities of BPF fell into several major categories as follows:

- Individual Counseling
- Group Counseling
- Family Counseling
- Home visit
- Community awareness raising
- Sexuality or life skills Workshop

2. Client-centered:

The basic belief of client-centered therapy is that people are essentially good having the tendency to guide, regulate, and control him towards self actualization. Person-centered theorists believe that the person is capable of finding a personal meaning and purpose to live. For a healthy self to emerge, a person needs positive regard- love, warmth, care, respect, and acceptance. But throughout the life from childhood a person receives conditional regard from parents and others, thus learning to behave in certain ways to feel valued only through confirming to other's wishes. Incongruity between self perception and experiences creates a gap between the ideal self and real self, which further leads to alienation and maladjustment.

The basic premise is that once the proper conditions for growth are established, the client will be able to gain insight and take positive steps towards solving personal difficulties.

3. Family Counseling:

Conceptualize the System Theory

1. Families are system having properties with more than the sum of the properties of their parts.
2. The operation of such system is governed by certain general rules.
3. Every system has a boundary, the properties of which are important in understanding how the system works.
4. The boundaries are semi-permeable, that is to say some things can pass though them while others cannot.

5. Family systems tend to reach relatively, but not totally, steady states. Growth and evaluation are possible, indeed usual. Change can occur, or be stimulated, in various ways.
6. Communication and feedback mechanism between the parts of a system are important in the functioning of the system.
7. Events such as the behavior of individuals in a family are better understood as examples of circular causality, rather than as being based on liner causality.
8. Family systems, like other open system, appear to be purposeful.
9. Systems are made up of subsystems and themselves are parts of larger subsystem.

4. Cognitive Behavior Therapy:

Cognitive behavioral therapy (CBT) is a psychotherapeutic approach that addresses dysfunctional emotions, maladaptive behaviors and cognitive processes and contents through a number of goal-oriented, explicit systematic procedures. The name refers to behavior therapy, cognitive therapy, and to therapy based upon a combination of basic behavioral and cognitive principles and research. Most therapists working with patients dealing with anxiety and depression use a blend of cognitive and behavioral therapy. This technique acknowledges that there may be behaviors that cannot be controlled through rational thought. CBT is "problem focused" (undertaken for specific problems) and "action oriented" (therapist tries to assist the client in selecting specific strategies to help address those problems

Cognitive Behavioral Therapy for Child Sexual Abuse (CBT-CSA) is a treatment approach designed to help children and adolescents who have suffered sexual abuse overcome posttraumatic stress disorder (PTSD), depression, and other behavioral and emotional difficulties. The program helps children to: learn about child sexual abuse as well as healthy sexuality; therapeutically process traumatic memories; overcome problematic thoughts, feelings, and behaviors; and develop effective coping and body safety skill.

Play, art and drama were used to release emotions and expression. As for adapting methods appropriate to age or gender, several groups reported using play therapy with very young children, and art and drama with older children. Drama therapy with the children as a method to reverse roles and explore abuse as an issue of power, relaxation and meditation as part of the healing process, direct and immediate crisis intervention.

Objectives

To show the effect of psychosocial support on sexually abused children with disability.

Method

Study Design

Mixed method (QUAN-qual)

Mixed methods research refers to all procedures collecting and analyzing both quantitative and qualitative data in the context of a single study (sensu lato Tashakkori and Teddlie 2003).

Study Location

The study was carried out in three project areas of Bangladesh Protibondhi Foundation—Mirpur, Dhamrai, Kishorgonj.

Study Population

The present study was conducted with those children with disability who are already identified as sexually abused assessed by the study was conducted jointly by the Bangladesh Protibondhi Foundation (BPF) and Save the Children Sweden-Denmark (2010).

Sample

The survey was conducted on 30 sexual abused children with disability. Among them 20 (66.67%) were females and 10 (33.33%) were males with the age range between 7 to 18 years.

All participants were selected from the project area of Bangladesh Protibondhi Foundation. 10 (33.33%) children from Mirpur, 10(33.33%) from Dhamrai and 10(33.33%) from kishoregonj .

Scales and Instruments:

Quantitative data collection Instruments

1. The Wechsler Intelligence Scale for Children (WISC-R): developed by Wechsler, is an individually administered intelligence test for children between the ages of 6 and 16 inclusive that can be completed without reading or writing. The WISC takes 65–80 minutes to administer and generates an IQ score which represents a child's general cognitive ability.

The original WISC (Wechsler, 1949) was an adaption of several of the subtests which made up the Wechsler–Bellevue Intelligence Scale (Wechsler, 1939) but also featured several subtests designed specifically for it. The subtests were organized into Verbal and Performance scales, and provided scores for Verbal IQ (VIQ), Performance IQ (PIQ), and Full Scale IQ (FSIQ). A revised edition was published in 1974 as the WISC-R

(Wechsler, 1974), featuring the same subtests however the age range was changed from 5-15 to 6-16. The third edition was published in 1991 (WISC-III; Wechsler, 1991) and brought with it a new subtest as a measure of processing speed. In addition to the traditional VIQ, PIQ, and FSIQ scores, four new index scores were introduced to represent more narrow domains of cognitive function: the Verbal Comprehension Index (VCI), the Perceptual Organization Index (POI), the Freedom from Distractibility Index (FDI), and the Processing Speed Index (PSI).

2. The Bengali version children's Loneliness Scale: was developed by Asher Hymel and Renshaw (1984) and translated into Bengla by Sultana (2006).

There are 20 items in the Bangla version of Children's Loneliness Scale.

a) Loneliness item (16 items) and

b) Filter items (4 items)

Test-retest reliability of the Bangla version was highly significant (r=0.779,p<o.ooo5). The alpha coefficient was as high as 0.99, indicating a high internal consistency of the scale.

Each item of the Loneliness scale has five alternative responses ; " always true", "true "confused", "not true", and "not at all true ". From these alternative answers the respondent put a tick mark on one that would be most suitable for him/her. Scores of respondents is calculated as "always true "=1,'' true"=2,"confused =3,"not true"=4, and" not at all true"=5 for non-lonely item and for lonely item follows the reverse pattern of scoring and filter item is scored zero.

Lonely items are 2, 5, 7, 10, 11, 14, 15, 16, 17 and 20.

Non-lonely item are 1, 3, 6, 8, 13, and 18.

Filter items are 4, 9, 12, and 19.

The total score is completed by adding the obtained scores of each individual item. The maximum possible score is 80 and the minimum is 16. High score indicates greater loneliness or social dissatisfactions of the child and vice versa.

3. The Bengali version children's Self-esteem Scale: constructed by Rosenberg (1965)is considered one of the best scales specially designed to measure self-esteem. The items of the Self –Esteem Scale were translated and adapted into the Bengali version Monzur Ahmed, Dr mir R. Islam and Sanzida Zohra Habib(1995), department of psychology, University of Rajshahi. The scale consist of 10 item and has a 4 point response format ranging from strongly agree to strongly disagree, with the agree and disagree response of the middle. Scores of respondent is calculated as "strongly agree"=1,"agree"=2,"disagree"=3 and "strongly disagree"=4

for or negative items and for positive item follows the reverse pattern of scoring. Negative items are 3,5,8,9 and 10. The total score is computed by adding the obtained scores of each individual item. The maximum possible score is 40 and the minimum is 10.Hig score indicates high self-esteem of the respondent and vice versa.

The test –retest reliability coefficient measured for the total score was found to be 0.60(1-tailed sig. at -0.001level) the reliability coefficient found between the two parallel versions of the Self-esteem Scale was 0.81 (1-tailed sig. at -0.001level). In order to test the internal reliability, internal consistency of the items self –esteem scale was measured by computing Cronbach alphas. The alphas were .88 and .71 found from the paralleled from reliability data (N=28 and the test –retest reliability data (N=57) respectively.

Qualitative data collection Instrument

To collect data for case study interviews were taken through structured and also unstructured open-ended questionnaires.

1) Observation Schedule: Sociometry was used to record the interaction of the sexually abused children with disability.
2) Case History form: Case history form was used to collected data from the case about different area like Personal history, family history, birth history, social and behavioral checklist, speech and language checklist, and educational checklist. This Case History Form is adapted from the Sample Background Questionnaire from the Book on "Assessment of Children, Behavioral and Clinical Application Forth Edition by Jerome M. Sattler.
3) Interview schedule for Teacher, Parents and the case: Unstructured open ended schedule was followed for teacher, parents and the sexually abused children with disability.

Procedure

To show the effect of psychosocial support on sexually abused disable children pretest and post test was conducted. Approval from the organization was sought and obtained for the researcher to conduct the study prior to data collection. Data of the present study were collected by personal interview technique. Necessary Rapport was established before administering the questionnaire as the research process will be go through over the year. Researcher was required to explain the purpose of the study, however and to explicitly seek the consent of the children and their parents as they are disabled regarding participation, as well as to ensure that their responses were kept either anonymous or confidential.

The questionnaires were distributed to the children. Most of the time, they had to respond with the help of their parents and researcher as they are disabled children. Although there was a written instruction on the front page, the Ss were also given a brief verbal instruction as stated below:

This questionnaire has been developed to know some information about yourself. Read or actively listen the questionnaire and choose your answer to each of the statements from among the categories of responses marked by putting tick. These categories of responses actually indicate different degrees of agreement and disagreement as mentioned in the example in the example given on the front page of the booklet. There is no right or wrong answer for the statements; just select the one which you think to be appropriate in your case.

To collect data for the case, researcher went to home of the case as well as observed as observed at school. Researcher went to home with proper permission from school authority and also parents of the case. After provided psychosocial support including individual counseling, group counseling, family counseling, Person centered approach, psychotherapy and home based psychological services over the year then same questionnaires were provided to the same participants.

Data analysis plan

All the data collected from participants were transferred into numerical code. Then all the data were processed and analyzed through computer using the SPSS 12.0.

The loneliness scale was scored by summing all the 10 items. These item raw scores and subscale scores were used for correlational analysis.

Results

The obtained data was first analyzed by computing Mean(x), standard Deviation (SD) and Pearson Correlation.

Table-1: Mean (X) and standard Deviation (SD) of Self-esteem and Loneliness Scale (N=30)

Variables	Mean	SD
Self-esteem	3.78	2.867
Loneliness	30.61	13.194

All obtained score were significantly high than the average that indicated sexually abused disable children has low self-esteem and lonely in their life.

Table-2: Correlation of Self-esteem, loneliness (N=30)

	Self-esteem	Loneliness
Self-esteem Pearson Correlation Sig.(2-tailed)	1	.874(**)
Loneliness Pearson Correlation Sig.(2-tailed)		

**Correlation is significant at the 0.05 level (2-tailed).

Correlation of the 2nd table indicates that there is significant positive correlation between self-esteem and loneliness. That means a disable child who is sexually abused with low self-esteem influences his or her loneliness.

Table-3: Pre and post test of IQ were done before and after the Psycho-social Support

ID no.	Gender	Age(years)	IQ Score Obtained in pre test	Age(years)	IQ Score Obtained in post test
1	Female	8	WISC-R,Full scale=40,verbal=49, performance=41	9	42
2	Female	9 years	WISC-R, Full scale=40,verbal=49, performance=41	10	41
3	Male	8 years	DDST, DA= 4	9	5
4	Female	11 years	WISC-R, Full Scale=49	12 yrs	50
5	Female	1 4	WISC-R, Full scale=40, verbal=47, performance= 41	1 5 years	40.3
6	Male	13	WISC-R, Full scale=41, verbal=47, performance= 42	14	43
7	Female	14	WISC-R, Full scale=49, verbal=49, performance= 47	15	49

8	Female	17	WISC-R, Full scale=51, verbal=49, performance= 47	18	52
9	Male	15	WISC-R, Full scale=49, verbal=49, performance= 47	16	49
10	Female	17	WISC-R, Full scale=52, verbal=49, performance= 42	18	52
11	Male	18	WISC-R, Full scale=49, verbal=49, performance= 47	19	49
12	Female	18	WISC-R, Full scale=52, verbal=50, performance= 49	19	54
13	Female	17	WISC-R, Full scale=50, verbal=49, performance= 47	18	51
14	Male	13	WISC-R, Full scale=49, verbal=49, performance= 47	14	49
15	Female	13	WISC-R, Full scale=43, verbal=40, performance= 49	14	45
16	Female	13	WISC-R, Full scale=44, verbal=40, performance= 45	14	45

17	Male	14	WISC-R, Full scale=51, verbal=50, performance= 49	15	52
18	Female	13	WISC-R, Full scale=51, verbal=50, performance= 49	14	52
19	Female	14	WISC-R, Full scale=52, verbal=50, performance= 49	15	53
20	Female	13	WISC-R, Full scale=50, verbal=49, performance= 48	14	53
21	Male	14	WISC-R, Full scale=48, verbal=45, performance= 42	15	49
22	Female	13	WISC-R, Full scale=52, verbal=50, performance= 49	14	54
23	Male	13	WISC-R, Full scale=42, verbal=40, performance= 45	14	45
24	Female	15	WISC-R, Full scale=49, verbal=50, performance= 49	16	49
25	Male	14	WISC-R, Full scale=52, verbal=50, performance= 49	15	53

26	Female	15	WISC-R, Full scale=50, verbal=50, performance= 49	16	50
27	Male	16	WISC-R, Full scale=52, verbal=50, performance= 49	17	52
28	Female	17	WISC-R, Full scale=51, verbal=50, performance= 49	18	51
29	Female	16	WISC-R, Full scale=50, verbal=50, performance= 49	17	52
30	Female	15	WISC-R, Full scale=49, verbal=51, performance= 49	16	49

Table: 4

Pre and post test of Self-esteem Scale were done before and after the Psycho-social Support

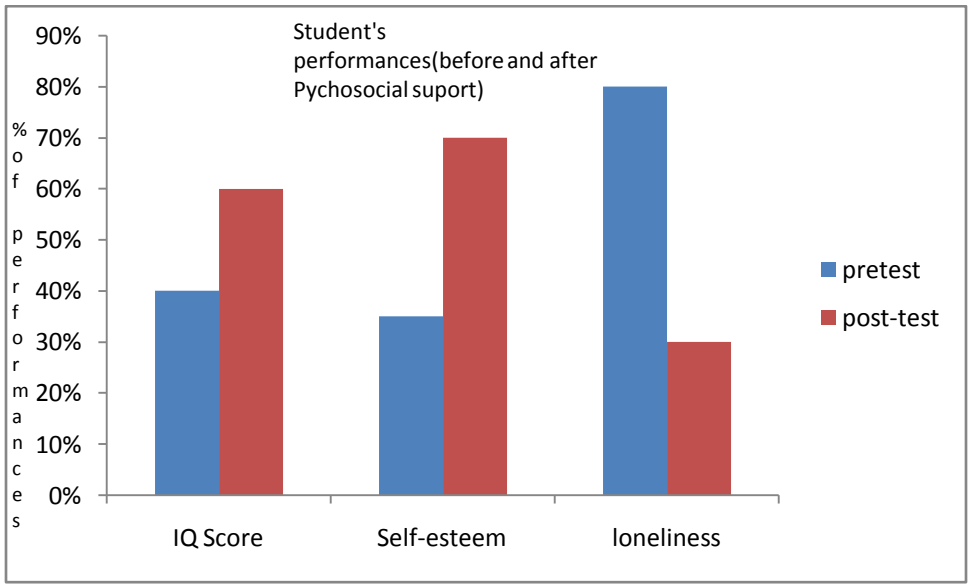
Id	Gender	Age	Self-esteem Score(pretest)	Age	Self-esteem Score(pos-test)
1	Female	8	15	9	23
2	Female	9	17	10	20
3	Male	8	15	9	20
4	Female	11	16	12	21
5	Female	1 4	17	15	23
6	Male	13	12	14	17
7	Female	14	14	15	20
8	Female	17	20	18	25
9	Male	15	19	16	23
10	Female	17	17	18	24
11	Male	16	13	17	20
12	Female	17	14	18	20
13	Female	17	17	18	26
14	Male	13	15	14	20
15	Female	13	16	14	20
16	Female	13	15	14	19
17	Male	14	17	15	19
18	Female	13	18	14	17
19	Female	14	20	15	18
20	Female	13	25	14	20
21	Male	14	20	15	19
22	Female	13	20	14	18
23	Male	13	18	14	19
24	Female	15	17	16	20
25	Male	14	17	15	20
26	Female	15	18	16	26
27	Male	16	15	17	19
28	Female	17	14	18	24
29	Female	16	17	17	26
30	Female	15	16	16	23

Table: 5

Pre and post test of loneliness scale were done before and after the Psycho-social Support

Id	Gender	Age	Score of loneliness Scale (pos-test)	Age	Score of loneliness Scale(pos-test)
1	Female	8	71	9	32
2	Female	9	67	10	30
3	Male	8	65	9	30
4	Female	11	66	12	32
5	Female	1 4	60	15	35
6	Male	13	62	14	37
7	Female	14	74	15	35
8	Female	17	79	18	40
9	Male	15	61	16	31
10	Female	17	62	18	35
11	Male	16	69	17	38
12	Female	17	74	18	37
13	Female	27	77	18	36
14	Male	33	65	14	30
15	Female	13	66	14	39
16	Female	13	65	14	39
17	Male	14	57	15	32
18	Female	13	78	14	37
19	Female	14	75	15	38
20	Female	13	79	14	30
21	Male	14	67	15	33
22	Female	13	72	14	37
23	Male	13	79	14	34
24	Female	15	78	16	39
25	Male	14	69	15	35
26	Female	15	68	16	36
27	Male	16	75	17	39
28	Female	17	74	18	34
29	Female	16	77	17	26
30	Female	15	66	16	33

Table-6



From the comparing of pre-evaluation and post-evaluation assessment of their IQ, Self-esteem and loneliness it is found that 80% children showed significant improvement, which in turn, indicated that psychosocial support with medical treatment and Special Intervention could bring children's overall progress.

DISCUSSION

The main purpose of the proposed study was to investigate the effect of psychosocial support on sexually abused children with disability .For this purpose Wechsler Intelligence Scale for Children (WISC-R),The Bengali version Children's Loneliness and Self-esteem Scales were administered to 30 children before and after the psycho social support. Among them 20 (66.67%) were females and 10 (33.33%) were males. The age range of the participant was 7 to 18 years old and average was 13.

All participants were selected from the project area of Bangladesh Protibondhi Foundation. 10 (33.33%) children from Mirpur, 10(33.33%) from Dhamrai and 10(33.33%) from kishoregong

The obtained data was first analyzed by computing Mean(x), standard Deviation (SD) and Pearson Correlation. All obtained score were significantly high than the average that indicated sexually abused disable children has low self-esteem and lonely in their life . Correlation of the 2nd table indicates that there is significant positive correlation between self-esteem and loneliness. That means a disable child who is sexually abused with low self-esteem influences his or her loneliness. From the comparing of pre-evaluation and post-evaluation assessment it is found that 80% children showed significant improvement, which in turn, indicated that psychosocial support with special Intervention could bring children's overall progress which support the previous research.

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