



FAMILY CHARACTERISTICS AND SOCIAL FUNCTIONING ASSOCIATED WITH DURATION AND FREQUENCY OF CHILD SEXUAL ASSAULT



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ABSTRACT

Article History

Received: 28 May 2018

Revised: 1 August 2018

Accepted: 5 September 2018

Published: 15 October 2018

Keywords

Family

Child

Sexual assault

Social functioning

Support system

Intervention.

This study reports the sexual abuse of children in Sabah, Malaysia. The objective of this study is to analyze the relationship between family characteristics and social functioning associated with the duration and frequency of sexual assault on the child survivors. Eighty children who reported sexual assault through a One Stop Crisis Centre in an urban hospital were studied. The main research instrument used was adapted from the Inner Interaction Scale of Social Functioning (IISF). The results of the study show that there are significant differences in the social functioning of victims according to the frequency of sexual assault, but not according to the duration of assault. That is the social functioning symptoms of achievement and expectation was significantly different according to the frequency of sexual assault. The relationship of the variables family characteristics, frequency and duration of sexual assault as well as the social functioning of the victims is important for social workers both to understand and to take note of in intervention work with child sexual assault survivors who report their abuse. The implications of these findings were also discussed in the context of the provision of crisis intervention support for child victims of sexual assault by social workers in Malaysia.

Contribution/ Originality: This study is one of very few studies which have investigated family characteristic of child sexual assault victims and their social functioning. These findings are important area of contribution to social policy and social work practice by filling a knowledge gap in local context.

1. INTRODUCTION

The problem of child abuse is a well-recognized phenomenon in many countries, including in Malaysia. In Malaysia, the problem of child sexual abuse (CSA) as one of the types of child abuse has increasingly received public and professional attention with data derived mainly from reported cases. Police data on rape cases (below 18 years of age) reported a total of 2234 cases in 2007, 2507 cases in 2008, 2700 cases in 2009 and 2658 cases in 2010 (Royal Malaysian Police Department, 2011). This increase may be attributed to more cases being reported as a result of an increased awareness on child rape issues and more services developed for rape survivors locally (All Women's

Action Society (AWAM), 1999); (Raja, 2002). However, considering that these figures reflect only reported cases, the actual number of child rape each year is assumed to be even higher.

In the state of Sabah in Malaysia, Police data on reported cases of child sexual abuse (eighteen years old and below) from 2007 to 2011 showed 131 cases in 2007, 176 cases in 2008, 183 cases in 2009, 165 cases in 2010 and 16 cases until 12 April 2011 respectively (RMPD, 2011). One Malaysian study (n = 19) looked at a mixture of physical and sexual abuse cases to determine the incidence and demographic factors associated with child abuse (Edward, 2003; Fahrudin and Edward, 2009). Their findings reported more girl victims compared to boys in a ratio of 3:1. The majority of the abusers were parents. Another Malaysian study (n = 101) reported sexual abuse cases of children ranging in age from 1.5 to 16 years and that children who lived without one or both of their natural parents were at greater risk of abuse by family members and individuals outside the family (Kassim and Kasim, 1995).

Assault trauma can be described as having two theoretically separate dimensions (Ruch and Chandler, 1983). First, is the type of sexual assault trauma experienced by the victim of sexual abuse. More specifically this refers to the emotional problem (e.g. anger, depression and so on) that the victim experiences as a result of the abuse. Second, is the level of sexual assault trauma found in the victim of sexual abuse. This refers to the extent the person is affected by the abuse event (e.g. mildly or moderately affected). This variation in victim responses to trauma is important for mental health professionals to note from the time of initial case assessment and subsequent follow-up in order to plan for an appropriate intervention for such victims. Other research has found that children also experience post-traumatic stress reactions that can persist for a long time. This is so because of a number of factors such as the type of abuse, the identity of the perpetrator and the duration of their abuse (Matsakis, 1994; Leibowitz *et al.*, 1999). Demographic factors of age, psychiatric treatment history, physical health problems and socio-economic status were found to predict the duration of depressive symptoms. It was also found that individual differences in severity of symptoms were related to an earlier history of sexual assault (Cohen and Roth, 1987). Edward (2003) found that the social functioning of the child sexual abuse victims is dependent on their coping behaviour; namely how they handle trauma.

2. PURPOSE OF THE STUDY

On the basis of the above background problems, this research was carried out for the following reasons:

- a) To obtain an overall picture of the socio-demographic characteristics of child sexual abuse victims in Sabah, Malaysia.
- b) To identify the effects of sexual assault on the child victims in terms of their social functioning according to the duration and frequency of sexual assault experienced by these victims.
- c) To identify the social functioning of child sexual assault victims according to the family characteristics (type of family and family structure).

3. RESEARCH METHOD

3.1. Location of the Study

An urban Hospital in the state of Sabah in Malaysia was chosen to gather the data for this research. This hospital is able to capture sexual abuse cases for the West Coast and the Interior areas of Sabah. This hospital also actively operates a One Stop Crisis Centre with the accompanying specialized services to manage social crises including sexual assault cases. After undergoing medical assessment all sexual assault cases will subsequently be referred to the medical social worker for further psychosocial assessment and intervention.

3.2. Subject

A sample of 80 children and adolescents who were referred to this urban hospital for medical examination of sexual abuse complaints were recruited from consecutive admissions or outpatient (specifically from the One Stop Crisis Centre in the Casualty Unit), to participate in this study. To be included in this study, participants had to (a) have no evidence of acute psychosis and (b) able to communicate and understand the national language, Bahasa Malaysia. The participants comprised of 76 females and 4 males. Their ages ranged from 9 to 18 years, with a mean age of 14.73 (SD=2.08).

3.3. Instrument, Validity and Reliability

The researcher developed the instrument for demographic data, while the instrument for trauma was adapted from the Trauma Symptom Checklist for Children (Briere, 1996). A pilot study was carried out on 20 children with a history of sexual assault. The data from this pilot study was then analyzed using the SPSS for windows version 17 to find the alpha reliability using the Cronbach Alpha method. The result of the analysis of the Trauma Scale for Sexually Assaulted Children indicates moderate to high reliability (See Table 1). This means the scales are perceived to be reliable and can be used in the present study.

Table-1. The result of Reliability Tests

Scale / Subscale	Alpha Values	No. Of Items
SOCIAL FUNCTIONING	0.9083	69
Achievement	0.8935	12
Satisfaction	0.6268	12
Expectation	0.6351	11
Frustration	0.9166	10
Stress	0.9310	11
Helplessness	0.9620	13

Source: Data from research 2016

3.4. Procedure

The subjects were interviewed face-to-face for approximately 30 minutes to build up a rapport and explain the objectives of the research. Demographic information was gathered during the face-to-face interview. After the rapport building session, participants completed the questionnaires independently over a total time of 40 to 75 minutes with the researcher available to answer any questions during this period. For those subjects below 12 years of age, the researcher read the questions together with each subject and the subject answered the questions independently.

4. RESULT OF THE STUDY

4.1. Characteristics of the Child Sexual Assault Victims

The descriptive analyses findings on the demographic information of the child victims of sexual assault are presented in Table 2 to Table 6.

Female victims accounted for 95 percent while male victims accounted for only 5 percent. The ages ranged from 9 to 18 years, with a mean age of 14.73 and standard deviation of 2.08 years. Victims from fifteen to eighteen years old accounted for 57.3 percent, slightly higher than the range of victims from nine to fourteen years old, which accounted for 43.7 percent. The highest number of victims were Kadazan-dusun with 45 percent, followed by Bajau 10 percent, Chinese and Brunei with 7.5 percent each, Rungus 5 percent, Malay 3.8 percent, Murut 2.5 percent, and 18.8 percent from other races such as Suluk, and Timorese-Kadazan.

Table-2. Gender, Age, Race, Education and Employment of the Child Sexual Assault Victims

Characteristic	Frequency	Percentage
Gender		
Male	4	5.0
Female	76	95.0
Age		
9 to 14 years old	35	43.7
15 to 18 years old	45	57.3

Source: Data from research 2015

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Source: Data from research 2016

Most of the victims had formal education, with 66.3 percent having attended secondary school. Only 2.5 percent had no formal education. 56.3 percent of the victims currently are students, while 18.8 percent are working, 3.8 percent are jobless and 21.3 percent are helping in their home.

Table-3. Family Type and Structure of the Child Sexual Assault Victims

Variables	Frequency	Percentage
Types of family		
Nuclear	34	42.5
Extended	45	56.3
Family structure		
Parents divorced (stay with one parent)	3	3.8
Stay with stepfamily members (parent remarried)	11	13.8
Stay with relatives		
Staying alone	16	20.0
Stay with own parents	2	2.5
	48	60.0

Source: Data from research 2016

Victims who came from the extended family were 56.3 percent and 42.5 percent were from the nuclear family. Where victims sheltered after the abuse event showed 60 percent stayed with their own parents, 3.8 percent were with one of the parents (parents divorced), 13.8 percent were with stepfamily members (with a parent who had remarried), 20 percent were with other relatives and 2.5 percent stayed alone.

Table-4. Types, Duration, and Frequency of Child Sexual Assault

Variables	Frequency	Percentage
Types of abuse		
Sexual intercourse only	3	3.8
Molest only	0	0
Oral only	0	0
Sexual intercourse, molest and oral	75	93.8
Using objects only	2	2.5
Duration of the abuse		
Short term (0 – 6 months)	48	58.75
Medium term (6 – 12 months)	16	20.0
Long-term (> 12 months)	16	21.25
The frequency of the abuse		
Ever (Once)	19	23.8
Seldom (Once / month)	35	43.8
Often (2 – 3 times / month)	26	32.5

Source: Data from research 2016

The types of sexual abuse were mostly a combination of sexual intercourse, molest and oral which constituted 93.8 percent. For the duration of the sexual abuse, 59 percent happened within a period defined as short-term (0 – 6 months), 20 percent were medium term (6 – 12 months), while long-term (more than 1 year) were 21 percent. For frequency of the sexual abuse, 44 percent of victims reported Seldom (once a month), 32 percent reported Often (more than once a month), and 24 percent reported Ever (once).

Table-5. Relationship of Abuser to the Child Victim of Sexual Assault

Relationship of the abuser to victim	Frequency	Percentage
Friend	15	18.8
Boyfriend (intimate friend)	8	10.0
Neighbour	4	5.0
Visitor	1	1.3
Relative	5	6.3
Schoolmate/colleague	1	1.3
Father	14	17.5
Stepfather	6	7.5
Stranger	11	13.8
Others (bus driver and friend's friend)	15	18.8

Source: Data from research 2016

On the relationship of the abuser to the victim, 68 percent reported sexual abuse by a known person and 32 percent reported abuse by an unknown person (stranger or others). Out of the total, abuse by father, stepfather and relatives comprised 31 percent, fathers being the largest group.

Table-6. Descriptive Data of Variables

Variables	Mean	Std Dev.
Sociodemographic data		
Age	14.73	2.08
Race	5.39	2.64
Types of Family	1.60	0.57
Family Structure	4.84	1.63
Types of Abuse	3.91	0.60
Relationship with abuser	6.96	4.60
Duration of Abuse	1.31	0.67
Frequency of Abuse	2.11	0.80
Social Functioning	197.55	20.79
Achievement	34.60	4.41
Satisfaction	33.46	10.27
Expectation	28.80	2.16
Frustration	29.96	4.56
Stress	33.05	5.24
Helplessness	37.84	7.26

Source: Data from research 2016

A comparison of the means for coping behavior showed that the mean for non-productive coping is the highest, thus indicating that this was the CSA victims most common coping pattern, followed by the other coping patterns of solving the problem and reference to others. On trauma experienced by the CSA victims, the mean is highest for PTS, indicating this was the most common trauma symptom experienced by the CSA victims, followed by dissociation, anxiety, depression, anger, and sexual concerns.

A comparison of the means for social functioning showed the mean is highest for helplessness, indicating this was the CSA victims' commonest way of functioning followed by the other social functioning ways of achievement, satisfaction, stress, frustration, and expectation.

4.2. The Degree of Social Functioning of the Child Sexual Abuse Victims is Different according to the Frequency of the Sexual Assault

Table-7. Comparison of Social Functioning by Frequency of Sexual Assault

Variable	Frequency	n	Mean	Std Dev.	F	Sig.
Social Functioning	Ever	19	196.68	25.45	0.40	0.670
	Seldom	35	195.80	17.21		
	Often	26	200.54	21.97		
Achievement	Ever	19	34.89	4.59	3.58	0.030*
	Seldom	35	33.26	4.698		
	Often	26	36.19	3.31		
Satisfaction	Ever	19	38.05	20.21	2.75	0.070
	Seldom	35	31.43	2.76		
	Often	26	32.84	2.50		
Expectation	Ever	19	28.42	1.71	4.61	0.013*
	Seldom	35	28.26	1.99		
	Often	26	29.81	2.38		
Frustration	Ever	19	18.95	5.66	0.99	0.376
	Seldom	35	30.71	3.04		
	Often	26	29.69	5.33		
Stress	Ever	19	31.79	6.21	0.72	0.492
	Seldom	35	33.45	3.45		
	Often	26	33.42	6.41		
Helplessness	Ever	19	37.11	8.43	0.13	0.882
	Seldom	35	38.11	5.06		
	Often	26	38.00	8.95		

Source: Data from research 2016

From Table 7, a statistical test using the One-way ANOVA found that there were no significant differences in victims' total social functioning according to the frequency of sexual abuse. Therefore the hypothesis that states the degree of social functioning of CSA victims differed according to the frequency of sexual abuse is rejected. There were significant differences found only in the social functioning symptoms of achievement and expectation. From the above results, we can conclude that two parts of the data support the hypothesis while four do not. From this result, it can be concluded that the CSA victims social functioning in terms of the symptoms of achievement and expectation is different according to the frequency of the sexual abuse incident.

Table-8. Tukey HSD Post-Hoc Test for the Frequency of Sexual Assault and Social Functioning

Variable	Frequency	Ever	Seldom	Often
Social Functioning	Ever		0.88	3.85
	Seldom			4.72
	Often			
Achievement	Ever		1.64	1.297
	Seldom			2.93*
	Often			
Satisfaction	Ever		6.62	5.21
	Seldom			1.42
	Often			
Expectation	Ever		0.16	1.39
	Seldom			1.55*
	Often			
Frustration	Ever		1.77	0.74
	Seldom			1.02
	Often			
Stress	Ever		1.67	1.63
	Seldom			0.03
	Often			
Helplessness	Ever		1.01	0.89
	Seldom			1.90
	Often			

Source: Data from research 2016

The Tukey HSD post-hoc test was used and it was found that the victims' social functioning in terms of the symptoms of achievement and expectation were significantly different between abuse frequency of Seldom (once a month) and Often (> once a month) (see Table 8). With reference to the hypothesis which states that the social functioning of the CSA victims is different according to the frequency of the sexual abuse incident, we can conclude that the social functioning symptoms of achievement and expectation are different between the sexual abuse frequency of seldom and often while the other social functioning symptoms of satisfaction, frustration, stress and helplessness does not show any significant difference between abuse frequency of ever, seldom or often.

4.3. The Degree of Social Functioning of the Child Sexual Abuse Victims is Different according to the Duration of the Sexual Assault Incident

Table-9. Comparison of Social Functioning by Duration of Child Sexual Assault

Variable	Duration	n	Mean	Std Dev.	F	Sig.
Social Functioning	Short	48	197.92	22.21	0.02	0.98
	Medium	16	196.75	15.40		
	Long	16	197.25	22.22		
Achievement	Short	48	34.92	4.19	0.51	0.60
	Medium	16	33.63	4.99		
	Long	16	34.63	4.60		
Satisfaction	Short	48	34.54	13.02	0.68	0.51
	Medium	16	31.44	1.31		
	Long	16	32.25	3.57		
Expectation	Short	48	28.85	2.32	0.198	0.82
	Medium	16	28.5	1.63		
	Long	16	28.94	2.24		
Frustration	Short	48	29.65	4.86	0.43	0.65
	Medium	16	30.88	3.74		
	Long	16	30.00	4.53		
Stress	Short	48	32.81	5.74	0.12	0.886
	Medium	16	33.38	3.997		
	Long	16	33.44	4.98		
Helplessness	Short	48	37.79	7.85	0.067	0.94
	Medium	16	38.38	5.64		
	Long	16	37.44	7.22		

Source: Data from research 2016

Table-10. Tukey HSD Post-Hoc Test for the Duration of Sexual Assault and Social Functioning

Variable	Duration	Short	Medium	Long
Social Functioning	Short		1.17	0.67
	Medium			0.50
	Long			
Achievement	Short		1.29	0.29
	Medium			1.00
	Long			
Satisfaction	Short		3.10	2.29
	Medium			0.81
	Long			
Expectation	Short		0.35	0.08
	Medium			0.44
	Long			
Frustration	Short		1.23	0.35
	Medium			0.875
	Long			
Stress	Short		0.56	0.63
	Medium			0.06
	Long			
Helplessness	Short		0.58	0.35
	Medium			0.94
	Long			

Source: Data from research 2016

A statistical test using the One-way ANOVA and the Tukey post-hoc tests (Tables 9 and 10) found no significant differences in the total social functioning or symptoms of social functioning of victims of CSA according to the duration of sexual abuse.

The hypothesis that states that the degree of social functioning of the CSA victims is different according to the duration of the sexual assault is thus rejected. We conclude that the social functioning of the CSA victims is similar regardless of whether their abuse was of short, medium or of long duration.

5. DISCUSSION

This study found that overall the social functioning (characterized by symptoms of achievement, satisfaction, expectation, frustration, stress, and helplessness) of the CSA victims were the same according to the frequency (ever, seldom and often) of the sexual abuse. However, the victim's social functioning symptoms of achievement and expectation differed according to the abuse frequency of Seldom (once a month) and Often (> once a month).

This study finding on the overall social functioning of the CSA victims is supported by [Garnefski and Diekstra \(1997\)](#) and [Tharinger et al. \(1989\)](#) study findings. [Garnefski and Diekstra \(1997\)](#) comparative study findings found that a larger proportion of sexually abused adolescents compared to non-abused adolescents reported emotional problems, aggressive behaviors, addiction-risk behaviors, and suicidal problems. [Tharinger et al. \(1989\)](#) study observed significant behavioral symptomatology among school children known to have experienced sexual abuse. Symptomatic behaviors included both internalized behaviors (e.g. withdrawn, depressive and lethargic) and externalized behaviors (e.g. disruptive classroom behavior, tearful outbursts, harassment of other children, and inappropriate sexual acts toward others). [Briere and Elliott \(1994\)](#), [Briere and Runtz \(1993\)](#), [Deblinger et al. \(1989\)](#) and [Kendall-Tackett et al. \(1993\)](#) to some extent supported this study finding where they identified a range of psychological, behavioral, emotional and interpersonal difficulties that are associated with child sexual assault.

In terms of the CSA victims' social functioning symptoms of achievement and expectation, there are similarities with [Einbender and Friedrich \(1989\)](#); [Eckenrode et al. \(1993\)](#); [Browne and Finkelhor \(1986\)](#) study findings. [Einbender and Friedrich \(1989\)](#) comparative study found that sexually abused girls (6 to 14 years) showed lower cognitive abilities (e.g. school achievement) and social functioning. [Eckenrode et al. \(1993\)](#) study also found that children (kindergarten to twelfth grade) who experienced a number of different types of abuse, showed significant psychological and behavioral problems including problems with low academic achievement. Similarly, [Browne and Finkelhor \(1986\)](#) have reported after-effects of child sexual abuse such as difficulties at school, truancy, running away from home and early marriages by adolescent victims.

Data shows that 25% of the abusers in this study were the father or stepfather of the victims. Children abused by their natural parents have been reported to have more behavioral problems. The presence of incest also suggests the possible existence of family dysfunction before the abuse ([Friedrich et al., 1986](#); [Eckenrode et al., 1993](#)). However, in this study, no prospective data are available on the victims' behavioral problems before the abuse.

This study found that the CSA victims' social functioning is the same for the duration of sexual abuse. This means that victims of short, medium or long-term sexual abuse adopt the same manner of functioning of achievement, satisfaction, expectation, frustration, stress, and helplessness.

The nature of the victims' support system and family characteristics may explain this finding where data in this study showed that 60 percent of victims sheltered with their own parents, 3.8 percent of victims continued to live with one of the parents (parents had divorced), 13.8 percent with stepfamily members and 20 percent with their relatives after the abuse events were disclosed. Such family characteristics although not examined in this study have been reported as significant predictors for increased risk of all kinds of child sexual abuse ([Harter et al., 1988](#)).

This finding is to some extent supported by [Conte and Schuerman \(1987\)](#), [Ullman \(1996\)](#) and [Harvey et al. \(1991\)](#) studies where they found that victim's support system has effects on their functioning. [Conte and Schuerman \(1987\)](#) study of 369 sexually abused children against a group of 318 non-abused children age 4 to 17 years, found

that the victim's support system reduced the effects of sexual abuse. In families who are seen by social workers to have significant problems in living, victims' functioning was negatively affected. Victims who have supportive relationships with non-offending adults or siblings are less affected. Ullman (1996) study of adult female sexual assault victims (n=155) reported that victims who received negative social reactions had poorer adjustments. Harvey *et al.* (1991) study of adult survivors' retrospective reports found that reactions to disclosure have effects on the current functioning of the survivors.

6. CONCLUSION

This study indicated that the nature of the sexual assault, namely the frequency of the sexual assault, contributed differences to the social functioning of these abused children. The victims' social functioning symptoms of achievement and expectation were significantly different between the abuse frequency of seldom (once a month) and often (more than once in a month). This research finding may be useful for service providers working with victims who have reported the problem of child sexual abuse. This information is also of specific importance to social workers who are the main professional group providing support services to survivors of child sexual assault and their family in Malaysia. Child sexual abuse needs to be continually recognized as a serious problem of children in our community.

Funding: This study received no specific financial support.

Competing Interests: The authors declare that they have no competing interests.

Contributors/Acknowledgement: All authors contributed equally to the conception and design of the study.

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