Malaysian Professionals' Beliefs in Child Sexual Abuse Disclosure

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Abstract: This study explores factors that influence professionals' belief on child victim's disclosure of sexual abuse. This study was conducted on 18 professionals who worked with child sexual abuse (CSA) cases included counsellors, medical social workers, social workers and police officers. Findings indicate that factors such as victim's age, trauma symptoms, delay disclosures, signs of abuse and corroborate information from others (e.g. family members, schoolmates, friends, teachers) were all influenced professionals beliefs on victim's disclosure. The results also indicate the presence of CSA myths were evident among professionals. This suggests the importance of disseminating accurate information. As such, incorrect beliefs may influence professionals' perceptions and responses to victims' disclosure.

Key words: Child sexual abuse · Child sexual abuse myths · Disclosure · Professionals' beliefs

INTRODUCTION

Professionals working with child sexual abuse (CSA) cases have various roles to play in intervention. Depending on the job, their roles include but not limited to the following: treating children, investigating CSA case, protecting children from further abuse, sentencing and prosecuting perpetrators. These roles require professionals to evaluate and interpret the information gathered. Although studies have shown that professionals working with sexually abused children generally have accurate knowledge on the issue compared to lay people [1-3], numerous studies have indicated that some are still much influenced by CSA myths [4] and/or no more knowledgeable about signs and/or the nature of abuse than were others [5-8]. For example, [1] studied knowledge and attitudes of paediatricians, mental health professionals, teachers and college students toward child abuse. They found that general mental health professionals were better informed on child abuse related knowledge than other groups. Professionals' education and experience with abuse cases were associated with such findings. Conversely, research by [5] on CSA knowledge among professionals found that although professionals were generally well informed, 20 percent were not knowledgeable on some crucial information of CSA issue.

CSA myths refer to incorrect beliefs and stereotype assumptions about CSA, victims and perpetrators [4]. CSA myths can harm victims through diminishing awareness for CSA and preventing victims from disclosing of abuse [4]. CSA myths include statements such as 'children naturally outgrow the effects of sexual abuse or neglect', 'boys are less traumatised than girls', 'CSA is a rare occurrence', 'children who are being abused will show physical evidence of abuse', 'children who are being abused would immediately tell their parents' and 'when children do not fight back sexual advance it means consent'. It is apparent that many people including professionals still believe that delay in disclosure, retraction, inconsistent reporting sexual abuse and the absence of signs of abuse as false allegations [8]. These contradict to what studies on CSA have found. For instance, [9] study on CSA victims at age of 2-17 year old found that 23.1 percent recantation rate was observed. As indicated by [10], victims' recantation may affect the credibility of victims and CSA disclosure. Likewise, [11] argued that victims who retract their initial claims are often perceived as highly suggestive or unreliable witnesses and their experiences/disclosure are considered unreliable

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evidence. Such inaccurate beliefs are told to negatively affect disclosure outcomes including disbelief of victim, legal processes and decisions, trial outcomes and interpersonal traumas [4, 12-9].

Several studies have focused on professionals beliefs regarding behaviour of sexually abused children. For example, research by [20] on law enforcement and mental health professionals showed that young age victims and trauma symptoms increased participants' perceptions that CSA had taken place. Specifically, victims who under age 6 and demonstrated adult-level knowledge of sexuality were perceived as more credible compared to much older victims. Also, victims who showed signs of trauma such as fear, sadness and depress were perceived as more believable than others who did not. A more comprehensive study by [21] on clinicians responses to sexual abuse allegations indicated perpetrators race, perpetrators relationship to victim, victims' affect (e.g. trauma symptoms), victims' age, behavioural changes in victim and perpetrators history of substance abuse to significantly affected credibility.

Another important aspect in assessing sexual abuse disclosure is the consistency of information gathered. Although research on this issue is limited, existing studies have shown that consistency of information and the existing corroborating evidence are both important to make up credible complaints [22-25]. Law enforcement officers such as police officers and persecutors particularly were seen as more discreet in assessing sexual abuse complaints and always looking for extralegal factors for confirmation [23-25].

Despite ample studies on this issue elsewhere, very little similar study has been conducted in Malaysia. Thus, this study was prompted as a small step to examine factors that might influence professionals' beliefs on victim's sexual abuse disclosure and to explore whether inaccurate beliefs and myths were evident among Malaysian professionals.

MATERIAL AND METHOD

This study used qualitative approach as a tool to explore Malaysian professionals' experiences in dealing with CSA cases. A qualitative approach is believed to be most appropriate when: quantitative approach is not possible or suitable for study, little is known about a topic of interest, involves emotion and sensitivity and to empower participants' voice and opinions within their context and perspectives by giving them an opportunity to be heard [26-28]. Specifically, a grounded theory, an approach that emphasizes on the development of theory from the field of study or from participants under study was used to conduct and analyse the study [29].

Participants: This study used purposive sampling to select the participants. Prior to the interview, criteria had been set up to ensure that participants involved in this research could purposefully inform and understand and contribute to the research interest. The main criterion for choosing participants was that they must have experience in dealing or working with CSA victims. Other criterions such as years of experience in work and educational background were not determined. Reason for this criterion was that it enabled the researchers to maximise sampling diversity, to widen the phenomena under study and to identify more themes derived from a wide range of professionals [30].

In total, 18 participants were interviewed and these included counsellors, psychologists, police officers, medical social workers and social workers. Of the total participants, only one male participated and their ages ranged from 25 to 45 years old with average age of 33 years old. The minimum length of service was one year and the longest was 14 years. The highest number of participants in the study worked as social workers (9), followed by police officers (4), medical social workers (3) and counsellors (2). Of these total, only 3 were from non-government agencies. Participants came from different organisations, namely the welfare department, the royal police of Malaysia, non-government organisation and hospitals. All participants were located in Selangor and Kuala Lumpur, on the West Coast of Peninsular Malaysia.

Interview Procedures: The participants were approached with the assistance of managerial staff. Initially, the organisations involved were approached and the purpose of the research was explained. The managerial staff then produced a list of potential participants to be invited for the interview. These participants had been approached personally. They were informed on the purpose of the research and ethics considerations were explained to them. All of the professionals had given their consent prior to the interview. Semi structured interviews were used in the study. Questions were guided by a list of topics. However, no fixed ordering and flexibility were applied in order to give the participants more freedom to explore the topics that suite current conditions/issues they brought up. All interviews were arranged at participants' workplaces. Most interviews took about 1 hour to complete. Interviews were then audio-tape recorded and transcribed verbatim.

Data Analysis: Data analysis procedures began with the transcribing process. The process involves transcribing individual responses verbatim. This process occurred simultaneously with the interview process. The reason for transcribing all the interviews is to allow the data to be easily read and organised besides preparing the data for analysis after the transcribing process is completed [31]. This strategy, although perceived as time consuming process, benefits researchers in several ways including increased familiarity and understanding to each individual's responses [31].

Data in the study was analysed using constant comparative analysis. This approach involves reduction of the data through open, axial and selecting coding procedures [29]. From the analysis, a core category is generated. Depending on the research objective, either substantive theory or formal theory is established. The core category consists of explanation or theory that uses to describe the phenomenon under study. Core category acts as a framework that connects subcategories into a meaningful story line [32].

RESULTS AND DISCUSSION

Victim's Age: Age of victims apparently affected beliefs of participants on victims' credibility. Findings show that young age victims (below 10 years of age) were perceived as more reliable and credible compared to much older victims (adolescents). Young victims tended to be portrayed more positively than adolescent victims such as naive, always truthful and incompetence in telling lies. It was commonly believed that tender age children are not exposed to pornography materials or sexual behaviours that enable them to graphically describe sexual acts or activities. Based on such assumptions, some participants contended that age-inappropriate sexual knowledge in victim's statements might support a possibility for abuse:

Normally, victims would not purposely talk about the abuse, especially young one. (Participant 8)

I do believe them. Children, especially young one, will not making up such story easily. It always turns out to be true. (Participant 17)

Conversely, adolescents were perceived rather negatively; as being more capable in telling lies, more exposed to sexual behaviours and thus more competence in manipulating stories to their own advantages:

They (adolescents) know how to create stories, so we must aware of it. (Participant 4)

Most cases that involved teenagers usually happened because family found out about their sexual relationship. In such case, they may manipulate the story. That's why it's difficult to trust them fully. (Participant 20)

We cannot believe them blindly because sometimes they tend to making up stories. Maybe she claimed she was being raped, but the truth is she had consensus sex with the guy. (Participant 4)

Only a few said to believe victims disclosure regardless of age. These participants demonstrated a better understanding the complexities of CSA cases to come to such conclusion. For instance, one participant highlighted, there was evidence to show victims lied because she gave up telling the truth as no one seemed to believe her disclosure:

There is evidence showed that this victim used to tell someone about being abused when she was a child but no one believed her. Since then, she quitted from telling the truth. You cannot simply say they tell lies, there must be a reason behind that. (Participant 8)

The same participant also noted the presence of taboo in society regarding of sexual abuse. Sexual abuse is a sensitive issue within community. Talking about sexual issue is considered rude, immoral and signs of disrespect especially if it comes from children. More often, people who talk about sexual issue would be judged negatively and it result in embarrassment and shame. Thus, they believed that children would not easily lie about being abused unless it really happened:

If you relate what children told you with your knowledge about societal perception on sexual abuse in our community, it does make sense to believe them. Children didn't simply making it up. It's not easy for children talking about being sexually abused. (Participant 8)

Delay in Disclosure of Abuse: At least one participant in the study believed that CSA victims would disclose the abuse as soon as it happened. Hence, delay in disclosure would only increase suspicion and decrease confidence toward victims:

One more thing is that they (victims) tend to delay the report. Sometimes it takes weeks before they show up for the report. From that we can see there is something wrong somewhere. (Participant 7)

The Signs of Abuse: Numerous participants in this study believed that sexual abuse was often followed by apparent physical trauma. For instance, participants

expected that sexual abuse usually leaves physical evidences. Therefore, medical evidence was perceived as an important aspect that could increase participants confident on victim's allegation. Whereas, the absence of physical evidence decreased participants' confident that possibly lead them to think the allegation might not be true and/or inconclusive. It was clear from this study that the presence of trauma symptoms had an impact on participants' interpretation of victims' disclosure:

The girl claimed it (abuse) was happened but no evidence (physical evidences) to support it. I have no idea. I don't think the abuse occurred. (Participant 10)

Victim's behaviour in the interview was another important aspect affected participants' evaluation of victim's allegation. A few participants believed that children who had been abused often demonstrated emotional and behavioural symptoms. It was evident here that participants felt more confident that the abuse had taken place when victims displayed typical trauma symptoms such as fear, sadness, confusion, agitation and shock. Conversely, victim's failure to display such behaviours or symptoms led to considerable confusion among participants. For example, one participant indicated that victim's who avoided making an eye contact probably telling lies. The same participant stated that sexual abuse victim was supposed to be traumatised by the experience. Thus, victim's failure to show signs of trauma increased suspicion that the allegation might probably be untrue:

If she avoids looking me at the eyes while we are talking, most probably she tells lies. Meanwhile, if she really looks straight to my eyes and as if she is going to cry, it is more credible. (Participant 7)

We hardly found a genuine rape case because a genuine rape case would traumatise victims. We can see from there. (Participant 7)

Consistency of Information: In assessing information, it was evident that most participants relied on consistency and the existence of corroborating evidence. Corroborate information from family members, friends and teachers played a critical role for most participants. Specifically, participants considered information provided regarding victim's background and behaviour to be important. It was important for the participants to have information that is consistent with the allegations being made. Consistency between victim's disclosure, the presence of signs of abuse and corroborate evidences from other sources were the most concrete forms of information for

most participants in the study. It was clear that participants felt more confident with victim's credibility if information gathered were consistent with victim's disclosure.

Despite intense exposure to CSA cases, findings suggest that some participants hold inaccurate knowledge on CSA issue and CSA myths were also evident in this study. For example, most participants stated to believe younger victim more than adolescents. This can be problematic as studies consistently indicate that the majority of CSA victims did not disclose abuse during childhood and/or delay their abuse for years [33, 34]. Professionals' tendency to hold certain stereotype beliefs on age-related knowledge can have adverse impacts on responses given to victims particularly adolescents. Disclosure may be fraught with anxiety and this makes it even difficult for adolescents to reveal about being abused. Findings also indicate that signs of abuse were important indicators for participants. Drawing conclusions based on evident signs of abuse such as physical, behavioural or emotional signs has its own risk as these indicators are found to be inconclusive [20]. In fact, many CSA cases occurred with the frequent absence of physical evidence [35]. In another example, a study on 2384 children suspected for CSA abuse indicated that only 4 percent had abnormal medical examinations and only 5 percent rate of abnormal medical findings for children with history of severe abuse [36]. Meanwhile, although studies on factors influencing recantation of disclosure are inconclusive, recantation following disclosure is not uncommon phenomenon in CSA cases [9, 37]. Existing research has associated recantation with child-perpetrator relationship, supportive of non offending caregivers following disclosure and child's age. This study suggests that not all professionals working in CSA cases are well informed of CSA issue. There are several possibilities for such findings. Empirical studies have indicated levels of knowledge, personal trauma history, gender, cultural and social factors to be related with individual likelihood to belief CSA disclosure [4]. Unfortunately, this study did not explore this factor for further details.

Several strategies are suggested to increase professionals' understanding of CSA disclosure. For example, to have regular discussion of CSA intervention, child responses and behaviours among professionals to better understand of victims' responses to abuse. Discussion provide more opportunities among professionals to share the actual case experience and

exchange information that can be both benefit experienced professionals and less experienced professionals. In this way, professionals are exposed to large number of cases that certainly increase their understanding of CSA issue and victims in particular. Also, professionals must be given an opportunity to discuss personal difficulties, assumptions, belief and attitudes related to CSA issue to increase awareness and diminish inaccurate beliefs associated with victims' disclosure. This study highlights the strong need for increasing professionals' knowledge on CSA issues regarding the prevalence and nature of abuse, the process of disclosure and characteristics of victims and perpetrators to better understand the nature of CSA and to aid them in assessments of CSA victim's credibility.

CONCLUSION

The current study contributes to our knowledge on how professionals working with CSA cases view victims and responses to cases. Also, the study has offered some useful information regarding types of information that might affect professionals' perceptions of victim's disclosure. Despite its contribution, this study has its sets of limitations. Firstly, this study used a small number of participants (n = 18) which limits the generalizability of the results for this group of professionals. Secondly, the findings presented here was part of PhD thesis in which explored professionals experiences working with sexually abused children. Detailed evaluation of victim's disclosure was not specifically assessed; therefore, the scope and complexity of information cannot be fully explored. It is believed that more thorough examination on this issue can lead to richer information and provide more insight into how professionals interpreting and evaluating information they received. It is suggested that future studies could try to recruit greater numbers of participants and to use variety of methodologies in order to best capture the phenomenon under study. It is hoped that these findings can be used to realise what is lacking in professionals services to victims and integrating this information to shape training goals.

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