

The Social Functioning of the Child Sexual Assault Survivors Based on Duration and Frequency of the Sexual Assault

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Abstract: This study reports the sexual abuse of children and their social functioning after sexual assault in West Coast Zone, State of Sabah, Malaysia. The objective of this study is to analyse the social functioning of child sexual assault survivors according to the duration and frequency of sexual assault on the child survivors. Eighty children who reported sexual assault 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 no significant differences in the social functioning of child sexual assault survivors according to the duration and frequency of sexual assault, but the social functioning symptoms of achievement and expectations were significantly different according to the frequency of sexual assault. The social functioning of the victims based on duration and frequency of sexual assault is important for social workers both to understand and to take note of in treatment and 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 a counsellor, social workers and psychologist.

Keywords: child, sexual assault, duration, frequency, social functioning.

I. INTRODUCTION

The problem of child abuse is a well-recognized phenomenon in many countries, including in Malaysia, Indonesia, Singapore and other countries. 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. According to the Royal Malaysian Police (PDRM) (2017) statistics also, a total of 22,234 cases of child sexual abuse were recorded for the period 2010 to May 2017, an average of 3,176 cases per year. The number represents four categories of sexual abuse, namely rape (13,272 cases) followed by fornication (6,014 cases), incest (1,796 cases), sexual misconduct (1,152 cases). Statistics on child sexual abuse cases in Malaysia reported by the Department of Social Welfare (JKM) from 2013 to 2017. The types of abuse that also show the highest cases are recorded each year sexual abuse, especially against girls. Statistics show a decrease and increase in cases over the years 2013 to 2017 (JKM, 2017). The

sexual abuse report recorded 1093 cases a year 2013, followed by 984 cases in 2014 and 978 cases in 2015. However, the number of sexual abuse increased dramatically increased in 2016 to 1038 cases and 1397 cases in 2017. Studies also show sexual abuse girls experience more than boys. Statistics also showcases of abuse sexual abuse of girls is the highest case against other types of abuse. the cases of sexual harassment are the most critical cases which need to be addressed.

In the State of Sabah, Malaysia, according to the Sabah Public Welfare Services Department (JPKA), from 2010-2018, children in need of care and protection were 2296 cases covering 984 neglect cases, 908 sexual abuse cases, 363 physical abuse cases, 6 emotional abuse cases, and 35 cases baby dumping. Meanwhile, there were 5493 cases of moral services involving 5058 cases under the criminal category and the rest uncontrolled. In the case of protection and rehabilitation, there were 77 cases of child categories exposed to moral hazard, and 186 cases for children in need of immediate protection (Royal Malaysian Police Department, 2017). A study by Edward (2003) about a mixture of physical and sexual abuse cases in Malaysia found that more girls' victims compared to boys in a ratio of 3:1 (Fahrudin & Doreen, 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 & Kasim, 1995; Kassim, 1998). This increase may be attributed to more cases being reported as a result of an increased awareness of child rape issues and more services developed for rape survivors locally (AWAM, 2011a; Raja, 2002). However, considering that these figures reflect only reported cases, the actual number of children rape each year is assumed to be even higher.

According to Browne and Finkelhor (1986) based on their study on the literature the impact of child sexual abuse published from 1987 found that sexually abused subjects report higher levels of general psychological distress and higher rates of both major psychological disorders and personality disorders than non-abused subjects. Adult survivors of child sexual abuse report poorer social and interpersonal relationship functioning, greater sexual dissatisfaction, dysfunction and maladjustment including high-risk sexual behaviour, and a greater tendency toward revictimization through adult sexual assault and physical partner violence. Meanwhile, Sanjeevi et al. (2018) found that child sexual abuse is a problem with both a national and worldwide prevalence. Empirical research has clearly shown the negative impact of child sexual abuse on social, psychological, and sexual functioning later in life, it has also been reported that some individuals remain asymptomatic despite a history of experiencing child sexual abuse (Fahrudin & Edward, 2009). This implies that negative outcomes later in life are not inevitable and illustrates the critical need to elucidate how resilience may moderate the negative impacts of child sexual abuse (Fahrudin et al., 2016; 2018b).

In addition to emphasising the role of resilience, the important role that cultural context plays in understanding child sexual abuse, as there are known risk factors and protective factors

specific to different cultures. Similarly, one's culture may also influence whether abuse is reported and addressed, and the topic is given special attention in this paper because it is not widely discussed within the existing literature. The impact of child sexual abuse reported in mental health, sexual health, and social functioning of CSA survivors (Fahrudin et al., 2016; Fahrudin et al., 2018a). Based on Liem and Boudewyn (1999) study, they found that multiple maltreatment and loss experiences in early childhood would interfere with the formation of secure attachments, creating (1) increased vulnerability to childhood sexual abuse (CSA), and (2) adult problems in self-and social functioning. Childhood maltreatment and loss experiences also predicted poor adult self-functioning in the form of higher levels of depression and lower levels of self-esteem. Self-blame in response to CSA and maltreatment in adult relationships also predicted poorer adult self-and social functioning for individuals with CSA histories. Their findings support both direct and mediation effects of childhood maltreatment and loss experiences on adult self- and social functioning and are consistent with predictions derived from attachment theory.

Davis and Petretic-Jackson (2000) also have examined the long-term impact of child sexual abuse (CSA) on adult functioning have primarily focused on the personal distress of survivors, largely ignoring the impact of CSA on interpersonal relationships. Kupferberg et al. (2016) found that depression among child sexual abused victims is associated with social risk factors, social impairments and poor social functioning. In particular, it describes the bio-psycho-social interplay regarding impaired affiliation and attachment (social anhedonia, hypersensitivity to social rejection, competition avoidance, increased altruistic punishment), impaired social communication (impaired emotion recognition, diminished cooperativeness), impaired social perception (reduced empathy, theory-of-mind deficits) and their impact on social networks and the use of social media. Lamis et al. (2014) examined the relationship among child abuse (physical, emotional, and sexual), social support from friends and family, and social functioning in a sample of low-income African American children (N = 152) and found that there is the relationship between child physical and emotional abuse. They also found that social functioning was mediated by both family and peer support; however, only family (not peer) support was a significant mediator in the sexual abuse-social functioning link. Additionally, there was no difference found in the strength of mediation via family support versus peer support. Fahrudin and Edward (2009) suggest that mental health professionals include social worker, counsellor and therapist should inquire about and attempt to increase children's levels of social support from family and peers when working with abused youth to promote healthy psychological and psychosocial outcomes.

Based on the above background problems, this research was carried out for the following reasons:

- a) To obtain the characteristics of child sexual abuse survivors (age, gender, type of sexual assault, duration and frequency of sexual assault in Sabah, Malaysia).
- b) To identify and analyze the social functioning according to the duration and frequency of sexual assault experienced by these survivors.

II. METHODOLOGY

1) Method

The retrospective cross-sectional survey was conducted in the West Coast Zone, State of Sabah in Malaysia.

2) Sample

A sample of 80 children and adolescents was participation 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) Instrument, Validity and Reliability

The researcher developed the instrument for demographic data, while the instrument for trauma was adapted from the *Inner Interaction Scale of Social Functioning (IISSF)*. 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 21 to find the alpha reliability using the Cronbach Alpha method. The result of the analysis of the *Inner Interaction Scale of Social Functioning (IISSF)* 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: Result of Reliability Tests

Scale / Subscale	Alpha Values	Number 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

4) Procedure

A face-to-face interview was done 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 60 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.

III. RESULTS AND ANALYSIS

1) Characteristics of the Child Sexual Assault Survivors

In this study, characteristic of child sexual abuse survivor's scope such as age, gender, type of sexual assault, duration and frequency of sexual assault.

The descriptive analyses findings on the characteristic information of the child victims of sexual assault are presented in Table 2 to Table 3. Female victims accounted for 95% while male victims accounted for only 5%

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%, slightly higher than the range of victims from nine to fourteen years old, which accounted for 43.7%.

Table 2: Gender and Age of the Child Sexual Assault Survivors

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

Table 3: 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
Frequency of the abuse		
Ever (Once)	19	23.8
Seldom (Once / month)	35	43.8
Often (2 – 3 times / month)	26	32.5

Based on Table 3, majority types of sexual abuse were mostly a combination of sexual intercourse, molest and oral sex which constituted (93.8%). Meanwhile, the duration of sexual abuse varies. Majority happened within a period defined as a short term 59% (0 – 6 months), long term (more than 1 year) was 21%, while medium-term only 20% (6 – 12 months). For frequency of the sexual abuse, majority victims reported Seldom (once a month) is 43.8%, 32% reported Often (more than once a month), and 24% reported Ever (once).

Table 4: Descriptive Data of Variables

Variables	Mean	Standard Deviation
Age	14.73	2.08
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

Based on Table 4, the mean of duration abuses 1.3 meaning duration of abuse between 6 to 1 year. Frequency of incident more than 2 times in a month. 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.

2) The Social Functioning of the Child Sexual Assault Survivors According to the Duration of the Sexual Assault Incident

Table 5: Comparison of Social Functioning by Duration of Child Sexual Assault

Variable	Duration	N	Mean	Standard Deviation	F	Significant
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		

Table 6: Tukey HSD Post-Hoc Test for the Duration 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			

A statistical test using the One-way ANOVA and the Tukey posthoc tests (Tables 5 and 6) 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 long duration.

3) The Social Functioning of the Child Sexual Abuse Survivors According to the Frequency of the Sexual Assault

Table 7: Comparison of Social Functioning by Frequency of Sexual Assault

Variable	Frequency	N	Mean	Standard Deviation	F	Significant
Social	Ever	19	196.68	25.45	0.40	0.670

Functioning	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		

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 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			

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). Concerning 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.

IV. DISCUSSION

This study found that 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. Their social functioning related to the nature of the victims' support system. 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.

This study also found that overall the social functioning (characterised 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). The result of this study on the overall social functioning of the CSA victims is supported by Tharinger et al. (1989), Garnefski and Diekstra (1997). Meanwhile, a study by Garnefski and Diekstra (1997) also found that sexually abused adolescents were a larger proportion who involved with emotional problems, aggressive behaviours, addiction-risk behaviours and suicidal problems compared to non-sexually abused adolescents. Tharinger et al. (1989) study observed significant behavioural symptomatology among school children known to have experienced sexual abuse. Symptomatic behaviours included both internalised behaviours (e.g. withdrawn, depressive and lethargic) and externalised behaviours (e.g. disruptive classroom behaviour, tearful outbursts, harassment of other children, and inappropriate sexual acts toward others). Briere and Elliot (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, behavioural, 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 is similarities with Einbender and Friedrich (1989), Eckenrode et al. (1993), Browne and Finkelhor (1986) study findings. Einbender and Friedrich (1989), the 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 several different types of abuse, showed significant psychological and behavioural 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.

Children abused by their natural parents have been reported to have more behavioural 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 is available on the victims' behavioural problems before the abuse. This study found that 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.

V. 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 counsellors, social workers, and psychologists who the main professional group are 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 for children in our community.

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