

**Experiences of Malaysian Professionals Working
With Sexually Abused Children: An Exploratory Study**

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Abstract

This study set out to explore Malaysian professionals' experiences of working with sexually abused children. Although the international literature on professionals' experiences of sexually abused children is considerable, Malaysian research is sparse. The current study sought to redress this imbalance by conducting a qualitative study, informed by a grounded theory approach to investigate how working with sexually abused children affects the lives of professionals both professionally and personally; the strategies, including coping strategies, professionals used to overcome the difficulties associated with their work and whether any characteristics of the Malaysian sociocultural context contributed to the difficulties they encountered. In depth semi structured interviews were conducted with 21 participants representing a range of professions, all of whom had experience of working with child sexual abuse victims.

Findings from this research suggest that Malaysian professionals face multiple barriers in their work and that their work has a range of adverse impacts on their personal and professional lives. Coping strategies alone were insufficient to overcome the difficulties professionals encountered in their work. Support from organisations and people within the community and community attitudes towards and beliefs about child sexual abuse also significantly affected professionals' capacity and ability to assist victims and their families. In sum, coping with this challenging and difficult field of work, demands multi level support and more adequate resourcing, if vicarious traumatization and burnout are to be minimized.

Declaration

I, Salina binti Nen, declare that the PhD thesis entitled “Experiences of Malaysian Professionals Working with Sexually Abused Children: An Exploratory Study” is no more than 100,000 words in length including quotes and exclusive tables, figures, appendices, bibliography, references and footnotes. This thesis contains no material that has been submitted previously, in whole or in part, for the award of any other academic degree or diploma. Except where otherwise indicated, this thesis is my own work.

Salina binti Nen

10 August 2010

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Dedications

For late Nen bin Sidi

My father,

And

Late Ibrahim bin Sulai

My brother in-law

With love and passion

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CHAPTER 1

INTRODUCTION

This thesis is a report of a grounded theory study of Malaysian professionals' experiences of working with sexually abused children. The study was based primarily on interviews with professionals working in urban institutions or organisations who were experienced in handling child sexual abuse (CSA) cases. The professionals involved in the study included counsellors, psychologists, social workers, medical social workers and police officers. This first chapter of the thesis presents the background of the study, specifies the problems of the study, and describes its significance. This is followed by definitions of special terms used for the study and the structure of the whole thesis.

Background of the study

According to Hooper (2007), reports on CSA cases are increasing in all societies with 150 million girls and 73 million boys less than 18 year old having experienced forced sexual intercourse or other forms of sexual violence during 2002. Meanwhile, Australian Institute of Criminology (as cited in Australian Sports Commission, 2010) indicates that 1 in 4 girls and 1 in 7 boys are victims of child sexual abuse in Australia. The same phenomenon also occurs in developing countries. For example, prevalence statistics regarding of CSA in Malaysia reported by the World Health Organisation (WHO) show that CSA cases were increasing each year between 2000-2003 (WHO, 2006). Clinical as well as empirical research, has long proved that sexually abused children suffer profoundly following the abuse (Steel, Sanna, Hammond, Whipple and Cross, 2004; Noll, Trickett, Susman and Putnam, 2005; Leitenberg, Gibson and Novy, 2004; Chen, Dunne and Han, 2004; Meston, Rellini and Heiman, 2006; Mullen, Martin, Anderson, Romans, and Herbison, 1999; Gibson and Leitenberg, 2001; Danielle, Robin,

Shah, Fuller et. al, 2005; Smith, Ireland and Thornberry, 2005; Banyard, Arnold, and Smith, 2000; Browne and Finkelhor, 1986).

The seriousness of this problem has created a sense of urgency in society to establish organisations/agencies/units which have been specifically designed to help the victims and their families. For example, the Child Wise Organisation was developed in Australia to prevent the sexual abuse and exploitation of children in Australia, Asia and the Pacific. Similarly, Malaysia has established non-government and government organisations to counter child abuse problems including the Suspected Child Abuse and Neglect (SCAN) Team, the Malaysian Association for the Protection of Children, Protect & Save the Children (PS the children), and the Children's Department under the Ministry of Women, Family and Community Development. These organisations were established to help victims in many areas and provide counselling services, legal advice, shelters, and medical assistance. Indeed, these organisations involve professionals with different specialisations including police officers, social workers, nurses, counsellors, psychologists, medical doctors and advocates.

Workers involved with these organisations come from a range of different professional backgrounds and have varying levels of training or preparation for working with sexually abused children. In any event, working with the children who are victims of sexual abuse is very demanding (Couper, 2000; Queen, 2000; West, 1997), stressful (Anderson, 2000; Bennet, Plint & Clifford, 2005; Harrison, 1980; Killan, 2008), and sometimes even dangerous (Morita & Wada, 2007; Stanley & Goddard, 2002). Workers usually need to function within a complex system and in often understaffed agencies (Wright & Powell, 2006; Morita & Wada, 2007).

Although much attention has been focused on CSA, research on the experiences of professionals working with CSA victims is limited (King, 2003; Pistorious, 2006). This situation is particularly serious in developing countries. For instance, in Malaysia, no research could be found regarding this issue. In general, very little is known about the

experiences of workers across different cultural contexts. Indeed, CSA research in Malaysia is still new and the topic of CSA has not been fully explored by local researchers. Lack of research in this area has restricted our ability to gain knowledge and understanding about the attitudes, beliefs and experiences of professionals working with sexually abused children. Therefore, equal attention should be paid to professionals working in this particular area because they are also negatively affected by clients' trauma (Cornille & Meyers, 1999; King, 2003; Couper, 2000; Pistorious, 2006).

It is not unusual for the professionals who work with sexually abused children to feel vulnerable to the victims' experiences (Pistorious, 2006). They are at risk of being affected psychologically, socially and physically due to their close involvement with victims. For example, Pistorious (2006) found that professionals who work with CSA became less trusting of others, over protective of their own children, engage in denial, and are stressed, traumatised and overwhelmed by the responsibilities. They were also reported to be less intimate physically and emotionally in relationship with their spouses.

Similar findings were found in research by Couper (2000). His research among professionals workers who worked with sexually abused children found the workers felt anxious, insecure and contaminated by victims experiences (Couper, 2000). Interestingly, the same study found that those professionals also reported positive results regarding their experiences with victims. For example, they felt more confident in working with the victims, viewed the work as rewarding, appreciated life more, and were more positive about victims' recovery. Results from this research were similar to other studies that documented working with trauma victims can have positive impacts on professionals (Collins & Long, 2003). According to Collins and Long (2003), factors such as motivation and support systems may act as protective factors for the professionals to continue their work and do well emotionally.

Exposure to traumatic material is not the only challenge that professionals encounter while working with victims. Other factors such as threat, violence and organisational issues have been identified in several studies which add to the complexity

and demands of working with CSA cases. Apart from being exposed to traumatised children, many professionals also are at risk of being threatened physically and/or verbally while in their job (Morita & Wada, 2007; Briggs, Broadhurst & Hawkins, 2003; Cornille & Meyers, 1999). Some violence is extreme and frightening for the workers and happens in many ways including threats by abusive phone calls, offensive emails, stalking and property damage (Briggs et al., 2003). For example, Cornille and Meyers (1999) in their survey research on child protective service workers found that 78% of respondents reported having been assaulted or threatened by a client while on job. Similarly, Morita and Wada (2007) in their study on mental health of child counselling workers in Japan found that respondents reported being physically and/or verbally abused by parties involved in the cases. Furthermore, research by Briggs et al. (2003) indicated that violence, threat and intimidation were common problems facing by child protective workers as the majority of respondents (90%) reported threats, violence and intimidation related with their work.

The organisational environment is another issue that has been mentioned in several studies as one of the challenging issue in working with CSA. Factors such as caseloads, training received on CSA, supervision, group support within organisations and career opportunities influenced professionals' level of stress and motivation in the job. For example, higher caseloads compromised the quality of services given to victims, increased the level of stress and reduced professionals' efficiency (Wright & Powell, 2006; Morita & Wada, 2007; Lloyd & Burman, 1996). Meanwhile, it is not uncommon for organisations or institutions dealing with CSA cases to have collaboration with other organisations. This is another issue facing professionals involved in CSA that can potentially create tension among workers. For instance, Lloyd and Burman (1996) found that limited resources, differences in goals and approaches between organisations created tension among professionals as it made the investigation process difficult to implement, delayed action and contributed to conflict of interest between organisations. This finding was supported by Wright and Powell (2006) who found that collaboration with other organisations caused stress among workers.

Existing research offers little basis to understand the experiences of professionals in other countries, particularly in Asian countries. Although a number of studies have examined professionals who work in CSA in Asian countries, previous research has primarily used quantitative methods, relied on psychometric measurements and scale and has therefore been somewhat limited in scope. In terms of the topic explored in the current study, the most frequently discussed concerns in the research have been organisational and mental health issues. For instance, Morita and Wada (2007) conducted research in Japan to measure the level of stress and mental health of child counselling office workers. Four main questions were asked including job stress, state of mental health, job environments and difficulties, and the needs of workers. Measurement of difficulties consisted of questions regarding organisational aspects including workload, supervision, collaboration, facilities, training, equipment and motivation. Meanwhile, Cheung and Queen (2000) focused on the emotional response of first time workers with sexually abused children among police officers and social workers in Hong Kong. In doing so, they used measures developed by the American Association for Protecting Children. The measure consisted of 10 categories of emotions.

If we compare the topics covered by previous research, it is apparent that much remains to be done by researchers in other countries, particularly Asian countries. For example, much attention has been given to burnout compared to other mental health problems. Even though there were studies on emotional responses of working with child abuse cases, no in depth qualitative exploration has been carried out (Cheung & Queen, 2000). Cheung and Queen (2000) did attempt to examine emotional responses among professionals in the child sexual abuse field but this study yielded limited information as it used quantitative measures to assess only a defined sub set of professionals' emotional responses. In other words, it provided information on the measured emotions but offered little explanation as to how the emotions affected professionals' perceptions of their work and lives.

In addition, research associated professionals' experience within different cultures is still emerging and is currently limited in scope. Thus, there is a need to explore the

main concerns of professionals working with CSA cases. For that reason, research is required that can explore these concerns from the perspective of the professionals themselves and this demands a qualitative approach. For example, Cheung and Queen (2000) found that respondents reported ambivalence toward CSA cases perpetrated within victims' families. Respondents were unsure whether they wanted to rescue the child or to preserve the family. However, Cheung and Queen's (2000) research, as noted previously, utilized a quantitative approach and the issue of ambivalent feelings was unable to be explored further. By contrast, a qualitative approach offers a useful means of exploring culturally related issues that have not been explored before.

Purpose of the study

The purpose of this research was to explore Malaysian professionals' experiences of working with sexually abused children. Specifically, this research has focused on the challenging aspects of working with CSA victims, how these challenges affected their life and work, and how professionals managed those impacts. This research has also tried to explore professionals' perspectives and understandings of CSA in general and how sociocultural differences contributed to the shaping of professionals' perspectives on their work. In addition, this research was undertaken to expand our knowledge of the main concerns of professionals working with CSA within different a cultural and societal context and thus redress the developed country bias that characterises most of the published research literature.

Significance of the research

This research was conducted by a desire to understand the experiences of Malaysian professionals who work with sexually abused children. Despite increasing attention being given to the impacts of working with sexually abused children internationally, so far, only a few studies on this issue have been conducted locally. Thus,

this study can make a significant contribution to improve knowledge base in the domain of child protection services.

I believe that this study can be a practical resource for government, institutions and policy makers to address the critical issues faced by professionals and/or to better understand the issues affecting them. By using in depth interviews, this study can highlight the areas of concerns from professionals own experiences and thus provide ideas to inform strategic plans and suggested areas for improvement. Besides government, institutions and policy makers should realise that professionals who work with CSA cases are in an advantaged position to observe and/or access appropriate interventions as a means of support and thus can provide invaluable feedback to improve services to victims and their families. This later can help to improve existing of child protection services.

This study gives Malaysian professionals more voices to be heard in research. There is no better way to know about the issue to hear what professionals themselves have experienced. I believe this research contribute to the realistic presentation of professionals' views by instigating strategies that can empower them to be more proactive in matters affecting their lives. This research enables sincere and comprehensive responses from participants regarding their opinions and perceptions of working with CSA cases as well as their expectations of organisations in order to work more effectively with CSA victims, their families and other professionals.

Last but not least, this study is relevant for professionals in other field concerned with CSA victims. Findings derived from this study can contribute to an enhanced understanding of the possible risks, challenges and difficulties involved in child protection services. This is even more important for professionals who are new to the services and who tend to be overly optimistic in their job expectations. This study can provide information so that professionals feel more competent and have more realistic expectations about what they can accomplish in their professional roles.

Overview of Malaysian context

Malaysia is a culturally, religiously and ethnically diverse society. Malays (65.1%) form the largest ethnic group in Malaysia, followed by Chinese (26.0%) and Indians (7.7%) (Department of Statistics Malaysia, 2000). Malay people are known as a Muslim people, while most of the Chinese and Indian people are Buddhist, Hindu and/or others.

Unlike other religious beliefs, Islam has a specific dress code for both women and men. Indeed, the dress code is a guideline to maintain harmony between the sexes and is also believed to prevent the risk of sexual abuse. This belief is held by the majority of Muslim people in the country even though nowadays, Muslim people in Malaysia are gradually less strict in their dress styles. Although this norm relies on a good intention, it has become a reason for blaming women when sexual assault occurred. Such a justification reflects friction between traditional and modern society.

However, the same phenomenon is also present in other cultures and religions. For example, international research conducted in several countries (United State, Britain, Turkey, Germany, Zimbabwe, India, Hong Kong, Malaysia, Israel, Canada, Mexico, Barbados and Australia) revealed that cultural values contributed to the formation of beliefs toward rape victims (Ward, 1995). Ward (1995) argued that women in patriarchal societies still suffered greatly on account of rape myths that are used in their oppression. Other factors such as education level, age, and experiences with sexual abuse have also been identified as influencing people's beliefs and responses toward sexual abuse victims (Hazzard & Rupp, 2006; Day, Thurlow & Woolliscroft, 2003; Kite and Tyson, 2003; Hicks & Tite, 1998; Blakeley & Ribeiro, 1997; Ward, 1995).

Apparently, the combination of both sociocultural and other factors can make victims more prone to being blamed for sexual abuse. Thus, it is interesting to explore the differences and/or similarities between beliefs and perceptions regarding victim of sexual abuse among culturally, ethnically and religiously divided professionals working with sexually abused children in Malaysia. Indeed, most people and scholars are aware of

cultural stereotyping surrounding victims of rape (Buddie & Miller, 2001). To date this issue has not been explored in Malaysia. Thus, the social context of this research might be of significance.

As this study will be implemented in Malaysia, its findings can be compared with existing research conducted in western countries to identify important similarities or differences. The uniqueness of the social background and environments which professionals work in Malaysia will give new information and add new understandings about the experiences of professionals working with abused children in diverse cultural settings.

In addition, this research is significant for those working closely with abused children at different levels and from many agencies including social workers, counsellors, psychologists, police officers and nurses. It is hoped the findings that emerge from this research can be used by agencies working with CSA victims and to maximizing the benefit to people who receive their services. The evidence generated by the current research can also benefit agencies in planning their programs and support measures for professionals. It will thus provide a basis for improving service delivery to victims.

Research questions

Research questions for this study have emerged from my own interest in exploring the experiences of professionals working with sexually abused children in Malaysia. As little is known regarding the issue, this study sought to develop a substantive theory from the data gathered. Substantive theory builds generalizations based on data derived from a specific group of people and/or place (Corbin & Strauss, 2008). As such, the substantive or empirical area for this study was on professionals who work with children who were victims of sexual abuse. This study aims to answer the following questions:

- What are the experiences of professionals who work with sexually abused children in Malaysia?
- How do professionals' experiences of working with sexually abused children affect their life both professionally and personally?
- What are the strategies used by professionals to overcome difficulties and issues associated with the work?
- Do professionals in Malaysia have special needs that may be unique to the Malaysian context and situation?

In summary, this research is interested in identifying issues or problems professionals have encountered; their understandings about CSA in general and their coping styles. In addition, this research seeks to investigate the experiences of workers in the field of child sexual abuse in Malaysia, to what extent these experiences are unique to Malaysia, and whether they are different from the experiences of professionals in other countries.

Terminology

For the purpose of this research, the key terms are defined as follows:

Child sexual abuse (CSA)

There is no consensus on the definition of child sexual abuse. The difficulties in defining this concept result from different orientations, perspectives, objectives and goals (Wurtele, Perrin & Melton, 1992). Definitions vary from being too broad or too narrow in their scope. For example, Centre on Child Abuse and Neglect (as cited in Wurtele, Perrin & Melton, 1992) defines CSA broadly as:

“Contacts or interactions between a child and an adult when the child is being used for the sexual stimulation of the perpetrator or another person. Sexual abuse may also be committed by a person under the age of 18 when that person is either significantly older than the victim or when the perpetrator is in a position of power or control over another child.”

Another broad definition is comes from the World Health Organisation (WHO, 1999) which defines CSA as:

“The involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violates the laws or social taboos or society. Child sexual abuse is evidenced by this activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person.”

On the other hand, the Standing Committee on Sexually Abused Children (SCOSAC, 1984) has given a very specific definition on child sexual abuse behaviour. SCOSAC defines CSA as:

“Any child below the age of consent may be deemed to have been sexually abused when a sexually mature person has, by design or by neglect of their usual societal or specific responsibilities in relation to the child, engaged or permitted the engagement of that child in any activity of a sexually nature which is intended to lead to the sexual gratification of the sexually mature person. This definition pertains whether or not this activity involves explicit coercion by any means, whether or not it involves genital or physical contact, whether or not initiated by the child, and whether or not there is discernible harmful outcome in the short term.”

Disagreement in defining CSA does not necessarily reflect a conceptual weakness on this issue; rather, it conveys different needs or goals by organisations and/or individuals working with CSA victims and their families. For this research, the definition given by the Law of Malaysia, under The Child Protection Act 2001 will be used to define CSA. This defines CSA as having occurred when:

“A child has taken part, as a participant or an observer, in any activity which is sexual in nature for the purposes of any pornographic, obscene, or indecent material, photograph, recording, film, or videotape or for the purpose of sexual exploitation by any persons or another person’s sexual gratification.”

The rationale for using the definition given by the Child Protection Act 2001 relies on the assumption that respondents in this study will be more familiar with this definition than any other definition. Most of respondents will be working for government or non-government agencies in which they deal with victims who have been assisted under the Child Protection Act. In addition, the definition given by the Child Protection Act 2001 has been widely used within different context in Malaysia such as in conferences, seminars, and workshops which respondents are likely to have attended.

Professionals

Professionals in this research refer to those who have experience working or dealing with child sexual abuse from various organizations including police officers, social workers, psychologists, counsellors and medical social workers. The professionals comprised those who work as support providers as well as those who provide psychological assistance. Participants were located across a number of geographical locations in urban areas around Kuala Lumpur and Selangor Malaysia. Given the need for a sample with experience of working with child sexual abuse, purposive sampling was utilized and a sample a size of 12-15 participants was sought for the interviews. Purposive sampling requires selecting participants that meet the purposes of the study (Coyne, 1997). The power of purposive sampling lies in selecting information rich cases for in-depth analysis about the central focus of the study. Therefore it is important to select individuals who can provide the greatest insight into the research question.

Vicarious traumatisation

Vicarious traumatisation (VT) is the term used to describe the cumulative effects of working with traumatised clients, which can consist of short and long term effects (Marrison, 2007). The term VT was first introduced by Pearlman and Saakvitne (1995) who define it as:

“The inner transformation that occurs in the inner experience of the therapist (or other professionals) that comes about as a result of emphatic engagement with clients’ trauma material.”

There have been several attempts by other researchers to use different terms to describe this phenomenon such as *secondary traumatic stress*, *compassion fatigue*, *burnout* and *counter transference* but the term introduced by Pearlman and Saakvitne (1995) is the most popular and is widely accepted because it appears to be the most comprehensive explanation of the phenomenon (Sexton, 1999; Arvay, 2001 & Dunkley & Whelan, 2006; Steed & Downing, 1998).

VT as described by Pearlman and Saakvitne (1995) includes therapists experiencing the signs and symptoms of their clients including PTSD symptoms; disruption of therapists’ belief about self, others and the world; feeling helpless in witnessing clients’ destructive behaviour; and feeling cynicism, despair and loss of hope. Pearlman and Saakvitne (1995) state that VT is specifically used to describe the negative aspects result from working with trauma victims. By contrast, other terms such as counter transference and burnout can occur as a result of working with any difficult client population and is not limited to survivors of trauma (Steed & Downing, 1998). In summary, Dunkley and Whelan (2006) conclude that the concept constructed by Pearlman and Saakvitne (1995) is more relevant to explain the effects on professionals who work with trauma clients as it incorporates both internal and external influences.

Burnout

According to Maslach (1982), burnout is defined as:

“A syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that occurs among individuals who do “people work” of some kind”.

Maslach (1982) further explains that burnout can lead to three possible outcomes which include emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment and a sense of inadequacy in relating to clients. Existing research has demonstrated that symptoms of burnout affect attitudes, emotional and physical components of individuals. In helping professions, particularly child protection workers, burnout is associated with work overload, hostile clients, a lack of control, a breakdown of the organisational community, a perceived attitude of unfairness and the failure to separating work and personal life (Conrad & Kellar-Guenther, 2006).

There are several factors that differentiate burnout from VT. First, burnout describes general psychological distress as a result of working with a difficult population. The term burnout is used to explain psychological stress from any profession. By contrast, VT explains traumatic reactions to specific client-presented information. VT specifically describes effects experienced by those who work with traumatised victims. Second, VT is caused by the exposure to victims’ traumatic materials as opposed to burnout that is caused by the feelings of being overloaded by victims’ problems including their chronicity and complexity. Last, burnout involves a process in which symptoms develop gradually while VT often has a sudden and abrupt onset of symptoms. Burnout does not lead to as many changes in trust, safety, esteem, intimacy and control as VT. It is common for workers to experience both burnout and VT at the same time (Trippany, Kress & Wilcoxon, 2006).

Compassion satisfaction

According to Stamm (2006), compassion satisfaction refers to the feeling of satisfaction, a sense of efficacy and accomplishment experienced by helping professionals in their jobs. It also includes feeling of supported by colleagues within

organisation. Stamm (2006) asserts that compassion fatigue and compassion satisfaction can co exist in helping professionals. In contrast to vicarious traumatisation, which refers to negative affects resulting from helping professions, compassion satisfaction refers to positive experiences of professionals in work.

Thesis outline

This thesis is organised into 8 chapters with each chapter organised around specific objectives.

Chapter 1 contains the introduction and the background to the study. It outlines the purpose of the study, the significance of the research, problems related to the research and states the research questions and definitions of key terms.

Chapter 2 reviews the existing research literature on the trauma impacts experienced by professionals working with CSA victims. It focuses on the phenomenon of CSA and both the negative and positive aspects of working with survivors of CSA. This is followed by a discussion of professional experiences within the Malaysian cultural context. Finally, future research concerns and gaps in knowledge are discussed.

Chapter 3 describes the methodological approach used in the study, and the rationale for choosing that approach adopted in the research. This is followed by an explanation of a grounded theory approach, its definition and the philosophical background of this approach. A discussion of data collection processes ensues including explanation of respondents' recruitment process, data collections procedure, interviewing process and analysis of data.

Chapter 4 to 7 presents the findings derived from the research. Chapter 4, namely *Challenges to working with CSA cases* highlights participants' identification of barriers and/or challenges facing in their work with CSA cases. The following chapter (*Chapter 5: Coping Strategies*) elaborates coping strategies implemented by the participants in overcoming those challenges. Factors influencing participants' choices are also included

as well as the complexities of interactions of other factors in determining participants selection are also examined. The next chapter (*Chapter 6: The Effects*) exposes the effects of working with CSA cases on participants' well being, life satisfaction and their success to cope better with the stress. The last chapter (*Chapter 7: Professionals Suggestions to Improve Services*) addresses participants' suggestions and needs in improving professionals' efficiency in working with CSA in Malaysia. Many good suggestions and recommendations are identified.

Chapter 8 contains the discussion of a category or theme that becomes the core category in the study, the research findings and their relation to previous research outcomes. Similarities and/or differences with the current research will be examined and their implications for professionals and organisations involved with child sexual abuse cases will be considered. This is followed by a discussion of the limitations of the current research as well as recommendations for future research.

CHAPTER 2

LITERATURE REVIEW

This chapter discusses research which has investigated the experience of working with sexually abused children, and its impact on the life of professionals, both in the international and Malaysian context. There were three reasons for reviewing the research literature examined in this study. Firstly, to describe and explain previous research that has been conducted on similar issues. In order to get accurate information regarding the topic, only the most relevant research is presented, such as that focused on professionals' experiences of working with CSA, child protection workers and/or sexual assault. Secondly, the literature review focuses on methodological aspects that have been used to study the phenomenon under study. In discussing methodological aspects, issues including methods approach, sample or participants, and contexts of research are explored. Finally, gaps of knowledge that exist within the topic of interest are described, the relevance of this study is explained and I show how my study fills a gap in existing published information about the topic.

Historical background of CSA in Malaysia

Kasim (2001) gives a vivid explanation of the historical background concerning child abuse cases and child abuse intervention in Malaysia. The law regarding child abuse in Malaysia was first introduced by the British colonial administration in 1947 through the Children and Young Person Ordinance (Kasim, 2001). However, the law was limited because it only covered issues of child labour and protection against physical abuse and/or neglect but did not recognise or address other types of child abuse (Kasim, 2001). According to this ordinance, children under the age of eight were not permitted to work. Meanwhile, older children who worked were not allowed to work beyond the limited time permitted. During this time, not much information was gathered about the implementation of the ordinance (Kasim, 2001). Since then, the initial law for the protection of children has undergone several revisions and the latest is the establishment of the *Child Act 2001*, a consolidation of 3

previous laws regarding child protection and juvenile justice, namely the *Juvenile Courts Act 1947*, the *Women and Young Girls Protection Act 1973* and the *Child Protection Act 1991* (Law of Malaysia, 2006). However, it was the *Child Act 1991* that made a significant improvement to child protection in Malaysia as the definition of abuse was expanded to include emotional and sexual abuse. Further, the Act made it compulsory for doctors to report all confirmed or suspected abuse cases.

According to Kasim (2001), the first local article describing child abuse cases was published in 1974 by paediatricians who were inspired by international articles on the same issue. The article described the child abuse cases reported at the University Hospital Kuala Lumpur (Woon, Chin & Lam, 1974). However, the article was not enough to draw people's attention to the subject at the time. In contrast, an increasing numbers of child abuse cases reported over the following years did force the government to keep annual records of child abuse cases. The National Department of Social Welfare Services was appointed to carry out this responsibility. During the same time, the data collected did not give distinct information about the type of child abuse due to the poor definition given. Reported cases of child abuse remained about the same until 1991 when a sudden increase in the cases was reported. In 1991, there were 511 cases reported, compared to 89 cases in the first year of data collection. A few reasons were given to explain the sudden increase in reported child abuse cases in 1999 and the following year (Kasim, 2001). The first was the establishment of Suspected Child Abuse and Neglect (SCAN) teams in big hospitals such as the General Hospital Kuala Lumpur (HKL) in 1985. The establishment of the SCAN team enabled child abuse data to be collected effectively and efficiently. A second reason was the wide media coverage on those child abuse cases that had caused fatal injuries.

In general, most of the reported child abuse cases were from big cities including Kuala Lumpur, Selangor and Pulau Pinang, whereas the lowest number of cases of child abuse were from states including Terengganu, Perlis and Kelantan that have a high proportion of people living in rural areas (Department of Social Welfare, 2007). Kasim (2001) also mentions that no specific records on child sexual abuse cases existed in the early years because the data collected did not differentiate rates for different types of abuse.

Statistics of Child Abuse in Malaysia

Evidence on child abuse in Malaysia relies on statistical data recorded by government and other agencies. However, data recorded by these agencies are scanty and more likely to contradict each other and thus make it difficult to assess accurately the number of child abuse cases (Shah, 2005; WHO, 2006). There is no systematic approach for collecting information on child abuse in Malaysia and each organisation collects its data differently (WHO, 2006). For example, child abuse cases in hospitals are recorded based on victims who sought help. Similarly, police data are based on reported cases and data from the Department of Social Welfare also relies on referred cases. Hence, to conclude anything from the statistics can be problematic and they need to be viewed with some caution due to the referral bias that characterizes all of them. Since the establishment of the SCAN team in most government hospitals as well as the Child Act of 1991 and 2001, the quality of data collected on child abuse in Malaysia has improved significantly (Kasim, 2001).

Table 1
Child Abuse Cases Regarding Type of Abuse for 2002-2006

Type of abuse	2002			2003			2004			2005			2006		
	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total
Abandoned babies/Baby dumping	53	68	121	50	48	98	16	10	26	22	46	68	20	33	53
Neglected	189	168	357	184	205	389	296	267	563	306	295	601	355	327	682
Physical	182	172	354	200	210	410	214	231	445	219	212	431	224	271	495
Sexual	22	302	324	28	402	430	41	488	529	42	524	566	20	650	670
Emotion/Psychologically	15	17	32	5	27	32	26	37	63	34	43	77	13	37	50
Incest	0	0	0	0	0	0	3	27	30	7	50	57	1	48	49
Others	31	23	54	13	18	31	0	0	0	0	0	0	0	0	0
Total	492	750	1242	480	910	1390	596	1060	1656	630	1170	1800	633	1366	1999

Source: Profile Statistics the Department of Social Welfare Malaysia 2007

Recent statistics from the Department of Social Welfare Malaysia for the years 2002-2006 (see Table 1) indicate that the most common type of child abuse in Malaysia for 2002-2006 was CSA (2655), followed by child neglect (2592) and physical abuse (2135). The statistics also indicate that girls are more likely to become a victim of sexual abuse than boys. The statistics show no record of incest cases from 2002-2003. According to the Department of Social Welfare Malaysia, incest cases were included in the 'Others' category within those years. Only after 2004 did incest cases have their own category. Shah (2005) asserts that changes have occurred in the statistics, as previous child abuse statistics for 1997-2001 indicated that physical abuse was the most common type of child abuse reported. If we refer to the current statistics, it is evident that CSA cases have increased steadily through the years. Regarding race, child abuse in general is highest among the Malay population, followed by Indian and Chinese (Department of Social Welfare, 2007).

Table 2

Incest Cases Statistics for 2000-June 2007

Year	2000	2001	2002	2003	2004	2005	2006	2007	Total
Johor	29	34	47	47	52	39	27	33	308
Selangor	29	32	47	35	40	41	57	27	308
Sabah	24	30	27	29	44	38	46	20	258
Perak	16	14	27	29	27	33	39	12	197
Kedah	21	12	31	21	28	32	34	16	195
Pahang	13	18	35	19	21	13	25	20	164
Sarawak	20	13	16	15	22	17	20	13	136
Terengganu	16	18	15	6	13	21	19	1	109
Kelantan	9	21	16	11	16	10	17	7	107
N.Sembilan	7	17	10	14	22	14	13	5	102
Melaka	13	8	10	15	14	17	15	9	101
K.Lumpur	9	15	10	9	21	12	10	10	96
P.Pinang	6	13	11	3	11	4	8	3	59
Perlis	1	1	4	1	4	4	2	1	18
Total	213	246	306	254	335	295	332	177	2158

Source: Profile Statistics the Department of Social Welfare Malaysia 2007

Meanwhile, Table 2 shows statistics of incest cases reported in Malaysia from 2000 until June 2007. The statistics were collected according to states within Malaysia. The statistics show that the highest number of cases of incest in Malaysia were reported in Johor, followed by Selangor and Sabah. Meanwhile, Perlis had the lowest number of incest cases reported throughout the years. However, in order to judge the statistics more accurately, it is important to examine them in relation to the population size and age composition of the different states.

According to Kasim, Cheah and Shafie (1995), the majority of child abusers are fathers followed by mothers and child minders. Some believe that this is caused because working mothers have left their children alone with inexperienced and/or intolerant fathers (Shah, 2005). Child abuse cases regarding regions show that big cities reported the highest incidence of such cases with Kuala Lumpur the highest, followed by Selangor and Penang. All of these are big cities in Malaysia with the largest populations and the highest concentration of industry. A common scenario in a big city is where both parents work, live in a crowded space, have a high cost of living, and have less social support.

The Suspected Child Abuse and Neglect (SCAN) team in HKL has listed six categories of child abuse: physical abuse, physical neglect, emotional abuse, sexual abuse, street child and child labour (Shah, 2005). According to Shah (2005), the last two categories are child abuse in the Malaysian context. Another form of child abuse that commonly occurs in Malaysia is 'baby dumping' in which illegitimate or unwelcome newborn babies are abandoned or left in public places such as in buses or are thrown in garbage dumps (Shah, 2005). Statistics from the Royal Police of Malaysia indicate that there were 580 cases of 'baby dumping' recorded throughout Malaysia from 2000-2008 (as cited in Haji Bedu, Katip, Mohd Sahid & Syed Mansor, 2008). From a total of 580 cases, 48 involved dumping of foetuses and 532 were newborns.

Based on the statistics, CSA in Malaysia is more likely to happen among girls than boys with the age range typically between 7-14 years old. However, cases that involved victims as young as 3 years old are also frequently reported (Shah, 2005).

Data derived from retrospective analysis of child abuse cases in the years 1993-1996 found that 54% of sexually abused children were 16 years old or below and 93% were children from lower socio-economic status families (Kamaruddin, 1996). Kamaruddin's study may give the impression that CSA is more prominent in lower socio-economic status families. However, it is worth noting that this finding probably derived from the methodological approach used to collect the data which could have resulted in selection bias. Lower socio-economic status families may have been overrepresented in the report because they are more likely to receive public assistance. Thus, the findings may not represent the general CSA victims' population as many people choose not to report the sexual crimes. Furthermore, inconsistency of CSA reported cases in terms of ethnicity is also frequently reported. Most of these problems occur due to factors such as sampling problems in reported cases, the area where the statistics were collected and the organisation collecting the data (Kamaruddin, 1999; Social Welfare Department, 1998; Kasmini & Sham, 1995; Sham, Haliza & Irene, 1994; Sham, Irene & Haliza, 1995).

Current statistics by the Royal Police of Malaysia from 2000-2004 indicate that regarding age group distribution, most of the victims were under 16 years of age. This however, included those who gave consent but fell under the category of statutory rape due to being under-age (National Report on Violence and Health Malaysia, 2006). A very low percentage of cases have been reported to law enforcement agencies (Kamaruddin, 1996). Major barriers in reporting such cases relate to the social sensitivity of the issue, the desire not to bring disgrace and stigma to the family and to the person involved and the notion that family matter should remain within the family (Shah, 2005).

Survey research by Singh, Wong and Nurani (1996) on paramedical staff found that from a total of 616 students who participated in the research, 6.8% had experienced childhood sexual abuse. Of these, 69% involved physical contact; 9.5% involved sexual intercourse; and 59.5% involved repeated abuse. More than half of the respondents had known their perpetrators and 38.1% were abused before they were 10 years old. Singh, Wong and Nurani (1996) noted that the lower prevalence figures reported in this research reflect local sociocultural limitations in reporting

abuse. There is a distinct possibility that the majority of sexually abused victims suffered in silence.

Aggressive action taken by the Malaysia government in tackling CSA has significant implications for the professionals involved in terms of their responsibilities and power for action. For example, the establishment of the Child Act 2001 has given more power to social workers in the Welfare Department as they are included as a child protector under the new law. Meanwhile, mandatory of reporting abuse by physicians' requires high levels of commitment from other professionals to get involved. Also, the establishment centre or unit within organisations in most major hospitals for handling CSA cases requires intense collaboration between the organisations and professionals involved. Aggressive public campaigns on CSA have led to an increase in reported cases. Unfortunately, few studies could be located that sought professionals' experiences with CSA cases in Malaysia. Although existing research in Malaysia offers little understanding of the impacts of working with sexual abuse victims, research from other countries has shown that professionals are indeed affected by their work with victims.

It is evident that there is a huge gap between the number of CSA cases reported each year and corresponding research on the issue in Malaysia. Furthermore, issues that are being studied tend to be limited to certain topics and this hinders comprehensive understanding of the CSA issue in Malaysia. For example, most CSA studies in Malaysia have focused on demographic information and the profile of victims and/or the perpetrators. Meanwhile, issues such as the impact of CSA on the psychological well being of the victims are rarely studied.

Global Child Sexual Abuse Statistics

Research from various countries demonstrates that CSA is a pervasive problem globally. There is an overwhelming amount of evidence to show CSA is an extensive problem across the regions. It happens in underdeveloped countries as well as developed countries, in rural areas as well as urban areas. In Sri Lanka, data from police reports indicated that sexual abuse (e.g. rape, incest) contributed between 65 to 70 percent of the major offences against children from 2000 to 2003 (WHO, 2004).

Also, a prevalence study of CSA among advanced secondary and university students indicated that 12 percent of girl and 20 percent of boys reported to be sexually abused in their childhood (WHO, 2004). In Thailand, report on injuries and deaths from assaults by the Epidemiology Division of the Ministry of Public Health Thailand in 2002 indicated that sexual abuse accounted for 44 percent of total assaults reported against girls (WHO, 2007). Girls were reported to be at higher risk of sexual abuse compared to boys. Also, a report from the Children's Rights Protection Center indicated that sexual abuse accounted for 32 percent of all violence and assault cases reported from 1981 to 2003, followed by child prostitution (32%) and physical abuse (12%). In India, children accounted for 28.8 percent of all rape cases reported in 1997 (Ministry of Home Affairs India, 2002).

In Australia, recent statistics of child abuse and neglect from 2009 to 2010 indicated that CSA accounted for 12.7 percent of all maltreatment types reported against children (Lamont, 2011). The statistics also revealed that girls were much more likely to be the subject of sexual abuse than boys and were more likely to become the subject of sexual abuse in Western Australia, South Australia and the Northern Territory. Meanwhile, Fleming et al. (2007) studied almost 10, 000 male and female high school students on violence among young people in New Zealand under the age of eighteen years and found that 26 percent of girls and 14 percent of boys admitted to experiencing unwanted sexual experiences. Similarly, in a prevalence study of child sexual abuse by the New Zealand Violence Against Women Study among 2855 women in Auckland and north Waikato found that 23.5 percent of women in Auckland and 28.2 percent of women in north Waikato reported unwanted sexual experiences and/or being forced to do sexual acts prior to the age of 15 years (Fanslow, 2007). Studies conducted in Africa also demonstrate similar patterns. For instance, Collings (1997) who conducted a prevalence study on 640 female university students to assess childhood unwanted sexual experiences found that 34.8 percent of the total sample reported unwanted sexual experiences before the age of 18 years. Meanwhile, Madu and Peltzer (2000) conducted a survey on 414 secondary school students from the Northern Province in South Africa and found a very high prevalence rate of child sexual abuse had been reported by students. Fifty four percent (54%) of Madu and Peltzer's (2000) sample reported being sexually abused before the age of 18 years.

According to the CSA report, CSA occurs worldwide in various forms including forced prostitution, sexual trafficking, systematic rape (armed conflict), child marriage, rape by strangers, sodomy, incest, exposure to pornographic material and sexual harassment (e.g. fondling, forcible kissing). Most of the CSA reports revealed that the perpetrators are more likely to be men and/or boys and someone known to the victims (family member, parent, relative, neighbour, acquaintance). Both men and women can be potential perpetrators although CSA statistics indicated that CSA is predominantly committed by men or boys. Child sexual abuse most commonly occurred in the rapist's home or victim's home and neighbourhoods. Global CSA statistics reveal there are many factors contributing to CSA. Among frequent reasons cited were economic poverty, armed conflicts, breakdown of family and societal systems, personal attitudes and traditional values in society.

Despite the overwhelming statistics on CSA cases, there is consensus among researchers over the difficulties of assessing accurately the occurrence of CSA and/or to make wider comparisons, firstly because CSA and child exploitation are largely underreported or hidden due to cultural, economic and socio-cultural environment (Jewkes & Abaham, 2002; Lalor, 2004). Even in western countries, child abuse and neglect often goes undetected due to the same issues (Lamont, 2011). In Asian countries, the lack of adequate data on CSA is often associated with values held by society toward women and children. For instance, violence is seen as socially acceptable; men have power and rights over women; and rape myths are common including the idea that women are raped because they dress provocatively and provoke sexual feelings. Secondly, the definitions and terms used by authors and/or authorities tend to be vary, thus precluding wider comparisons (Jewkes & Abrahams, 2002). From what have been discussed, it can be said that the difficulty of getting accurate estimates of CSA is not unique to Malaysia. Other countries seem to experience similar difficulties in assessing the prevalence and incidence figures on CSA cases. However, this must not detract from the need to recognise the seriousness of CSA and the profound violation of children's rights wherever it occurs.

Risk Involved in Sexual Assault Cases on Professional

Researchers' interest in studying the effect of working with sexual abuse victims on professionals followed an article written by McCann and Pearlman in 1990. Five years later, Pearlman and Saakvitne (1995) published a book called *Trauma and the Therapist*. The book's continuing popularity relates to its comprehensive explanation of the psychological effects on clinicians who work with sexually abused victims (Benatar, 2000). The publications demonstrate that professionals are vulnerable to trauma exposure as much as victims. Meanwhile, research has identified numerous problems encountered by professionals who work with sexual abuse victims including vicarious traumatization (VT) (Pearlman and Saakvitne, 1995; Steed & Downing, 1998); *burnout* (Bennet, Plint & Clifford, 2005; Anderson, 2000; Killian, 2008); *violence, threats and intimidation* (Cornille & Meyers, 1999; Briggs et al., 2003; Morita & Wada, 2007); *cultural barriers* (Ullman & Townsend, 2007; Shalhoub-Kevorkian, 2005; Jui-Ying, Jewenski & Tsung-Wei, 2005); and *collaboration difficulties* (Wright, Powell & Ridge, 2006; Lloyd & Burman, 1996; Newman & Dannenfelser, 2005). It appears that working with trauma can involve considerable risk although not all studies have found this (Stalker et al., 2007; Collins & Long, 2003; Wasco & Campbell, 2002; Pistorious, 2006). Affected professionals are said to contribute to high turnover rates, decreased organisational performance and decreased quality of services for clients.

In 2002, one book based on a research report on rape was published in Malaysia. The rape cases reported in the study included rape, incest and CSA. Data for the report had been collected from government agencies throughout the country including Royal Police of Malaysia, Social Welfare Department and the main hospitals in Malaysia (Lai, Abdullah, Ong & Wong, 2002). One part of the research examined professionals' experiences of working with sexually abused victims. The study indicates that professionals faced numerous difficulties in their work including collaboration problems, excessive workloads, lack of training and knowledge on the area, and working understaffed. Even so, how this work had an impacted on professionals' well being was not explored. It is evident that issues faced by professionals in Malaysia such as collaboration difficulties, cultural barriers and burnout are quite similar to those encountered by professionals in other countries. The

report does identify problems associated with uncooperative victims and families in Malaysia and suggests that social and cultural issues are more dominant in Malaysian culture. The latest publication related to the issue is a report published by the Women Crisis Centre Penang (WCC Penang) in 2007. The report aimed to examine the legal and judicial systems in dealing with sexual crime cases especially within the court process. It report demonstrates that communication problems between organisations and lack of training on sexual issues among prosecutors affect professionals' response to sexual crime cases and particularly their response to victims. Again, no attention was given to understanding professionals' difficulties in dealing with those challenges.

Research concerning professionals' experiences of working with CSA in Malaysia is limited and little specific examination of this topic could be found. This situation is understandable considering that the field of psychotraumatology is still developing (Figley, 1995). Literature focussing on the effects on professionals of working with trauma victims occurred as recently as the 1980s (Danieli, 1988; McCann & Pearlman, 1990; Figley, 1995). Even so, there is a tendency among researchers to incorporate CSA with other sexual crime cases such as adult rape. I found a number of studies incorporating CSA into a category shared with other types of sexual crime. Therefore, some of the literature reviewed in this chapter includes such studies. However, I believe that research on professionals involved with CSA victims deserve to be studied specifically in its own right as each type of sexual abuse case has its own unique qualities in terms of problems and difficulties despite the similarities that have been noted in other studies on sexual assault. Problems or issues within the case can be identified more clearly when CSA is investigated separately. Furthermore, research regarding this issue has not been fully explored in Asian countries. I found very little study on this issue in Asia overall and particularly in Malaysia. Together, all these reasons indicate a need to research the experience and impacts of working with sexually abused children amongst Malaysian professionals.

Vicarious traumatisation (VT)

Much of the research regarding professionals' experiences of working with sexually abused victims focuses on the psychological impacts as a result of interaction

and/or exposure to trauma material, known as vicarious traumatisation (VT). VT is a term used to describe cumulative effects of working with traumatised clients, which consists of short and long term effects (Morrison, 2007).

VT as describe by Pearlman and Saakvitne (1995) includes therapists experiencing the same signs and symptoms as their clients including post traumatic stress disorder (PTSD) symptoms as well as disruption of therapists' belief about self, others and the world; feeling helpless to witness clients destructive behaviour; and feeling cynicism, despair and loss of hope. In other words, VT may involve changes in cognitive schemas, experiencing physiological symptoms resembling PTSD reactions and feelings of being overwhelmed (Morrison,Quadara & Boyd, 2007). Pearlman and Saakvitne (1995) assert that VT is specifically used to describe the negative aspects experienced by professionals working with trauma.

Nonetheless, it is also common to see other terms being used in the literature such as *compassion fatigue*, *burnout* and *secondary traumatic stress* (STS). For example, Figley (1995) introduced the term STS and often used it interchangeably with compassion fatigue. STS is used to describe behaviours and emotions resulting from helping traumatised victims (as cited in Dunkley & Whelan, 2006). STS is defined as symptoms that resemble those of PTSD commonly experienced by victims of trauma. Meanwhile, burnout is described as an emotional exhaustion, depersonalisation and decreased sense of accomplishment due to prolonged work-related exposure (Maslach, 1982). The term burnout is applied to explain psychological strains resulting from working with difficult populations in any profession.

In this research, I prefer to use VT to explain trauma effects rather than the other terms mentioned as the definition of VT encompasses both cognitive changes and symptomatic distress. Other terms such as STS focus more on symptomatic distress and observable symptoms. As for burnout, although symptoms can be similar to VT, the potential effects of working with trauma can be very different from those arising from working with other difficult populations (Dunkley & Whelan, 2006). The term of VT coined by McCann and Pearlman (1990) is considered to be the most comprehensive account so far (Dunkley & Wheland, 2006; Sexton, 1999).

Symptoms of vicarious traumatisation

Psychosomatic symptoms

VT symptoms resemble PTSD reactions including flashbacks, nightmares, obsessive thoughts, numbing and dissociation (Morrison, 2007). Numerous studies have indicated that VT is evident among professionals working with sexual abuse victims (Steed & Downing, 1998; Way, Vandeußen et al., 2004; Clemans, 2004; Schauben & Frazier, 1995).

Steed and Downing (1998) in a qualitative research on 12 female therapists worked in the field of sexual assault found that respondents reported various physiological complaints included overwhelming imagery, intrusive thoughts, sleep disturbance, and nightmares. Research by Way, Vandeußen, et al. (2004) also found similar findings. They also found no differences in trauma impact between clinicians who treat either sexual assault victims and sexual offenders. The survey research showed that trauma findings between clinician groups did not differ significantly in their levels of VT. However, the same research indicated that intrusion trauma was higher in clinicians who worked with sexual assault survivors for a shorter time. Furthermore, research on 21 women employees in eight rape crisis centre indicated that nearly all participants experienced at least one or more symptoms of VT that resembled PTSD (Clemans, 2004). The symptoms reported included nightmares, intense fear, sleep disturbance and anxiety. Some participants also reported physical symptoms usually associated with PTSD such as headaches, stomach aches, feeling numb, hypervigilant and panic attacks.

In Asia, a prevalence study of secondary traumatic stress in humanitarian aid workers (HWAs) in India found that all participants (n = 76) who worked with people exposed to violence, sexual abuse and housing/safety crisis reported at least one symptom of STS and six (6) experienced symptoms resembling PTSD. The study used Secondary Traumatic Stress Scale (STSS) to measure traumatic stress on participants and the most common symptoms reported including difficulty to concentrating, trouble sleeping and excessive thinking about clients' experiences. Despite scarcity of similar study in Asia, this study demonstrates that VT potentially

affects any helping professionals regardless of the diversity in their cultural backgrounds.

Research on professionals involved in CSA cases also indicates similar results. For instance, a quantitative study of secondary traumatic stress among child protection workers showed a significant proportion of participants experienced high levels of distress (Cornille & Meyers, 1999). Symptoms reported included disruption in interpersonal relations, depression, phobic anxiety, paranoid ideation, hostility and global distress symptoms. Pistorious (2006) found that therapists who worked with CSA victims reported symptoms of VT such as intrusive images or thoughts, dreams about the abuse, sadness, dissociation and isolation. Similar results were found in a survey research by Follette, Polusny and Milbeck (1994) among mental health and law enforcement professionals who provided services to CSA survivors. Results from the study showed that law enforcement professionals reported higher level of traumatic symptoms, psychological distress and personal stress compared to mental health professionals. According to Follette, Polusny and Milbeck (1994), one possible reason for these differences is that mental health professionals are frequently involved in personal therapy and therefore cope better compared with law enforcement professionals who reported less use of personal therapy. Another possible reason for such findings is that usually law enforcement workers have received little or no formal training on psychotherapeutic services like those obtained by therapists. Without substantial knowledge/skills on trauma work such as ways of providing emotional support, counselling and therapy, it might be difficult for law enforcement workers to provide meaningful emotional support to victims when necessary. These could contribute to the high level of traumatic symptoms, psychological stress and personal stress as reported. Further, as mentioned by Follette, Polusny and Milbeck (1994) frequent use of personal therapy by mental health professionals might derive from awareness of the possible risks involved in trauma work, thus making them more proactive in findings ways to cope better with this work compared to law enforcement workers.

Intense emotional responses

Emotional responses involve intense feelings that result from exposure to trauma material such as hearing about the abuse from victims' disclosure. Cunningham (1999) and Johnson and Hunter (1997) claim that the emotional impact among sexual assault therapists and/or social workers is greater than that experienced by therapists and/or social workers in other areas. This is evident in a number of studies that have explored the impact of working with sexual abuse cases on the life of professionals (Schauben & Frazier, 1995; Johnson & Hunter, 1997; Steed & Downing, 1998). For instance, survey research by Schauben and Frazier (1995) on sexual assault counsellors found that hearing in great detail about extreme sexual violence was a difficult thing to do and difficult to forget. Meanwhile, research on female psychologists and counsellors working with sexual assault survivors found that all participants reported being negatively affected by their work with victims. Participants experienced intense emotional responses including anger, pain, frustration, sadness, shock, and distress. Consistent with these findings is a study conducted by Johnson and Hunter (1997) who compared VT between sexual assault counsellors and counsellors from other therapy areas. They found that sexual assault counsellors reported or experienced greater emotional exhaustion compared with other counsellors.

Research on other professionals (e.g. victims advocates, police, administrators, social workers) demonstrates similar results (Wasco & Campbell, 2002; Vrkleviski and Franklin, 2008; Cheung & Queen, 2000; Couper, 2000). Research has indicated that working with sexual violence survivors and traumatised victims often triggered intense emotional responses in professionals. Although levels of involvement with clients may not be as intense as therapist involvement with victims, witnessing and hearing traumatic material is enough to put professionals at risk. For instance, Wasco and Campbell (2002) examined emotional responses among rape victims advocates and found that fear and anger was significantly related to the experience of rape victims. Specifically, fear and anger reported by participants in the study were directed toward specific individuals and/or the community at large. For example, participants reported feeling anger toward perpetrators and perceived their actions as immoral, unacceptable or cruel. They also felt anger toward helping professionals

who failed to assist victims in meeting their needs and/or showed less respect for victims' condition or situation. In addition, feelings of anger were directed toward society in general as participants perceived that the community still lacks awareness of rape issues in society and remains in a state of denial or prefers to keep problems within the family despite victims desperate need for support and help.

Meanwhile, fear reactions in the study were associated with respondents' encounters with perpetrators and family members in public spheres such as courtrooms, shops, restaurants and parks. Fear was associated with perceived threat. This was particularly apparent among participants from rural areas where those in a small community easily meet one another. Fear was also linked with characteristics shared by respondents and rape victims that caused respondents to feel vulnerable to violence. Another issue related to fear among participants concerned over their own and their family members' safety. Lack of confidence over safety in the community was mentioned by some participants as they were afraid to be left alone in the workplace or when they had to deal with the criminal justice system.

Research on professionals working with CSA showed similar findings in that professionals who worked with sexually abused children reported intense emotional responses including anger, guilt, embarrassment, fear, lack of confidence, sadness, grief, feeling of discomfort and empathy (Cheung & Queen, 2000; Couper, 2000; Lonergan et. al, 2004; Walker, 2004; West, 1997).

Cheung and Queen (2000) examined emotional reactions between police officers and social workers worked in CSA in Hong Kong. The results showed no significant differences in emotional responses between the two groups. However, detailed examination showed that anger at the perpetrators was more common among police officers compared with social workers. Feelings of anger and revenge experienced by the respondents in this research were associated with beliefs that sexual abuse is considered as evil or immoral behaviour. Compared to police officers, social workers reported feeling more embarrassment, lack of confidence and empathy toward victims. The lack of confidence was related to fear of being inadequate in handling the situation. Other emotional responses reported by respondents in the study including embarrassment towards a perpetrator; ambivalence about rescuing the child

or preserving the family; titillation in response to involuntary responses to words and descriptions of sex acts; feeling of revenge because of behaviour that was bad and immoral; and ambivalence about helping or punishing the perpetrator. Meanwhile, a qualitative study on police officers in US indicated that dealing with battered children was ranked as both traumatic and presented great sources of stress for police officers (Patterson, 2001).

Further, Couper (2000) interviewed nine members of teams who worked with sexually abused children, including two secretaries on their experiences with victims. Couper (2000) indicated that even the secretaries were affected by the experience. Respondents reported negative emotional responses as a result of trauma exposure such as feeling terrible, inadequate, helpless, self doubting and lack of confidence. Meanwhile, Lonergan et al. (2004) examined the development of trauma in therapists who worked with traumatised children. The therapists discussed the painful effects they experienced working with traumatised children at the early stage of their involvement including feeling sadness, grief and pain. However, self awareness and self reflection helped the therapists to overcome the painful effects of their work.

West (1997) addressed the emotional difficulties experienced by professionals dealing with abused children. As a therapist herself, she noted that working with physical, sexual and emotional abuse is more difficult than working with other types of child abuse. More often than not, hearing and witnessing traumatised children left professionals with all kinds of negative feelings such as anger, revulsion, hatred, grief, sadness and distress. They were also more likely to feel confused about what had happened as it went against their own preconceived beliefs about society. Further, obligations to protect children's privacy left professional feeling alienated and alone in dealing with the intense emotional responses. This may further the damage experienced by professionals.

Changes in cognitive schemas

Another aspect associated with VT concerns significance changes in cognitive schemas. Cognitive schemas according to Pearlman and Saakvitne (1995) refer to cognitive manifestations of psychological needs such as trust, safety, power, esteem, intimacy, independence and frame of reference. These needs are sensitive to

disruption by VT and a change of cognitive schemata is reflected in the perspectives that professionals develop (Steed & Downing, 1998). For example, professionals experiencing VT may perceive the world as an unsafe place, feel helpless towards self and/or others, withdraw from others and have loss of the sense of independence (Straker, 1993).

Steed and Downing (1998) in their study found that therapists not only experienced feeling emotionally overwhelmed and trauma symptoms as a result of working with trauma victims, they also reported of significant changes in their cognitive schemas (e.g. beliefs toward self, others and the world). Therapists reported feelings of fear for their own safety and others as well. They distrusted themselves and others. Also, they lost faith in human beings and felt more vulnerable as they believed that abuse could happen to anyone, at anytime and anywhere. Similar results were also found in Schauben and Frazier (1995) where beliefs about the goodness of others were altered due to trauma exposure. Meanwhile, in a survey of clinicians who treated sexual abuse survivors and sexual abuse offenders found that scores for disruption in cognitions about intimacy exceeded normal norms for mental health professionals (VanDeusen and Way, 2006). This was found in clinicians who worked with both sexual abuse survivors and sexual abuse offenders. In addition, Clemans (2004) found that exposure to trauma material significantly affected respondents' relationship with others including family members and friends. For instance, respondents indicated that they were more protective toward their own children; felt sexually detached from their partners and distrusted others particularly men. Respondents also reported changes in their view about the world. They felt the world was no longer a safe place to live and distrusted society. Similar findings were found in research by Killian (2008) who reported that 4 out of 16 women and 1 out of 4 men in the study felt their sexual relationships were negatively altered as a result of trauma exposure. Killian (2008) suggests that the results also indicate that the sexual intimacy of male professionals is also at risk due to trauma exposure; as opposed to an early assumption that males were more capable of remaining unaffected in terms of intimacy.

Likewise, Pistorious (2006) interviewed female therapists who worked with sexually abused children and found that working with victims had an impact on

therapists, personally and professionally. The impact included changes of views about the world and relationships with others. Therapists viewed the world as not a safe place, became less intimate, overprotective, perceived people as untrustworthy and feared that sexual abuse might occur in their own families.

Pistorious (2006) findings were consistent with research by Couper (2000) whose respondents also suffered with symptoms of VT. The respondents viewed the world differently as they felt a lack of trust in others, fear for their children's safety, had nightmares, were overprotective, and had feeling of alienation. Similarly, a qualitative study by Lonergan et al. (2004) reported that intense exposure to traumatised children changed therapists' views about self and others. Respondents were inclined to generalise the abuse and were more likely to perceive that every child had been abused. Corovic (2006) indicated that participants felt that exposure to child abuse and neglect cases altered their preconceived belief about other people and the world.

Impact of vicarious traumatisation on clients

Unaddressed VT can also affect treatment for the client. Research by Corovic (2006) indicated that nearly all professionals involved in the study reported they rarely had the opportunity to explore and examine their emotional responses resulting from their work with children. This increased level of stress and unhappiness among professionals in turn affected organisations and the clients they worked with (Sexton, 1999; Neumann & Gamble, 1995; Way et al., 2004). Therapists with VT may have difficulties in remaining emphatic towards clients, have difficulties in setting boundaries within the client-therapist relationship and be more likely to prematurely end the therapeutic work (Walker, 2004; Sexton, 1999).

Hesse (2002) points out several issues that could arise in the therapist-client relationship if VT is affecting the therapist including being unable to remain emphatic towards clients, counter transference, being emotionally detached with clients, boundary difficulties, over identification with a client's experiences and a tendency to blame the client for the traumatisation and view him or her as manipulative rather than placing trust in the client. Conversely, affected professionals may act over

protectively with their clients and go beyond appropriate levels of responsibility or capacity (Walker, 2004). Professionals' inability to distinguish between professional and personal life may lead to other issues such as high levels of stress and burnout. As asserted by Fargason (1995), unresolved feelings may influence professionals' judgement and this is not limited to psychologists or therapists.

Impact of vicarious traumatisation on organisations

For organisations, the resignation of experienced and skilled professionals causes extra financial and resource burdens in terms of recruiting and replacing new staff. Research has indicated that inexperienced professionals need more support and are more likely to suffer with VT than experienced professionals (Benatar, 2000 Day, Thurlow & Woolliscroft, 2003). Such situations can be especially difficult for organisations that already suffer from a lack of funding and resources. In fact, lack of funding, inadequate facilities and understaffing are not unusual for organisations involved in sexual violence cases such as rape and CSA (Ullman & Townsend, 2007). Organisations' failure to address these issues adequately can produce serious occupational health and safety issues when staff demand compensation due to organisational failures to prevent the risks involved (Sexton, 1999). Affected professionals may cause high worker turnover, ongoing conflict within and between organisations, poor productivity and/or over conscientiousness (Morrison, 2007).

Predictors of vicarious traumatisation

Personal trauma history

Personal trauma history refers to trauma incidents or events that have occurred in the lives of professionals themselves (Schauben & Frazier, 1995). Results in the literature associating childhood trauma history (e.g. child sexual abuse and other child maltreatment) and VT are both contradictory and inconclusive. For example, VanDeusen and Way (2006), Schauben and Frazier (1995), Follete, Polusny and Milbeck (1994) and Benatar (2000) found that CSA history was not significantly related to symptoms of VT. VanDeusen and Way (2006) studied VT effects in male and female clinicians who treated sexual abuse survivors and offenders. The study

found no relationship between CSA history and VT effects. Research on other professionals (law enforcement and mental health) who worked with CSA also found no relationship between history of childhood trauma and trauma symptoms (Follete, Polusny & Milbeck, 1994).

These findings contrast with other studies that have found associations between childhood trauma history and VT symptoms (Pearlman & Mac Ian, 1995; Stevens and Higgins, 2002; Vrkleviski and Franklin, 2008). For instance, Pearlman and Mac Ian (1995) explored the effects of trauma history on trauma therapists. They found that therapists who reported a personal trauma history showed more negative effects from the work than participants without a personal trauma history. Sixty percent (60%) of participants in the study reported a personal trauma history. Another research study conducted by Vrkleviski and Franklin (2008) examined similar issues among solicitors who worked with both criminal and non criminal cases. This research found that multiple trauma history indeed influenced symptomatic distress among participants (Vrkleviski and Franklin, 2008).

It is possible that a number of methodological limitations may have contributed to the inconsistency of findings related to personal trauma history and trauma effects. For example, VanDeusen and Way (2006) used the Childhood Trauma Questionnaire (CTQ; Bernstein & Fink, 1988) to assess childhood maltreatment. This instrument is specifically used to measure sexual abuse, physical abuse, physical neglect, emotional abuse and emotional neglect. Researchers were thus able to identify which types of abuse contributed more to trauma effects. In contrast, Pearlman and Mac Ian (1995) examined participants' trauma history with only one question: "Do you have a trauma history?" No attempt was made to differentiate between types of trauma and their specific effects. Both studies used the Traumatic Stress Institute Belief Scale (TSIBS) developed by Pearlman (1993) that is used to assess disrupted cognitive schemas about self and others. However, Pearlman and Mac Ian (1995) included another instrument to assess trauma effects, namely the Impact of Event Scale (IES; Horowitz, Wilner & Alvarez, 1980). The IES is used to assess avoidant and intrusive signs and symptoms of PTSD. By referring to the definition of vicarious trauma, it is evident that Pearlman and Mac Ian (1995) covered all aspects of VT that incorporates changes in cognitive schemas and symptoms

resembling PTSD. Meanwhile, VanDeusen and Way (2006) assessed only one aspect of VT, that is, changes to cognitive schemas. It is possible that participants might have developed symptoms of PTSD due to childhood maltreatment although no changes in cognitive schemas were noted. It might also be possible that other types of trauma history contribute more to VT than childhood maltreatment measured (e.g. sexual abuse, physical abuse, physical neglect, emotional abuse and emotional neglect).

Organisational factors

Numerous studies have linked organisational factors to VT. These factors include higher caseload, levels of exposure and organisational changes (Schauben & Frazier, 1995; Brady, Guy, Poelstra et al., 1999; Burns, Morley, Bradshaw and Domene, 2008; Cornille & Meyer, 1999; Regehr, Hemsworth, Leslie, Howie and Chau, 2004). There is consistency in findings despite differences in measurements and samples used. Some researchers argue that organisational environments are the most significant factor in predicting trauma effects. For instance, Badger, Royse and Craig (2008) studied hospital social workers to examine trauma exposure and its contributing factors. The research indicated that emotional separation and occupational stress were significantly associated with higher levels of secondary trauma than any other factors measured. Similarly, Regehr et al. (2004) in their research on child welfare workers found that aspects of organisational environments were the most significant factors in predicting post traumatic stress. Factors identified included workload, difficult clients, organisational change and public scrutiny.

Schauben and Frazier (1995) studied the effects of trauma on female counsellors and psychologists who worked with sexual violence victims. They found that participants who treated higher numbers of sexual violence victims reported higher levels of trauma symptoms than those who treated fewer. Participants also admitted that listening and sharing trauma stories with victims was one of the most challenging aspects of their work. In another study, Brady, Guy, Poelstra et al. (1999) found that women therapists who reported higher caseloads of sexual assault cases were more likely to experience trauma symptoms compared to those with lower caseloads.

Research exploring associations between levels of exposure and trauma effects has also been undertaken. As asserted by Cornille and Meyers (1999), levels of exposure are more reliable in predicting distress among child protection workers than years of experience in a job. Burns, Morley, Bradshaw and Domene (2008) studied police teams involved in investigating internet child exploitation and found that exposure to graphic images and sounds of sexually abused children were found to be difficult to deal with and the impacts were greater compared to narrative recollections that therapists tend to experience.

Level of experience

Empirical research has suggested that less experienced professionals are more likely to suffer trauma effects than their more experienced counterparts. They are also more likely to feel less confident and lack competency in dealing with trauma victims. For instance, Way et al. (2004) in their research on clinicians who worked with sexual assault victims and sexual offenders found that clinicians who had worked for a shorter period of time reported higher intrusion trauma compared to others. Benatar (2000) also found that experienced therapists seemed to be less vulnerable towards sexually abused children than those who were less experienced. According to Way et al. (2004), such results may indicate that most affected clinicians might have left the field and therefore are not represented in the study. Benatar (2000) assumes that experienced therapists are more likely to have attended advanced training, have more years of experience and supervision and are therefore less vulnerable compared to their less experienced counterparts. Meanwhile, Neumann and Gamble (1995) argue that VT among new therapists may occur because they are not well prepared about what to expect in the work. New professionals usually have higher expectations of their own capability to handle cases or clients; thus making them more vulnerable to the unexpected experiences caused by the trauma.

Levels of experience clearly influence feelings of competency and confidence among professionals. This may explain why less experienced or new professionals are more vulnerable than most experienced professionals to VT. In fact, research has shown that less experienced professionals reported more stress and feelings of incompetence when dealing with sexual abuse victims than more experienced

professionals (Day, Thurlow & Woolliscroft, 2003). The same research indicated that training knowledge contributes to a sense of comfort and competency in working with the clients. Blakeley and Ribeiro (1997) found similar results. Their survey on community health and nurses in Canada showed that participants reported a lack of confidence and knowledge about CSA. Lack of knowledge and experience are also believed to influence professionals' attitudes regarding of victims credibility and disclosure (Hicks & Tite, 1998).

Coping strategies

A review of the literature on coping strategies among professionals working with sexual assault victims has revealed that professionals used multiple strategies to cope with stress. The most frequent coping strategies reported included using humour, debriefing with colleagues, peer support, pets and music, spouse support, accepting the limits of what one can do, involvement in hobbies, supervision in a group, being able to differentiate between work and personal life, self education on trauma issues, ability to work effectively with victims, strong personal and professionals supports and networks, colleagues group interaction, debriefing/supervision sessions, spirituality, exercise and increased training (Marriage & Marriage, 2005; Pistorius, et al., 2008; Schauben & Frazier, 1995; Anderson, 2000; Pistorius, 2006; Follette, Polusny & Milbeck, 1994; VanDeusen & Way, 2006; Killian, 2008).

Pistorius (2006) conducted in depth interviews with therapists and found that therapists actively sought for ways to cope with stress after intense involvement with CSA victims. The most frequently reported themes included seeking for a support system; spirituality; personal therapy; humour; self-awareness; self-care; working on personal issues; avoidance of topics related to sexual abuse; and educating self with sexual abuse knowledge and/or skills. In a survey research by Schauben and Frazier (1995), participants were more likely to report using positive coping strategies to deal with work related stress. These included maintaining a healthy style such as exercising, healthy diet, seeking social support, participating in leisure activities and having positive thinking. Meanwhile, a multimethod study by Killian (2008) on clinicians working with trauma survivors found that self-strategies used by participants included peers and/or supervisor, spirituality, exercise, and spending time with family.

Research has also revealed that professionals tend to use negative coping strategies (Corovic, 2006; Johnson & Hunter, 1997; Follette, Polusny & Milbeck, 1994; VanDeusen & Way, 2006). For example, Johnson and Hunter (1997) found that sexual assault counsellors were more likely to use escape-avoidance strategies to accommodate stress such as eating, drinking, smoking, using drugs or medication, sleeping more than usual and withdrawing from others. A study on law enforcement and mental health professionals indicated that although both law enforcement and mental health workers used a variety of positive coping strategies to cope with work-related stress, law enforcement professionals were more likely to use negative coping strategies such as using drugs, alcohol and withdrawn from others (Follette, Polusny & Milbeck, 1994). Meanwhile, a study on child protection workers found that participants used negative coping mechanisms in dealing with stress including being less sympathetic to clients, denial, distancing oneself from clients, and focussing only on one's professional role. Some researchers believe that negative coping strategies may have adverse impact on therapists well being as these strategies are believed to have short-term implications (Johnson & Hunter, 1997).

There is an argument about whether coping strategy is reliable in predicting trauma symptoms. For instance, research by Stevens and Higgins (2002) on 44 workers who worked with maltreatment children found no relationship between coping strategies and trauma symptoms. In contrast, Schauben and Frazier (1995) in their research on 148 counsellors working with sexual violence survivors found that coping strategies reduced trauma symptoms. Methodological limitations and external factors are believed to have contributed to inconsistency in findings (Stevens & Higgins, 2002). Stevens and Higgins (2002) assert that differences in measurement and sample criteria used in the studies might contribute to this inconsistency. They also acknowledged that external factors such as available resources and current stressors contribute to coping efficacy. However, neither of the studies did measure those factors.

With the exception of a few studies on VT in Asia (e.g. Hong Kong and India), most studies in the research literature have been conducted in Australia, Britain, America and Canada. Unfortunately, I could not compare the findings with

Malaysian literature due to the lack of data available on this issue. I was unable to locate any Malaysian research that examined VT among professionals working with sexual crimes in general and CSA in particular.

Burnout

According to Maslach (1982) burnout refers to ‘a syndrome of emotional exhaustion, depersonalization and feelings of reduced personal accomplishment that occurs in response to the chronic emotional strain of dealing extensively with human beings, particularly where they are troubled and having problems’. Burnout describes general psychological distress as a result of working with difficult populations. Burnout is used to explain psychological stress in any profession. Unlike VT, burnout does not necessarily lead changes in cognitive schemas but it is common for workers to experience both burnout and VT at the same time (Trippany, Kress & Wilcoxon, 2004).

Burnout is believed to affect people in three ways: emotional exhaustion, depersonalization, and diminished personal accomplishment (Zellars, Perrewe & Hochwarter, 2000). However, burnout symptoms can be diverse. Lansen, Fineman, Maslach (as cited in Pross, 2006) listed symptoms associated with burnout including apathy, feeling of hopelessness, rapid exhaustion, disillusionment, melancholy, forgetfulness, irritability, experiencing work as a heavy burden, alienation, as well as impersonal, uncaring and cynical attitudes towards clients, a tendency to blame oneself and feelings of failure.

Professionals who suffer from burnout may affect organisations and clients (Pistorious, et al., 2008). For instance, Pistorious et al. (2008) found that therapists affected by burnout were more likely to feel dread in relation to their clients, less helpful due to feeling tired and to need more rest. Pross (2006) asserts that cynical behaviour can happen to any professional and it serves to reduce tension and stress caused by high levels of pressure in organisations. Likewise, Maslach (1982) concludes (as cited in Stevens & Higgins, 2002) that affected professionals are more likely to protect themselves psychologically and thus neglect clients’ needs. Burnout also contributes to impaired job performance, mental and physical illness, chemical dependency, marital breakdown and early retirement (Marriage & Marriage, 2005;

Bennet, Plint, & Clifford, 2005). A survey conducted by Bennet, Plint and Clifford (2005) showed that burnout was the most frequent reason for leaving jobs among child protection workers.

Prevalence of burnout among child maltreatment professionals

It has been well documented that child protection professionals indeed exhibit higher levels of burnout (Bennet, Plint & Clifford, 2005; Anderson, 2000; Harrison, 1980; Killian, 2008). Bennet, Plint and Clifford's (2005) survey on child protection professionals in hospitals showed that over one third (34.1%) of 165 respondents demonstrated burnout symptoms with a higher prevalence among non-physicians. Anderson (2000) reported that 62% of veteran child protection workers in her study scored in the high range for Emotional Exhaustion (EE), the vital indication for burnout. Further, Harrison (1980) in another survey demonstrated that job satisfaction and job characteristics, highly associated with burnout, were very low among child protection workers. This is similar to findings from Briggs et al's (2003) study that found 62.4% of respondents reported their work as highly emotionally exhausting, 30.6 % reported high levels of burnout and 33.5% reported feeling dissatisfied with their work. Meanwhile, a multimethod study conducted on clinicians working with trauma survivors of CSA found that therapists showed various symptoms of burnout including bodily symptoms, mood changes sleep disturbances, becoming easily distracted, and increased difficulties concentrating (Killian, 2008). Numerous researchers note that work requiring high level of empathy is more likely to result in burnout compared with other kinds of work (Williams, 1989; Shapiro, Burkey, Dorman, Welker, 1996).

Stressors in working with sexual abuse case

Research has revealed that those who work with sexual abuse victims face various kind of stress that can lead to burnout. Ullman and Townsend (2007) examined organisational barriers in working with rape victims. They indicate that a lack of funding contributes to environmental stress among workers in agencies. Respondents in their research reported that a lack of funding led to competition between agencies to compete for available funds. Meanwhile, limited funding

influenced available resources in agencies which then provided a less than an ideal setting in which to provide services. This trend is more apparent in small agencies.

In other studies, respondents mentioned the lack of support for professionals within organisations. Participants articulated that inadequate support increased stress levels in already intense work place environments. For instance, some of the respondents in Wright, Powell and Ridge (2006) study complained of lack of support from other colleagues that increased stress for those working in child abuse units. Respondents reported difficulties in talking about problems and to expressing stress about their work in the unit with other police officers because those who work in the child abuse unit were thought to be more knowledgeable about handling their own issues. This same issue is echoed in a qualitative research study by Burns, Morley, Bradshaw and Domene (2008) who found that participants felt ambivalent talking about their work with others and were afraid the stories about the abuse would affect others because of the nature of work in the unit. Meanwhile, Killian (2008) found that lack of supportive work environment and high caseload demands were identified by respondents as risk factors for developing work stress and compassion fatigue among clinicians working with CSA survivors.

Higher or heavy caseload influences efficiency and quality services for victims as too many cases to handle at the same time affect professionals' attention or focus on each case (Wright, Powell & Ridge, 2006; Morita & Wada, 2007; Lloyd & Burman, 1996; Killian, 2008). As Wright, Powell and Ridge (2006) note in their study, heavy caseloads are a serious issue facing police officers in child abuse investigations. Their study on police officers' perceptions and experiences of working with child abuse investigations found that heavy caseloads compromised the quality of investigations by reducing the time allocated to cases as well as to training and supervision. Further, the continual cycle of child abuse notification and the urgent nature of these cases were source of pressure for respondents.

Collaboration between organisations is also frequently cited as a factor contributing to stress and is perceived as challenging and stressful for those involved (Wright, Powell & Ridge, 2006; Lloyd & Burman, 1996; Newman & Dannenfelser, 2005). For instance, in an interview study by Wright, Powell and Ridge (2006) among

police officers working on child abuse investigations found that differences in approach, goals, working hours, lack of resources and organising work between organisations were among issues that potentially created tension in professionals' collaboration. In fact, some participants perceived that organising an investigation between organisations was much more stressful than dealing with nasty child abuse (Wright, Powell & Ridge, 2006). Similarly, an interview study with child protection workers and law enforcement officers in child protection centres found that factors which hindered collaboration between organisations included differing mandates between organisations, time and scheduling inconsistencies, insufficient resources, different protocols, inconvenient location and lack of knowledge of individual investigators (Newman & Dannenfelser, 2005).

Earlier, Lloyd and Burman (1996) reported that different policies and the nature of work between organisations contributed to stress among professionals. The tension was particularly obvious in difficult cases that needed an urgent response. For instance, the police policy was to involve at the earliest stage of investigation and act immediately once a report was made. By contrast, social workers had to be more thorough in examining every possible reason for the alleged abuse. In the research, the social workers approach was perceived as time consuming by police officers. Factors such as incongruent office hours between agencies can also cause unnecessary problems such as delays in investigations. Wright, Powell and Ridge (2006) in their study supported the findings that significant stress was due to disagreement in goals and policies that can arise among police and social workers in the intervention process.

A few studies highlight a lack of prestige and value in child protection professions. A number of professionals involved in sexual assault or child abuse cases claim that their work suffered a lack of prestige and value by some people within society including members of the public and professionals from other fields (Azar, 2000; Wright, Powell & Ridge, 2006; Newman & Dennenfelser, 2005). Law enforcement officers who worked in child abuse investigations reported that working in a child abuse unit is disadvantageous for workers as child abuse investigations received lower priority than other crimes in the unit (Wright, Powell & Ridge, 2006; Newman & Dennenfelser, 2005). As a consequence, some participants felt that they

received a lack of respect and experienced low prestige compared to colleagues from other units (Newman & Dennenfelter, 2005). Pross (2006) argues that low recognition in terms of titles, positions and salaries affects the psychological health of the helper. Hence, he asserts that low recognition is one of the factors contributing to burnout among helpers who work with traumatised people.

In Malaysia, the organisational issues facing professionals seem to be similar to those identified in studies conducted in other countries. I managed to locate several studies in Malaysia discussing the issue. Although the studies did not specifically focus on professionals working with CSA, the research is still relevant and useful in providing an understanding of the issues facing professionals in general. Higher caseload were reported among police officers, social workers and advocates working with sexual crime cases (Lai, Abdullah et al., 2002; WCC Penang, 2007; Lim, 2007). This problem is associated with lack of manpower within organisations. Lack of staff in the unit means more cases to handle per week. At the same time, the nature of the work means the case to be managed is urgent (Lai, Abdullah, et al., 2002, Lim, 2007). For instance, Lim (2007) reported in his research that all major hospitals in Malaysia still have an average of two medical social workers. He further explained that most medical social workers did not have supporting staff for administrative work, leaving them to handle everything from administrative work to clerical duties and case intervention. This situation causes great dilemmas for professionals who are committed to their work (Lai, Abdullah, et al., 2007). Lai et al. (2002) indicate that the majority of professionals in their study worked in understaffed units. They were keen to commit more to victims but were unable to do so because of lack of staff within organisations. For example, one respondent from a social work department reported that she wanted to support victims further but did not have time to do it. Thus, workers are only able to focus on their main responsibilities before they move on to other cases. In this situation, they compromised victims' need for psychological or emotional support. Although respondents were aware of the situation, there was nothing much they could do as they were also bound to other responsibilities within organisations and they needed to prioritise more important cases in their units.

Furthermore, organisations' collaboration difficulties were also mentioned in the research (Lai, Abdullah et al., 2002; WCC Penang, 2007). Common issues

associated with organisations' collaboration included conflicting policies, communication problem and failure to attend case conferences. For example, police officers sometimes made inappropriate responses in handling cases, coming late to collect specimens or asking others such as victim's family member to do the task they were supposed to do. Occasionally, some police officers refused to accept the report lodged by the specialist concerning a suspected rape. One of the participants believed such actions reflect either the fact officers were misinformed or were just following their own way of doing things. Meanwhile, it was mentioned in the study that not all members involved in the intervention process attended meetings. Hence, it was difficult to decide further actions concerning the victims' welfare. A report by WCC Penang (2007) echoed similar findings. They also noted the lack of inter-agency communication between professionals or organisations involved in intervention. Although substantial effort to enhance the level of collaboration between organisations had been made such as the establishment of special unit to manage sexual abuse cases, professionals still faced many challenges and the level of understanding between organisations was still limited. This affects the way these professionals interact with information and evidence (WCC Penang, 2007).

Lack of training and skills are evident in Malaysian research findings (Lai, Abdullah, et al., 2002; Lim, 2007; Crabtree, 2005). For instance, Lai et al. (2002) indicated that most of the respondents in the research mentioned that they lacked training and special skills to handle sexually assault victims. Their knowledge and skills are focused on specific task in their work and none of that knowledge prepared them to deal with sexual assault victims such as those who had experienced rape, incest and CSA. Lack of knowledge and skills was mentioned by professionals from various units including police officers, forensic clinicians or forensic pathologists, psychiatrists and social workers. For example, some police officers mentioned that their lack of skills to interact with disabled victims such as hearing impaired victims and how this made it difficult for them to investigate cases. Another respondent from an emergency department stated that medical officers dealing with sexual assault victims lack knowledge and hands on experience in dealing with such cases. Similarly, lack of training and skills to handle sexual abuse cases occurred among medical social workers and social welfare workers. In other words, professionals who handle sexual assault cases do not have any specific training in the area and need to

rely on first hand learning experiences and trial and error. Although organisations have provided training programmes, it was on an ad hoc basis and not a standard part of their work. Interestingly, paediatricians also reported that they did not have the skills required for communicating with a child because of lack of training in the area. They also commented that many hospitals did not have child psychologists.

This is supported by the WCC Penang (2007) report that although professionals had undergone regular training; the training associated with sexual issues might be insufficient. In addition, this research drew attention to the scarcity of existing research data and statistics regarding training issues in this field; making it difficult to provide suggestions or recommendations for training improvement. Lack of training and skills have been associated with the recruitment policy currently being practised in Malaysia especially in social work (Lim, 2007; Crabtree, 2005). Crabtree (2002) states that the opportunity to work as a social worker in both the government and private sector is somewhat limited because other graduates from different programs can also apply to work as a social worker. This situation not only affects work opportunity for respective graduate students but also affects the quality of services given by social workers who have not been well exposed or trained to be social workers. Quality performance is likely to suffer. Similarly, Lim (2007) indicates that most social workers do not have training in social work as their basic academic degrees were predominantly from other disciplines such as sociology, economics, political science, administration and others.

Predictors of burnout

Several variables have been associated with burnout. Azar (2000) linked burnout with organisational, personal and client variables. Meanwhile, numerous researchers assert that organisational variables are more significant in predicting burnout (Stalker, Mandell, Frensch, Harvey, and Wright, 2007; Regehr, Hemsworth, Leslie, Howe & Chau, 2004). Despite substantial studies having been conducted on the prevalence of burnout among those who work with sexual abuse victims and/or CSA, existing studies on the issue are limited in scope, with small and unrepresentative sample, making it difficult to summarize any empirical trends (Ackerley, Burnell, Holder & Kurdek, 1988).

Role ambiguity and role conflict

Harrison (1980) studied the association between role strain and burnout among child protective service workers in US. He compared the results with other research that used similar measurements to study role strain and burnout in other professionals. He noted that role strain indeed contributed to burnout among child protection social workers. He also found that role conflict and role ambiguity among child protection social workers were higher than other professionals. Participants rated contradiction of information from supervisors as the most problematic outcome for role conflict. Supervisors were rated highly as the most important role-information source of any role-information source. Meanwhile, for the role ambiguity aspect, the lack of clarity of what behaviour is expected, valued and appreciated all contributed directly to participants' satisfaction. When no clear instruction or guidelines are given, this affects professionals' sense of competency and satisfaction. As noted, lack of accomplishment is one of three important aspects in determining burnout symptoms besides emotional exhaustion and depersonalisation (Maslach, 1982). Harrison (1980) argues that in order to increase levels of satisfaction and competency among child protection workers, it is important to be clear about what is expected from their work.

Workload size

Maslach and Jackson (1986) claimed that caseload size was significantly related to burnout. However, numerous studies have found contradictory results (Koeske and Koeski, 1989; Deighton, Furriss & Traue, 2007). Koeske and Koeske (1989) assert that caseload size is not a straightforward variable that can be directly related to burnout as factors such as different settings and client characteristics may influence the meaning of caseload size. Koeski and Koeski (1989) conducted a study on two separate groups of social workers who studied part time to test burnout and its interactive effects (workload, social support and perception of accomplishment). Workload was measured in detail by considering workload size (e.g. hours spent per day of direct client contact, percentage of type of cases whether crisis or intensive in nature) and workload conditions (intense, direct and involved contact with clients). Only one group included a measure of social support to test the interactive effects. Meanwhile burnout was measured using MBI (Maslach & Jackson, 1986) but only emotional exhaustion and personal accomplishments subscales were used. The

researchers concluded that Maslach and Jackson (1986) assumption was half true. The results showed that workloads were only associated with burnout when participants also reported low social support and perceived themselves as ineffective with clients. Deighton et al's. (2007) findings are similar in that participants who were advocating and succeeding reported fewer symptoms than those who were advocating and not succeeding. Koeski and Koeski's (1989) research is more convincing in explaining workload and its association with burnout as it used a fairly complicated model of burnout including mediating and moderating variables.

Coping strategies

Few studies were designed to investigate the relation between coping and burnout but the findings were inconsistent. Stevens and Higgins (2002) and Anderson (2000) found that coping strategy is not related to burnout symptoms. Their research on those who worked with maltreatment children found that coping strategies were not associated with the level of either trauma or burnout symptoms. However, Schauben and Frazier's (1995) research on 148 counsellors who worked with sexual violence survivors found that positive coping strategies (e.g. active coping, emotional support, planning, and humour) lessened burnout symptoms. As asserted by Stevens and Higgins (2002), this inconsistency in findings may result from the fact that coping strategies are vulnerable to other factors including available resources and current stressors (Stevens & Higgins, 2002). In addition, researchers have identified coping strategies are not the only source of burnout. It might be that other factors are more significant in predicting burnout symptoms than coping strategies. Methodological limitations may have also contributed to the differences. For example, Stevens and Higgins (2002) research involved 44 participants while Schauben and Frazier (1995) recruited 148 of participants. A smaller sample size has less power to detect significant relationship between coping strategies and burnout symptoms even if it exists (Osborn, 2007).

Personal trauma history

Very few studies have examined personal trauma history and its relationship with burnout in those who work with maltreated children. However, Stevens and Higgins (2002) did explore the association between personal trauma history and burnout among those who worked with maltreated children. They noted that history of

child maltreatment was not associated with burnout although childhood maltreatment did predict current trauma symptoms. As explained by Maslach et al. (2001) (as cited in Stevens & Higgins, 2002), there are several other factors that contribute to stressors for mental health workers including time pressure, role ambiguity, workload, poor administrator support and bureaucratic strains. Thus, these factors may be more significant in predicting burnout than personal trauma history.

Violence, threat and intimidation

Besides being exposed to the trauma of children, many professionals have also been exposed to violence, threat and intimidation in their jobs (Morita & Wada, 2007; Briggs, et al., 2003; Green, Gregory, & Mason, 2003; Stanley & Goddard, 2002; Cornille & Meyers, 1999). Being threatened is a serious problem among child protection service workers as violence is often extreme and frightening for the affected worker (Briggs, et al., 2003). According to Briggs et al. (2003), violence, threat and intimidation may occur in two different contexts, namely physical or verbal violence. For example, professionals may be threatened by abusive phone calls, offensive mail, stalking and property damage (Briggs, et al., 2003). Indeed, violence, threat and intimidation put additional burdens on professionals in their work and compromise their emotional, psychological and physical well-being (Briggs, et al., 2003).

Cornille and Meyers (1994) in survey research on secondary traumatic stress among child protective service workers found that 77% of respondents reported having been assaulted or threatened by a client while on job. Similar results were also found in Morita and Wada's (2007) study on the mental health of child counselling office workers in Japan. Respondents reported being physically or verbally abused by parties involved in the cases. Research by Green, Gregory and Mason (2003) also found similar findings. Their research on social workers in rural areas of Australia reported that participants were frequently exposed to violence and harassment including intimidation, physical violence, threats, verbal abuse, excessive phone contact, malicious gossip and complaints. They were also exposed to aggression and abusive situations in their home visits. Likewise, findings from the Victorian Child Protection study found that child protection workers experienced a range of

intimidating and violent acts from their clients (Stanley & Goddard, 2002). These intimidating and violent acts included the following: abusive phone calls, false complaints, death threats, threats with assault, and attempted assault. This study reported that even families, friends and colleagues of child protection workers were also being threatened with intimidation and violent acts by abusive clients.

Further, Briggs et al. (2003) found that violence, threat and intimidation were common among child protection workers. The majority of the respondents (90%) reported threat, violence and intimidation related to their work. Those professionals encountered all kinds of threats, particularly among child protection workers with less than 10 years experience. Most of the perpetrators were fathers or mothers of the children especially in cases that involved courts. Meanwhile, respondents reported that violence, threat and intimidation occurred in many places. For example, it happened in shopping centres, on the way to and from work, their house and neighbourhood or even at the school of their children. In certain cases, perpetrators had acted further by making a false complaint to authorities such as the manager in which the child protection workers worked. These behaviours, Briggs et al. (2003) argue, have created additional tensions on child protection workers as their credibility is being questioned and thus increased the tension they already had.

Regarding gender, it is evident that gender differences influenced the types of aggression received by the professionals (Briggs, et al., 2003). The research found that male professionals were more likely to have experienced physical assault, reputation threats and were subject to complaint. Meanwhile, female professionals were inclined to have experienced more verbal violence.

Such violence, threat and intimidation take their toll on the emotional and other aspects of professionals' health and well being. Briggs et al. (2003) indicated that respondents reported a sense of vulnerability, disillusionment with their profession, distrust, reduced motivation, loss of professional standing among peers, avoidance of child abuse cases and a sense of incompetence due to violence, threat and intimidation. Further, Morita and Wada (2007) in their study also found that physical and verbal abuses contributed to higher distress, increased psychological problems and problems in the personal relationships of workers. Briggs et al. (2003)

found that changes in cognitive schemas and personal life occurred due to experiencing violent behaviours. For example, respondents reported changes in the perception of work and life generally, increased cynicism, pessimism and lower self esteem. Respondents also reported feelings of alienation from friends and families, avoiding other people and were not inclined to socialise anymore (Briggs et al., 2003). As with research on VT, I was unable to locate any research in Malaysia that examined this issue.

Sociocultural Barriers

Some researchers have argued that the research conducted on professionals' experiences of working with sexual assault victims is somewhat limited (Ullman and Townsend, 2007). Most of the research to date focused on the psychological impact (e.g. VT, burnout, intense emotional responses) and organisational difficulties (e.g. workload size, collaboration) of such work and has rarely addressed other issues. However, other issues also deserve attention if a comprehensive understanding of the full range of concerns facing professionals in this demanding field is to be achieved.

Lack of attention to other issues of working with sexual abuse victims on the lives of professionals may occur because for a few reasons. Firstly, it may reflect the fact that the research itself is still at an early stage of exploration. Secondly, the psychological impact of working with trauma may be seen as the most significant problem experienced by professionals working with trauma. Thirdly, it may also happen because the psychological impact of working with trauma is the most damaging aspect experienced by professionals in this field compared with other issues.

Ullman and Townsend (2007) studied problems facing the professionals who worked as advocates in a rape crisis centre and found that societal attitudes and organisational issue influenced the quality services provided to clients. They identified several issues regarding societal attitudes that become barriers among advocates in helping survivors, including denial of rape; race and class biases; gender and sexual orientation bias; and disabilities bias. For example, advocates reported that rape victims were treated less seriously as if rape is not a serious issue in society, while victims of a certain race or class were less believed than others in terms of the

credibility accorded to the victims, perpetrators and witnesses. Other advocates reported difficulties in working with disabled victims because the system was not sensitive to disabled victims' needs.

The same issue is reflected in a qualitative study by Shalhoub-Kevorkian (2005) in Israel. The study examined perceptions of rape victims and helpers about rape disclosure. Although helpers have the power to give assistance and response to victims needs, sociocultural obstacles hindered them from giving maximum support. The sociocultural obstacles mentioned by the helpers included social attitudes towards victims, public prejudices toward victims' families and the system that does not really respond to victims' needs. In a society in which virginity is highly honoured, rape is perceived as a humiliation for the victim and her family. Victims are being accused and blamed for the rape and the possibility of abuse is mostly unheard. Meanwhile, family members of the victims suffer from being stigmatised by the society. In an extreme situation, an 'honour' crime is seen as the best solution to preserve a family's dignity in which the victim would be killed. Further, the system that is supposed to help victims has failed to respond effectively. Lodging a report to the police, doing an investigation and offering a shelter for some helpers would cause further damage as the victims would have to face the challenge alone without support from family and society. As the system and policies are not in favour of responding to victim needs, helpers were in a great dilemma about whether to report the abuse to protect their professionalism or to protect the victims from harm. Similarly, in other study in Taiwan by Jui-Ying, Jewenski and Tsung-Wei (2005), cultural barriers that emphasise family privacy hindered nurses' decisions to report suspected abuse cases. In addition, Alaggia (2001) in her qualitative study of maternal responses to children of incest case in Canada indicates how cultural and religious issues become a barrier that prevent mothers from taking adequate action to help incest victims. Her study showed that rigid patriarchal norms such as family preservation, loyalty, anxiety to be left out by other family members and people in the community are the biggest reasons for not taking action against the perpetrators. Because of the power of mothers in influencing victims to withdraw the case, this may contribute to professionals' failure to take further action even when there is enough evidence to convict the perpetrators.

A study in Malaysia demonstrates that there is a tendency for society to blame victims for what has happened (Lai, Abdullah et al., 2002, WCC Penang, 2007). Such perceptions not only negatively influenced victims from seeking help or reporting the incident, they also influenced professionals' intervention to victims. Numerous respondents in the study were well aware of those obstacles in their work. The tendency to blame victims caused people within community to be insensitive towards victims and sometimes it also involved people with authority. For example, one respondent told of an incident in which an adolescent girl who had been raped and later became pregnant was discarded by the school authority from attending school (Lai, Abdullah et al., 2002). Meanwhile, a research report regarding the criminal justice system's response to sexual crime victims showed that myths of rape and gender bias were evident and involved professionals from every level (WCC Penang, 2007). The research attributes this situation to a lack of knowledge on issues related to sexual crime. Further, the difficulty of obtaining cooperation from victims and families was another serious issue facing by professionals in the study. Common difficulties facing professionals working with the victims included lying, refusing to give information or to disclose, misleading information, and reluctantly talking about the rape. Meanwhile, family members interfered in the investigation process by putting pressure on the victim to withdraw the case, being in state of denial, or refusing to give informed consent for their child to be examined or interviewed by workers.

Compassion Satisfaction

Compassion satisfaction describes positive effects experienced by individuals who work with traumatised or suffering persons (Conrad & Kellar-Guenther, 2006). Compassion satisfaction is achieved through the pleasure from helping, affection for colleague, and a good feeling resulting from the ability to help and make a contribution (Figley & Stamm, 2006). There is persuasive evidence to show that compassion satisfaction is capable of minimising the adverse impacts of burnout and vicarious trauma among mental health workers (e.g. Conrad & Kellar-Guenther, 2006; Stamm, 2002).

Although the literature has predominantly discussed the negative effects of working with sexual abuse victims, numerous studies have proved that positive effects

are also possible (Stalker et al., 2007; Collins & Long, 2003; Lonergan, et al., 2004, Brady et. al., 1999; Wasco & Campbell, 2002). Stalker et al. (2007) state that in order to sustain high levels of satisfaction in helping professions, one must believe that a reward can still be achieved in the work. Rewards may come from two sources. First, reward is achieved from helping victims to improve their situation and second reward occurs in terms of benefits to oneself in terms of personal development (Stalker, et al., 2007).

A number of studies have shown that some professionals reported personal benefits from their work (Brady et al., 1999; Pistorious, 2006; Collins & Long, 2003; Lonergan et al., 2004). For example, Brady et al. (1999) examined the impact of VT on women therapists' spirituality in the US. Results revealed that spiritual beliefs among women therapists who were exposed to more trauma clients were higher than among therapists who reported less exposure to trauma clients. In contrast with previous beliefs, it is assumed that the heightened emphasis on the spiritual issues that confront clients related to issues of meaning, hope and spirituality, may strengthen therapists own spiritual well-being. Alternatively, it is believed that therapists with a stronger sense of spiritual well-being are more drawn to work with trauma clients compared to therapists with less sense of spiritual well-being. A number of studies have also shown that participants had more appreciation of life, were thankful for their parenting roles, optimistic about life and had a higher sense of spiritual well being (Pistorious, 2006; Collins & Long, 2003; Lonergan et al., 2004, Brady et. al., 1999).

Positive impact is not limited to psychological gains only. It also affects professionals in a number of other ways such as helping them to improve skills, knowledge and the level of cooperation between organisations. For example, police officers and social workers reported positive impact from their involvement with the child abuse unit (Llyod & Burman, 1996). Working together was seen as beneficial in a number of ways. For example, it enhances and improves communication between police and social workers; information was shared equally and more comprehensive planning could be provided. Another positive impact mentioned by respondents in this study was it brings specific skills, knowledge and experience to the investigation. For instance, police officers reported being more aware of people's problems and

communicate more effectively with the public. Although Wasco and Campbell (2002) found that participants in their research reported negative emotional reactions as a result of their work with sexual violence victims, they also found that some participants claimed that such emotional reactions acted as a motivation for them to work more effectively with victims.

Other professionals have reported feeling satisfied by watching positive improvement in victims as a result of their professional intervention (Schauben & Frazier, 1995; Pistorious, 2006). Research by Schauben and Frazier (1995) on trauma counsellors found that to watch survivor's creativity, strength and resilience was the most rewarding aspect of their jobs while others mentioned to seeing victims' growth and change as the most enjoyable aspects of their job. Counsellors mentioned that their roles in helping victims are the most rewarding aspects of their jobs. Furthermore, Pistorious (2006) found that therapists frequently mentioned positive aspects of working in the field of CSA. They perceived their work as self-rewarding and self-fulfilling because they validated themselves by helping children and by watching victims progress and heal.

It is evident from the literature review that the capacity to see rewards (whether for themselves or victims they helped) and satisfactions may work as a catalyst that creates compassion satisfaction among some professionals. These help professionals to bounce back from negative experiences to normal functioning, thus enabling them to cope effectively with stress and adversity. Besides those factors, positive coping strategies, the belief that one was meant to do the work and confidence in one's ability to serve client effectively are all believed to increase positive experiences among mental health workers (Friedman, 2002; Fryer et al., 1989; Neumann & Gamble, 1995; Pearlman & Mac Ian, 1995; Pearlman & Saakvitne, 1995). Meanwhile, there is also strong evidence to show organisational factors such as support from colleagues, personal therapy and regular supervision contribute to more positive psychological findings among mental health workers (Neumann & Gamble, 1995; Pearlman & Mac Ian, 1995; Pearlman & Saakvitne, 1995; Linley & Joseph, 2007).

Despite these findings, some argue that compassion satisfaction has been excluded from many studies of vicarious trauma and trauma work (Craig & Sprang, 2010). Thus, future research is needed to expand research inquiry to include compassion satisfaction to obtain a comprehensive understanding of the nature of trauma work (Steedd & Downing, 1998; Collins & Long, 2003).

Gaps in the literature

From the literature it is evident that professionals face many difficulties in their job. Such difficulties lead to other problems including vicarious trauma (e.g. changes in cognitive schemas, trauma symptoms), burnout (exhaustion, depersonalization, a sense of lack of accomplishment), violence, threats and intimidation and many more.

It is also clear that examining professionals experience and its effect on their life is complicated and difficult due to several problems that exist in the literature. First, I found that no clear distinction is made to differentiate between the terms used in the literature, particularly on trauma. Some of the terms were used interchangeably in various studies (Vrklevski & Franklin, 2008). Terms commonly being used in the literature to describe the negative effects that result from working with trauma survivors included burnout, compassion fatigue, secondary traumatic stress, counter transference, and vicarious trauma (Dunkley & Whelan, 2006; Vrklevski & Franklin, 2008; Sexton, 1999). Despite similarities, overlap and interactive effects between these concepts are also evident (Vrklesvki & Franklin, 2008).

Second, research on the impact of trauma on other professionals (e.g. law enforcement officers, legal advisors, administrators, physicians, teachers) is still very limited despite the fact that other professionals are also vulnerable to developing trauma and burnout symptoms. For instance, there are several studies addressed the trauma impact on other professionals including police officers (Follette, Polusny, & Milbeck, 1994; Patterson, 2001; Cheung & Boutte-Queen, 2000; Burns, Morley, Bradshaw, & Domene, 2008), legal advisors (Wasco & Campbell, 2002; Vrklevski & Franklin, 2008), secretaries (Couper, 2000), and administrators (Regehr et al., 2004; Clemans, 2004). Research on professionals working with sexually abused victims has

predominantly focused on therapists, counsellors, psychologists and social workers. As asserted by Vrkleviski and Franklin (2008), other professionals may not be as intensely involved emotionally with victims as therapists, but their close involvement with victims makes them visually and emotionally confronted by injured and traumatised victims. These professionals are exposed equally to traumatic materials including graphic details of trauma stories, photographic and forensic evidence. Further research on these professionals needs to be carried out to add to existing knowledge on psychologists, social workers and therapists.

Third, research on similar issues within the Malaysia context is significantly lacking. Most studies have been conducted in western countries such as UK, United States, Australia, Canada, New Zealand, German, Sweden and a few others. I could not help but notice that there are huge gaps in research between western and eastern countries, particularly Malaysia, regarding this issue. If there is consistency in findings regarding the impact on professionals dealing with sexually abused children, there is the possibility that professionals in Malaysia also face similar circumstances. The current research seeks to explore this possibility. Without such research in Malaysia on similar issues, no absolute claims can be made to confirm or reject existing findings and whether they are also applicable to describing problems in the Malaysian context. In addition, a specific study in Malaysia will ensure that problems unique to the Malaysian culture and context can be identified. The dimensions of the issue may be different from what has been demonstrated in previous research around the world.

The lack of literature on professionals working with sexual crime cases in Malaysia is a well known fact among local researchers (WCC of Penang, 2007). In particular, no specific research on professionals' experiences of working with CSA was successfully located. To overcome this problem, I tried to expand my research by searching the literature under different topics or terms. These included child maltreatment, sexual crimes and burnout. The reason is that, although this research did not specifically discuss the issue of interest to me, it still provided me with useful information on professionals' experiences of working in the helping professions. I expanded my research on issues such as child maltreatment, sexual crimes and burnout. However, in terms of participants involved in most of the studies, most

research that I successfully located was conducted on social workers, medical social workers and advocates while very little research was conducted on the police, physicians and others. This also demonstrates that so many aspects are left unexplored.

Besides that, another problem that I thought contributed to the lack of literature within the Malaysia context is the lack of access to full text theses and/or abstracts published in Malaysia. I was aware of this problem during my search on the local literature. I successfully located one thesis that I thought useful for my study but was informed later that neither abstract nor full text theses were available online. If I am still interested, I must then go to the university where the thesis is located to have a look. This situation is a big disadvantage for students who study overseas but need such information for their research. The lack of Malaysian research regarding this issue in international journals and the lack of access to published theses are clearly a problematic and frustrating situation for any researcher.

To conclude, there is little information on professionals' experience of working in the field of CSA but a great need for such research in Malaysia. Without proactive effort, the issues or challenges faced by those professionals will remain unknown. Without evidence, little or nothing can be done to help professionals and organisations to improve the quality of their services and performance. This unsatisfactory situation leads to other problems that affect clients directly and indirectly. Consequently, the current research is perceived as a first small but necessary step to explore the world of professionals dealing with sexual abused children in Malaysia.

The current exploratory study used a qualitative design that enabled an in-depth evaluation of the experiences of professionals from various professions (social workers, counsellors, police officers, medical social workers) who work with sexually abused children. This study also examines professionals coping strategies and other significant issues encountered in their work with sexually abused children as well as the social and cultural issues that may be unique to the Malaysia context. Results from existing research indicate that while the experiences of professionals working with sexually abused children are quite similar, other issues are much more dominant or

obvious in the Malaysian context (Lai, et al., 2002). Recent research confirms the need for additional research on professionals' experiences from different cultures (Wacker, 2003).

The following chapter will describe the approach that was chosen, as well as details of the specific research methods used.

CHAPTER 3

RESEARCH DESIGN

The purpose of this chapter is to discuss methodological aspects that structured this study. First, aims of the study are explained. This is followed by the methodological approach I used for the study. The reasons for choosing the approach and its relevance to my study are reviewed. Meanwhile, aspects including research procedures, participants' recruitment, getting access and ethical considerations are discussed. Finally, how the data were collected and analysed is also considered.

Qualitative methodology

In this research, I used a qualitative approach as a means of exploring the experiences of Malaysian professionals involved with CSA cases. Fossey et al. (2002) describe qualitative methodology as a broad umbrella term explaining research that emphasizes individual experiences, behaviours, interactions and the social context without relying on statistical measures. A qualitative approach is believed to be most appropriate when: a quantitative approach is not fitted to or suitable to the problem; little is known about a topic or it is complex in nature; involves emotion or sensitivity; to empower participants' voices and opinions; to understand an issue from their perspectives, setting and context (Fossey, et al., 2002; Padget, 1998; Creswell, 2007). However, it is also common for researchers to use a qualitative approach for validating quantitative measures to gain greater understanding of the phenomenon under study (Fossey, et al., 2002).

I ask myself a question: to what extent is a qualitative approach suitable for investigating my research problems? As noted in the literature review, research regarding my topic in Malaysia is significantly lacking. No specific research could be found and

professionals' experiences had only been discussed briefly and/or indirectly in existing studies (Lai, Abdullah, Ong & Wong, 2002; WCC Penang, 2007). With limited information provided, not much knowledge can be gathered nor can it help to better understand CSA professionals' experiences. For example, a research report by Lai, Abdullah, Ong and Wong (2002) highlights professionals' difficulties and challenges but these were discussed only briefly. A report by WCC Penang (2007) also echoed similar findings but no further details were given. It is possible to say that knowledge and understanding of professionals in Malaysia working with sexually abused children is deficient particularly on the research level. Discussion on sexual crime in Malaysia is increasing significantly and the importance of professionals' roles and responsibilities are widely spoken of yet are invisible or have hardly been addressed in local studies despite acknowledgement that they exist. Thus, I believe that a qualitative approach can be a useful tool to explore their experiences.

This study is exploratory in nature and a qualitative approach provides more scope and freedom for participants to discuss issues that concern or are significant to them. By using a qualitative approach, a broader spectrum of topics can be potentially discussed; without restriction to specific issues or problems only. With minimal restriction and maximal chance to speak of various issues, this helped me to identify issues that matter and were not merely based on my presumptions about their experiences.

Further, as little exposure has been given to the professionals involved in CSA, this study presents an opportunity for their voices or points of view to be heard and adequately addressed in the research. In qualitative research, participants' perspectives are equally important as those of researchers. Conclusions from previous studies have mainly come from researchers' perspectives (Lai, Abdullah, Ong and Wong, 2002; WCC Penang, 2007). For example, Lai et al. (2002) explained that some professionals are not committed enough in carrying out their work. They didn't attend or came late for meetings. They have also been perceived as not sensitive and not responding well to client's needs. As one popular idiom says, 'there is more than meets the eye'. Some

issues are complicated to understand so we need to understand the people involved in a more detailed and complex manner to understand their actions and interpretations of things. Bias may not be totally absent, but we at least can make a fair judgement and interpret participants' views more adequately by taking into account their context and circumstances.

Grounded theory as a research method

For this study, I chose to use a grounded theory (GT) approach developed by Strauss and Corbin (1998) as my research method. According to Strauss and Corbin (1998), GT is described as:

“...theory that was derived from the data, systematically gathered and analysed through the research process.”

The core belief in GT is that theory should be derived from the field of study or from participants under study. Participants' interactions, actions and processes are the main data to be collected. There are two main purposes for developing GT, first to generate an explanatory model of the issue being studied and second, to modify existing theories on the basis of new findings (Strauss & Corbin, 1998). Furthermore, what distinguishes GT from other existing qualitative research methods is its emphasis on theory development substantively or formally (Strauss & Corbin, 1998). According to Glaser (1978), a substantive theory is relevant to the people under study while a formal theory is developed further than a substantive theory.

Glaser (1978) suggests that it is ideal for a researcher to approach his/her research with few preconceived ideas about the research to reduce bias in data interpretation. It is argued that a researcher who knows too much about the phenomenon may be influenced by concepts established in the literature. Suddaby (2006) states that Glaser (1978) and Strauss and Corbin (1998) suggestion about the way of researchers interact with their

existing knowledge and experiences is often being misunderstood. Some researchers hold extreme assumptions that literature reviews should be avoided completely prior to data collection while others believe reading existing theory should be deferred until the data are collected and analysed (Suddaby, 2006). This not only denies past knowledge and experience, but defies logic that someone could conduct research without clear research questions in mind (Suddaby, 2006). What one can do is to recognize how past knowledge and experience may influence research and strive to prevent it, without ignoring existing literature and knowledge (Suddaby, 2006).

In this way, the researcher is advised to be more sensitive to his/her previous knowledge and guard it carefully from affecting the research (Backman & Kyngas, 1999). This requires bracketing in which the researcher identifies and suspends his/her preconceived ideas about the phenomenon under investigation and approaches data, free from assumptions (Backman & Kyngas, 1999).

Meanwhile, research questions are also important elements in GT as these identify the phenomenon under study. Thus, it is suggested that research questions should as flexible as possible in order to permit the researcher to explore the phenomenon in depth (Glaser, 1978; Strauss & Corbin, 1990). Flexibility is required because the process of data collection is controlled by the emerging theory whether this is a substantive or a formal theory (Glaser, 1978).

In the data collection process, grounded theory methods, in common with other qualitative research, relies on several strategies to collect data such as interviews, observations, diaries or other written documents. These methods can be combined if necessary (Backman & Kyngas, 1999). In order to obtain precise data to explain the phenomenon under study, theoretical sampling is used. Theoretical sampling is an important aspect in grounded theory (Glaser, 1978; Strauss & Corbin, 1998). Theoretical sampling refers to the fact that data is collected in an iterative manner based on findings that emerge during data analysis. As such, sampling can be more specific and selective depending on the issues being explored.

In grounded theory, data analysis starts simultaneously with data collection. Data is coded and categorized according to its dimensions and properties. Categories are created based on similar incidents and events (Strauss & Corbin, 1998; Glaser, 1978). Later, categories are connected with each other and make it meaningful to explain the phenomenon under study.

The coding process in Strauss and Corbin (1998) comprises three phases namely, *open coding*, *axial coding* and *selective coding*. Open coding involves an analytic process whereby concepts are identified and properties and dimensions are discovered in the data. Meanwhile, axial coding is an important phase in data analysis for making connections between categories previously developed and explaining how phenomenon occurs (Walker & Myrick, 2006). During this process, conditions or situations, actions, interactions and consequences or results become the main focus. In selective coding, a theoretical explanation of the research under study is established. Within this phase, core categories and subcategories are integrated to refine a theory (Walker & Myrick, 2006).

The strongest critics of grounded theory developed by Strauss and Corbin (1998) come from co-founder of the grounded theory, Glaser (1978). Originally, grounded theory was developed by two sociology researchers, Glaser and Strauss in 1967. Unfortunately, their collaboration was ended in later years following differences and disputes, particularly about data analysis (Walker & Myrick, 2006). Thus, it is understandable why Glaser become the number one critic of the theory. Glaser claims that his approach is the original approach and Strauss's approach is a totally new method. However, Strauss (as cited in Wilkinson, 2008) denied the accusation. Rather, she believed that changes in approach and methods are natural circumstances.

For example, Strauss and Corbin (1990) believe that open coding should be the analytic process in which concepts are identified and properties and dimension are discovered in the data. Glaser (1978) argues that they are forcing the data instead of allow the data to emerge. Glaser (1978) also argues that Strauss and Corbin (1990) use

unnecessary technical tools in their research such as questioning, analysis of words, phrases or sentences and flip-flop techniques. These technical tools, according to Glaser (1978) only force the data in preconceived ways. Strauss and Corbin (1990) responded by saying that these tools help to increase theoretical sensitivity among researchers as well as overcoming analytic blocks because researchers are inclined to become bogged down in the process of analysis. Walker and Myrick (2006) assert that it is difficult to decide which approach is better because both Glaser and Strauss make valid arguments about each other.

Another issue between the two founders involves axial coding analysis. Axial coding is an important phase in data analysis for Strauss and Corbin (1990). Axial coding makes connections between previously developed categories and thus makes it meaningful to explain how the phenomenon occurs (Walker & Myrick, 2006). During this process, conditions or situations, actions, interactions and consequences or results become the main focus. However, Glaser (1978) rejects this technique and instead focuses on selective coding as a process to identify the core category in the research. Important categories are identified and explored in more detail.

Glaser (1978) describes theoretical coding as a process to connect categories established and integrated into a theory. That is, the final aim is to establish theory to explain phenomenon under study. For Strauss and Corbin (1998) however, theoretical explanation of the research under study occurs in selective coding. Within this phase, core categories and subcategories are integrated to refine a theory (Walker & Myrick, 2006).

I found the debate and discussions about the differences in approach between these two founders rather overwhelming, leading me to confusion. I found the approaches were very similar but they say they are distinct. It took some time before I could see the differences. This is because, on the surface, these two methods seem to look more alike (Walker & Myrick, 2006). However, detailed examination revealed that the differences

between the two approaches lie in the data analysis process rather than in language or the general process (Walker & Myrick, 2006; Heath & Cowley, 2004).

I decided to use Strauss and Corbin (1998) methods in data analysis because as a novice researcher, I found their approach was more practical and easy to follow. Although some points of data analysis discourse could be complicated, Strauss and Corbin's (1998) approach helped me to work through the analysis process with systematic procedures and clear tools to use until refined theoretical coding could be accomplished. I believe that the other versions of GT are also worthwhile but Strauss and Corbin's (1998) approach is best suited to my situation. I believe that more experienced researchers; researchers who have solid knowledge of GT can benefit a lot by using Glaser (1987) and Charmaz (2006). As mentioned by Walker and Myrick (2006), what is more important is not making judgements about which is the best approach; rather, it is a matter of choosing the approach that helps the researcher to best understand phenomenon under study. Although the founders of the grounded theory have been separated and established their own approaches which have evolved over time, grounded theory methods in general, are still very much alike and share common important principles.

Rationale for using grounded theory for this research

My research focuses on professionals' experiences of working with CSA victims. My interest is to explore how professionals experience their lives, what processes and/or interactions are involved, and how these affect their everyday lives. In doing so, I needed to interview professionals who have experience in dealing or working directly with CSA victims. What I wanted to accomplish subsequently was to generate a theory that could explain the phenomenon under study. In my research, this involved explaining how professionals working with sexually abused children interact and make meaning of their experiences and how these interactions shaped the way they perceived their work, problems, issues and the consequences involved. I want to move beyond subjective

experiences. My aim is to be able to analyse abstract and subjective meanings into a theoretical statement about relations that existed in the study.

I was drawn to choose a GT approach for my study as I found it best suited my research interest. GT provides me with an approach that enables me to generate theory based on my study. In coming to my decision, however, I also explored other approaches in qualitative methodology such as the phenomenological approach.

Phenomenology focuses on the subjective experiences of individuals regarding concepts or phenomena (Creswell, 2007). Data are collected through individuals who experience similar events or situation. From the data, the essence of experience summarised from all participants is derived. The description is about ‘what’ they experienced as well as ‘how’ they experienced it (Moustakas, 1994). At the early stage of exploring available methods within qualitative research, I found that phenomenology was suitable for my research. However, although a phenomenological approach can explain and describe experiences of individual meaning in the study, I found out that it is not designed to develop theoretical statements. Nevertheless, phenomenology and grounded theory still share similar assumptions and techniques. This led me to the GT approach.

The decision to choose GT rather than other qualitative approaches was not based on a judgement that other approaches were inadequate. Instead, my judgement was based on choosing an approach that suited my research aims, the objectives, the interests of the study and the paradigm underpinning the approach. It is important to ensure that my way of understanding and attaining knowledge is congruent with the methodology I use in the study. In this case, GT seems to fit perfectly with my research interest. Also, I wanted to produce a theoretical framework that could explain participants’ experiences in the study. Both these considerations led me to choose GT approach as a method of choice.

According to Creswell (2007), there are several situations in which GT is best applied in research. First, when no existing theory is available to explain the phenomenon under study. Second, when previous research has focused on a different population from

the one of interest to the researcher and finally, when existing theories are incomplete and need further exploration of different variables. Meanwhile, Suddaby (2006) explains that GT is best used for research that is interested in understanding the process of human interaction within intersubjective experience and that wants explore people's understanding of reality.

As I mentioned in the previous chapter, there is a paucity of research regarding professionals' experiences dealing with CSA cases in Malaysia and no specific study could be identified. Therefore, a qualitative study that is exploratory in nature was indicated. To respond to the specific need for fuller, more descriptive and comprehensive data in the area, a qualitative design with the grounded theory methods was utilized in the current study. This research has taken one step further to examine this topic.

Application of grounded theory in this research

The interview questions

Interview questions in GT must have the flexibility to change in response to issues that emerge from the interviews. Early research questions, thus, need to be broad enough for exploration and gradually narrow and become more specific or detailed as interviews proceed (Glaser, 1978; Strauss & Corbin, 1990). As mentioned earlier in Chapter 1, this study is sought to understand issues or problems professionals have encountered; their understandings about CSA in general and their coping styles. In addition, this research seeks to investigate the experiences of workers in the field of child sexual abuse in Malaysia, to what extent these experiences are unique to Malaysia, and whether there are differences from professionals in other countries.

Reviews of the research literature were the main sources for me to obtain relevant background information about the issues in the study. Admittedly, I have limited knowledge and experience about the issue of working with CSA survivors apart from my research interest. Thus, exploring the phenomenon in the first instance demanded reading

the research literature. I explored this issue with a fresh mind, but limited knowledge and information. Examining previous research studies helped me to understand the issues associated with my topic and narrow it down. I found my lack of knowledge an advantage in the early stages as I was able to approach my study with less, if not complete freedom, from potential bias. This fits with Glaser's (1978) advice, that it is an ideal situation for a researcher to approach his/her research with few preconceived ideas about the research to reduce bias in data interpretation. Conversely, a researcher who knows too much about a phenomenon may be influenced by concepts already established in the literature and/or her/his experience.

Through the literature review, I identified several commonly discussed issues including vicarious trauma, burnout, stress, threat, violence, intimidation and sociocultural barriers. I realised that professionals who work with CSA may encounter all kind of challenges and risks. I decided not to create questions that were too narrow, yet I also realised that participants might have other issues that probably I was not aware of or had rarely been discussed in the existing literature. Instead of focusing on specific questions such as vicarious trauma and burnout, I formulated interview questions that were more open in nature. I found this process was quite challenging as the fine line between how narrow and how open the questions should be is rather difficult to decide. Too narrow questions can become leading questions and prevent exploration of other issues. At the same time, questions that are too flexible and open can be also problematic as I couldn't know whether or not such questions would lead to important issues related to the phenomenon (see Appendix 1 for details).

Self-reflexivity

Researchers in qualitative research exert a significant influence on data collection, selection and interpretation of data (Corbin & Strauss, 2008). Thus, self-reflexivity is seen as an important aspect in qualitative research to increase the integrity and trustworthiness of the research undertaken (Finlay, 2002). Reflexivity enables both researchers and readers/audiences to examine the impact of position, perspective, and the presence of the researcher; to promote a richer insight into the phenomenon being

investigated through examining personal responses and interpersonal dynamics; empower others by opening up a more radical consciousness; evaluate the research process, method, and outcomes; and enable public scrutiny of the integrity of the research through offering a methodological log of research decisions (Finlay, 2002). Reflexivity requires researchers to continually evaluate and analyse the process of doing research, from the beginning to the interpretation of outcomes. Finlay (2002) describes this process as a construction of knowledge.

To be reflective in this research, I tried to be as explicit as possible in sharing my experiences from the beginning of searching for research questions, to the methodological approach, to the process of data collections, analysis and the final outcomes. I have demonstrated how reflexive analysis helped me to gain insight, to do evaluation and to make decisions. In the following points I have attempted to be explicit about my experiences, values and beliefs that may somehow affect the research process and my interpretation of data. Despite this, however, I also understand that people may have different beliefs from mine and thus may have viewed this research differently.

I am a Malay woman, in my early thirties and unmarried. I have been raised in a family who places a strong emphasis on collectivist cultures with strong family values. My family is strengthened and sustained through fostering positive relationship with one another and sharing responsibilities. I have lived in an extended family, where relatives and neighbours are perceived as important sources for protection and support as much as immediate family. Meanwhile, parents and the elderly are highly respected and their approval and opinions are always sought by children and/or the younger generation. Culturally, I can say that I have been brought up to value the importance of collectivism in searching for harmonious relationships.

I am also a lecturer in one of the universities in Malaysia. I graduated with a B.A in sociology and a M.A in counselling psychology. Academically, my field of knowledge is a mixture between psychology and sociology. I took a sociology course in my undergraduate years but as I was exposed to psychology, I decided to choose counselling

psychology as my career path. To understand people, society and their issues has always captured my interest. The knowledge I have gained in sociology and psychology provides me with understanding of human problems at different levels. They give me insight into the connectivity and complexity of human life and the importance of keeping a balance between the individual's and other people's needs.

Working as a counsellor trainee during my practicum in a hospital setting provided me with ample opportunities to work closely with people and in handling real life situation and crisis. Being a counsellor has taught me about the values of helping others, the importance of focusing on clients' needs and maintaining competencies to ensure effectiveness. Such exposure deepened my interest to know and explore more about people's problems and child sexual abuse is one of them. My choice to study this particular issue resulted from my personal experiences in handling similar cases. Personally, I found working with sexual abuse victims to be quite horrific compared to others field of work. Sexual abuse victims' stories lingered for a longer time in my mind than other stories. Also, sexual crimes induced fear for my own safety, something that I did not experience in any other cases. Working in the helping professions for me is an important job; challenging but also with its own satisfactions and personal rewards.

Meanwhile, my educational background in counselling has influenced me to value interviewing and observation as the best way to elicit more information about the individual's experiences. This led me to use a qualitative approach in general and grounded theory in particular as a tool to do research. The philosophical underpinnings of qualitative approach that emphasise empowering individuals to share their stories fit with both my own values and the research problem. There is no better way to understand a complex and detailed issue than using a qualitative approach. As a lecturer, to gain and venture into new frontiers of knowledge are highly sought after and it is important to be knowledgeable in a specific area of study. This prompted me to choose this particular topic as a new area of knowledge and interest to explore.

Participants selection

This research used purposive sampling to select the participants. Purposive sampling is used in qualitative research to ensure selected participants for the research can purposefully inform an understanding of the research problem and central phenomenon of the study (Creswell, 2007). Meanwhile, Strauss and Corbin (1998) emphasize the need for researcher to choose participants who can contribute to the development of the theory.

Prior to the study, criteria had been set up to ensure participants were suitable for the study purposes. Purposive sampling, the selection of participants who have knowledge or experience of the area being investigated was used as a guideline. In total, 21 participants were interviewed. Of these, only one participant was male, reflecting a predominance of women in the CSA intervention process. Prior to enrolment, inclusion criteria were determined to specify the characteristics of potential participants for the study. The inclusion criteria for choosing participants in the study was that they must have experience in dealing or working directly with CSA victims; they must be currently working with organisations which were directly involved with providing CSA intervention; and they must be over 18 years of age. However, factors such as years of experience, academic rank, and position within organisations were not specifically predetermined. The reason for not restricting years of experience was to enable the inclusion in the study of both less as well as more experienced participants. Similarly, participants were not selected according to their academic rank or status within organisations with the hope this would result in a diverse sample of participants within different organizations. Participants were recruited from various organisations involved with CSA including the Royal Malaysian Police, the Welfare Department, the Department of Medical Social Work in hospitals, and Non Government Organisations (NGO).

The length of working experience of participants ranged from one year up to thirty years in service. Participants' experience included work in general or university

hospitals, police agency, welfare department, shelter home and child sexual abuse agency. All the interviews were conducted in the participants' workplace.

Most of these organisations are government agencies. In Malaysia, only one NGO is involved directly with CSA cases namely Protect and Save the Children (PS the Children). This organisation plays a prominent role in supporting government agencies on CSA issues such as giving talks to members of the public, providing consultations for both victims and parents as well as giving sex education for children and teachers in school settings. Hence, this NGO was the only source for recruiting participants from a non-government agency dealing with CSA cases. Geographically, the study gathered data from participants working in Selangor, Perak and Kuala Lumpur.

Potential participants were identified by their authorities who later provided a list containing names of potential participants to be interviewed. Those participants were approached personally by a phone call or personal meeting and were given information about the research. Interested participants were given a statement of informed consent to read and sign before they took part in the semi structured interview conducted by me. The interviews lasted between 45 to 90 minutes. Participants were asked about their personal and professional experience working with CSA cases. These included participants' opinions about the determinants of CSA in society, coping strategies, impacts of working with CSA victims, challenges in doing interventions, organisational support, victims' credibility as well as participants most remembered case. The interviews were audio taped and then transcribed first into Malay and then from Malay to English. Of twenty one interviews, two were conducted in English, as this was preferred by the participants.

In the early stage of selecting potential participants, I listed numerous professionals I wanted to interview including counsellors, psychologists, police officers, social workers, medical social workers, legal advisors (advocate/solicitor) and paediatricians. The reason I included these professionals is that they are most frequently stated in the literature as the professionals with the most direct involvement with victims

of CSA. I also know this based on my practicum experience in dealing with sexual abuse cases in a hospital in Malaysia. However, to recruit certain professionals such as paediatricians and child sexual abuse advocates proved to be challenging with very little response received. For instance, when I requested to interview paediatricians in hospitals, I was asked to contact the unit or department that I was interested in on my own in order to get the permission from the head of the departments, which I followed. I made contact with several head department officers from various government hospitals, particularly paediatricians but with little success. Without their permission, it was impossible to proceed further and permission was not forthcoming. After some consideration of the time limit, availability of resources and the participants I managed to get at the time, I withdrew my application. Criteria for the participants were changed and limited to counsellors, social workers, medical social workers and police officers.

The failure to include physicians/pediatricians in this study was a frustration for me. This is clearly another limitation of this study. It is possible that the issues, concerns and perceptions of medical professionals may be different from other professionals interviewed in this study. The findings may portray the experiences and perspectives of social workers, medical social workers, counselors and police officers but it may not reflect accurately the views of all professionals involved in CSA cases such as medical professionals who were left out of the study.

As I still felt that I should include participants from hospitals, I chose a second option. Rather than looking for governments hospitals, I opted for a university hospital. I contacted the management office and applied for permission formally. This time, I received an encouraging response and was given permission to start my interviews within a month of my application. In this, I was assisted by colleagues who happened to know several social workers and counsellors who worked in the social work department in the university hospital. This made my application easier to grant. Within six months in Malaysia, I managed to interview 21 participants altogether. However, for this study, another 3 participants were excluded from the analysis as they were not directly involved in CSA interventions despite their direct contact with victims in shelter homes.

It is worth discussing in further detail here a potential selection bias that could arise from my recruitment strategy that used a gatekeeper and/or formal authority for choosing potential participants in this study. Although participants participated in the study on a voluntary basis, they were approached based on list of names given by formal authorities from each organisations who acted as gatekeepers. Each formal authority in charge was responsible for granting formal access and cooperation to conduct this study. The formal authority was also in charge of selecting potential participants based on the inclusion criteria specified by the researcher; which can also be a potential source for selection bias.

Upon recruiting potential participants from the organisations, I did not request additional inclusion criteria over and above those I had predetermined. For example, I did not specifically request to have two types of participants, such as ones who enjoyed their work and those who did not. It might be possible for official authorities to select participants that they thought would give positive opinions on their work rather than participants who did not. These gatekeepers who held formal authority positions might know who among their workers would have the knowledge I sought. This might limit the data collection. Besides, it was possible that list of names given by the formal authority were being perceived as ‘an order’ by the participants and thus might have felt obliged to participate. Issues of power may not be expressed verbally but the power relationship might affect how willingly participants cooperated and what information they provided for the study. The influence of any power relationship may be difficult to assess and this might become the limitation of the study.

However, I believed what the participants reported to me in the interviews was reliable. I took all necessary steps to minimise any bias that may have arisen during the interview. First, the data was collected in a way to maximise levels of confidentiality amongst the participants. Before starting the interview, I briefly informed participants about informed consent and how it protects the data and the right of participants for privacy and confidentiality. All participants were interviewed individually and in private.

The participants also freely revealed other information that was important to them during the interview. A large number of participants talked about the difficulties they experienced within their organisations, suggesting they were able to talk freely to me. In several instances, the participants stated that they believed the management should know of the problems they were experiencing in their daily lives at work. Again, despite what I believed, it is important to address the recruitment strategy I used for the study and possible risks that may limit the information I gathered.

Profile of participants

In total, twenty one participants (3 were excluded in analysis) were interviewed. As noted, they were recruited from various organisations and from several states. The participants worked respectively in a welfare department, the Royal Police of Malaysia, hospitals and non government organisations as police officers, social workers, counsellors and medical social workers. These organisations were located in several states including Selangor, Kuala Lumpur and Perak. Selangor, Kuala Lumpur and Perak are considered metropolitan cities with populations more than one million (Department of Statistics Malaysia, 2008).

Of the total participants, only one was male. Their ages ranged from 25 to 45 years with an average age of 35 years. With regard to their work experience, only five participants stated that their previous work was related to their current job. Thus the majority participants had worked in jobs that were unrelated to their current position. A few participants did not have experience at all as they were recent graduates from college or university.

Four participants did not provide information about their years of service. 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 the total participants, 3 participants were from NGO's while the rest were from government agencies. A summary of the participants' profiles is presented below (see Table 3).

Table 3
Summary of Participants Profiles

<i>Sex</i>	<i>Age (years)</i>	<i>Time (years) of service</i>	<i>Type of institutions</i>	<i>Professions</i>
Female	40	14	Hospital	Medical social worker
Male	29	NA	Hospital and tertiary institution	Medical social worker
Female	26	1	NGO	Social worker
Female	31	NA	Hospital	Medical social worker
Female	31	4	Hospital	Counsellor
Female	29	8	Law enforcement	Police officer
Female	26	5	Law enforcement	Police officer
Female	28	1.1	NGO	Counsellor
Female	45	NA	Law enforcement	Police officer
Female	29	6	Welfare department	Social Worker
Female	33	8	Welfare department	Social worker

Female	38	NA	Welfare department	Social worker
Female	39	9	NGO	Social worker
Female	25	4	Welfare department	Social worker
Female	38	9	Welfare department	Social worker
Female	28	7	Welfare department	Social worker
Female	37	3	Welfare department	Social worker
Female	28	5	Law enforcement	Police officer

Data collection

Interview protocols

The questions used in the semi structured interviews were guided by a list of topics although no fixed ordering of questions was applied in order to preserve flexibility in the interview. Rather the order of questions was determined by participants' current conditions or issues that she/he brought up. As Minichiello et al. (1995) assert, semi structured interviews should be flexible with current conditions. Besides, semi structured interview are based on open ended questions that allow for an in depth understanding of the respondent's point of view. I found this helpful in terms of facilitating participants' stories without them feeling pushed or forced to answer my questions. At the same time, I still ensure certain topics were explored. Doing semi structured interviews enabled me to explore topics of interest without losing focus as well as having better control of time. These factors give semi structured some advantages over other type of interviews.

Procedures

All interviews were arranged at participants' workplaces. Most interviews took approximately 1 hour to complete. Interviews were then audio-tape recorded and transcribed verbatim. As noted earlier, participants completed the statement of informed consent immediately prior to the commencement of the interview and after the study was explained in detail and issues concerning participants' rights, as stated in the ethics standards, were also mentioned. During this process, participants were also encouraged to ask further questions for clarification. All participants spent a few minutes reading the informed consent form. Some asked further questions about the research and the relevance of their experience to provide necessary information for the study. Some participants in the study had experienced working with different departments or organisations before they worked with children's cases and vice versa. Therefore, clarification was needed to ensure they gave information specifically within the context of the research focus. Participants who agreed to participate were asked to sign the informed consent form.

The interview was divided into 3 sections. The first covered participants' demographic information including sex, ethnicity, religion and occupation. The second section covered participants' information regarding involvement with current work and also training they had received associated with their work with CSA cases. In this section, participants' previous working experiences and factors leading to their involvement were elicited. The final section covered 6 major questions related to the research. The first question asked about participants' working experiences with CSA cases, thoughts and feeling about working with victims and families, the hardest and the best thing about dealing with CSA cases and whether their work had affected their life outside work. In the second question, participants were asked to give an opinion on factors they believed contributed to CSA. Participants' perceptions and beliefs about victim's credibility in disclosing abuse were also explored. The third question explored in detail the impact of working with CSA children on participants' lives. They were prompted to explain how CSA cases affected the way they saw the world, trust with other people, safety, power

and control, esteem and intimacy. Question four examined the strategies used by these participants in dealing with work related stress. Next, question five asked about the most remembered CSA case each participant had ever handled. Participants were prompted to give information about the case and the impact of the case on their life. Participants were also asked why the case was so unique to them. The final question explored participants' perceived needs about the things they needed in order to work more effectively with CSA cases. Questions related to organisational supports and team members support were also explored. The interview ended with an open question in which participants were free to bring out whatever issue and/or to ask questions they thought relevant (see Appendix 1 for details).

Ethical issues

Ethics approval

Before the research started, ethics approval was gained from the Victoria University Research Ethics Committee. Ethics, according to Minichello et al. (1996), 'refers to the study of standards of conduct and moral judgement' (p. 192). The main purpose of ethics in social science is to minimise the risk of harm that may occur to participants either physically, socially, psychologically, emotionally, financially or legally. Hence, it is compulsory for researchers to review their proposal beforehand with Institutional Reviews Board (IRB) to ensure they comply with every possible ethical circumstance. By reviewing, IRB also helps to ensure that organisations and researchers are protected against potential legal problems that may arise. In this study, the IRB referred to was the Victoria University Research Ethics Committee.

Following approval, I approached the Economic Planning Unit (EPU) in the Prime Minister of Malaysia Department to seek approval to conduct the research in Malaysia. It is compulsory for Malaysian citizens or researchers based overseas who want to conduct research in Malaysia to gain approval and register their research with the EPU before starting the research. The EPU is responsible for monitoring and coordinating

research implementation in Malaysia. The application helps to expedite and co-ordinate research conducted in Malaysia by foreign researchers and Malaysians from institutions and/or organisations overseas (EPU, 1999). EPU objectives are to ensure that all research conducted in Malaysia is centralised; that the research is beneficial to the country; that no misconduct of specimens occurs (if any); and to protect Malaysia's image and safeguard the national interest (EPU, 1999).

This was followed by approach to potential organisations. Each organisation involved in the research had been approached formally by sending a letter concerning the purpose of the research. A letter was sent to each organisation explaining the research purpose and how they could contribute to this research by nominating potential participants suitable for the research purpose. During this process, I was also assisted by colleagues who happened to know several people they believed were appropriate for the research.

I must say here that the process of getting permission from each organisation was a time consuming process. I had started making contact with organisations involved as soon as I received approval from the Victoria University Ethics Committee. However, as I mentioned before, each of these organisations has its own procedures that must be followed and the process to get approval from each organisation varied.

Ethics and the rights of human participants

Ethics involving humans as participants aims to protect the rights of people in six ways which include voluntary participation, informed consent, minimising risk of harm, confidentiality, anonymity and the right to service. Voluntary participation requires that people are voluntarily participating in the study and no force has been imposed. Meanwhile, informed consent involves full explanation to the potential participants about the research under study, its procedures and the risks involved. Only then are participants asked to participate. Addressing the risk of harm means that researchers are responsible for ensuring participants are not harmed physically or emotionally as a result of participating in the research. To protect participants from potential harm, it is crucial for

researchers to protect participants' identity and any information gathered from them. This involves the right to confidentiality, anonymity and service. Confidentiality involves researchers' protection of participants' identity and that information is not disclosed to anyone not associated with the study. This can be done through two main steps or procedures. One principle that can be applied is using anonymity so that participants remain anonymous throughout the study. The degree of anonymity greatly depends on the nature of the research as some research requires the researcher to have second contact with the participants. Thus, participants' identity and contact information must be made available to the researcher. However, information is still restricted to those who are involved with the study. In addition, the right to service means researchers make psychological support available if participation in the study results in unintended harm to participants (DiCicco-Bloom & Crabtree, 2006). Meanwhile, the second principle is the way researchers protect data from being accessed by others. This can be done by restricting access to the data information and data storage system. Only those who are related to the study have access to the data which are protected by password or a locked filing cabinet. Below is an explanation of how I applied ethics standards to protect the rights of the participants as well as to minimise risk of harm.

Non-judgemental environment

I tried to create situations that would encourage participants to talk more freely in the interviews. I made neither objection nor was defensive even though some of the concerns expressed applied to organisations I have worked with. I stated clearly that all participants were free to express their concerns without feeling judged or pressured by my response. I made no attempts to react in a way that could reflect such attitudes or behaviours.

Storage and disposal of data

All documents related to data collection such as audio-tapes, transcripts of interviews and participants' information details were documented and saved in a locked cabinet. Meanwhile, data collection in the computer was protected with a password. I am the only person who has access to the data.

Informed consent

Prior to the interview, the purpose of the study and how the data would be used were explained. Participants were informed that information provided by them would be used for data analysis and that their words would be quoted in the research. Confidentiality considerations covered participants' right not to be quoted by their original names and that their information would not be given to authorities without first gaining consent were also explained. At this stage, participants were also given the opportunity to ask questions upon interviews (see Appendix 2 and 3 for details).

Confidentiality

Data collected from participants such as audio-taped and interview transcripts were made available for me and my supervisor only. Confidentiality of audio-taped and interview transcripts were protected by storing the information in a locked filing cabinet to which only I had access. As noted earlier, data information kept in the computer was password protected.

Anonymity

In this study, participants identity information particularly participants name is not disclosed to anyone not related to the study. In order to protect participants' identity information, pseudonyms were used. Participants were remained anonymous throughout this study. I am the only one who was aware which pseudonym matched which participant.

Rights of the third parties

Third party issues involve the possibility of a third party not involved in the research being discussed publicly in narrative discussions (Hadjistavropoulous & Smythe, 2006). Reputation or privacy of the third party is subjected to harm if participants in the research discuss something that negatively affects the third party. Furthermore, it can cause legal problems because the third party never gave informed consent to have their story included in the study. Necessary precautions are needed since the discussion of a third party by participants sometimes cannot be avoided. A common

suggestion to minimise this risk is to use pseudonyms for all specific people and places mentioned by participants. However, problems can still occur especially when the information given is very detailed or involves a small community where the third party would easily be recognised (Hadjistavropoulos & Smythe, 2006).

Similarly, I found it was hard to prevent participants from discussing other people or organisations. In fact, this is a common circumstance in qualitative research (Hadjistavropoulos & Smythe, 2006). In this research, those third parties involved health care organisations, law enforcement organisations, welfare organisations, non governments organisations, patients, patients' significant others, and other professionals. To tackle this issue, I asked participants beforehand not to use any actual name of persons or institutions; not to identify the time or place of the events; and not reveal any other identifying details. However, if details of such information emerged in interview transcripts, a pseudonym was applied. Despite this however, there is no guarantee that this could prevent the third party from being upset by the participants' statements.

Equity between researchers and participants

In qualitative research, the relationship between researchers and participants is important because researchers rely heavily on participants to collect data. Thus, the nature of the relationship between researchers and participants affects the quality in the data (Orb, Eisenhauer & Wynaden, 2000). Before the study was undertaken, all participants in the study were strangers to me. During the interview process, I minimised power differences and influence by engaging the participants in a more equal sharing of power. This included giving power to participants to choose the time and location of the interview, using a semi structured interview with no fixed order of questions so that the participants had more control over the conversation, being non-judgemental of their stance, sharing my personal details whenever appropriate to do so and answering their questions during and after interviews. These, as asserted by Mills, Bonner and Francis (2006) are important strategies to establish a more non-hierarchical relationship between the researcher and the participants in research.

Data analysis

My 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 easy to read and organised besides preparing the data for analysis after the transcribing process is completed (Wilkinson, 2008). For this process, I decided to do it alone as there is evidence such a strategy benefits researchers (Wilkinson, 2008; Schneider et al., 2003). Although I found this choice resulted in a time consuming process, it helped immerse me in the data and increased my familiarity and understanding to each individual's responses.

Data in the study was analysed using constant comparative analysis. This approach involves reduction of the data through open, axial and selecting coding procedures (Strauss & Corbin, 1998). 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 (Timlin-Scalera, Ponterotto, Blumberg & Jackson, 2003).

The open coding procedures started with close examination of individual responses. Line-by-line analysis was used to identify concepts that were discussed by participants in the study. In this stage, text derived from the interview was coded into concepts. Appropriate conceptual names were given to each code. This process was continued with all participants' responses. In the coding process, I compared incidents with all previous codes recorded. For example, a participant reported work overload in her organisation, "I am stressed actually and I am struggling because there are so many works to do." I then compared this statement with another participant, "It is difficult for you to stay focused on one single case because you have to handle many other cases, many of them." Both participants talked about work overloads they faced within their organisation. I then coded these statements as *Excessive Workload*. Statements from other

participants that echoed similar concerns were then referred to the same code. Categories were given the most appropriate names. In this process, the dimension and properties of the categories were also established (Timlin-Scalera, Ponterotto, Blumberg & Jackson, 2003). The coding process always takes times to complete and is an exhausting task because codes need to be constantly compared to one another to decide its appropriateness. Despite being meticulous, such procedures are necessary as constant comparison helps in generating the theoretical properties of the category (Glaser & Strauss, 1967). Below is example of some details of initial categories and codes in the early open coding process.

Table 4
Initial Categories and Codes

<i>Initial categories</i>	<i>Codes</i>
Within organisation	Inadequate administrator support, nature of work, excessive workload, lack of resources, safety issues.
Between organisations	Conflict of power, disorganised collaboration system, lack of support from other organisations, inadequate support from professionals
Clients (perpetrator, victim's family members, others)	Verbal harassment, being threatened, reluctant in giving cooperation, manipulating report
Victims	Traumatized victim, mentally challenged victim, make a false report
Societal attitudes	Cultural taboo in discussing sex, victim blaming attitudes
Self-issues	Lack of experiences in working with CSA, households responsibility conflict

I described my personal open coding experience as a 'clueless trip'. Although I had identified codes at this stage, I found myself having difficulties in connecting them to one another. These codes were still unclear for I still could not really understand how they related to one another. I had theories in my mind but was uncertain with my own analysis. The possibility of being overwhelmed by data overload scared me. I questioned my own capability in carrying out this task. I found this phase required motivation and energy to continue the work. However, I later realised that my situation is a common one among researchers at this stage. Some researchers label this stage as a 'drugless trip'; a situation that results from the interaction between the researchers' mind and the data (Backman & Kyngas, 1999). At this phase, discovery of a theory has not yet been reached (Backman & Kyngas, 1999).

At this time, axial coding process was also started. While doing open coding, I started to notice the relations between categories that emerged from the process. As I went along the open coding process, I simultaneously examined categories and linked them together. I constantly compared subcategories I developed to see their similarities and differences. Axial coding involved the establishment of the relationship that exists between categories previously developed in the open coding process. If open coding is about creating a conceptual basis for analysis, axial coding gives meaning to categories through linking and indicating causal relationships, context, intervening conditions and consequences for the phenomenon (Strass & Corbin, 1998). During this process, categories were reviewed multiple times and data were arranged and rearranged with some categories being renamed, omitted, combined or categorised under new categories. Similar to the open coding process, the axial coding process also is a laborious and time-consuming one (Backman & Kyngas, 1999). Although I started to see connections between categories at this time, I was haunted by uncertainty about whether I had made the right decision. Glasser (1978) advises that during this phase, researchers need to be more tolerant of uncertainty. Meanwhile, Strauss and Corbin (1998) assert the need for researchers to return and review their data several times to discover the final categories

and to ensure the categories identified are really from the data and are connected. These suggestions were valuable in helping me to clarify categories with confidence.

Intense involvement with the data in the open coding phase provided me with a preliminary understanding of meaning of the data. As stated by Harry, Sturges and Klinger (2005), in axial coding, researchers identify and categorise categories according to their interpretation and understanding of the data. For example, I included *Excessive Workload* into a category of codes I labelled as *Organisation*. The *Organisation* category in the study referred to organisational issues that participants perceived as challenging for them. This process changed understanding of the data that were at first descriptive in nature (Harry, Sturges & Klinger, 2005). *Excessive Workload* no longer described work overload but issues within organisations that participants struggled with in working with CSA. As noted previously, refinement of the data in the axial coding process is something to be expected. For example, earlier in the analysis process, all issues related to organisations were included in the *Organisations* category. However, as analysis progressed, I realised that there were distinctions between issues reported by participants associated with organisational issues. Participants made a distinction between issues they faced within their organisations and between other organisations. Thus, refinement of the category was made. I divided the *Organisation* category into two subcategories, namely *Within Organisations* and *Between Organisations*. I thought it was appropriate for me to separate these two categories because it was easier to differentiate issues that occurred within and between organisations. Because issues discussed were quite distinct, therefore the refinement made these emerge more clearly.

In total, there were 266 open codes established. As noted previously, these codes were accumulated into categories and early in the process, 79 conceptual categories were established. These categories were then reviewed, compared and contrasted until I had a set of 25 categories. For example, 5 codes: *Inadequate administrator support*; *nature of work*; *excessive workload*; *lack of resources*; and *safety issue* were all subsumed under the category *Within Organisation*, indicating aspects of the internal organisation that participants believed contributed to professional challenges in working with CSA.

Included in the 25 categories were several other categories I did not consider were relevant to the focus of the study. From the axial coding process, more refined categories were established as illustrated from selected samples of categories below (see Table 5).

Table 5
Refined Coding System (Selected Examples)

Categories	Subcategories	Codes
Barriers to working with CSA cases	Organisations Within organisations Between organisations	Inadequate administrative support (e.g. supervisors support) Highly demanding job Excessive workload Lack of resources Safety issues Conflict of power Disorganised collaboration system Lack of support from other organisations
	Client (e.g. perpetrator, victim's family members)	Being verbally harassed Being threatened Reluctant in giving cooperation
	Victims	Traumatised victims Mentally challenged victims Making a false report
	Society	Cultural taboo in discussing sex Victim blaming attitudes
	Self	Lack of experience in working with CSA (e.g. skills/knowledge) Roles as mother and wife in a family
Coping strategy	Self-care	Balancing the personal and professional life Close relationship and social activities Self-awareness Relaxation, self-nurturing and doing physical activities Having positive attitudes Spiritually

		Avoidance
	Professional	Seeking more information Discussing with colleagues Managing workloads Becoming advocates Maintaining good relationships with other professionals Humour
	Organisational	Supervision Encouraging personal therapy Formal debriefing Training and ongoing professional development programmes
Effects	Vicarious traumatisatation	Shock and disbelief Confusion Fear for safety of own children, children in general and oneself Becoming over protective Flashbacks Preoccupied with CSA case Distrust of others Increased irritability Sleep difficulties Hypervigilance
	Intense emotional responses	Anger Sadness Sad/upset Uncertain. Ambivalent Sympathy/empathy
	Burnout	Feeling tired and exhausted Feeling unmotivated Feeling overwhelmed
	Positive transformation	Extend perceptions of others Increased self esteem Deeper sense of compassion Making a contribution Increased awareness of CSA issue

The next process is the selective coding process (Strauss & Corbin, 1998). Here, categories previously developed are clustered accordingly and researchers choose how each category relates with the other to explain or describe the phenomenon under study. Some researchers refer to this as the thematic process, a process in which researchers actively seek meanings or stories underlying categories (Harry, Sturges, & Klinger, 2005). Generally, researchers choose categories that appear frequently in participants' interviews as themes (Harry, Sturges, & Klinger, 2005). However, there are other possibilities as well in which categories that are not frequently stated are included in themes. The justification is that such categories are believed to be significant in explaining the phenomenon under study (Harry, Sturges, & Klinger, 2005). In this research, I relied on frequency of categories that appeared in the participants' interviews as a reason for choosing categories to develop themes. The possibility of other categories that were rarely discussed but significant for the study was also examined but no results were found.

According to Hallberg (2006) the core category is a category that integrates all categories into a conceptual framework. The core category determines and specifies the theoretical framework (Hallberg, 2006). Strauss and Corbin (1990) state that the core category represents the central phenomenon of the study. They further explain that the core category might emerge among categories developed by researchers or might be more abstract in terms of explaining the phenomenon. Researchers are advised to actively seek the core category by asking themselves a series of questions that could help in identifying the core category. Such questions include: "What is the main analytical idea presented in the research?", "If my findings are to be conceptualised in a few sentences, what do I say?", "What does all interaction or action seem to be about?", and "How can I explain the variation that I see between and among categories?" I must say that my journey in identifying core category was not without struggle. I was struggling to capture the essence of what the research was about. I was unsure whether a core category of my study would emerge from categories I identified or whether I need to apply a new abstract term that could integrate the entire analysis. I was still unclear of a core category while doing the open coding process. It was later, as I moved to axial coding process that I

started to see the essence of my study more clearly. At this time, I was able to logically link existing categories to the core category. Memos and diagrams were both significant during this phase as I tried to generate the essence of my core category. Meanwhile, by using diagrams, a story line was presented. The core category became the main theme that integrated all categories previously identified (Creswell, 2007). To create the story line for this research, the suggestion made by Strauss and Corbin (1998) was implemented. According to them, creating a story line involves several steps including formulating and identifying a story line, relating subsidiary categories around the core category, relating categories at the dimensional level by asking questions and making comparisons, validating those relationships against the data to complete its grounding, and filling in categories that may need further development (Timlin-Scalera, Ponterotto, Blumberg & Jackson, 2003).

I started writing memos from the first analytic session and continued throughout the analytic process. I used memos to write almost everything I thought of the data including ideas of the possible explanation of relationships between concepts emerging from the data, issues that needed further exploration and questions. Usually ideas and issues came while I was doing data analysis and memos came in handy in helping me to restore information at once. Meanwhile, Strauss and Corbin (2008) stressed the importance of having diagrams in helping researchers to understand their data more fully. In the study, I used diagrams to explore my ideas, to visualise interrelationships between categories that I developed and to test what I understood. This process helped me to make clear the essence of my study. As the analytic process continued, my diagrams also changed several times until I was satisfied the diagrams could successfully describe the core category of my research.

Scientific Rigour

Scientific rigour refers to the standard application of procedures to ensure the quality of research. There is a wide recognition that the application of procedures to test reliability and validity used in quantitative research is inappropriate in qualitative

research (Strauss & Corbin, 2008). Despite differences in strategies and opinions that have been suggested in determining scientific rigour in qualitative research, many experts in the field agree with the notion of the importance of verification strategies in qualitative approach (Strauss & Corbin, 2008). For this research, I used guidelines proposed by Rice and Ezzy (1999) for enhancing rigour in my research. Rice and Ezzy (1999) suggest three main techniques or aspects to ensure rigour in qualitative research. These techniques include *theoretical rigour*, *methodological or procedural rigour* and *interpretive rigour*. Theoretical rigour refers to the appropriateness of research aims with the theory used for the study. It is expected that the researcher is able to present reasonable arguments regarding theoretical rigour in his/her study. Meanwhile, methodological or procedural rigour refers to the researcher's ability to present their methods or procedures clearly. Data and methodological procedures are expected to be clearly documented. Some researchers refer to this as *auditability* (Carpenter Rinaldi, 1995; Guba & Lincoln, 1981). Auditability is achieved when a reader or researcher is able to follow the methods and conclusions made by other researchers. Finally, interpretive rigour relates to the researcher's ability to explain the process of achieving interpretations and the accuracy of the interpretation in explaining participants' experiences (Wilkinson, 2008). I followed these suggestions for enhancing the rigour of my study. All related issues have been addressed in previous sections of this chapter. In addition, I also used an alternative suggested by Guba and Lincoln (1981) to establish criteria for qualitative studies which include credibility, dependability, confirmability and transferability.

Credibility

Credibility in qualitative research relates to the truthfulness of the research in explaining the phenomenon. Several ways have been suggested to enhance qualitative credibility. For example, Creswell (2007) proposes eight different procedures to enhance qualitative credibility including prolonged engagement and persistent observation in the field, triangulation, using peer review or debriefing, negative case analysis, clarifying researcher bias, member checks, rich thick description and external audit.

Dependability

Lincoln and Guba (1985) refer to dependability as the stability of the data over time and in various conditions. Dependability of the data can be measured by presenting the data and making it available for examination by other scholars or third party who can give useful feedback. During the process of developing theory, I shared and discussed my data and ideas with my supervisor as well as other PhD students who also applied qualitative approach for their study. I also presented my findings in papers at conferences.

Confirmability

What Guba and Lincoln (1981) suggest in confirmability corresponds with methodological rigour as suggested by Rice and Ezzy (1999) where methods or procedures are clearly presented and well documented internally to allow review of the data and for inquiry. Only then can the findings, interpretations and recommendations be well accepted. As mentioned, every detail of my methodological procedures are explained thoroughly. I discussed how I developed my codes, how various codes were linked and how findings emerged. During this process, I also sought consultation from my supervisor and peers to review the data and my analysis process. They provided critical opinions in the process.

Transferability

Transferability refers to the usefulness of the research findings to explain or describe others experiences in similar situations. In other words, it concerns whether the developed theory is applicable in explaining situations that differ from the research context (Chiovitti, 2003). Transferability is also referred as fittingness (Chiovitti, 2003). According to Chiovitti (2003), transferability of grounded theory research can be reached in two ways which are representing the research accurately and precisely of in terms of the sample, setting, and level of theory generated; and describing the findings from the research literature that report on similar situations. The reason given is that this provides readers sufficient information to assess the scope of the study and the transferability of the findings (Chiovitti, 2003).

In this study, I described the demographic characteristics of the participants involved in the research including their years of professional experience, educational background, age, and sex. I also mentioned the setting in which the interviews took place. Meanwhile, the theory derived from the study is substantive theory. There is no intention that the findings of this study will be used to make generalizations to all professionals involved with CSA. This study focused on the specific phenomenon within a particular situational context (Strauss & Corbin, 1998). In this study, I targeted professionals working in the welfare department, law enforcement agencies, hospitals and a non government agency, and I chose to specify the phenomenon of working with sexually abused children. Research findings from previous literature on similar issues will be discussed in the final chapter.

Summary

In this chapter, I have provided the methodology and methods utilized in my research in some detail. How this particular approach was selected, and why, is explained. This was followed by a discussion of the developmental process that I went through during the data collection and data analysis process. Each process has been described as clearly as I was able in order to increase the scientific rigour for the study as well as for readers to easily follow my research process. In other words, I made a strenuous effort to establish the rigour and trustworthiness of my research.

The next chapters are used to present the findings that derived from the analysis. The core category from the research, namely overcoming challenges that come from their work demand, is discussed in detail in Chapter 8. The next chapter presents the first part of the findings, namely, *Challenges to Working with CSA Cases*.

CHAPTER 4

CHALLENGES TO WORKING WITH CSA CASES

In this chapter, I present the first part of the findings, namely challenging to working with CSA cases. An analysis of the interview transcripts revealed that participants faced multiple barriers in working with child victims. Based on information provided by the participants, I divided the sources of challenges into five subcategories, namely, *clients*, *organisations*, *victims*, *society* and *self*. Table 6 describes in detail those five categories and their associated codes followed by detailed descriptions of these subcategories.

Table 6

Challenges to working with CSA cases

Category	Subcategories	Codes
Challenges to working with CSA cases	Client (perpetrator, victim's family members)	Verbal harassment Threats (physical harm, lawsuit) Reluctant in giving cooperation
	Organisation	
	Within organisation	Inadequate manager/supervisor support Highly demanding job Excessive workload Lack of resources Safety issues
	Between organisations	Inadequate cooperation from other professionals Conflict of power Unsystematic intervention system Lack of support from other organisations

	Victims	Building rapport Traumatized victims Mentally challenged victim Making a false report Working with male victims
	Society	Cultural taboo in discussing sex Victim blaming attitudes
	Self	Lack of experience in working with CSA (skills and knowledge) Roles as a mother and wife in a family

Clients

Verbal harassment

Verbal harassment most often came from clients who were dissatisfied with participants' style of handling cases and/or with decisions they had made. Verbal harassment is not necessarily accompanied by physical injury to the target person/s, but it is sufficient to cause humiliation and destroy the targeted professional's reputation. According to the participants, verbal harassment often came from the victims' family members, perpetrators, and/or perpetrators' friends and employers. One participant stated that some of the harassment happened because clients lacked understanding of the legal procedures. That in turn, led to misunderstanding and blaming attitudes.

“Sometimes, they got angry with you. They scolded you, sent nasty messages etc. But, you just kept quiet. Not all things can be explained, sometimes it involves legal issues and we cannot expect people to fully understand what is going on. So, people get angry with you. To make things worse, sometimes, they lodged a report to the headquarters.” (Wabil, SW)

Some of the harassment was very hurtful because it involved personal attack and used participants' characteristics such as personality, age, academic qualifications and competency in handling case, as a target for the attack.

“Clients said ‘she’s still young, she doesn’t have experience to do this, or that.’ As I heard that, I look at myself because I am young staff as well. But what choice do you have? That is your responsibility, whether you like it or not. (Syakirah, SW, 4 years of service)

“People scolded us almost every day. They called and they got angry with you. They said many things, ‘You do not know how to work, unprofessional, ignored duty etc.’ (Laili, Police Officer)

Some participants reported that verbal harassment was more frequent among clients with higher social status. A few participants said cases involving clients from families with a higher social status could be very daunting. Though it did not apply to all high status people, in general, they were perceived as more demanding in nature, less respectful and more reluctant in dealing with professionals that they thought were not sufficiently knowledgeable to handle the case. As explained by this participant:

“Somebody once questioned me. A rape case. He asked me, ‘Who are you?’ I said ‘I am a protector officer.’ ‘What is your post? Which grade?’ I said 27 (code for government servant with diploma holder). He belittled me, ‘What? Are you going to do this thing? I thought you are PTD (diplomatic administration officer) or something.’ (Julia, SW, 6 years of service)

“You do not have many problems dealing with ordinary people. However, for those who come from higher education background and are a prominent figure in society such as Datuk/Datin, they will be more critical of you. ‘Who are you? Which grade are you? Are you the one who is going to help my child?’ (Julia, SW, 6 years of service)

Harassment could come from other individuals such as the employers or friends of the perpetrators. One participant explained her experience of being harassed by the

perpetrator's employer who was displeased to learn that one of the CSA cases that involved his staff had been reported in local newspapers. Although she tried to convince the employer that she had nothing to do with the incident, she was harassed continuously. The employer was furious because he was afraid the newspaper report would ruin his reputation.

“At one time, during a trial process, the school principal scolded me because the case had been published in newspapers. He even threatened to sue the police.” (Laili, Police Officer)

“He refused to give cooperation after the incident; he even refused to testify in court. I said never mind, we can give him subpoena, a court order. He was so rude to me. I will never forget the case.” (Laili, Police Officer)

“In one incident, when I was having lunch with my husband, the principal called me. He was really angry at the time and he raised his voice, even my husband could hear it.” (Laili, Police Officer)

“I was so stressed at the time. He kept calling me for a few days after.” (Laili, Police Officer)

Threats (physical harm and lawsuit)

Threats in this study refer to someone's intention to harm participants' physical and psychological well being by making threats to their safety and reputation. Similar to verbal harassment, participants said this was usually caused by feelings of dissatisfaction with professionals' decisions and/or actions. Participants were being accused of doing a range of unprofessional behaviours such as trying to influence victims and/or reporting the abuse to some inappropriate authority or breaking confidentiality and making the abuse public knowledge. Although no severe consequences had been yet reported, psychological distress was common.

“I was being pressured from both sides. They even threatened to bring the issue to our minister. I tried to be neutral, I did not show any preference at all. We favour what is good for the child. (Julia, SW, 6 years of service)

“The father once told me that ‘You should thank me that I didn’t rape you.’ Then, he warned us that if he goes to a prison because of the case, he would certainly find the person responsible for that no matter what.” (Rayyan, SW, 9 years of service)

Unfortunately, for most of the participants, such threats were not an uncommon experience. As a few of the participants remarked, they could not do much to stop such threats except to lodge a report to the police as a precaution.

“I once received a threat and I lodged a police report. Threats or intimidation were a common problem in this organisation. Most of our staff have had that experience.” (Rayyan, SW, 9 years of service)

“Most of our staff have that experience. They even threatened to sue or lodge a complaint against us. It happens even now. Maybe some of the clients were not satisfied with our decision; therefore, they do such a thing. It happens all the time. Normally, the organisation would suggest that we lodge a police report. What else can we do?” (Rayyan, SW, 9 years of service)

Reluctance in giving cooperation

Participants expressed the view that many victims’ family members tend to respond negatively to an assault by a family member or an individual they have a relationship with. Such negative reactions included denying the abuse ever happened, blaming the victim for reporting abuse, manipulating the victim in order to get her withdraw a report, ignoring the victim’s support needs, refusing to lodge a report, and supporting the suspect. Participants perceived these reactions as a major obstacle because they significantly affected the intervention process. They also agreed that family members possessed great power in manipulating and influencing victims. Only a small percentage of parents chose to support victims. Non supportive individuals frequently mentioned by the participants including mothers, grandparents, aunties, uncles and other extended family members.

In addition, participants agreed that family reluctance in giving cooperation was more obvious in incest cases. One of the participants who worked many years on CSA cases observed that in incest cases, victims tend to be manipulated into feeling responsible for what happened and their needs for support are denied. The most critical situation is when one of the parents is the suspected offender, usually the father. Victims tend to be accused for causing the chaos that ensues in the family following the disclosure. It was also common for professionals to be accused as well. Most of the participants remembered well how hysterical and emotionally overwrought the victim's relatives could be following a report of abuse.

“The mother was so hysterical that she blamed everyone for interfering in her family problems. It was not our intention at all. Luckily, the children didn't get pregnant because of the abuse.” (Aishah, MSW, 14 years of service)

“She did ask when we met her at the police station. She said ‘Why? What happened and why had we taken the children?’ She was angry with us and also with the children, ‘Why did the children do that?’” (Fuziah, SW, 7 years of service)

“Even after the husband was caught, the mother still blamed the child. She accused her of making up a story. I don't know whether she has changed her mind after her husband was put in prison. For her, it was all someone else's fault and someone else who should be blamed but never her husband. She claimed that other people were jealous of her family.” (Rayyan, SW, 9 years of service)

Some victims' mothers knew about what happened but instead of reporting the abuse, they covered up the wrongdoing and chose to remain silent.

“Some mothers can be quite defensive even though they know what their husband did with the child. But she choose not to reveal anything, she neither agrees nor disagrees.” (Imran, MSW)

Some chose to stand for their husband rather than supporting victims.

“I once handled one case in which the mother of the victim refused to believe that her child had been abused although we had evidence to support that. We had to call a counsellor for help. Only then, she believed us. Despite what had happened, she still wanted her husband.” (Julia, SW, 6 years of service)

Reasons believed by participants to contribute to uncooperative attitudes included feelings of being betrayed by the victim’s disclosure, knowing too late about the incident, protecting family dignity from disgrace and shame, and being afraid of a broken family relationship following the report.

“There is one rape case in which victim’s parents refused to lodge a police report. Their reason was that if their neighbours knew about the abuse, it would disgrace the family. But, I was not satisfied with such an excuse. We tried hard to convince the family, but they rejected our request. We even tried to use a counsellor to persuade them but that didn’t work either.” (Maisarah, SW, 3 years of service)

“We asked the parents to lodge a police report but her mother said that it was just too late. I told the parents, it’s okay, she’s pregnant and that’s more than enough proof. And according to the girl, she never went out with other boys. And, she only went out with the boy once, on the day she was raped. Actually, we really wanted the parents to report the case, for the child’s justice, but they refused.” (Maisarah, SW, 3 years of service)

Interestingly, one participant in the study asserted that strong rejection from family members particularly mothers is a complicated situation that needs a deeper understanding. In her opinion, factors such as economic dependency, social stigma, and psychological consequences are responsible for the failures of family members to support victims adequately. From years of observation and interviews with victims’ mothers, the most frequent reasons mothers give for not supporting victims’ disclosure include unsuspecting behaviour by their husband, feeling ashamed, being afraid of

becoming a single mother, feeling anxious about community perceptions of the family, and financial dependency.

“I’m not sure. Most of victims’ mothers are having difficulty to accept the fact about the abuse because they never saw any suspicious behaviour between the perpetrator and the victim. One more thing is that, maybe the mother feels challenged by such accusation. Sometimes a mother reacts angrily to the victim’s report. ‘Don’t be a fool. You are such a liar.’ Or, she feels ashamed if other people know about it. She may think about other people’s perceptions towards her, ‘This happened because you do not know how to treat your husband nicely.’ Some are scared of being a single mother if their husbands were arrested. They feel ashamed with the status; they are ashamed of what other people might think about them. There can be many reasons for that. Therefore, it was better to keep it as a secret. That is what we try to do, to make them understand. However, they tend to think differently. “If you put my husband in the jail, then who is going to feed the children? I don’t want to be a single mother. I don’t want my siblings and other people looking down on me. People would talk about how my husband raped his own daughter. How about me? What would people think about me?’ That kind of thinking. Even so, not all react that way. Some decided to support their children instead. In most cases, mothers have difficulties in accepting the fact of the abuse. The most important thing is that they felt ashamed with people’s perceptions about them; some were concerned about losing financial support from their husband while others were influenced by the husband’s family to withdraw the case. Most of these mothers were unemployed. They were fully dependant on their husbands income. ‘If you arrest my husband, who is going to support my family? Who is going to feed them, to take care of them?’ These are their typical responses.”(Rayyan, SW, 9 years of service)

For most of the participants, parents’ refusal to support victims had brought frustration to their work as they felt like a failure for not protecting the victim adequately. Participants felt frustrated over parents’ inability to understand the issue and their failure to see what is more important.

“She was being abused, but her parents refused to do anything about it. They were more concerned about protecting their name, their reputation with neighbours and all that.” (Maisarah, SW, 3 years of service)

Some parents underestimated effects of the abuse and thought they could take care of matters on their own.

“There was no cooperation from those who involved. For example, a girl had been sexually abused by her uncle. Her parents knew about it but refused to lodge a report to the authorities. We were committed to help the girl but her parents ignored it; presumed that was not a serious issue; that they could control the situation.” (Syakirah, SW, 4 years of service)

Parents treated the abuse as if it was a small matter and that the victim would soon be back to her normal life.

“They like, ‘Oh, it’s okay. She will forget about it once she grows up.’ You never know for sure.” (Jessica, SW, 9 years of service)

Refusal to cooperate sometimes also came from other family members. Usually professionals will try to get supports for victims from family members first before they turn to other available supports. This can make intervention even harder to do because support from family members is crucial for victims.

“We had discussed this problem with other family members but no one volunteered to help. Eventually, the children’s grandmother took the responsibility and brought the children to her home somewhere else.” (Aishah, MSW, 14 years of service)

There is also a case in which parents lodge a false report with intentions to manipulate it for their favour, for instance to win child custody. Some participants felt annoyed by this kind of case because it just wasted a lot of valuable time. They felt that it was not worth the effort to working on something that had not really happened.

“Parents sometimes exploit abuse issue as a strategy to get custody of their children. They would come and pretend that a child needs counselling. As a

matter of fact, they only wanted to seem as if they support the child and probably use the child disclosure for their own benefit. Jessie is much firmer on this and she said to our clients that 'If you wish to use our services as a way to help you to win custody in court, then we will not help you.' (Bahia, Counsellor, 1 year and 10 months of service)

"Sometimes parents who were in a process to divorce, manipulated the abuse case in their favour. The abuse never happened anyway, but, because of the report, investigation must be made." (Julia, SW, 6 years of service)

Within Organisation

Inadequate manager/supervisor support

Manager/supervisor in the research refers to a person who is appointed by organisation and is responsible for ensuring that professionals can perform their duties as they are supposed to do and to an acceptable level of quality. Participants in the study had mixed responses to administrators' roles in their organisations. Most of the participants had positive views about manager/supervisors' roles in helping them because they were perceived as supportive and always available to help. However, a few participants stated that they received insufficient support from the manager/supervisor, particularly when it came to handling clients' complaints. Manager/supervisors were perceived as always rushing to judgment and lacking professionalism in conducting complaints. For instance, they failed to listen to both parties before making comments and/or responses. Consequently, participants tended to feel they were unfairly judged, misunderstood and wrongly accused.

"Sometimes you thought you did all right, but people complain about you. The thing is, rather than listening to your point of view, they blame you instead." (Maisarah, SW, 3 years of service)

"One more thing is that, superior officers tend to be harsh whenever you make mistakes. Sometimes, you thought you did it right but when someone made a complaint against you, they tend to be harsh on you. They treated you as if you didn't work hard for the case. We don't expect them to appreciate or reward you or something. We already had a hard time, working for the case. If there is

a problem, we would be the first person to blame. They never tried to hear our problems.” (Maisarah, SW, 3 years of service)

There were several reasons given by the participants regarding manager/supervisors lack of professionalism in handling problems. Some believed it was caused by definite pressure being placed on manager/supervisors by others.

“Hmm, our boss in this district gives us good supports. The thing is, superior officers from the headquarters sometimes give us a hard time. Maybe somebody had put them under pressure and as consequences they pushed us back.” (Wabil, SW)

“However, there are also a few who looked less convincing and seemed clueless when giving their opinion. (Rayyan, SW, 9 years of service)

Other participants put the blame on professionals’ lack of experience in handling cases. Manager/supervisors who lacked significant experience were perceived as least capable in showing considerable empathy and/or to understand problems fully.

“Sometimes miscommunication occurred because the order we received from superior officers was not applicable to our problems or situations. What we planned and what they approved were different. It would be a lot easier if those officers have experience working in district areas because that would help them to understand better.” (Wabil, SW)

“They don’t put themselves in our shoes. For example, if you take the wrong action, they would scold and blame you for that. Hence, it is good to have officers who have equivalent qualifications with administrators. Otherwise, you would become a yes man.” (Wabil, SW)

Another issue related to manager/supervisors supports concerned their unavailability to provide consultation in critical situations. Usually, every important decision will be discussed together with others. However, in a situation where help is not available, it causes a great deal of pressure on professionals who need urgent feedback.

“I have our director’s contact number and also other officers from the children’s department, but sometimes it was hard to contact them. At the end

of it, I have to make my own decision as people kept pushing me for solutions.” (Wabil, SW)

Highly demanding job

From the feedback given by the participants it appeared that even the nature of work itself can become a great challenge. According to participants, there were three important elements of working with CSA cases that need to be understood. First, every CSA case requires an immediate response from professionals. Second, it consumes substantial time and attention if it is to be resolved. Finally, intervention involves various organisations and professionals with different types of expertise. When the participants received a CSA case, they were urged to immediately respond to the case. This situation had caused considerable distress to participants because they were forced to delay other cases in order to focus on the new case.

“Yeah, because urgent response is needed, you have to neglect other cases in hospitals.” (Wabil, SW)

“Yeah. Personnel who received the report would inform us about it, which area, who make the report etc. It is our responsibility to give feedback within 24 hours. We don’t have enough staff to do that. Sometimes, it happened when you are still in the office, dealing with other cases. They are waiting for you. That is why I said, it causes additional burden to the current work. How come?” (Yasmin, SW, 8 years of service)

The stress was even harder for participants who worked as police officers. As mentioned by the participants, basically police were given 14 days to complete a report for they were not allowed to detain suspects more than 14 days without charge. Within that time, they were required to collect all necessary information including collecting evidence from victims and perpetrators. For some of the participants, this situation had put them under great pressure because it was hard to complete such a difficult task within the time constraints in operation.

“Basically we only have 14 days. Within that time, you must get statements, refer victim to a hospital, collect evidence and send it to the Chemical department. And within that time you should get the suspect, send him to a hospital for a DNA test to verify whether he is the one we’re looking for. It is not easy to charge people in court. You must be very careful with this thing.”
(Lidya, Police Officer, 8 years of service)

“You would get through a lot of tension because the deadline is too short, you have something else to do and the boss needs the report as soon as possible. Not to mention other things you need to handle. Sometimes it feels too much.”
(Lidya, Police Officer, 8 years of service)

For cases involving foreigners, the pressure was much higher because such cases would usually draw the attention of the public and outsiders.

“You need to speed up the process for such cases as people are keeping their eyes on it and the embassy would pressure you with a lot of questions. Like us, we have been given a certain time to complete the case. For example, you cannot detain suspects for more than 14 days. So within that time, you have to complete everything. So, that gives you pressure.” (Nurin, Police Officer, 5 years of service)

There was also an expectation that professionals can do the job well and make the right intervention at the same time. For some participants, such high expectations put them under great pressure because they believed only experienced and highly skilled professionals could do that.

“It is. But cases involving a court hearing or the police need to be rushed. Therefore, it is crucial to give the right intervention, but only an expert can do that.” (Bahia, Counsellor, 1 year and 10 months of service)

According to participants, to collect ample evidence and information for CSA was not a simple task. Procedures to collect information were not only time consuming but also a gruelling process. Also, there was no guarantee that all people involved would

be available or agree to be interviewed. Some victims were hard to convince and to collect evidence from other agencies involved meticulous work that demands hours in the field.

“To get the information, patience, diligence, focus and time is the key. Sometimes, your mind was occupied with many things, but you have to focus on the child as well.” (Rayyan, SW, 9 years of service)

“People didn’t see it. They thought children cases are not many. But, while it may be the truth, one case could drag on for years. You have to go to school, meet the police, and dealing with those organisations could take hours. If we can solve those problems, it would be great to work with children’s cases.” (Yasmin, 8 years of service)

Some addressed the logistical problems of travel. In doing investigations, participants often needed to travel from one place to another and had to grapple with the physical distance involved and the availability of transportation. This resulted in an ever increasing burden to an already stressful situation and caused exhaustion, as explained by this participant.

“You meet the police, doctor, social worker at the hospital, many things. Moving from one place to another is exhausting enough.” (Wabil, SW)

Excessive workloads

All participants in the study complained of excessive workloads in their current work. It was identified that the high number of reported cases and lack of human resources were associated with the current excessive workload. Participants claimed that excessive workload adversely affected their work performance and psychological well being.

“The thing is, sometimes you received about 2-3 cases per week. Oh, you burn out. We don’t have many staff to handle children’s cases. That is why sometimes we failed to give the best for each case or in doing our follow up.” (Wabil, SW)

“We have many cases, but we can only help a few. I believed there are many cases out there but we have difficulties to reach them. Even now, we have our hands full. You want to reach out for more, but you cannot afford it.” (Bahia, Counsellor, 1 year and 10 months of service)

“Sometimes I don’t have much time to go for details because I’ve got so many other cases.” (Hannah, Police Officer, 5 years of service)

“At the office, new cases kept coming in and you don’t have time to do all that work at one time. You couldn’t ask for others help because they’re also busy with other commitments.” (Wabil, SW)

In relation to this, one participant stated that work location also plays an important role in determining workload. She believed that working on CSA cases in urban areas is much more challenging and difficult due to the higher prevalence of reported cases compared to rural areas.

“Complicated cases surely make you feel tension. Are we all? This is particularly true if you work in Klang Valley area. The situation may be a bit easier for rural area compared to urban area. Here, child abuse cases are common problems. I live in Petaling Jaya area; I could get about 30 cases in one day. If that’s the case, how are you going to give priority?” (Rayyan, SW, 9 years of service)

Lack of resources

The majority of the participants talked about lacked of resources in their workplace. Problems constantly mentioned including lack of human resources and inadequate facilities. To overcome the current lack of human resources, participants were required to handle different types of cases at the same time. This often happened in organisations located primarily in rural areas and/or in small scale offices. This had caused excessive workloads, long working hours, extreme fatigue and had gradually impaired professionals’ ability to stay focussed.

“I admit that lack of human resources is one of the problems. It’s difficult for you to stay focussed on one single case because you have other cases as well,

many of them. And you are also bound to other responsibilities such as arranging programs for the unit. Another problem is bureaucracies because they slow down the intervention process. You cannot do your best if you have problems with resources.” (Fuziah, SW, 7 years of service)

“It’s hard to imagine. Things would have been different if I worked in teams. If we have enough staff to handle cases, maybe I can relax a bit.” (Hannah, Police Officer, 5 years of service)

“For a bigger district, they have task specialisation, but not for a small district like us. We handle all kind of cases. In here, you’re the one who works from 8-5 pm every day and you are also the one to be on call at night.” (Yasmin, 8 years of service)

“But here in Malaysia, sometimes we only have one MSW in a hospital. You have to handle everything, you care for patients with diabetes, stroke, sexual abuse, domestic violence etc.” (Aishah, MSW, 14 years of service)

“When I was working in Johor Bahru, I was responsible for handling CSA cases in many areas. It’s hard though.” (Aishah, MSW, 14 years of service)

“We don’t have new staff yet, only a few available. To date, we only have two staff so it’s hard for us here...” (Zahrah, MSW)

One participant with years of experience in the field further asserted that lack of staff was not only about quantity but also refers to the quality of staff working with CSA cases. She found that most staff had insufficient knowledge and skills to work with victims. She pointed out that one of the factors was the lack of education on the sexual abuse issue in universities’ teaching programs. Although training was possible after new staff were recruited, organisational problems with resources made it difficult to provide intensive training.

“Oh, absolutely. Right from, I think everything, from social workers to the police, nurses, teachers, everybody. First of all, they don’t even know the issue [child sexual abuse], so we need trainers who know about it. Lack of staff, in a

sense, people don't understand the issue of child abuse, child protection issues in general. Because it's not in syllabus you know. It would be great for you to be able to go to university and come out knowing the issue of child abuse. That would be fantastic. At least you have the knowledge, don't have the experience is fine, because now those who come out don't even know the issue, so every time we interview, yes you have the qualification but you don't know the issue. So we have to train you on the issue and with so much work to do, so where do you start?" (Jessica, SW, 9 years of service)

She added that working with CSA cases requires highly experienced professionals who are not only knowledgeable and skilled but also know about the processes and procedures used in the system. In some cases, having additional skills are necessary because clients come from different backgrounds and cultures. For example, it works to professional's advantage if they can speak in different languages and/or communicate with client with special needs.

"Just sex abuse itself, okay. Sex abuse itself, to train one person, on the issue of sex abuse, you need a trainer, okay. And then we don't have enough trainers because first of all, they need to deal with themselves. Secondly, we need to have that knowledge. Thirdly, we don't have enough trainers because we don't have trainers in different dialects, you know, the Bahasa, the Tamil, the Chinese. So that's really hard. And once you have trainers and you come out and talk about it with the children, they tell you that they have been sexually abused. So what do you need to do? Then after that you need to follow them to the system, that means you need to know the system. And you have to train the police, then social workers need training, the court system, the magistrate needs training, the child needs therapy, the sex offender needs therapy, the non offending parents need support, so there is lot of work to do." (Jessica, SW, 9 years of service)

She also agreed that professionals' lack of competency to do proper intervention most likely had adverse impacts on victims.

"Hmm, OKU (disabled person) is the worst, 4-10 times more vulnerable than normal children. We don't have resources to help them. I have to really rely on

the child care provider because they can understand their languages. And I don't understand the child language. So to educate, oh, it's very-very difficult. Hmm, the deaf is easy because all we have to do is assign a deaf interpreter. We just produced a book with Maju Diri publisher. One of the topics in the book is how to understand deaf children's signs of sexuality. Adults still don't know about it. So, when she's signing rape, if the girl signed rape, we said, rape?? Or having sex? Are you having sex or are you being raped? Very different you know. And because I work with Mary, and she knows the difference, she could speak to the girl but other teachers who do not know the sign would probably not pick up on that. So, that is again, another specialised area. But to me it is like if you know child development, you would be able to work with children because the OKU if they are preschoolers, you just need to know how to speak on preschool level. But there are very few people who really know how to work with children. That's the problem. Teachers like to say, oh you know, we can't teach, I said no.OKU is another group we have never touched yet. Oh, my gosh.” (Jessica, SW, 9 years of service)

Similarly, another participant gave an example of how inadequate skills and experience prevented professionals from giving an appropriate response. Indeed, lack of resources in terms of expertise created a major drawback for organisations and put professionals under pressure.

“It's hard sometimes to make people understand what the child has gone through, especially professionals who are not from a psychology background. They need to be provided with the information. The child was simply blocked. Sometimes they felt weird about it ‘This child is good, she could answer all questions. But when it comes to that particular part, she blocked’. I told them ‘maybe the environment or maybe the way you asked questions.’ You have to make sure the child feels safe enough to talk about it. I told them like that but they didn't get me.” (Bahia, Counsellor, 1 year and 10 months of service)

Some participants made a complaint about facilities in workplace. They felt that existing facilities were improper for interviewing victims because they failed to provide privacy for victims and were not child friendly. Complete facilities were only

available in major organisations such as in big hospitals or police headquarters but rural offices rarely had such facilities.

“No, we haven’t. We should have one though, like one in Bukit Aman. Unfortunately, we don’t have such facilities here.” (Laili, Police Officer)

“It depends on the district. Some districts have a comfortable place to work in. Unfortunately, that does not include this police station.” (Laili, Police Officer)

Two participants explained that sometimes interviews were conducted in open space areas where victims’ confidentiality could not be guaranteed and was not well protected. Participants understood such situations were difficult for victims because other people could see victims and/or hear the conversations. However, similar to victims, they felt they had little control over the situation.

“I take victims statements here. This (office) has more privacy. However, if a male officer is in charge of the case, the interview would be conducted in a more open area, separated only by glass, where people could see you or hear what you say. That’s hard.” (Hannah, Police Officer, 5 years of service)

“Without a doubt. We must think about the confidentiality of patients’ information. But here (participant’s office), how is it possible to maintain such confidentiality? It’s hard. Theoretically, it looks perfect. But practically, it’s a different story.” (Zahrah, MSW)

One participant mentioned the lack of transport and communication services provided to professionals by organisations. To overcome such problems, she used her own car to move from one place to the other. Meanwhile, she had to bear the cost of paying the bill for her own mobile phone that she used for work.

“When I was in Gombak, I used my own car to work. You take your own risk. No insurance cover for that if anything happened.” (Yasmin, SW, 8 years of service)

“It is. Working with children’s cases requires you to work with others. You have to use your own money.” (Yasmin, SW, 8 years of service)

“We can only earn mileage credits. Other than that, phone calls for example, you bear the cost.” (Yasmin, SW, 8 years of service)

Safety issues

One participant in the study expressed her concern over the lack of safety precautions for professionals working in the field. She felt that social workers safety is at risk because they are not protected with weapons, unlike the police officers who are always armed. Meeting clients can be risky because clients can be very aggressive sometimes. She described her own experience to illustrate how her work potentially led to dangerous encounters.

“In case something happened, such as the police, they have weapons for protection. But, we don’t have any for protection. Only this (body). It’s true. There is one incident when one man took out his chopper before me. I ran away.” (Yasmin, SW, 8 years of service)

Between organisations

The majority of the participants agreed that collaborative work between organisations can be a stressful experience. Issues related to collaborative work with other organisations included *inadequate cooperation from other professionals, conflict of power, disorganised system, and poor social support from other agencies in the community.*

Inadequate cooperation from other professionals

A number of the participants claimed to receive inadequate cooperation from other professionals. They felt some professionals they worked with failed to show enough commitment or interest in the work. This was indicated by various examples such as failure to attend and/or coming late for meetings, asking someone else to do work they were supposed to do and unexplained or unreasonable excuses for not doing the job.

“I have no idea. Sometimes you’re not satisfied with them. They didn’t seriously do it. I heard that some MSW in other hospitals do their job

wonderfully. Why didn't they do the same thing? Why must they rely on us for follow up" (Wabil, SW)

"Yes it's true. If you are always interested to help others, you will do your best to help, even if the case is in KL, and you are in JB, you are supposed to be able to call somebody in KL to get assistance. Not with excuses like 'Oh, I'm in JB, I can't do anything,' then you hang up." (Imran, MSW)

"Sometimes, the police were very slow in their action. For example, we had already completed our paper work but they failed to show up for the meeting or came late. Or, when we received a case on weekend, JKM refused to accept, or rejected our request for a shelter. That's what we experienced." (Imran, MSW)

According to the participants, collaboration problems may also come from other professionals such as doctors and schools teachers. There is a legal requirement for these professionals, to report suspected abused to the authorities. However, many were reluctant to do so because they wanted to protect their reputation. Other reasons given included parents' disapproval and believing that CSA cases are complicated and getting involved would take most of their time.

"However, there are a few cases in which teachers refused to give information because of parents' disapproval. These teachers knew everything, but refused to get involved. Maybe they have reputation to preserve or something." (Syakirah, SW, 4 years of service)

"The thing is, parents will complain against schools or teachers if they try to intervene or help the victim. Parents will blame the school or teacher for trying to interfere with family matters. Since social worker has been gazetted, teachers or schools would come to us because we have power to protect children and we can take action against perpetrators. This is why some teachers found it difficult to get involved with a CSA case. If they suspect abuse, they will pass the information to us." (Angela, SW, 1 year of service)

"Not every time like that, but yeah, it can be difficult sometimes. And then, you have problems to lodge a police report because you need a doctor's

confirmation about the abuse. The thing is, not all doctors are willing to do that.” (Fuziah, SW, 7 years of service)

In some cases, these professionals not only refused to cooperate but they breached their professional code of conduct by spreading news about the abuse to others. This also clearly violated the victim’s right to privacy.

“Like I said, it was sad to see that even a teacher could spread the news when she/he is the one who’s supposed to keep it as a secret. You are a school counsellor, how come you talk about the confidential issues of your client with other teachers at the school. It happened once and because of that we had to move the victim to another school.” (Rayyan, SW, 9 years of service)

Conflict of power

Conflict of power was another issue mentioned by some participants in the study. According to them, this problem was caused by differences in governing systems and policies used by the organisations. Participants perceived certain organisations as too anxious about controlling everything that they became discreet about sharing information with others. This is also believed to happen within organisations. For instance, one participant who worked as a medical social worker in hospital stated the new Child Act had reduced medical social workers roles in the intervention process and their roles had become insignificant. For example, they were not recognised as a child protector like social workers in the welfare department although they have very similar job descriptions.

“Again, here, the system is different. SW and MSW are perceived as different entities, separated. Regarding the child act, a protector is someone who works under the Welfare Department.” (Aishah, MSW, 14 years of service)

“In the meantime, it is common for MSW in a hospital to be the first person to receive the case, who knows the whole things about the case, but she/he has no power over the case. She/he may participate in a group discussion, but she/he is not recognised as a protector.” (Aishah, MSW, 14 years of service)

Further, participants claimed that this new regulation also created undesirable implications for both social workers in hospital and the welfare department. For instance, MSW became dependant on SW whenever victims needed protection and at the same time this created an extra workload for SW.

“At this time, MSW has a limited power, there are parts where we can’t go or touch because it beyond our power.” (Imran, MSW)

“We don’t have that power because the role is given to the SW under the JKM.” (Imran, MSW)

“However, our problem is that MSW is not a protector. Therefore, we have to refer victims to other social workers in the Welfare Department.” (Zahrah, MSW)

“Yes, it’s hard. We still need other SW to come to a hospital. But, they also have problems with human resources. In the meantime, they have to look after many things, home visit, aids for flood victims etc, (laughed). It happened many years now, since I have worked here.” (Aishah, MSW, 14 years of service)

One participant stressed the importance of knowing what is crucial in collaboration and how failure to do so would not only affect professionals but also victims.

“It’s a nightmare, because first of all, there is always hmm, territorial, you know. We are not enlightened enough to actually share things and not be you know, not be so frightened about our right or position. That this ministry has to be better than the other, and hmm, the collaboration, I don’t know. I mean, I guess it’s the department. Even within the hospital itself, there is still a lot of politics, it’s ridiculous. And at the end of the day, who suffered? We have to go through the system, and the kids. So that’s what I’m saying, you know what, not only is the child victimised, the child is revictimised by the system.” (Jessica, SW, 9 years of service)

Unfortunately, despite the obvious problems and constant complaints by professionals, not much progress was felt to have been achieved. No serious effort had been put into addressing let alone resolving the problems.

“We have raised this issue every year but...” (Aishah, MSW)

“Yeah, so all they have to do is come together and discuss it. It is very easy. Implementation is the worst of all, policy is okay, and it’s the implementation that’s very difficult.” (Jessica, SW, 9 years of service)

“Yeah, bureaucracy, implementation, human resources to implement the entire proposal and all. They said everything, centralised system, they have said everything, blah-blah-blah, but you know, to get it done is another thing.” (Jessica, SW, 9 years of service)

“Hmm, it just that we are too slow to develop. We know it’s there, we just don’t want to deal with it. Period. It’s political will then. It is human will too. Every day if you listen to them, it’s actually all excuses.” (Jessica, SW, 9 years of service)

Unsystematic intervention system

A number of participants stated that although collaborative work had been introduced for quite some time, each organisation involved still very much followed their own policies in doing interventions. Some of these procedures were so similar that victims had to repeat the process several times. Further, collaborative work was limited to certain aspects and not comprehensively implemented and this made the intervention process unnecessarily complicated.

“Our problem now is that we have so many systems. Furthermore, there are a lot of policies within the system. Each organisation has their own procedures to follow, the welfare, the police, hospital, the judicial etc. At the end, the victim suffers most. She needs to repeat the story from one person to another...” (Aishah, MSW, 14 years of service)

“Yes. Generally, OSCC (One Stop Crisis Centre) is available in a big hospital. Regarding to procedures, once the victim arrived, every personnel involved must be present. The truth is that is very unlikely because they are occupied with other responsibilities. Some are not available to help the victim within the given time. They have other responsibilities, many urgent things to do. Unlike in most developed countries, hardly any specialisation here. You do almost everything. So victims have to repeat the process a few times. It certainly doubled up the trauma, as the victim has to repeat the story to the welfare officer, the doctor, the police, and the psychiatrist etc.” (Aishah, MSW, 14 years of service)

“I dare to say that we don’t have one solid module to help these children. There is too much interference in the case. Each organisation involved with CSA has their own ways of handling things. Even the family also demands their right on the victim. So it makes things difficult.” (Imran, MSW)

“There is no uniformity in task implementation. It is disorganised, no protection whatsoever.” (Yasmin, SW, 8 years of service)

Meanwhile, a few participants relate the issue to the bureaucratic system, the need to follow procedures that they felt were unnecessary and led to inefficiency in managing the case. Participants experienced intense pressure from the need to speed up the process while being bound to follow procedures and protocols at the same time.

“Another thing is bureaucracy problem that prevents you from taking speedy action. You cannot do your best if you have problems with resources.” (Fuziah, SW, 7 years of service)

“The police station sometimes has so many procedures to follow. Meanwhile, problem with hospital is to get medical results. At first they promised to get you a bed for the victim, but you ended up waiting for hours. We have talked about this so many times; sometimes it drags you until 4-5 hours. It causes so much tension. This problem may look easy to solve, but without initiative, nothing will change.” (Yasmin, SW, 8 years of service)

“So it can be difficult sometimes. We have to follow their procedures. Sometimes the case needs to be settled immediately, but, because we failed to get faster response from other agencies, we couldn’t speed up the process. So the case can be dragged on for days. For sure that affects our work, but what can we do? You have to follow the rules.” (Zahrah, MSW)

Lack of support from other organisations

Another problems stressed by the participants was the lack of financial and psychological support from other organisations in the community such as religious organisations, financial institutions, and non profit organisations. Participants were well aware of their limitations in fully helping victims and their families after the intervention. Therefore, assistance from other agencies in the community was highly sought after in terms of helping victims financially, socially and psychologically. Despite the expectation however, they felt support from these organisations were still insufficient. They claimed that financial support was limited while psychological and materials supports were hardly ever provided. Without adequate support, positive outcomes resulting from the intervention could not be sustained. In other words, the lack of support from other organisations may not directly affect participants. However, the failure of these organisations to build the support system which promotes the victims long-term recovery will create a dependency for continuous supportive care from the participants. This might create problems due to participants’ limited capacity to act on every case and indicates there is likely to be a high level of unmet need for longer term counselling support amongst survivors of childhood sexual abuse.

“They didn’t help much. They can give you financial support, but not in the sense of homes or shelters or something. They hardly give you such help. But, they do give financial support. We would find a house for a family in need to rent and they would pay the rent for the family. Or otherwise, they would offer a house owned by the organisation for the family.” (Maisarah, SW, 3 years of service)

“We may successfully move the perpetrator away but our support system for the family is weak.” (Aishah, MSW, 14 years of service)

“Our system is not yet well established. Religious organisations should be more active and use their resources to help others in need such as giving money or counselling services. Victims are innocent. They don’t ask to be raped. But our system is not established yet, it has been 14 years old now but nothing much is different.” (Aishah, MSW, 14 years of service)

Victims

Building rapport

Most of the participants indicated that victims are often reluctant to talk about abuse because of fear and trauma. In this situation, it was difficult for participants to get information from victims. When victims were so upset or disturbed, participants usually would postpone the interview and wait for victims to calm down.

“Dealing with CSA victims can be difficult because it so much depends on their mood as well. If they were not in a good mood, moody or having tantrums, they would not talk to you. That would make your work even difficult.” (Rayyan, SW, 9 years of service)

As mentioned by participants, it was often difficult to engage victims in conversations because they were still much affected by trauma. Victims also reported feeling distrustful of others particularly men. However, this also includes women professionals. When situations like this happen, participants need to spend more time to establish rapport. Participants felt that to build up rapport, one must be willing to spend more time with victims.

“You have to put yourself on the child perspective, play with her/him and engage her/him for a small talk. Sometimes, such activities can take about 2 hours, and you still get nothing. It’s all about the child moods and the right time. This would take much of your time.” (Rayyan, SW, 9 years of service)

“Even for women counsellors, it was difficult for the victims to trust us. So, it was a bit difficult.” (Danish, Counsellor, 4 years of service)

Mentally challenged victims

Only a few participants in the study reported they had experience in working with victims with disabilities. This included experience of working with hearing impaired and/or mentally challenged victims. Participants who had this experience believed that working with mentally challenged victims were the most difficult case professionals could have. Problems that often arose from working with mentally challenged victims included difficulties in communicating effectively, inability to respond to simple questions, severe lack of focus and frequently changing information. Participants felt they were poorly equipped to work with such victims because they did not have the special skills or knowledge to handle victims with special needs. Participants often found themselves struggling to understand victims because of their lack of knowledge on various matters.

“Hmm, mentally disabled victim is hard to understand. Like my client, she couldn’t answer your questions. She did not even answer your questions and she kept changing important facts such as time, date, location etc.” (Rayyan, SW, 9 years of service)

“Apparently, many people had sex with her but we were unable to identify them because of her disability. That’s the problem.” (Nurin, Police Officer, 5 years of service)

“You see, she could talk of her late father very well but when you asked about the rape, she couldn’t answer you correctly and talked nonsense.” (Nurin, Police Officer, 5 years of service)

“Normal children will understand what you say. However, for this kind of child, you have to put yourself on their level of thinking. To know about the abuse, you have to ask her intensively. You might have asked a long question, but she only gave you a short answer. One by one question and sometimes she

lost you although you already made your questions look simple. That gave you a headache.” (Rayyan, SW, 9 years of service)

“The child. She kept changing the information she had given us. At first she said that N raped her, then she changed the story, saying that it was not N, it was C. That was very challenging for me.” (Nurin, Police Officer, 5 years of service)

Despite the lack of knowledge and skill in handling victims with special needs, participants realised the importance of being sensitive to victims’ circumstances and in responding adequately to meet their needs.

“However, you have to understand that she was different. Although we have another witness for the case, which is her brother, she was still our primary witness.” (Rayyan, SW, 9 years of service)

Making a false report

The majority of the participants were aware of the fact that some reported cases were false. These often involved teenagers who were forced to report of the abuse by their parents who found out about their sexual relationship. To have sex with an underage person is considered as statutory rape even if the sexual act happens voluntarily.

“Yes, only three. The rest are not considered as a rape case because they had sex voluntarily. Or else, for example, she had sex with seven men at the same time, but she only agreed to have sex with three of them and not the other four persons. So, how are you going to handle that case? It was difficult for us but unfortunately that is what happened.” (Hannah, Police Officer, 5 years of service)

There were also people who lodged a report with intention to blackmail others for money. People had taken advantage of services offered for the community to achieve something other than what these services were supposed to do for the community.

“Not exactly. What I mean is that, she used the police report as an advantage to manipulate others. For example, she knows that the person is aware of the consequences of such report. If convicted, he would spend years behind bars. Thus, she would use the report to demand money, ‘If you pay this much, I will withdraw the case.’ It happened and I really don’t like it. They used us for their own advantage.” (Hannah, Police Officer, 5 years of service)

Working with male victims

A small proportion of CSA cases involved male victims. Although small in number, these cases create challenges because more than ninety percent of professionals in charge of CSA case are female and treatment options and services given are more female oriented support services. Participants asserted that male victims often reported feeling uncomfortable when dealing with female officers and preferred the professional in charge to be a male. To overcome the problem, they often asked male officers to assist them in the interview process and/or to accompany victims for medical examination.

“Yes indeed. Similar to female victim and male officer, we also have problems in handling male victims because they feel uncomfortable talking with us about the abuse. To overcome this issue we would request a male officer to help during the interview or medical check up.” (Hannah, Police Officer, 5 years of service)

Society

Cultural taboo to discuss sex

Malaysia is a country where sexual issues are taboo and not openly discussed. Sexual issues are considered a private matter and even adults feel uncomfortable in initiating discussions about it. Stricter prohibition is even more the case for children. Children are often perceived as rude whenever they show interest in the subject. Sex remains a taboo subject although the younger generations are more open about it than

previous generations. People reluctant to discuss this issue were clearly identified in the study, as described by the participants. This was apparent from reactions received by the participants from people they interacted with. They believed such attitudes contributed to victims' reluctance to report the abuse and affected their motivation to pursue appropriate help.

“It (CSA) happened a lot and becomes more complicated because it involved sexual issue. Our society doesn't openly talk about this. That saddened me because abuse happened for years.” (Bahia, Counsellor, 1 year and 10 months of service)

“If members of the public can be more open about the issue and willing to help, many people would step forward and disclose abuse. I believe there are many (cases), but they just keep it quiet.” (Syakirah, SW, 4 years of service)

Some of the participants were actively involved in community programs or workshops to educate adults and children on the CSA issue. Participants often received negative feedback whenever they talked about issues related to sex. For example, one of the participants talked at length about the difficulties and challenges she encountered in order to educate teachers and schools about CSA issues.

“It's good that people started to notice about the issue, the dynamic of it can be pretty difficult to teach personal safety to children. I think it's a bit challenging because we need to approach teachers at school and teach them about skills and information about children's personal safety. You can't depend on us alone to teach everyone, it's impossible. So teachers have to take up the skills and teach but the challenge is teachers often found it difficult to talk to children about private body parts.” (Angela, SW, 1 year of service)

“Yes indeed. The reason was they are not used to talking about it. They felt uncomfortable. But again we said that you are not comfortable with yourself. You need to handle your own issues. We would discuss with the teachers about the sexuality issue first before we teach children's personal safety to them.” (Angela, SW, 1 year of service)

Some teachers were open about discussing the issue and understood the importance of educating children on the issue. However, they were reluctant to do so because they were afraid that parents would have difficulties in understanding the benefits of such programs to children. Most parents showed strong disagreement with teaching school children about sex education. Some strong objections also came from conservative religious groups or people who still believed that some elements of sex education, particularly on private body parts, were inappropriate.

“Exactly. Many people gave their comments on personal safety teaching. Some teachers said ‘personal safety is a very good thing, but the challenging part for us is to teach private body parts. If we teach about private body parts, parents would come and scold us. We have to bear it. And there are some religious groups, not all, but some of them kind of said ‘talking about private body part, we shouldn’t talk about it’. I feel like, the more you rejected it, the more children have been misled. But there are also groups that are very positive. They support our programs, but some do not.” (Angela, SW, 1 year of service)

Some participants linked parents’ hesitation to a lack of understanding and adults’ low level of confidence in dealing with CSA issue such as the possibility of family members being perpetrators. Parents might have difficulties informing children that a parent can also be a potential abuser.

“But you know, adults get scared by the fact and they want to inculcate that fear in children and we say, look, the information we give to adults is just very different from the information we give to children. And again, because they are afraid themselves and because they are not ready to hear this thing, they impose their own fear on to the child.” (Angela, SW, 1 year of service)

“I would say they are just in denial. It does happen to me, so many times I have spoken to parents I say ‘Oh why don’t you come for a talk. They say ‘Oh, I am with my child all the time.’ The ignorance factor. I’m with my child all the time, not knowing that 85% of sex offenders involved people you know. I like, ‘Okay’, you know, and then teachers always teach about ‘stranger danger’ and we say it is actually people you know. Parents also teach ‘Oh, don’t let anyone touch you, except for your mummy or daddy’. But we are saying, look,

that's not the safety rule. The safety rule is if you don't like it, say no, run and tell. That means you decide it. Because you don't want to say mummy or daddy because mummy and daddy can be a sex offender too.” (Jessica, SW, 9 year of service)

Likewise, participants also noted that children responded to sex education quite similarly to the adults in their community. Children often voiced their discomfort whenever sex education was discussed in class.

“Teaching children about that and also the way adults respond or react to it. To teach children about personal safety is like teaching children a new thing, it's about private body parts. I say this based on my own experience. I teach personal safety. When I talked about private body parts, children would be reluctant at the beginning ‘oh teacher, it so embarrassing. We don't want to see it. Could you let us close the door and windows?’ So they would ask about a lot of things. Some would say ‘teacher, why should we learn about it? Eeei, I don't like it, it's embarrassing. I don't want.’ Then sometime, you have to show a naked picture and they said ‘teacher, could you please put down the picture? For me, I would say ‘no, the picture will remain here and we're gonna talk about this. And then, the moment I opened with them, the children would soon follow. But to teach teachers about it, they tend to react. Not only teachers, parents as well. When we're talking about private body parts, some teachers would blush on the face.” (Angela, SW, 1 year of service)

Some parents realised the importance of teaching personal safety to children at schools. However, because of parents' unpreparedness to educate children on sex issues on their own, they tend to leave the responsibility in the hands of teachers. As stated by this participant, in order for children's protection programs to succeed, cooperation from all is much needed.

“Parents, basically, I see they are quite supportive. They want to have it but the thing is parents always leave it to the teacher to teach. But, we need collaboration from parents. But there are parents who are very sensitive about

it. They would come to school to observe when they know you teach the children about personal safety. Some are too busy to attend or pay concern. That's the toughest part. And if you want to reach out to people, it involves a lot of work and it is a repeated task." (Angela, SW, 1 year of service)

Victim blaming attitudes

Victim blaming attitudes are related to the cultural taboos previously mentioned. Cultural taboos prevent people from openly discussing sex or related matters. Consequently, people who are not well exposed to accurate information about sex are more likely to develop misunderstandings and to believe myths rather than the actual facts. Reliance on cultural taboos and myths is also responsible for formulating negative attitudes toward sexual abuse victims. For instance, people tend to believe that victims are responsible for abuse and/or sexual abuse is not a serious problem.

"What I see so far in our culture is that people are quite judgmental about it. Secondly, people also tend to...how to say, they don't really understand what sexuality is about. For them, sexuality is like sex." (Angela, SW, 1 year of service)

"Okay. Actually we have this kind of talk right? Usually when we talked about sexual abuse, people like, don't take it seriously, oh just sexual abuse, nothing." (Angela, SW, 1 year of service)

Interviews with the participants revealed that people hold strong belief that the victims are somewhat responsible for abuse.

"We tend to be very judgemental. Individual awareness within the community is still low. Whenever the abuse happened, it's so easy for them to say something like 'had the father abused the child, then go lodge a report,' or 'how come her mother failed to do something.' They never know. Only when I worked here that I realised how difficult the abuse can be." (Bahia, Counsellor, 1 year and 10 months of service)

“We are well aware of any consequences as a result of telling this to the potential foster family. Some would withdraw themselves as soon as they know about this.” (Maisarah, SW, 3 years of service)

There were ample examples recorded to show how victims were blamed and/or partially blamed for encouraging abuse. As indicated by the participants, victims were negatively judged for their silence for not reporting abuse. Some were blamed by the way they dressed or acted. In incest cases, the mother often suffered similar consequences as victims. People were so quick to judge victims and their families rather than trying to support and/or to understand the situation.

“But, adults who don’t understand this would say something like oh, maybe she likes being abused, maybe she enjoys the sex. And it would be followed by another criticism ‘Oh maybe she herself goes and asks for it’. Why couldn’t she say no? Why didn’t she tell anybody? So the blame is there, and it’s very difficult for victim to move on and heal if the support system is not supporting them.” (Jessica, SW, 9 years of service)

“Whenever abuse happens, it so easy to put the blame on others. ‘Oh, it was the mother to blame or the child was too wild and out of control.’ People often overlooked other reasons about why it happened? What causes it? We keep on blaming and accusing. We are supposed to help the family back on their feet again. I don’t know what to say. People like to blame others and not helping.” (Syakirah, SW, 4 years of service)

“And they blamed those women who had been raped because of what they wore, their clothes. Wearing sexy attire would provoke rape. They even say that women should not work at night shift because it’s too dangerous. Again for me, at night, what about operators who work at night? Who have shift at night? By right the company should provide transportation to make it safer for female staff. I mean the burden should not throw on women only. And I think the challenging part is that as well.” (Angela, SW, 1 year of service)

Sometimes blame came from victim’s family members. This often happened in incest cases.

“You can’t blame the victims fully but in reality it’s a different story. Not only public members, even among family members hold negative perceptions towards the victim. There is one case in which a grandmother blamed her granddaughter for the abuse. The fact is, her son raped her own daughter but she put the blame on the girl instead.” (Rayyan, SW, 9 years of service)

This can be even worse for victims whose families hold strong values of girls’ virginity in their cultural practices. One participant told her experience of working with a girl who was raped by her own father. The girl had been abandoned by family members who believed she had no value for the family and only became a source of disgrace and burden for the family.

“Her father raped her and when her stepmother knew about it, she could not accept it. Her stepmother was a devoted Hindu. She believes that once a girl lost her virginity, she is useless and has no future. The girl wanted to go back to the family but as I visited the family, I could see that they still could not accept the girl. Even her other relatives refused to accept her.” (Maisarah, SW, 3 years of service)

Finally, one participant asserted that based on her experiences, victims blaming attitudes cut across all levels of education and geographical location. In other words, even an educated person living in a big city can be judgemental and biased.

“I think not so different. I mean, of course there are differences in education background or else but their perspectives are pretty much similar. Even city folks still believe that sexy women provoke rape.” (Angela, SW, 1 year of service)

“Yeah, it’s culture values. That’s why I felt surprised that people living in the city could give you this kind of response. Even like, people with high position or professionals. When it comes to something like this, they still have this kind of mindset. So I think it isn’t based on the location.” (Angela, SW, 1 year of service)

Professional-self

Lack of skills and knowledge on CSA issue

Most of the participants said they were not specially trained to work on sexual abuse cases. Participants were very much aware that greater skills are needed for working with CSA cases and they lacked those skills. There is a lack of educational preparation within universities' curricula on the CSA issue and most participants with degree qualifications in psychology and/or related fields pointed to the lack of formal studies on CSA in their training. In contrast, organisations often provide staff with ongoing training. They either organise it alone or in collaboration with others. According to the participants, there were two common types of training offered. First, training or workshops are provided for new staff. This type of training is generic in nature and its emphasis is on introducing new staff to the organisation. Second, training or programs are offered to professionals regarding their job specification. In terms of specific training, participants said no specialised training on CSA was given but they were exposed to information on various kinds of children abuse including CSA.

“Our seminar and training focus was more on general issues and there was no specific course for sexual abuse. However, sexual abuse issue is also part of discussion.” (Rayyan, SW, 9 years of service)

Another participant said some training courses were too generic and inadequate to prepare professionals for the real situation of working on CSA cases.

“Still have much to learn. Those were just a basic training. Training and practical are different things.” (Laili, Police Officer)

Most participants admitted that their training focused more on legal obligations and procedures but not so much on psychological aspects. Although ongoing training on CSA was provided by organisations, it is often brief, about 1-3 days in duration and is narrowly focused on case management and legal obligations and procedures only.

“One day seminar is never enough because they were many issues to be discussed during seminars but we didn’t have enough time for that. I had to keep rushing off to the office.” (Hannah, Police Officer, 5 years of service)

“It helped in procedural aspects, but the rest lies on your experience.” (Yasmin, SW, 8 years of service)

Further, most of the participants admitted being exposed to the issue of CSA for the first time in their work. Participants’ lack of knowledge and skills made it difficult for them to respond adequately to victims’ needs. This situation is worst for participants whose educational training did not include any material on human development or behaviour. Many of these participants were mainly from disciplines such as business administration, accountancy and sciences. Hence, lack of exposure to CSA issues made it hard for participants to identify the behavioural symptoms of sexually abused children.

“We learned Children Laws, but we lacked understanding about the case. We learned very little about cases. The lack of knowledge affects our understanding about the case.” (Wabil, SW)

“Sometimes you were not sure how to get the information from them. Sometimes it was hard to understand what those children had in mind. To understand them requires skills. We don’t have that.” (Fuziah, SW, 7 years of service)

Family responsibilities

Almost all participants in the study were women who were married with children. Participants struggled to balance their roles at work and home. Some participants indicated that their job sometimes conflicted with their family responsibilities. Because of the demands of the job, participants often stayed longer at the office than they were paid for. This situation disrupted participants’ time with their families. Sometimes participants received complaints from their children about their absence and preoccupation with work.

“You also need to spend some time with your family. You cannot ignore them can you? Even now my children questioned that I seemed preoccupied with my work. What to do?” (Wabil, SW)

“And it takes a lot of your time as you spend much of your time at the office compared to home. Sometimes you overlook your responsibility towards your family.” (Wabil, SW)

Summary

Findings discussed in this chapter focussed on the challenges and/or barriers of working with sexually abused children in Malaysia identified by participants. Participants were highly aware of the problems and challenges involved in their work and these were similar to challenges reported in previous research and come at all levels of society and in various shapes (Newman & Dannenfelser, 2005; Wright, Powell & Ridge, 2006; Briggs, et al., 2003; Burns et al., 2008; Aarons, et al., 2004; Anderson, 2000; Azar, 2000; Conrad & Kellar-Guenther, 2006). Furthermore, consistent with past research, the most frequent challenges mentioned involved organisational problems such as heavy caseloads, lack of well-trained workers, lack of resources and facilities and collaboration difficulties (Newman & Dannenfelser, 2005; Wright, Powell & Ridge, 2006; Briggs, et al., 2003; Anderson, 2000; Mildred, 2004). Participants were acutely aware that they played an important role in CSA intervention and that professional competency in this area of work is as crucial as the availability of organisational resources and public support. This awareness, however, co existed with a situation where participants continually confronted problems that hindered their effectiveness and sense of competence in handling cases. They were struggling to balance what they lacked professionally with the perceived needs of clients.

In overcoming challenges, participants needed to understand the sources of their problems. In this chapter, I have discussed the primary sources of difficulty mentioned by all participants in the study. In summary, there were five sources for the common challenges participants encountered in their everyday work. These were clients, **organisations**, **victims**, **society** and **self**. The next chapter is dedicated to

discussing how participants strove to overcome these challenge and at the same time continued to serve the victims of CSA.

CHAPTER 5

COPING STRATEGIES

In the previous chapter, I discussed the multiple barriers participants faced in working with CSA cases and how these hindered them from carrying out their duties effectively. This chapter discusses strategies or approaches employed by the participants to restore the balance between work demands and the resources available to them to cope with these demands and reduce the psychological and social consequences of their work.

The selection of coping strategies is not a straightforward decision. Rather it involves a complex process and interactions between internal and external factors. Results from these interactions subsequently determine whether participants choose to use similar strategies again or not. This is illustrated later in Chapter 8 (see Figure 1) that represents the complexity of coping strategies process and their interactions. Participants may move backward and/or forward, and opt for other alternatives and the same process is repeated.

Influencing factors

In terms of choosing resources for help and support, participants cited multiple influences on their decision making. These included familiarity, comfort and commonality as well as the perception of being understood and the availability of expertise and assistance. These influences, in various combinations, determined who would be chosen as a source of support.

Some participants chose their resources based on familiarity and comfort. Knowing the person for quite some time reduced communication gaps and therefore made the conversation easier to initiate. Levels of trust were often higher and this also made it easier to talk freely about feelings and difficulties, as described by these participants.

“Hmm, I prefer talking with friends. You can say whatever you want to say and that makes you feel relief. Therefore, no need for you bring the issue further – to a counselling. That is how I handle my stress – share with my friends. With friends, you can be spontaneous. No need for you to start from the beginning and all that.” (Rayyan, SW, 9 years of service)

“Sometimes, I shared stories with my husband. He always gives me support and encouragement. He makes me feel more motivated. Whenever I was in despair, he gave me strength, ‘you should do like this....’ At least I have my husband to rely on. If something happened, he would support me, so I feel confident.” (Yasmin, SW, 8 years of service)

“I shared my problem with other colleagues. We are quite close with each other although we come from different departments or units. Even though I was no longer with the Child Unit, I still share and help other staff who handled children cases. We would sit and discuss together. Such activity would help us to find solutions for the problem at hand. We talked a lot about our problems here and we shared problems together.” (Rayyan, SW, 9 years of service)

Colleagues with similar experiences also influenced participants’ choice. Participants stressed that commonality of experience enhanced understanding and produced greater satisfaction because friends or colleagues with similar experiences were perceived to better understand and be able to provide greater insights into the problems discussed. As these two participants explained:

“That is what I did from the moment I started my work here. That gives you more satisfaction because your friends had similar experiences.” (Rayyan, SW, 9 years of service)

“Not that often. They do not handle children cases, so they lack understanding about such cases, the way we understand it.” (Wabil, SW).

Likewise, another participant said she chose her husband because he also worked as a social worker and therefore had a better understanding of her situation. A sense of having something in common motivated her to share problems with her husband.

“I talk with my husband. My husband also works as a social worker so we talk a lot about each other cases and have a discussion or something.” (Rayyan, SW, 9 years of service)

Interestingly, one participant in the study gave a different view regarding the sharing of problems with more experienced colleagues, particularly for emotional support. She felt less validated by experienced colleagues due to their lack of sensitivity about her stories and feelings. In her opinion, support from less experienced professionals was more authentic and therefore, more satisfying and rewarding. They were perceived as always showing interest in her stories. Despite this, she still felt that support from both experienced and less experienced colleagues were equally important in this work.

“I think both have pros and cons. If you talk about your problems with colleagues, they already know about it. They tend to perceive your story as like any other story they heard before. On the other hand, when you share your story with people who have no idea at all about your work, their impression is very dramatic. You can see their reactions, their faces, as like they can really get into your experience. They’re like, more exhausted than I am.” (Syakirah, SW, 4 years of service)

It also appeared that those with expertise and experience were highly rated by the participants. The more difficult the problems are, the higher the need for expertise. As one female participant stated:

“I always ask and discuss with my sergeant. For a difficult case, the officer would be in charge and a less difficult case would be handled by lower rank staff.” (Hannah, Police Officer, 5 years of service)

“Complicated cases involve many things such as forensic results. Whenever I feel stressed, I would talk with my sergeant and tell her about my case. So it eases me a bit. For more complicated cases, I would consult superior officer at the police headquarters who is in charge of monitoring sexual cases. I would talk to her and ask for her opinions.” (Hannah, Police Officer, 5 years of service)

Professionals with expertise were highly valued because they were thought to have better insights into problems and could therefore give more useful solutions, advice and opinions on how to manage the problems at hand.

“Sometimes CSA case can be so complicated that it makes you stuck. Experienced friends will give you useful ideas.” (Rayyan, SW, 9 years of service)

Barriers to seeking professional help

There are circumstances that may deter participants from seeking particular strategies, particularly regarding of participants’ behaviours toward formal help such as formal counselling and therapy. Participants mentioned that factors such as limited options provided by the organisations, concerns about confidentiality and dual relationships deterred them from seeking formal help including counselling and therapy.

In addition, stigma associated with formal help also contributed to participants’ reluctance. Although participants agreed that professional help was beneficial for their well being, they were concerned over trust and breaches of confidentiality regarding personal information. Many expressed concerns about the counsellor/therapist’s ability to protect their right to privacy. They perceived that if they themselves could talk about clients’ problems to other colleagues as a means of coping with stress, a counsellor/therapist could also do the same. This perception decreased their levels of trust in services, particularly when the counsellor/therapist came from the same organisation. They were afraid of the possibility that other staff

in the office would find out about their personal problems, as revealed by these two participants.

“We have counsellors. But counsellors, how far can you disclose?” (Yasmin, SW, 8 years of service)

“It will make me suspicious, uncertain whether they can keep the secret, confidentiality. There are no different from you. Just like you, they would think about your problems. How they cope with that? Is it like you? You know them as your friends. So how is it possible? That is why we need somebody from outside to be our counsellor. We should have more options for that.” (Syakirah, SW, 4 years of service)

They were also concerned about sharing social spheres with a therapist or counsellor who worked in the same place. At least two participants clearly stated this issue. They believed that boundaries between client-counsellor must be clearly defined and that dual relationships between client-counsellor must be avoided. Participants believed that dual relationships between client-counsellor was damaging because that caused them to feel insecure, uncomfortable and ashamed.

“We have counsellors within the organisation, but I prefer someone from outside. It depends on people though, but I cannot go that way. Because, you know who they are, you see them around, and if I talk about my problem with them, that make me feel shame and uncomfortable.” (Syakirah, SW, 4 years of service)

“I used to get a counselling service before. The counsellor was from the same organisation and I felt uncomfortable because she was your colleague. However, you feel less embarrassed because you know her well and you shared a lot of activities together, for example, went for lunch together.” (Fuziah, SW, 7 years of service)

Formal and informal sources

Participants indicated that they utilised both informal and formal resources for social support, although informal support was more commonly used than formal support. Informal resources often provided participants with emotional support such as encouragement, affirmation and advice. Meanwhile, a formal resource refers to support provided by counsellors and therapists to participants, which is more formal and structured in nature. As mentioned, participants relied heavily on informal coping strategies to deal with challenges. They turn to formal help (e.g. supervisor/manager) only when there is a need to do so and/or when participants believed they were out of resources and alternatives to handle the problems themselves.

Informal help sources

It was clear that participants were more inclined to use informal help resources (e.g. family members, close friends, colleagues) than formal resources (e.g. counsellors, therapists). Participants rated their friends and/or colleagues, partners, siblings and parents as their primary sources more than any other. The most preferred choice was friends or colleagues followed by partners, parents and siblings. Friends or colleagues with similar experiences were preferred over friends with no such experiences. Partners were the next most important group for emotional support for most of the participants who were married. Also included in the list were family members such as parents and siblings. Supervisors were also mentioned by the participants. Similar to colleagues, supervisors were also valued sources of support within organisations.

Formal help sources

Despite the benefits of formal support, only a few participants said they used counselling or therapy as a resource for coping although those who did avail themselves of professional therapy services were satisfied with them. All of these participants were offered therapists from outside their organisations. The one participant who reported she saw a counsellor within her organisation did this to discuss her work and to get a professional opinion on how to handle cases rather than for personal or emotional purposes. Detailed explanation of what influenced participants' preferences for help seeking is discussed below.

Coping Strategies

My findings indicated that participants used diverse coping strategies to manage, adapt to or deal with the stressful situations associated with their work. Participants interchangeably used cognitive (e.g. having positive attitudes) and behavioural efforts (e.g. physical activities) to manage all external and internal demands. Most of these strategies appeared to be effective although some participants complained that they were not. Specifically, the *coping strategy* category was divided into three subcategories namely **self-care**, **professionals** and **organisational**. *Self-care* strategies refer to an individual action and/behaviour taken by the participants to minimise the effects of their work and to fostering well-being. Meanwhile, *professionals* refer to strategies used to help participants manage problems/challenges associated with work better. Organisational strategies refer to support (e.g. resources, facilities, expertise) available in organisations that are being used by the participants to cope with challenges emerged from their work. Table 7 below provides a detailed description of three categories mentioned and their codes.

Table 7

Coping strategies category

<i>Category</i>	<i>Subcategories</i>	<i>Codes</i>
Coping strategies	Self-care	Balancing the personal and professional life Close relationship & social activities Self-awareness Relaxation, self-nurturing & doing physical activities Having positive attitudes Spiritually Avoidance
	Professional	Seeking more information Discussing with colleagues

	<p>Organisational</p> <ul style="list-style-type: none"> Managing workloads Becoming advocates Maintaining good relationships with other professionals Humour Supervision Encouraging personal therapy Formal debriefing Training and ongoing professional development programmes
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Self-care

Balancing personal and professional life

Each of participants agreed about the importance of attempting to achieve some balance between work and personal life. Participants believed this was crucial to taking control of their lives and to setting boundaries and priorities between work and other responsibilities such as family.

'I don't want to. I separate my work and my personal life. I will not take such thing at home.' (Laili, Police Officer)

'I don't like to bring work problems at home.' (Danish, Counsellor, 4 years of service)

To prevent work from overcoming lives, participants drew boundaries and created priorities. These functioned as rules that needed to be followed. As participants explained, such rules kept them from being overwhelmed by work responsibilities as well as enabling them to focus on other things that were also important.

'Just do whatever you have to do for the case but don't think about it once you get home. Spare your work for tomorrow. Try to avoid thinking about your job at home unless needed.' (Nurin, Police Officer, 5 years of service)

'I don't bring work problems at home. Otherwise, you won't last longer. It's true. Anything that happened here let it remain here. It much depends on your style.' (Rayyan, SW, 9 years of service)

Participants divided their lives into two different distinct spheres, namely office and home. Office was a place to work and home was where personal life existed. It was clear that participants tried to avoid mixing the two. They perceived office and home contain very different things in lives. Between these two spheres, participants tried to focus their energy and time in doing what really mattered. Inability to create a boundary between the two worlds certainly appeared to increase stress.

'No. I only think about my job at the office. At home, I have a baby to take care and other things as well. The more you think about it, the more stressed you become.' (Nurin, Police Officer, 5 years of service)

'Through experience, you will learn how to deal with it. Once you step outside the room, you leave everything here. At home it is a different story.' (Danish, Counsellor, 4 years of service)

Close relationship and social activities

The majority of participants described the relationships with family members and friends as very important. Participants named their spouse, parents, siblings, close friends and colleagues as people they would share their problems with. Having someone close enabled participants to speak about their troubles and to maintain motivation. These people were highly preferred by participants for emotional comfort and support. Most of the participants pointed out that the exchange of experiences with family members and friends as well as doing something together was very rewarding.

“At home, I shared problems with my husband. Sometimes he would ask me in return, ‘what are you going to do then?’ I said, ‘I don’t want to think about it too much.’ It’s just that, when shared about what had happened, I felt relieved.” (Laili, Police Officer)

“And I’m the kind of person who likes to spend weekends with my husband such as watching movies, sightseeing or visiting our families; unless I have urgent work to do, I would go for it first. That becomes a part of my routine even before we got married.” (Lidya, Police Officer, 8 years of service)

“Sometimes I shared stories with my husband. He always gives me support and encouragement. He makes me feel motivated. Whenever I was in despair, he gave me strength, ‘you should do like this.’ At least I have my husband to rely on. If something happened, he would support me, so I feel confident.” (Yasmin, SW, 8 years of service)

“Whenever I got tension, I like to play bowling with friends or go for movies.” (Lidya, Police Officer, 8 years of service)

Some participants used friends and family members not only for emotional and moral support but also to get insights into what they experienced. As narrated by this participant:

‘I just shared my own experience about a situation and then we talked and debated the issue. There is always debate between us. And even with my parents, I also discuss, talk about it, throwing the issue around and we talk about it.’ (Angela, SW, 1 year of service)

Self-awareness

Some participants mentioned the importance self-awareness including awareness of ones feelings and behaviours as a precaution against being affected by the work. Most participants acknowledged that their work was high risk emotionally and it was easy to be influenced by it. Therefore, self-awareness was a useful coping

mechanism to detect any signs of problems and should be practised on a continuous basis. As one participant observed:

“But constant awareness and constant check on self is very-very important because like I say, it’s very easy to be swept away. And I know a lot of people who actually are being negatively affected by this work.” (Jesica, SW, 9 years of service)

One participant said being self-aware required sensitivity to one’s bodily responses to stress. This was important because people respond to stress differently. Hence, it required a deep understanding of one’s unique response to stress. For instance, she knew it was time to take better care of herself whenever she started to show symptoms of distress such as getting sick, lacking motivation or feeling numb.

“I can say that I am okay but at certain time, I may not be. Only I can fully understand that, if I am aware enough. Some people do not realise that they are stressed. I know that I was stressed whenever I get sick, feel numb or unmotivated about work. I had experienced it, so I took a leave.” (Bahia, Counsellor, 1 year and 10 months of service)

Meanwhile, two participants mentioned that self awareness includes being clear about what one’s capable or not capable of doing which includes understanding and accepting one’s limitations in handling challenges without being disappointed by this.

“So, I thought, I do not want to take such things personally. You are not young anymore, if you think too much about what they say, it will affect you, you might get sick. Therefore, I just say, ‘Look, if you are not satisfied, then you can complain to my boss. You can talk to her.’ That’s what I said.” (Laili, Police Officer)

Everyone has their own problems. You can’t bring victims’ problems into your personal life and make it yours. Just try your best to help the victims. That’s it.” (Zahrah, MSW)

Another participant noted that practising self-awareness was not only useful for protecting her professionalism but also protected victims from being unfairly treated by an affected professional. She always reminded herself to remain objective and not to be overwhelmed by what she heard and saw. She admitted feeling she had better control of her emotions and work when she was aware of her own responses.

“I pity the children, but I must be very careful at the same time because I do not want my emotions to overrule my judgement and make me do something unprofessional. I keep telling myself not be swept away by emotions.” (Bahia, Counsellor, 1 year and 10 months of service)

Having positive attitudes

Another coping mechanism mentioned by the participants was having positive attitudes towards work. Participants believed that professionals with positive attitudes were more motivated about their work and more resilient in the face of adversity. Positive attitudes mentioned by these participants included being passionate about work, seeing problems as a challenge, perceiving work as a game, and practising good discipline. One participant asserted that she maintained her motivation by putting interest into whatever she did. Positive attitudes enabled her to see work in more positive ways and thus feel less burdened by it.

“When you are passionate about something, you would not see it as a burden. That’s how I do it.” (Aishah, MSW, 14 years of service)

Another participant echoed a similar opinion.

“One more thing is you must have interest. Otherwise, you would suffer. You must have motivation to help others. If we are not helping them, then who else?” (Maisarah, SW, 3 years of service)

Likewise, two participants stated that they tried to associate their work with something more pleasant as a way to maintain interest. For instance, one participant said she maintained her work interest by viewing problems as a challenge that needed to be conquered.

“Try to see what had happened as a challenge.” (Syakirah, SW, 4 years of service)

Another participant said she retained her interest by imagining her work as if it was a game that needed to be solved.

“When I received a case, I would make it like a game. The case was uncommon for you and you were probably not familiar with it. So when I encountered such cases, I would read more about it. Thus, it increased my knowledge. So, you repeat the same process every time you have new cases to handle.” (Danish, Counsellor, 4 years of service)

Fewer participants said the key for maintaining motivation was to keep themselves happy and/or to maintain a happy personality even though work seemed very distressful. Preserving happiness was perceived as a means to ease stress at the workplace rather than implying a lack of awareness of the seriousness of CSA cases.

“You have to be happy while working in here because you deal with problems. So, if you stress, things can be worse for you.” (Syakirah, SW, 4 years of service)

“I am a happy go lucky person, so I laugh a lot. I don’t want to take it seriously.” (Yasmin, SW, 8 years of service)

Another participant mentioned the importance of self-discipline in working with CSA cases. It was perceived as a significant component of the work and to play an important role in determining whether professionals could successfully handle the demands of their work.

“Yes. You need discipline. I learned from here. You have to be well disciplined. If you do your part, you’ll be a success.” (Danish, Counsellor, 4 years of service)

Spiritually engaged

A few participants revealed that they engaged in spiritual practices and/or looked to their religious beliefs to comfort themselves emotionally and to ease stress. It could take the form of religious observance, prayer and belief in a higher power. Participants revealed that they benefitted from spirituality and/or religious faith in several ways. For instance, one participant stated that spiritual connection with God gave her an opportunity to reflect on herself more. Prayer helped her to refresh, sustain and brought back her motivation to continue work.

“Whenever I feel stressed, I would take time out and reflect on myself, pray a lot more, things like that and I will be good again.” (Maisarah, SW, 3 years of service)

Another participant stated that she found inner comfort by praying to God. Prayer gave strength and renewed hope that a difficult situation would eventually improve.

“I would share problems with friends, I pray, what else? Sharing problems with friends and praying a lot. I asked God to make my job easier.” (Wabil, SW)

Meanwhile, one participant asserted that religious values had taught her to understand problems in a more holistic way and provided her with alternative explanations of societal problems. Also, spirituality and/or religious faith helped her in expanding support and building her social network as she shared spiritual activities in the mosque. She also admitted that spirituality and religious belief gave her a sense of purpose in the work. Even so, she realised that this strategy may not work for everyone even though she benefitted from it.

“Then, a religious aspect. It helps me a lot as well. I learned about Quran and I have support group where we can learn together. Through this Islamic teaching, I come to understand why something is happening and how it can be related to spiritual aspect and it gives answers for your questions. But, not all

people can accept such perceptions.” (Bahia, Counsellor, 1 year and 10 months of service)

Relaxation, self-nurturing and physical activities

Another common strategy was to engage in relaxation, self-nurturing and physical activities. A number of the participants chose relaxation, self-nurturing and physical activities as a way of coping. Specific strategies utilised by the participants included aromatherapy, stress relaxation techniques, jogging, rock climbing and shopping activities. For instance, one participant stated that she loved the smell of green tea and she used it for aromatherapy purposes. The smell of green tea made her more relaxed and calm.

“Ok. One thing that is very therapeutic for me is a green tea. I love green tea; I love the smell of green tea. It really makes me calm.” (Angela, SW, 1 year of service)

Some participants chose to indulge themselves in activities they loved. One participant said she liked window shopping as a way of coping. It did not necessarily end up with her buying things but the thrill of seeing things she loved provided her some relief.

“When I feel so stress up, I would go to a shopping mall but not really for buying something or what. I just want to look at things and that eased me a bit.” (Fuziah, SW, 7 years of service)

Another participant preferred to walk and/or drive a car around the city for sightseeing.

“I love to go for a walk and I actually I would drive a car and go rambling around the city.”(Angela, SW, 1 year of service)

A stress management technique was one of the programs offered by an organisation for its staff. Only one participant said such a program was useful and she used it as

part of her coping mechanism. She pointed out that the program was particularly supportive, helpful and very effective for easing her tension.

*“Another things that are effective in managing my stress is the stress management program. I felt so lightened up, as if someone had just moved away a big rock from my shoulder. It was good for reducing stress.”
(Maisarah, SW, 3 years of service)*

Meanwhile, only a few of the participants opted for physical activities as a way for coping. They participated in various physical activities such as yoga, rock climbing, swimming, diving and jogging.

“Oh, I do a lot of stuff. I stay very healthy, I’m able to switch off after work, I do yoga, I workout, I do things, I do rock climbing, it takes your mind away, it’s nice.” (Jesica, SW, 9 years of service)

“And I go for swimming; I go for diving class as well. I have already dived. What I wanted to do now is to be a certified diver.” (Angela, SW, 1 year of service)

Avoidance

Of all participants involved, only two indicated that they sometimes intentionally ignored problems they had at the workplace. They tried to distance themselves from thinking about work problems. For example, one participant said she preferred not to think about problems too much. Another participant held a similar opinion. She tried not to think too much about her work because it gave her a headache.

“Talking about stress, you know what, I am the kind of person who does not like thinking too much.” (Laili, Police Officer)

*“I don’t want to think about the case too much because it gives me headache.”
(Maisarah, SW, 3 years of service)*

Professional strategies

Seeking more information

Most participants in the study used this strategy to handle problems they perceived as unfamiliar or knew little about. Participants used this strategy when they felt insufficiently equipped to handle a case in terms of their existing knowledge and experience. They would collect as much information as possible in order to gain more understanding about the case background. The type of information used included previous documents, reports, books and the internet.

“For example, if the case involved court process, involved law or something, I will focus on it, I will refer to documents related to court process.” (Syakirah, SW, 4 years of service)

“I read previous reports and also I read books related to the issue.” (Fuziah, SW, 7 years of service)

“Through readings, from the internet, books or from journals.” (Danish, Counsellor, 4 years of service)

“From that moment I did a lot of reading, read a lot of books because I also do things related to laws so I have to read myself. I get myself more information, I read...” (Angela, SW, 1 year of service)

Nevertheless, not every participant found this approach beneficial. In fact, one participant complained that although she managed to get the information, she felt that real experience was always different and unique. Therefore, she relied more on experience in handling work.

“At this time, I much depend on my experience and psychology books for that but books are different from real experiences.” (Hannah, Police Officer 5 years of service)

Managing work overloads

The combination of high workloads and high work demands required participants to know how to manage their work wisely. The importance of managing work was indicated clearly by the participants in the study. Participants believed that good work management involved one's ability to give priority to what is important and to incorporate all important tasks to fit within the work schedule. One participant explained that CSA and physical abuse cases always took priority over any other cases because they needed an urgent response from the professionals:

“We give priority to the most urgent cases or cases that have court hearing. In general, we give priority to CSA and physical abuse cases because those cases need to be responded to immediately. We would put aside other cases if necessary.” (Rayyan, SW, 9 years of service)

For those who work in understaffed organisations, time management was crucial.

“You have to know about time management. You know that you work alone, so you have to know how to manage your time.” (Danish, Counsellor, 4 years of service)

Another participant reported that professionals working on CSA cases were often involved in different tasks at the same time such as attending case, monitoring case, writing reports and doing a follow up on the case. Therefore, professionals must know how to set their priorities correctly so that every task given can be completed as requested. Usually, the most urgent things were given priority. This also meant allocating specific times for doing other tasks and delaying attending to other cases if necessary.

“Like today, I will prepare my plan for tomorrow. The most or urgent thing will be given priority. If you can delay other work, you will delay it. You allocate your time for things like follow up services, monitoring or preparing reports, depends on your priority. You have to standby.” (Syakirah, SW, 4 years of service)

For some participants, good work management means avoiding unnecessarily delay and being flexible in arranging work and responsibilities because CSA cases often turn up unexpectedly. However unpredictable it may be, good preparation is still much in need. Flexibility ensures that a new but important task is not being overlooked while current tasks that are planned beforehand can be completed on time. One participant described this process clearly:

“So far, there were times when I was very busy. But most of my patients were out patients. In such cases, I can arrange my schedule to meet those appointments. As for inpatients, I try to respond as early as I could. For example, if I received a case in the morning, I would try to see the patient in the afternoon. I try not to delay my appointment because inpatient clients often stay for a short time only. For outpatients, I try to stick with the schedule. I would make a brief meeting for the first session. But I would monitor patients’ progress in detail when I see them next time.” (Danish, Counsellor, 4 years of service)

Becoming an advocate

Some participants turned themselves into advocates for other colleagues who were having problems in handling CSA cases. This often happened among participants with many years of experience. As noted by the participants, they were keen to help because they had similar experiences with CSA cases that enabled them to empathise with the professionals who were having difficulties. They felt they could make good use of their experience by offering help and advice to others who were struggling with such problems.

“Even though I was no longer with the Child Unit, I still share and help other staff who handled children cases. We would sit and discuss together.” (Rayyan, SW, 9 years of service)

“Yeah. We do that sometimes. We talk and discuss together with other staff. We shared our experiences especially with new staff. However, I never push them to accept everything I said. I tried to become more tolerant because

people have their own way of doing things.” (Aishah, MSW, 14 years of service)

“(Chuckled) Very much. But, I will not let other staff handling children’s cases without any help. I am fully aware how difficult it can be. I will give them continuous support, accompany them if needed. I am doing this because I really know how it looks like, working with children’s cases.” (Wabil, SW)

Discussing with colleagues

All participants indicated that colleagues were a primary source of support and played an important role in their coping. Most participants admitted having close relationships with other colleagues and shared many activities in organisations together, thus making them a convenient source of support.

“Discussing and sharing with others help you in a way to support your decision and to release tension. It was good. I shared my problems with other colleagues. We are quite close to each other although we come from different departments. Such activity helps us to find solutions for the problems at hand. We talked a lot about our problems here and we shared problems together.” (Rayyan, SW, 9 years of service)

Most of the participants reported feeling positive when sharing problems with colleagues.

“When you’re feeling stressed working with cases, you have to find your own way to solve it. You shared with your colleagues. They said ‘Do not worry too much. He would not do such thing.’ It reduces your stress.” (Rayyan, SW, 9 years of service)

One participant firmly believed that even professionals needed someone to listen to them. She needed someone that could listen to what she did. To share what she experienced gave her some sort of relief, as if to pour out what troubled her from her body when she felt truly heard.

“I need to talk to someone. That’s my way to soothe myself. I need to talk to somebody about it. It’s not because of anger or what. No. It’s just something that I received and now I need to bring it out. I need to share with SW that I am working with.” (Angela, SW, 1 year of service)

The participants created routine in their workplace for a regular discussion with colleagues and it was not restricted to one particular department or unit only. Everybody was invited to become involved. Colleagues could be anyone regardless of geographical or physical areas:

“Yeah, the best. It is not only for colleagues from this office or district. I have also contact with other staff from different districts.” (Rayyan, SW, 9 years of service)

Although case conference is provided on a regular basis in organisations, casual discussion with colleagues was still much valued by all participants. Some felt that casual discussion with colleagues offered more flexibility because they could arrange meetings whenever they feel available to do so such as during lunch hours or while having a tea break and this meant discussion was not necessarily restricted to a case conference only.

“You do not necessarily have to wait for a formal case conference to get that. We even discuss about those cases during lunch hours.” (Rayyan, SW, 9 years of service)

“Usually, we always shared our stories after big meetings. We have people from the Serious Crimes Department, Prosecutor Department, Forensic Photo department etc and we would talk about our work as we go out for a drink or something.” (Lidya, Police Officer, 8 years of service)

However, participants’ choice of colleagues as their source for support seemed to be more complicated than any other social support (e.g. family members, friends, and

spouse) available. The findings show that participants' decisions around help seeking were influenced by many factors, as explained at the beginning of this chapter.

Maintaining good relationships with other professionals

Most participants agreed that it was important to maintain a good working relationship with other professionals in the workplace as well as with professionals from different organisations who were involved in CSA cases. They believed that good rapport with others brings greater advantages than working alone. For example, good relationships ensure intervention becomes more effective and helps to speed up the intervention process. Also, professionals with good relationships with one another were seen as more willing to help when asked and more comfortable to work with. As stated by this participant:

“It’s much easier to do your job if you have good rapport with personnel from other agencies. Otherwise, it would make your task a bit difficult, rigid and very formal. So it’s crucial to develop close relationship with people from other agencies as well.” (Imran, MSW)

Participants used multiple strategies in maintaining their relationships with other professionals including befriending professionals from other organisations, being more tolerant to others, being more patient, avoiding conflict and engaging in social activities together. Participants tried to focus more on creating an environment that is more supportive rather than competitive.

“And you need to befriend people who work with legal things so that they could help you. It’s important to have many friends from different fields.” (Syakirah, SW, 4 years of service)

“Sometimes, your problem involves your colleagues. When it happens, I do not want to take it seriously.” (Syakirah, SW, 4 years of service)

“People used to ask me, ‘how can I survive this?’ I said, ‘who are not without problems?’ You deal with children here, with other staff, sometimes they

create problems but for me I didn't take it personally. If I have issue, I will be honest with that.” (Fuziah, SW, 7 years of service)

“In here, we have good relationships with everybody. After meetings, we would go for a coffee and have a discussion.” (Lidya, Police Officer, 8 years of service)

All participants recognised the importance of developing a good relationship at work in order to create a more pleasant environment and to minimise stress. Participants were inclined to see themselves as a part of a bigger partnership; therefore an ability to work together was highly valued.

Humour

A few participants indicated that they used humour to cope with stress. The ability to have a sense of humour helped. However, using humour was more dominant for one particular profession compared with the others represented in this study. Humour was used much more often by professionals from law enforcement agencies. The use of humour facilitated feelings of togetherness and helped those working in law enforcement agencies to overcome the demanding nature of their work.

“They were like, ‘Oh, rape case? Who was the victim?’ Sometimes they make a joke about it. They help me to feel at ease”. (Hannah, Police Officer, 5 years of service)

“Sometimes they like to make jokes and we laugh together. In a meeting, rape cases are their favourite topic to hear.” (Lidya, Police Officer, 8 years of service)

Although no explicit explanation was given for why participants working in law enforcement use humour more often than other participants in the study, there is strong evidence that humour is common in law enforcement agencies and is perceived as a strategy to minimise the effects of observed traumatic events, to maintain organizational relationships by sharing commonality and as well as to cope with

demanding jobs (e.g. Garner, 1997; Pogrebin & Poole, 1991). By normalizing the threatening situations, the police transform the crisis into something more tolerable and as part of the job. This strategy is believed to foster a sense of confidence and self control (Pogrebin & Poole, 2003). Some believed that the frequent use of humour as a coping strategy in law enforcement occurred because the expression of personal feelings is strictly discouraged in such organisations. Whereas, humour is more acceptable and therefore permits creative expression in handling the emotional side of their job that cannot be expressed otherwise (Pogrebin & Poole, 1991).

Organisational

Supervision

Apart from colleagues, participants in the study also relied on their supervisor to cope with issues related to work. Supervisors in the study included the head of the department or other superior officers in charge in monitoring cases. In terms of status and authority, they were highly rated by the participants because they made all important decisions, had more power in the decision making process and were seen as knowledgeable, experienced, and experts in the field. Also, supervisors are the ones responsible for monitoring cases and every case progress needs to be discussed with them.

“I always communicate with superior officers. Whenever I feel uncertain about a particular issue, I would ask for their opinions and feedback.” (Wabil, SW)

“So, what I did after the conversation was to collect information as much as I could and then consulted my boss.” (Bahia, Counsellor, 1 year and 10 months of service)

“Another way is to report whatever happened to my boss. Just to make sure that she/he knows what is going on so that she/he can help.” (Laili, Police Officer)

Some participants asserted that they felt more comfortable, supported and confident to make decisions after they had sought consultation with supervisors. They felt they were not alone in handling difficult issues. It gave them a sense of security.

“Whenever I feel stressed or am having problems with a victims’ family I would go to him. Doing that makes me feel that I was not alone in dealing with the case; that my boss would back me up. He would advise me on what to do.”
(Hannah, Police Officer, 5 years of service)

“Not all staff prefer to refer their case to the HQ but I do it most of the time because it gives you more confidence in the decision making process, especially if you have a complicated case at hand.” (Rayyan, SW, 9 years of service)

Personal therapy

All organisations where the participants worked provide facilities or services for counselling or therapy. Nevertheless, only a few participants indicated that they used the services as part of coping. As stated previously, participants choices were influenced by several factors including stigma associated with formal counselling, concerns over issues of confidentiality, familiarity and level of comfort.

Those who used personal therapy said it was a beneficial and effective means of coping. Also, it appeared that participants who used formal therapy had been given more options to select their own therapist listed by their organisations. One participant said having personal therapy gave her an opportunity to express herself and become a client, instead of playing professional roles most of the time. She believed that professionals need their own therapy to work on personal issues that emerge as a result of their work with CSA cases.

“With therapist help, we do sand therapy as a way to express ourselves. We need our own special time. The therapy started this year and I have a once a week session with my therapist. I feel great.” (Bahia, Counsellor, 1 year and 10 months of service)

For another participant who sometimes talked to a counsellor in her organisation, it was more for consultation regarding her cases rather than for her personal problems.

“Yeah, but not in a formal way. Sometimes I would talk with a counsellor about my case, asked her opinions or something and we would discuss. I always did that, referring my case and ask for her opinions; because you are not expert about the issue and you better ask someone knowledgeable about it. (Maisarah, SW, 3 years of service)

Formal debriefing

Most of the participants said formal debriefing was a great opportunity to seek for a second opinion from other professionals involved in the intervention. Formal debriefing enabled problems and issues that emerged from cases to be discussed in detail. It was perceived as a great way to generate ideas, opinions and solutions because professionals with different expertise are also present, making it easy to seek an expert advice at the same time. All participants said they made use of the opportunity to help them in solving problems or issues.

“I would discuss with colleagues who have experience with such cases. I would share with them or we would hold a case conference. Generally, we would ask our boss to be involved.” (Rayyan, SW, 9 years of service)

“Any serious case will be brought to the meeting. Together we will have a discussion and brainstorm on how to tackle the problem. We will discuss among us, with the headquarters officer representative. Sometimes, our director would also come for the meeting. So, you do not carry the burden alone.” (Nurin, Police Officer, 5 years of service)

Similar to supervision, formal debriefing gave participants a sense of comfort, security, and confidence within a supportive environment.

“We do like that, because we need someone for back up if anything happens. We have our friends, our boss for support. There are many options to choose from and we have to discuss every option carefully.” (Rayyan, SW, 9 years of service)

Training

All participants in the study received regular training from their organisations and all agreed that they benefited significantly from these training programs. Through additional training, participants were introduced to all the essential skills, knowledge and information they needed for handling their cases, especially the skills related to case management and investigation procedures. Some participants admitted that it was training that exposed them to the real nature of this work that they knew nothing or very little about before the training.

“A lot. It helps a lot. Sometimes we don’t realise that this job also involved other authorities such as JKM. Organisations involved with the case must discuss with each other about their plans so that everyone knows what to expect. Such action helps both parties.” (Laili, Police Officer)

“Yeah. It helped me a lot. When I was first working here, I don’t have experience whatsoever. But I learned so much from my experience and I shared those experiences with others.” (Julia, SW, 6 years of service)

Despite the positive response, there were a few participants in the study who identified the need for more comprehensive and specific training for professionals dealing with CSA cases and who thought current training options were insufficient in providing them with necessary skills. For instance, one participant said although training was useful for her, she still preferred to rely on experienced colleagues because the training she received was not specific enough for her needs.

“More or less, it was helpful. It exposed us to the Law associated with our work. However, you learned more and better from colleagues because such

course was not specifically focussed on your needs. I got many help from colleagues who have experience dealing with such cases.” (Fuziah, SW)

Another participant expressed a similar opinion.

“Our seminar and training focussed more on general issue of abuse and (there is) no specific course for sexual abuse. However, sexual abuse issue is also part of discussion.” (Rayyan, SW, 9 years of service)

Summary

This chapter demonstrated that participants used different means of coping with work related stress encompassing behavioural, cognitive and physical strategies. From the interviews, of all the strategies mentioned by participants, four were identified as critically important in maintaining emotional well being. These were the need for balancing personal and personal life; the psychologically protective role of close, confiding relationships; the benefits of discussion with friends and/or colleagues; and the significance of continuous supervision. It was also clear that not all participants felt supported and for some, this related primarily to the less than helpful attitudes and behaviours of the administrators within their organization.

Overwhelmingly, participants voiced a strong preference for using informal coping strategies and actively sought support from friends, spouses, and families rather than accessing the formal resources available within the organisation. This chapter also explored the factors that influenced and/or prevented participants' from seeking help and the concerns that informed the decision making process. In summary, this study has given some insights into participants' perceptions of their coping strategies management. The next chapter is dedicated to describing the next aspect of professionals' experiences which is **the effect category**.

CHAPTER 6

THE EFFECTS

In chapter five, I examined the strategies used by the participants as a means of coping with the challenges and/or difficulties associated with their work on CSA. Data analysis identified three subcategories under the *coping strategies* category, namely, *self-care*, *professional* and *organisational*. This chapter focuses on the effects of those same challenges and/or difficulties on the lives of participants.

In my interviews with the participants, it was clear that participants were affected in many ways by their work. This finding was expected and is consistent with previous research which has documented the deleterious effects of prolonged involvement with and exposure to traumatic materials. The most significant effects reported by the participants in the current study included vicarious traumatisation, intense emotional response and burnout. Prolonged involvement with the victims and exposure to their traumatic experiences had changed participants both personally and professionally. Participants reported changes in their worldviews, trust in others, and feelings of safety. Also identified were intense emotional responses such as intense anger, frustration, and sympathy/empathy. Symptoms of burnout were also reported by most participants and were associated with organisational structures as well as the nature of the work they were undertaking. Despite many negative effects, some participants also highlighted the positive rewards of their work. According to previous research, such positive effects have been named ‘compassion satisfaction’ (Figley, 1999). These findings suggest that the sum of the effects on professionals are likely to result from the combination of negative and positive changes.

Table 8 provides a categorical representation of the effects category. Four subcategories were identified from the category, namely *vicarious traumatisation (VT)*, *intense emotional response*, *burnout* and *positive transformation*. It is important

to note here that some of symptoms (e.g. extreme exhaustion) are represented in both vicarious trauma and burnout. However, for easy discussion, and to avoid repetition, those symptoms are categorised only once (Bell, Kulkarni, Dalton, 2003). Details of the category, subcategories and its codes are illustrated below.

Table 8

The effects

Category	Subcategories	Codes
Effects	Vicarious traumatisation	Shock and disbelief Confusion Fear for safety of own children, children in general and oneself Becoming overprotective Flashbacks Preoccupied with CSA case Distrust of others Increased irritability Sleep difficulties Hypervigilance
	Intense emotional response	Anger Sad/upset Uncertain, ambivalent Sympathy /empathy
	Burnout	Feeling tired and exhausted Feeling unmotivated Feeling overwhelmed
	Compassion satisfaction	Extend perceptions of others Increased self esteem Deeper sense of compassion Making a contribution

		Increased awareness of CSA issue
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Vicarious traumatisation

Shock and disbelief

Worldview is a concept postulated by Janoff-Bulman (1992), Epstein (1991), Parkes (1975), and Bowlby (1969). Worldview is a cognitive structure that helps people to organise their experiences. It gives people a sense of competency and confidence to function in everyday life and serves as lens through which people perceive reality. It has been suggested that disruption of worldview can happen to professionals who are constantly exposed to traumatic materials from trauma victims (Pearlman & Saakvitne, 1995).

Most of the participants in the study said that they experienced shock and disbelief when they became acquainted with the reality of CSA cases and they had difficulties in getting used to what they were hearing at the beginning of their working experience. They also struggled to make sense of what they heard. Conflict occurred between participants' idealised worldview and the reality of the lived experiences of the sexually abused children they encountered. Before working in the CSA field, they knew at an intellectual level that CSA occurred in society but once they started work had to confront the fact that the CSA occurred more often and was much worse than they had believed previously.

“When I first saw the victim, it was like (silent for a while, preoccupied with the thought) you never thought it could happen.” (Imran, MSW)

“It was beyond imagination that we have this kind of people in our society. She is young and look at what have you done to the child? Can you imagine if that happened to your family members or your own children? How would you feel?”(Zahrah, MSW)

“You never expected it worst than you thought. You never expected it could happen. Even now, I still feel...disbelief it could happen.” (Aishah, MSW, 14 years of service)

All participants believed in the notion that family members and adults were responsible in protecting and nurturing children. Children are considered as dependant human beings that require constant protection from adults until they reach independence. For the participants, the adult who took advantage of his position to abuse children engaged in a fundamental and unforgivable betrayal of trust. Participants’ reactions were even stronger and more obvious when CSA involved incest.

“It certainly is. You never expect those things could happen particularly when the abuse involved a family member.”(Fuziah, SW, 7 years of service)

“It certainly is. Why he did that? She was your daughter. How on earth, could you do that? You are supposed to look after her.”(Wabil, SW)

“They didn’t ask for it. It makes sense for me if the rape is committed by someone outside family members. But for a father who did the same thing, it is just beyond your understanding.”(Maisarah, SW, 3 years of service)

“It shocked me badly. It’s not easy for a girl at that age to tell something like that.”(Aishah, MSW, 14 years of service)

“As a human being, you have feelings. You never expect that people dare to rape their own daughter.” (Yasmin, SW, 8 years of service)

Meanwhile, one participant stated that she was profoundly shocked by the lack of guilt showed by some perpetrators. The perpetrator’s inability to show regret for the

damage he committed, nor feel any guilt over his cruelty to and exploitation of his own children, had taken her by surprise.

“I never expected such a response. If that is so, he had intention to have sex with all his daughters. For the first time in my life I heard such response. I never came across any father who raped his daughter saying something like that. He never showed any guilt. Rather, he seemed proud of it.”(Aishah, MSW, 14 years of service)

Confusion

Following the shock and disbelief came confusion. Most participants experienced a strong sense of confusion about adults who are sexually attracted to children. They felt disgusted with adults who used children for sexual gratification.

“Whenever I see children around me, see my nephews and nieces, I was like, ‘Why do people do such things to children?’” (Nurin, Police Officer, 5 years of service)

“I don’t understand why people can feel sexually attracted to babies. It’s heartless. She was so small and how could you do that? I was speechless.”(Aishah, MSW, 14 years of service)

“CSA cases do affect me in some ways. How dare adults sexually abuse a child like that?”(Zahrah, MSW)

Similar to shock and disbelief, participants reacted strongly to incest cases. Some participants described how confused they were about family members who dared to abuse their own children.

“After the incident, the father stopped abusing her. But, in my opinion, what are you thinking? She is your own daughter. You bring her up and then you abuse her? I don’t know.” (Hannah, Police Officer, 5 years of service)

“As a human being, you have feelings. You never expect that people dare to rape their own daughter.”(Yasmin, SW, 8 years of service)

“I feel like, ‘what’s wrong here? So called developing country, with all advanced facilities, but still having this problem? If you are well aware, CSA case is increasing, yes? Father raped his own daughter, brother raped his younger sister, I don’t know what to say.”(Rayyan, SW, 9 years of service)

Fear for oneself and children’s safety

Being exposed to CSA cases, participants reported feeling less safe and more fearful for their own safety and for children in general. They started to view the world from a new perspective, often darker and more dangerous than before. Many participants felt that danger was everywhere and that children were no longer safe. Things that seemed non threatening before now became a source of worry.

“And then it reflects back to someone you love dearly, your cousins, sisters and nieces. Then, you would start thinking, is it safe enough for them to travel back and forth every day? Are they safe enough? It all comes to your mind.”(Danish, Counsellor, 4 years of service)

“If he went to school and didn’t show up after 5 pm, I would start feeling worry. You still feel anxious although he went to school by bus. His friends were already at home, where he goes? I was like, panicked. Anything could happen nowadays.”(Rayyan, SW, 9 years of service)

“Sometimes when I saw a girl walking alone the street, I asked myself, ‘Why is she walking alone?’ You thought that way because you know it could happen, based on your experience. So, you kind of worry about them.”(Fuziah, SW, 7 years of service)

Meanwhile, most participants interviewed mentioned that they worried about the safety of victims. Some victims were sent home after intervention and participants felt this might again have put victims in danger.

“We’re bit worried about her. We worried that her father is going to abuse her again. We constantly remind her that, regardless of who the person is, she has every right to protect herself and never depend on someone else for that.”(Wabil, SW)

“We were afraid about the possibility of the child being hurt or something by her mother. Basically, that’s what we did.”(Lidya, Police Officer, 8 years of service)

Concerns were also raised regarding the possibility of other children in the victims’ family being affected as well if authorities failed to take proper intervention to tackle the issue.

“I don’t know. Maybe. But, as I looked at the mother, I’m not so sure. I’m afraid that the other children would end up like the victim if no other people looking after them.”(Nurin, Police Officer, 5 years of service)

“And then, we are afraid that what had happened to the child is going to affect other children in the family.”(Zahrah, MSW)

There was also fear for one’s own safety caused by actual threats received from the perpetrators they worked with. In other situations, fear came from perceived threats, derived from stories participants gathered from CSA cases. Participants started to feel much more vulnerable to sexual violence than they had in the past. Such feelings had caused participants to restrict certain behaviours in their daily lives such as avoiding particular places or situations they believed were dangerous. A few participants in the study also worked on sexual abuse cases involving adult victims. Clearly, intense involvement with sexual abuse cases increased a sense of vulnerability, as narrated by these two participants:

“Hmm, how to say, well, it was pretty scary. You become more careful. Now, if I want to do something, or if I want to go to other places, I am a bit anxious.”(Syakirah, SW, 4 years of service)

“It really affects me. For example, I think very carefully before I go out somewhere, even to see lawyers or to court. I go out only to work. Focus only on work. Whenever I want to go out somewhere, I will choose someone I know well to accompany me.”(Syakirah, SW, 4 years of service)

“I feel scared. That feeling is always with you even though you want it to vanish. Sometimes, when I was alone at home I felt scared; even on my way back home. I heard so many excruciating stories of women who had been raped. The victims were raped, kidnapped and were dumped elsewhere. The victims survived of course, but it’s still very daunting for me.”(Lidya, Police Officer, 8 years of service)

“It never changed. Sometimes I returned home quite late at night. You felt scared to step out into a parking lot. Whenever you saw a few guys near there, you didn’t dare to get out from your car. You felt nervous. That’s true. Sometimes I thought, ‘that would be much better if I didn’t know anything about it.’ You think a lot about your own safety, even to park your car in parking areas. We are women, even though I’m an inspector, if someone knocked me down, I would fall unconscious.”(Lidya, Police Officer, 8 years of service)

Some participants were concerned for their safety during fieldwork and/or while on duty because clients sometimes became aggressive. The feeling of uncertainty about how people would react to them intensified their fear reactions. Also, unpleasant experiences in dealing with similar cases in the past made the situation even worse, as this participant recounted:

“Afraid, you feel afraid but you fight those feelings. Sometimes you’re not sure how to say it but you are there, you better tell anyway. When I was first dealing with such cases, I was not so sure how to tell them. ‘How am I going to inform the mother, the siblings?’ The father was so furious and angry with you, the family was in chaos, the father acted so aggressively that he broke the car mirrors. The situation was so critical. Then, they blamed you, scolded you, bang-bang-bang-bang! However, you could handle it. You just feel a bit nervous at the beginning.”(Rayyan, SW, 9 years of service)

“The thing that scared me most is when you are about to see the victim’s family to inform them about the abuse and the action we would take. Even before you drive there, you already feel anxious. You’re kind of expecting what is going to happen after that. You never have such feelings in other cases.”(Rayyan, SW, 9 years of service)

Because of safety fears, some participants even refused to act alone unless there was someone to accompany them. As stated by this participant.

“I am so lucky so far. Sometimes, you need someone to accompany you. For example, whenever I received report about the abuse, I refused to go alone because you afraid that someone would harm you. Maybe they have weapon with them.”(Wabil, SW)

Although participants realised that their safety was protected by laws, deep inside their heart they still felt vulnerable to violence. For instance, one participant shared her true feelings of being threatened by the perpetrators.

“Although you tried to put on your brave face and said that laws protect you, deep inside your heart, you still afraid, worry. You never know. Maybe that’s exactly what he’s going to do when he’s released from prison. The police once visited my house because I had received similar threat like this one. I lodged a police report.”(Rayyan, SW, 9 years of service)

Becoming overprotective

Participants noted that their work also affected their relationships, particularly on parenting. Participants realised that they became more protective and cautious toward their children. Now everyone was perceived as potentially able to harm their children. They used to believe only in ‘stranger danger’, but this was no longer the case. Even family members and close friends were looked at with suspicious eyes.

“I have two daughters, so I become more protective toward them, it makes me more cautious, and particularly people I know, including my own good friends.” (Imran, MSW)

“I told my daughter not to get too close to her father, to her cousins etc because it can happen. I know a story of a grandfather who raped his grandchildren in bushes on her way to school. Or story of a girl who was molested in the bedroom by her cousin. So for me, there is no safe place anymore for girls.” (Aishah, MSW, 14 years of service)

“You feel scared. Such cases affect you back. You are becoming more watchful toward your children. You always reminded them of potential danger. That’s what happened.”(Wabil, SW)

“And then, when I heard about a grandfather who raped his grandchildren, it makes me a bit anxious with my own father. To that extent. I feel the same thing with my own brothers.”(Maisarah, SW, 3 years of service)

Some took advantage of their knowledge on CSA to educate their children with information on prevention strategies. Children were also constantly being warned and supervised. They felt responsible to remind children as often as they could.

“Usually, I would teach them about safety and precautions. For instance, whenever you go out, do not follow strangers. Even though you know that person, do not easily follow them, regardless of who they are. I didn’t say ‘father’ or ‘brother’ for I did not want to give bad impression on that. I just say, ‘regardless any man. Do not let them touch or grope your body, refuse if they offer you a suspicious drink. Then, if you want to go out to play, make sure there are other people in that playground as well. Otherwise, don’t go there. I don’t know about others, but for me who works with such cases, the effects were rather obvious.”(Wabil, SW)

“My friends said that I was putting too much thought into this. When I received abuse case, I was like, how about my nieces or nephews? What should I do with them? I want to put my knowledge into practice. When I know

those strategies increased children safety, I want the same thing for my nieces and nephews.” (Syakirah, SW, 4 years of service)

“Of course I feel worry. I feel worry all the time. Whenever I got such cases, I would talk to my children and I told them what happened. They even told me that they had enough, ‘Mum, no need for you to repeat the story, we already knew.’ But I don’t care, I want them to know more because you’re afraid that might happen to them. I talk with my children about the issue almost every day. They’re rather bored with me.”(Laili, Police Officer)

Participants imposed rules for children to follow. These included rules inside and outside the home. Some felt uneasy whenever they left children without adequate supervision. They found themselves feeling suspicious all the time.

‘I have two sons, ages of 10 and 14. I become anxious if my children spend too much time in their bedrooms. I don’t like them to spend time alone without proper supervision.”(Maisarah, SW, 3 years of service)

For participants who had both sons and daughters, their worries were intensified. Children were strictly supervised. One participant had forbidden her children from sharing beds or taking baths together. Her great concern was for the youngest daughter in the family. The same rules applied to her older daughter. For example, they were not allowed to take a shower naked and must ensure to step out of bathroom with proper clothes on.

“However, my 10 year-old daughter, she is affectionate to her brothers. She likes to take a shower with them. When she was a bit older, I told her, ‘you are not allowed to take shower with your brothers anymore. You are a big girl now. Also, you are not allowed to sleep with them anymore. Anyhow, you still worry though. I reminded them continuously. Please wear sarong whenever you take a shower and do not let your brothers see you without proper clothes on. So far so good. I thank God for that. Nothing bad happened so far. Still, it’s hard to predict. Therefore, you have to inform them continuously.”(Wabil, SW)

Flashback

A flashback is a sudden recollection of the past, which can take the form of visual, emotional, auditory or sensory recall. It is strongly associated with the PTSD symptoms suffered by trauma victims. However, it can also happen to people working with trauma clients (Pearlman, & Saakvitne, 1995). One participant in the study reported that she once experienced a flashback right after she started her personal therapy. She was experiencing intrusive visual images of her clients being abused sexually. During this episode, she was unaware of the fact that she also might be affected by her clients' trauma.

"I didn't realise it was like vicarious trauma like I said. And what is also interesting is that I was doing my play therapy at the same time. I've been learning and running play therapy for the past 10 years. So I do therapy myself and while I was doing it, I got visual or flashback of women telling me all their things and I was like 'wow, where all these coming from?' When I first started, not realising that hearing it is actually affecting me, so now I know." (Jessica, SW, 9 years of service)

Preoccupied with CSA stories

In this study, some of the participants reported having problems in getting rid of the horrific stories they heard from the victims. Participants remembered details of the abuse and found themselves preoccupied with thoughts about the abuse.

"Sometimes, you found yourself preoccupied with such thoughts, but that's it."(Syakirah, SW, 4 years of service)

"Sometimes, I kept thinking about the case."(Rayyan, SW, 9 years of service)

"So, when I took the case, I kept thinking about it. Even at night, when I was about to sleep, I think about the children 'Have they eaten? What will happen to them?'"(Syakirah, SW, 4 years of service)

"I kept thinking about it even at home." (Aishah, MSW, 14 years of service)

"It certainly is. As you saw them, you thought about your own children, your family, your younger sister or something. Then when you get home, you kept

thinking about it and you want to tell someone about it.”(Rayyan, SW, 9 years of service)

Being overly immersed in CSA cases is not without cost. For instance, participants found themselves starting to lose control and become restless, agitated and unable to focus on other things and were continuously anxious about the case progress and the victims’ conditions.

“I only feel relieved when the case is completed. Otherwise, I become restless and keep thinking about it even at home. The case would preoccupy my mind. If they have proven about the abuse, I wanted to know who the perpetrator is. Only when the police had caught the perpetrator did I feel relieved.”(Imran, MSW)

“In one incident, I couldn’t find my way home and got lost because I was so preoccupied by such things.”(Maisarah, SW, 3 years of service)

“My friends used to tell me that, everybody has their problems, but they’re not like me, obsessed with negative thoughts until I feel exhausted.”(Syakirah, SW, 4 years of service)

“Usually, such cases would make me keep thinking about it even at home. You cannot stop thinking about the case unless it completed. ‘How is the girl?’ You felt lost. ‘Is it okay to put the girl there? I want to see her tomorrow.’ It really preoccupied your mind.”(Maisarah, SW, 3 years of service)

Distrust of others

Most participants in the study felt that working with CSA case altered their trust of others, particularly men. Repetitive exposure to horrific stories of abuse decreased participants’ trust and perceived good in people. Participants were devastated by the stories. The feeling of betrayal quickly emerged while basic trust

was destroyed. Participants were influenced to restrict and limit the ways they interacted with others.

“Indeed. It is more than hard to trust, it’s total distrust of others.”(Laili, Police Officer)

“You become more watchful of others. Do not trusts people a 100%. You have to bear that in mind. You cannot trust people 100%.”(Julia, SW, 6 years of service)

“The case traumatised all of us, even the doctor. When I gave birth, I refused to send my daughter to the nursery or something. I distrust people.”(Aishah, MSW, 14 years of service)

One participant in the study explained how her inability to trust created feelings of isolation from others.

“Sometimes you feel worry. Maybe other people thought it was okay, but for me now, it’s difficult to trust others anymore. You must beware of other people, no matter where you work. I become more discreet about which person I choose to talk about my problems. If there’s no one for me to talk with, my problem would be hidden just like that. That affects me.”(Syakirah, SW, 4 years of service)

Some participants claimed that all men can be a potential abuser, whether they are family members, close friends or strangers. They looked at men as less trustworthy and were secretly suspicious and vigilant of their behaviour, including their own family members. They became easily agitated and alarmed whenever they saw men having contact with children.

“That is why we must be careful even with our own family members, regardless of whether they are your father or your brothers, as long as they are men.”(Fuziah, SW, 7 years of service)

“CSA case did impact you. For me, I’ve seen these kind of things; it makes me distrust others, even my own husband. And it has also changed the way I see my children.”(Maisarah, SW, 3 years of service)

“It did impact me. It’s about your own family, your husband. I will not give my 100% trust. You have to be careful, even a little. I told my husband about it. For example, I would take my daughter to the toilet myself. Only when I couldn’t, then my husband would accompany her. I try to do it on my own. Even though my daughter is still young, but, you have experience, right? So, before something happens, we better prevent it.”(Yasmin, SW, 8 years of service)

“As I said before, I become prejudiced on men making contact with children. For me, I have prepared my daughter about potential dangers that might occur. Don’t let anyone touch you, particularly on your private parts, even your own father, to that extent. I become distrustful, even towards my own husband.”(Aishah, MSW, 14 years of service)

*“I have two daughters, so I become more protective toward them, it makes me more cautious, and particularly people I know, including my own good friends. I will not easily put my trust on them to be with my children. To that extent, because even family members could do that, not to mention others.”
(Imran, MSW)*

Physical appearances and good personal characteristics no longer served as a reliable basis for evaluating others because their experience with CSA proved these could be unreliable. As explained by one of the participant, CSA made her realise that people are unpredictable creatures and increasingly difficult to judge.

“I am concerned because sexual abuse can happen to anyone and you never know what men really think. He may look okay but you never know. He could

change in a second. I shared my experience with my children just to remind them.”(Rayyan, SW, 9 years of service)

“He looked as if he was a devoted Muslim, the way he dressed up etc. However, look at what he did. He raped his own daughter. You have this thought in your mind ‘See? Not all people like him can be trusted.’ That makes you stigmatise others. That kind of perception you know. How are we going to believe them? You said that based on your experience. Even so, I am not saying that all religious people are untrustworthy. It’s more like, not everyone can be trusted, no matter how devoted they look like to your religion.”(Rayyan, SW, 9 years of service)

Often, the lack of trust in others particularly family members created a dilemma for the participants as they felt guilty for having such feelings toward their own husband, father and other family members. At the same time, however, they could not avoid being discreet and vigilant about the way men interacted with children.

“It certainly is because I have a daughter. You thought, ‘Is it safe to leave her alone with her father?’ You have such negative thinking about yourself because you work with the victims. But then, I said back, ‘What’s wrong with me? I’m supposed to believe my own husband.’ Still, I have that kind of thought. Just be more careful. Don’t let your daughter gets too close with her father. You’re even concerned about how she sleeps. Thanks to God, nothing bad has happened so far.”(Zahrah, MSW)

Increased irritability

Two participants in the study reported increased irritability as a result of their work with CSA. Both reported symptoms such as feeling stressed out, short-tempered and agitated. One of the participants admitted being unaware that she was affected by her work at the time. Eventually, she decided to take leave to freshen up before started her work again.

“And hmm, I got angry, but you see all of these. I didn’t realise it was like vicarious trauma like I said.” (Jessica, SW, 9 years of service)

Similarly, it took quite some time for another participant before she realised she was affected by her work. She started to notice something was wrong after continuous complaints from friends about her irritable behaviour.

“I live away from my family, so I have plenty of time at home. So I bring my work home. It becomes my routine, going out for work, back to home, watching TV. Until one day, you felt uncomfortable, stressed, short-tempered etc. At first you thought it was nothing, but people around you started giving their comments that you had become more difficult to be with. Then you started to notice.”(Syakirah, SW, 4 years of service)

Sleep difficulties

At least three participants reported to have trouble sleeping due to their involvement with CSA cases. In fact, one participant admitted that working with CSA cases affected her more than any other cases. Two other participants echoed similar problems.

“It is, particularly on sexual abuse case. When I get back home, I could not sleep well.”(Rayyan, SW, 9 years of service)

“Yeah. Personnel who received the report would inform us about it, which area, who lodged the report etc. It is our responsibility to give feedback within 24 hours. We do not have enough manpower to do that. Sometimes, it happened when you are still in the office, dealing with other cases. They are waiting for you. That is why I said, it causes additional burden to the present work. How come? You could not sleep because of that.”(Yasmin, SW, 8 years of service)

“Hmm, that’s correct. Otherwise, it’s hard for me to sleep.”(Nurin, Police Officer, 5 years of service)

Hypervigilance

Hypervigilance is an enhanced state of sensory sensitivity accompanied by an exaggerated intensity of the behaviours whose purpose it is to detect threats. Hypervigilance is also accompanied a state of increased anxiety which can cause exhaustion symptoms. Other symptoms include increased arousal, a high responsiveness to stimuli and a constant scanning of the environment for threats. Several participants in the study had reported symptoms of hypervigilance as explained above. For example, one participant admitted that she became so sensitive to her surroundings that even a minor sound would tense her up.

“It makes me more alert of my surroundings. Even a tiny sound would wake me up.”(Lidya, Police Officer, 8 years of service)

Participants were not only overly sensitive to stimuli that emerged from environmental threats, but were also highly responsive and hyper sensitive to behaviours or acts they perceived as dangerous or threatening.

“Whenever I see a father get a bit too close with his daughter, I become suspicious and I have this feeling, to warn his wife not to let them overdo it. Your experience has taught you that. How would the child know if the father takes an advantage from that? First kissing, then hugging, then...you never know. That is how I feel. Sometimes I thought, ‘I am too sensitive. Maybe that was a normal behaviour for the family.’ But yeah, you got that feeling.”(Rayyan, SW, 9 years of service)

“It becomes negative. Sometimes, whenever I see a man get a bit too close with his daughter, I feel the urge to warn his daughter to keep her distance a bit. CSA can happen without warning. It can happen between father and daughter, grandfather and granddaughter, even between grandfather and great granddaughter.”(Yasmin, SW, 8 years of service)

“Whenever I saw them too close with my children, it makes me, ‘Oh-oh, what’s happened here?’. Whenever you hear about CSA cases, it raised your alert.” (Maisarah, SW, 3 years of service)

Intense Emotional Response

Anger

The primary source of and target for anger among participants in the study was the perpetrators of CSA. However, other people frequently mentioned included victim’s family members, victims themselves and professionals. Anger was associated with actions, behaviours and statements made by the perpetrators, particularly fathers and teachers. They were angry because fathers and teachers held respected positions in society and people accorded them with respect in line with those positions. People trusted them to protect and to nurture children and not violate them. Therefore, when they abused children, it was perceived by participants as the ultimate betrayal. Another reason given was that CSA would adversely affect victims throughout their lives. Thus, for some participants, abusing children is like robbing them of their entire future.

“Of course, I felt angry. Logically, as an adult, you should protect children, not abuse them. It doesn’t matter whether they are yours or others. As an adult, it’s your responsibility to look after them. It’s not supposed to happen. If someone did something bad to your children, how would you feel? You must be very angry, yes? You feel furious, angry. Sometimes, I felt as if I wanted to kick or shoot dead her father. It would be much easier. Certainly, that is not your real intention but that’s how you feel when you get angry about this thing.” (Wabil, SW)

“It’s just, pity the victims and it makes you think ‘how come the father could do that?’ You felt angry, but angry with whom?”(Rayyan, SW, 9 years of service)

“When I got this kind of case for the first time, I felt angry. Angry with the teacher. Why did you do that? You also have children for God sake.”(Laili, Police Officer)

“Sometimes it makes me want to cry and get angry.” (Nurin, Police Officer, 5 years of service)

“I am. But, because you are government servants, you have to be in control. You really want to scold the perpetrator but your priority is to safeguard the child. Let the police do the investigation, find the evidence and arrest the suspect.”(Yasmin, SW, 8 years of service)

Some participants associated their anger with responses they received from victims' parents, particularly the mother. They felt that parents failed to support victims adequately. They felt angry with parents for refusing to lodge a police report, favouring the perpetrator, forcing the victim to withdraw the allegation, and blaming the victim rather than being a caring and supportive parent.

“Of course you get angry ‘What type of mother are you? That guy just raped your daughter and you still want him?’ We can certainly say that to the mother, but people nowadays are getting difficult to deal with. They would make a complaint to a reporter or something. So, better don't say anything.”(Lidya, Police Officer, 8 years of service)

“When a father is involved in the rape, the mother would try to influence the victim to withdraw the case. So annoying. At one point, you feel as if you want to say ‘No’ to the victim. Anyway, she must listen to her mother more. It was irritating.” (Rayyan, SW, 9 years of service)

“Of course you feel angry. But, you can't simply scold people to their faces. It's just that you keep it to yourself, ‘I can't believe this person!’ She ignored the victim; all she wanted was her husband.”(Lidya, Police Officer, 8 years of service)

Victims also became a source of anger particularly when they made false allegations with personal motives such as to take revenge over a broken relationship or blackmail for money. Also, some victims lodged a police report because they were forced to by their parents and not really because they were raped. This, for some participants was a very annoying and unpleasant situation.

“When teenagers had had sex voluntarily, it was hard for them to give full cooperation. In other words, they didn’t care actually. It was their parents who forced them to lodge the police report. That was annoying.”(Lidya, Police Officer, 8 years of service)

“It can be very annoying if you know the report is after all, untrue.”(Julia, SW, 6 years of service)

“It was irritating. You felt angry because she escaped but not her partner.”(Wabil, SW)

Feeling sad and upset

All participants expressed their sadness as they witnessed and heard all the stories from victims who were suffering abuse. Participants admitted to feel saddened or upset at some point of their work. They felt sad with a lot of things that happened. The predominant reason given was the way people respond to victims, particularly family members. There were expectations that victims should be treated fairly but it was unlikely to happen and that saddened them. Victims were badly treated by family members and their needs were ignored. Such situations, for most of the participants, were unbearable to watch.

“However, when the family didn’t believe her, I was rather saddened by that. No one believed, her aunties, her grandmother and even her mother. They all denied it happened.” (Fuziah, SW, 7 years of service)

“What made me sad is that the girl’s family never seemed to bother with our intention to take away the girl from home.”(Maisarah, SW, 3 years of service)

*”It makes you sad sometimes, but you could not show it to those children. They had had enough. They were already overwhelmed by the situation.”
(Julia, SW, 6 years of service)*

Some expressed their sadness because children continually became the target of sexual abuse. Sometimes more CSA cases meant more lives were destroyed.

“When I got such cases, I felt, my first feeling was (silent for a while)...I felt (silent) sad. You were feeling sad about what had happened.”(Danish, Counsellor, 4 years of service)

“Gosh. I’m not feeling sad because of the burden I have to carry. It’s more because cases like this continuously happened. I mean more victims.”(Imran, MSW)

“Because it affected me emotionally. It was really heartbreaking to see her like that. She was still young. At that age, she’s supposed to have a happy life and spend her time at school. Now her future is bleak.”(Zahrah, MSW)

Meanwhile, at least two participants associated their sadness with conditions in the shelter homes in which the victims lived. They believed that current conditions in most shelter homes were uncondusive to children’s emotional development. For example, they complained over the tendency to run shelter homes like a boarding school that focussed on disciplines rather than on emphasizing emotional nurturing.

“Why should we put them in there? It saddened me to see those children live like that.”(Imran, MSW)

Another participant explained that she was sad because the system failed the victims. This participant was disappointed by the insensitivity of the justice system and its

failure to understand CSA victims. She felt that the justice system did not always work in children's favour.

"Yeah. The sad thing is, her case had been delayed many times and at the end, the court dropped the case; as if the court never knew why the child kept changing her statement. But yeah, that is how the system of justice works. Once you keep changing your statement, you are out."(Bahia, Counsellor, 1 year and 10 months of service)

Uncertain, ambivalent and hesitant

All participants in the study were well aware of the fact that their decisions could have a great impact on children's future. Therefore, deciding someone else's fate and future was a very daunting experience for most of the participants. Some felt the responsibility was too much to carry and that at some point, they had doubted their own capabilities in being able to handle the job.

"I was worried at the time. What am I supposed to do? Can I handle this? It looks like I didn't have confidence in handling the case. I felt like I wanted to give the case to someone else, someone with more experience than me."(Zahrah, MSW)

They were haunted by feelings of uncertainty, even after the decision was made, and ruminated over whether their decisions would do something good for the victims.

"Did I do the right thing?' You think about the suspect, if he lives with the victim and the police still couldn't catch him, you have to move the victim away from home. If the suspect involved a stranger, what you are going to do? Is it ok to move the victim from home? What is your reason? You did a lot of thinking and you must always discuss your case with colleagues, get a reference from other authorities. Yet, you kept thinking, 'Am I right?' You thought you did right, but to find out later that you did not. It's complicated."(Rayyan, SW, 9 years of service)

“You kept wondering about it. If you do like this, you’re afraid that can be a problem. If you do like that, you feel unsure yourself.”(Maisarah, SW, 3 years of service)

“I wanted to save her. Once I got back home, I was lost in thought, am I right? It seems to me that we had just taken the child away from her family.”(Aishah, MSW, 14 years of service)

Sympathy/empathy for the victim

Sympathy is often referred to as the feeling of pity and sorrow of someone else’s misfortune (Oxford Dictionary, 2010). This can be described by an individual showing pity but not necessarily understanding another person’s feelings, action and/or behaviour entirely. Meanwhile, empathy is viewed as a more complex understanding of the human emotions. It explains the ability to forge an identification with another’s situation, feelings and motives (Oxford Dictionary, 2010). Both sympathy and empathy describe individual acts of feeling. Sympathy/empathy was the most frequent feeling participants experienced once they learned about the abuse. Exposure to victims’ suffering enabled the participants to understand and share victims’ misfortune and take pity on them. The sympathy/empathy expressed by participants was often triggered by the emotional responses shown by the victims following the abuse such as crying, traumatic symptoms and distress.

“I feel sorry for them because you can see they looked frightened and traumatised.”(Laili, Police Officer)

“You came to see her, for instance, for a third time, but she was still traumatised by the incident. That would upset you as well. You felt it. ‘Oh, pity that girl’. She should not bear such a problem, but suddenly, she had to carry such a heavy burden.”(Wabil, SW)

“I feel sorry the girl because she’s traumatised by it. When she came here, I hardly heard what she said and I gave her a glass of water to drink and calmed her down.”(Laili, Police Officer)

“I felt sorry for the victim, pity her, but I tried to understand the situation and the victim feelings. It was tough...” (Hannah, Police Officer, 5 years of service)

Meanwhile, some participants expressed their sympathy because of the difficulty that victims had gone through as a result of the abuse.

“How could they? However, what can you do? They were uneducated people, living in the rural area and so naïve. You just want justice for the child. Pity her. The parents had already received the money.”(Rayyan, SW, 9 years of service)

“But the way she had done it (committed suicide), I didn’t like it. I still remember the case until now because I handled the case for quite some time, but the end, oh, pity the girl. Because of others, she ended like that.”(Zahrah, MSW)

“I pity her. She was a very unfortunate girl. Maybe her situation would have changed under the care of the welfare department. In a shelter home, there is always someone who can look after her. Actually, she refused to go but what choice do we have?”(Nurin, Police Officer, 5 years of service)

Burnout

Feeling tired and exhausted

Some participants in the study reported physical symptoms such as feeling tired and exhausted due to stress. They felt drained, both emotionally and physically. Participants associated the symptoms with the nature of work that were very demanding with high workloads, long working hours and limited time to relax. One participant in the study told how she experienced physical exhaustion without knowing much that she was affected by her work.

“I mean yes, when I first started and not knowing any, I mean not knowing that I would be affected, absolutely. In a sense, that I got tired, I nearly

burnout, you know, that was why I took a break.”(Jessica, SW, 9 years of service)

Three participants talked about long working hours and work demands as a result of their fatigue. They tried to manage those demands but ongoing pressure seemed too much to cope with.

“You swear that would be the last one. Staff from other unit were not suffering as much as you were. You faced almost everything, from being threatened to high workloads. The implication is that you feel tired and stressed every time you get home after work. Your normal life has changed.”(Rayyan, 9 years of service)

“For a bigger district, they have specialisation in tasks, but not for a smaller district like us. All kinds of cases. In here, you’re the one who works from 8am-5 pm everyday and you are also the one for being on call at night. You feel exhausted, couldn’t go any further.”(Yasmin, SW, 8 years of service)

“It was exhausting and I always work late at night because of that.”(Wabil, SW)

Another participant described how her life changed due to her involvement with CSA cases. Because most of her time was spent for work, she no longer enjoyed her normal life. She became increasingly restless as she lost touch with other aspects of her life.

“I used to go for a walk or jogging whenever I have time. But I’m so busy now that I don’t have time to join sport or physical activities. My work is my focus. Actually such behaviour can make you even more stressed, no time to relax. But, taking a rest means your work wouldn’t be settled.”(Syakirah, SW, 4 years of service)

Unmotivated

A few participants reported decreased motivation to work. They started to question themselves, self-doubting their ability to handle things. For instance, one participant admitted that she felt unmotivated to go to work because she felt she did not have enough experience to work with CSA cases. She was not confident that she would handle her case effectively. She found herself struggling to push herself to work.

“I felt that my workplace was a very stressful place to be. I felt like, ‘I don’t want to be a protector, I don’t want to be a protector.’ I felt like, it’s not phobia not to that extent. But when I woke up in the morning, I felt like ‘Oh gosh. I don’t want to work. I do not know how to explain it. I was not avoiding or something. But, I felt like I don’t have confidence or experience compared with other people. I thought about challenges I have to face. Whatever decision I make, I will be responsible for it. So, I must prepare myself. I don’t have experience, no one to back me up, so what’s going to happen to me? So I thought of a lot of things.” (Syakirah, SW, 4 years of service)

Likewise, another participant claimed that her stressful situation had negatively changed her mood. She felt so stressed by her work that she often had thoughts of escape.

“Stressful situation. Then it started to affect your mood for work. You felt like ‘Oh, I’m so lazy to work, I feel I want to escape, and do this do that.’ But it depends on people though.” (Maisarah, SW, 3 years of service)

A few others reported feeling unmotivated because they failed to find reward in their work. Participants felt that people did not respect their contribution and effort in helping victims. Instead, people tended to look at their failures rather than their contribution and commitment in helping victims. Such a situation further exacerbated participants’ vulnerable emotions, as narrated by this participant:

“Another thing is that, when an unexpected thing happened. For example, you helped the victim; you give the best for the case. You feel happy because you

can help. And suddenly, you received bad feedback, they feel unsatisfied. That makes you feel down and unmotivated. I am not saying that I am desperate for appreciation, it's just for your satisfaction. You give the best but people complain about it. They want more.” (Syakirah, SW, 4 years of service)

Feeling overwhelmed

Inability to cope with work demands and challenges left most of the participants feeling overwhelmed. No matter how hard they tried, they felt not much was achieved. They were overwhelmed by constant demands and gradually became worn out.

“So far, no. I still wanted to work. Sometimes I feel like ‘Oh, why isn’t my work finished yet? I work every day but no signs that my work will be completed.”(Syakirah, SW, 4 years of service)

“You would go through a lot of tension because the deadline is too short, you have something else to do and your boss needs a report as soon as possible. Not to mention other things that you need to handle. Sometimes it feels too much.”(Lidya, Police Officer, 8 years of service)

“You are busy with a current case, but new cases kept coming in. Sometimes you feel you can’t take it anymore. Whenever you look at your cases, ‘Oh God, plenty of them and you haven’t finished yet.”(Nurin, Police Officer, 5 years of service)

Some felt as if they were trapped in a cycle of endless new cases and continually being ground down by work overloads. Their minds were so preoccupied with work that they lost the ability to enjoy a normal life, as described by this participant:

“Although after being at home, the pressure is yet to disappear. Then, you come again at the office, God...it’s endless.”(Yasmin, SW, 8 years of service)

Compassion Satisfaction

Not all experiences of working on CSA cases resulted in negative consequences. In fact, some of the participants identified positive changes that arose from their work with CSA victims and children in general. Participants saw themselves grow personally and professionally in many ways including becoming more understanding of children, acquiring an increased awareness of the CSA issue, gaining improved self-esteem and having broader perceptions of others.

Extended perceptions of others

One participant pointed out that the opportunity to interact with all kinds of people, at all levels had broadened her horizons and challenged her thinking about others. Such exposure made her better able to understand people, to be less judgemental, more mature, and more respectful of other people's differences.

“Okay. I think it changed my perspective on others, how I see people. And I learned that don't judge a person by its cover. People are different and I feel that I don't have to judge the person until I get some real information of her/him. And I always tell myself, I'm not the right person to judge that person. For me I shouldn't. I should accept the person as an individual. I feel that as I am working here, I see all these things and it started to change my perspective. I think further, in a more mature way.”(Angela, SW, 1 year of service)

Another participant highlighted that having first hand experience with children and victims in particular, gave her new perspectives and added to her knowledge on how children think and feel. Working with victims enabled her to listen to the child's perspective, something that she had overlooked before.

“Yeah, it has changed a bit, but in a positive way. For instance, the way parents react whenever children ask about sexuality. Now I can see it from the children's perspective, something that I never did before. That is a positive

thing, and changes that I have experienced are mostly positive.” (Bahia, Counsellor, 1 year and 10 months of service)

The development of skills

Numerous participants admitted that working with CSA cases helped them in developing the necessary skills for the work. For example, one participant reported that those opportunities made her more interested in her work as she was able to learn new things every day.

“I want to learn more and I feel interested. Then, in a workshop, the information is given based on level 1 or 2. Level 1 consists of some very basic information about related topics. Whereas, level 2 is much more detailed and thorough in its explanation. It gives me a new knowledge and enhances my consciousness.”(Bahia, Counsellor, 1 year and 10 months of service)

She also explained that after going through many critical situations in her work, she became more composed and relaxed. Whenever problems arose, she could deal with them professionally and remain in control of herself.

“At first, I thought I was reacting badly, but as I saw other workers, then I knew that I handled myself quite well. So, I feel okay now, I can hear clients’ stories and it did not bother me anymore. I became more composed and calm. And I could provide the right information for my clients.” (Bahia, Counsellor, 1 year and 10 months of service)

Increased self-esteem

Working with CSA also taught participants to be vocal and confident enough to express their feelings and opinions. This was reported on by two participants in the study. Assertiveness, self-assurance and confidence were perceived as important characteristics in doing advocacy work. Such qualities enabled participants in handling difficult behaviours in others and better results in dealing with people at work.

“When I was coming here a year ago, I was different from what you see now. Back then, I was not an assertive person. Now, I try to be brave and more

assertive. I don't care what other people would think. If I feel I need to talk to the judge, then I talk.”(Bahia, Counsellor, 1 year and 10 months of service)

The same participant also indicated that she felt more confident talking about sexual issues and much more comfortable discussing sexual matters with other people.

“It talks about our own sexuality, how to feel confident about your own body, your anatomy and be able to talk confidently about your body and assertive about protecting ourselves from potential abuse. These all give me a positive implication.” (Bahia, Counsellor, 1 year and 10 months of service)

Another participant noted similar changes in the way she dealt with others. She realised that what matters most is an ability to provide the right information for victims. By focusing on that, she felt more relaxed and confident in dealing with the cases.

“It's a bit challenging for me because we always deal with adults and when they see that you're much younger than them, they doubt you. But for me, I tell myself, nothing to be scared of because I know I have these skills and knowledge. So it's up to the client. For me, the challenge is always there but I always come and say okay, fine, if you feel that you are not comfortable with me, that's fine. I would arrange somebody else for you. But let's have a session with me first and then we will see how you move on. I think that my first experience was pretty scary but later on I realised that if you have knowledge, you have skill, you don't have to be afraid. Because once you have knowledge and skills, people would come back to you. People would still want to talk to you about their problems.” (Angela, SW, 1 year of service)

Deeper sense of compassion

Compassion is the ability to accurately comprehend another person's suffering, to feel their feelings and to act in a meaningful way to help alleviate their distress (Cavanagh, 1995; Snow, 1991). Compassion is perceived as a high level..

complex emotional response one can feel toward others. It can only be achieved by those who can identify with others misfortune and do so without experiencing any emotional distance (Cavnagh, 1995). Pure compassion is stressed as an important foundation of effective practice in helping professionals such as health-care workers, counsellors, teachers, physicians and therapists.

In this study, a few participants reported a deeper sense of compassion as a result of their work with victims. This emerged from participants' understanding of victims' psychological state (e.g. traumatised due to sexual abuse) and an ability to feel what victims' feel (e.g. anger, fear, grief). These feelings motivated participants to respond in a helpful way and to do their best for victims. Sharing experiences with victims (e.g. during intervention) elicited participants moral obligation to do everything possible to ease victims' suffering (e.g. alleviate distress, clarify confusion) and even to restore happiness, whenever possible.

“You feel sorry for them and you want to help as best as you can because she’s just a little girl.”(Rayyan, SW, 9 years of service)

“In the meantime, I felt sorry for the victim, sympathized her, but I tried to understand the situation and the victim feelings. It was tough.”(Bahia, Counsellor, 1 year and 10 months of service)

“The longer you work for this job, the more you feel sorry for the victims. Therefore, we must help them.”(Aishah, MSW, 14 years of service)

“You really wanted to help her and her family to have a normal life, although it would not exactly like they used to. That’s what we hope for.” (Wabil, SW)

“So, I have the feeling to... ‘What should I do to stop this?’” (Syakirah, SW, 4 years of service)

Making a contribution

Some participants felt that they were making a useful contribution in this area of work. They were actively involved in educating, teaching, helping in structuring

policy for children, intervening, and organising programs for people within the community such as teachers, police officers, physicians, parents, and children. Their involvements ranged from doing interventions for victims to educational programs at school and public workshops. They felt that their contribution to increased public awareness on the CSA issue and helping children to get the support they needed was well worth the effort.

“I used to come from advertising industry, and I used to push for things, I think I’m capable to advocate, be able to use my energy positively. Change is one thing, services for children, and effecting change in policy is very satisfying. Values that we talk about, values that we preach are important, when I was in advertising industry, I had to sell products which I’m not thinking oh it’s not make you an astronaut (laugh), you know what I mean. I can tell you that but I really don’t believe in it and in the work that I do, I really believe that it’s a bit narcissistic in a sense, self centred to say oh, I can bring about change.” (Jessica, SW, 9 years of service)

“Our interventions are various. Sometimes we’re involved with a case from the beginning up to the end. Sometimes it was a half way intervention, during a court hearing, during the police investigation or else. I have gone through all stages, but with different clients. Besides, we also organise workshop or training program for adults in the community. You have to take part in educating them. And, the more you know what you are up to, the more you like it. We can share our experiences with other participants. When they show some awareness and are willing to help because of your effort, you feel the satisfaction.” (Angela, SW, 1 year of service)

“Yeah. For me this is really a ground work. I really go out and reach out to the people and I deal with them directly. I feel the satisfaction as I see it in my own eyes and try my best to help them. I know that I cannot help on everything but at least I can help on one thing. For me that’s the satisfaction. Satisfaction for me is not something like rewards, something that the eye can see, but sometimes the word ‘thank you’ is enough for me, yeah. Because I can feel

how the client really feels about it. This is what I feel gives me the most satisfaction.” (Angela, SW, 1 year of service)

Increased awareness on CSA

Most of participants agreed that their work increased awareness of the CSA issue in the society. Before working professionally on CSA, they knew it occurred but they either looked at it with less concern and/or with ignorance. It was later, when they became involved with CSA cases and the victims that they became fully aware of its nature and impact and truly understood how serious it was. For example, one participant explained how ignorant she was of the issue, until she became involved with CSA cases.

“Back then, I was very selective. I mean, if I am not interested in a certain issue, I would not pay much attention to it. You might read about the issue in the newspaper, but that’s all. You did not feel that you should play any role. The truth is, your role is within your own family, at your home and your community. For instance, when I worked with a case on paedophilia, I have to search about it, go to the internet or search through newspapers to find topics associated with the case. Only then, would you find enough information, that’s how it goes. We are human beings, we are very selective.” (Bahia, Counsellor, 1 year and 10 months of service)

Summary

This chapter discussed the range of positive and negative effects experienced by the participants due to their involvement in CSA cases. It examined how the problems or challenges mentioned by the participants affected them professionally and personally. As elaborated, the participants were experiencing and attempting to process many complicated emotions and those emotions were not only felt, but exerted a significant influence on many aspects of their lives especially their relationships with those most important to them such as family members, spouses, and friends. Indeed, the range of effects uncovered indicated that participants were

affected by the horrific experiences of victims in much the same way and sometimes to the same extent as victims themselves. This chapter explored those experiences. The next chapter is devoted to the suggestions made by the participants in response to questions on how the challenges discussed earlier can be minimised or overcome and how, in the process, professionals' efficacy in working with CSA cases can be increased.

CHAPTER 7

PROFESSIONALS SUGGESTIONS TO IMPROVE SERVICES

This chapter discusses suggestions voiced by the participants regarding what was needed to improve services and enhance professionals' competence in dealing with the challenges of CSA work. Recommendations made in this chapter were derived from feedback given by the participants involved. All participants in the study highlighted the need to be equipped with both internal and external resources. To implement this recommendation requires systematic and global change involving people at all levels of services, from professionals to organisations and society. Most participants talked about the need for: *recruiting the right candidates for the job; further education and training; good psychological and moral support from supervisors and administrators; improving collaboration with other organisations; increasing the number of staff; improving services, treatments and facilities for victims and their families; and specialisation.* Details of the category and subcategories are illustrated below (see Table 9).

Table 9

Professionals' suggestions to improve services

Category	Subcategories
Suggestions	The need for the right candidates for the job Further education and training Good psychological and moral support from supervisors and administrators Improving collaboration with other organisations Increasing the number of staff Improving services, treatments and facilities for victims and their families Specialisation

The need for the right candidates for the job

Participants frequently suggested the need for professionals to put interest and commitment into what they do. Having an interest in working with CSA cases was perceived as a ‘must’ by participants both because it signalled motivation but also because the nature of CSA cases is very challenging and demanding. Most participants believed that it was hard to find satisfaction in this line of work without first loving the work.

“You need it [like the job] because if you don’t, you will not do your best for it, won’t be able to help fully. If it’s so, you cannot feel the satisfaction.” (Rayyan, SW, 9 years of service)

Likewise, participants agreed on the importance of a high level of interest in preserving and maintaining commitment and commented on how a lack of interest in the work becomes a constraint to job performance.

“You have to adapt with bureaucracies and people. Some people, they don’t like this job. For me, if you are not interested in your job, your work performance will suffer. To look for someone who really loves this job is difficult. That’s why I think we should opt only for a person who really loves this job.” (Aishah, MSW, 14 years of service)

“It certainly is. Some are not even interested in these cases, ‘oh, it’s so complicated, because you need to spend a lot of time with children.” (Aishah, MSW, 14 years of service)

Participants believed that interest in the job helps professionals overcome hard times and situational difficulties. Professionals who loved their job were perceived as more serious about the work. They were also viewed as highly committed, creative, and proactive and more likely to give their best without being asked.

“Because, if you do your job just for the sake of it, you just wait things to happen. But if your interest is there, then you become more proactive and you come out with lots of ideas.” (Jessica, SW, 9 years of service)

“I think we should choose people who have passion for this job. We can train them to be an expert. Victims would get more benefits [from child protection workers passionate about their work] because professionals who have a lack of interest do not care about outcomes. It can affect victims as well as organisations. We can include interviews as part of recruitments process.” (Aishah, MSW, 14 years of service)

“Thus, you should have interest to do this job, otherwise, you won’t be able to put maximum effort into it. This is your responsibility, do it right. You like this job, this is how you earn your living, so make sure you take it seriously. You are the one who carry the responsibility and people are putting their trust in you to carry out your duty.” (Rayyan, SW, 9 years of service)

As most of the participants claimed that personal interest in the job was important, it is not surprising that few thought that professionals who committed could still perform well as long as they were highly committed and serious about their responsibilities. Only by realising that their work mattered and they were in a special position to positively assist victims, did a professional truly value their role.

“Even though you are not well trained, but if you were committed to your work, it would be different, the outcome is different. However, if you are not highly trained for it, not committed enough, and even more if you do not put your interest into it, you will get tension.” (Aishah, MSW, 14 years of service)

“ You need to have a sense of responsibility. This is the responsibility that God gives to you. And then, your actions would affect these children. You must have the feeling that your role is important. Our attitude is important for things like this. (Bahia, Counsellor, 1 year and 10 months of service)

Meanwhile, one participant stressed the importance of professionals working with CSA cases to have passion in helping others and possess a genuine love for helping people in need. Otherwise, it easy for them to think their work more as a burden and thus be unable to give the full commitment needed.

“To work with this kind of job, you must have ‘soul’ to do it, a soul who wanted to help and was passionate about people. Otherwise, you might have problems to give your full commitment to it. It is impossible to do it.” (Imran, MSW)

As highlighted by numerous participants, the investigation process can have significant impacts on investigators because it often exposed professionals to visual images and narrative recollection of horrific crimes against children. Hence, some participants commented that it was critical for professionals to be emotionally and mentally strong in order to maintain effectiveness in a situation characterised by high levels of stress, particularly in dealing with trauma materials. Witnessing children being victimised and exploited can have dangerous implications for professionals such as psychological breakdown.

“It’s just sometimes, you have to be strong enough to handle this work.” (Lidya, Police Officer, 8 years of service)

Another participant expressed a similar view.

“You know, you must have a really strong stomach to actually hear all these stories. Not everybody can actually deliver.” (Jessica, SW, 9 years of service)

Another aspect mentioned was the need to be brave and confident in doing investigations. One participant asserted that the investigation process requires professionals to deal with many different types of people. Therefore, self confidence is important because it enables professionals to face and respond to difficult situations effectively and comfortably. Without self confidence, it is hard for professionals to succeed in completing their investigations properly.

“To be an investigator officer you have to be strong, have more patience and confidence because you need that to get your work done, to take statements and all that. You must be brave and there is no room for fear. Otherwise, it would ruin your investigation paper.” (Lidya, Police Officer, 8 years of service)

Some participants associated confidence with an ability to talk openly about sexual issues. One participant revealed that professionals must be comfortable in talking openly about sexual behaviours because only by doing this can accurate communication and information exchange occur. In addition, feelings of embarrassment and discomfort may prevent professionals from listening attentively and hinder their ability to understand the issue fully.

“And another thing that is important is knowing that ‘sex’ alone, the word, is a taboo but then I’m saying okay, you know what, I think one has to be very comfortable about the issue, and one has to be able to talk about it, and I like, you know, I’ve got no problem talking about it.” (Jessica, SW, 9 years of service)

Another participant stressed the need for professionals working in the field of CSA to realise the importance of keeping themselves healthy as a means of preventing ill health and a way of increasing self preservation. She agreed that it was easy for professionals to be swept away by their work and that a healthy life ameliorated the adverse impacts associated with the work.

“And I’m always saying that because if you don’t stay healthy, it’s very easy to actually get caught in your own issues and the child’s issues.” (Jessica, SW, 9 years of service)

Because CSA work relies so much on the quality of the professionals who provide services, most participants agreed that it was important for organisations to make careful assessments before recruiting any new staff and ensure that only the right kind of individual was selected to work for the organisations or unit.

Further education and training

Participants shared a strong view that all professionals should receive further training and education on CSA. This may reflect the fact that most participants in the study admitted lacking of skills and knowledge on the topic of CSA. They pointed out several training and education aspects that needed to be focused on. First and foremost, was the pressing need for comprehensive training in child psychology so that all those working with CSA survivors could understand the full range of issues and problems associated with working with children who had been sexually abused. Participants reported that their lack of knowledge on child psychology often acted as a barrier to developing an effective intervention.

“Maybe to understand children from a psychological point of view. We learned Children’s Laws, but we lacked understanding about the case. We learned very little about cases. The lack of knowledge affects our understanding about the case. I rely a lot on reading.” (Wabil, SW)

“We need more training in child psychology to understand children better. I don’t have younger siblings and sometimes it was hard for me to handle victims. We need training to understand traumatised children and how to deal with it. At this time, I depend much on my experience and psychology books for that but books are different from real experiences.” (Hannah, Police Officer, 5 years of service)

“What we need is a social worker who can understand children’s emotions because sometimes you were not sure how to get the information from them. Sometimes it was hard to understand what those children had in mind. To understand them requires skills. We don’t have that. Sometimes children expressed their feelings through drawings. We lacked these skills.” (Fuziah, SW, 7 years of service)

Second, some participants also stressed the importance of training professionals on the issues and specific skills needed for working with victims with special needs. For example, to have professionals who can speak the language of the client and/or who

are able to communicate with children with disabilities. Although victims with special needs are often small in number, participants felt these skills were important because the more knowledgeable and skilled they are, the better equipped they will be to assist victims and respond sensitively to their needs.

*For example, I want to know how to do an interview with disabled person in a more proper way so that we can make use of the information fully and effectively.
(Nurin, Police Officer, 5 years of service)*

Third, the need for participants to be trained in counselling skills was also mentioned. Some participants believed that counselling skills were necessary for all professionals dealing with children and family cases. One participant felt very strongly about this issue and suggested that all professionals, regardless of rank or position must be given equal opportunity to acquire the skills necessary to work effectively with clients. This, according to her, would help to improve services given by professionals. Without skills and knowledge, professionals are inclined to act based on what they believe to be true rather than what is known to be effective.

“I believed we need that. As for D11, counselling training is given only to superior officer, not subordinate staff like me but I think we need that as well. However, although you expressed your need in this matter, the response given was rather discouraging. I think counselling skills are a must for those who are working with children and married couples. Otherwise, you might only follow your instincts.” (Laili, Police Officer)

In relation to this, there was also a recommendation for universities to include CSA and/or trauma work as part of the educational program. This relates to the fact that participants were aware that very few graduate students who worked and/or did their practicum in organisations dealing with CSA had any in depth understanding or relevant skills regarding CSA.

“In addition, we need quality graduates for the job. Thus, universities must offer more quality courses or programs for students. What I can see among practical

students here is that they were a bit confused and clueless when dealing with patients even though they had learned about all the theories in classes.” (Zahrah, MSW)

“Yeah, I think child protection work should be. That’s what we actually try to do with the government. To actually have the child protection training, in all colleges, and also for those who actually work with children.” (Jessica, SW, 9 years of service)

It was suggested that universities programs should emphasise both the practical and theoretical dimensions of CSA in their educational programs. Practical aspects were stressed because they were seen as providing an excellent orientation and useful exposure to the real situation and cases facing professionals in CSA work and also as a necessary foundation for developing skills and competency.

“I really think the internship should be like one year just working with the children before they come out. A lot more practical rather than academic, theoretical because theory and practice are very different, yeah.” (Jessica, SW, 9 years of service)

One participant who worked as a police officer recommended that the scope of the police task should be enlarged to include a home visit to gain more understanding of the case. Home visits were perceived as beneficial in giving greater insight into victims’ situations and difficulties. This, in turn, helped to improve professionals’ services and responses to clients.

“One more thing is that police job is not limited with investigation process only. We should do more for the public such as visiting people in their houses and see what they need so we can help.” (Nurin, Police Officer, 5 years of service)

Finally, a suggestion was made to assist and educate professionals on effective coping strategies to ensure challenges and/or stresses could be handled better. One participant

stated that working situations can be very intense sometimes and therefore professionals needed some guidelines about the best way to cope.

“Yeah, definitely. Everyone who’s involved with children’s cases needs such training. And then, those who are involved in this work need to learn skills on coping strategies. Because, working with children is a very stressful job, sometimes you feel depressed.” (Wabil, SW)

Good psychological and moral support from supervisors and administrators

Participants required administrators and supervisors to demonstrate their support in active and supportive ways. Participants needed administrators and/or supervisors who were not only knowledgeable and capable of communicating effectively but who could provide information and feedback when necessary.

“We expect their understanding of our job. Yes, we make mistakes. But what we need is guidance and advice on how to resolve the problem, not to be scolded. We want their understanding and guidance. We are not legal experts. We learned from others, we learned from books and we are still learning. For example, when we talk about Child Act 2001, we expect someone who has good knowledge about the Act to give us advice and guidance, not simply criticize us. (Wabil, SW)

Further, participants believed that those who supervise professionals must treat their difficulties and challenges as important as those facing clients. Such difficulties deserved to be given proper attention. Specifically, participants wanted to work with supervisors and administrators who were warmer and friendlier so that CSA workers could speak about their problems comfortably. Participants also wanted supervisors and administrators to be fair when handling clients’ complaints and for a fair hearing to be given to both parties before making any judgement. The need for support and tolerance was clearly expressed by participants.

“At least give us advice. As for me, whenever my subordinate did something wrong, I would not blame them right away. I asked first. Even it was their mistake, do not add to the tension. Try to find other ways to solve the problem. If we received complaints about our staff, investigate first before giving any response unless you are sure about what had happened. It may be wrong, it may be right. What’s more important is to find a way to solve the problem at hand, but do not add another problem and make your staff feel hopeless. Hence, we hope other people could show us the same respect. We do make mistakes, we hope for their understanding and nothing else.” (Wabil, SW)

Improving collaboration with other organisations

Acknowledgement of contribution of other organisations in CSA intervention

The need to collaborate closely with other organisations was mentioned by all participants in the study. As noted, collaboration was often a source of distress for most participants in the study due to the different governing and operating processes between organisations. For example, participants who worked for non government organisations often felt they were not fully accepted by other professionals. There were always gaps, conflicts and power struggles between organisations involved. These often caused conflicts to escalate. One participant stated that the time has come for all organisations involved to accept and acknowledge each other roles and contribution and to work together as a team rather than as separate entities.

“We need to have good communication and acceptance of each other’s roles. Communication between NGOs and other authorities. They should learn to accept us as part of the team, stop being ego and say, ‘You have no right here. This is our job, only we can do this work. We have expertise to do this job.’ That is what they said, but they failed anyway. That is annoying. We really hope that we and other authorities can work together and understand that what we do is for the

children, for the case, not accusing each other.” (Bahia, Counsellor, 1 year and 10 months of service)

Another participant held a similar view:

“Cooperation from other organisations. We constantly raised this issue. As you know, we deal with different people and organisations. The police, hospitals, not to mention victims’ family members etc. While it may look simple, it is more than the eye can see.” (Syakirah, SW, 4 years of service)

The need for one standardised system to work with

In order to enhance collaboration, most participants recommended the need to have one standardised system to coordinate effort across and within organisations. In the current system, full collaboration has not yet been implemented and organisations still very much follow their own policies in doing interventions. As a consequence, overlapping and repetitive procedures are common. If one standardised system was established, this would help to minimise the time spend by professionals in the investigative or intervention process and at the same time reduce the burden on victims by stopping them from being interviewed repeatedly.

“Only one system to work with. Our problem now is that we have so many systems. Some more, there is a lot of legal procedures within the system. Each organisation has their own procedures to follow, the welfare, the police, hospitals, prosecutor etc. At the end, it was victims who suffered the most. She needs to repeat the story from one person to another person.” (Aishah, MSW, 14 years of service)

“In my personal opinion, we need one good working system and one working document for all organisations involve in this.” (Aishah, MSW, 14 years of service)

*“It’s just so difficult to work if you have different types of systems to deal with.”
(Aishah, MSW, 14 years of service)*

“Yes. To have a solid system is like meeting a doctor when you get sick. A physician would check your body, identify problems and gives you medicine. It’s written procedures. So if you don’t have passions to handle this case, you will give a lot of excuses and let others deal with it.” (Aishah, MSW, 14 years of service)

In order to make the system really work, a few participants recommended the need to introduce codes of conduct and clear standards of practice to ensure professionals’ responsibilities to victims cannot be taken lightly and also to prevent unnecessary delay.

“We should be more firm with the implementation and procedures aspects so that our professionals can be more responsible in their acts.” (Imran, MSW)

“Therefore, I believe that we should have a working document which personnel in charge must follow. Current child protection law has only included physicians to report any abuse. It could be a problem since most of the doctors refused to do it because they don’t want to be a witness in courts.”(Aishah, MSW, 14 years of service)

“So, if a thing like this happens in the future, we would already have a system of standard procedures to be followed by all professionals involved with the case.”(Imran, MSW)

Integrating commitment and action with other agencies in the community

Another participant highlighted the need to integrate local governments and other agencies in the community as part of the prevention team. These organisations have the capacity to implement policy and strategy at different levels. For example, one participant suggested collaborative work could include the local community council and local

government. These authorities can participate in planning, communicating and coordinating effort to develop buildings and neighbourhoods that are safe for children to live in, learn and be involved in playground activities without having to be afraid for their safety.

“At this time, our collaboration is still limited to certain organisations only, such as the police, the welfare department, hospitals etc. Collaboration should be expanded to local councils as well. I mean, those who responsible to build houses for the community. They should be part of the team. They should develop houses that are safe enough for children so that we can minimise potential risks such as sexual abuse, kidnap, etc. We don’t have that kind of collaboration yet.” (Laili, Police Officer)

Strengthening medical social workers (MSW) power to act

Another suggestion made by the participants was the need for a new policy to strengthen MSW power to respond more effectively to CSA cases. As some participants mentioned, MSW capacity to act in interventions is limited because unlike social workers in the state public welfare department, MSW has no power to act as a child protector. This restricted MSW power to take an active part in the intervention. For example, whenever protection is needed for the victims, MSW has to rely on SW to intervene.

“Also, the need to expand children protection act so that MSW can be included as a protector as well.” (Aishah, MSW, 14 years of service)

“Yes. One more thing is that we are going for licensing in Malaysia, so people will see MSW as a professional work and our power will be extended. At this time, MSW has a limited power, there are parts in which we can’t go or touch because it’s beyond our power. MSW needs more power to work more effectively and also to be able to make important decisions for victims such as a power to put victims under protection, to order the police for assistance, things like that. They see us

as someone who has a higher authority, not their colleagues. If you have power like that, people will start to notice and listen to you, because of your profession.”
(Imran, MSW)

Increasing the number of staff

Some participants suggested that the number of professionals working with CSA cases should be increased. By increasing the number of staff within organisations, the workload ratio per staff would decrease, staff would be better able to focus on each case and to prepare cases more thoroughly. The frustrations associated with lack of staff were identified by the following participant:

“Therefore, for high-density population areas, we should have more staff in those areas because each case...try imagine this, if we do not have enough workers in handling cases, how are you going to do your work? You would opt for quantity over quality. And then you forget this, forget that. Some time to spend on each case would lessen because you are always rushing. Therefore, if we have enough manpower, we can be more thorough in our work. Otherwise, you cannot concentrate.” (Rayyan, SW, 9 years of service)

Improving services, treatments and facilities for victims and their families

More specialised and comprehensive facilities for conducting investigations

Another request mentioned by participants was the need to have more child-friendly facilities for conducting interviews and/or investigations. The lack of specialised facilities for child victims at police stations and in social workers offices was clearly stated. Participants reported that interviews were often conducted in inappropriate settings, making victims feeling uncomfortable and intimidated. This also affected professionals' efficiency in dealing with cases and/or clients.

“I made a request before to our management to have a new building for the department. We should operate in a more proper setting where patients could wait for us contentedly, a place that has a proper waiting room for patients to sit in and a proper office room for officers to discuss with patients and all that.”
(Zahrah, MSW)

“A proper room for children. We don’t ask too much, not necessarily to be exactly like we have at Bukit Aman. It’s just that, with this kind of room (participant’s office), would make it hard for children to feel comfortable to talk.” (Laili, Police Officer)

“It is. I think what we need is to have an adequate place for interviewing children and some good training.” (Hannah, Police Officer, 5 years of service)

“We need more facilities. The only video facility we have so far is in Bukit Aman (CPU). And we need child-friendly office for interviewing victims.”
(Lidya, Police Officer, 8 years of service)

One participant had a more specific request, saying that organisations must provide professionals with better facilities including enough transportation and communication devices for handling cases. Professionals always needed to communicate with their clients, sometimes outside working hours. Professionals also need to travel locally to visit clients. Also mentioned was the need to have insurance cover for professionals in field work as a precaution to protect them from possible danger.

“And enough transportation. Before this, we only had one car for the job.”
(Yasmin, SW, 8 years of service)

“Only recently, our new Minister has mentioned that our ministry would provide a mobile phone to each social worker. I do not care if I have to use my own phone for making calls as long as the organisation covered all the calling costs. Mobile phone is a must facility, the same as insurance cover.” (Yasmin, SW, 8 years of service)

Continuing support for victims and their families

Another participant stressed the importance of continuing psychological support for victims and their families immediately following intervention completion. He believed that victims often need more time to recover from psychological trauma. Therefore, psychological help should be made available to victims and their families and be easy to access when needed, particularly in rural areas. Victims from rural areas are always at a disadvantage because psychological services are often unavailable and/or hard to get. This can make them too costly for victims from this area because they need to travel to other places, often in the cities, for support.

“Hmm, we should think about the best approach to help minimise sexual abuse impacts on victims so that they can grow up healthy like others. The issue here is who is going to take the responsibility? Caring for victims’ psychological well being? Is that the parents responsibility? Psychiatrists? Counsellors? MSW or SW? They’re still young, they must be so confused about what happened. So I hope we can find solutions for this issue. Maybe we don’t have much trouble in KL as we have many psychiatrists here, but how about victims who live in remote areas such as Rompin, Pengkalan Chepa etc?.” (Imran, MSW)

Another participant echoed similar concerns. She said that helping victims and their families’ following intervention was crucial because in certain cases like incest, families often lost financial resources and became economically dependent on others. In such situations, financial aid was essential to help those families recover and rebuild their lives as soon as possible.

“Therefore, it is crucial for us to help not only victims but their families as well. We must find resources to help support the mother and the family and to send the children back to school. We must ensure that we use whatever resources are available to help the mother to survive the ordeal and bring the family back to normal life, if not a perfect life.” (Zahrah, MSW)

Improving living conditions in shelter homes

At least three participants talked about the need to improve living conditions in shelter homes where victims were located. Although basic necessities were well provided, shelter homes were perceived as lacking psychological comfort, the most important element for children in shelter homes. They suggested that shelter homes must be able to provide affection, love, care and comfort of a family life. The need to increase the number of staff working in shelter homes was also recommended.

“It is not a proper place for any children, not only the victims. Personally, I prefer if each child has its own carer or parent. If you see those children in shelter homes, you couldn’t hold your sadness. They were growing up without affection, without someone who could adore or nurture them like normal parents do. It can bring negative emotions on the children; maybe they become too sensitive or rebellious. Not everyone can cope effectively with their environments and it may cause other problems as well. One more thing is that we have mixed up the children to live together regardless of their problems and I don’t think that is appropriate. It should become our last resort, only if we don’t have any choice. First, we must improve our approach in these shelter homes, make them more adequate for children, friendlier and recruit more staff. Sometimes, one staff has 8 children under her care, of course it’s hard for her to give full attention to each of them. If possible, reduce the ratio between staff and the number of children under her supervision and choose someone who has an interest in working with children. Otherwise, they would act more like a discipline teacher than as a caregiver.” (Imran, MSW)

Specialisation

Several participants proposed specialisation in CSA as a means of increasing professionals’ efficiency in handling cases and ensuring quality of care. Participants also

argued that, by narrowing the work, they have more time and energy to focus on CSA cases. They believed that handling various children's cases at the same time makes it impossible for professionals to stay focussed and to not affect their work performance.

“I think, for children's cases, because it's increasingly complicated and various, then specialization is necessary. Maybe each staff member could handle about 2-3 cases per person. It may seem not much, but sometimes a case could drag on for years. Not to mention if you handled other children's cases as well for instance adoption cases, birth certificate, court cases.” (Yasmin, SW, 8 years of service)

Summary

Suggestions made by the participants in this chapter provide valuable insight into the critical concerns of professionals in Malaysia and which elements of an effective response to the multiple needs of children affected by CSA they believe still need to be addressed. All recommendations made were derived from their own experiences in handling CSA cases. As noted, it appeared their suggestions covered various aspects integral to successful intervention including facilities improvement, collaboration between organisations, structure and content of programs for training and education, professionalization and system responses to victims. In other words, this chapter implies that in order to improve professionals responses to victims, comprehensive change involving all these aspects would need to be implemented. As participants noted, the issue of the adequacy of organisational resources needs to be seriously examined. In the larger societal context, existing organisations in the community must also be transformed to enable them to play their part more effectively in responding to victims needs.

The following chapter will represent *conclusions and recommendations* derived from this study. It contains discussion of the research findings and their association with the existing literature from some other countries. In addition, the implications of this study for professional practice and future research are also canvassed.

CHAPTER 8

CONCLUSIONS AND RECOMMENDATIONS

This study was conducted to explore Malaysian professionals' experiences of working with sexually abused children. It set out to explore and understand the difficulties and challenges faced by professionals involved in CSA work, how these challenges affected their lives and the strategies they used to overcome these challenges. It also examined what professionals believed was necessary to improve their work efficiency and how the unique Malaysian sociocultural context might impact on working professionally with children who have experienced CSA and produce different challenges from those documented by previous research in other settings.

This study interviewed various professionals involved in CSA interventions including police officers, counsellors, social workers and medical social workers from both government and non-government organisations. In chapter 2, I highlighted the lack of research documenting Malaysian professionals' experiences of working with CSA victims, despite ample studies on similar issues among other populations. It is important to study this group of professionals because existing research has indicated that they are vulnerable and exposed to negative consequences much like the direct victims of CSA are. Therefore, this study tried to fill in existing gaps in knowledge while at the same time exploring Malaysia professionals' experiences within their own culture and context.

This final chapter comprises several sections. First, it presents a summary of the core findings, the conclusions arising from these findings and their consistency with previous research. Second, the limitations and strengths of the study are explored with a focus on its methodological characteristics and how these should be taken into consideration when assessing the application and implications of the study findings. The final section is dedicated to the recommendations including potential strategies for significantly improving the quality of services provided by professionals and minimising the effects of their work related stress.

Overcoming challenges as the core category

In the first section of this chapter, I outline a categorical representation of *overcoming challenges*, the core category of this study (see Figure 1). In referring to Figure 1, overcoming challenges consists of several aspects which include participants' identification of *challenges to working with victims*, *coping strategies*, *effects* of attempting to overcome challenges and *suggestions* to improve the effectiveness of Malaysian professionals involved in CSA cases. Figure 1 illustrates how challenges/problems shape participants experiences and the nature and context of participants' strategies to overcome those challenges.

In challenges to working with CSA cases, participants identified multiple challenges related to their own characteristics as well as those of organisations, clients, victims and the broader society. Participants described how these perceived challenges affected their work with victims. This is followed by an account of coping strategies, that details participants' approaches to overcoming challenges. As illustrated in Figure 1, coping strategies are not based on a straightforward decision; rather they involve processes and interactions between both internal and external factors that influence participants' decision making and the selection of strategies. These later influences whether participants choose to use similar strategies again or not. Therefore, double arrows are used to illustrate the complexity of the coping strategies process and their interactions. For example, if prior selection failed to produce desirable outcomes, participants may move backward, and decide on other alternatives and the same process is repeated.

Once the challenges were identified, participants later defined the challenges and this involved determining various aspects such as the severity of the challenges faced, the nature of the problems (e.g. personal or professional) and participants' needs. This in turn, influences participants' strategies. For example, participants try to identify whether the problems involved personal or professional aspects. If the problems involved personal aspects and participants' needs are for emotional comfort and social support, then they

are likely to choose friends and family members for support. On the other hand, if the problems require consultation with an expert or experienced person, then participants choose supervisors/managers for support and advice. Participants' understanding of the problems could have very different outcomes on their selection. In other words, participants' understanding of the nature of the problems (e.g. personal, professional) and their needs both serve as motivating factors that influence their choice of strategies. This study indicates that participants were influenced by various factors including familiarity, comfort, availability, commonality, expertise, and the perception of being understood. Most participants clearly stated that they preferred someone they were familiar with, such as trusted friends who could provide comfort, a high level of understanding and commonality.

However, there are circumstances where participants' choices are blocked due to factors such as limited resources and beliefs that may deter participants from seeking particular strategies. This is particularly true in explaining participants' behaviours toward formal help such as formal counselling and therapy. Participants in this study were well aware of the importance of formal help in dealing with CSA cases. Nevertheless, factors such as limited options provided by their organisations deterred them from seeking formal help. Poor access to existing services and a lack of options also contributed to professionals' reluctance to seek help from counselling and therapy. In addition, stigma associated with formal help seeking also contributed to participants' reluctance. This may stem from what they heard or experienced before. Formal help such as counselling and therapy for example, even though considered valuable, are often perceived as the last resort. This is because formal counselling and therapy are often associated with loss of privacy, stigmatization, and low levels of trust. It appeared that participants considered the cost-benefits and/or consequences of their choices very seriously. In sum, in choosing coping strategies, professionals in this study were influenced by both internal and external factors.

After identifying influencing and barriers factors, participants then select their source of coping, either formal or informal. Findings indicate that participants relied

heavily on informal coping strategies to deal with challenges. They turn to formal help (e.g. supervisor/manager) only when there is an overwhelming need to do so and/or when participants believe that they are out of resources and alternatives to handle the problems themselves.

Regarding outcomes/effects, Figure 1 indicates that it is possible for professionals working in this field to experience both negative and positive affects in their work. My study is consistent with previous findings in this regard (e.g. Stalker, 2007). Another important element in explaining effects/outcomes in this study is that coping strategies do not have a direct impact on successful outcomes. Rather, outcomes result from interactions that occur between coping strategies and other factors such as a sense of accomplishment, support from others, personal interest, knowledge and skills and years of experience. As illustrated in Figure 1, broken lines indicate that other factors play important roles in determining outcomes. This is also consistent with previous studies (as mentioned in chapter 2) that showed an indirect relationship between coping strategies used by professionals working with sexual crime victims and effects of vicarious trauma, burnout and intense emotional response. The combination of coping strategies and other factors appeared to determine the intensity of the effects. Participants' experiences with CSA cases also heightened their awareness of such services and therefore suggested ways in which services could be improved in the future. This is also forms part of the way professionals overcome challenges in the long term. Figure 1 below provides a visual representation of these processes. It includes the core category and the selective subcategories that contributed most directly to the story line.

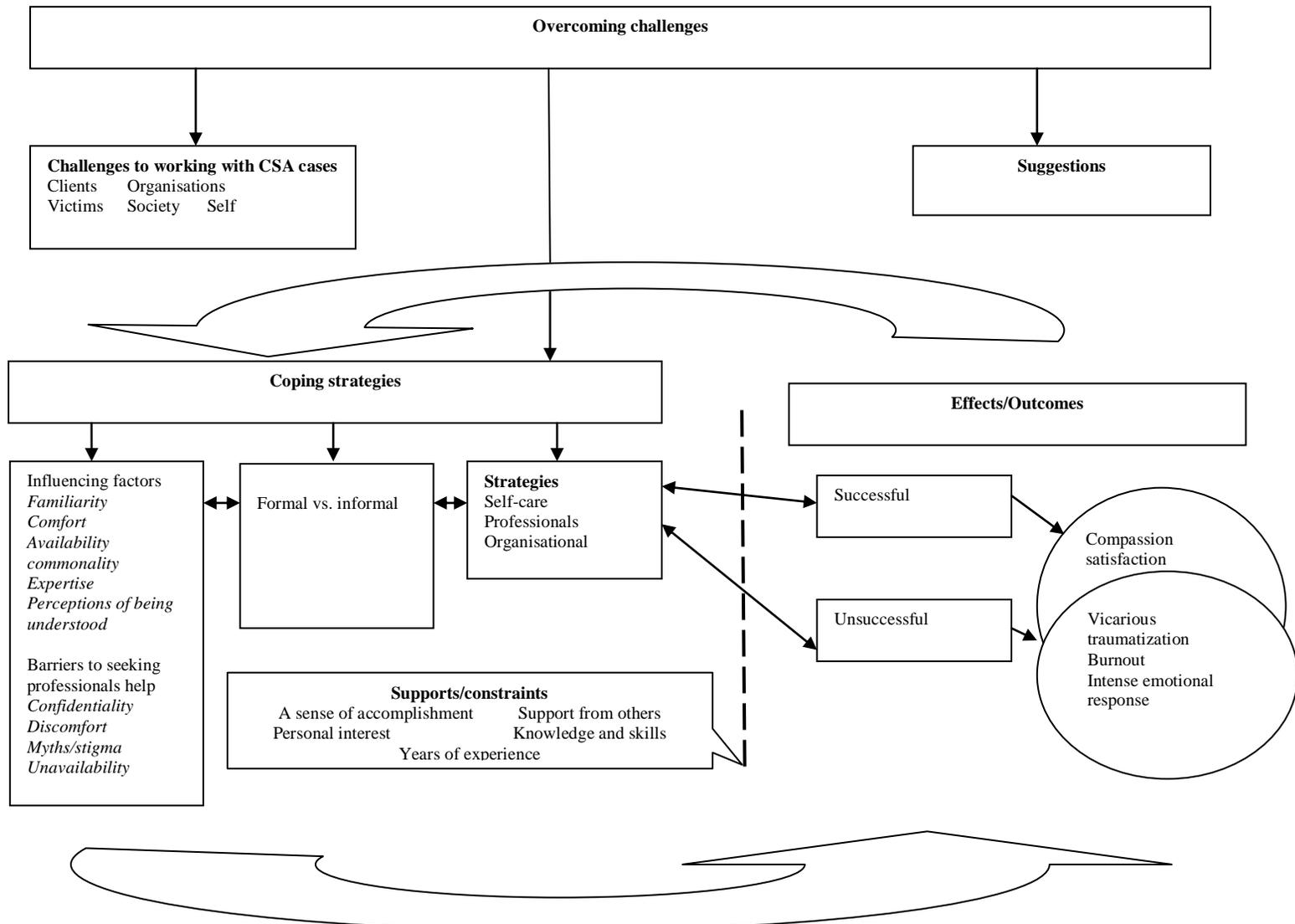


Figure 1 Selective coding for overcoming challenges

Findings and conclusions

Challenges to working with CSA cases

Chapter 4 explored the challenges faced by participants in working with CSA cases. It appeared from the study that participants who worked with CSA cases in Malaysia encountered numerous challenges. In contrast with my earlier belief that participants might mainly discuss victims, it turned out that victims were only one of many challenges faced by the participants. As well as victims, participants also identified organisations, clients (e.g. perpetrators, perpetrator's employer, colleagues, friends, other family members etc), society and other professionals as barriers to working with CSA cases. This accords with the findings of previous studies that show professionals struggle with many challenges in order to function effectively in their work (Azar, 2000; Morita & Wada, 2007; Briggs et al., 2003; Green, Gregory & Mason, 2003; Cornille & Meyers, 1999; Collins, 2008; Newmann & Dennenfelser, 2005; Day, Thurlow, Woolliscroft, 2003; Llyold & Burman, 1996; Buchanan, 1991; Keilty & Connelly, 2001; Aarons, et al., 2004; Schauben & Frazier, 1995; Steed & Downing, 1998; Wasco & Campbell, 2002; Vrklevski and Franklin, 2008; Cheung & Queen, 2000; Couper, 2000; Patterson, 2006).

Clients

Participants reported that they were threatened verbally and/or physically by clients. The most common type of intimidation and violence reported included complaints, verbal abuse and minor intimidation, followed by physical threats. Although verbal harassment is not often accompanied by physical harm, it is still perceived as harmful to professionals' credibility and reputation. Nevertheless, at least two participants in this study reported serious intimidation and violence. One participant reported that she received a sexual threat from the perpetrator and another experienced a life threatening situation where she was threatened with a knife. Although the number of serious intimidation and violence cases in this study was small, there is a growing concern about the nature of child protection work that becomes increasingly threatening and confrontational nowadays (Littlechild, 2005). This finding confirms previous research in Australia, US and Japan which demonstrates that professionals working with

children are at high risk of being exposed to violence, threats and intimidation while on the job (Morita & Wada, 2007; Littlechild, 2005; Briggs et al., 2003; Green, Gregory & Mason, 2003; Stanley & Goddard, 2002; Cornille & Meyers, 1999). However, detailed comparison revealed that violence, threats and intimidation varied according to participants' professions, with social workers reporting more violence, threats and intimidation than others. This may be explained by a number of factors. First, it might be that social workers are more involved in home visits than other professionals and are therefore exposed to more danger and aggressive behaviours from clients. Second, social workers are often become the first people to receive reports of abuse and to report this to other authorities also making them an easy target for hate. Third, the social workers in this study outnumbered other professions, so their voices may be cited more frequently.

Some participants stressed the problems they encountered with parents and/or guardians who were reluctant to believe and support victims following the disclosure of CSA, particularly when the offender was a family member. Most non offending parents and/or guardians also responded to a victim's disclosure with great hesitancy and confusion. Participants identified a number of explanatory factors for this response including psychological consequences, social stigma and economic dependency as possible reasons why non offending parents and/or guardians failed to support victims.

The literature has long recognised ambivalence as a common phenomenon in CSA cases that results from the trauma and chaos caused by the child's disclosure as well as being a manifestation of the strong bond of non offending parent toward both the child and perpetrator (Bolen & Lamb, 2004; Hooper & Humhpreys, 1998; Hooper, 1992 as cited in Bolen & Lamb, 2004). Other causes of distress identified in the literature include financial, vocational and residential concerns, particularly for women (Hooper, 1992; Massat & Lundy, 1998; as cited in Hill, 2005). These are believed to contribute to behavioural inconsistency in non offending parent/guardians. There were also differences in terms of how participants understood the complexity of parents/guardians supportive behaviours. For example, participants who worked with many CSA cases and/or had many years of experience working in the field of child maltreatment appeared to be more

understanding and sensitive to the dynamics and complexities of CSA cases than less experienced participants.

Within organisations

Some participants in the study expressed frustration at the lack of emotional support, understanding and sensitivity provided by supervisors and administrative officers in their organisations. Also, complaints were made over supervisors/administrators' inadequate knowledge and skills in doing supervisory work. Some supervisors/administrators were perceived as lacking sensitivity and understanding and as failing to give appropriate suggestions, advice and assistance when needed. These complaints are not unique to participants in the current study and have been raised in numerous other studies (Jones et al., 1991; Thompson et al., 1994; Gibbs, 2001; Regehr, et al., 2004; as cited in Collins, 2008). Further examination revealed that those with less formal education and less experience reported more problems with supervisors and/or administrators than those with higher degrees. This finding is consistent with research by Ullman and Townsend (2007) who concluded that it was hard to determine whether this difference was caused by job differences and/or educational levels. Further research is needed to elucidate the reason for this difference.

Another possible explanation is that symptoms of vicarious trauma may play a role in influencing supervisory relationships (Azar, 2000). Azar (2000) argued that affected professionals may react similarly to victims and therefore make interactions even more problematic, despite supervisors' intention to be helpful. Moreover, most supervisory work has an emphasis on administrative work and lacks emotional content, further impeding supervisors and administrators' ability to offer effective assistance and support. As such, to blame the supervisors without taking into consideration the nature of child protection work is a shallow justification. Ideally supervision work in child protection work involves the following elements: the administrative or managerial; the educative; and the expressive and supportive and leadership functions (Paine, 1994 as cited in Stanley & Goddard, 2002). However, as asserted by Stanley and Goddard (2002), the nature of child protection work influences the supervision process, making it more

difficult to implement supervision roles. As a consequence, supervision roles have been reduced to the minimum number of functions and tend to focus only on what is urgent. In such a situation, supervision focuses more on meeting deadlines and administrative work, with the result that supervisor roles as supporter as a source of support, knowledge and professional expertise is neglected (Stanley & Goddard, 2002). There is a need for more research on this topic as very little has previously been undertaken on supervisors who work with difficult families and traumatised children (Azar, 2000; Stanley & Goddard, 2002).

All participants realised that part of the challenge in working with CSA cases was related to the nature of the work itself. This consumed substantial time and attention, required an immediate response and involved multiple organisations employing workers from diverse backgrounds and with different kinds of expertise. Participants agreed that working in this field is a difficult, complex and laborious task. No differences were found between participants from different professions and organisations, as all consistently maintained that the work was difficult and complex. This finding is also supported by numerous other studies (Wright et al., 2006; Lyold & Burman, 1996). For example, Wright et al. (2006) indicated that the process of investigating and prosecuting child abuse is complex and laborious area of work. His research found that participants were overwhelmed by the continual cycle of child abuse notifications and the urgent nature of these cases.

Participants in the current study were overburdened by excessive workloads. They understood that this situation jeopardised their work performance in terms of reducing opportunities to attend training programs, diminishing their ability to concentrate in a focussed way on cases at hand, and the time they could allocate to handling cases. Excessive workloads were reported by all participants, regardless of the organisations in which they worked, indicating that high caseloads are a serious and pervasive issue for those doing CSA work. Furthermore, existing local research has confirmed that high caseloads were evident among police officers, social workers, advocates and others involved in sexual crime cases in Malaysia (Lai, et al., 2002; WCC Penang, 2007; Lim,

2007). It is also a finding that is consistent with previous research (Wright, et al., 2006; Newmann & Dennenfelser, 2005), indeed Wright et al. (2009) argue that work overload seems to be a global problem facing by child abuse investigators. Some studies have linked work overload in CSA cases with high turnover and a high incidence of reported case (Aarons et al., 2004 as cited in Powell et al., 2009). For this study however, it appeared that excessive workload was more associated with the lack of staff in the organisations and high reported child abuse cases than with high turnover rates.

Two main issues were highlighted by the participants when discussing resources problems including staffing and facilities. First, concern was raised over the lack of sufficient numbers of staff and/or staff with adequate professional experience in handling CSA cases. This staffing deficiency was evident in all organisations involved in the study. It is also consistent with the literature referred to in Chapter 2, which indicated that there was an insufficient number of professionals in organisations dealing with CSA in Malaysia (Lim, 2007; WCC Penang, 2007; Lai, et al., 2002). For example, Lim (2007) described the lack of social workers in all major hospitals and the fact that social workers often had to handle all administrative work and clerical duties as well as conduct case interventions most of the time. The lack of knowledgeable and skilled professionals was also highlighted by most participants who were aware of the harmful effects this had on service efficiency. In particular, lack of experience was perceived to be particularly problematic in terms of limiting less experienced workers ability to recognise and respond adequately to abuse and the victims of such abuse. This finding is also consistent with previous research in Malaysia, as mentioned in Chapter 2, that identified the problems caused by recruitment strategies and staffing patterns currently being practised (Crabtree, 2005; Lim, 2007). For example, Crabtree (2005) described recruitment strategies for social workers that were open to other graduate students instead of being limited to social work graduates Lim (2007) and Crabtree (2005) argued that practice would be likely to affect the quality of performance by graduate from different programs who were often not as well trained on CSA as social workers.

Meanwhile, numerous studies have reported that professionals working with CSA possess limited knowledge on the subject (Goad, 2008, Reiniger, Robison & McHugh, 1990, Rubin & Helen, 1996; Morison & Greene, 1992; Hibbard & Zollinger, 1990; Shackel, 2008; Blakeley & Ribeiro, 1997). Lack of knowledge and skills among professionals on CSA cases contributes to ineffective investigations (Newmann and Dennenfelter, 2005), inability to identify behavioural symptoms of sexually abused children (Goad, 1998; Reiniger, Robison, & McHugh, 1990; Rubin & Helen, 1996), and failure to report abuse (Reiniger, Robinson & McHugh, 1990).

Second, discussion regarding the facilities for interviewing victims was another significant issue raised by participants. Participants voiced their concern over the lack of inadequate facilities in most organisational settings. Comprehensive facilities for victims are available only in certain locations. More often than not, the first investigation and/or interviews need to be conducted in participants' offices, where child-friendly environments cannot be provided and privacy is lacking. The literature has identified inadequate facilities as common problems for organisations working with sexual crime victims. Inadequate facilities or environments that are not child friendly were reported as a major drawback that often affects the quality of the services given to victims (Day, Thurlow, Woolliscroft, 2003; Powell, et al., 2009).

Some participants, particularly those who worked as social workers, talked about safety issues in the field, particularly during home visits. Participants felt that safety precautions for social workers or professionals visiting the field are still very minimal. Participants admitted feeling nervous whenever they needed to work in the field as they realised that they may be a target for assault. Occasionally, a child protection worker needs to go to the field unguarded or without back up from agency personnel to turn to if danger occurs. Further, it is not a policy to provide social workers with weapons for self defence, thus making them feeling more vulnerable to harm. Safety is a significant issue faced by social workers all over the world. Recent research confirms the finding that most professionals such as social workers working in the CSA field have only minimal protection provided for them (Jones, 2001).

Between organisations

The issue of collaboration was the most frequent one mentioned by participants in the study. They described the conflicts sometimes arise because of differences in the governing and operating processes of different organisations. Problems identified included *disorganised system of collaboration, differences in organisational objectives, role conflicts between professionals, power and control* and *time delays in investigations*. Feedback from the participants demonstrated that collaboration between organisations has only achieved modest success to date. Most organisations still very much followed their own policies and governing systems. A gap existed between participants' high expectations of working collaboratively and the low level of collaboration that was currently been practised. Most participants believed that successful collaboration demanded a system of fully coordinated work. This included operating according to a single standard system with clearly defines roles and strict implementation of codes of practice to preserve performance and the quality of services. In reality, the current situation shows only minimal coordination and involvement has taken place. Despite negative comments, some participants acknowledged that collaboration helps to increase the coordination of service delivery and an understanding of other professionals' roles in an investigation. Also, there was a strong realisation that many improvements were needed to improve the current level of collaboration.

Complaints were also made about inequalities regarding autonomy in decision making process at interagency levels. Some participants claimed that conflicts arose because of territorial issues and power struggles, whereby some organisations claimed control over the management of cases. Further, participants who worked as medical social workers in hospitals complained that they felt they were not trusted to exercise the same level of autonomy as social workers in government agencies. They felt their roles were denigrated as medical social workers are not included as child protection workers unlike social workers in the welfare department.

Conflicts were also reported to occur between law enforcement officers and social workers. The focus of conflict was the different way law enforcement and social workers approached victims and the case, particularly during investigation and case preparation. Social workers tended to perceive the law enforcement approach as lacking sensitivity and being a bit harsh. Some participants associated this with the lack of skills and knowledge in handling CSA cases. Concerns over the lack of professionals' knowledge have also been expressed in an American study by Newmann and Dennenfeler (2005). They found that participants identified inadequate training or knowledge about protocols, interviewing or children as barriers to effective collaboration. Alternatively, as Wright et al. (2006) explained, law enforcement and child protection conflict is caused by the different missions of their organisations, with law enforcement focussing on criminal aspects and finding sufficient evidence to support criminal charges while social workers and others involved in child protection place their emphasis on victims' needs and welfare.

Interestingly, no conflict was revealed between medical officers and other professionals in the interviews. At the same time, few participants in the study indicated that they had particularly good relationships with the medical officers involved in CSA interventions. By contrast, Goad (2008) reported that conflict sometimes occurred between child protection service (CPS) workers and medical providers. For example, CPS workers reported that medical providers refused to provide the information needed for investigations; doctors wanted to control the decision making process over cases and there was a perceived class distinction between doctors and CPS workers. Medical providers assumed a higher status in the social hierarchy than CPS workers. Meanwhile, from the medical providers' perspective, CPS workers were perceived as being poorly trained and inexperienced. Furthermore, different role expectations and understandings held by workers within and between organisations caused confusion among those involved in a child protection case.

One possible explanation no conflict was reported in my study between other professionals and medical officers is because no medical officers were included in the

study, therefore their point of view remains undocumented. Alternatively, as some participants in the study claimed, CPS can usually establish good rapport and can work well together, so there is the possibility that their levels of understanding of others' roles may decrease the likelihood of conflict arising. However, this is no more than a speculation that needs to be examined further by research.

What my participants pointed out about collaboration in this study has also been highlighted in numerous studies (Wright, et al., 2006; Newmann & Dennenfelter, 2005; Day, Thurlow, Woolliscroft, 2003; Llyold & Burman, 1996). For example, Wright et al. (2006) indicated that excessive workload and problems of collaboration were major stressors among law enforcement officers involved in CSA cases. Similar findings were reported by Newmann and Dennenfelter (2005). They pointed out that different mandates, protocols, starting and reporting times, insufficient resources, lack of knowledge, location and conflict over case control definitely impeded effective collaboration. Nevertheless, positive improvements have also been noted by Newmann and Dennenfelter (2005). Some participants admittedly say that collaboration has increased knowledge between agencies and/or professionals, improving investigation planning, sharing information as well as sharing collective expertise.

Another challenge mentioned by participants in this study was the reluctance of some professionals in the community such as physicians and teachers to step forward in reporting child abuse. Despite the introduction of mandatory reporting for professionals in the community such as physicians and teachers, many still refused to cooperate or failed to comply with their duty to report and/disclose child abuse. The most common explanations of this reluctance to comply with mandatory reporting requirements given by participants included the disapproval of parents, fear of intervening in family matters, protecting their own reputation, the belief that child abuse cases were difficult and took a long time and being afraid of the negative consequences that could follow reported abuse. The findings are congruent with those reported elsewhere (Taylor & Llyod, 2001; Goad, 2008). For example, Goad (2008) identified multiple barriers to reporting amongst professionals. These included the perception that child protective services did not help to

protect the victims as expected; poor communication between CPS and medical providers; fear that reporting would cause unwanted consequences such as families withdrawing their children from medical care or that reporting would result in the removal of children from family care or in time consuming court testimony for those who reported it as well as uncertainty about what must be reported. Failure to report is also associated with professionals' lack of knowledge about child abuse, making them unable to respond appropriately (Taylor & Llyod, 2001).

Also, participants in my study raised concern over the lack of support from organisations within the community to assist victims following intervention. Many participants agreed that the most appropriate form of intervention must include follow up support for victims, particularly in terms of psychological help, moral support and financial aid. For example, participants explained that most victims did not receive counselling and other support following intervention. There was a significant disparity between participants' expectations and the response they actually received from existing organisations within the society.

As mentioned in Chapter 2, this situation is possibly due, in part, to the lack of understanding of the issue itself in the wider society. For instance, an American study conducted by Ullman and Townsend (2007) indicated that some people perceived sexual crimes as not being a serious social issue. Such attitudes and lack of understanding of the profound consequences of CSA certainly continue to mislead people (and organisations) about the nature of sexual crime, making them unable to respond and/or fully use their resources to help victims more effectively. Another possibility is that these organisations may also be ill equipped and lack the resources (e.g. qualifications, expertise, human resources) that are needed to help victims. These inadequacies make it impossible for such organizations to play effective and supportive roles for victims and their families. In fact, there is only one non-government organisation in Malaysia that offers help, advice and support specifically for CSA victims. This reflects how limited alternative resources are within the community, despite the organisations mentioned in this study that do work with CSA victims.

Victims

Several participants highlighted the difficulties of working with disabled victims, particularly mentally challenged victims. However, none had received any training on how to work with such victims. They admitted that they had limited understanding of victims with special needs in general. Participants reported that doing investigations on victims with mental disabilities was often very stressful and more challenging for them than investigations on victims without such disabilities. It was hard to conduct the interview because of communication barriers and at the same time, participants were aware that failure to get a statement from the victim could have a significant impact on the success of the investigation. Despite having no experience and lacking knowledge, participants continued to work with victims with special needs.

Barriers to working with victims with mental disabilities have been discussed in numerous studies (Buchanan, 1991; Keilty & Connelly, 2001; Aarons, et al., 2004). Professionals who work with such victims tend to perceive them as having difficulties in remembering what had happened to them, prone to suggestibility, difficult to communicate with, poor memory and being more distractible. While conducting an interview may still be possible for victims with a mild disability, it was difficult if not impossible to interview victims with moderate or severe disabilities (Keilty and Connelly, 2001). Similarly, participants in this study often expressed their sense of powerlessness and confusion on how to respond appropriately when dealing with this type of victim. Consequently, although participants tried to make adjustments to accommodate the needs of these victims, they tended to use standard interview methods despite victims' intellectual disabilities. This finding is also supported by Aarons et al. (2004). Furthermore, the views of the participants in this study are similar to the previous literature, which suggests that victims with mental disabilities tend to be portrayed as less credible and as incapable of giving accurate and detailed evidence (Keilty & Connelly, 2001).

Another difficulty for participants related to the establishment of rapport with CSA victims. Most victims demonstrated fear and, understandably, were reluctant to trust

anyone. Thus, it often took a long time before an interview could be conducted as participants needed to build a trusting relationship with the victim first. Despite their lack of knowledge and skills in handling CSA cases, most participants demonstrated high levels of understanding and responded appropriately to victims needs. For example, they showed respect for victims' boundaries and were capable of handling situations in a way that made victims feel comfortable.

Few participants voiced a concern over the trend among teenagers to enter into sexual relationships with adults or other teenagers although they were still under the age of consent according to law. Participants were aware of this trend and the difficulties it creates because although non-forcible relationships were involved, participants were still bound to follow criminal justice system which views sex with underage children as rape. I found no research discussing this issue directly from professionals' point of view. The closest related issue concerned statutory relationships and their impact on victims and policy makers (Hines & Finkelhor, 2007). However, to discuss this in more detail is beyond the scope of the current study. Nevertheless, it is evident that professionals perceived this as one of the noteworthy challenges of their work. This group of victims, according to participants, creates more problems than any group because they would try to protect the person they had sex with. This often happened when teenagers were forced by their parents to lodge a report police after their sexual relationship became known. There is also a situation where a victim intentionally lies about being raped in order to take advantage from the report by blackmailing the suspect for money. As stated by the participants, although this kind of victim represent only a small proportion of the total number, the need to respond to them and treat them the same way as genuine victims always left participants with the thought that they were wasting valuable professional time and resources.

Interestingly, unlike other previous research, victims' characteristics and teenagers sexual relationships under the age of consent law have barely been mentioned when discussing barriers to working with CSA cases. There are several possible reasons for this. First, maybe in previous research, those who participated did not have experience

in dealing with disabled victims and thus did not raise the difficulties of working with this client group. Second, it is possible the questions regarding barriers were centred more on organisational and less on other aspects, thus, highlighting organisational barriers in research. These are only suggestive and not definitive explanations and further inquiry is warranted.

Society

Several respondents commented on how much society still endorses myths regarding sexual abuse. Negative attitudes towards victims are still prevalent in the wider society. For example, victims are still perceived as partly responsible for the abuse; are believed to provoke men with their dress style and behaviours; and enjoy and/or want sex. Also, victims' passive response following the abuse and their relationship with the suspect are often used to justify these negative perceptions. A number of studies conducted in Malaysia and overseas have demonstrated that social and cultural values indeed influence attitudes and beliefs about sexual abuse (Lai, Abdullah, Ong & Wong, 2002; WCC Penang, 2007; White & Kurpius, 1999; Shackel, 2008). Similar to many countries, I believe that people in Malaysia are still not adequately exposed to the real facts regarding sexual abuse. This is associated with cultural taboos that do not permit people to discuss sex openly and which causes so much misunderstanding. For example, Shackel (2008) in her study on adults' attitudes toward the CSA issue concludes that many adults in general still lack knowledge about the behaviour of sexually abused children. For example, adults believe that recantation or retraction, inconsistent reporting of abuse and delay in disclosure are all indicative of false allegations. Further, a narrow understanding of the variability of CSA causes most people to fail to recognise that CSA may comprise more than physical force, sexual intercourse and apparent physical signs. In summary, no major differences were noted regarding perceptions toward CSA between countries in which cultural taboos, negative perceptions toward victims and victim blaming attitudes are still much in evidence.

Self

Many participants in the study considered themselves as one of the barriers to working with CSA cases. Participants claimed that their lack of knowledge, skills and experience contributed to their inability to help victims more effectively. This finding is supported by numerous research studies and reports in Malaysia that indicated many professionals working with sexual crime cases have insufficient skills and knowledge to work with victims, including CSA (Lai, et al., 2002; WCC Penang, 2007). My study shows that most participants received their first knowledge on CSA when they first became involved with CSA work and internship. This included professionals with a psychology background. Very few possess adequate knowledge on CSA as CSA courses are almost nonexistent in the universities. If the CSA issue was mentioned in any course that participants had taken, it was always part of a broader topic on child abuse and family issues. Meanwhile, although these professionals received on-going training, on the job training and workshops, these were still brief in duration, narrow in focus and were tailored to their needs. There is consistency in findings that professionals working with CSA cases have a less than adequate knowledge of CSA and curriculum that relates to the issue often emphasises intervention and legal aspects (Daly, 2004; Alpert & Paulson, 1990; Day, Thurlow, Woolliscroft, 2003; Lab, Feigenbaum & De Silva, 2000). For example, research by Daly (2004) among police officers in the UK found that the current training received by respondents did not prepare them to work specifically with sexually abused children.

It appears that insufficient knowledge and skills in working with CSA cases is a major contributing factor to participants' lack of confidence in handling cases. It was evident in this study that participants generally reported feeling insufficiently equipped to work with CSA cases. Nearly all participants said they felt incompetent in handling CSA cases or working with victims. This is understandable if we take into account the fact that most participants did not have skills or knowledge on CSA cases. Also, most of these participants came from diverse educational backgrounds, adding to the pressure they felt about having very little knowledge on the issue. Further and consistent with previous research, new staff were more inclined to be affected by their work than more

experienced staff (Pearlman & McIan, 1995; Wasco & Campbell, 2002). Participants expressed feeling overburdened by responsibilities they felt unqualified to discharge. Indeed, previous studies have shown that levels of knowledge influenced professionals' levels of confidence and anxiety (Day, Thurlow, Woolliscroft, 2003; Blakeley & Ribeiro, 1997).

The findings also show that compared to participants who were single and/or with children, participants who were married with children, always expressed greater challenges from the dual burden caused by paid employment and family responsibilities. This resulted in stress as most of the participants carrying a dual burden stated that they were committed to and wanted to do their best in both their paid work and family responsibilities. This finding reflects that women professionals who are married and with children may be at higher risk of being affected by their work compared to their unmarried counterparts. This finding is alarming as most of the professionals involved with CSA cases were women with children. How the dual burden affects male professionals could not be explored in this study as only one male participated.

Although it is beyond the scope of this study to examine victims/clients perceptions towards the formal help they received, the present findings shed light on the organisational and societal factors that may affect victims' motivation to seek help and/or attitudes toward professionals.

The establishment of a child advocacy centre (SCAN) in Malaysia, as with similar centres established in other countries, was developed in response to a need for improved coordination among child protective services agencies. The main purpose was to create more coordinated response and provide less stressful experiences by improving the protection, treatment and legal services for children and their families. Despite good intentions, some factors in organisational procedures may cause unintentional harm to victims and their families.

As mentioned by a number of participants, the process of gathering information and evidence can be intense and hurtful to victims. Typical procedures for gathering information often involved intense interview processes and medical examination that involved touching. Such processes can potentially harm victims further and left them feeling exposed and vulnerable. In addition, the present findings highlight the difficulties in implementing comprehensive treatment programs for victims and their families. Although Malaysia has established laws that grant protections to victims and their families, responses from organisations within the community are less than encouraging. Only a few resources are available within the community to support victims and their family after intervention, leaving them at risk of facing the ordeal alone without adequate psychological, social and financial supports. There are also complaints about some professionals in charge who refused to provide shelters to victims and lacked interest in carrying out their responsibilities. This also gives the impression that professionals failed to act in a caring manner toward victims and their families. Furthermore, despite the collaborative efforts being made, services being provided were still fragmented and this can lead to inadequate treatments.

Victim blaming attitudes and rape myths in the society are also evident in the findings. Most individuals within the society still hold a victim blaming attitude and endorse rape myths in which victims are perceived as being at least partially responsible for being raped. Understandably, such attitudes and values explained why most victims and their families demonstrated strong concerns over the stigmatization and fear of others' reactions following sexual abuse disclosure. For instance, as stated by some participants, some victims' family members were afraid of reactions from other family members, disapproval by relatives and losing family support if they learned of the allegation. This is particularly true when the abuse involved family members of the victims. Some victims remained silent to protect the financial interest of the family, particularly when the perpetrator was the breadwinner of the family. Likewise, besides at risk of losing family support, victims and their families are also facing real threats of abandonment and disapproval by the larger community. These are further supported by

values that discourage sexual issues being discussed openly. Lack of exposure and relevant education about CSA may further endorse societal rape myths.

Malaysian culture is still much influenced by patriarchal ideology and collectivism. Patriarchal ideology for instance, places women in positions of subordination to men (Shen, 2010). Meanwhile, in collectivism the individual represents the family and each family member is expected to honour his or her parents and never to bring problems into or disgrace on the family (Shen, 2010). Saving face is about protecting both the individual and the entire family from shame (Midlarsky et al., 2006; Yick & Agbayani-Siewert, 2000; Yu, 2005). Family problems are solved within the family members and talk about family problems to the outsiders is considered unacceptable. The behaviour of asking for help, formal or informal, carries different meaning in different cultures (Kung, 2003). Asian communities put a priority on family members and informal sources of support. Thus, seeking for formal help is considered as a last resort in helping to solve family problems.

Taken together, these findings explain difficulties facing not only the professionals involved with CSA intervention but also victims and their families who received treatments. Although no local study could be found to support this hypothesis, several studies on help-seeking behaviours among rape victims (including girls under age of 18) in other countries indicate that organisational procedures, professionals attitudes and socio-cultural factors indeed affects victims' motivations to seek help and contribute to the shaping of victims' perspectives on professionals and the formal social system in general (Shen, 2010; Patterson, Greeson, Campbell, 2009; Smith, Bryant-Davis, Tillman, Marks, 2010).

Coping strategies

The findings of this study indicate that participants used various kinds of resources to overcome the many obstacles they faced in their jobs. Self-care emerged as an important element of coping strategies, whereby participants utilised inner resources to

maintain effectiveness and at the same time reduced possible negative impacts. At a personal level, participants highlighted *the importance of finding a balance between work and personal life, self-awareness, close relationships and social support, physical activities, relaxation, self-nurturing, spirituality and positive attitudes to overcome challenges*. This is consistent with the findings of previous research conducted elsewhere such as Canada and America (Marriage & Marriage, 2005; Pistorius, et al., 2008; Schauben & Frazier, 1995; Anderson, 2000; Pistorius, 2006; Follette, Polusny & Milbeck, 1994; VanDeusen & Way, 2006; Killian, 2008).

Even so, there were some participants in the current study who chose avoidance, known as a negative coping strategy, as one of their ways of coping. Some argue that negative coping strategies, including avoidance, give only temporary relief and can have adverse consequences for professionals over time (Johnson & Hunter, 1997). While it is difficult to determine whether avoidance exerted an adverse impact on the participants in the current study, it was clear that those who used avoidance as a coping strategy only gained temporary release from their stress and were not assisted by the use of avoidance in solving their problems. There were few differences noted between less and more experienced participants in terms of coping strategies. The main exception was that less experienced participants appeared to have greater difficulties in balancing their personal and work life and some participants commented that the ability to balance between work and personal life takes some time to master. Also, one participant who was still new in the job spoke explicitly about her struggle in separating her personal life from the cases she worked with. No similar problem was described by more experienced participants.

Meanwhile, some researchers have asserted that less experienced professionals need more emotional support, regular supervision and debriefing than more experienced professionals (Hunter & Schofield, 2006). The findings of my study are in contrast with this as experienced professionals seemed to need the same level of emotional support, regular supervision and debriefing as their less experienced counterparts. One possible explanation, according to participants themselves, is that working with CSA cases is

complicated and difficult; making constant supervision and guidance a crucial resource that was highly in demand.

Social support appeared to be the most important source of coping among participants in the study. Social support is divided into two categories, namely informal and formal support. Informal support from friends, spouses, family members and colleagues turned out to be the primary source of support for most participants and far outweighed in importance the formal support obtained from supervisors, administrators and professional therapists. Once again, this finding is consistent with numerous other studies that have found professionals working with sexually abused children rely heavily on informal social support (Wright, et al., 2006; Killian, 2008). For formal support, most participants preferred to rely on supervisors than administrators or professional therapists.

This finding suggests that help-seeking behaviour among participants involved complex interactions. That is, participants identified their preferred source of support (formal or informal) according to their needs and/or problems. Moreover, participants actively considered their choices based on costs and benefits, and these in turn influenced selection positively or negatively. For instance, it was evident in the study that participants who looked for emotional support tended to choose close friends, colleagues and family members for confiding their problems. Participants perceived themselves as comfortable, familiar and being understood by these people. Conversely, when their problems involved cases, where professionals' opinions and expertise were needed, they tended to choose their supervisor, a more experienced colleague or administrators for assistance. This raises a question of whether family members and individuals who care for professionals being affected by vicarious trauma may also be at risk for developing similar symptoms. Evidence related to this question is currently very sparse and more needs to be known especially with regard to the intensity of the reactions experienced by family members and those who care for professionals. Most of the participants in the current study reported sharing their experiences of violence and intimidation at work with family members and friends which, in turn, might cause increased stress, anxiety, fear

and distress amongst these people. It would be useful to investigate this issue further and to assess the particular needs of these populations.

Professional therapy was the least preferred choice for formal support. It was evident in the study that concerns about the loss of privacy and stigmatization in seeking professional therapy compromised participants' decision making. Participants in Malaysia seem to have similar attitudes toward formal psychological services as those who have taken part in several other studies on the same issue (Wright et al., 2006; Pistorius, 2006) and associate formal help with stigma. Participants were concerned over professional therapist credibility in protecting the right to privacy, especially when the therapist was working in the same organisations as they were. It appeared that to have counsellor and/or therapist in the same workplace was a major drawback that prevented participants from using their services. Most felt uncomfortable about sharing the same workplace as their counsellors even though they recognised the benefits of using personal therapy and only a few mentioned they had utilized counselling services available in their own workplace. This was different from participants who said they fully utilised personal therapy provided by external therapists who were listed by their organisations.

Effects on the lives of professionals

All participants in the study reported feeling somewhat affected by their work with CSA victims. Symptoms experienced by the participants were various, ranging from psychosomatic symptoms to intense emotional responses and changes in cognitive schemas. Participants working with CSA cases reported bodily symptoms such as flashbacks, obsessive thoughts, intense fear, sleep disturbance, anxiety, hypervigilance and panic attacks. Killian (2008) associated such symptoms with the trauma response that commonly occurs in people suffering with PTSD. This finding is supported by numerous studies, suggesting that these symptoms are commonly reported by professionals working with sexual abuse survivors including CSA survivors (Way, Vandeusen et.al., 2004; Clemans, 2004; Schauben & Frazier, 1995; Steed & Downing, 1998).

Besides psychosomatic symptoms, participants also described emotional difficulties as a result of listening to victims' horrific experiences. Participants generally experienced mixed but intense feelings about what they had heard including extreme anger, pain, guilt, fear, embarrassment, frustration, sadness, shock, confusion, and distress. This finding accords with previous research that explored professionals' emotional responses of working with sexual abuse survivors (Johnson & Hunter, 1997; Wasco & Campbell, 2002; Vrkleviski and Franklin, 2008; Cheung & Queen, 2000; Couper, 2000; Patterson, 2006). Participants in this study, regardless of their profession, reported being equally affected emotionally and these intense feelings were not confined to counsellors and/or therapists. This finding also supports previous argument that intense emotional response is not unique to therapists or counsellors working with sexual victims' survivors. In fact, previous research has indicated that other professionals, such as law enforcement officers, social workers, medical social workers, and rape advocates are also likely to be affected by their work with CSA (Wasco & Campbell, 2002; Vrkleviski and Franklin, 2008; Cheung & Queen, 2000; Couper, 2000; Patterson, 2006). As with previous research, participants in this study pointed out the anger they felt towards different targets but mainly perpetrators. Other targets included the victim's family members, organisations, professionals and society because of their lack of awareness and/or support for victims. Further, participants' lack of confidence was also evident in this study and appeared to be related to fear of being inadequate in handling cases due to insufficient knowledge and skills. This also has been mentioned in numerous other studies (Cheung & Queen, 2000; Cooper, 2000).

Participants also showed significant changes in their cognitive schemas. Importantly, they tended to perceive the world as an unsafe place, people as untrustworthy, felt more vulnerable than before and admitted becoming more protective over children, particularly their own children. This was accompanied by an intense fear that sexual abuse may occur in their own families. Like previous research, the current study confirmed that working with sexual abuse survivors can dramatically alter professionals' cognitive schemas about self, others and the world (Killian, 2008; Pistorious, 2006; VanDeusen & Way, 2006; Corovic, 2006; Lonergan, et al., 2004; Steed

& Downing, 1998; Schauben & Frazier, 1995), Participants also expressed concerns about the effects of their experience on personal relationships and parenting. Most participants said the work altered the way they think about and behave with other family members and friends, especially male family members. They felt constantly suspicious about other people's motives and emotions. Participants also described how their parenting styles had altered becoming more guarded and controlled. Participants constantly worried about their children's safety, putting them always on guard, especially if men were around. However, none reported on changes in the sexual relationship with their partners. This is in contrast to findings from other studies that have indicated negative changes in the sexual relationship with partners (Killian, 2008; Clemans, 2004). Further research could be conducted to investigate these different findings. In my view, participants' response to this issue might not be accurately reflected in the study and social and cultural inhibitions regarding discussion of sexual matters may have influenced participants not to disclose changes that might have occurred in their sexual relationships with their partners. As mentioned earlier, sexual issue in Malaysia is a taboo subject and sex is not openly discussed. Although an effort was made to explore this issue further during the interviews, participants were reluctant to elaborate.

Most participants experienced symptoms associated with burnout such as feeling tired and exhausted, unmotivated and overwhelmed. Participants who reported symptoms of burnout associated them with the occupational stress they were currently experiencing and derived from excessive workload, long working hours and limited time to relax. This is supported by previous research that indicated factors such as high caseload, lack of supportive work environment, lack of social support, lack of control, lack of resources, unsupportive public and hostile clients all contributed to professionals' burnout (Maslach & Leiter, 1997; Fryer et al., 1989; Jayartne & Chess, 1984; as cited in Conrad & Kellar-Guenther, 2006).

Not surprisingly, the presence of both vicarious trauma and burnout amongst professionals working with sexual crime cases including CSA has been highlighted in previous research (Pross, 2006; Killian, 2008). This finding is cause for concern as it has

been argued that an intense, stressful work environment can weaken professionals' resiliency to trauma exposure (Regehr et al., 2004 as cited in Badger et al., 2008). In other words, professionals working with CSA cases experience higher psychological risk in parallel with increases in occupational stress.

Interestingly, despite the plethora of difficulties in this work and marked feelings of dissatisfaction over certain aspects of the work, some participants in this study reported experiencing compassion satisfaction as a result of their involvement with CSA cases. Closer examination of the participants who reported compassion satisfaction in their job indicates that these participants shared a number of similarities. All explicitly expressed a high level of interest in their job; loved working with children; believed that their involvement could bring about change; and believed that the benefits they gained from the job outweighed its costs. This finding is not unique as previous research has indicated that some professionals reported being highly satisfied with their jobs even though also they experienced high levels of exhaustion (Anderson, 2000; Stalker et al., 2007). Stalker et al. (2007) stated that high levels of satisfaction were most likely to be found in professionals who are able to find rewards in helping, whether for themselves or the children they helped.

This finding is congruent with the findings of the literature review in Chapter 2, that indicated multiple factors were involved in determining professionals' response to CSA work. For example, Burns et al. (2008) identified mitigating and risk factors that determined the intensity of effects including vicarious trauma on professionals. Mediating factors included humour, self control, supervision, candidate selection, psychological support and social support. Conversely, lack of understanding (e.g. from organisations, society) increased the likelihood of poor psychological outcomes in the face of exposure to traumatic material.

This finding confirms the notion that coping strategy alone may not be sufficient to minimise the impact of vicarious traumatisation and burnout and that other factors also play an important role in shaping the impacts of CSA work on professionals (Steven &

Higgins, 2004; Schauben & Frazier, 1995; Anderson, 2000). Also, this finding indicates that external support (e.g. from organisations, community), by improving professionals' competency and effectiveness, may prove to be the best way of helping professionals to defend themselves against the potentially negative effects of their work.

Participants suggestions for improving professionals competency

From what has been suggested by participants in this study, it appears that professionals understand the need for a comprehensive approach to work with CSA cases. Collective strategies are required that span issues ranging from the quality of the professional response to societal support. Suggestions made by participants in response to a question about improving the competency of professionals included *the need for the right candidates; further education and training; good psychological and moral support from organisations; improving collaboration; increasing the number of staff; improving services, treatments, facilities for victims; and specialisation in work.*

At the personal level, most participants realised the importance of having the right attitudes towards the work that needed to be done. For example, participants stipulated the need for professionals to love working with children, to have patience, be flexible and highly considerate and to have a passion to help because so much of the work is centred on the victims. Such characteristics not only help professionals to work with victims, but also to enhance professionals' efficacy in dealing with stresses inherent in the work. Concerns were raised about the need to equip professionals with specific skills and knowledge, suggesting participants believed this work involved specialist skills which should be recognised as such. Suggestions regarding skills and knowledge centred on the need to learn more about child development, the psychological effects of CSA, and effective communication.

Participants recommended that organisations should seriously consider improving work environments, to make them safer and more comfortable. Other ways of improving the work environment suggested by participants included providing adequate

social support and supervision for staff; increasing the number of staff; and offering more opportunities to enhance skills and knowledge through intensive training programs and advanced education. Some also commented on the need to improve services for victims, particularly following interventions. Most participants believed that organisations should not limit the assistance they offered only to the period of the intervention.

Many participants perceived collaboration in current practice as problematic and a source of stress. It was considered highly desirable to have one working system that was highly prescriptive and detailed; to acknowledge other agencies as part of a larger team instead of separate, unrelated entities, and to accept other professionals with equal responsibilities and importance.

As for society, participants saw the need for the community to become more involved in helping the victims. Community strength and resources must be fully used to help victims in the healing process as well as in efforts that helped to develop and promote the community as a safe place to live for both adults and children.

Most of problems stated by participants in this study shed light on the lack of standard policies on child protection system currently being implemented in Malaysia. Although collaboration between organisations involved in CSA cases has progressed to some extent and produced positive improvements in bringing together the knowledge, skills and values of different professionals to generate effective intervention treatments to victims and their families, the full benefits of collaborative work were hampered by the lack of agency level structures and policies, inadequate resources, poor communication and inappropriate policies on confidentiality. Ineffective collaboration can be caused by ambiguous guidelines in terms of sharing information and the levels of cooperation that are expected. These may create different expectations and thus lead to misunderstanding.

From responses given by the participants, it is possible that sharing information may be confined to limited information about the cases, processes and procedures whereas other aspects such as decision making processes remained hidden. This can be

seen from participants' comments on poor communication between agencies including lack of transparent communication regarding decisions made by other agencies, a lack of feedback following notification and the failure of one party to understand the information supplied by others. Another problem related to policy concerns role separation between social work and medical social work in child protection work in Malaysia. Under the legislation of the Child Act 2001, social workers have been given a mandate to become child protection workers but this regulation does not apply to medical social workers in hospital settings. This inconsistency exacerbates an already difficult situation in the child protection field that already suffers from staff shortages.

In addition, Malaysia has no clear policy regarding of social workers standard of practice. The lack of guidelines has had several negative impacts on the standard of services provided by social workers and consequently their services to victims. For example, there are no specific guidelines regarding social workers qualifications, credentials or standard of competency. Consequently, the absence of such regulations has caused the Public Service Department (PSD) to recruit candidates who have not been specifically trained to be social workers into the public sector and welfare services. This has been demonstrated in the study, where most of the participants who worked as social workers did not possess educational backgrounds that were appropriate to their current work. Crabtree (2005) and Lim (2007) also argue that most social workers in Malaysia do not have specific qualifications needed for social work services. This is likely to affect the quality of performance and services given as well as increase potential harms to clients.

Even so, a positive development has been reported regarding child welfare services in Malaysia. In 2010, the Malaysian government has approved suggestions made by the Ministry of Women, Family and Community Development (MWFCDD) to improve the child protection system in Malaysia (Ministry of Women, Family and Community Development, 2010). This welcome development comes from the realisation of the importance of investing in children's development for the future of the country and from the knowledge of weaknesses in the current child protection system in several areas. A

particularly important action to improve the child protection system in Malaysia is the introduction of the Social Work Act. The Social Work Act is considered a fundamental strategy for enhancing the social work profession in Malaysia by registering and licensing qualified and trained social workers to practise in the field. More importantly, this act will certainly strengthen the capacity and quality of social welfare services overall, especially for the care, safety and protection of children in Malaysia. With this new legislation, issues such as the specific qualifications necessary to become social workers, different categories of social workers and organisational structures will be addressed. Current staff that do not fulfil these new requirements will be given an opportunity to further their study to update their qualifications to the standard mandates in the Act. For those who working in specialist fields like child protection, drug rehabilitation and medical social work, additional training will be offered so they can qualify as licensed specialist social workers.

The establishment of this act also will also have an impact on the social work courses offered in Malaysia universities. This new development in social service welfare in Malaysia will require social work programs in universities to modify courses to meet the requirements set out in the Act to become a social worker including knowledge and skills in human development, case study, counselling and psychology. This will also ensure social workers competency levels in Malaysia are on a par with international standard practice. Likewise, more resources will be injected into the Department of Social Workers to generate the full range of prevention, rehabilitation and protective interventions (Ministry of Women, Family and Community Development, 2010). I believe this is a significant transformation of the child protection system in Malaysia. Although, improvements are focused on the welfare services in general, I am quite convinced that all organisations involved in child protection work will get benefits as well. Social workers' professional credentials and qualifications will ensure levels of competency are maintained and protected. These may also reduce problems related to lack of skill and knowledge in the child protection service. Another benefit will be an increase in people's confidence in social workers and social welfare services, in general, to carry out competent social work in the field. Also included in the Act is a regulation on

the minimum standards of care for children in care centres/homes managed by NGO. This provides guidance for contributing to the positive welfare, health and education outcome for children and young people and reducing risk to their welfare and safety.

However, with the ever increasing necessity to address the issue of CSA and to work with the challenges facing affected children, it is uncertain whether these changes will also include the availability of support for professionals. It is too early to tell if some of the changes will help the overall system as changes have only just begun. Even so, compliments should be paid to the Malaysia government for taking aggressive action to improve the child protection system and the welfare services generally in Malaysia.

Limitations and strengths of the study

This study has some important limitations that are worth mentioning so those who are interested in this topic can approach these findings with some degree of caution. This study was conducted with 21 participants using a semi-structured interview format. This small number of participants is often viewed as being unrepresentative by some researchers (Wacker, 2003; Pistorious, 2006). However, as argued by Strauss and Corbin (1998), in grounded theory studies, category saturation is more important in determining research appropriateness than sample size. With a small number of respondents, this study makes no claims to offering findings that are representative of all professionals involved in CSA case in Malaysia. Moreover, generalization is not what this study aimed for. Rather, it aimed to generate substantive theory from the data that could help to explain the experiences of Malaysian professionals involved in CSA cases.

Also, not all professionals involved with CSA cases are included in the study. As mentioned previously, participants in the study included social workers, medical social workers, counsellors, and law enforcement officers. Other professionals also involved in managing CSA cases include medical officers, paediatricians and victims' advocates were not included in the current study. The inability to include all professionals compromised the ability of the study to provide a comprehensive description of

professionals' experiences in Malaysia. Furthermore, the absence of local studies and reports regarding this topic prevented me from giving a complete background to this study within the Malaysia context or undertaking a comparison with other Malaysian studies, as these did not exist.

Another constraint was that the interview process was limited in time and ranged from one to one and half hours for each person. If all professionals involved in CSA cases could have been included and more time could have been allocated for each interview, it is likely that the data obtained could have been even richer.

In each setting, I had to work with different gatekeepers (formal authorities) who had legal power to grant formal access, to select potential participants and to cooperate in the study. As a result it is possible that selection bias occurred. As noted earlier, gatekeepers' bias may occur, as they chose only participants they believed would give positive opinions about their work, who were perceived as being dedicated, and as ones who did not yet have burnout or were exhausted by their work. Gatekeeper bias may have hindered my opportunity to hear other views such as professionals who were very unhappy about their work or who showed a lack of interest in their jobs.

Time constraints were also a limitation and difficulty in my study as the time frame given by my government to do my data collection in Malaysia was very limited. Any extended stay would have caused my overseas allowance to be reduced and this would have created financial problems as I still need to pay my rent in Australia while I was away in Malaysia. Such competing demands sometimes interfered with my ability to do comprehensive recruiting efforts.

The problems of gaining access can be very difficult in some organisations. There are many roadblocks and tedious details required to do research in their organisations. Some information given on the application process was contradictory and rather confusing. Such a situation might have been different if I had been a member of the organisation. It took some time to learn and to become familiar with an organisation's

structure, functioning and key personnel. I spent a great deal of time just contacting and following up with gatekeepers. This would not have been too troublesome if I had ample time to do my data collection. Eventually, I withdrew my application from one of the organisations I approached as I did not want such difficulties to impede my data collection process.

Despite these limitations, this study also has a number of strengths. First, the strength of this study lies in its grounded theory approach, which focused on the participants' experiences and perspectives. A grounded theory approach gives ample opportunity for participants in this study to voice their experiences about working with CSA victims.

Second, this study provides information on a little studied professionals group in Malaysia that remains mostly unheard in the research literature, whether locally or internationally. Participants in the study came from different settings and backgrounds, which permitted some insights into the perceptions of a diverse sample of professionals who work with CSA cases. Although the findings are not representative of the population of all professionals involved with victims of CSA, they are valuable in bringing to light a number of significant issues encountered in CSA work from the reflective perspective of the Malaysian professionals who participated in this study.

Third, the study highlights the problems and difficulties facing professionals in Malaysia and enables comparisons to be made between its findings and those already established in the literature. This study allows professionals, policy makers and researchers to recognise the challenges involved in this work, its implications and to raise awareness about the strategies CSA workers themselves believe would result in lower levels of stress, improved conditions of work and more sensitive and appropriate services to victims. I am optimistic that this exploratory study is able to provide an insight into Malaysian professionals' experience and make a useful contribution to the scientific body of literature on this issue.

Recommendations for change

At the policy level

Incorporating child sexual abuse issues into graduate-level education

The time has come for universities in Malaysia to incorporate CSA into the curricula of graduate level education and training such as in education, law, medicine, psychology, social work and other disciplines that are more likely to encounter victims of CSA in order to meet the current challenge of providing high quality services to clients. CSA specific curricula would serve as a foundation to prepare and familiarise graduate students with current issues in their related fields on CSA and expose them to the skills and knowledge necessary for this complex and challenging work. Furthermore, CSA courses could serve as a catalyst for students and faculty in terms of publication, curriculum development and student research (Alpert & Paulson, 1990). Students in turn, can use their knowledge to educate others about the issue (Alpert & Paulson, 1990). By also incorporating a course on CSA as part of an elective subject, knowledge about this issue would be able to reach more students from different disciplines such as education, law and medicine.

Ideally, research and theory on the CSA issue, the multidisciplinary nature of CSA work and the strong emotional responses caused by the work would be covered in such a course (Alpert & Paulson, 1990). Alpert and Paulson (1990) asserted that CSA courses must include both content and process as CSA requires good knowledge and skills. This suggestion should be considered when structuring or planning CSA courses in Malaysia universities.

Child Sexual Abuse Courses

Introducing CSA courses on the graduate level in universities curricula is an early effort to educate professionals who would one day be involved in CSA cases. These courses could also be introduced as an elective subject, open to students from a range of faculties including students in psychology, education, health, nursing, and the arts (Alpert & Paulson, 1990). The aim is to help students understand the different dimensions of

CSA work and to deal professionally within their capacities. Content could consist of theory and research regarding the CSA issue including its scope, prevalence, laws, mandatory reporting, initial and long term effects, developmental considerations, assessment, techniques for interviewing and evidence gathering, treatment for victims, families, offenders and prevention (Alpert & Paulson, 1990). Others have suggested that inquiring into and responding to sexual abuse should be part of the curriculum (Cavanagh, Read & New 2004).

Universities play a significant role in providing students in related fields with current knowledge of their programs. While it is unrealistic to rely a hundred percent on university to provide students with the knowledge they need, lecturers and curriculum makers should do their best to provide students with current information on important issues within the society, by offering students a broad range of subjects to choose from.

Multidisciplinary nature of CSA work

Another important element that should be included in CSA courses is to introduce students to the multidisciplinary nature of CSA work. Findings from the current research and previous studies indicate that collaboration is not only perceived as complicated but also a source of tension for those involved (Alpert & Paulson, 1990; Goad, 2008; Wright, et al., 2006). Hence, it is important to expose students to systems and procedures used in CSA cases and explain the roles and responsibilities each professional must play in order to enhance their understanding. Further, students must adequately exposed to legal aspects and procedures in reporting abuse, particularly for those professionals who have a mandatory obligation to report suspected abused. Such information helps students to shape an accurate understanding of what to report and the precise roles of different professionals in the intervention. It also helps to improve relationships and foster greater appreciation between professionals (Goad, 2008).

Emotional effects of CSA work

It is evident that most of the training provided by organisations or graduate programs in universities lacked discussion of the possible emotional and psychological consequences of working in the CSA field on the professionals involved. Professionals must be well equipped with knowledge on the potential effects of hearing horrific stories about maltreated children and have effective strategies for minimising the harmful impacts of this aspect of their work. This can be done in both university program and those run by organizations that deal with CSA. Informing professionals about potential psychological risks should be perceived as not something to scare them but as necessary preparation. Some professionals are not aware of the impact this work can have on their psychological well being. For example, this study found that some participants experienced shock when they first worked with victims. They seemed to know CSA cases were difficult and complex, but were little prepared to deal with the intense emotional and psychological effects of hearing about victims' traumatic experiences. As suggested by Pross (2006), therapy training should be part of curricula in the universities. If it is not available then, it should be provided on the job. A therapy training course would emphasise self-examination in an effort to increase therapeutic awareness among professionals and as a means of preventing vicarious traumatisation and burnout.

Research has found that some professionals have experienced sexual abuse themselves which could trigger additional negative emotions when they were confronted with the traumatic experiences of their clients. Even professionals who did not have such experiences, can be impacted negatively by their work with survivors and develop vicarious traumatization. Furthermore, dealing with a society that is very close-minded about sexual abuse could also trigger negative emotions such as anxiety. All these possibilities need to be discussed openly as part of the reality of working with sexually abused children. In some countries, educating professionals on vicarious traumatisation and safety is highly recommended as part of training programmes (Cavanagh, Read & New, 2004; Alpert & Paulson, 1990).

Increase the number of staff

As mentioned by some participants in the study, inadequate staff numbers affect the quality of focus and time that can be dedicated to each case and become a source of tension. Therefore, it is recommended that Malaysian government to allocate more funds so that organisations can increase the number of staff working on CSA cases. This can reduce caseloads, increase the time available for case preparation including the opportunities to gather information or to collect evidence for assessment. A desirable by product of reduced caseloads would be the reduction of stress levels and possibly vicarious traumatisation (Trippany, Kress, & Wilcoxon, 2004).

While it may true that girls are more likely to become victims of CSA this does not mean that boys are not victims and they too can suffer serious psychological and physical trauma as a result of their victimization. With this in mind, serious consideration should be given to recruiting male professionals to work with male victims. This would increase male victims' comfort and reduce the anxiety that often occurs between victims-professionals from the opposite sex. While there have been arguments that the sex of professionals is not significant in determining victims-participants relationship and comfort, findings from this study indicate that most victims were not comfortable being interviewed by professionals of the opposite sex. Cultural sensitivity may influence this difference and should be taken into consideration.

Opportunity for further study

The basis of successful strategies to enhance professionals and organisations competency in the long term is by giving support for ongoing professional development including further study. There is no doubt that training and education can improve professionals' competency and the quality of service they provide. Thus, support must be given and professionals must be encouraged to enhance their skills and knowledge by undertaking further study in related fields. Strategies to support this recommendation include financial assistance to pursue additional training and practical support to permit professionals to pursue different forms of educations available such as distance education and/or on the job training. There have been some positive developments recorded in

Malaysia regarding this issue. Both government and non government agencies have offered financial aid to professionals who want to further their study. In this research, at least three participants were still undergoing training and education with full financial support from their organisations.

Personnel selection

An equally important but neglected issue is the need to recruit appropriate people to work with child victims. The need for having the right person for this job emerged strongly in this study. Numerous studies have stressed the importance of having the right candidates to handle CSA cases, especially those who are involved in interviewing victims (Wood & Garven, 2000). Organisations involved in CSA cases, when selecting potential workers, should focus on finding the person that is right for the job. This can be done by using personality assessment and/or by taking into account candidates' skills and character profile in the decision making process. This will ensure potential candidates have the right mix of abilities, temperament, personality and adaptability in their work environment.

At the general practice level

Improving collaboration competency between organisations

Cross-training between agencies involved in child abuse intervention

One of the strategies for improving collaboration is to have cross-training or interdisciplinary training between agencies involved in child abuse interventions as a way of educating professionals about each agency's roles, responsibilities and procedures (Newman & Dannenfelser, 2005). An opportunity to learn about other professionals' scope of work and the possible issues associated with it would help to minimise misunderstanding and in turn increase levels of cooperation. Contents of training have already been mentioned in previous sections.

Child Abuse Centre

In Malaysia, the partnership between organisations involved in CSA cases has achieved some progress and produced positive improvements. For example, the establishment of a One Stop Crisis Centre in most major hospitals and the Child Protection Unit in police headquarters have improved their collaboration in many ways, particularly in terms of shared services, resources and expertise. However, location can be problematic as victims and professionals often need to go from one place to another during investigations or interviews. Transportation issues and time constraints can cause problems. The situation can be improved if child abuse interventions could be managed under one roof or centralised. In this centre, child protection workers, police officers, advocates and medical officers would all be working within the one place and according to their own capacities and expertise. This would save time in travelling from one place to another. Reducing time for travelling would ensure that the sharing of resources and expertise could be optimised. As Goad (2008) observed having a child abuse centre not only improves collaboration but also outcomes for victims.

In relation to this, existing child protection units or teams should seriously consider establishing a team of people who can be trained specifically to work with victims with special needs such as mentally challenged victims. This would enhance professionals' effectiveness in handling and responding to such cases and provide the same opportunities for victims with special needs to disclose abuse and gain the same level of support and assistance as the rest of the population. This improvement is vital as previous studies have indicated victims with disabilities face a higher risk of CSA than their non disabled counterparts (Johnson et al., 1998; Carmody, 1996; McCarthy & Thompson, 1996 as cited in Keilty & Connelly, 2001). In Malaysia, there are no official statistics available to indicate the rate of CSA among victims with disabilities. Even so, from the interviews with participants, it is evident that sexual abuse also occurred in this group. To overcome language communication barriers, current practice would also be improved if professionals from diverse backgrounds (e.g. ethnicity), who can speak and understand more than one language were matched with victims speaking the same

language/s. Alternatively, if that was not possible, an interpreter must be provided and arranged by the organisations to assist both victims and professionals.

Regular case conference

Case conferences involving multidisciplinary agencies must be scheduled as often as regular case conferences. These conferences could not only be used as a platform to discuss CSA cases (e.g. brainstorming strategies, outcomes, case evaluation) but also for getting feedback on the quality of service provision. Regular case conferences are beneficial in a number of ways. They enable professionals to work more effectively due to open discussions on potential problems and solutions; reduce multi agencies conflicts and increase productivity by making attendance compulsory (Right, Powell & Ridge, 2005). Some argue that case conferences can be a useful tool for reducing conflicts and enhancing productivity if certain conditions exist (Powell, Wright, & Clark, 2009). These include making attendance compulsory, holding sessions when staff are still fresh, sharing responsibilities for outcomes, and fostering the belief that organisations value and seriously consider all suggestions provided by the professionals involved.

Enhancing organisational support for professionals

Systematic training programs for professionals involved in CSA cases

The first strategy is to provide adequate training and knowledge for professionals. Ideally, this would focus on developing skills-based and knowledge-based learning. Skills-based approaches focus on those skills required to improve intervention and response to victims while knowledge-based training helps professionals to increase their understanding and insight into the nature of child sexual abuse and its effects. The training provided by organisations may be similar to the curriculum that advocated for university students and graduates (e.g. knowledge-based learning) but more emphasis is placed on mastering the skills necessary to help and serves the victims and their families. At this level, it is important to have training program that is competency-based, job-relevant, accessible, affordable, consistent, timely, and thorough. There is a suggestion that a good training program must comprise of different levels (Child welfare: How

training fits with practice, 2000). For instance, level 1 focuses on developing foundation for new staff, covering knowledge and basic skills need in the work. Level 2 is more advanced in nature, focusing on building skills that are adequate to job requirements such as case management, interview and investigation techniques. The higher the levels, the more comprehensive and advanced the topics offered in the training. What important is to have training that is able to be applied effectively on the job and increased job performance.

The first step is to inform professionals about the nature of CSA. Goad (2008) and Cavanagh et al. (2004) suggest that training should include prevalence and effects of abuse, identifying sexual abuse victims, and professionals' response to victims' disclosure. Some recommend training should contain CSA definitions; prevalence and effects of child sexual abuse; identifying sexual abuse victims; responding appropriately to victims; and treatments for victims, families and offenders (Cavanagh et al., 2004; Wurtele et al., 1992; Alpert & Paulson, 1990).

Participants in this study reported having insufficient knowledge of child development and suggested there was a need to incorporate child developmental issues into training. Topics could include child memory and recall, child competency, age appropriate sexual behaviour, rights of children, dynamics of child abuse, myths and realities, cognitive development, and the development of children with special needs (Davies, et al., 1998).

Professionals should also be provided with knowledge and basic skills on how to respond appropriately to victims' disclosures and to conduct consultations and examinations (Astbury, 2006). Responding appropriately to victims' disclosures demands that professionals have the ability to give therapeutic responses to victims and are knowledgeable about their obligations and procedures in reporting suspected abuse (Astbury, 2006). This knowledge would help professionals be more confident when dealing with victims' disclosures and reduce the anxiety that is invariably associated in dealing with victims. Professionals can learn to be more relaxed, calm and in control of

their emotions including being able to respond without showing negative emotions such as panic that could increase tension and cause victims to withdraw. As front line workers, professionals have significant roles to play in putting victims at ease and making them feel comfortable, safe and secure throughout the intervention process. Appropriate responses promote a culture of openness and this extends to victims in encouraging them to be more open in making their statements. However, there should be clear guidelines and instructions provided to professionals on how to respond to victims' disclosures of CSA. Such guidelines would also help to increase professionals' understanding of their own and others roles and the processes and procedures that needed to be followed.

Also, some have suggested referring to the differences that exist in definitions of CSA to prevent confusion and conflict between organisations (Wurtele, et al., 1992). While this is not the case in Malaysia as only one standard definition of CSA has been used, it is still useful to expose professionals to differences in the definitions used in other countries to help broaden professionals' understanding of how CSA can be conceptualized.

WCC Penang (2007) suggests systematic training programs need to cover the procedures for collecting and presenting forensic evidence and increase awareness of the law and all the legal issues involved in CSA in an effort to increase the chances of successful prosecution. As Goad (2008) observed, one of the reasons for professionals' failure to report abuse is a lack of knowledge about what to report, besides beliefs that such report would not help protect the children, fear of the consequences of such report on children (e.g. families withdraw children from medical care, remove children from home), and fear that reporting would result in time consuming court process.

Knowledge about CSA issues should be given to all professionals involved in CSA cases, starting from educational to mental health and law enforcement settings. This would encompass a wide range of professionals including teachers, physicians, social workers, medical social workers, paediatricians, police officers, attorneys and judges. Such knowledge is important for professionals who have mandatory obligations to report

child abuse especially professionals in school settings because teachers often spend more time with children and are therefore more capable of recognising and responding to child abuse. Previous studies have shown that training programs are effective in increasing the number of reported child abuse cases by mandated professionals groups (Taylor & Lloyd, 2000). Such training increases professionals' understanding of the complexities of CSA and improves their level of competence in identifying the physical, emotional and behavioural signs and symptoms of suspected abuse.

Increase safety support for professionals

Threats and possible violence toward professionals in the field must be tackled seriously as evidence shows that the current protection provided by organisations is insufficient in ensuring professionals' safety. It is recommended that organisations should provide information to new staff on the safety risks involved and develop a policy on how to handle violence, threats and aggression. Reporting threats to police is not enough and organisations must ensure they provide emotional support where necessary and allow more experienced staff to help in giving guidelines or advice on how to handle safety issues. Support from supervisors and/or administrators may be particularly important in this situation, and they can play a vital role by being alert to potential safety risks and establish necessary help.

Peer supervision

Peer supervision has been proven to benefit professionals in many ways (Collins, 2008) and represents another important resource for coping with the stress associated with CSA work. Such supervision provides an opportunity for professionals to examine their perspectives, to debrief and express their reactions to victims' stories. Peer supervision also provides social support, to decrease feelings of isolation, increases levels of competency and offers an opportunity to share information (Catherall, 1995; Pearlman & Mac Ian, 1993; Lyon, 1993 as cited in Trippany, Kress, Wilcoxon, 2004).

For all these reasons, the roles of peer support should be strengthened and encouraged as part of organisational culture. For professionals, peer supervision provides

sympathy and support in difficult situations, better exchange of knowledge and improves team cooperation. For organisations, peer supervision helps in improving the quality of work and performance. It is recommended that peer supervision should be included as part of a routine work pattern instead of inadequate planning meetings.

Regular supervision

There is an expectation for supervisors and administrators in organisations to play more active roles in supporting professionals both emotionally and administratively. Supervisors and/or administrators must realise that professionals place high hopes on them for support. Supervisors and administrators must be able to provide an environment that encourages open dialogue where professionals can express their opinions and problems without feeling afraid of being condemned personally. Supervisors and administrators should be able to convey a message that they can be trusted, that open dialogue is possible, and fair judgement and confidentiality are highly valued. They should also ensure that the system within their organisation is capable of providing appropriate support to professionals when this is needed and be able to refer professionals, when necessary, to someone with appropriate expertise for assistance and consultation.

Furthermore, regular weekly staff meetings should be held where supervisors and/or administrators can monitor professionals' progress and discuss issues that emerge from current cases. Regular weekly staff meeting allow professionals to receive consistent support rather than such support being dependent on the availability of suitable personnel.

Encouraging personal therapy

Previous research has shown that professionals working with trauma victims benefit significantly from personal therapy. Therapy provides an opportunity to identify personal issues that may arise including difficulties with clients, counter transference and boundaries and therapy can increase awareness of oneself and the potential risks involved in working with trauma clients such as vicarious traumatisation and burnout (Killian,

2006; Pistorious, 2006). Personal therapy also contributes to enhanced therapist competency by dealing with personal issues and issues associated with their clients. There is no reason for not providing professionals involved in CSA in Malaysia the opportunity to engage in personal therapy. In fact, feedback given by participants in the study who used this service indicates that their involvement in therapy was perceived to be highly beneficial.

Working with child maltreatment is perceived as a highly charged emotional environment (Anderson, 2000). Thus, it is important for organisations to create an environment that is conducive to the expression of the emotional burdens associated with this work for the professionals and to ensure that expert help is available. As stated by Figley (1995; as cited in Anderson, 2000), organisational failure in providing emotional supports for professionals appear to ignore the reality and effect of vicarious trauma.

Another suggestion is that professionals should be given more options in choosing a therapist. By listing a number of therapists from both internal and external sources, professionals would get encouraged and motivated to use their services for both personal and professional well being. The availability of more options can also help in minimising issues of stigma, confidentiality, trust, familiarity and comfort.

Enhance personal coping mechanisms and competency

Professionals involved with CSA cases must be encouraged to maintain their personal health. Strategies and discussion of this issue should be included as part of training programs. Proper information must be provided so that professionals can realise the importance of taking care of themselves in this line of work. Such awareness is critical in helping professionals to be more responsible and proactive in dealing with highly intense emotional situations. It is important to provide professionals with the opportunity to increase their ability to remain in control of the way they deal with stressful situations and to be aware that they are not simply passive recipients of stress but individuals who can choose how to make decisions about how to respond to the negative aspects of their work.

Professionals must ensure that they are not overly preoccupied with work by allowing themselves to engage in refreshing activities. They may develop new hobbies or remain involved in something they already love to do such as painting, gardening, dancing, drawing, and decorating. Furthermore, they also need to be physically healthy and should be encouraged to engage in physical activities or exercises such as sports, walking, climbing, yoga, massage and many more. The maintenance of emotional well being also demands maintaining good relationships and reliable sources of social support. By having social support, professionals have more opportunity to share their concerns with people who care about them.

Some people find spiritual pursuits are helpful and therefore this also should be encouraged. Religious or any spiritual beliefs can help professionals to find an inner peace and build up strength and enhance their understanding in a holistic way. Professionals need to realise the potential personal, interpersonal, psychological and social implications of working with CSA cases as well as being aware of both their capabilities and their limits in handling cases.. They must develop an awareness of their body response to stress and know when to stop and start caring for themselves. Professionals should also know the importance of finding balance in their work so they can function more effectively with victims and at the same time can play their roles as parents and adults in everyday life. In summary, it is important to vary personal coping strategies in this work. Such variations increase professionals' tolerance to stress or trauma as well as encouraging personal growth.

At the societal level

Public education via media campaign

It is worth noting here that public education is also crucial in helping professionals to carry out their duties. Public education via media campaigns can contribute to changing societal views of CSA cases and public misunderstanding about sexual abuse can be minimised. Media campaigns can focus on myths that lead to

misunderstanding of sexual crimes, including CSA. These campaigns can also include information regarding the support available within the community and public prevention programs. A good media campaign must be able to enhance public awareness about the issue and successfully motivate people to think that their roles can bring about change.

One of the best approaches to reach out to a large number of people is through social marketing campaigns that use commercial marketing techniques (e.g. websites, facebook, blogs, newspapers, television) as a platform or channel to promote positive social and/or health behaviours that benefits people and society as a whole. This technique has been used extensively in recent years as a means to educate and prevent child sexual abuse. For examples, Australians Against Child abused had launched “Every Child is Important” campaign in Victoria in 2000; the National Society for the Prevention of Cruelty to Children (NSPCC) had launched “Full Stop Campaign” in UK in 1999 and “Violence – You Can Make a Difference” was launched by the Canadian Association of Broadcasters, in collaboration with Canadian government. These organisations used documentaries, television commercials, community services announcement, press advertisements, information booklets, stickers, posters, telephone hotlines as part of their mass media prevention campaigns. Research has shown that social marketing campaigns can produce positive results in changing adults’ awareness, attitudes and certain behaviours against child abuse and promote awareness (e.g. Stannard, Hall & Young, 1998; Saunders & Goddard, 2002). For example, a study conducted in New Zealand showed that about 5-16% adults had changed their behaviours as a result of child abuse campaign. These included stopping yelling at, swearing at or putting the child down (Stannard, Hall & Young, 1998). Many organisations working to preventing child abuse utilise this approach with their target group. In fact, social marketing techniques have also been used as an alternative communication platform for victims to express themselves and have been shown to increase reporting and treatments of sexual assault (Boehm & Itzhaky, 2004) and encouraged perpetrators to seek treatment (Paradise, 2001). Even so, as Saunders and Goddard (2002) noted, the success of such campaigns still relies on strong community education and supportive programs for children and their families.

Workshops and training may be limited in terms of the target population, but media campaigns have more power to reach a large number of people. When accurate knowledge can be conveyed to the public, it helps to enhance understanding and the likelihood of cooperation with professionals. The effects of such public campaigns may not bring about immediate effects, however, continuous campaigns may eventually alter public perceptions, values and beliefs on the issue.

Recommendations for future research

Research on professionals working with CSA in Malaysia is still in its infancy. Very limited studies could be found that investigated this topic and further study is warranted to provide more comprehensive and accurate explanations of this phenomenon. The findings of this study raise several questions for future research. As noted, this study used only a limited number of participants and not all professionals involved in CSA cases were interviewed. Future studies can enhance the findings of this study by using a larger and more diverse sample. Research would be desirable that included all professionals involved in CSA cases such as physicians, medical social workers, advocates, social workers, psychologists, counsellors and police officers.

Future research would also benefit from using different methodological approaches to best capture the issue under study. By using various methodological approaches, the current findings can be evaluated and/or strengthened and their validity could be approached with greater confidence. By using a large more diverse and representative sample and a range of methodological approaches it would then be possible to produce generalisable knowledge about the experiences of professionals working with CSA victims.

No specific groups of clients or victims were involved in this study. Rather, the current investigation focused on professionals' experiences in working with different types of children victims. Additional research is needed to explore professionals' experiences with specific groups such as victims with disabilities. Although issues

regarding victims with disabilities have been briefly explored here, more specific study is needed to elucidate the specific concerns or difficulties associated with working with this vulnerable group of children. One issue demanding further investigation that is suggested by the findings of the current study as well as previous research centres on the communication difficulties that exacerbate the difficulties of working with children with intellectual disabilities. Professionals who worked with victims with mental disabilities tended to perceive victims as having difficulties in recalling memories of abuse, identifying the suspect and being easily distracted and prone to suggestibility (Buchanan, 1991; Keilty & Connelly, 2001; Aarons, et al., 2004). Furthermore, professionals often reported having unrealistic expectations of victims' capabilities and lacked knowledge about alternative ways of handling their behaviour (Goldman, 1996). Further investigation could result in evidence on ways of making work with sexually abused children with intellectual and other disabilities less stressful for both them and the professionals hoping to help them.

Finally, it is recommended that future research explore both children's and professionals' experience of the intervention process. This would make an excellent comparison study that would reveal the perspectives of both the professionals who deliver the service and victims who receive it and indicate areas of similarity and difference.

Summary

This study was designed to heighten and enlarge current understanding of professionals working with sexual abuse cases, particularly CSA in Malaysia. As cited in numerous studies on sexual abuse, service providers are often perceived as insensitive to victims' needs and situations. For me, this research permits new insights into this contention. It reveals that the inability of organisations to respond to victims does not necessarily reflect insensitivity but rather the multifaceted problems facing professionals that in turn underpin their ineffectiveness. If we want professionals working with sexual abuse to be responsive to the needs of victims, we must first learn to understand and identify the issues that are of paramount importance to them.

This study clearly indicates that Malaysian professionals working with CSA cases indeed face many challenges in their work. What they experienced, confirms the findings of previous studies elsewhere. I believe that professionals in Malaysia must be strongly supported in every way they can. This support must be comprehensive, taking into account the need of clients and at the same time taking great care to address the needs of professionals involved in sexual crimes cases. The present study has offered some insights into the experiences of professionals in Malaysia from their own perspective. It is my hope that what I found in my study can be used by policy makers and organisations involved in offering assistance to survivors of CSA to better understand what can be improved in their services. This information can provide a basis for shaping training programs and systems of support that can be offered to professionals in their various organisations. As front line workers, it is necessary for these professionals be equipped with the necessary knowledge and skills to make them more approachable and competent when dealing with CSA cases, without compromising their own well being.

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APPENDIX 1

Preamble: Thank you for agreeing to be interviewed. To ensure anonymity, please do not use anyone's name as I am audio taping the interview, with your permission. If you would like to stop at anytime, please let me know.

Interview Protocol Project: Experiences of Malaysian Professionals Working with Sexually Abused Children: An Exploratory Study

Demographic questionnaire

1. Your gender _____
2. What is your age? (in year) _____
3. What is your ethnicity? _____
4. What is your religious? _____
5. What is your occupation? _____

Self

1. Tell me a little about you as a person
2. How did you choose your current work as a profession?
3. How did you choose CSA as your specialty?
4. What kind of training did you have?

Questions:

1. Working experiences with Child Sexual Abuse (CSA)
 - What do you think about your work with CSA in general?
 - Can you say something about your thoughts and feelings working with children who have been sexually abused?
 - What are the hardest things about working with the sexually abused victims?
 - What are the best things about working with victims?
 - Would you say that working in the field has affected you in any way?
2. The professional's beliefs about CSA in general
 - What do you beliefs as factors contribute/causes to CSA in this society?
 - What are you beliefs about credibility of the victims in their disclosure about the abuse?
3. Impact of working with sexually abused children has on professional personal life. Prompts:
 - How the traumatic exposure has changed your life in a way you:
 - See the world
 - Trust with other people
 - Safety
 - Power and control
 - Esteem
 - Intimacy
4. How you overcome the impact? What are strategies you use to cope with the stress involved in working with sexually abused children?
5. Most remembered case

- What is the most remembered case you encountered so far?
- What happened in the case?
- How you overcome the impact
- What make the case so unique to you

6. Specifics need by professionals

- What do you think you need to work effectively with the sexually abused children?
- How helpful were the other team members in supporting you in this work
- How helpful were the organisation in supporting you in this work
 - Is there anything would you like to add?

THANK YOU FOR YOUR PARTICIPATION

APPENDIX 2

INFORMATION FOR PARTICIPANTS INVOLVED IN RESEARCH INTERVIEW

INFORMATION TO PARTICIPANTS:

We would like to invite you to be a part of a study into a research project entitled Experiences of Malaysian Professionals Working with Sexually Abused Children: An Exploratory Study. This project is being undertaken by Salina Nen, PhD student, under the supervision of Prof. Jill Astbury, Professor, School of Psychology, Victoria University.

Project explanation

The purpose of this research is to explore professionals' experiences who work with sexually abused children. This research puts considerable emphasis on how those particular experiences have influenced the professionals' understanding of child sexual abuse, how the work with victims had an impact on them and how the professionals accommodate the stress involved. This project will be conducted in surveys and interviews. Thank you for completing the survey. We are now inviting you to an interview.

What will I have to do?

You will be asked to participate in an individual interview. You will be asked to discuss topics related to your experiences working in the field of child sexual abuse. If you agree to participate in this interview, you will also be asked if we can audio tape the interview. This interview will take about 45 minutes.

What will I gain from participating?

There will be no direct benefit to your participation in this research study. However, your feedback is important because it helps to understand the experiences of Malaysian professionals working with sexually abused children. Your participation is one of a small number in which people are being asked to describe their experiences.

How will the information I give be used?

The interview is an effort to extend information collected from the surveys on the similar but related issues. The interviews will be transcribed and your answers to the interview will be combined with all others participants, and analysed by the researcher. This analysis will identify themes that may be present in all the transcripts. The themes will serve as the basis for this research and will be written in the thesis or related papers, with selected excerpts from the transcripts. Extracts which could possibly identify any participant will not be used.

What are the potential risks of participating in this project?

Some of the questions or information may cause discomfort, uneasiness or anxiety on you. Furthermore, you may feel inconvenience because it requires you to spend some time to complete the interview. You

can withdraw from the interview at any time. You will also be given a list of signs and symptoms of stress and also a list of agencies where you can go for counselling, if you so wish.

Another risk is that you would be identified by your workplace as a participant in this research. The researchers will not be informing your place of work about whether or not you agree to participate. Your participation is confidential. This is done by asking you to contact the researchers directly and not through your manager. In any case, the content of the interview is confidential and no individual results will be available to anyone apart from the research supervisor and the research student.

How will this project be conducted?

The interview will be conducted by the researcher (Salina Nen). Once you agree to participate, the researcher will contact you to set appropriate date/time. The interview will be conducted by the researcher in the place that both of you and researcher agree. Only Salina Nen and her supervisor Prof. Jill Astbury will have access to the data. This interview will be recorded in audio tape, with your permission. An audio tape of this interview will be made for research purposes. This interview will take about 45 minutes.

Who is conducting the study?

Prof. Jill Astbury
School of Psychology
Faculty of Arts, Education and Human Development
Victoria University of Technology
PO Box 14428, Melbourne
VIC, 8001 Australia
Email: jill.astbury@vu.edu.au
Phone: +61 3 9919 2335

Salina binti Nen
School of Psychology
Faculty of Arts, Education and Human Development
Victoria University of Technology
PO Box 14428, Melbourne
VIC, 8001 Australia
Email: salina.nen@research.vu.edu.au
Phone (04326063724)

If you have any queries or complaints about the way you have been treated, you may contact the Secretary, Victoria University Human Research Ethics Committee, Victoria University, PO Box 14428, Melbourne, VIC, 8001 phone +61 3 9919 4781

APPENDIX 3

INFORMED CONSENT FOR PARTICIPANTS IN RESEARCH INTERVIEW

INFORMATION TO PARTICIPANTS:

We would like to invite you to be a part of a study into a research project entitled Experiences of Malaysian Professionals Working with Sexually Abused Children: An Exploratory Study. This project is being undertaken by Salina Nen, PhD student, under the supervision of Prof. Jill Astbury, Professor, School of Psychology, Victoria University.

Project explanation

The purpose of this research is to explore professionals' experiences who work with sexually abused children. This research puts considerable emphasis on how those particular experiences have influenced the professionals' understanding of child sexual abuse, how the work with victims had an impact on them and how the professionals accommodate the stress involved.

CERTIFICATION BY SUBJECT

I, "[Click here & type participant's name]"
of "[Click here & type participant's suburb]"

Certify that I am at least 18 years old* and that I am voluntarily giving my consent to participate in the study:

Experiences of Malaysian Professionals Working with Sexually Abused Children: An Exploratory Study being conducted at Victoria University by Prof. Jill Astbury, supervisor and Salina Nen, research student.

I certify that the objectives of the study, together with any risks and safeguards associated with the procedures listed hereunder to be carried out in the research, have been fully explained to me by:

Salina binti Nen

and that I freely consent to participation involving the use on me of these procedures:

- Participate in an individual interview about my experience working in the field of child sexual abuse
- I agree/do not agree to an audio tape of this interview will be made for research purposes
- I do/do not wish to review the transcript of my interview.

I certify that I have had the opportunity to have any questions answered and that I understand that I can withdraw from this study at any time and that this withdrawal will not jeopardise me in any way.

I have been informed that the information I provide will be kept confidential.

Signed:

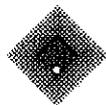
Date:



Any queries about your participation in this project may be directed to the researcher

Prof. Jill Astbury, School of Psychology, Faculty of Arts, Education and Human Development, Victoria University, PO Box 14428, Melbourne, VICTORIA, 8001 Australia. Email: jill.astbury@vu.edu.au Phone: +61 3 9919 2335

If you have any queries or complaints about the way you have been treated, you may contact the Secretary, Victoria University Human Research Ethics Committee, Victoria University, PO Box 14428, Melbourne, VIC, 8001 phone +61 3 9919 4781



MEMO

TO Dr. Denise Charman
School of Psychology
St. Albans Campus

DATE 18/01/2008

Prof. Jill Astbury
School of Psychology
St. Albans Campus

FROM Dr. Gerard Kennedy
Acting Chair
Faculty of Arts, Education & Human Development Human
Research Ethics Committee

SUBJECT Ethics Application – HRETH 07/274

Dear Prof. Astbury and Dr. Charman,

Thank you for resubmitting this application for ethical approval of the project:

HRETH07/274 Experiences of malaysian professionals working with sexually abused children: an exploratory study.

The proposed research project has been accepted by the Acting Chair, Arts, Education & Human Development Human Research Ethics Committee. Approval for this application has been granted from 18 January 2008 to 18 January 2010.

Please note that the Human Research Ethics Committee must be informed of the following: any changes to the approved research protocol, project timelines, any serious or unexpected adverse effects on participants, and unforeseen events that may effect continued ethical acceptability of the project. In these unlikely events, researchers must immediately cease all data collection until the Committee has approved the changes.

Continued approval of this research project by the Victoria University Human Research Ethics Committee (VUHREC) is conditional upon the provision of a report within 12 months of the above approval date (by **18 January 2009**) or upon the completion of the project (if earlier). A report proforma may be downloaded from the VUHREC web site at: <http://research.vu.edu.au/hrec.php>

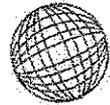
If you have any queries, please do not hesitate to contact me on 9919 2481.

On behalf of the Committee, I wish you all the best for the conduct of the project.


Dr. Gerard Kennedy
Acting Chair
Faculty of Arts, Education & Human Development Human Research Ethics Committee



UNIT PERANCANG EKONOMI
Economic Planning Unit
JABATAN PERDANA MENTERI
Prime Minister's Department
BLOK B5 & B6
PUSAT PENTADBIRAN KERAJAAN PERSEKUTUAN
62502 PUTRAJAYA
MALAYSIA



EPU
ECONOMIC PLANNING UNIT
PRIME MINISTER'S DEPARTMENT, MALAYSIA

Telefon : 603-8888 3333
Telefax : 603-888

Ruj. Tuan:
Your Ref.:

Ruj. Kami:
Our Ref.: UPE: 40/200/19/2120

Tarikh:
Date: 23 October 2007

Salina binti Nen
No 577 Kpg Tabuan Lot
Jln Kpg Tabuan Melayu
93450 Kuching
Sarawak

APPLICATION TO CONDUCT RESEARCH IN MALAYSIA

With reference to your application dated 23 August 2007, I am pleased to inform you that your application to conduct research in Malaysia has been approved by the **Research Promotion and Co-Ordination Committee, Economic Planning Unit, Prime Minister's Department**. The details of the approval are as follows:

Researcher's name : SALINA BINTI NEN
Passport No. / I. C No: 780813-13-5122
Nationality : MALAYSIA
Title of Research : "EXPERIENCES OF PROFESSIONALS WORKING WITH SEXUALLY ABUSED CHILDREN: AN EXPLORATORY STUDY IN MALAYSIA"

Period of Research Approved: THREE YEARS

2. Please collect your Research Pass in person from the Economic Planning Unit, Prime Minister's Department, Parcel B, Level 4 Block B5, Federal Government Administrative Centre, 62502 Putrajaya and bring along two (2) passport size photographs. You are also required to comply with the rules and regulations stipulated from time to time by the agencies with which you have dealings in the conduct of your research.

3. I would like to draw your attention to the undertaking signed by you that you will submit without cost to the Economic Planning Unit the following documents:

- a) A brief summary of your research findings on completion of your research and before you leave Malaysia; and
- b) Three (3) copies of your final dissertation/publication.

4. Lastly, please submit a copy of your preliminary and final report directly to the State Government where you carried out your research. Thank you.

Yours sincerely,


(MUNIRAH ABD. MANAN)

For Director General,

Macro Economic Section,

Economic Planning Unit.

E-mail: munirah@epu.jpm.my

Tel: 88882809/2818/2958

Fax: 88883798

ATTENTION

This letter is only to inform you the status of your application and cannot be used as a research pass.

C.c:

Ketua Polis Negara
Polis DiRaja Malaysia
50560 Bukit Aman.

(u.p: ACP Rosniah binti Ramle)

(Ruj. Tuan: KPN.10/5/66)

Pn. Rohazaini Hasan
Pusat Pengurusan Penyelidikan dan Inovasi
Universiti Kebangsaan Malaysia
43600 UKM Bangi
Selangor

PROPOSAL SUBMISSION

1. EXECUTIVE SUMMARY OF THE PROPOSED STUDY

Experiences of Professionals Working with Sexually Abused Children: An Exploratory Study in Malaysia

2. STATEMENT OF THE PROBLEM.

(Concisely describe the rationale for undertaking the proposed project.)

Working with sexually abused children can be a stressful situation. Work stress and exposure to traumatic material can affect the psychological and wellbeing of professionals in both positive and negative ways. Some types of problems encountered by professionals can have adverse consequences not only for the health of professionals, but also for organisations and victims who seek their assistance. There is an increasing pressure on organisations to support professionals who affected by their work in order to minimise the detrimental effects it had on them. However, research on this topic is still limited in Malaysia. Therefore, the purpose of this research is to explore professionals' experiences who work with sexually abused children. This research put considerable focuses on how those particular experiences had an impact upon them, how the professionals accommodate with the stress involves and how professionals' experiences influence their understanding about child sexual abuse. Hopefully, some useful understanding can be obtained to explain or describe the experiences of the professionals regarding their work with the sexually abused children.

3. STATEMENT OF PURPOSE/DETAIL OBJECTIVES

(The statement should be used to explain why the study is important. Any additional information you wish to include to support your application should be on the Statement of Purpose. Concisely describe the overall goals of the research and the specific aims of the proposed project.)

1. To explore and describe the experiences of professionals (stress, burnout, counter transference, vicarious traumatisation, coping strategies, organisations support etc) working with sexually abused children.
2. To study their perceptions of child sexual abuse victims (beliefs toward victims credibility, factors contribute to child sexual abuse etc)
3. To explore sociocultural context associated with the experiences and beliefs of professionals working with sexually abused child.

4. PROPOSED METHODOLOGY/PROCEDURE.

(Describe the study approach to be used to accomplish the specific aims of the project. Detail the design of the project, including the overall sequence of studies to be performed, justification for use of animal and/or human subjects, and if new methods are to be employed, describe them in this section and discuss their advantage over older methods).

(Include also the statistical methods to be utilized.)

Methodology and Techniques

The design for the study is both qualitative and quantitative methods. This research is based on samples which include professionals in various organizations working with child sexual abuse such as police officers, social workers, psychologists, counsellors, paediatricians, and nurses. Data collection will be gathered through measurement tools and interviews.

The Sample and Sampling Techniques

The study will involve about 30 professionals' who have experienced working or dealing with child sexual abuse in their respective organizations. They will be located through the organization they are working with and across a number of geographical locations in urban and suburban areas. Because of need for a sample that has experience working with child sexual abuse, purposeful sampling will be used.

Data collection procedures

A list of agencies that deal with child sexual abuse referrals will be compiled. Once the organizations give their permission, they will assist to identify their staff who currently working or have experienced working with child sexual abuse. At first, all potential participants will be approached through these agencies in which they work. The aim of the study will be clearly explained and all ethical aspects will be addressed as well. Once the staff agrees to participate, the inventories will be distributed for them to complete and later return to the researcher personally. All the participants will be given several days to return the complete questionnaires. The next stage of research will involve interviews. The interviews will be including participant who have completed the inventories questionnaires. The interview will be arranged in the participants' location, most probably in their workplace. With participants' permission, the interviews will be taped and later transcribed. It is expected that these interviews will take place at the same time the questionnaires are distributed to the participants. In certain circumstances, the interviews might be given on other time, which participants feel free to be interviewed.

Data Collection Tools

Semi structured interviews

As the aims of the research, the purpose of these interviews is to explore experiences of professionals regarding their work with sexually abused child. The interviews will focus on emotional experiences of the professionals, the difficulties in handling the case, effects of the case on their personal life as well as their general understanding about child sexual abuse. The interviews will be helpful to explore in more detail about professionals experience dealing with sexually abused children. With the interviews, participants are encouraged to interact and manifest their thoughts and feelings. The information can be used to support existing result from quantitative method. Moreover, it gives respondents more opportunity to explain or describe their attitudes toward child sexual abuse that might be unable to cover by quantitative questionnaires. With combination of survey and the interviews method, hopefully any finding can answer not only what people think but also why people think the way they do (Morgan, 1988).

Semi structured interviews will be used in this research. Semi structured interviews is the type of interviews in which the questions are guided by a list of topic, instead of fixed wording or fixed ordering of questions. Because of no specific order with the type of questions, semi structured interviews are more flexible with the current conditions of the interviews (Manichiello, Aroni, Timewell & Alexander, 1995). Besides, semi structured interviews are based on open

ended questions that allowed for in depth understanding of the respondents point of view. With the list of topic beforehand, the interviews will be lead straight to the topic and the time efficiency can be preserved. These factors have given the semi structured interviews some advantages in the interviews settings over other type of interviews.

Measurement Tools

Quantitative data is collected with questionnaires which consist of several parts and incorporated questionnaire from instruments develop by Hick and Tite (1997). This research is using available questionnaires which have been used on similar research about attitudes, as well as new questionnaires which are constructed specifically for the purpose of this research.

Part 1 is a demographic data set which asks about respondent occupation, gender, age, ethnicity, religion, working experience, marital status, parental status and past history of childhood sexual victimization.

Part 2 is questionnaire with 4 items, which assessed respondent experiences with child sexual abuse such as experience handling child abuse cases, training that had been attended.

Part 3 is questionnaire that explored general perceptions about child sexual abuse. Respondents are asked about their professionals' view of victims' characteristics, beliefs about causes of child sexual abuse, victims' responsibility of consenting to sexual activity and view about perpetrators characteristics. Part 3 also used Hicks and Tite (1998) instrument which measured respondent responses about victim credibility. Victim Credibility Scale (VCS) is questionnaire specifically has been used to explore respondents' attitudes towards credibility of victims. The VCS consists of 5 items with statements about child victim. In addition, ProQOL R-IV also will be used to measure compassion satisfaction, burnout and compassion fatigue on respondents.

Part 4 contained 11 vignettes, describing a different case of child sexual abuse. Respondent is asked to response about attributes of responsibility for each case.

5. SCOPE OF RESEARCH/LOCATIONS.

(State if the study is national in scope and indicate the locations of your research.)

This study will involve people who work with sexually abused children and have experienced with them. This research will focus on professionals in certain location in Selangor and Kuala Lumpur and from various agencies (Police, Social workers, nurses, doctors, counsellors, psychologists etc).

6. BRIEFLY STATE SIGNIFICANCE OF YOUR STUDY TO MALAYSIA/THE HOST STATES.

(Briefly describe the relevance of this research project to its scientific field.

Additionally, discuss the importance of the work to Malaysia and the states where the study is to be carried out.)

1. It will extend knowledge about Malaysian professionals who work with sexually abused children.
2. It will increase greater understanding of the cultural context in which professionals are working.

3. It will provide a basis for improving service delivery to victims.
4. It will provide a basis for improving services to support professionals to undertake this type of very stressful work.

Research about experiences among professionals working with abused children in Malaysia is still limited. Therefore this study will expand the understanding of current practice on child sexual abuse in Malaysia. A comparison study can be made with existing research that had been done mostly in western countries to see if any similarity or differences could be found. The uniqueness of social background and environments which professionals work in Malaysia will give new information or add new understanding about the experiences of professionals working with abused children in different cultures.

This research will seek to provide a greater coverage of contextual factors relate to professionals experience working in this field. Besides looking on influence of background factors and the characteristics of child sexual abuse on perceptions, this research also will see the social context of belief and values that might be of significance. Since the research is working closely with people who helping the abused children, the potential information can be used to enhance delivery of services for the children they are working with and improve on how to response effectively with each of the child regardless of their ages and characteristics. Hopefully the result that come from this research can be use to identify any factors that is associated with perceived effectiveness of professionals on their response with the child they dealing with. If the factors can be identified, they may be the basis for the improvement of services.

7. STATE CONCRETELY THE UNIQUE FEATURES OF YOUR STUDY.

(Describe briefly the unique qualities of your study compared to the previous study of similar nature.)

Research about experiences among professionals working with abused children in Malaysia is still limited. Therefore this study will expand the understanding of current practice on child sexual abuse in Malaysia. A comparison study can be made with existing research that had been done mostly in western countries to see if any similarity or differences could be found. The uniqueness of social background and environments which professionals work in Malaysia will give new information or add new understanding about the experiences of professionals working with abused children in different cultures.

8. STATE THE OVERALL TIMELINE (FROM START TO FINAL REPORT).

(Describe what will be accomplished during the proposed period of research)

(Timeline is attached)

Note: This is proposal summary only. The summary has been prepared by Salina Nen for EPU approval application (August 2007).

