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ORGANISATIONAL BARRIERS IN WORKING WITH CHILD SEXUAL ABUSE (CSA) CASES: THE MALAYSIAN PROFESSIONALS' EXPERIENCES

(Halangan Organisasi dalam Mengendalikan Kes Penderaan Seksual Kanak-Kanak: Pengalaman Profesional Malaysia)

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ABSTRACT

The purpose of this study is to examine organisational barriers faced by professionals working with child sexual abuse (CSA) cases in Malaysia. This study was conducted from a diverse sample of 18 social workers, medical social workers, counsellors and police officers who worked in CSA cases. These participants came from different organisations namely the royal police of Malaysia, the welfare department, hospitals and non-government agency. A qualitative approach was used for collecting and analysing data; and semi structured interview was used to guide the interview. Two main factors had been identified as barriers in working with CSA cases, namely within and between organisations. In terms of within organisations, participants identified factors such as inadequate support, excessive workload, safety issue and lack of resources as the major barriers. As for between organisations, factors such as conflict of power and disorganised system were mentioned as factors preventing capabilities of professionals in giving help. This paper provides an in depth analysis of major barriers facing by professionals working with CSA in Malaysia.

Keywords: organisational barriers to service, child sexual abuse in Malaysia

ABSTRAK

Tujuan artikel ini adalah untuk menilai halangan-halangan organisasi yang dihadapi profesional yang mengendalikan kes penderaan seksual kanak-kanak Malaysia. Kajian ini dijalankan ke atas 18 orang profesional yang terdiri daripada pekerja sosial, pekerja sosial perubatan, kaunselor dan polis dari organisasi seperti jabatan kebajikan masyarakat, hospital dan agensi bukan kerajaan. Kajian ini menggunakan pendekatan kualitatif untuk mengumpul dan menganalisis data. Manakala temuduga separa berstruktur digunakan di dalam temuduga. Hasil kajian mendapati faktor-faktor dalaman organisasi dan kerjasama antara organisasi dikenalpasti sebagai punca yang boleh menjejaskan keupayaan profesional di dalam mengendalikan kes penderaan seksual kanak-kanak. Faktor-faktor ini termasuk kurangnya sokongan, beban kerja melampau, risiko keselamatan dan kekurangan sumber. Faktor-faktor lain ialah konflik kuasa dan sistem yang tidak teratur. Artikel ini memberi analisis mendalam berhubung faktor-faktor utama yang dihadapi oleh profesional dalam memberi bantuan kepada mangsa penderaan seksual kanak-kanak di Malaysia.

Kata kunci: halangan organisasi, penderaan seksual kanak-kakak Malaysia

INTRODUCTION

Organisations play a significant part in child sexual abuse (CSA) intervention. An organisation is where resources and expertise provided to victims and their families are systematically gathered. Collaboration between agencies in CSA intervention has been used widely in many countries such as Australia, UK, US and Europe (Darlington, et al. 2005). CSA intervention requires intense collaborative work between different agencies within society such as social service agency, law enforcement organisation and hospitals. Each of these organisations has crucial and unique roles to play in intervention but at the same time is still much dependent on others in completing the job. For example, social service agency is responsible to receive report, investigates and provides intervention to victims. Meanwhile, law enforcement roles are to determine criminal aspect of reported abuse, apprehend the offender and impose criminal charge. Hospital agency on the other hand, is responsible in providing psychological and emotional support to victims and their families and treating physical injury, if any. In other words, working with CSA cases requires multidisciplinary coordination between organisations. Research has long proved that collaboration is the most effective way in helping victims and interagency work improved protocol and coordination between organisations. Benefits identified include faster and proactive responses, reduced anxiety for workers, reduced family separations, greater continuity of care, more holistic services, faster access to services and improved cost-effectiveness (Darlington et al. 2005).

Despite these however, evidences show that some organisational issues may hinder professionals' ability to help victims and their families (Newman & Dannenfelser 2005). Factors such as communication deficiency, bureaucracies, lack of funding, lack of experience and skills, excessive workload, inadequate guidelines/support, different policies, power conflict and negative perceptions between organisations are all responsible for organisations and professionals' failure to work within their maximum capacity (Lloyd & Burman 1996; Newman & Dannenfelser 2005; Sprang & Clark Whitt-Woosley 2007; Harrison 1980; Hunter & Schofield 2006). Such problems are also associated with burnout, compassion fatigue and high turnover among professionals (Lloyd & Burman 1996; Newman & Dannenfelser 2005; Sprang et. al. 2007; Harrison 1980; Hunter & Schofield 2006). For example, Newmann and Dannenfelser (2005) in their research on children protective service workers and law enforcement found that differing mandates, protocols, insufficient resources, lack of knowledge and conflict power all contributed barriers to collaboration. Meanwhile, Wright, et. al. (2006) in their study on law enforcement workers who worked with child abuse investigation reported that heavy caseload and collaboration difficulties are responsible to stress.

There is an increased awareness among practitioners' and researchers working in the field about the importance of identifying barriers that exists within organisations and/or between organisations and suggesting constructive solutions to overcome the issues. Despite the increasing attention on this issue at the international level, there are huge gaps in research between western and particularly Malaysia (Nen 2010). No specific research has been found that explore this topic within Malaysian context, thus prompting this research to be conducted. This article seeks to explore Malaysian professionals' experiences of working with child sexual abuse (CSA) cases. The purpose of this article is to examine issues/difficulties that exist within organisations and between organisations involved in CSA intervention and how those factors affect professionals and organisations capabilities and efficiency in helping victims.

METHOD

This study used qualitative approach as a tool to explore Malaysian professionals' experiences in dealing with CSA cases. A qualitative approach is believed to be most appropriate when: quantitative approach is not possible or suitable for study, little is known about a topic of interest, involves emotion and sensitivity and to empower participants' voice and opinions within their context and perspectives by giving them an opportunity to be heard (Fossey et al. 2002; Padget 1998; Creswell 2007). Specifically, a grounded theory, an approach that emphasizes on the development of theory from the field of study or from participants under study was used to conduct and analyse the study (Strauss & Corbin 1998).

(a) Participants

This study used purposive sampling to select the participants. Prior to the interview, criteria had been set up to ensure that participants involved in this research could purposefully inform and understand and contribute to the research interest. The main criterion for choosing participants was that they must have experience in dealing or working with CSA victims. Other criterions such as years of experience in work and educational background were not determined. Reason for this criterion is that it enabled the researchers to maximise sampling diversity, to widen the phenomena under study and to identify more themes derived from a wide range of professionals (Patton 1990).

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

(b) Interview procedures

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

(c) Data analysis

Data analysis procedures began with the transcribing process. The process involves transcribing individual responses verbatim. This process occurred simultaneously with the interview process. The reason for transcribing all the interviews is to allow the data to be easily read and organised besides preparing the data for analysis after the transcribing process is completed (Wilkinson 2008). This strategy, although perceived as time consuming process,

benefits researchers in several ways including increased familiarity and understanding to each individual's responses (Wilkinson 2008).

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 et al. 2003).

RESULTS AND DISCUSSION

An analysis of the interview transcripts revealed that participants facing multiple barriers in working with CSA victims. Based on information provided by the participants, the sources of challenges were categorised into two main categories, namely between and within organisations. Table 1 describes in detail those two categories and their subcategories followed by detailed descriptions of these subcategories.

Table 1: Organisational barriers to working with CSA cases

Categories	Subcategories
Within organisations	Inadequate manager/supervisor support Highly demanding job Excessive workload Lack of resources Safety issues
Between organisations	Conflicts of power Disorganised collaboration system Lack of support from other organisations

(a) Within organisation

i) Inadequate manager/supervisor supports

Participants in the study had mixed responses on manager/supervisor roles in their organisations. Most of the participants had positive views about manager/supervisors' roles in helping them and were perceived as supportive and always available to help. However, a few participants stated receiving 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. Consequently, participants tended to feel they were unfairly judged, misunderstood and wrongly accused.

> "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."

Some participants believed manager/supervisor inability in handling problems effectively was caused by pressure being placed on them by others and lacked significant experience in the field, as explained by this participant:

> "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."

> "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."

Another issue related to manager/supervisors unavailability to provide consultation in critical situations. 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."

ii) Highly demanding job

Most participants agreed that working with CSA cases was a very challenging job because of these factors: CSA case requires an immediate response from professionals; it consumes substantial time and attention if it is to be resolved; and intervention involves various organisations and professionals with different types of expertise. Such factors often forced participants to delay other cases to focus on the new case.

> "Yeah, because urgent response is needed, you have to neglect other cases in hospitals."

> "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."

The stress was even harder for participants who worked as police officers because they were basically being given 14 days to complete their investigation. Within that time, they were required to collect all necessary information including collecting evidence from victims and perpetrators. For some, to complete the investigation within a certain amount of time can be difficult.

> "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)

For some, procedures to collect information were not only time consuming but also a gruelling process as collecting evidence from other agencies often involved meticulous work that demands hours in the field. Furthermore, there was no guarantee that all people involved would be available or agree to be interviewed.

> "People didn't see it. They thought children cases are not many. But, while it may be 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."

Some addressed the logistic problems of travel. In doing investigations, participants were often needed to travel from one place to another. Logistic problems of travel requires participants to consider things such as physical distance and the availability of transportation and this resulted in ever increasing burden to already stressful situation.

> "You meet the police, doctor, social worker at the hospital, many things. Moving from one place to another is exhausting enough."

iii) Excessive workloads

All participants 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."

> "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."

In relations to this, one participant stated that work location could influence 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.

> "This is particularly true if you work in Klang Valley area. I could get about 30 cases in one day. If that's the case, how are you going to give priority?"

iv) Lack of resources

The majority of the participants talked about lack~~ed~~ of resources in their workplace. Problems constantly mentioned including lack of human resources and inadequate facilities. In overcoming staff shortage, participants were required to work on 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. You cannot do your best if you have problems with resources."

> "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."

One participant asserted that lack of staff was also related 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 causing factors came from 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, 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, special needs and cultures.

> "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."

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 (participant's office)."

Sometimes interviews were conducted in open space areas where victims' confidentiality could not be guaranteed and was not well protected because other people could see victims and/or hear the conversations.

> "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."

> "Without a doubt. We must think about the confidentiality of patients' information. But here (referring 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."

One participant mentioned the lack of transport and communication services provided to professionals by organisations. Sometimes she used her own car to move from one place to the other. Meanwhile, she had to bear the cost of paying for the bill from 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."

> "We can only earn mileage credits. Other than that, phone calls for example, you bear the cost."

v) Safety issue

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."

b) Between organisations

i) Inadequate cooperation from other professionals

A number of the participants claimed to receive inadequate cooperation from other professionals they worked with in intervention. These professionals failed to show enough commitment or interest in the work 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."

> "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."

According to the participants, 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 of factors such as 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."

> "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."

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."

ii) 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.

> "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."

> "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."

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.

> "However, our problem is that MSW is not a protector. Therefore, we have to refer victims to other social workers in the Welfare Department."

> "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."

iii) 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…"

> "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."

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.

> "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."

> "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."

iv) Lack of support from other organisations

Another problem 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.

"We may successfully move the perpetrator away but our support system for the family is weak."

"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."

DISCUSSION

(a) Within organisation

Findings from this study are consistent with other research that had been reported in the past (e.g. Newman & Dannenfelser 2005; Jones et al. 1991; Thompson et al. 1994; Gibbs 2001; Regehr et al. 2004; as cited in Collins 2008; Wright et al. 2006; Lloyd & Burman 1996). Participants in the study identified factors such as lack of supervisor/manager support, excessive workload, lack of resources, safety issue, conflict of power, disorganised system, and lack of support from community as factors that become barriers in working with CSA cases. Complaints were made over administrators' inadequate knowledge and skills in doing supervisory work. 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. 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; Lloyd & Burman 1996).

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. 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 past study which indicated that there were an insufficient number of professionals in organisations dealing with child maltreatment in Malaysia (Lim 2007; WCC Penang 2007; Lai et al. 2002). Second, 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 conducted in Malaysia, that identified the problems caused by recruitment strategies and staffing patterns currently being practised (Crabtree 2005; Lim 2007). 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.

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 et. al. 2003; Powell et al. 2009).

Some participants, particularly 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).

(b) Between organisations

The issue of collaboration was the most frequent one mentioned by participants in the study. 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.

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 Dennenfelser (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. Factors such as prejudice of CPS workers abilities in handling cases, different role expectations and understanding are believed to cause confusions and conflicts between professions (Goa, 2008). One possible explanation that no conflict was reported in this 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 the participants pointed out about collaboration in this study has also been highlighted in numerous studies (Wright et al. 2006; Newmann & Dennenfelser 2005; Day et. al. 2003; Lloyd & Burman 1996). Nevertheless, positive improvements have also been noted by Newmann and Dennenfelser (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 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, many still refused to cooperate or failed to comply with their duty to report and/disclose child abuse. The most common explanations given 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 & Lloyd 2001; Goad 2008). Failure to report is also associated with professionals' lack of knowledge about child abuse, making them unable to response appropriately (Taylor & Lloyd 2001).

Also, participants in this 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.

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.

CONCLUSION

The major contribution of this study is that it has described the perceptions of a diverse sample of Malaysian professionals who work in CSA cases. However, because this study used a small purposive sample of Malaysian professionals, no generalisation can be made. Despite this limitation, these findings are grounded in the experiences of professionals of working with CSA cases and therefore may be similar to some others. What participants

disclosed in this study warrant serious attention from policy maker and organisations involved in CSA intervention. This study also highlights the importance of a comprehensive policy that works not only for victims but also organisations and professionals who are responsible in implementing the policy. Difficulties that emerged from organisations and collaboration work need to be seriously taken and urgent solutions are needed so that desirable outcomes that benefits victims and professionals can be achieved. For example, this can be done by improving communication and collaboration level between organisations, changing the current system, better funding, providing good support system and ongoing awareness of difficulties facing by the professionals and respond appropriately. Working with CSA cases result in huge challenges to professionals and efforts at all level are highly needed to increase professionals' capabilities and capacities in assisting help to victims and their families.

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