university of groningen

University Medical Center Groningen

University of Groningen

Professional proximity in perceiving child sexual abuse in residential care: the closer the better?

Timmerman, Margaretha C.; Schreuder, Pauline R.; Kievitsbosch, Anne F.

Published in:
Children and Youth Services Review

DOI:
10.1016/j.childyouth.2017.02.037

IMPORTANT NOTE: You are advised to consult the publisher's version (publisher's PDF) if you wish to cite from it. Please check the document version below.

Document Version
Publisher's PDF, also known as Version of record

Publication date:
2017

Link to publication in University of Groningen/UMCG research database

Citation for published version (APA):
Timmerman, M. C., Schreuder, P. R., & Kievitsbosch, A. F. (2017). Professional proximity in perceiving child sexual abuse in residential care: the closer the better? *Children and Youth Services Review*, *76*, 192-195. https://doi.org/10.1016/j.childyouth.2017.02.037

Copyright
Other than for strictly personal use, it is not permitted to download or to forward/distribute the text or part of it without the consent of the author(s) and/or copyright holder(s), unless the work is under an open content license (like Creative Commons).

The publication may also be distributed here under the terms of Article 25fa of the Dutch Copyright Act, indicated by the “Taverne” license. More information can be found on the University of Groningen website: https://www.rug.nl/library/open-access/self-archiving-pure/taverne-amendment.

Take-down policy
If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.

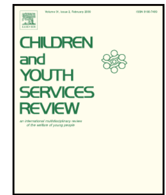
Downloaded from the University of Groningen/UMCG research database (Pure): http://www.rug.nl/research/portal. For technical reasons the number of authors shown on this cover page is limited to 10 maximum.

Children and Youth Services Review 76 (2017) 192–195

Contents lists available at ScienceDirect

Children and Youth Services Review

journal homepage: www.elsevier.com/locate/childyouth



Professional proximity in perceiving child sexual abuse in residential care: The closer the better?

Margaretha C. Timmerman, Pauline R. Schreuder *, Anne F. Kievitsbosch

University of Groningen, Groningen, The Netherlands

Introduction

Over the past decades several studies have been conducted into the prevalence and incidence of child sexual abuse (CSA) in residential youth care (Allnock & Barns, 2011). At the same time, the number of academic publications on CSA is still modest. Nevertheless some patterns, relating to the nature and scale of CSA in residential care, emerge. First of all, research has made it clear that perpetrators are not primarily adults. Findings from several studies indicate that half of the cases of sexual abuse reported by children in residential homes involved a peer (Barter, 1997; Morris, Wheatly & Lees, 1994). Westcott and Clement (1992) found in their study that half of the reported cases of sexual abuse involved a male peer perpetrator who also lived in the institution. A similar percentage of male peer perpetrators was reported in recent studies on sexual abuse in Dutch residential settings (Euser, Alink, Tharner, Van IJzendoorn & Bakermans-Kranenburg, 2013; Timmerman, Schreuder, Harder, & Dane, 2012). Secondly, although perpetrators are usually (though not exclusively) men, both boys and girls are victims (though girls more often than boys). A third pattern of CSA in residential youth care concerns the vulnerability of children and young people with a history of sexual abuse: while staying in a residential home, they run a greater risk of once again becoming victims of abuse than children and young people with no such history (Hukkanen, Sourander, Bergroth & Piha, 1997; Lindsay, 1999).

When searching for explanations for CSA in residential youth care, it is important to look not only for individual factors, but also for contextual ones, e.g. the institutional culture, the sexual culture and the gender ideology within the institution (Green, 2005). The style of communication within the residential home and the loyalties of those involved, are influenced by existing hierarchies among and between staff and children, as well as by the extent to which an institution is open or closed. The ways in which the topic of sexuality can be broached, together with the institution's gender ideology, set the tone for permissible and non-permissible ways of relating and responding to each other. These aspects are barely touched on in research studies (Timmerman & Schreuder, 2014).

Considering the incidence rates of CSA in residential care, the research literature has indicated that figures reporting on the scale of sexual abuse in residential care should be viewed with great caution. Sexual abuse percentages vary according to definitions and respondents' experiences. For instance, is sexual abuse in residential care reported by the young victims themselves or by the professionals working in the institution? Reports of sexual abuse also vary according to the victim's age: children tend to regard only very serious forms such as rape as sexual abuse. On the other hand, young people and professionals are less inclined to consider adolescence-related sexual explorations as potentially harmful. Sexual abuse percentages also vary according to the methodology used (surveys, ethnographic studies, case studies, case-file analyses). For example, extensive lists of items which enquire into many different sorts of sexual abusive behavior tend to yield a higher incidence rate compared to largely general questions involving the experience of sexual abuse (Timmerman, 2005; Timmerman & Bajema, 1999).

For professionals working in residential youth care, not seeing their young clients on a daily basis may further complicate an accurate estimate of the incidence of sexual abuse. Of course, professionals do not see every incident of sexual abuse between young clients or between young clients and professionals. As such, they cannot know the "truth" about the scale, types or harmfulness of sexual abuse of young people in residential care (the proverbial "tip of the iceberg"). Some studies have compared the incidence rates reported by professionals who work in residential youth care, to self-reports of children and young people who have been the victim of sexual abuse in residential care. In a recent Canadian study, the concordance in occurrence of sexual abuse was measured among residential treatment care workers ($n = 14$), youth ($n = 53$) and their file reports from child protection services (Milne & Collin-Vézina, 2014). This study found a high degree of agreement between residential young clients and professionals as to the occurrence of sexual abuse (70%); an additional 15% of the young people claimed that sexual abuse had taken place, while professionals suspected it (but were not sure). Furthermore, professionals reported a further 15% of cases of sexual abuse in residential care situations where youngsters reported no sexual abuse. Research in Poland found different degrees of agreement between professionals and young people's perspectives in residential care settings regarding different forms of sexual abuse (Nobody's Children Foundation, 2009–2010).

* Corresponding author at: Pedagogical Sciences, Faculty BSS, University of Groningen, Grote Kruisstraat 2/1, NL – 9712 TS Groningen.
E-mail address: p.r.schreuder@rug.nl (P.R. Schreuder).

http://dx.doi.org/10.1016/j.childyouth.2017.02.037
0190-7409/© 2017 Elsevier Ltd. All rights reserved.

High concordance was found on sexual exposure and rape: 13% of professionals and 10% of youth reported the occurrence of sexual exposure; and 11% of both professionals and youth reported the occurrence of rape. Disagreement was found concerning the occurrence of verbal harassment (8% of professionals and 24% of youth), touching private body parts (19% of professionals and 10% of youth) and Internet recruitment (2% of professionals and 13% of youth).

In sum, previous research indicates a varying, but none the less relatively high degree of similarity (or correspondence) between youths' and professionals' reports of incidents of sexual abuse in residential homes. Professionals and youth do not always agree on the occurrence of different forms of sexual abuse in residential care, but generally speaking, professionals seem to make good estimates about the occurrence of sexual abuse as experienced by the adolescents themselves.

However, it can be assumed that not all professionals who work in residential youth care are equally likely to be aware of the occurrence of CSA. For instance, social workers who work with children on a daily basis might be more likely to perceive signals of sexual abuse, compared to professionals who see the young residents less frequently. At the same time, children and adolescents might find it easier to confide in professionals they are very familiar with. From attachment theory and ecological theory, the importance of having a close and secure relationship for the development of trust, support and reciprocity, is well established (Bowlby, 1988; Bronfenbrenner, 1979; Degner, Henriksen & Oscarsson, 2010). Young people in residential care often lack a basic sense of trust in and support from their parents: this stresses the need for other significant adults, e.g. professionals, who can provide a safe and confident relationship. From a public health perspective it is important to gain more insights in the conditions that can improve professionals' expertise and sensitivity regarding CSA.

In this study we examine whether professionals who are 'in the frontline' of residential care perceive more incidents of CSA than other professionals who meet the children less frequently. In residential youth homes, different types of professionals are employed, developing different types of relationships with the young clients. Some professionals can be regarded as 'substitute parents', taking care of the children in a domestic setting ('frontline professionals'), while other professionals are responsible for treatment programs for each child individually ('treatment professionals'). Frontline professionals are also literally more close to the young clients than treatment professionals as they are present in the residential settings during the day or night, taking care of the children. Treatment professionals are less often present, they see the children only incidentally for treatment, and therefore it might be assumed that they have a less close physical relationship with the young residents. From the perspective of attachment theory and ecological theory, we expect that the first group of professionals to perceive CSA in the residential homes more often than the second group of professionals.

Method

Sample and procedure.

In 2011–2012 we conducted a nation-wide study into sexual harassment and sexual abuse of children and adolescents in Dutch residential care, a study commissioned by the Dutch government (Commissie Samson, 2012). This study was a population-based research project as all Dutch care institutions providing residential youth care were included. The address lists of the national youth care organizations were used to approach *256 institutions and locations* at their contact addresses (Sociale Kaart Jeugdzorg 2010, 2009). Most residential institutions ($n = 164$; 64%) agreed to participate by filling in a questionnaire. The reasons for non-response were not always provided, e.g. some institutions feared the study would cause unrest within the institution. The questionnaires were filled in anonymously. In all, 354 respondents sent back a completed questionnaire, relatively equally distributed all over the country. Institutions and locations of only one province – out of 12 provinces in the Netherlands – did not participate in the study.

Questionnaire.

A written and/or digital questionnaire was sent to all residential youth care institutions in the Netherlands. The questionnaire was designed specifically for this survey, based on previous research on the nature and scale of CSA in residential youth care. The main questions in the research project involved the extent and types of sexual abuse in child and youth residential care. The survey comprised 16 composite questions. The first part contained general questions about the institution and/or organization where the respondent worked (type of care, institution's prior history, respondent's job and number of years' work experience), along with questions about the institution's target group (gender composition, age groups).

The second part of the survey contained questions about sexual abuse of children and young people in the residential homes. The respondents were asked to report on incidents, suspected incidents and rumors of sexual abuse (number, year, nature of sexual abuse and perpetrator(s)) that happened in the residential homes while they were employed in the institution. Most of the questions in the survey were of the closed-response kind, including where appropriate the option of 'Other, namely…'. The average time taken to complete the survey was 20 min.

Respondents.

The 354 respondents who sent back a completed questionnaire held one of the following positions: educational staff member, childcare worker, social worker, non-residential counsellor, family counsellor, senior executive and board member, care manager, team manager, team leader, unit head, institution manager, line manager. Also other professionals who provide treatment to the young people living in the residential homes, e.g. psychologists, remedial educationalists, filled out a questionnaire. In some cases there were responses from several respondents per institution, for example, an executive staff member and a head of treatment or educational staff member. Their period of employment at the institution varied widely, ranging from five months to 39.6 years. The respondents who completed the questionnaire had worked an average of 11.9 years in their institution ($SD = 9.3$).

The professionals can be categorized into three groups, based on the degree of proximity to the children and young people in the residential care settings:

1. 'frontline' professionals ($N = 124$), working as youth care worker in residential groups. These professionals take care of children and young people in residential care on a daily basis;
2. 'treatment' professionals ($N = 107$), working as psychologist, remedial educationalist, etc. These professionals see the children and young people for intake and further treatment regularly (e.g. once a week), but not daily.
3. management and secretarial staff ($N = 123$), who are not in a professional relationship with the children and young people in the residential care settings.

Analysis.

Associations between groups of professionals and number of definite and suspected incidents are examined by using a non-parametric test (the Mann-Whitney *U* Test). Test results below $p < 0.05$ were interpreted as statistically significant.

Results

All professionals were asked to report on the number of cases of sexual abuse they knew of, while being employed in the residential organization (Table 1).

In all, 220 (62.1%) of the 354 respondents reported one or more cases of sexual abuse, making a total of 750 cases. The vast majority of these were 'definite' – in other words, involving an incident known within the organization and also known to respondents themselves

Table 1
(Participating) residential institutions, participating professionals and the number of perceived (suspected) incidents of child sexual abuse (The Netherlands, 2011–2012).

	N (%)
Number of residential institutions in the Netherlands	256 (100%)
Number of residential institutions participating in the study	164 (64%)
Number of professionals working in the residential institutions participating in the study	354
Number of (suspected) incidents of child sexual abuse	750 (100%)
Definite incidents	558 (74.4%)
Suspected incidents	192 (25.6%)

(558 incidents, or 74.4%). A quarter of cases involved suspicions (192, or 25.6%).

During their average period of employment (11.0 years, $SD = 9.3$) at the institution, the 354 respondents reported an average of 2–2.5 cases of sexual abuse (mean 2.12, SD = 3.61), which makes an average of about one incident every six years. For the definite cases (incidents) alone, the mean was 1.58 ($SD = 3.27$), and for suspicions, 0.54 ($SD = 1.05$).

To examine our research question on the role of professional proximity in the perception of CSA, we continue our analysis with the two groups of professionals who are in a professional relationship with the children and young people in residential care settings, whether on a daily basis ('frontline professionals') or regularly ('treatment professionals'). For this reason, the third group of professionals ('management and secretarial staff') is excluded from further analysis.

Both groups of professionals, working directly with the children and young people, reported definite incidents of CSA, as well as suspected incidents. These findings are presented in Table 2.

The frontline professionals ($N = 124$) reported 103 incidents and 32 suspicions of CSA (25% and 13% of these professionals did not report incidents and/or suspicions, respectively). The treatment professionals ($N = 107$) reported 162 incidents and 69 suspicions of CSA (19% did not report incidents and/or suspicions). According to the Mann-Whitney *U* test, treatment professionals have reported significantly more incidents and suspicions than frontline professionals ($p = 0.005$ for incidents; $p = 0.001$ for suspicions. Test results below $p < 0.05$ were interpreted as statistically significant).

Discussion

Contrary to our assumption, that having a close physical relationship could be conducive for perceiving sexual abuse and that, therefore, professionals who are physically present in the residential homes ('frontline professionals') would report more sexual abuse, treatment professionals have reported significantly more sexual abuse than frontline professionals. From attachment theory and ecological theory we expected the last group to perceive CSA more often than the first group of professionals, because they spend much more time with the young clients in a domestic setting. The frontline professionals were therefore expected to be more able to develop a trustful relationship, as a necessary base for perceiving CSA. Our findings do not suggest that frontline professionals do not develop such a relationship, but apparently physical closeness and familiarity are not necessary prerequisites for the disclosure of CSA. It is even conceivable that young people living in residential care settings with other peers constantly present, have more difficulty to talk about CSA experiences with the frontline professionals, compared to the incidental, but more private, face-to-face settings with their treatment professionals. These settings might be experienced as more safe and more supportive for the disclosure of CSA.

The treatment professionals reported not only more incidents but also more suspicions of CSA. This finding also suggests that treatment professionals who do not see the young clients on a daily basis, are more sensitive towards signals of sexual abuse than the frontline professionals. Furthermore, the treatment professionals, e.g. psychologists, remedial educationalists, have more expertise on signaling child sexual abuse; their level of training and education may be conducive to their particular expertise in the field of youth care and CSA. This expertise in signaling child sexual abuse could be one of the explanations for the higher reporting rate by treatment professionals compared to the reports of frontline professionals.

Our findings add to earlier research on the role of professionals in reporting incidents and suspicions of CSA. For instance, Degner et al. (2010) report on the importance of support persons for young people in residential care in Sweden (comparable with the frontline professionals in our study), for developing a relationship with the young clients based on trust, care and reciprocity. Support persons are professionals who maintain contact with the young residents very regularly, develop their relationships over time, and have the intention to become significant adults in the lives of these young people. The support persons consider themselves significant in the sense of being the ones who continuously perform a supportive function by facing and dealing with issues that are important to the residents and of relevance for their placement.

However, the findings of our study do no support the idea that the physical presence of frontline professionals in the residential home setting guarantees a better perception of child sexual abuse. Our study reveals that physical proximity to the young persons in residential care is not a decisive condition for perceiving CSA by professionals who work in residential care. In sum, our findings caution against a simplistic interpretation of attachment theory and ecological theory, as described by Bowlby (1988) and Bronfenbrenner (1979). Stressing physical closeness as prerequisite for a close and trustful relationship between professionals and clients, would be an example of such an interpretation.

Limitations and strengths.

One limitation of our study is that we do not know the number of hours that our respondents in both groups spend with the children and young people in residential care. Our differentiation in two groups is based on their job description only. However, job titles give sufficient indication of the extent of close contact between the two types of professionals and the young people. A second limitation concerns the measurement of the prevalence of CSA as reported by the professionals. In this investigation, professionals were requested to report the number of incidents and suspicions of CSA during their period of employment. The periods of employment ranged from a few months to nearly 40 years. Respondents who had to look back many years, may not have remembered all incidents and suspicions that took place during their employment. Thirdly, our study does not differentiate between ethnic majority and ethnic minority groups as victims of CSA. Research by Okur, Van der Knaap & Bogaerts (2016) suggests that the role of ethnicity in disclosing CSA is often overrated. At the same time, some ethnic minority youth may not seek help due to a mistrust of social services. Professionals may therefore perceive less CSA in these particular minority groups.

Despite these and other limitations this is the first study investigating the role of frontline and treatment professionals in residential care,

Table 2
Definite and suspected incidents provided by two groups of professionals.*

	Frontline professionals	Treatment professionals	*P* value
Definite incidents	103 ($N = 93$, 25% missing)	162 ($N = 87$, 19% missing)	0.005*
Suspected incidents	32 ($N = 108$, 13% missing)	69 ($N = 87$, 19% missing)	0.001*

* Obtained from the Mann-Whitney *U* Test for independent samples.

in particular concerning the disclosure of CSA. Physical closeness between professionals and their young clients, related to the disclosure of CSA, has not been investigated before. Another strength of our study is that it encompasses reports by professionals throughout the Netherlands, working in both small and larger residential care homes. The respondents therefore can be said to represent Dutch professionals working in youth residential care.

Future research and implications for public health.

Considering our main finding that physical proximity is not a prerequisite for professionals to perceive CSA, investing in the development of expertise of frontline professionals to be sensitive of signals of CSA is important. Professionals working in the frontline may be less perceptive of CSA, due to their role in the residential group. Although they see their young clients during the day, the group setting as such may not provide enough feelings of safety to disclose CSA. On the other hand, professionals working in treatment may be more able to create an atmosphere of trust in the treatment sessions. Thus, to encourage disclosure of CSA, it seems important for all professionals to develop the skills and expertise to create opportunities for young CSA victims to talk about their experiences.

Future research could focus more on the role of ethnicity in CSA in residential youth care, and in help-seeking behavior by children and young people. A recent study by Okur et al. (2016) has shown that in the Netherlands, ethnicity in itself does not explain differences in help-seeking behavior. Young people with more liberal attitudes towards sexuality and gender roles are in general more likely to disclose CSA than young people with more conservative attitudes. These are important findings for professionals working with young people of different ethnic groups and with different attitudes towards gender roles and sexuality. As most studies on CSA have been conducted in western societies, research on this topic in other countries is most urgently needed. Furthermore, research on the complex relation between ethnicity, attitudes and help-seeking behavior of young people following CSA in different countries would lead to new, valuable insights for professionals working with children and young people of diverse backgrounds in residential care homes.

Conclusion

The primary aim of this study was to explore whether a physically close relationship between professionals and youth in residential care is a relevant contributing factor for perceiving incidents of sexual abuse. The results of this study indicate that frontline professionals, who take care of the children in residential homes on a daily basis, report significantly less incidents of sexual abuse, than treatment professionals who see the children only incidentally, for treatment. Also, the frontline professionals report significantly fewer suspicions of sexual abuse.

Therefore, being physically present and having a physically close relationship with young people in residential care is not decisive for professionals to perceive incidents or to suspect sexual abuse. On the contrary, treatment professionals' have a less physically close relationship with their young clients as they are not physically present in the residential home on a daily base, but that does not prevent them to signal sexual abuse. Probably treatment professionals have a lot of expertise that helps them to perceive more sexual abuse.

Acknowledgement

This work was supported by the Dutch national government (Samson committee).

References

Allnock, D., & Barnes, R. (2011). Researching sexual abuse: Methodological issues (editorial). *Child Abuse Review*, *20*, 153–157.

Barter, C. (1997). Who's to blame: Conceptualizing institutional abuse by children. *Early Child Development and Care*, *133*, 101–114. http://dx.doi.org/10.1080/0300443971330108.

Bowlby, J. (1988). *A secure base: Parent-child attachment and healthy human development.* New York: Basic Books.

Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design.* Cambridge MA: Harvard University Press.

Degner, J., Henriksen, A., & Oscarsson, L. (2010). Investing in a formal relationship: Support persons' view of treatment involvement regarding young persons in residential care. *Qualitative Social Work*, *9*, 321–342. http://dx.doi.org/10.1177/1473325010368582.

Euser, S., Alink, L.R.A., Tharner, A., IJzendoorn, M.H. van, & Bakermans-Kranenburg, M.J. (2013). The prevalence of child sexual abuse in out-of-home care: A comparison between abuse in residential and in foster care. Child Maltreatment, 18, 221–231. doi: 10.1177/1077559513489848

Green, L. (2005). Theorizing sexuality, sexual abuse and residential children's homes: Adding gender to the equation. *British Journal of Social Work*, *35*, 453–481. http://dx.doi.org/10.1093/bjsw/bch191.

Hukkanen, R., Sourander, A., Bergroth, L., & Piha, J. (1997). Behavior problems and sexual abuse in residential care in children's homes. *Nordic Journal of Psychiatry*, *51*, 251–258. http://dx.doi.org/10.3109/08039489709090716.

Lindsay, M. (1999). The neglected priority: Sexual abuse in the context of residential child care. *Child Abuse Review*, *8*, 405–418. http://dx.doi.org/10.1002/(SICI)1099-0852(199911/12)8:63.3.CO;2-5.

Milne, L., & Collin-Vézina, D. (2014). Disclosure of sexual abuse among youth in residential treatment care: A multiple informant comparison. *Journal of Child Sexual Abuse*, *23*, 398–417.

Morris, S., Wheatly, H., & Lees, B. (1994). *Time to listen, the experience of children in residential and foster care.* London: Childline.

Nobody's Children Foundation (2009-2010). Sexual violence against children. *Study of the phenomenon and dimensions of the violence against children raised in the residential institutions (project-DAPHNE III).* Warshaw: Nobody's Children Foundation.

Okur, P., Knaap, L. M., & van der, Bogaerts, S. (2016). Ethnic differences in help-seeking behaviour following child sexual abuse: Amulti-method study. *Culture, Health and Sexuality*, *18*, 99–111. http://dx.doi.org/10.1080/13691058.2015.1062144.

Samson, C. (2012). *Omringd door zorg, toch niet veilig: Seksueel misbruik van door de overheid uit huis geplaatste kinderen, 1945 tot heden [surrounded by care, yet unsafe: Sexual abuse of children placed in care on the authority of the government, 1945 to the present].* Amsterdam: Boom.

Sociale kaart Jeugdzorg (2010). *[Overview of youth care institutions in the Netherlands 2010] (2009).* Houten: Bohn Stafleu van Loghum.

Timmerman, M. C. (2005). A comparison between girls' and boys' experiences of unwanted sexual behaviour in secondary schools. *Educational Review*, *47*, 291–306.

Timmerman, M. C., & Bajema, C. W. (1999). Incidence and methodology in sexual harassment research in Northwest Europe. *Women's Studies International Forum*, *22*, 673–681.

Timmerman, M. C., & Schreuder, P. R. (2014). Sexual abuse of children and youth in residential care: An international review. *Aggression and Violent Behavior*, *19*, 715–720. http://dx.doi.org/10.1016/j.avb.2014.09.001.

Timmerman, M. C., Schreuder, P. R., Harder, A. T., & Dane, J. (2012). *Aard en omvang van seksueel misbruik in de residentiële jeugdzorg en reacties op signalen van dit misbruik (1945–2008) [Nature and extent of sexual abuse in residential youth care and responses to indications of this abuse (1945–2008)].* Groningen: University of Groningen.

Westcott, H., & Clement, M. (1992). *NSPCC experience of child abuse in residential care and educational placements: Results of a survey.* London: NSPCC.