

Resiliency in Sexually Abused Children and Adolescents seen at the Child Protection Unit of a Tertiary Government Hospital

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ABSTRACT

Resiliency is “the capacity to withstand, recover, and even grow from negative experiences.” (Banaag, 1997) This study examines the demographic characteristics and most common resiliency factors seen in sexually abused pre-adolescents and adolescents screened for mental illness at the University of the Philippines-Philippine General Hospital (UP-PGH) Child Protection Unit. The subjects of the study were all sexually abused children and adolescents screened at the Child Protection Unit from January to April 2009 who were not found to have any behavioral problems or mental disorders. Of the 28 subjects, 19 were adolescent and 9 were pre-adolescent. Sixteen subjects were legitimate children and seventeen were not enrolled in school during the interview. Seven of the subjects only completed grade 3 while seven completed grade 6; and fourteen students were in high school. Among the children who had parents who were not married, they had more than four household members. All the subjects had low socioeconomic backgrounds and were mostly being cared for by their mothers. Using the resiliency scale translated by Cadao, Rubia and Banson (Cadao, et al. 2008), 36 items were found to contribute to their resiliency. The items that were also the most common resiliency factors in the order of importance were: verbal ability as part of interpersonal skills; spirituality; adult support; the child’s use of her talents; and opportunities for major life changes. This study differs in some aspects compared with other studies done in the Philippines and will be helpful in mapping out resiliency modules for sexually abused adolescents.

Key Words: resiliency, sexual abuse

Introduction

When a child is abused sexually, it is assumed that the child will develop a mental illness. Many studies in the Philippines have been devoted to sexually abused children who have behavioral problems and mental illness. There are very few studies on children who do not manifest any behavioral problems related to sexual abuse. According to data from the Child Protection Unit of the Philippine General Hospital, about 40% of children presented with mental illness while 60% did not in the last 10 years. This study focused on children who were sexually abused but

who were able to perform well in school and adapt to the changes in their lives despite traumatic circumstances. Most of the studies on resiliency among abused children were done in Western countries with only a few in the Philippines, notably the study conducted by Bautista et al.¹

Resiliency, as explained by Banaag, “is the capacity to withstand, recover, and even grow from negative experiences.” In recent years, it has been defined as the “positive pole of individual differences in people’s response to stress and adversity.”² Group work initiated at the Child Protection in the last few years tend to focus on coping skills of children and to help them meet different challenges from the environment and family.

According to Werner’s 1995 study (cited by Banaag), protective factors associated with successful adaptation to high-risk situations were: 1) characteristics related to temperament allowing children to have positive reactions; 2) skills and values allowing the use of abilities and talents; 3) parents’ care-giving skills that develop the competence and self-esteem of their children; 4) support from adults; 5) opportunities for major changes in life.³

The Child Protection Unit has existed for more than ten years and the mental health services arm of the unit has been conducting modules to help those who do not present with any mental illness. Studies on resilience among children who live on the streets or who are at risk of living on the streets have shown that sports and other activities such as prayer have been used by children to cope with stressful situations.

During small group work and focused group discussions every summer and at Christmas at the Child Protection Unit, most children indicated that support from family was the major element contributing to the success of their coping mechanisms. The modules were then geared towards helping them in these areas.

There has recently been an increase in interest in the resilience of children exposed to traumatic events. Program models now emphasize resilience at the outset, instead of simply waiting for and reacting to the effects of traumatic experiences. Thus, there is more emphasis on coping as indicated by one of the pioneers on the topic of resiliency, Michael Rutter. Rutter, in 1989, said that there is a need to “inject some hope into the dispiriting story of stress and adversity”; thus, the focus on wellness and recuperation rather than problems and maladjustments. Instead of focusing on the difficulties, time at the Child Protection Unit was also devoted to the enhancement of resiliency factors;

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however, there is a need to quantify and determine the most common resiliency factors to aid in the production of a manual for group work among sexually abused children.

Definitions of resilience have evolved over time to include the presence of stressful events and protective factors that tone down the effects of any adverse conditions. Master et al. said that resilience includes factors and processes that enable "sustained competent functioning" given a major life stressor. Resilience allows sexually abused children to return to how they saw themselves before the traumatic experience. It allows them to feel that they are not damaged, therefore also allowing them to function well in school. This process further results in having good interpersonal relationships.

It is important to stress that different individuals will react differently to traumatic events and in the same way will have different capacities for recovery. It is also important to consider the developmental tasks of adolescents when discussing resilience.

Objectives of the Study

The study examined the resiliency factors contributing to the coping mechanisms of children who had been sexually abused but did not present with any psychiatric disorders. The study also included the demographic profile of children who did not present with any psychopathology. We hope to use this data to produce modules for group work among abused children that will help them function well and sustain the initial progress they may have made because of inherent resiliency factors.

Scope and limitation of the study

Only those interviewed cases who came for their appointments were included in the study. Data on temperament and information from other informants were not gathered.

Materials and Methods

This is a qualitative, descriptive study of all cases referred to the child psychiatrist for evaluation and initially screened for any psychopathology using DSM criteria. If the child did not present with any psychopathology or behavioral problems then she is requested to answer the Filipino version of the resiliency scale which was validated by Cadao, Rubia and Banson. Consent was taken from the caregiver and the child. All cases seen at the Child Protection Unit from December 2008 to April 2009 were screened for any psychopathology and those found not to have any mental illness or symptoms were included in the study. Also included were patients who were newly referred and those who only had one previous follow-up. Multiple consultations were not included to exclude the effect of the therapist on the child.

The resiliency scale was developed by a group of psychologists (Cadao, Rubia and Banson) in 2008.⁴ Written in Filipino, it also considers cultural factors. The

scale underwent a process of validation. The psychologists also conducted a comprehensive review of literature on resiliency among adolescents and young adults. They had 80 items with the following subscales as described in the resiliency study:

1. Interpersonal skills
 - a. Verbal ability
 - b. Capacity for emotional intimacy
 - c. Independent mindedness
 - d. Optimistic/enthusiastic outlook on life
2. Competence
 - a. Talents
 - b. Skills
 - c. Creativity
3. High self-regard
4. Spirituality
5. Helpful life circumstances
 - a. Care-giving skills of parents
 - b. Adult support
 - c. Opportunities for major life transitions

Results of the Study

Each year, more than 200 cases of sexual abuse are seen at the Child Protection Unit. A total of 55 children at about five to 10 children per week were referred to the child psychiatrist in the first quarter of the year. Of the total number of children seen, only 28 preadolescents and adolescents were included in the study.

Most of the children were adolescents (19) with nine preadolescents; 16 were born to legally married parents while 12 were not. More than half were not enrolled or had stopped schooling at the time of screening (17); 11 students were in school.

Most of the participants in the study had low socioeconomic backgrounds, with household income per month ranging from 500 to 10,000 pesos. Most of them (17 out of 28) came from the National Capital Region while eight came from Region IV; the remaining three were from Samar, Region III and Region I. Half of the children (14 out of 28) had parents who were not legally married while nine had parents who were legally married to each other. Most of the children (16 out of 28) had households with four to eight members while 12 had less than three household members. Many of the children lived with their mothers (11 out of 28), social workers and staff (6), father (5), sister (2), aunt (1), uncle (1), sister in law (1), non-family member (1).

It was evident that 75% of sexually abused children seen at the UP-PGH Child Protection Unit used several psychological strategies to survive the trauma of abuse.

It is evident that sexually abused children who are resilient recover from trauma by making use of the mechanisms in Table 1. The different categories and definitions were lifted from the same study by Cadao et al. and in order to be more consistent with the intention of the authors when they were making the resiliency scale, the definitions were lifted with permission, including the use of the scale.

Table 1. Results of the Resiliency scale

Resiliency factor	Number of children
1. Readiness to change if needed to improve lives	27
2. Spirituality or belief in God	26
3. Desire to improve conditions in life	26
4. Use of talents to improve self	25
5. Acting independently	25
6. Belief in one's own talents	25
7. Using talents and skills	25
8. Considers experiences as lessons in life	25
9. Strength coming from parents	25
10. Welcomes support from elders	25
11. Ability to talk about problems	24
12. Appreciation of care coming from parents	24
13. Willingness of friends to listen	24
14. Thinking independently	24
15. Optimism despite adversities in life	24
16. Positive feedback from others	24
17. High regard for self and talents	24
18. Clear understanding of own abilities	23
19. Ability to relate with other people	23
20. Ability to use talents productively	23
21. Advice from elders	23
22. Frequent praying	23
23. Offering all actions to a higher power	23
24. Firm belief in one's own competence	22
25. Ability to express feelings	22
26. Ability to maximize available resources and options	22
27. Approval from elders	22
28. Ability of parents to address physical and emotional needs	22
29. Help from elders with things that needs to be done	22
30. Good communication skills	21
31. High regard for self even under difficult circumstances	21
32. Support from family members	21
33. Availability of opportunities for self-improvement	21
34. Included in decision making	21
35. Steady relationship with God	21
36. On the look out for opportunities to correct mistakes	21
37. Offers all problems and worries to a higher power	21

Subscales (Cadao et al. 2008)

1. Interpersonal Skills – This refers to the person's innate or learned skills that facilitated his/her ability to interact positively and effectively with others. This cluster involves the following:

- a. **Verbal Ability** – the ability to say what a person really means and to establish good and clear oral communication with the others.
- b. **Capacity for Emotional Intimacy** – the capacity to give and accept affection from each other and to maintain emotional bonding.
- c. **Independent-mindedness/Assertiveness** – the ability to stand on one's own conviction despite environmental pressures.
- d. **Optimistic/Enthusiastic Outlook in Life & Relationships** – the capacity to maintain a positive view of life and relationships and remain in a constant zest for living.

2. Competence - This refers to the person's capability suitable or sufficient for a purpose. This includes:

- a. **Talents** – the person's innate ability, aptitude, or

faculty.

b. **Skills** – a person's special ability or expertise often acquired by training or education.

c. **Creativity** – the capacity to create something unique or extraordinary based on one's imaginations and inventiveness.

3. High Self-regard – This refers to the person's ability to keep self-respect and maintain a logically good and positive self-valuation despite of any threat to one's self-esteem.

4. Spirituality – the capacity to experience spiritual transformations and develop a constant connection with God.

5. Helpful Life Circumstances – This refers to other surrounding circumstances that contribute in the development of a person's inner hardiness. Included in this cluster are:

- a. Care Giving Skills of Parents and Family
- b. Adult Support
- c. Opportunities for Major Life Transition

With the given information about the categories of the most common resiliency items, we can now group them and see which of the items are being used more often among the children in this study. The next table shows the frequency of items used.

Table 2. Categories of items in the resiliency scale

Resiliency subscale items	Number of items /statements
I. Interpersonal skills	
Verbal ability	5
Capacity for emotional intimacy	1
Independent mindedness	3
Optimistic –enthusiastic outlook in life	2
2. Competence	
Talents	4
Skills	2
Creativity	2
3. High self regard	2
4. Spirituality	5
5. Helpful circumstances	
Care-giving skills of parents	2
Adult support	5
Opportunities for major life transitions	4

We can see from the above classification of resiliency factors that most of the abused children in this study used both interpersonal skills and helpful life circumstances to cope with their situations in life.

According to Cadao et al., interpersonal skills refer to “the person's innate or learned skills that facilitated his/her ability to interact positively and effectively with others. The highest factor under this category is verbal ability.” This shows that for sexually abused children in this study to overcome traumatic experiences, most of them interact with people and they are able to verbalize their feelings.⁴

On the other hand, helpful life circumstances were referred to by the same authors as “other surrounding

circumstances that contribute in the development of a person's inner hardiness." In this study, it was important for the children to have adult support and major life transitions for them to be able to cope better.

The next indication of resiliency was the presence of competence in different areas and it helped if they were able to make use of their talents. It is also helpful for sexually abused children if they acquired skills through education. Most of the children in this study reached at least grade four.

The fourth most important cluster that helped children with their situations in life was spirituality according to the resiliency scale.

The last category that helped them was high regard for self. When children have good self esteem, they are better able to cope with stressors and abuse in their lives.

Looking at the data as a whole and if we consider the frequency for each of the specific items, the most common way of coping with trauma and stressors or changes in their lives is the ability to express their feelings and thoughts about their difficulties in life. If this is coupled with spirituality and adult support, then we expect the sexually abused children to have a better chance of adapting to the traumatic experiences in their lives. It also helps if they are able to use their talents and have opportunities for major life transitions.

Discussion and Conclusion

Considering what existing literature and research done on the same topic, this study indicates that there are differences and similarities in how sexually abused children cope with difficult situations and manifest resiliency.

In the study by Bautista et al., the authors noted that abused children who were resilient tended to do well in life because of how they dealt with their situations. They could ably meet the demands of everyday living despite difficult circumstances. Important characteristics that these children had to help them cope and overcome difficult experiences included "accepting and adjusting to the demands of these situations; competent functioning amidst difficult problems; learning from adversities; using one's self as teacher and source of valuation and "pagtitiis" (stoicism). In this study the results show that before accepting what happened to them, sexually abused adolescents referred to the Child Protection Unit would express themselves first and would make use of spirituality and the support of adults to function adequately.

It is interesting to note that most of the children in this study were not going to school at the time of interview but most of them were reached grade 4. Having gone to school and the fact that more than half of the children were legitimate were important aspects of resiliency in this study. However, at the time of interview, half of the children had parents who were in a live-in situation. Mothers were important figures in the lives of the children while they were coping, considering the role of other adult figures

like fathers and social workers. Banaag cited the study of O'Sullivan and said that the importance of an adult who is always present and who takes an interest in the child could contribute positively to the child's later life as an adult, sometimes even in situations where the parent is dysfunctional.

The adolescents in this study tended to use their talents and take advantage of opportunities during life transitions. According to Charity, resiliency involves dynamism that results into positive adaptation in the context of adversities in life. Sexually abused children turn the trauma itself into opportunities to be better individuals. Having strength and knowing one's weaknesses resulted in recovery and better functionality for adolescents. It is also important to note that the adolescent phase is a very important stage in the development of a child and factors inherent to the stage could also affect how the child will react.⁵

The importance of interpersonal skills must also be noted as contributory to resilience. Other researches showed that resilient individuals possess good temperament and are: above average in intelligence; demonstrate self-reliance; have very good social skills; have a good sense of humor; and are attractive or appealing to others, fostering strong relationships with both peers and adults.⁶

Lastly, similar to the study by Dr. Banaag in 1997, examining resiliency in street children, spirituality was a very important aspect in the lives of the adolescents included in the study. Belief in God and spirituality gave them strength. This is commonly seen in sexually abused children at the UP-PGH Child Protection Unit, as revealed by group work and therapy.

Recommendations

A larger sample size is necessary to make the findings of this study more conclusive. A longer follow up may also provide more information.

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