A Qualitative Study for Understanding the Professionals Working with Children Exposed to Neglect and Abuse

İhmal ve İstismara Maruz Kalan Çocuklarla Çalışan Profesyonelleri Anlamak Üzerine Bir Nitel Araştırma

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Abstract: Child abuse and neglect is one of the most challenging areas of child welfare. It is quite natural that professionals such as social pediatricians, psychiatrists, forensic science experts, social workers, psychologists, and nurses that engage in multidisciplinary processes to make multi-dimensional assessments and to conduct appropriate practices on children who are exposed to neglect and abuse are affected in various ways. This study aimed to examine the challenges that the professionals working with children who are exposed to neglect and abuse experience on various aspects of their lives and their coping strategies. The qualitative research methods were used, semi-structured interviews were conducted with nine professionals (one social pediatricians, two social workers, three nurses, and three forensic science experts) working in two different provinces in Turkey. Six of the interviewees are female and three are male. The interviews were analyzed according to the thematic analysis. The professionals' experiences are analyzed under two themes: 'the reflections on the emotions and the opinions', and 'the behaviors and the coping strategies'. The issues of the anger towards the abuser, the passive parenting, the concern for abuse and insecurity, the control and protection, the reflections regarding communication with the child, anger and intimacy in social life are examined as sub-themes under the themes of the reflections on the emotions and the opinions'. Additionally, other sub-themes of sharing with somebody and professional support, sparing time to clear the mind and social activities, supportive aspect of team work, job satisfaction and feedbacks are analyzed under the theme of coping strategies. This study reveals the need for a supportive practice for professionals as part of the child protection system for professionals working in the field of child protection.

Structured Abstract: The issue of working with children and their families who are exposed to neglect and abuse needs to be addressed in relation to the child protection system and the supportive practice of professionals in this system. The professionals working with children exposed to neglect and abuse and their families are likely to be reflected in their personal experiences. The child protection centers established within the university hospitals is one of the specific institutions provide services on child neglect and abuse

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within the scope of evaluating children about child neglect and abuse, diagnosis, treatment, protection and monitoring with a holistic approach. In these centers, different professional groups such as social pediatricians, psychiatrists, forensic medicine specialists, social workers, psychologists, nurses work together in accordance with a multidisciplinary approach. It is stated that the burden of listening traumatic experiences and the responsibilities of professionals ensuring the child's protection and welfare cause stress and reflect it on their own lives. A holistic research that reveals how professionals working in the field of child neglect and abuse are affected in their individual life and coping practices are necessary to identify and develop a study.

In accordance with this requirement, this study aimed to explore professional experiences about their feelings, opinions and behavior in so far as working with abused and neglected children and how they cope with challenges. When we look at the studies related to professionals in the field of child neglect and abuse, it has been seen that there is not much emphasis on how different professions are affected in so far as working with abused and neglected children and what are their coping strategies.

The experiences of the professionals working on the cases of neglect and abuse in the field of child protection is an understudied issue in Turkey and therefore this study is designed as a qualitative research. The study employed the qualitative research methods because this was thought to allow the professionals to express the reflections of their professional experiences and on their personal, familial, and social lives in their own words and in the way that they feel. The study is based on the phenomenological approach. The in-depth interviews were conducted through semi-structured interview forms. Participants were selected through purposive sampling. In-depth interviews, which are among qualitative research designs, were conducted with one social pediatrician, two social workers, three nurses, and three forensic science experts (i.e. a total of nine professionals) working in two different provinces. Six of the interviewees are female and three are male. The interviews were conducted face-to-face in the working places of the professionals in two different provinces. The interviews were analyzed according to the thematic analysis.

The data collected in the study are basically given under two main themes and sub-themes. The main themes and sub-themes obtained to reflect the experiences of the professionals working in the field of child neglect and abuse are as follows: (1) reflections on emotions, opinions, and behaviors: sub-themes are anger towards the abuser and the passive parents; concern for abuse and insecurity; control and protection; reflections regarding communication with the child; anger and intimacy in social life, and (2) coping strategies: sub-themes are sharing with somebody and professional support; sparing time to clear the mind and social activities; supportive aspect of team work; job satisfaction and feedbacks. The first theme revealed the importance of managing emotions and supervision especially for professionals. The second theme revealed the importance of self-care issues such as health, sports, social and cultural activities and team work needs to be emphasized for supporting professionals.

This study revealed the need for a systematized supportive practice for professionals working with cases of neglect and abuse in the field of child protection. In addition, it has been observed that there is no service model for supporting professionals in the field of child protection. Based on this requirement and the lack of the system, it will be useful to conduct research about professionals supportive practice needs. In Turkey, it is known that the institutions and organizations which eliminate secondary trauma in children especially in the field of child neglect and abuse have just been established. For example, child protection centers in hospitals, which have an important role in the detection and evaluation of child neglect and abuse during healthcare, were first established in 2006. As another example, Child Monitoring Centers, which provide services for children exposed to sexual abuse, were established in 2011. On the basis of these new initiatives on the specialized service model in the field of child protection, it is clear that a supportive mechanism for professionals should be focused on.

Keywords: Child neglect and abuse, child protection, vicarious trauma, coping strategies, qualitative research.

Öz: Çocuk ihmal ve istismarı, çocuk refahı alanı içerisinde çalışılması en güç alanlardan birisidir. İhmal ve istismara maruz kalan çocuklarla çalışmada çok yönlü değerlendirme yapabilmek ve gerekli uygulamaları gerçekleştirebilmek için multidisipliner çalışmalar yapan sosyal pediatri uzmanı, psikiyatrist, adli tıp

uzmanı, sosyal çalışmacı, psikolog, hemşire gibi farklı meslek gruplarına sahip profesyonellerin de çeşitli etkilenmeler yaşaması olağandır. Bu çalışmada ihmal ve istismara maruz kalan çocuklarla çalışan profesyonellerin çalışma deneyimlerinin çeşitli yaşam alanlarına etkilerinin keşfedilmesi ve bu etkilenmelerle nasıl baş ettiklerinin öğrenilmesi amaçlanmıştır. Nitel desende derinlemesine görüşme tekniğiyle altı kadın, üç erkek olmak üzere toplamda 9 profesyonel (bir sosyal pediyatrist, iki sosyal hizmet uzmanı, üç hemşire ve üç adli tıp uzmanı) ile görüşülmüştür. Görüşmeler tematik analize göre analiz edilmiştir. Profesyonellerin deneyimlerine ilişkin bilgiler duygu, düşünce ve davranışa yansımalar ve baş etme stratejileri temaları altında toplanmıştır. Duygu, düşünce ve davranışa yansımalar teması; istismar failine ve sessiz kalan ebeveyne öfke, istismar kaygısı ve güvensizlik, kontrol ve koruma, çocukla iletişim bilgisinin yansımaları, sosyal yaşamda kızgınlık ve yakınlık alt temaları altında ele alınmıştır. Baş etme stratejileri teması ise birleriyle paylaşma ve profesyonel destek, zihin boşaltımına özel zaman ayırma ve sosyal etkinlikler, ekip çalışmasının destekleyici yönü, iş tatmini ve geri bildirimler alt temalarında analiz edilmiştir. Bu çalışma çocuk koruma alanında çalışan profesyonellere yönelik çocuk koruma sisteminin bir parçası olarak profesyonelleri destekleyici bir uygulama gereksinimini ortaya koymaktadır.

Anahtar Kelimeler: Çocuk ihmal ve istismarı, çocuk koruma, temsili travma, baş etme biçimleri, nitel araştırma

Introduction

Child abuse and neglect is a social problem with physical, emotional, social, and legal aspects and have devastating influences on children and parents (also see: Paslı, 2019). Recently, with increased the media visibility, an increase has occurred in the attention towards the prevalence of child abuse, but particularly the sexual abuse of children in Turkey. There are some studies about this issue, demonstrating the prevalent profile in Turkey. In these studies data derived from the evaluations of the suspicions of abuse reported to a certain hospital. Previous studies mainly dealt with the data derived from the surveys conducted through hospitals. For instance, in a study conducted with 100 children who were referred to Gazi University Child Protection Research and Application Center through legal and social channels from 2001 to 2008 with suspicions of neglect and abuse, shows that 73% of the children suffered sexual abuse, 19% physical abuse, and 8% neglect. At a rate of 52%, sexual abuse is mostly committed by people in victims' inner circles and their acquaintances (fathers at a rate of 15%; peers at a rate of 12%; relatives at a rate of 8%; acquaintances at a rate of 8%; teachers at a rate of 6%; step-fathers at a rate of 3%). Only in 21% of the cases, it is committed by strangers (Paslı, 2009). Furthermore, physical abuse is equally frequent for both girls and boys, while sexual abuse is generally towards girls (Koç et al., 2012). Aktepe et al. (2013) studied sexual abuse of 63 girls and 17 boys who were sent to Süleyman Demirel University School of Medicine, Department of Child and Adolescent Psychiatry from 2007 to 2012 to receive judicial reports. They concluded that most victims are girls (78.7%) and the most frequent sexual abuse type is sexual penetration (47.5%); 55% of the children suffered sexual abuse for the first time at the age of 12 to 16. These studies offer important data on the prevalence of child abuse although they reflect only the cases that were reported to hospitals within specific time periods.

Gazi University Child Protection Research and Application Center, established in 2006, is the first center to conduct multidisciplinary processes to assess, treat, and monitor the children who have suffered neglect, physical, emotional, and sexual abuse. The aim of this center is to raise awareness regarding neglect and abuse through training activities and workshops with parents, groups, and communities. Today Child Protection Research and Application Centers operate within the body of universities in eight provinces of Turkey.

In Child Protection Centers, the children that have suffered or are considered to have suffered neglect and abuse are assessed, diagnosed, treated, protected, and monitored. These units are the places where the most stressful and difficult works are performed. In these centers the

multidisciplinary processes are conducted with various groups of professionals such as social pediatricians, psychiatrists, forensic science experts, social workers, psychologists, and nurses.

Many studies indicate that working with children who are abused by parents and/or family members may lead to various effects on professionals' emotions, opinions, and behaviors (Azar, 2000; Capri, Kruger and Tomlinson, 2013; DePanfilis and Zuravin, 2002; Horwitz, 2006). These effects are mainly burnout, counter transference, and vicarious traumatization (Dane, 2000). Vicarious traumatization refers to emotional disruption experienced by the professionals working one-to-one with trauma victims and becoming indirect victims themselves (Bride et al., 2007).

According to McCann and Pearlman (1990), as a result of working with trauma victims, the professionals experience vicarious traumatization, which leads to changes in their perspectives towards the world, sense of security, professional relations, relations with themselves and others, and emotional reactions such as anxiety and anger. These emotional and cognitive changes refer to high fragility, marginal despair and/or exaggerated sense of control, chronic distrust in others' intentions, loss of personal sense of control, loss of sense of freedom, chronic agony, pessimism, and alienation. Çolak et al. (2012) conducted a study dwelling on the differences between the attitudes and behaviors of the professionals working with sexually-abused children before and after they started to work in that field. They revealed significant changes in four basic aspects: the professionals' attitudes towards the possible threats that may come externally; the attitudes towards the threats that may come from either the persons or the places that are considered to be safe; the feeling of being misunderstood while building a relationship with children; avoiding to treat one's own child or a relative's child due to these reasons.

This study aimed to explore professional experiences about their feelings, opinions and behavior in so far as working with abused and neglected children and how they cope with such challenges.

Methods

The experiences of the professionals working on the cases of neglect and abuse in the field of child protection is an understudied issue in Turkey and therefore this study is designed as a qualitative research. The study employed the qualitative research methods because this was thought to allow the professionals to express the reflections of their professional lives and on their personal, familial, and social lives in their own words and in the way that they feel. The study is based on the phenomenological approach. In this regard, as stated by Patton (1990: 70), attention is focused on how people experience things through their perceptions and how they define their experiences. This study is reported in accordance with the Consolidated Criteria for Reporting Qualitative Research (COREQ) guidelines (Tong, Sainsbury and Craig, 2007).

Participant recruitment and interview schedule development

The study used in-depth interviews because they would allow the professionals working on child neglect and abuse cases to express their emotions, feelings, and behaviors on personal and sensitive matters easily and comfortably in the interviews that are not completely structured. This study was facilitated by the theoretical information in the literature and one of the researchers engaged in the practice and observation in a child protection center for one year during her doctoral study in social work. The in-depth interviews were conducted through semi-structured interview forms. While the study was being planned, the professionals who were planned to interview were contacted, they were provided an informed consent form, and their opinions were asked about the study. After the initial design of the interview questions, a pilot interview was conducted. After the pilot interview, the questions were re-evaluated, some readjustments were made. The participants were detailly informed at the beginning of the research. The participation was on a voluntary basis.

Participants were selected through purposive sampling, from April 2017 to July 2017. An appointment was made with the interviewees in advance. The interviews were conducted face-to-face in the working places of the professionals in two different provinces. One researcher carried out and tape-recorded the interviews. The interviews took approximately one hour on average. The interviews were ended when the saturation point was reached.

Of the nine interviewees, six are female, and three are male. The participants have maximum 25 years and minimum three years of experience in working with children who have suffered neglect and abuse. In-depth interviews, which are among qualitative research designs, were conducted with one social pediatrician, two social workers, three nurses, and three forensic science experts (i.e. a total of nine professionals) working in two different provinces. Four participants have their own children. Most of the participants not only work with children in the field but also take part in trainings for parents and community. No personal data are given to ensure confidentiality of identities.

Analysis and Interpretation

The data collected in the study are basically given under two main themes and sub-themes, as shown in the scheme below. The participants' expressions are analyzed in accordance with the findings of various studies in the field and literature. Furthermore we started analyze the data according to the thematic analysis, immediately after the first interview (Braun and Clarke, 2006). Interviews ended when the thematic saturation was achieved. As mentioned above, conceptualization within the analysis process was made by establishing relationships between the codes, the categories, and the themes that were derived from the repetitive review of the previous studies.

The main themes and sub-themes obtained to reflect the experiences of the professionals working in the field of child neglect and abuse are as follows: (1) reflections on emotions, opinions, and behaviors (sub-themes are anger towards the abuser and the passive parents; concern for abuse and insecurity; control and protection; reflections regarding communication with the child; anger and intimacy in social life) and (2) coping strategies (sub-themes are sharing with somebody and professional support; sparing time to clear the mind and social activities; supportive aspect of team work; job satisfaction and feedbacks).

The Experiences of Professionals Working With Children Who Have Suffered Neglect and Abuse

1. Reflections on emotions, opinions, and behaviors
 - Anger towards the abuser and the passive parents
 - Concern for abuse and insecurity
 - Control and protection
 - Reflections regarding communication with the child
 - Anger and intimacy in social life
2. Coping strategies
 - Sharing with somebody and professional support
 - Sparing time to clear the mind and social activities
 - Supportive aspect of team work
 - Job satisfaction and feedbacks

Figure I: The Experiences of Professionals Working with Children Who Have Suffered Neglect and Abuse

Reflections on emotions, opinions, and behaviors

It is stated that the professionals working in the field of child neglect and abuse experience stress due to their responsibility for child welfare (Reynolds-Mejia and Levitan 1990). In addition, it is reported that the professionals working with children who have suffered abuse are more concerned parents compared to others, deem the world as a dangerous place, and their belief in humans is threatened and damaged by their field of study (Cunningham 2003; Menashe et al. 2014; Schauben and Frazier 1995; Shevade et al. 2011).

In light of the literature given above, the participant professionals were asked the following questions during the interviews: “What do you feel when you meet the person who is claimed to be the abuser and the family members who are aware of the abuse?”; “What are the reflections of the work you conduct with children who have suffered neglect and abuse on your relations in your personal, private, and social life?”; “What kinds of emotions and opinions do you have while your children or the children of your relatives participate in social life?”.

Anger towards the abuser and the passive parents. Shauben and Frazier (1995: 61) examined people who work with sexually-abused children and concluded that the consultants feel anger towards the abuser and experience a distrust towards humans in general. Reynolds-Mejia and Levitan (1990: 55) report that therapists generally have the tendency to accuse the parents while working with children who have been devastatingly and torturously neglected and abused, and with the parents who abuse their children. In a study by Mills (2011) in which abusers were mothers, the participants noted that they felt anger towards the mothers in the same way as the children while listening to the physical abuse of the children by their mothers.

In the present study, the professionals asserted that they feel anger and rage towards the abuser, and great astonishment in the face of the cruelty of the abuser. They denoted that they try to keep these emotions within the limits of professionalism.

“I try to listen without judging or questioning. But if I have anger inside me, I have negative feelings about them when I go out of this door. For instance, while doing sports. Our trainer makes a figure like punching somebody. I imagine the abusers, without anyone specific in mind, as people harming children. But of course, I leave them out of this door...” (1, Social Worker)

“The abused child always astonishes me about the cruelty of the abuser each time. When I first started my job, I thought that there could be nothing worse than this. But there was. All the time. I encountered a worse case of ruthlessness every time. This made me aware of the fact that people are capable of outperforming their cruelty and abuse.” (3, Social Worker)

One of the professionals participating in the study stated that when the abuser is also a child, she tries to deem both parties as children and understand their victimization.

“If the abuser is a child or an adolescent, I consider him/her as a victim of abuse as well. That is, it is something frequent with children under 12. I met people who revealed and traumatized the sexual play among children. This is because that child is also a child for me. S/he is also abused. It is the same for the events that took place with peers as well.” (3, Social Worker)

Although the anger towards the abuser is intense among the professionals who work in this field, they state that they try to overcome this anger by not reflecting this situation externally and reminding themselves that the abuser is a “patient”:

“But, all in all we have to manage our anger. All in all, s/he is an individual, a person with a sick mind. What would we do and how would we hold on to life if we did not think like this? It would be impossible to work here. Everyone would be potential criminals in your mind. It is very bad.” (8, Nurse)

Bozbeyoğlu et al. (2010) pointed out that economic powerlessness may lead to concealing incestuous events. They emphasized that it is the opinion of many experts that family members,

particularly mothers, do not spend the necessary effort to disclose the incestuous event when the abuser shows a variety of violence and abuse. They report that some mothers do not really believe their children and the role conflict mothers experience plays a role in their disbelief.

In the present study, the professionals mentioned that they try to understand the passive mothers who keep being silent even when they know about the abuse on their children; however, they do not believe that this passivity is something to be accepted under any circumstances.

“I get very angry towards them. How can they let this happen with their eyes open? For instance, in one of the cases, the woman was so desperate that it always ended up in money. That is, all of them ignore the abuse because of money. ...the woman had two sons. I think they were sons. One of them was sexually-abused by the father. The woman took that son with her to protect him. She was so incapable of thinking that she actually gave the other son to the father. Then, that son also suffered abuse. What I mean is that on one side she is so desperate that she has nowhere to go. Her family do not approve. She does not earn money. Even when she sees the abuse, she sometimes ignores. But is it enough to forgive the mother? ...” (2, Nurse).

It is acknowledged that those who work in the field of mental health may experience similar effects, like those working with children who have suffered abuse as a result of their previous accumulation, and displaying empathetic approaches towards the victims may lead to certain effects (Vrklevski and Franklin, 2008; Collins and Long, 2003). The professionals participating in this study marked that each case creates different effects and particularly the children who have suffered incestuous experiences create the most dramatic effects.

“Initially, it was more traumatic. The incestuous cases influence me most. Of course it is very traumatic. I try not to reflect these on my family. But believe me, I live it. For instance, I do not trust anybody.” (8, Nurse)

“Particularly incest. The incestuous cases influence the most. I do not know why it is so. I do not know why. I cannot describe the feeling it creates in me. But the points that influence me most still make me angry.” (6, Forensic Science Expert)

The professionals working with the abused children expressed that they think of the possibility of their own children experiencing the same thing or similar cases in their close milieu as they are influenced by the events as explained above.

“When you encounter such cases, you think of your own children, your family, the people around you. And its deformities and deficiencies may reflect on your professional life and domestic life...” (5, Forensic Science Expert)

The participants stated during the interviews that this effect is always greater in the beginning. Every case of abuse has its own effects on the professionals depending on the details of the situation for a certain while. However, they denoted that they try to keep these effects at a professional level.

Concern for abuse and insecurity. There are many studies indicating that the professionals working with abused children experience a negativity in their basic perceptions of security (Clemans, 2004; Menashe et al., 2014; Pistorius et al., 2008; Horwitz, 1998; Couper, 2000; Canfield, 2005). Çolak et al. (2012) conducted a study focusing on the assessment of attitudes and behaviors of the professionals before and after they started to deal with the cases of abuse. A statistically significant difference was detected between them. The greatest change is about the threats that may come from the external environment. In Couper’s (2000) study, one of the participants stated that he had the idea that the child abuser is waiting in ambush for whenever his nieces/nephews are out of sight and that they may be harmed any time. Our study indicates that the interviewed professionals also keep in their mind the risk of their children or the children in their close milieu to encounter abuse. It is clear that they intensely experience this feeling of risk when their children are in social environments out of their monitoring.

“Once, we were on a holiday, and my son needed to go and get something. The site employee, a man, offered him to go with him, and he would give the thing that needed to be fetched. My son followed him, and after 10 minutes he was still gone. All kinds of scenarios passed through my mind of course, like the man took him and closed him into some place and forced him.” (4, Social Pediatrician)

According to Menashe et al. (2014) the external environment and strangers force the professionals to be on the alert all times, and due to the insecurity and distrust they feel towards the people, they consider the external environments as an area of threat where they feel the need of control intensely. The professionals in this study noted that they pay more attention and take more precautions against their children’s staying overnight at their relatives’ or friends’ places particularly because of the possibility of abuse and their concern for the safety of their children. They grow a distrust for the people around them. The relevant expressions are as follows:

“Now I remember; I have this close acquaintance. He drinks alcohol at times. For instance, I told my daughter, even if she is elder, to keep away from him as much as possible and to not let him hug her or get close to her. Our relations are very close so when my son wants to stay overnight there, I prefer the nights when the relative is on duty as he works in shifts. He affects me very much. Whenever he stays overnight, my mind is always there. This is because I worry what if he harasses him with the effect of alcohol. All in all, I feel uneasy.” (2, Nurse)

“...for instance, you encounter a sexual abuse case. Then your approach towards your children or the environment becomes more paranoid. You search more, and you always ask ‘what if’. You have to live with ‘what ifs’ and question marks all the time.” (5, Forensic Science Expert)

Control and protection. Pistorius et al. (2008: 189) report in their study conducted with female therapists working with abused children that they are overprotective, too careful and cautious, and over-interventionist and interfere in their children’s lives and grow unrealistic worries. Menashe et al. (2014) studied the coping situations and perceptions of social workers dealing with children suffering abuse in relation to the effects of their occupations and their influences on their relationships with their children. Therefore, they conducted a study with 10 female social workers. Those participants stated that they had two concerns related to their identities: professional and maternal. They expressed that they displayed overprotective and control-enhancing actions. They used the term “anxious motherhood” for the mothers who believe that this world is dangerous for their children. In the present study, it was seen that four female professionals display control-enhancing behaviors particularly when their children are in social environments due to their anxious motherhood experiences.

“It disturbs me when a salesman is interested in the children more than enough, when they ask more than what they want, and when they do something more than trying to learn their preferences and tastes. It is utterly disturbing when they touch. I think it is unnecessary. There is a thought lingering in my mind there....For instance, I intervene and step in by putting the children aside. I try to cut his communication with the child. Or I suggest going to some other shop.” (1, Social Worker)

“I think I am a very obsessive mother. I do more than my best for their education. In fact, this is emotional abuse at some point. But I cannot help myself. I step in their lives very much. It depends on their characteristics. For instance, I did not intervene in my daughter very much. Her personality was well-developed. It was not needed. But with my son, you have to do something when you notice certain things. You are a mother, all in all. It may sometimes be pathological.” (9, Nurse)

Couper (2000: 15) states that the professionals experience changes in their personal lives and they pay more attention to taking into account the threat of sexual abuse. The participants of the present study told that there is a significant increase in their need to control, pay attention, monitor, ask questions, and warn their children regarding their social lives and relationships.

“You try not to leave the children alone as much as possible. Particularly in social life. You need to monitor them all the time. What if something happens? You may consider everyone as potential abusers.” (5, Forensic Science Expert)

“Of course there is protectionism towards the people in my close milieu. When they want to do something, I say ‘be careful, do not stay there alone, do not do this or that’. It happens unavoidably. Previously, I was an indifferent person. Now I intervene in my cousins and my siblings.” (6, Forensic Science Expert)

The dramatic difference between the changing attitudes and behaviors of the professionals before and after their start to assess the cases of abuse is examined under the category of “threats that may come from the external environment” (72.3%) Namely, they start to experience the concern regarding the possibility that children who are close relatives may be harmed by the people they contact over the Internet. (Çolak et al., 2012). As the identities of the people on the Internet are anonymous and it is easy to contact children through internet, the children may be subjected to and vulnerable against the sexually explicit media or sexual offers and abuses. In the present study, the professionals admitted that the people they have met on the social media may be threatening. They professionally witness that the Internet used as an instrument to access children by the abusers and they started to pay more attention to their own children’s Internet use. In addition, they try to control and limit their use of the Internet.

“There are many cases associated with social media. That is, I have a negative attitude towards social media. I do not want them to use social media, to be honest. I do not want them to be addicted to social media. I do not want my relatives to do this. Because everyone promotes themselves differently. They meet many people via social media. I try to prevent my acquaintances from meeting people via social media. Maybe in the past, I was not this much interested. But after I started this job, my interest in social media decreased ever more. It is necessary to limit the use of social media.” (7, Forensic Science Expert)

Reflections regarding communication with the child. Pistorius et al. (2008: 189) conducted a study with female therapists working with children who have suffered abuse. These therapists stated that the positive contribution of their job to themselves was that it made them more eager and open-minded regarding communication with their children, and this eventually made them better parents. As mentioned previously, in their study involving social workers working with children suffering abuse, Menashe et al. (2014) used the term “reflective motherhood” for mothers struggling with their own conflicts and stress and seeking positive motherhood experiences, based on the participants’ statements. In the present study, the professionals marked depending on their reflective motherhood experiences that their job is useful for establishing an open communication with their children, informing them, and raising them properly.

“I am able to inform my children about many issues including the dates with people either two years older or younger than them, chatting with strangers in their early childhood period, receiving or not receiving gifts, warning to tell me any behavior that disturbs them, keeping many brochures regarding their sexual development at home, and freely talking about sexual issues.” (3, Social Worker)

O’Reilly et al. (2014) explain that the professionals working in the field of child protection admit experiencing hyper-vigilance regarding their own children, or the children of other family members.

“I try to get information about what they did or with whom and so on. In addition, I inform my sister as well. I tell her that the things I say are not futile. Because I hear them and see them. We experience such cases. This is why I warn you. You should take this seriously and you should not underestimate the possibility of experiencing a similar thing. (6, Forensic Science Expert)”

“For instance, one of my clients says that his seven-year-old child has a 12-year-old friend from the neighborhood. It occurs to me immediately. This is because normally a 12-year-old is not

expected to play with a seven-year-old child. If they do, then one has to pay attention. It occurs to me.” (1, Social Worker)

It is claimed that working in the field of child abuse makes therapists more competent, sure, and self-aware. The lose trust towards the world and possess an increasing the awareness on child abuse and people’s reactions in relation to child sexuality (Shevade et al., 2011: 67). The participants of the present study stated that both their theoretical knowledge and practical experiences increase their awareness and they assess their children’s relationships in this direction. They expressed their views in this matter as follows:

“...You are lucky to a certain extent as you are aware of everything and you know everything. What is abuse? What is not abuse? What is misuse? What are the practices in Turkey? What are the practices throughout the world? You compare them. You are being more critical and objective. The positive aspect is being more aware.” (5, Forensic Science Expert)

“For instance, in my family life, both of my uncle’s sons have muscle diseases. They are not very young. They have sexual desires after all. My son loves them so much. I do not want him to sit on their laps and engage in close contact.” (8, Nurse)

Anger and intimacy in social life. In the study by Pistorius et al. (2008: 187), the therapists dealing with child abuse stated that they want to stay away from their spouses, siblings, friends, and acquaintances rather than discussing job-related issues with them and they do not want to talk about sexual abuse with them; discussing these issues reminds them of the case over and over again. The professionals participating in the present study noted that the people in their social milieu show binary reactions. They also mentioned the emotions aroused inside them by these reactions. They told that if their friends have pitying and marginalizing attitudes towards these issues when they are brought on the agenda, they feel the need to get away from their friends with anger towards them. On the other hand, if their friends’ attitudes involve taking responsibility and the curiosity as to what they can do against these problems, the professionals feel themselves better. In this study, the expressions regarding these two groups are as follows:

“‘Really? Is it the case? Is the news that we are reading true? Then, what happens? What do you do? How can you stand? Wow, you have a difficult job.’ They say things like this. And mostly they think this is only an issue to be dealt with by a group of professionals or people. They say ‘May God give you patience, you do a great job. You will go to heaven. This is very difficult’. OK, I am a professional, and this is my job, but this is a problem of all of us!!!” (1, Social Worker)

“...I have some friends asking what they can do. When I met a high school friend, this issue popped up. She is a businesswoman. She thinks on how she can find a fund in her business circle and what she can do for these children. They help me as well. It is not explaining the case once again and re-traumatizing it once again.” (4, Social Pediatrician)

Coping Strategies

In Shauben and Frazier’s (1995: 61) study examines the coping strategies of the consultants working with the children suffering sexual abuse. According to the study the most frequently mentioned strategy is ensuring physical health and well-being through exercise, a tight sleep, and consuming healthy foods. The second most frequently mentioned strategy is participating more in spiritual activities such as meditating, being in nature, and keeping a journal. The third most frequently mentioned group of strategies includes leisure activities such as going to the cinema, reading, engaging in garden works, and listening to music. The fourth most frequently mentioned group of strategies includes emotional and instrumental support such as chatting with friends and family members and receiving advices from social workers and supervisors. In our study we asked our participants their ways of coping with their experiences. The professionals’ responses mainly include sharing with somebody, sparing time to clear the mind and social activities, receiving professional support, supportive aspect of team work, job satisfaction, and feedbacks from the clients.

Sharing with somebody and professional support. As mentioned above, the experiences of the professionals working in the field of child abuse may have multidimensional reflections in emotional, cognitive, and behavioral terms. Sharing their experiences with somebody facilitates coping with the experiences and provides relief.

“When I feel utterly fed up – I may sometimes be emotional, angry, and furious – if I have really intense experiences, I tell about it to some person without naming the case, which discharges me.” (2, Nurse)

According to Pistorius et al. (2008) the therapists working with children who have suffered abuse benefit from the strong personal and professional support networks, the psychotherapy therapists, the group interactions with colleagues, the information and supervision meetings, and the trainings. According to Couper (2000: 15), due to this kind of experiences influence professionals and lead to changes in their thinking and making sense of their emotions, clinical supervision can help professionals to a high extent. Hughes and Pengelly (1998 cited: Couper, 2000: 15) compare clinical supervision process to a triangle. They add that there is the professional at one of the corners of the triangle while there is the victim at the other. The supervision reveals unconscious emotions regarding the victim, the abuser, and the rescuer. They also emphasize the dominant influence of these emotions on the professionals. In the present study, the professionals stated that there is a lack of supervision mechanism within the child protection system in Turkey. Since this is a very important necessity in coping with emotions, they try to compensate this lack through their personal efforts.

“I am a student of psychodrama and I also manage a psychodrama group myself. I work with abused people in two groups that I manage. I have the opportunity to look into myself, understand myself, and share my emotions. In my own psychodrama group, I get benefit as I work on the things that force me in this group.” (4, Social Pediatrician)

Sparing time to clear the mind and social activities. The professionals mentioned that they, after their meetings with the children suffering abuse, prefer allocating some time alone particularly to keep up with their lives. Davies and Frawley (1994 cited: Couper, 2000: 12) call this situation as dissociation in the broadest sense and define it as “a process of severing connections between categories of mental events”. Based on this definition, dissociation of the professionals working with sexually-abused children from their homes, families, and friends is clearly understood. From many aspects, this is a rather healthy reaction: professionals need a life, an internal space where they get away from sexual abuse (Couper, 2000: 12). The participants’ expressions regarding this special period of time that can be considered as a need for internal space are as follows:

“For instance, an event took place. We were on a night shift. Two cases emerged in one night. These two cases took three to four hours. That is, both of the cases were really victims. I took over both of their psychology. In other words, I wore them like a shirt on myself. I walked around near the coast by myself for almost two hours to get away from it.” (7, Forensic Science Expert)

“Generally, I do not talk to anyone when I get home for a couple of hours. I watch movies with subtitles to not to hear Turkish any more. I watch movies for a couple of hours to free my mind. But if I really have to go somewhere with my friends at the end of the day, I put half an hour between finishing the work and meeting my friends to free my mind.” (3, Social Worker)

Many studies indicate that professionals’ coping strategies include social activities, as well. Some of the responses given to the question as to how they treat themselves include the benefits of social activities:

“For instance, I try to relieve myself from the loads I undertake, the issues that I cannot keep up with, and the problems through relaxing things. Sports, art events, and chatting with friends (but with the things that have nothing to do with my job) make me feel good.” (1, Social Worker)

“I have an active social life. It is very active. I have groups with all of my old friends. People whom I like to be with. There are many things I enjoy doing. All of those better my psychology.” (4, Social Pediatrician)

Supportive aspect of team work. Conducting the multi-assessment through team work, the physical examination, the psychiatric assessment, and the psycho-social assessment while evaluating the cases of children suffering abuse can be described as the working methods of the child protection field, in which the decisions are made after the case is assessed from all aspects. In the present study, most of the interviewed professionals stated that team work is useful for treatment and coping as others relieve them during decision-making process and they share the effect left by the abused child on them with others.

“It is good to work with friends. The burden of that case is not on my shoulders only. Working as a team and discussing the case in a team meeting divide the burden. It reduces the dullness of certain things as we decide together.” (4, Social Pediatrician)

“The team give us confidence. You are not afraid of making mistakes. You look for an associate in crime. A place of reliance. You trust them. You say ‘What can I do? We decided together.’ Deciding not by yourself is a sort of guarantee for taking responsibility both in terms of conscience and legal process according to my point of view.” (2, Nurse)

Job satisfaction and feedbacks. In a study conducted with 126 professionals working with children suffering abuse, 34.1% of the participants displayed burnout while 13.5% showed psychological problems. Furthermore, 68.8% of the participants thought their job is “extremely or quite” satisfactory while 26.2% deemed their job as “extremely or quite” stressful (Bennett et al., 2005: 1112). The professionals in the present study emphasized that feedbacks ensure sustainability of the works and reduce burnout, and seeing positive results in the aftermath of your efforts is important for coping.

“...in many of the cases, especially in those where we have long-term communication with children and families, we both see and feel that they are aware of our efforts to do our best. When the feedback is verbal, I understand that I do a good thing. Even if the process does not continue as they wish, most of them say ‘we are very pleased to have met you, so glad we have you’ or sometimes they share a good news, a development after years, which makes us feel very good.” (1, Social Worker)

Conclusion

This study demonstrated that the experiences of the professionals working with children that have suffered neglect and abuse have multi-dimensional reflections on their emotions and thoughts. The professionals are affected in two main areas. The first is the loss of trust towards people and milieu while the latter is having concerns regarding the possibility of their children to be abused and increase in behaviors that are associated with control as a result of this. Breakdown of the feeling of trust, which is one of the fundamental human emotions, is maybe the most stressful issue for the professionals. These emotions coming out in the working life tumble the professionals’ personal lives and have a reflection on their social lives and relations with their friends. On the other hand, the working life of these professionals makes them stronger in two main areas. One is renewing the knowledge to understand the child’s emotional, ideal, and social worlds. Therefore, this knowledge is useful for their child-raising practices. The other is job satisfaction derived from recovery of the children that are worked with, the professional meetings, and the awareness-raising efforts and processes.

One of the emotions felt by the professionals working in this field is anger. Anger is towards both the abuser and the parent who is passive against the abuse. The professionals express their anger by emphasizing the cruelty of the abuser. They also believe that no justification can be made for the silent mothers who avoid revelation of the abuse. As there is no previous study

regarding the mothers who are passive against the abuse, it is clear that there is a need for research to dwell on this issue.

The professionals develop various mechanisms to cope with the negative reflections of their occupations. As professional coping mechanisms, professional support or clinical supervision that they receive via their own efforts are undoubtedly beneficial. On the other hand, the importance of and the relaxation provided by the team work and sharing are prominent. The feedbacks received from the things they do increase and support the belief that they are on the right track and facilitate coping. The feedbacks are regarded as another professional coping mechanism. Personal coping mechanisms include sharing experiences with a person from close milieu or family, sports, participation in social activities such as friend meetings, sparing special time for oneself, and trying to free the mind during this process.

In Turkey considering the child as an economic asset is fading away, which used to be a largely accepted opinion. Today, children's psychological value is in its early bloom. Working with children who suffer neglect and abuse is traumatic for the professionals, especially because the child protection system has many deficiencies and it is still under construction. The professionals face many challenges to overcome within the system they work. Turkey signed the Convention on the Rights of the Child in 1990. Within the framework of child protection policy, there have been a legal and organizational development until 2010. An attempt was made to increase the number of child protection research and application centers at universities across Turkey as part of child protection policy via a project dated 2008-2009 conducted through the collaboration of the Turkish government and UNICEF and with financial aid from the European Union. However, this organization missed the point of how to support the professionals working in these centers in practice. This study revealed the need for a systematized supportive practice for professionals working with cases of child neglect and abuse in the field of child protection. The support the professionals need during their daily practices can be given as part of team work. If this support mechanism is made a part of the system, a great contribution can be made to this field. Furthermore, it is obvious that there is a need for both quantitative and qualitative research dwelling on both better functioning of the system and the professionals' working experiences. And also, there is a need to conduct research on what kind of supportive practice professionals need for systematized supportive practice.

References

- Aktepe E, Işık A, Kocaman O, Özyay Eroğlu, F. (2013). Bir üniversite hastanesinde değerlendirilen cinsel istismar mağduru çocuk ve ergenlerin demografik ve klinik özellikleri [Demographic and clinical characteristics of children and adolescents examined in a university hospital who are victims of sexual abuse]. *New Symposium*, 51, 115-120.
- Azar, S.T.(2000). Preveting bornout in professionals and paraprofessionals who work with child abuse and neglect cases: a cognitive behavioral approach to supervision. *Journal of Clinical Psychology*, 56(5), 643-663. [https://doi.org/10.1002/\(SICI\)1097-4679\(200005\)56:5<643::AID-JCLP6>3.0.CO;2-U](https://doi.org/10.1002/(SICI)1097-4679(200005)56:5<643::AID-JCLP6>3.0.CO;2-U)
- Bozbeyoğlu, A.Ç., Koyuncu, E., Kardam. F. and Sungur, A. (2010).Ailenin Karanlık Yüzü: Türkiye'de Encest [The Dark Face of Family: Incest in Turkey]. *Journal of Sociological Research*, 13(1), 1-37.
- Bride, B.E., Jones, J.L. and Macmaster, S.A. (2007). Correlates of secondary traumatic stress in child protective services workers. *Journal of Evidence-Based Social Work*, 4(3-4), 69-80. https://doi.org/10.1300/j394v04n03_05

- Braun, V., and Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Canfield, J. (2005). Secondary traumatization, burnout, and vicarious traumatization: a review of the literature as it relates to therapists who treat trauma. *Smith College Studies in Social Work*, 75, 81-101. https://doi.org/10.1300/j497v75n02_06
- Capri, C., Kruger, L.M. and Tomlinson, M. (2013). Child sexual abuse workers' emotional experiences of working therapeutically in the Western Cape, South Africa. *Journal of Child Adolescent Social Work*. 30, 365-382. <https://doi.org/10.1007/s10560-012-0295-8>
- Clemans, S.E. (2004). Life changing: The experience of rape-crisis work. *Affilia*, 19(2), 146-159. <https://doi.org/10.1177/0886109903262758>
- Collins, S. and Long, A. (2003). Working with the psychological effects of trauma: Consequences for mental health-care workers-A literature review. *Journal of Psychiatric Mental Health Nursing*, 10, 417-424. <https://doi.org/10.1046/j.1365-2850.2003.00620.x>
- Couper, D. (2000). The impact of the sexually abused child's pain on the worker and the team. *Journal of Social Work Practice*, 14(1), 9-16. <https://doi.org/10.1080/713683888>
- Cunningham, M. (2003). Impact of trauma work on social work clinicians: empirical findings. *Social Work*, 48, 451-459. <https://doi.org/10.1093/sw/48.4.451>
- Çolak, B., Şişmanlar, Ş.G., Karakaya, I., Etiler, N. and Biçer, Ü. (2012). Vicarious traumatization in professionals working with sexually abused children. *Anatolian Journal of Psychiatry*, 13, 51-58.
- Dane, B. (2000). Child welfare workers: an innovative approach for interacting with secondary trauma. *Journal of Social Work Education*, 36(1), 27-38. <https://doi.org/10.1080/10437797.2000.10778987>
- DePanfilis, D., and Zuravin, S.J. (2002). The effect of services on the recurrence of child maltreatment. *Child Abuse & Neglect*, 26, 187-205. [https://doi.org/10.1016/s0145-2134\(01\)00316-7](https://doi.org/10.1016/s0145-2134(01)00316-7)
- Horwitz, M.J. (2006). Work-related trauma effects in child protection social workers. *Journal of Social Service Research*, 32(3), 1-18. https://doi.org/10.1300/j079v32n03_01
- Koç and et al. (2012). Çocuk istismarı ve ihmali olgularımızın demografik ve klinik özellikleri: Ege Üniversitesi Çocuk Koruma Birimi'nin bir yıllık deneyimi. [Demographic and clinical features of child abuse and neglect cases: one-year experience of The Hospital-Based Child Protection Team of Ege University], Turkey. *Turkish Archives of Pediatrics*, 47, 119-24.
- McCann, I.L. and Pearlman, L.A. (1990). Vicarious traumatization: A framework for understanding the psychological effects of working with victims. *Journal of Traumatic Stress*, 3, 131-149. <https://doi.org/10.1002/jts.2490030110>
- Menashe, A., Possick, C. and Buchbinder, E. (2014). Between the maternal and the professional: the impact of being a child welfare officer on motherhood. *Child and Family Social Work*, 19, 391-400. <https://doi.org/10.1111/cfs.12029>
- Mills, S.M. (2012). Unconscious sequences in child protection work: case studies of professionals' experiences of child removal. *Journal of Social Work Practice: Psychotherapeutic Approaches in Health, Welfare and the Community*, 26(3), 301-313. <https://doi.org/10.1080/02650533.2011.562603>

- O'Reilly, R., Wilkes, L. and Luck, L. (2014). Being Parents and Workers: Qualitative Insights from Child Protection Workers. *Child Abuse Review*, 23, 311-323. <https://doi.org/10.1002/car.2254>
- Paslı, F. (2009). *An investigation of the legal and social processes of children reported for suspected abuse by the Gazi University Child Protection Center*. Master's Thesis, Ankara University, Ankara.
- Paslı, F. (2019). *Söylemeye Korkmak Çocuklara Yönelik Cinsel İstismar Vakaları*, Nika Yayınevi.
- Patton, M. (1990). *Qualitative evaluation and research methods*. Sage.
- Pistorius, K.D., Feinauer, L.L., Harper, J.M., Stahmann, R.F. and Miller, R.B. (2008). Working with sexually abused children. *American Journal of Family Therapy*, 36(3), 181-195. <https://doi.org/10.1080/01926180701291204>
- Reynolds-Mejia, P. and Levitan, S. (1990) Countertransference issues in the in-home treatment of child sexual abuse. *Child Welfare*, 39, 53-61.
- Schauben, L.J. and Frazier, P.A. (1995). Vicarious trauma: The effects on female counselors of working with sexual violence survivors. *Psychology of Women Quarterly*. 19, 49-64. <https://doi.org/10.1111/j.1471-6402.1995.tb00278.x>
- Shevade, D., Norris, E. and Swann, R. (2011). An exploration of therapists' reactions to working with children displaying sexually problematic behaviour: A thematic analytic study. *Journal of Child Psychotherapy*, 37, 52-74. <https://doi.org/10.1080/0075417x.2010.550026>
- Tong, A., Sainsbury, P., and Craig, J. (2007). Consolidated criteria for reporting qualitative research (COREQ): A 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care*, 19(6), 349-357. <https://doi.org/10.1093/intqhc/mzm042>
- Vrklevski, L.P. and Franklin, J. (2008). Vicarious trauma: The impact on solicitors of exposure to traumatic material. *Traumatology*, 14, 106-118. <https://doi.org/10.1177/1534765607309961>