

## **FAMILY PSYCHOEDUCATION THERAPY TO IMPROVE FAMILY'S ABILITY TO CARE FOR VICTIMS OF SEXUAL ABUSE**

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### **ABSTRACT**

#### **Keywords:**

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Sexual abuse is increasingly occurring but it is difficult to detect. Victims and their families usually do not want to reveal the sexual abuse clearly, complicates intervention efforts. The most incidents of sexual abuse occurred in children and adolescents, which is called child sexual abuse. This study was conducted to analyze the effect of Family Psychoeducation therapy on family's ability to care for children who experienced sexual abuse (post sexual abuse) in the working area of Women's Crisis Center, Jombang Regency, East Java. This study utilized pre-experimental design with one group pretest-posttest design; using one treatment group, with observations conducted to the group before and after treatment. The population in this study were all families with children who experienced sexual abuse with a total of 133 respondents. By using simple random sampling technique, 100 samples were obtained. The measuring instrument used was a questionnaire on both variables. Data processing was carried out by editing, coding, scoring, and tabulating, while data were analyzed using the Wilcoxon test. Results obtained p value = 0.0001 (<0.005), indicating that H1 was accepted. It means that there was an effect of Family Psychoeducation therapy on the family's ability to care for children who experienced sexual abuse (post sexual abuse) in the working area of Women's Crisis Center, Jombang Regency. This study concludes that the most common case of sexual abuse is sexual violence. The results show that there is an effect of family psychoeducation therapy on the family's ability to care for children who experienced sexual abuse (post sexual abuse).

#### **BACKGROUND**

Sexual abuse, more commonly known as sexual harassment, is like an iceberg phenomenon. In Indonesia, especially in East Java, sexual abuse is increasingly occurring but it is difficult to detect since most families and victims do not want their cases of abuse to be known and become the subject of public discussion (Allen, 2014). Sexual abuse that is not clearly disclosed by victims and their families complicates intervention efforts (Simon, Luetzow & Conte, 2020).

Furthermore, sexual abuse and or sexual violence against children occupies the highest position

with a percentage of 50-62% (Unesco, 2016). The facts show that sexual abuse towards children is usually committed by someone they know. In Australia, child sexual abuse is committed by neighbors, peers or family friends (Mathews, 2017). There are 18% of women and 4.7% of men in Australia reporting that they were sexually abused before the age of 15 (Australian Bureau of Statistics, 2016).

In Indonesia, data obtained by the Indonesian Child Protection Commission (KPAI) demonstrate that there were 1,671 cases of sexual violence against children from 2011 to 2015. Most children who were victims of sexual violence were aged around 5-11 years (Handayani, 2017). Data from the

Women's Crisis Center in Jombang Regency in the past year indicate that there have been more than 50 cases of sexual abuse.

The increasing number of cases of sexual abuse has had a severe impact not only on the victim but also on the family. Family is basically a social unit and support system closest to the victim, that is directly affected by a mental disorder in their system (Harvey, 2018). The family has a major role in caring for family members who are healthy and at risk for mental disorders since the family is the very first place where children initiate interpersonal relationships. Additionally, the role of the family, especially for children who are in a period of post sexual abuse, is very important. Accordingly, families need to have the knowledge, abilities and skills to care for children with a history of sexual abuse in order to make sure that they are better prepared for the children's condition and can later help the children become more independent, productive and still be able to carry on their life.

Unfortunately, there is one of the obstacles in the effort to care for children at the period of post sexual abuse, which is low level of knowledge and information obtained by the society and family regarding this issue. They regard cases of sexual abuse as embarrassing and have a negative impact on the family. Sanjeevi et al., (2018) affirmed in their journal article that is considered a criminal act for the perpetrator because it can have a negative impact on the victims. The most serious impact is that child victims of sexual abuse can experience mental disorders. They can also experience several other disorders such as emotional and behavioral problems, Post Traumatic Stress disorder (PTSD), depression, suicide, anxiety, drug abuse, aggression, low self-esteem, academic problems and sexual behavior. In addition, negative impacts can be in the form of increased risk for a number of disorders, antisocial, personality disorders, dissociation, and behaviors related to sexual identity or deviant sexual behavior (Sesca, 2018).

Family psychoeducation therapy is one of the therapies that can be conducted on families to increase knowledge and how to treat children who experienced sexual abuse. Family psychoeducation therapy can train and provide a deep understanding of psychological conditions of children who experience sexual abuse so that the children's and family's anxiety can be controlled in carrying out their daily life (Herminsih, Barlianto & Kapti, 2017). The aforementioned explanation indicates the effectiveness of family psychoeducation therapy in overcoming psychological problems of families in treating children

with post sexual abuse.

## METHODS

This study utilized an experimental research design, which is a research design that provides intervention and looks for causes and effects that can be done in the laboratory or in the field. Experimental research is divided into three categories including pre-experiment, quasi-experiment and true-experiment (Nursalam, 2016).

This study used a pre-experimental design by providing intervention in the form of Family Psychoeducation (FPE) therapy. The pre-experiment can be divided into three categories: one-shot case study, one group pretest-posttest design and static-group comparison design. One group pre-test design is a type of research conducted by observing variables (pretest) before giving intervention, giving intervention, and observing (posttest) (Hidayat, 2017). This study used a one group pretest-posttest design; using one treatment group, with observations conducted to the group before and after treatment.

This study was conducted from the preparation of proposal to the preparation of the final results. It was carried out from August 2019 to August 2020 in the working area of the Women's Crisis Center (WCC), Jombang Regency.

The population in this study were all families with children who experienced sexual abuse (post sexual abuse) in the last 4 years, 2017 to 2020, with a total of 133 respondents. Sample in this study was a family of children who were victims of sexual abuse (post sexual abuse). Sampling was conducted using simple random sampling, which is the simplest type of probability. Applying this sampling means that each element is selected randomly (Nursalam, 2016). Names of families with children who experienced sexual abuse and met the criteria were written on a paper, placed in a box, and mixed, from which 100 papers were taken randomly.

The research instrument is a tool selected and used by researchers to collect data to carry out activities systematically (Nursalam, 2016). This study used a research instrument in the form of Family Psychoeducation (FPE) Module as a guideline in providing therapy to families and a questionnaire to measure the family's ability to care for children who experienced sexual abuse. This questionnaire is an explanation of the ability assessment concept based on Bloom's Taxonomy (Benyamin Bloom, 1956), which has been modified using the instrument studied by Ridwan (2012). The questionnaire has been tested

for validity and reliability, and can be used to measure cognitive and psychomotor abilities.

The questionnaire used a sign in the form of a checklist with closed-ended questions providing 4 answer choices. Before the study was conducted, the researchers carried out statistical tests including validity and reliability tests. The results of the validity test declared that the questionnaire on the family's ability to care for children who experienced sexual abuse was valid since  $r$  count was greater than  $r$  table (0.468). The Cronbach's alpha coefficient value on the questionnaire on the family's ability to care was declared reliable with a value of  $\alpha = 0.952$ , indicating that the  $\alpha$  value was above the  $r$  table (0.468) so that the instrument was declared reliable.

Data processing began with editing, coding, scoring, and tabulating. Data were then analyzed using univariate and bivariate data analysis with the Wilcoxon Signed Rank Test statistical test.

Research ethics test was carried out at the Health Research Ethics Committee of Sekolah Tinggi Ilmu Kesehatan Insan Cendekia Medika Jombang. After obtaining Research Ethics Number 006/KEPK/ICME/VI/2020, the researchers showed, provided, and explained informed consent to respondents so they understood the aims and objectives of the study. If respondents were willing to be research subjects, they were asked to sign the informed consent. If they did not, the researchers would totally respect the decision and did not force them to become research respondents. This study applied four important aspects: anonymity, confidentiality, justice, and beneficence. Anonymity was to maintain confidentiality. The identity of the patient to be studied was not included and was only given a specific code. Confidentiality indicated that all the confidentiality of the information provided by the patient and the results of the observations was guaranteed by the researcher. Justice means that the researcher does not discriminate in choosing research respondents. The researchers provided the same treatment to respondents selected according to their groups. Beneficence means that researchers gave opportunities for respondents to convey discomfort and did not continue filling out the questionnaire if they experienced discomfort during the research process.

## RESULTS

This study was conducted in the working area of the Women's Crisis Center (WCC), Jombang Regency, which is an institution for women victims of violence that aims to provide psychological and legal

assistance as well as provide support to the society.

### Characteristics of Respondents

The table above demonstrates that almost half of the respondents were aged 31-41 years old (39 respondents/39%). Most of the respondents were women (64 respondents/64%). Nearly half of the victims experienced sexual abuse (35 respondents/35%). In addition, most of the respondents were senior high school graduates (52 respondents/52%).

### Family's Ability Before Family Psychoeducation (FPE) Therapy

Table 2 shows that before receiving Family Psychoeducation (FPE) therapy, most of the respondents had poor ability to care for children who experienced sexual abuse with a total of 48 respondents (48%).

### Family's Ability After Family Psychoeducation (FPE) Therapy

Table 2 shows that after receiving Family Psychoeducation (FPE) therapy, most of the respondents had fair ability to care for children who experienced sexual abuse with a total of 53 respondents (53%).

### The Effect of Family Psychoeducation (FPE) therapy on family's ability to care for children who experienced sexual abuse (post sexual abuse)

Table 4 shows the Wilcoxon test results with  $p$  value = 0.000 (less than 0.005) indicating that  $H_1$  was accepted. Thus, it can be concluded that there was an effect of Family Psychology (FPE) therapy on the family's ability to care for children who experienced sexual abuse (post sexual abuse) in the working area of Women's Crisis Center, Jombang Regency.

## DISCUSSION

Before receiving Family Psychoeducation (FPE), most of the respondents had low ability in care for child who experienced sexual abuse. Knowledge has an important role in shaping one's ability to care for children. The results showed that most of the respondents were senior high school graduates aged 31-41 years. In the questionnaire on the family's ability to care for children who experienced sexual abuse, it was found that there were 2 respondents with the lowest scores on questions about cognitive parameters in the ability to care for children. A study conducted by Dharmawati & Wirata (2016); Oshima

Table 1. Frequency Distribution of Respondents

Characteristics of Respondents	f	%
Age (year)		
20 years-30 years	14	14.0
31 years-41 years	39	39.0
41 years-50 years	38	38.0
>50 years	9	9.0
Sex		
Man	36	36.0
Woman	64	64.0
Types of Abuse		
Violence Against Children	4	4.0
Rape	33	33.0
Sexual Abuse	35	35.0
Dating Violence	28	28.0
Last education		
Never Attended School	4	4.0
Elementary School	18	18.0
Junior High School	22	22.0
Senior High School	52	52.0
College	4	4.0

Table 2. Frequency distribution of family's ability to care for children who experienced sexual abuse (post sexual abuse) before Family Psychoeducation (FPE) therapy

Family's Ability Before Therapy	f	%
Good	7	7.0
Fair	45	45.0
Poor	48	48.0
Total	100	100.0

Table 3. Frequency distribution of family's ability to care for children who experienced sexual abuse (post sexual abuse) after Family Psychoeducation (FPE) therapy

Family's Ability after Therapy	f	%
Good	39	39.0
Fair	53	53.0
Poor	8	8.0
Total	100	100.0

Table 4. Cross Tabulation of the effect of Family Psychoeducation (FPE) therapy on family's ability to care for children who experienced sexual abuse (post sexual abuse)

Family's Ability	Pre-test		Post-test	
	f	%	f	%
Good	7	7.0%	39	39.0%
Fair	45	45.0%	53	53.0%
Poor	48	48.0%	8	8.0%
Total	100	100%	100	100%
<i>Wilcoxon test</i>		<i>p value 0.000 <math>\alpha = 0.005</math></i>		

(2014) explained that there is a relationship between education level, age, and someone's level of knowledge.

After receiving Family Psychoeducation (FPE), most of the respondents had fair level of characteristics, showing that there was an increase in the results of the family's ability to care for children. A study conducted by Williams, J., & Nelson-Gardell (2012); Halim & Hamid (2020) found that psychoeducation therapy can increase care efforts psychoeducation therapy can increase care efforts in families with family members who have psychiatric disorders. Moreover, Buanasari, Keliat and Susanti (2020) confirmed that there is an increase in ability after ACT and FPE therapy. It is in line with a notion stated by Lo et al., (2019) that Family Psychoeducation (FPE) therapy is the most appropriate therapy to improve the ability of family with psychosis.

Based on the results, there was an effect of Family Psychoeducation (FPE) therapy on the family's ability to care for children who experienced sexual abuse (post sexual abuse). Harvey (2018) strongly advocated that Family Psychoeducation (FPE) intervention can treat a person's psychological problems. More importantly, according to Herminsih, Barlianto & Kapti (2017), there is a significant effect of FPE therapy in reducing family anxiety in cases of psychological disorders. Their study also explained that a decrease in family anxiety in dealing with problem solving can increase a family's ability to care for their family members. It is in accordance with Castillo and Talavera, (2020) who believed that FPE therapy carried out for about 2 years can change a person's ability to care for family members who experience psychological problems. In addition, Miller et al., (2015); Jansen et al (2017) affirmed that the most appropriate intervention to overcome psychological problems in a family is parenting with a psychoeducational therapy approach.

## CONCLUSION

In summary, there is an effect of Family Psychoeducation therapy on family's ability to care for children who experience sexual abuse (post sexual abuse) in the working area of the Women's Crisis Center Jombang Regency, East Java in 2020. The results of this study can be used as a guideline in providing psychoeducation therapy intervention for families with child sexual abuse issues.

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