

ABUSE-FOCUSED COGNITIVE BEHAVIORAL THERAPY (AF-CBT) FOR PHYSICAL ABUSE CHILD

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Abstract

Parents have a role in building hopes and working models for children. However, the condition will be different when the child was abused by the parent. Children will develop withdrawal behavior. Therefore, researchers conduct AF-CBT to reduce withdrawal behavior through comprehensive intervention in families and children. Researchers conducted the study as the task of completing a practical professional in clinical psychologist programs. This study is one of the therapies for families that have related problems; anger, aggression, and abuse. The subjects of this study were eight-year-old boys. This study uses case study research. Data collection tools used is interviews, observation, and psychological test. Analysis of withdrawal symptoms is using qualitative analysis. Data is collected using psychological measurement tools. The results of the intervention indicate a change in behavior that arises in the subject. This research is expected to be one form of intervention literacy in overcoming the problem of abused children in a clinical psychology setting.

Keywords: AF-CBT, Abuse Child, Withdrawal, Intervention

INTRODUCTION

At present, the violence that occurs in children shows alarming conditions. Violence against children occurs not only in the countryside but also in big cities. The report shows there are cases of violence against children, such as in the case of BI (2 years old) who experienced violence by the lover of his biological mother (sindonews.com, Wednesday 17/10/2015) and case of B (8 years old) who experienced violence by his own biological mother (cnnindonesia.com, Monday 05/02/2018).

Based on data from the Indonesian Child Protection Commission (KPAI) that violence against children always increases from year to year. KPAI monitoring results from 2011 to 2014, there was a significant increase, namely, in 2011 there were 2178 cases of violence, in 2012 there were 3512 cases, 2013 there were 4311 cases, 2014 there were 5066 cases. Deputy Chair of the KPAI, Maria Advianti said that children could be victims or perpetrators of violence and the location of cases of violence against children usually occurs in families, schools, and communities (Praditama, Nurhadi, & Budiarti, 2015). However, the number of child violence continues to decline to 921 cases in 2014, 822 cases in 2015, and 571 cases in 2016 (tirto.id, Tuesday 21/11/2017).

There were 530 cases of children facing the law as perpetrators of violence and 477 cases of children as victims (kpai.go.id, Monday, 18/12/2017). The results of a 2013 survey related to child abuse show that the perpetrators of physical violence in Indonesian children are mostly parents and close relatives, especially father (Kurniasari, et al., 2013). Other literature also states that parents contribute to emotional abuse in children (Zeanah & Humphreys, 2018).

The impact of physical or other violence on children is a physical injury from mild to severe. The decline in achievement motivation in schools, self-blaming which considers that it deserves violence from parents, raises more passive/active behavior, it will also withdraw from the social environment (Newberger, 1982; Mash & Wolfe, 2005; Wenar & Kerig, 2006; Ambarwati, 2013). Besides that, children who experience abuse will grow in environments that fail to provide consistent and appropriate opportunities for their development (Mash & Wolfe, 2005).

In practice carried out by researchers. The researcher found one of the clients of an 8-year-old child who experienced violence committed by his parents. These children often get physical violence such as beatings, kicks, pinching to throwing things at children. Psychic violence felt by children such as neglect and neglect of physical and psychological needs of children and also threats posed to children. This condition raises an impact in terms of the behavior of children who are acting out and rejected others. Children also raise self-blaming and do not want to share problems with others.

AF-CBT is a form of the intervention designed for families who have related problems; anger, aggression, and abuse. AF-CBT can be applied to families who have children between the ages of 5 and 17 with assistants (parents, assistants, host families, etc.). According to Kolko and Swenson, the incidence of violence from parents to children is assessed as an interaction between thoughts, feelings, and behavior. Parents who give violence to children have mistaken beliefs about children. In addition, existing interactions are the cause of problems in the family (Ambarwati, 2013).

LITERATURE REVIEW

Violence in children is any form of treatment carried out physically and emotionally, sexual violence, neglected to provide attention for children, exploitation of children with/without commercial purposes that have actual or potential impacts on health, endurance, development and respect for children in relation to responsibility, trust and power over children (Wenar & Kerig, 2006). Maltreatment of children comprises various types of abuse and neglect. Maltreatment or abuse to children so far can also be done by parents of children, so that eventually children will develop behaviors and norms taught by their parents who are wrong to be one form of violence (Wenar & Kerig, 2006).

According to Barnett, Manly and Cicchetti in Wenar & Kerig (2006) stated that there are several types of maltreatment, namely physical abuse (beating, sighting, snapping, kicking), sexual abuse (intercourse, showing sexual activity, entering pornography) neglect in the form of basic needs (food, health and shelter), lack of supervision (left alone or with unknown people), emotional violence or emotional abuse (acceptance, security, ability to develop themselves). Children who have a history of abuse can bring out conditions of aggression, social withdrawal, and increased relationships with peers (Cao, et al., 2017; Cicchetti, et al., 1995).

In psychology, one of the actions that can be taken to overcome behavioral problems in children who experience violence is through therapy. One of them is using Abuse Focused Cognitive Behavior Therapy (AF-CBT). AF-CBT is one of the interventions described in The National Child Traumatic Stress Network (NCTSN). AF-CBT is a

therapy developed by David J. Kolko based on a comprehensive individual and family cognitive behavioral therapy (CIF-CBT) model that integrates the principles of CBT and family therapy (Kolko & Swenson, 2002). AF-CBT is a form of the intervention designed for families who have related problems; anger, aggression, and abuse. AF-CBT can be applied to families who have children between the ages of 5 and 17 with assistants (parents, assistants, host families, etc.) who also participate in the intervention process whether they live at home or are separated from children (de Arellano, Danielson & Sprague, 2008). This therapy is given to children who have problems in behavior and show the presence of trauma symptoms, family conflicts, or verbal, emotional or behavioral abuse committed by caregivers. In addition, it can also be given to children who experience harsh or ineffective discipline. AF-CBT aims to improve individual competence, the relationship of children and their families and interactions within the family (de Arellano, Danielson & Sprague, 2008).

In its development, Abuse Focused-Cognitive Behavioral Therapy is also known as alternatives for families: A Cognitive-Behavioral Therapy (AF-CBT). AF-CBT has been found to improve children, their parents (caregivers), and their families following parenting practices, including child physical abuse, as well as a child's behavioral problems (Child Welfare Information Gateway, 2013). In Indonesia, researchers have not found literature that explains the practice of using AF-CBT in dealing with problems of children who experience abuse. Therefore, this research is expected to contribute knowledge and practice in AF-CBT.

METHOD

Operational Variables

The dependent variable is withdrawal behavior in child victims of violence, and the independent variable is Abuse-Focused Cognitive Behavioral Therapy (AF-CBT). *Research Subject.* The subject of this study was one person and male. Subjects were eight years old child who was victims of violence and was in grade two of elementary school. Subjects obtained by meeting the criteria of Oppositional Defiant Disorder (ODD), according to the DSM-III is a repetitive pattern of negative behavior, opposing behavior, disobedience, and hostility towards authority figures. This behavior can inhibit the daily functioning of children. ODD is usually diagnosed in childhood and often continues into adulthood. ODD can cause damage to one's social and academic functions. The following are the criteria that meet the conditions of the child in table 1.

Table 1. Foundation Diagnosis of Oppositional Defiant Disorder (ODD)

<i>Oppositional Defiant Disorder (ODD)</i>		
Symptoms of DSM III	Appeared Symptoms	Appropriate/No
Forms of negative and deviant behavior occur at least six months, and at least four characteristics are visible. 1. Frequently lose patience/get angry easily 2. Frequently argue with adults; 3. Frequently contrary to, or disobedient to the rules and	There are several negative and perverted behaviors that occur for more than six months, namely: 1. The subject gets angry and throws a stone at the practitioner when he/she was not bought ice cream, rage when invited to do a graphics test.	√

requests of adults; 4. Frequently annoying others intentionally; 5. Frequently blame others for their own mistakes; 6. Frequently being sensitive and easily disturbed by others; 7. Frequently angry and resentful; 8. Frequently hold a grudge and have a desire for revenge.	2. Getting other people around them, the school becomes angry because they do not want to sit quietly, do the task or disturb other friends. 3. Easily disturbed when his wishes are not followed. 4. Easily get angry and tantrums by shouting and raging.	
Behavioral disorders due to significant clinical disorders in terms of social, academic or adaptive functions.	The existence of social disturbances, subjects have difficulty in building friendships with other students because of subject behavior. With academic disruptions, subjects cannot take lessons well and often take a walk in class, do not do assignments and do not pay attention to lessons.	√
ODD does not occur exclusively during psychotic or mood disorder.	Does not occur because of a psychotic disorder or mood disorder	√
The criteria in ODD are not found in Conduct Disorder, not found if the age is more than 18 years and not found in social personality disorder.	Symptoms that appear are not fulfilled for enforcement of the conduct disorder, and the subject is currently eight years old	√

Method of Collecting Data

This research is one of the tasks carried out by researchers when practicing fieldwork. Thus, the therapy used aims to reduce symptoms of withdrawal in children who are victims of violence. The method used in this research is study case research. This design prioritizes behavior modification (Todman & Dugard, 2009) collected from one or more participants (Barker, et al., 2011). This study aims to explore what changes occur in response to the manipulation of one or more variables (Barker, et al., 2011).

Measurement

This study uses data collection using psychological measurements, in the form of:

1. *Anamnesa*. Anamnesa is an act of measurement carried out through interviews both to the subject of research (autoanamnesa) or to the significant other (alloanamnesa). The implementation of the interview is conducted in a semi-structured manner and questions related to the conditions and symptoms that appear on the subject.
2. *Observation*. Observations were made at the time of conducting research on the subject. The act of observation is carried out at the time before therapy is carried

out and in the implementation of therapy. Observation is also carried out in various settings, namely, when children go to school, play, do other activities and interact with other people and in the assessment and therapy process.

3. *Psychological tests*. Psychological tests used in handling the subject consist of 3 tests, namely: Children's Sentence Test (CSCT), Children's Apperception Test (CAT) and Bender Gestalt (BG).

Data Analysis Method

The data are analyzed qualitatively using qualitative narratives obtained from the results of observations and interviews and the therapeutic process that has been carried out. The researcher explained the changes shown by participants before and after the therapy was carried out.

Intervention

The intervention carried out on the subject is Abuse Focused Cognitive Behavior Therapy (AF-CBT). Abuse of Focused-Cognitive Behavioral Therapy (AF-CBT) is one of the interventions described in The National Child Traumatic Stress Network (NCTSN). Basically, AF-CBT is a combination of several approaches, namely cognitive therapy, learning behavior theory, family therapy, developmental victimology, a psychology of aggression. AF-CBT consists of 3 phases, namely:

1. Phase I: Engagement and Psychoeducation. Phase I is the phase where there is a need for therapeutic relationships and an introduction to the therapy to be carried out along with the goals of the therapy to be carried out. In addition, the existence of information about parenting to parents is one form of psychoeducation in this technique.
2. Phase II: Individual Skill-Building. Phase II is the phase where parents and children are given actions to regulate emotions and restructuring cognitive behavior they do or actions that other people do to them. Children are also taught actions to take assertiveness and parents are taught actions to recognize positive behavior.
3. Phase III: Family Applications. Phase III is the phase where parents and children build positive relationships through good verbal communication, build a safe environment for children and are able to solve problems that exist in the family.

Researchers used AF-CBT performed on children using the media of playing therapy, sandplay therapy and art therapy. AF-CBT is given 12-18 hours in one period. Usually, it can reach 12-16 meetings that can be done in the clinic or at home. This AF-CBT therapy action can also be given to boys and girls. The three phases can also be grouped into three components, namely:

a. Child-directed components

At this stage, the intervention which was done is in the form of actions in the socialization of stress models and CBT, understanding the condition of children who experience violence or abuse. Children are also given education related to the understanding and cognitive processing of children's exposure to hostility/violence and abusive experiences. Children are also taught actions and reactions when exposed to violence and safety places. Management training of expressions and other skills (e.g. relaxation training, anger control), coping skills and development of social support plans.

b. Caregiver/Parent-directed components

At this stage, the intervention carried out in the form of actions in the socialization of stress models and CBT, discussing family contributions to the behavior of children who experience violence and education related to management which become emerging behavioral factors, such as anger, anxiety and depression and child discipline.

c. *Parent-Child or family-system components.*

At this stage, there is an assessment of the family and the identification of family needs and family expectations. Building a support system from the surrounding environment and related parties in order to provide intervention in the community and social systems. In terms of running AF-CBT, researchers used a number of joint techniques to achieve component goals, including sandplay, games, technical relaxation, education to children and closest people.

RESULTS AND DISCUSSION

Results

The subjects in this study were grade two of elementary school students who were eight years old. The subject lives with his mother, father, and sibling. Sometimes the grandmother from her mother comes to visit the subject or subject who will stay at Grandma's house in a few days. From the results of observations from the subject and interviews with the subject, father, mother, grandmother, teacher and the Child Protection Institution Foundation (YLPA) in Yogyakarta, it can be concluded that the subject experienced violence which refers to the presence of symptoms including conditions: disruption in communication, disruption in expression emotions, feelings of sadness and often daydreaming, difficulties in understanding affection and violence, self-blame, aggressive and hyperactive behavior. This symptom was raised since the child was five years old at the time of kindergarten. Besides that, the results of psychological measurements carried out on the subject indicate that there are a number of things that become references to the subject's condition. This condition manifests in the psychological condition of the subject. The following is a table related to the psychological condition of the subject, before treatment and after treatment.

Table 2. Change in psychological condition

No.	Psychological conditions	Before Treatment	After Treatment
1	<i>Personality Picture</i>	The subject has a closed personality and is difficult to open to tell the problems he faces to others. The subject also has the wrong perception and the inappropriate response because neglect and abusive behavior is considered as his own fault (self-blaming)	The subject shows an ability that increases more openly to the situation he is facing and understands that acts of violence are mistakes. The subject can also distinguish that he did not make a mistake but was scolded, beaten by his parents.
2	<i>Cognitive Impairment</i>	The subject shows an inability to concentrate in performing tasks; it is difficult to sit still in the classroom, so often take a walk in the classroom, and are easily distracted by other	The subject becomes calmer and can focus on listening to information in class. It looks like it is able to sit still and not be distracted by the surrounding environment.

3	<i>Emotional disruption</i>	<p>things around him.</p> <p>This is indicated by conditions that often scream suddenly without any object, tantrum behavior and do not want to listen to instructions given by people that make them uncomfortable, easily disturbed when their wishes are not achieved, and parents often leave the subject to activities without any related controls body condition and children's needs.</p>	<p>The subject has been able to give control of the behavior that appears. He is also able to listen to instructions delivered in learning activities or intervention processes. He is also able to control his own activities and understand his own body condition, especially physical needs.</p>
4	<i>Social disorder</i>	<p>This is indicated by the sudden behavior of hitting, kicking and attacking friends, disturbing friends even though friends do not disturb them and it is difficult to interact with new people. The subject condition often causes the subject to behave out.</p>	<p>The subject's intensity and frequency in hitting and kicking behavior. The acting out behavior has also diminished and has been able to greet new people he met.</p>

Discussion

Maltreatment or violence to children can be carried out by parents of children so that eventually children will develop wrong behaviors and norms taught by their parents, which in turn become one form of violence (Wenar & Kerig, 2006). Since childhood, parents of the subjects show violent behavior such as hitting, kicking, scolding subjects and others. The subject then develops aggressive, violent behavior in the form of aggressive behavior such as raging, screaming, hitting, kicking and tantrums.

Based on Barnett's findings, Manly and Cicchetti in Wenar and Kerig (2006) there are four types of maltreatment, namely physical abuse, sexual abuse, sexual neglect or neglect of basic needs and lack of supervision, and emotional abuse. The subject shows conditions, namely: the first is physical abuse in the form of beating, being kicked and scolded. The second is neglect in the form of neglect of supervision and basic needs. The third is emotional abuse in the form of lack of acceptance and security. The condition of emotional abuse is a dynamic that arises in the subject as a reaction to feelings of insecurity that gives rise to feelings of fear and anxiety until acting out and withdrawal.

Children who have a history of abuse can show aggression conditions, social withdrawal, and increased difficulty with relationships with peers (Cao et al., 2017; Cicchetti et al., 1995). This condition finally arises and develops in the subject given the intervention. Subjects are often treated with teaching through violence so that behaviors that arise in the subject are also in the form of aggressive behavior, namely anger, shouting, hitting, kicking up to tantrums.

From childhood until now, the subjects are cared for by their parents, but subjects often get treatment of abuse and neglect by their parents. According to Bowlby (1973, 1980) experience with primary caregiver namely parents; mother-father, will build expectations in general and beliefs (working models) about self, the world, and relationships with other people (Malekpour, 2007).

On the other hand, Bowlby also stated that often the family perceived by children is a mother figure. Most people associate mothers with qualities such as warmth, selflessness, carrying out their obligations faithfully and tolerantly (Bowlby, 1980; Monks, et al., 2002; Liliana, 2009).

However, the violence committed against the subject is mainly carried out by his own mother so that it creates feelings of insecurity in the subject. It seems that the role of the mother who appears in the subject shows a different situation from the role that should be according to Bowlby's theory. These conditions eventually lead to insecure attachments in the subject. Individuals who get insecure attachments are withdrawn, uncomfortable in proximity, have excessive emotions and reduce dependence on other people as much as possible (Santrock, 2003). Thus, individuals who receive insecure attachments will develop a working model of themselves as worthless or incompetent people, and view others as rejecting or unresponsive to their needs (Collins & Feeney, 2004).

From the results of the implementation of the therapy that has been carried out, there appears to be an achievement of the expected goals in the client. The subject shows an ability that increases more openly and reduced self-blaming to himself. In this case, the researcher carried out the sandtray action in the first phase as a form of catharsis method for children. The sandtray has provided an atmosphere of a safe and protected environment so that children can build up their experiences that cause depression on the sand. Sandtray is able to open the heart and mind that is difficult to express by children (Waber & Mascary, 2008). The subject also shows the ability to fulfill one's needs, such as his physical needs. This arises because the child is in the intervention process through the sandtray media by combining trauma memory with grief through narration. In this case, the child gets a healing process for himself (Waber & Mascary, 2008).

The subject shows a change in behavior that is being able to sit still and focus when doing something. In this case, the method of play therapy by using the game helps the subject to keep on doing activities and provides opportunities for a subject to do catharsis, psychoeducation, and emotional regulation. Play therapy is beneficial for children to improve concentration because in children's play learning to train motoric, sensory, cognitive and concentration development (Reid & Schafer, 1986). Play therapy is proven to be able to increase the concentration ability of ADHD children can be used by all groups and genders (Hatiningsih, 2013).

Research shows that AF-CBT can handle change behavior in children who experience violence. This research is consistent with the previous research that AF-CBT therapy has been proven to be used to deal with children's problems with violent problems (de Arellano, Danielson & Sprague, 2008). This can be seen from changes in behavior and emotions felt by the subject in the intervention process. Besides that, changes that occur

in the subject are also caused by changes in the surrounding environment, namely the subject's parents. This is consistent with the statement of Bogels and Siqueland (2006) that AF-CBT is associated with reduce dysfunctional children and parental beliefs and improve parental rearing and family functioning.

CONCLUSIONS

Based on the results of the discussion and discussion presented, the researcher can draw the conclusion that Abuse Focused Cognitive Behavior Therapy (AF-CBT) can reduce withdrawal behavior in children who are victims of violence. The subject shows behavioral and emotional changes after therapy. Subject shows that there is a calmer behavior when meeting other people, being able to show increased focus on doing tasks, the intensity of disturbing behavior or hitting other people is also reduced. Besides that, the subject can also tell emotions that they feel to others. Thus, the objectives of this study are achieved.

On the other hand, the intervention is given to the subject certainly involves other people who are significant others of the subject. So the intervention also involves parents, family, and the community around the subject. The intervention carried out becomes more comprehensive and has a broader impact on the subject's environment.

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