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The Relationship Between Dysfunctional Family and the Involvement of Children in Prostitution

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Abstract: Family is the heart of child development. It is the primary and most important social institution for the upbringing, education and protection of children. Research on child and family development provide evidence that the family environment is the key factor that influence a child's health, behaviour, social, well-being, intellectual, moral, emotional and physical and that parental love and attention, support, stability and consistency in the home are tremendously important in determining a child's life and what will happen to him or her when they grow up. However, not all children are able to live in such a 'beautiful', supportive and understanding of the functional families. Many are living in dysfunctional families; the family institution that often becomes an arena for suffering and violence. Many researchers suggest that the majority of children in prostitution come from dysfunctional family. The current study of young women victims of prostitution in two rehabilitation centres in Malaysia also found the same scenario as the previous studies. Many of them psychologically depressed and felt hurt and angry as a result of living in dysfunctional families. Family dysfunction is believed a significant predisposing factor that increased the vulnerability of the young women to become involved in prostitution.

Key words: Family dysfunction • Child prostitution • Child abuse • Sexual exploitation

INTRODUCTION

Family dysfunction theory emphasizes that the process of family dynamics involving the behavioural interplay of each member of the unit affect family unity and functioning [1, 2]. According to this theory, there are two systems within the family i.e. the child and the parents and these two systems need boundaries between them (with some permeability) to ensure a healthy climate for all family members [2]. In relation to child prostitution, the theory maintains that family dynamics contribute to child abuse and neglect and that the abuse and neglect occurs because 'normal' family boundaries, hierarchies and relationships have broken down [3-6]. Abuse and neglect impairs a child's psychological development and the common symptoms of the impairment are running away and substance abuse [7-12]. Children running away from home, abusing substances and victims of sexual

(re)victimization (rape, sexual abuse and exploitation) are vulnerable to get drawn into prostitution [13-18].

In relation to child prostitution, a growing body of research suggests that the vast majority of prostituted children come from dysfunctional family systems [3, 10, 12, 19, 20]. In the case of Malaysia, the researcher presumes that family dysfunction causes children to be vulnerable and easily drawn into prostitution. There are three basic thought behind this assumption. First, family dysfunction can deprive a child's development psychologically and emotionally that can lead the neglected child to seek support particularly for love, warmth, affection and attention from someone outside the family. The emotional and psychological vulnerability may make the child an easy target to be victimised, exploited, tricked or forced into prostitution by opportunistic adults. Second, dysfunctional families are often abusive and violent. A child may be psychologically

affected by the violence between parents or may also be a subject of abuse and violence by parents physically, emotionally and sexually. Abused children may run away from home to flee from family violence and then become involved in prostitution for survival. Some children may use drugs to cope with the psychological scarring and emotional stress as a result of abuse and violence while living with their parents, while others may use drugs after they run away from home to escape the trauma and memory of abuse. Both groups of children are vulnerable to prostitution. They may enter prostitution for survival or may be tricked or forced to enter prostitution because of their susceptibility to drugs. Third, dysfunctional families often struggle to provide adequate parenting and care for a child. Neglect of a child's welfare physically, emotionally and psychologically are assumed common in dysfunctional families. Relationships between children and parents are also unstable. Often these families lose control of their child, fail to monitor those with whom their child is friends and the activities the child is involved in outside the family boundary. A lack of parental vigilance may lead the child to be involved with bad friends who are already in prostitution.

The use of family dysfunction theory to conceptualize the involvement of children in prostitution may turn out to be controversial, since the theory argues that children's behaviour is the reflection of parental behaviour or is the outcome of their life experience in the family [21-25]. It is important to note that, the use of the theory in this research does not mean the researcher wants to put the family as the main institution to be 'blamed' in relation to children's involvement in prostitution. The theory is only used to explain the process through which they get drawn into prostitution. The researcher believes that every institution - the government, the NGO, the society and the family - has their part and responsibility to play regarding the problem. Also, the researcher believes that child prostitution is neither the prostituted children's problem, nor is it the family's problem. It is 'our' problem and 'we' have to shoulder it together to eliminate the problem.

MATERIALS AND METHODS

This research has been conducted with young women safeguarded from prostitution in two rehabilitation centres; *Taman Seri Puteri Batu Gajah* (TSP Batu Gajah) in Perak and *Taman Seri Puteri Rembau* (TSP Rembau) in Negeri Sembilan. Both centres are located in Peninsular Malaysia (West Malaysia). In this research, both

quantitative and qualitative methods are used. According to FHOP (2003) the use of a combination of qualitative and quantitative methods is often considered the best and most efficient approach to collecting in-depth and complete information for research, since the two complement each other and make up for what the other method is lacking [26]. There are several processes involved for successful research: including reviewing literature, gaining research permission and ethical approval, preparing the research proposal, designing semi-structured interviews, conducting fieldwork, processing and interpreting data and writing a thesis.

According to Barker and Weller [27], traditional positivistic approaches, with an emphasis on the largescale quantitative observation, measurement and assessment of children by various groups of adult professionals, have been criticised for seeing children as mere objects to be studied, carrying out research 'on' rather than 'with' children. Such research as well has been underpinned by adult assumptions and has focused upon adult interests, rather than the interests of children [27]. Children have been perceived as incompetent, poor informants, not able to fully understand many of the issues that confront their daily lives and in need of protection and control [28]. Their own interests, experiences and knowledge have often been excluded from the research enterprise [27]. In other words, children have rarely had the opportunity to speak for themselves in research [28, 29]. However, children in this research are treated in a way which corresponds with the underlying principles of the children-centred research approach. They are considered as subjects of rights and as active participants in their own lives, with views and information that must be listened to and respected. There is now strong consensus that children's views can and ought to be taken seriously [28]. Therefore children, consistent with the Article 12 in the UNCRC, are assured the right to express their views freely in all matters affecting their lives and are provided the opportunity to be heard.

In this research, children's ideas, thoughts, experiences and memories have been accessed through empowering them to tell their own stories in their own way. They are believed at any time and are no more likely to lie or exaggerate than adult participants [29]. Nevertheless, they have less power, less information about the world outside the community and less knowledge about the long-term consequences of their actions [29]. They may feel unable to say no and they do not usually have the same confidence with words as adults [27, 29]. Thus, the research is obliged to use

research methods that help the children participants to express themselves. There are two hypotheses would like to be tested in this study:

- All children involved in prostitution in the research sample would come from dysfunctional families.
- All young women in the research sample would suffer from mental health problems as a result of living in dysfunctional family.

A total of 86 sexually exploited young women were interviewed, representing a total of hundred percent of the residents in both centres who consented to participate in the research. However, only 63 residents were considered relevant for the research; 25 from TSP Rembau (39.7 percent) and 38 from TSP Batu Gajah (60.3 percent). Of those eliminated, 17 were found not involved in any activity related to prostitution, while six young women refused to take part in this research.

RESULTS AND DISCUSSION

The first hypothesis predicted that all children involved in prostitution in the research sample would come from dysfunctional families. The situation of family dysfunction in the life of respondents during childhood was observed through five indicators: their experiences of family problems, their relationship with families, their experiences of domestic violence, their family socioeconomic status and their family of origin. The study has found that 93.7 percent of respondents had at least one situation of family dysfunction while they were growing up (Table 1). However, more than half experienced 3-4 situations of family dysfunction during childhood. Although significant in the lives of the majority of young women, the findings do not fully support the hypothesis. Specifically, for young women in the sample did not report family dysfunction.

Family problems (including parental emotional and physical neglect and parental substance abuse and gambling), unstable relationships with the family and domestic violence are the three major situations of family dysfunction experienced by the young women (Table 2).

Family breakdown though was experienced by nearly half of the young women in this sample. The percentage is lower (47.6 percent) than the results found by Weisberg [30]. She reports that 60-85 percent of prostituted young women in several studies were separated from one or both parents during their childhood [3]. Rozana's account provides a good example of this process:

Table 1: Number of Situations of Family Dysfunction Encountered by the Respondents

Variable	Frequency	Percentage
Do not have any situations of family dysfunction	4	6.3
One situation of family dysfunction	6	9.5
Two situations of family dysfunction	8	12.7
Three situations of family dysfunction	23	36.5
Four situations of family dysfunction	17	27.0
Five situations of family dysfunction	5	7.9
Total	63	100.0

Table 2: Situations of Family Dysfunction Experienced by the Respondents during Their Childhood

Variable	Frequency (N = 63)	Percentage
Family problems	51	81.0
Unstable relationship with the family	48	76.2
Domestic violence	36	57.1
Family breakdown (respondents who	30	47.6
were not raised by both parents)		
Poverty/economically unstable family	19	30.2

Three years ago, I thought that by running away from home, I could prove to my father that even without his love and support I would still survive and have a successful life. I was desperately trying to prove that life would be better of without him. That it was wrong of him to divorce my mother and not let me see her. I wanted him to know that he was the worst father in the world. He was cruel, ruthless and hurtful to his own daughter. I wanted him to realise that he had made the biggest mistake in his life by neglecting me and marrying my stepmother. Alas, those things never happened. Instead, I ended up being a prostitute, trading my body for money.

(Rozana, a 15-year-old victim of prostitution).

In the current study, poverty does not appear to be the primary factor contributing to the dysfunctional nature of the respondents' families. This is in contrast to the neighbouring countries like the Philippines, Thailand, Vietnam, Cambodia, Indonesia and other developing countries such as Brazil, South Africa, Bangladesh, Tanzania, Mexico, Cuba, Taiwan, China, Sri Lanka and Costa Rica, where poverty was reported the major source of family dysfunction and the significant causal factor of child prostitution [9, 10, 31-41].

The second hypothesis expected that all young women in the research sample would suffer from mental health problems as a result of living in dysfunctional family. The study has found that 96.8 percent of the young women experienced living in dysfunctional

Table 3: The Effect of Family Dysfunction and Abuse on Young Women's Mental Health

Variable	Frequency (N=63)	Percentage
Young women reported experienced	61	96.8
family dysfunction		
Young women reported family	50	79.4
dysfunction affected their mental health		
Type of psychological problems suffer		
Feeling hurt/angry	46	73.0
Depressed	39	61.9
Feeling disowned by family	20	31.7
Feeling dirty	17	27.0
Feeling useless	10	15.9
Wants to get revenge	8	12.7

families during childhood (Table 3). To my surprise, only 79.4 percent of them though reported they were psychologically affected by the incidents. The findings do not support the hypothesis. The majority of young women reported family dysfunction were psychologically affected them to feel hurt/angry (73 percent) and depressed (61.9 percent).

Family dysfunction can affect the children's mental health. The psychological damage can change the orientation of children about the world, their self-concept and emotional capacities. Family dysfunction, childhood abuse and children's mental health problems are therefore three interlinking predisposing factors identified in the study that significantly increased the vulnerability of the young women to become involved in prostitution. The words of Kathy typify the responses of many:

It was like living in a jailhouse though it had always been my home. I did think of running away, but each time I tried, I felt helpless, vulnerable and lost, as I did not have any place to go.

(Kathy, a prostitution victim at 11 years old).

CONCLUSION

It should be noted that family problems and breakdown, domestic violence, childhood abuse and sexual exploitation, unstable family relationship, low educational attainment, running away from home and drug abuse are not the only factors that affect the vulnerability of children. Additionally, there are many children who face similar experiences yet are never involved in prostitution. But there is strong evidence that the greater the number of risk factors existing in the life of a child, the greater is the likelihood that a child will become victimised and for many of the young people in this study, this victimisation included to prostitution.

Here, the dysfunctional family is not directly effects children to become involve in prostitution. Children from dysfunctional families are believed enter prostitution because they have been sexually exploited. For future research, it is important to study why this group of children are easily targeted for prostitution and how they have been victimised to get involve in prostitution.

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