

In a Home with No Home Feeling: Psycho-Social Encounters of Female Children Living under Institutional Care

WAS Thilanka

Department of Sociology, University of Peradeniya, Sri Lanka

sumuduwijesuriya@gmail.com

Abstract— Most of the literal history witnesses that the institutional care is best only as the last resort of child care due to adverse impacts institutionalization causes on child's life. Yet, it is visible that the number of alternative care providing institutions remain high in Sri Lanka. In this backdrop, this study aimed at examining the psycho-social experiences of Female Children living under institutional care. The objectives were understanding the conditions of the institutional environment that impacts on the psycho-social experiences and their consequences on female children in particular. A sample of twenty females between 13 -16 years and five of the care taking staff were purposively selected from a female children's home located in the heart of an urban area. Data collected through in-depth interviews and observation were analyzed using narrative analysis method. According to the findings, it was evident that the institutional structure including location, infrastructural facilities, institutional procedure, need-response mechanism and nature of social relationships within and out of the institutions have resulted in a number of negative psycho-social experiences of female children. Emotional complications were mainly found to be common in pervasiveness and variety in character. Outbursts, withdrawal, reluctance to seek support and loneliness are the most prevailing emotional encounters of female children while lack of self-regulation, maladjustment, poor social interactions, poor attachments and conduct problems along with low well-being and disorganized life patterns are socially defied experiences they face. A culture in which such aggressive, emotionally reserved behaviours of boys are normalized in terms of masculinity, such behaviours in girls are strongly condemned. It would lead them to face negative social responses challenging their reintegration to society.

Therefore, while admiring progressive steps already taken in the institutional setting, the study posits that the female children under institutional care are in a dire need of a gender-sensitive professional intervention that would empower them with a strength based resilient approach.

Keywords— *institutional care, psycho-social encounters, social work intervention*

I. INTRODUCTION

Sri Lanka is one of the signatories of United Nations Child Rights Convention (UNCRC) and thus, it is a prime responsibility of the government to ensure the most appropriate type of care to all the children in the Sri Lanka. UNCRC states that it's every child's right to grow physically and emotionally under the care of their biological / natural family. Article 9 of UNCRC mentions the child has the right to live with his or her parents unless it is not deemed to be in his or her best interests; the child has the right to maintain contact with both parents if separated from one or both (United Nations Children's Fund UK (UNICEF UK), 1989). Yet, institutional care has become inevitable due to many dynamics including socio- economic reasons, legal and policy related factors. Under such circumstances article 20 of the convention emphasises that the State has an obligation to provide special protection for children without families and to ensure that appropriate alternative family care or institutional placement is made available to them, considering the child's cultural background (UNICEF UK, 1989).

According to a situational analysis done by National Institute of Social Development in 2013, the types of Child Care Institutions which come under the purview of the Department of Probation and Child Care Services in Sri Lanka include approved schools, certified schools, detention centres, group homes, national training and counselling centres, remand homes, receiving homes, safe houses, and voluntary children's homes. Statistics unveiled by the DPCCS,

there are 13,214 children in institutionalized care in 341 registered voluntary children's homes in Sri Lanka (DPCCS, 2010). This statistics exposes an ironic increase of almost a 50% between 2002 and 2010. By 2018, as per the latest statistics, both registered and unregistered voluntary homes represent the considerable majority which is 331 out of 374 children homes (DPCCS, 2018).

Above incredible numbers show that there is a seriously alarming requirement of a proper directive and monitoring mechanism to ensure the psycho-social wellbeing of the children under institutional care mainly in a milieu where the vast majority of the institutions are run by voluntary organizations with different profiles and mandates. Children in alternative care homes can be considered as those whose right ensured by article 01 of UNCRC is already violated at the immediate action of institutionalization. Their victimization of being in disorganized families, abuse or harassment, toxic home environment where domestic violence, alcoholism or poverty prevails, sudden demise of family care due to natural disasters or war situations, delinquency etc. can lead a child to end up in an alternative care institution.

When looking at the sex ratio of institutionalized children, it can be argued that the aforementioned vulnerabilities are further broadened by the factor of gender. Sex ratio holds an utter importance as it illustrates a strong element of vulnerability of girl children in a society. According to the survey findings of National Institute of Social Development (2013), out of the total number of children residing in institutions at the time of the survey, 8,538 were females (60.2 per cent) and 5,641 were males (39.8 per cent) indicating an overall sex ratio of 153.4 girls for every 100 boys. The survey further reveals that although the children are referred to child care institutions for a maximum period of three years, the majority of the children, both boys (40 per cent) and girls (37 per cent), have stayed on an average of 2-5 years in the child care institutions. Nevertheless, the survey brings up an important finding that more girls than boys have stayed longer periods of up to 10-15 years in institutions. This emphasizes the importance of this study of exploring psycho-social encounters of female children living under institutional care. The age group considered in the study is also supported by the survey as it is reported that the number of girls among the orphans were higher in the age group of 14-18 years.

World is now moving fast towards deinstitutionalization by replacing the institutional care mechanism with community care, group homes, family like care mechanisms. Specially with intervention of professionals like social workers and human right and child rights activists. Yet, Sri Lanka is far behind in establishing such care mechanism in the background where aforementioned professions are still being established while right based activism is looked down as an anti-governmental, westernized movement. Therefore, it is important to provide better conditions while attempting to reach globally accepted standards in providing institutional child care. Apparently, considering all above, it is supposed that the understanding the conditions of the institutional environment that impact on the psycho-social experiences and the consequences of them on female children in particular will uphold a greater importance in an area that has not been closely explored sufficiently.

II. METHODOLOGY

The study was exploratory in nature. The setting of the conducted study is located in an urban area and this home is governed by a faith based voluntary body. It accommodates only female children in it other than the infants section.

The sample was selected purposively and the sample consisted of twenty five (25) participants altogether. Twenty (20) of them were female children and the other five (05) were the adult staff members who are working at different capacities as the care takers of the institutionalized children. The inclusion criteria for participation for institutionalized children was that they should be female children and has been under institutional care for a minimum period of one year and that they were in the age range of 13 to 16 years. Female children in the same age span who has been institutionalized for less than one year period and those who had siblings living under same institutional care were excluded as their psycho social encounters can vary compared to the majority of the study population.

Qualitative data was collected by deploying in-depth interview method. Interview guideline was scheduled focusing more to the questions on what the respondents see as challenging in managing their emotions and psychological wellbeing due to the experiences of institutionalization. Further probing technique was used to explore how such experiences lead to challenges of the social life of respondents. In addition observation was used as a method of data

collection as the behavioural patterns of the respective sample generates a significant eminence in validating data. Collected data was analysed through narrative analysis method based on the suitability fact of the nature of data that was obtained from the respondents at this age.

III. DISCUSSION AND ANALYSIS

Institutional care for children is a group living arrangement in which care is provided by remunerated adults who would not be regarded as traditional carers within the wider society” (Tolfree, 2007). When child care is provided out of natural care setting, it should be well planned and handled cautiously as children whose personality growth is still in process are keen observers and quick absorbers of things happening around them and to reacting accordingly.

The institutional environment has a considerable impact on the psychological wellbeing of the care givers which in return has created a strong impact on the psycho-social wellbeing of children. Institutional care, by default, creates a power relationship between children and the staff. It’s not a parental relationship but, by definition, meant to be a professional relationship maintained by those who offer a paid service. Nevertheless, the nature of service requires the care taking staff to provide emotional care which is difficult to be appraised for a wage. This blurred demarcation between professionalism and involvement of emotions has put the care givers in a dilemma about the nature of relationship they should build up with children.

“Laws are very strict that even an affectionate touch can go wrong. Maintaining distance won’t create such shameful issues At the end of the day, this is just the job of us! What can we do for their karma ..?”(a caregiver, field data).

“We really cannot picture where we should draw boundaries when dealing with girls. Specially, being girls, they might prefer us to be so motherly. But, if we get too close to them, neither we can safeguard the job nor can we run the home (niwāse)” (a caregiver, field data).

This is a common impasse most of the care taking professionals are facing. The coping mechanism with the dilemma is justifying the negative encounters of institutionalized children in terms of cultural or religious beliefs such as merits & sins (*pin-paw*) / karma (*Karume*). This is an aspect of the victim blame approach in which the victim is made responsible or

looked down to the institutionalization instead of the system blaming for not having appropriate structural and policy mechanisms to prevent or manage such issues. This leads to the denial of child rights and justify maltreatments to them. This results in reluctance of children to seek emotional support from the care giving staff. Further, this devaluation the life of the child creating personalities with low self-esteem and dignity. In most of the cases, victims who are institutionalized due to sexual harrassments, abuses are more likely to be further marginalized.

“Girls sent to us due to sex related cases are very dangerous. We rarely maintain a close relationship with such girls. Their single statement can make us jobless. As they have experienced sex, they tend to interpret affection also in terms of sex. We have had one employee who once had given a head massage to a girl who said she is not well. Someone has complaint against her saying that she was touching the girl. She lost her job. That girl didn’t stand for her.... Job is the second thing. Think of the shame....” (a caregiver, field data).

The general perception about the victims of sexual crimes are prevailing within institutions too. The belief that the girls should know how to protect themselves or the common idea that the mother is responsible for such issues girls face is strongly held along with the idea that such girl victims should be kept away from others or else they are more likely persuade other girls to be engaged in unaccepted behaviours. This kind of stigmatized norms that are internalized in our culture about females and sexuality related matters are seriously affecting the nature of interaction care takers encourage within institution.

Due to such challenges, further stating, children often feel that they have been institutionalised due to their own fault and are thus at risk of suffering from guilt and rejection. This offended mentality has been further extended during their stay at the institutions, as they become victimized of scapegoating of the staff under stressful circumstances. This scenario creates a second victimization of those who have already faced a negative expiring of losing their right to natural growth.

It was stated that the institutionalized children more often remain emotionally withdrawn. Female children who are schooling at neighbour schools to which the children from community attends remain emotionally reserved and continue to interact with peer groups consists only with children from their

own home. This is articulated as the fear of being rejected and experiences of stigmatization as orphans (*anāthayo*) in the external settings as well. Even within the institutional setting they continue to be isolated. Emotional loneliness has become an addiction of the children which makes them less expressive. It was revealed that the children are more inclined to emotional outbursts within the institution and in schools as well. The long pressed emotional loneliness can outburst in aggressive expressions which alarm their poor psychological wellbeing. This has resulted in poor intimate relationships in their social life while developing situational collectiveness among the children with similar background.

"We are called as 'girls from orphanage' (anatha niwase kello/ niwase kello) by many. Some call us so and some introduce us so when we are not around. But we have heard. Therefore, when external students are fighting with us, we remain as a group no matter what fights we have inside the institution" (a child, field data).

"Children from outside (eliye lamai) in good terms flip their tongue so quickly if a minor mistake happens from girls from the home (niwāse kello). In such situations, they used tell that they remain to be friends as we are pity. I don't need a friend for the sake of sympathy...." (a child, field data).

Such experiences have made them to uphold poor attachment and low trust in their social circle. Unceasing refusal starting from family and mistreatment within and out of the institution has adversely affected their skills and willingness of social interaction.

Moreover, the emotional outbursts have been interpreted as lack of self-regulation or self-control as a part of their personality in the institution and in the schools too. In addition to this, institutionalized female children are blamed for disorganized routines and life patterns. Mostly, they are scolded for not keeping the dormitory clean. Care givers often complaint about cleanliness and careless handling of the books, clothes and other belongings given

to them. Also, the resistance of meals by not attending the meal sessions, throwing food or spitting are some of the observed aggressive reactions of the children. Such behaviours are strictly sanctioned by the administration of the institution to prevent such misconducts.

"Some of them are not girls but cursed spirits. They don't live like human beings. Girls must know how to

keep their surrounding clean. These girls are so unclean and untidy. What they get for the sake of kindness of theirs are not handle properly. Their dormitory and wardrobes are none other than a hell" (a caregiver, field data).

Such behaviours, rather than interpreting as a conduct problem, can be analysed as the discontentment of the inmates. But mostly, the girls are blamed and predicted that their future will never be a successful one as women if they continue to behave so. The stereotyped expectations of gender roles have conveyed to the girl children in a way that they are made hopeless about a future in a household spending a good life. But the girls' explanation to this complaint portrays a different aspect of their institutionalized life.

"We cannot wear what we want. If we wear a short dress or a tight one, we are criticized publicly and are always forced to wear saggy long dresses. We never get a chance to eat what we like or to dress as other girls. We have had to live our life according to their wishes" (a child, field data).

The voices of the girls have not been heard or participation in decision making on their own life has been neglected for a long period of time. They are deprived from self autonomy which has converted their personalities so antagonized to the system within the institution.

In addition to that, the monotonous institutional routines that is to ease the administration has made the situation worse as it takes the children further away from having a normal and independent living. These issues have been discussed for a long time by many human service professionals. For instance one of the most classical work of Goffman (1972), elaborates and criticize the severe impacts of the scheduled everyday routines of asylums on inmate as it neglects the basic dynamic nature of human beings. With the rise of more human rights based professions like social work, institutional mechanisms and institutionalization itself has been challenged by many arguing that it deprives the humanity of inmates. Wolfensberger (1972) has presented an essential principle that can be practiced in institutional settings which is termed as 'Normalization'. This normalization principle emphasises the need of ensuring the right to participation of inmates in decision making and the right to make choices and having space for personal growth.

Furthermore, institutionalized children show a greater tendency of maladjustment to social life. This is resulted due to many causes such as the physical location of the institution, infrastructural facilities available and the need- response mechanism too. This home, as most of the homes in Sri Lanka, is located away from community. Surprisingly, even in the heart of an urban area, buildings remains hidden from the sight of people. The children are exposed only to those who visit the institution for donations apart from those who are in the school. The fear of administration that the girls will misbehave before visitors has restricted their interactions with visitors too. The gates are always kept closed and remain under the supervision of an adult all the time. They hardly get a chance to go to a supermarket, or a retail shop to purchase something of their choice. Goffman (1972) explains this physical structures of institutions as 'total institutions' which makes inmates totally fail to cope with the demands of a normal social environment.

In the exploration of conditions of the institutional environment that impact on the psycho-social experiences and the consequences of them on female children in particular, overall findings show that the administration has happened to divert their attention from the spectrum of holistic care taking while striving to accommodate basic needs under limited human and infrastructural resources. A study of John & Mendis (2017) in a similar setting also supports the idea stating that within the context of the current child welfare system in Sri Lanka, institutions do have their own challenges and often resulting in causing poor quality care for children.

Furthermore, the psycho-social needs of institutional children have been responded sluggishly or ignored completely as the job role of care takers is stuffed with so many administrative and documentation tasks. They frequently complain that they are weighed down with work due to shortage of staff. Poor job satisfaction of staff has developed a poor care based need-response mechanism within the institutions which poses a serious question about the reintegration of these children.

IV. CONCLUSION

Concluding the finding and discussion of the study, it is obvious that the psycho-social experience of institutionalized children poses a critical problem about their future after leaving care. They are not either socially or psychologically ready to be reintegrated to the open society due to many

negative encounters they come across in institutional settings. Therefore, the institutional settings, from their physical structure itself, should begin to be child friendly. In this process, the staff employed with institutionalized children uphold and utter prominence as they will be dealing with psycho-social needs of children on daily basis. It is the prime responsibility of relevant authorities to make sure the staff is capable enough to comprehend that being emotionally viable is a part of their profession. Also, care taking is not a duty that can be performed by those who come with altruistic motives to serve the humanity. It is a profession involved with human rights and principles of social justice of those who receive the service. The findings show that the care taking officials have not understood this in professional terms. Typically, being employed in a institutions is perceived as a service that they do for the children who are helpless. The culture bound mentality of people in helping the helpless has moulded the care taking services and profession largely. In this case, the involvement of professional social workers can be seen as a timely involvement in institutional settings.

Social work is a practice-based profession of helping. Yet it takes a collaborative approach where the social worker is exercising a contracted power by the service user which ultimately aims at empowering the service users. Though Sri Lanka has a long way to go in establishing community based care mechanism as a progressive step towards deinstitutionalization, the current situation can be efficiently managed by adopting social work approach in ensuring psycho-social wellbeing of children. Prominently, the adaptation of strength perspective in social work is much more promising approach in bringing resilience to the current tensions. Instead of focusing the weaknesses and problems, the profession is solution oriented which views the service users as individuals full of potentials and resources within them.

Further, it is suggested to monitor both registered and unregistered voluntary children' homes as well as the registered state care institutions thoroughly. Specially, clearly demarcated job roles and service oriented trainings can increase the effective psycho-social upbringing of children under institutional care. More importantly, girls who are at the sexually active age span under institutional care should be treated more sensitively as their psycho- social wellbeing is highly fragile due to psychological and physical conditions at that age which is absolutely normal as well as important.

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AUTHOR BIOGRAPHY



W A S Thilanka completed her BA (Hons.) in Sociology in University of Colombo and reading for her MA at the same University. She served as an Assistant Lecturer at the Department of Sociology, University of Colombo for two years. Also, she worked as a Project Coordinator at the Centre for Study of Human Rights, Faculty of Law, University of Colombo. Currently, she is working as a Temporary Lecturer at the Department Sociology, University of Peradeniya.