



The Online Attachment Aspect in Increasing the Resiliency of Children at the Child Welfare Institutions

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Abstract

Institutional care is a place in which children are exposed to a variety of risk factors that can affect their well-being and development. One of the risk factors experienced by children in institutional care is attachment problems. Attachment has a significant role in children's psychological development and mental health. In resilience studies, exploring protective factors for children in institutional care is very significant to increase children's resilience in facing challenges and risk factors. Using qualitative methods and direct observation as well as purposive sample selection of children in institutional care, this research analyzes protective factors against attachment problems for children in institutional care using Bowlby's theory. The informants for this research were children who lived in institutions with a minimum stay of 1 year. The study results identify online attachment as a protective factor for children in post-covid institutional care because children are given access to online means of communication with family. Online communication and interaction with biological parents and biological family is carried out intensively so that they gain motivation and can release the longing caused by separation from family and parents. In the future, this research will open up opportunities for online communication training for children, families and caregivers.

Keywords: *Attachment; Online Attachment; Protective Factors; Resilience; Risk Factors*

Introduction

The well-being of children in institutional care has emerged as a worldwide issue due to the significant number of children requiring assistance. These children have experienced the loss of both parents, or the loss of their dads while their mothers are still alive, or the loss of their mothers while their fathers are still alive. The global orphan population is expected to be 153 million children, with an additional 10,000 children becoming orphaned on a daily basis. Among these orphans, 15.1 million have lost both of their parents (UNICEF, 2020). The number of orphaned children is distributed as follows: 61

million in Asia, 52 million in Africa (with 45 million in Sub-Saharan Africa), 10 million in Latin America and the Caribbean, and 7.3 million in Eastern Europe and Central Asia. The journal Child Abuse and Neglect reports that UNICEF has documented a minimum of 2.7 million children between the ages of 0 and 17 living in institutional care worldwide (Petrowski et al., 2017).

Children residing in institutional care are exposed to a multitude of risk factors. According to a study conducted by Johnson et al. (2006), children in institutional care are vulnerable to developing attachment problems, developmental delays, physical growth delays, nerve atrophy, and aberrant brain development. In addition, they are exposed to risk factors including as trauma, sexual abuse, academic challenges, and problematic relationships with parents, which are linked to behavioral issues (Hukkanen et al., 1999). In addition, emotional issues can also emerge (González-García et al., 2017). Furthermore, individuals with these issues often exhibit low academic performance and encounter challenges in their educational journey. These difficulties can have a negative impact on their transition into adulthood and their ability to find employment (González-García et al., 2017). A study conducted in 2007 by Save the Children, the Ministry of Social Affairs of the Republic of Indonesia, UNICEF, and the Center of Children Studies of the University of Indonesia found that when children are separated from their parents, it can lead to a higher likelihood of experiencing psychopathology, neurodevelopmental disorders, and educational challenges compared to those who have never been in institutional care (Ford et al., 2007). The challenges faced by children often continue into adulthood, resulting in behaviors such as engaging in criminal activities and being incarcerated in detention centers, experiencing homelessness and unemployment. Additionally, some individuals may exhibit enduring troubles that originated in their early years (Taussig & Culhane, 2010).

The absence of family care and protection for separated and unaccompanied children heightens their vulnerability to physical, emotional, and sexual abuse, exploitation, arbitrary detention, human trafficking, discrimination, limited access to basic necessities such as food, shelter, housing, health services, and education, injuries including those infected with HIV, lack of emotional support, and recruitment by armed gangs (Unicef Indonesia, 2008). Adolescents residing in institutional care have elevated rates of mental illness, such as suicidal thoughts, depression, and post-traumatic stress disorder (PTSD), compared to adolescents in alternative communities (Gearing et al., 2015). Research conducted by Jozefiak et al. (2016) reveals that the occurrence of mental problems among children residing in institutions can be as high as 76%, compared to a much lower proportion of 8% in the general kid population. The prevalence of depression in the overall pediatric population is 50%, which is twice as high among institutionalized children compared to the general community (Dimigen et al., 1999). Many youngsters living in institutional care are exposed to a range of risk factors. Furthermore, this is linked to resilience (Lukšák, 2018). Resilience, as a characteristic of human strength, is believed to play a role in the well-being and adaptability of children living in institutional care. Various resilience ideas have been established using diverse approaches. Various definitions of resilience have been proposed, including one provided by the American Psychological Association/APA (2014). According to this definition, resilience refers to the ability to adjust effectively when confronted with challenges, trauma, tragedy, dangers, or causes of stress (Southwick et al., 2014).

According to Rutter (2003), resilience is the ability of an individual to effectively overcome emotional and practical challenges that arise from negative experiences. It is also the capacity to withstand and compensate for the impact of risk and stress. Resilience can be seen as the successful overcoming of a traumatic experience. Masten (2001) defines resilience as a collection of events that are marked by positive outcomes in the face of significant challenges to adaptation or growth. Resilience, as defined by Masten (2014), refers to the ability of a dynamic system to effectively adjust to disturbances that pose a danger to the system's function, viability, or development. It also encompasses the power to overcome trauma or stresses, as described by Masten (2001) and Masten et al. (1999). Masten and

Garmezy define resilience as the capacity to overcome the adverse consequences of risk, sustain the ability to perform effectively under pressure and maintain positive functioning in the face of stress, and recover from trauma and restore normal functioning following the detrimental effects of trauma (Garmezy et al., 1984; Garmezy & Masten, 1986)

Hoge defines resilience as a collection of personal attributes that enable individuals to effectively deal with and safeguard themselves against difficult circumstances (Hoge et al., 2007). Tugade and Fredrickson define resilience as the ability to recover from difficult life situations, demonstrating adaptation and serving as a survival strategy (Tugade & Fredrickson, 2004). Greene (2007) in Kirst-Ashman defines resilience as the capacity of individuals, families, groups, communities, or organizations to rebound from challenges and resume normal functioning after experiencing significant problems, confusion, or difficulties (K. Kirst-Ashman, 2010).

Resilience encompasses both a procedural aspect and an outcome. The concept of resilience has evolved from being a trait-based, inherent personality characteristic to a perspective that focuses on outcomes or processes (Wright et al., 2005). Lou et.al. describe resilience as a dynamic process that involves positive adaptation and is supported by various protective factors, such as individual and family resources, as well as relationships with professionals and friends in the institutional setting. Resilience is considered an accomplishment that arises from several factors such as well-being, developmental outcomes, interpersonal skills, positive internal traits, self-regulation, and future orientation (Maurović, 2015) as stated in (Lou et al., 2018). Ungar highlights the significance of the environment in shaping resilience. He defines resilience as the ability of individuals and the environment to collaborate and enhance the process of growth (Ungar, 2013).

Research on risk factors indicates that susceptibility has a role in leading to adverse consequences in the future (Garmezy, 1971) as mentioned in (van Breda, 2016). A risk refers to any factor that raises the probability of a problem arising or persisting (Coie et al., 1993). Risk factors are indicators, associations, or determinants of an occurrence or condition. Risk refers to the increased likelihood of a certain group of individuals, who share comparable traits, to acquire a particular issue, such as schizophrenia, compared to the general population (Fraser et al., 1999)

Rutter categorizes risk variables into two distinct groups: cumulative risk factors and particular risk factors. Cumulative risk arises from the perspective that a social problem is not caused by a single element alone (Fraser et al., 1999). This cumulative risk encompasses a combination of individual, family, and external factors that concurrently contribute to and heighten the likelihood of various adverse conditions, such as child abuse, persistent family discord, inadequate parenting, academic underachievement, social rejection, poverty, racial and gender bias, discrimination, and environmental disarray (Coie et.al., 1993; Kirby & Fraser, 1997) as stated in (Fraser et al., 1999).

Protective variables, as defined by Rutter (1987), are elements that alter, enhance, or transform an individual's reaction to an environmental danger that increases the likelihood of an unfavorable result. Protective factors operate as accelerators and do not inherently foster typical growth in the absence of risk factors, but they can significantly alter the impact caused by risk factors. Protective factors have the ability to decrease the likelihood of injury or danger and enhance the development and health of children, as well as the well-being of families (G. Pace et al., 2019). These variables work by directly mitigating the negative effects of risk, and by intervening in the sequence of events that lead to risk (Coie et al., 1993).

Protective factors enable individuals to attain favorable outcomes even when they are exposed to potentially detrimental influences. Examples include maintaining good health despite smoking in the

medical field, and leading productive lives as law-abiding citizens despite adverse circumstances during childhood and adolescence in the social sciences (Hirschauer & Scheerer, 2021) Protective factors, as defined by Masten and Reed (2002), refer to specific attributes of the child, family, and surrounding environment that mitigate the detrimental effects of adversity on children's educational achievements (Vanderbilt-Adriance & Shaw, 2008).

Attachment is the term used to describe the emotional connections that comparatively more susceptible individuals form with relatively stronger individuals, as defined by Bowlby in 1988. According to Bowlby, attachment refers to a connection between certain individuals and specific behaviors that are believed to indicate special ties. Attachment endures for a significant duration within the human lifespan, commencing with a child's bond to their mother or a surrogate figure (Santrock et al., 2002). Attachment refers to a connection between individuals that is sustained by certain behaviors aimed at preserving the relationship (Durkin, 1995). According to another definition, attachment refers to a powerful emotional connection that children have with someone who hold significant importance in their life, often their parents (Cartney & Dearing, 2002).

Attachment theory posits that newborns require a stable and caring bond with one or more caregivers in order to foster their healthy development. Parental absence or inattentive parents can be a contributing factor to deviant behavior or, in conjunction with other risk factors, to psychopathology (van Rosmalen & van der Horst, 2016). Bowlby (1940) emphasizes the significant emotional value of home and family life. Additionally, Bowlby (1939) regards the emotional connection between a child and their mother as the foundation for subsequent social development (Bretherton, 1992). Bowlby (1950) asserts that for optimal mental development, newborns and early children require a nurturing, close, and continuous bond with their mother (or a permanent maternal replacement) that brings both parties fulfillment and pleasure (Bretherton, 1992). Bowlby highlights the significance of physical separation and posits that disruptions in the present can have long-term implications for the formation of one's personality. This includes the notion that childhood experiences of separation can hinder the healthy growth of children, as these separations are deemed to be detrimental (Bowlby & Robertson, 1952) in (van Rosmalen & van der Horst, 2016).

According to Howe (2019) the classification of attachment between children and parents, caregivers or other important people consists of 4 groups namely (1) Attachment characterized by a sense of security and trust. In this attachment pattern, parents or caregivers continuously demonstrate affection, attentiveness, and empathy towards the child's ideas, emotions, and requirements. The kid and parent engage in reciprocal interaction, displaying genuine interest and care for one another. As a result, the youngster has a sense of security and trust in the parent or caregiver. Children have the ability to predict the conduct of their parents or caretakers. Within this group, the caregiver exhibits affection towards the kid, safeguards their well-being, and advocates for their interests. However, adherence to certain regulations is required, and there are repercussions for any misconduct. This pattern represents the optimal state of the attachment bond that children receive from their parents. Children who develop a strong emotional bond with their parents will cultivate a favorable perception of others and possess a sense of self-worth, so enhancing their self-assurance and increasing their likelihood of achieving success in life. (2) Anxious-avoidant attachment. Children exhibiting this attachment pattern frequently have a tendency to eschew social contacts, displaying a lack of dependency on others, withdrawing from relationships, and exhibiting reluctance to seek assistance or maintain close proximity to others. The child's "independent" conduct serves as a protective measure against any stress that may arise when they share their thoughts and feelings with others. The attachment development problems often manifest as parental rejection during childhood. (3) An attachment style characterized by a tendency to feel anxious and reluctant in relationships. Unlike the avoidant attachment pattern mentioned before (known as worried avoidant attachment), children with this pattern exhibit a high level of dependence on their

primary caregiver and possess little self-assurance. This phenomenon arises from a lack of parental bonding throughout childhood. It is not unusual for this personality to develop into a person that exhibits frequent anger, jealousy, high demands, and reliance on others. (4) Incoherent connection. In this pattern, parents or caregivers display inconsistency in their conduct, alternating between aggressive, violent, or inflexible behavior on certain occasions and more sympathetic, caring, and affectionate behavior on others. Children get conflicting or equivocal messages from parents or caregivers, leading to confusion, anxiety, and difficulty articulating their emotions. Children exhibiting this attachment type may see others as potential dangers, leading to the manifestation of aggressive-defensive conduct. Children exhibiting this pattern typically experience a familial setting characterized by prevalent violence. Attempts to seek affection often yield hostile responses, and in some cases, physical violence. Children will develop into persons who exhibit rapid mood fluctuations, transitioning from feelings of anxiety and a strong want for affection to feelings of unworthiness and a belief that they are undeserving of love. This impedes their ability to develop robust interpersonal connections.

Rutter observes that Bowlby fails to distinguish between deprivation and privacy, as well as between absence of attachment and loss of attachment. Rutter asserts that the paramount issue is the quality of the attachment relationship, rather than only the experience of loss during key moments (Rutter & Rutter, 1972). Bowlby used the phrase 'maternal deprivation' to denote the state of being separated from a bonded individual, experiencing the death of a bonded individual, and failing to form a connection to any individual. Rutter argues that Bowlby's understanding of maternal loss is overly simplified, and each of Bowlby's concepts has distinct consequences. Additionally, Rutter highlights the distinction between privacy and deprivation, as discussed in Rutter and Rutter's work in 1972. Rutter contends that the absence of an emotional connection in a kid is considered alienation, whereas deprivation refers to the loss or deterioration of an attachment (Rutter, 1981).

According to Rutter's analysis of privacy research, it might result in early attachment issues, reliance on others, indiscriminate attention-seeking and friendliness. As the kid grows older, this may manifest as an inability to follow rules, difficulty forming long-term relationships, and feelings of guilt. Rutter discovered indications of antisocial conduct, affectionless psychopathy, compromised linguistic skills, reduced cerebral development, and stunted physical growth. Rutter contends that the aforementioned issues are not only attributable to a deficiency in bonding with a maternal figure, as proposed by Bowlby. Rather, they arise from variables such as a dearth of cognitive stimulation and social interactions that would typically be facilitated by an attachment figure. These issues can be resolved at a later stage of a child's growth by appropriate intervention (Rutter, 1981).

According to Bowlby's research on youngsters who turned to a life of theft, it is likely that they did not develop any emotional bonds or connections. This indicates that people experience estrangement rather than deprivation. Bowlby posits that the mere act of physical separation might result in the deprivation or loss of the mother (Bowlby, 1944). Rutter asserts that the dissolution of connection occurs as a result of physical separation. Research conducted by Radke-Yarrow (1985) revealed that 52% of children whose moms had depression had a poor connection. The percentage increases to 80% when this happens in the setting of poverty. This implies the impact of social issues and highlights Bowlby's failure to consider the caliber of substitute care. Preventing deprivation or loss can be achieved through the provision of effective emotional support following a breakup (McLeod, 2017).

A stable network of adults can provide adequate care, and this care may even have advantages over a system in which a mother must meet all of the child's needs (Tavecchio & Van IJendoorn, 1987). A study on the revision of attachment patterns in foster children is possible, which can be carried out in stages, and this may affect attachment and security with the adoptive mother (Pace & Zavattini, 2011). Attachment to the adoptive mother and good quality parenting are protective factors that enable positive

interactions with children who are late adopters, in which the mother understands the child's mental condition such as hostile behavior, childishness, and rejection. These factors may contribute to prompting a revision of attachment patterns that children previously did not have. This reflects the importance of considering indicators of foster parents' parenting style from the selection phase in order to facilitate the best adjustment of children placed late with foster parents (Pace & Zavattini, 2011).

Understanding Bowlby's (1979; 1988) attachment theory is important in relation to institution-based care because it can help social workers and administrators of Child Welfare Institutions understand children's behavior and abilities to develop relationships in the context of social work as well as interpersonal and environmental systems (Teater, 2014).

In regard to children in institutional care, they have attachment challenges. In fact, when looking at attachment, they have attachment mechanisms that can contribute to their resilience during their stay in institutions. Therefore, the research examines what kind of attachment mechanisms these children develop to improve their resilience.

Research Method

The approach used in this research is a qualitative approach through in-depth interviews conducted either directly or indirectly (telephone interviews) and WhatsApp chat to clarify the results of previous interviews which have gone through the transcription process and need explanation. Data collection was carried out from June 2021 to April 2022 at institutional-based care locations or Child Welfare Institutions in Depok City, West Java Province and Central Jakarta Municipality, Jakarta Province. Informants included groups of child and adult informants. Child informants include children who have lived in Child Welfare Institutions for at least 1 year. Meanwhile, adult informants were from childcare activists, administrators of organizations that oversee Child Welfare Institutions, the Ministry of Social Affairs, as well as caregivers/social workers/managers of Child Welfare Institutions research locations.

The findings in this research are described according to the concepts of resilience, risk factors, protective factors, and attachment theory. In addition, this research analyzes these findings into the theme of resilience and concepts related to children's resilience in Child Welfare Institutions research locations, then develops recommendations for developing resilience-based care, as well as recommendations for direct service providers at Child Welfare Institutions and policy makers in developing resilience-based child care at Child Welfare Institutions research locations and child care in institutions in general. In this study, quotations are included which, according to Corden and Sainsbury (2006), serve as evidence and original data helps provide readers with an assessment of the accuracy of the analysis, thereby strengthening the findings (Eldh et al., 2020). To maintain the confidentiality of informants and research location institutions, this article mentions the institutions and informants in the code. It is very important to implement and show respect for participants by presenting quotes and data in a reliable manner and maintaining participant confidentiality (Polit & Beck, 2016) in (Eldh et al., 2020)

Results and Discussion

Informants

The informants for this research consisted of 12 children who were currently studying middle school and high school, and lived in 2 Child Welfare Institutions research locations, namely Child

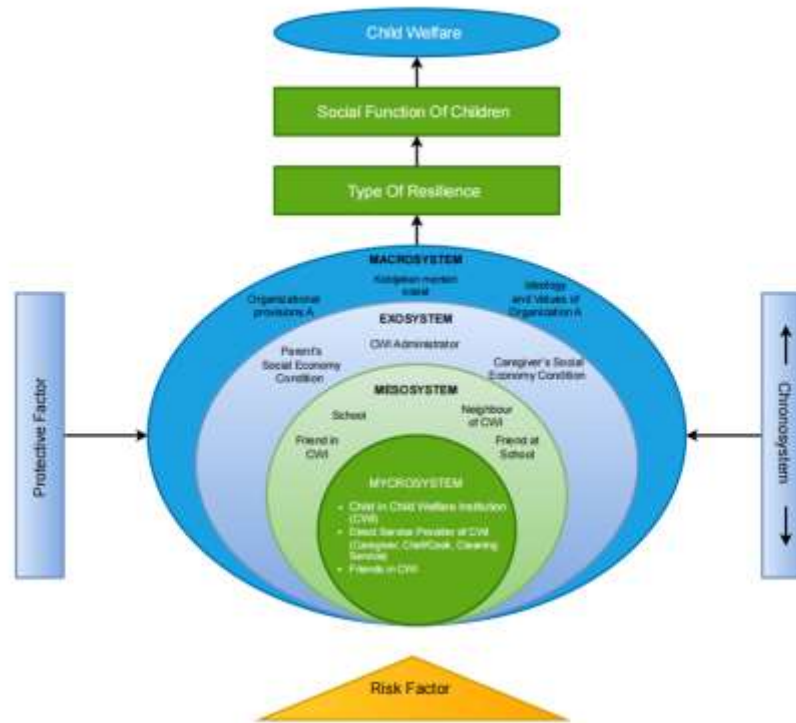
Welfare Institutions X and Y which were located in West Java and Jakarta Special Province. The twelve (12) children came from various backgrounds. Economically, all of them come from poor families. Judging from the parents' whereabouts, geographically their parents live in Depok and Bogor, West Java, South Jakarta, East Jakarta, South Sulawesi and Jambi. Some of their parents had passed away (one or both parents) and were separated/divorced, and some still had their parents but the child experiences rejection because both parents did not want them. Judging from the duration of stay at Child Welfare Institutions, informants AY, KT, MK, SF, SM, NS, DS, IC, AD, HD, AR had lived for 5-7 years at Child Welfare Institutions, while PD stayed for 3 years.

Institutional Care as a Shifting Role of Children's Microsystem Ecology

Microsystem is the environment closest to the child including family, caregivers, individual children, peers, school, residential environment, and other things that the child encounters every day (Bronfenbrenner, 1979). In this microsystem, direct interaction with these social agents occurs. Children are not seen as passive recipients of experience in this setting, but children actively participate in building settings in this microsystem. The characteristics of the child and the characteristics of the environment will contribute to the interactive process that occurs, thus forming a certain character and habits. The family, especially parents and the caregiving environment, are the closest socialization agents in the life of every child, so that the family has a major influence on the formation of the child's character and habits (Krauss & Orth, 2019). The microsystem is a pattern of activities, roles, and interpersonal relationships experienced by people who are developing in a particular environment with certain physical and material characteristics.

However, children in institutional care are forced to change and accept the form of family that normally consists of mother, father, and children to be the environment in institutional care with caregivers as the alternative individual who provide attention to them. They have to accept and adapt the condition that they accept love and caring not from their biological parents. For sure, this condition is clearly different from a normal one. Hence, this situation changes the form and role of attachment as one part of children's microsystem (Julian, Li, Wright, & Jimenez-Etcheverrie, 2019).

Attachment is one specific aspect of the *relationship* between a *child* and a parent with its purpose being to make a *child* safe, secure and protected (Benoit, 2004). Normally, attachment can be one significant factor and source of individual's resilience (Godor, van der Horst, & Hallen, 2023). Strong attachment in a family may increase children resilience since they get emotional and physical support from their closest environment. However, attachment can be included as a risk factor for children living in institutional care (Lionetti, Pastore, & Barone, 2015). It happens because usually there is a boundary existing between children and caregivers in institutional care. Children hardly communicate heart-to-heart with the caregivers because they think that those caregivers are different from their own parents. Meanwhile, caregivers are also sometimes reluctant to get closer to the children due to their burden of taking care of many children. It can be proven from one of informants statement mentioning that he prefers living within his family in his own home rather than living in the institution because he had attachment problem with the caregivers and his peers in the institution (Informant DS, Child Welfare Institutions Y).



Attachment Problems as a Risk Factor for Children in Institutional Care

Attachment refers to the emotional links that comparatively more susceptible persons have in comparison to relatively stronger bonds (Bowlby, 1988). Bowlby also defined attachment as a relationship or relationship between certain social figures and events that is thought to indicate a distinct relationship. connection may continue a long period in human life, beginning with the child's connection to the mother or another person who replaces the mother (Santrock et al., 2002). Another explanation is that attachment is a deep emotional tie that children form via interactions with persons who hold particular importance in their life, most notably their parents (Cartney & Dearing, 2002).

The attachment referred to in this research is attachment to the informant's parents and biological family as well as attachment to caregivers at the Child Welfare Institutions. With the separation of children in Child Welfare Institutions from their families, attachment automatically decreases. Meanwhile, changing caregivers at Child Welfare Institutions that can happen 2 – 4 times (twice at Child Welfare Institutions for Y and Y1, 4 times for X) causes the child's attachment to be insecure. Children only have an attachment to one of the caregivers at Child Welfare Institutions.

Attachment as a risk factor is caused by various situations in Child Welfare Institutions which then have an impact on children's psychosocial conditions, including changing caregivers in Child Welfare Institutions, caregivers committing verbal and physical violence, and caregivers being discriminatory towards children in Child Welfare Institutions.

Change of Caregiver at Child Welfare Institutions

Caregivers are a very important element in Child Welfare Institutions and are substitute parents in Child Welfare Institutions who are expected to provide attachment for children. Children referred to

Child Welfare Institutions previously also had attachment problems with their biological families. For children in Child Welfare Institutions who still have families and parents, family support still plays a role in maintaining the resilience of children in Child Welfare Institutions. Therefore, the attachment factor here is seen from the caregiver element in the Child Welfare Institutions and the family. With the change of caregivers at Child Welfare Institutions 2 to 4 times, the children admitted that only one caregiver was close enough.

"Selama HD dipanti 4 kali kak ganti. anak anak gak ada yang deket selain sama umi Abi pas diganti kaya udah beda gitu (While HD was in the institution, (the caregivers) changed 4 times. The children weren't close to anyone apart from mathor and father (in institutions). When she was replaced, it seemed like that the situation was different) (Informant HD, Child Welfare Institutions X).

This is also what informant AY said:

"Pas angkatan AY 4 kali mbak. Paling deket sama kak DAB paling mbak (I experienced 4 times change Ms, and I was closest to DAB)" (Informant AY, Child Welfare Institutions X).

In contrast to Child Welfare Institutions X, in Child Welfare Institutions Y, an informant experienced 2 changes of caregivers and according to the informant, one caregiver was better than the other caregivers:

"Dua kali mbak, pas masa SF, yang paling lama Pak SYD terus ganti ke bu DHF 2 tahunan, terus pas SF lulus SMK dan udah gak di panti lagi, diganti lagi sama pa ustad AL namanya (Twice (changes Ms) during the SF period, the longest Mr. SYD continued to change to Mrs. DHF for 2 years, then when SF graduated from vocational school and was no longer in an orphanage, he was replaced again by Ustad AL)" (Informant SF, Child Welfare Institutions Y).

This change of caregiver certainly affects the child's attachment. This is compounded by the problem of attachment to the child's family because their parents died, or gone through a divorce or separation. Informant HD has not seen his father since the 3rd grade of elementary school. Meanwhile SF, after his father died, he was separated from his mother since the 1st grade of junior high school, and AY has not known his father since childhood and was not close to his mother, and lived with his grandmother.

Caregivers Engage in verbal and Physical Abuse

From the research location, it was found that caregivers at Child Welfare Institutions X, Y and Y1 committed verbal and physical violence towards children. This is a dangerous risk for children in institutional-based care. At all Child Welfare Institutions locations, caregivers are husband and wife who live 24 hours 7 days at Child Welfare Institutions so they can care for and supervise the children like the children's parents. The perpetrator was the husband of this caretaker couple. At Child Welfare Institutions X, the caregiver used verbal and physical violence against children when she woke the children from sleep. This was told by MK:

"Ummi Sn suka bangunin anak perempuan kasar. Adek saya kan ketiduran karena ngantuk. Ummi Sn banguninnya pake buku paket di tendang itu kena tangan. Adek saya dicubit, digebukin juga (Ummi Sn likes to wake up girls rudely. My little sister fell asleep because she was sleepy. Ummi Sn woke her up with a textbook and kicked it and hit her hand. My little sister was pinched, beaten too)" (Informant MK, Child Welfare Institutions X).

The fact about a caregiver committing violence also occurred at Child Welfare Institutions Y and was conveyed by the informant's statement:

“Selama 3 tahun lebih di panti saya mendapatkan pengasuhan yang baik, tapi ada pengasuh yang lumayan lama di panti sekitar 28 tahun lebih, sehingga membuat pengasuh tersebut seperti mempunyai kekuasaan, di mana ketika anak panti berbuat salah, dia tak ragu untuk main tangan, terkadang mengeluarkan perkataan yg buruk (For more than 3 years at the orphanage I received good care, but there was a caregiver who had been at the orphanage for quite a long time, around 28 years, which made the nperson seem to have power. When the children made a mistake, he did not hesitate to use his hand (to beat us), sometimes taking out bad words)” (Informant SM, Child Welfare Institutions Y).

Online Attachment as a Protective Factor for Children in Institutional Care

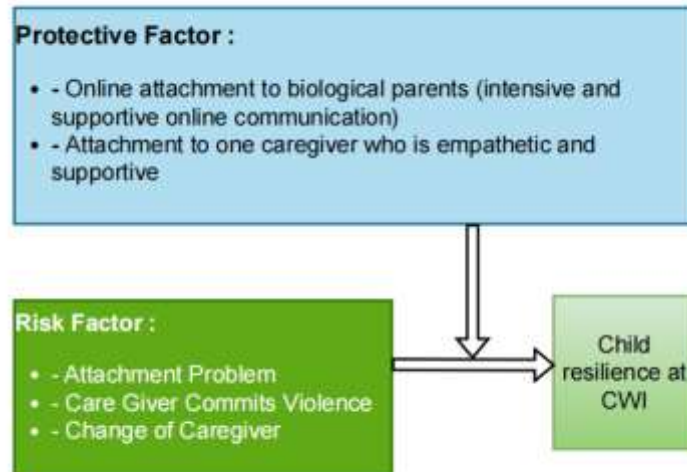
All informants admitted that the closest relationship and attachment they felt was from their parents and family at home. Telephone communication carried out by SF, SM, NS, AD, AY, KT, MK, and PD with their parents and families almost every day can be a remedy for their longing for their parents and families. SM admitted that he only met his parents when they came to Jakarta to attend his cousin's wedding, and also visited SM. Communication via telephone and video conversations (video calls) with mobile phones is also carried out by children who cannot go home and visit their homes to meet their families in person.

The attachment proposed by John Bowlby with attachment theory can be said to be traditional attachment. This attachment develops through intensive and consistent face-to-face interaction. Physical contact, facial expressions, and immediate emotional responses play an important role in building this traditional attachment. However, in this digital era, children living in Child Welfare Institutions feel healed and feel close to their parents by communicating almost every day. This online communication can create online attachment by: a) Frequent and high-quality communication in which children can share feelings, experiences, stories and thoughts in depth and can build strong emotional bonds. b) Online communication containing emotional support, encouragement, and empathy can help build attachment. Of course, not all online communication can create attachment. Only intensive online communication in the form of empathy, friendliness, support and motivation can help build attachment. Online communication that supports online attachment is experienced by SF, SM, and NS in Child Welfare Institutions Y and AD, AY, MK, and KT in Child Welfare Institutions X. These children communicate with their biological parents intensively even though they are far apart.

Several other children at Child Welfare Institutions also communicate online with their parents and families, but they admit they are just asking for news. This was acknowledged by HD in Child Welfare Institutions X, as well as DS and AR in Child Welfare Institutions Y1. HD only occasionally communicates with the family of his deceased mother; his older siblings who live in Blitar rarely communicate with him. Meanwhile, DS has a father but his adoptive father, and AR communicate with his biological older brother, while his father and mother have died.

The second attachment that is very important to analyze is the caregiver where the child lives, namely the attachment to the caregiver at the Child Welfare Institutions. Caregivers are a very important element in Child Welfare Institutions and are substitute parents in Child Welfare Institutions who are expected to provide attachment for children. These caregivers, in Child Welfare Institutions X, Y, and Y1, are recruited within a special criteria i.e. husband and wife couple who are willing to live inside the institution together with the children to provide assistance and care for children 24 hours 7 days.

Regarding to changes in caregivers, AD, HD, AY, KT, and MK admitted that they experienced 4 changes in caregivers. However, HD admitted that he was only close to 1 caregiver among the 4. Meanwhile, the other 3 caregivers were less close. In contrast to what happens in Child Welfare Institutions X, in Child Welfare Institutions Y, informants SY, SM, and NS experienced a change of caregivers twice, but the same children admitted that they were only close to one caregiver.



Conclusion

Children in institutional care face a variety of risk factors. Separated and unaccompanied children face increased risks of abuse, exploitation, detention, human trafficking, discrimination, and lack of access to essential services. Low attachment may become a risk factor caused by various situations in the Child Welfare Institutions which then have an impact on children's psychosocial conditions, including changing caregivers in the institutions, caregivers committing verbal and physical violence, and caregivers being discriminatory towards children in the institutions. Meanwhile, online communication can be a means to build attachment for children living in the institutions. This online communication can create online attachment by: a) Frequent and high-quality communication in which children can share feelings, experiences, stories and thoughts in depth and can build strong emotional bonds. b) Online communication containing emotional support, encouragement, and empathy can help build attachment. Of course, not all online communication can create attachment. Only intensive online communication in the form of empathy, friendliness, support and motivation can help build attachment.

Author Contributions

ASN conducted the interviews, managed, sorted the data, and wrote the manuscript. FN and IRA supervised and directed the research and reviewed and provided input for revision and improvement of the manuscript.

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