

# Family Protective Factors as The Basis for Helping Children With Special Needs Increasing Resilience

\***Wiwin Hendriani**

\*Airlangga University, Indonesia

**Abstract** The number of children with special needs which tend to increase have not been followed by the enhancement on people's knowledge and understanding on their developmental characteristics. Discrimination upon these children come not only from other people in their environment but also often from their own families. In this stressful situation, they are possibly having a lot of difficulties in following educational program and enhancing their academic, social and other life skills. The important aspect that makes some of them adaptive in facing adversity or stressful condition is resilience. The aim of this study was describing family protective factors that can be used as the basis for helping children with special needs increasing their resilience. This study used qualitative approach. Participants consist of four families that have child with special needs. All of those families reside in Surabaya. Data were collected through interview with each family member, observation with general guidance and field notes. Thematic analysis was used as data analysis technique. Eight protective factors found as the result of this study: (1) Family independence; (2) Patience and sincerity in experiencing the problems; (3) The persistence; (4) Positive communication; (5) Togetherness and support among family member; (6) Other social support; (7) Activeness in accessing information and openness to situational changes; (8) Similarity positive respond between parents. The paper concludes with a discussion of these findings, as well as explanation about steps that can be taken by parents in strengthening the protective factors, which will support childrens with special needs to increase their resilience.

**Keywords:** Resilience, Children with Special Needs, Protective Factor

## 1. Introduction

The term "children with special needs" is used to describe children whose physical, mental, or behavioral performance deviates substantially from the normal condition, either higher or lower, such as children with mental retardation, learning disability, hearing impairment, visual impairment, physical disability, speech and language disorder, emotional and behavioral disorder, and also those who are gifted and talented. They are called children with special needs because due to their condition, they may need specific or additional educational, social, or medical services to compensate their academic, physical and behavioral characteristics that differ substantially from what is considered normal (Hardman, Drew, and Egan, 2002).

Population Census 2010 notes that there are 1.94 million children with special needs (age 0-14) in Indonesia (Adioetomo, Mont, and

Irwanto, 2014). Indonesian Society for Special Needs Education (ISSE) -the institution which focus to the education of children with special needs in Indonesia- notes that there are more than 2.6 million children with special needs in Indonesia, but less than 1.83 percent of them receiving special education services. According to the result of Indonesian National Education Department survey, the total number of children with special needs in school-age is about 1.25 million children. Only about 55 thousand of them receive special education services, and only 6 thousand children can join into inclusive program and study together with regular children in the same class (Hendriani, 2006).

The number of children with special needs which tend to increase over time have not been followed by the increase on people's knowledge and understanding on their developmental characteristics. Therefore, people (including parents) often provide inappropriate treatments which may hinder the

children with special needs from developing their potentials and abilities. In many cases, children with special needs tend to be excluded from the society, whether explicitly or implicitly (Groce, 2004; Hoseinpoor, Williams, Gautam, Posarac, Officer, Verdes, 2013). Discriminations upon these children could come not only from other people in their environment but also often from their own families (Hendriani, 2006; Adioetomo, et al, 2014). Various negative behaviors which range from implicit avoidance, explicit rejection to cruel attitudes and behaviors are faced by these children. This phenomenon which sometimes also occurs in the school environment adds the risk factors faced by children with special needs, as reported by a number of articles in Indonesian mass media (Anak berkebutuhan khusus masih mengalami diskriminasi, 2011; Anak berkebutuhan khusus masih alami diskriminasi, 2012; Penyandang disabilitas masih mengalami diskriminasi, 2015).

In this stressful situation, children with special needs are possibly having a lot of difficulties in following educational program and enhancing their academic, social and other life skills (Hart, Heaver, Brunnberg, Sandberg, Macpherson, Coombe, and Kourkoutas, 2014). The important aspect that makes some children with special needs succeed when faced with adversity or stressful condition is resilience - an ability to cope or bounce back from significant adverse life situations or stresses in such ways that are not only immediately effective, but also result in an increased ability to respond to future adversity. Resilience may be usefully viewed as positive development despite adversity (Rutter, 2006; Masten, 2011; Ungar, 2012).

Resilience is defined by Luthar, Cicchetti and Becker (2000) as a dynamic process that includes a positive adaptation in the context of a difficult situation, the danger as well as significant barriers. Resilience is seen as a fundamental force that became the foundation of all the positive traits in building one's psychological and emotional strength. Resilient individual has a number of positive responds in facing adversity, coping the stress, and bouncing back from their traumatic condition.

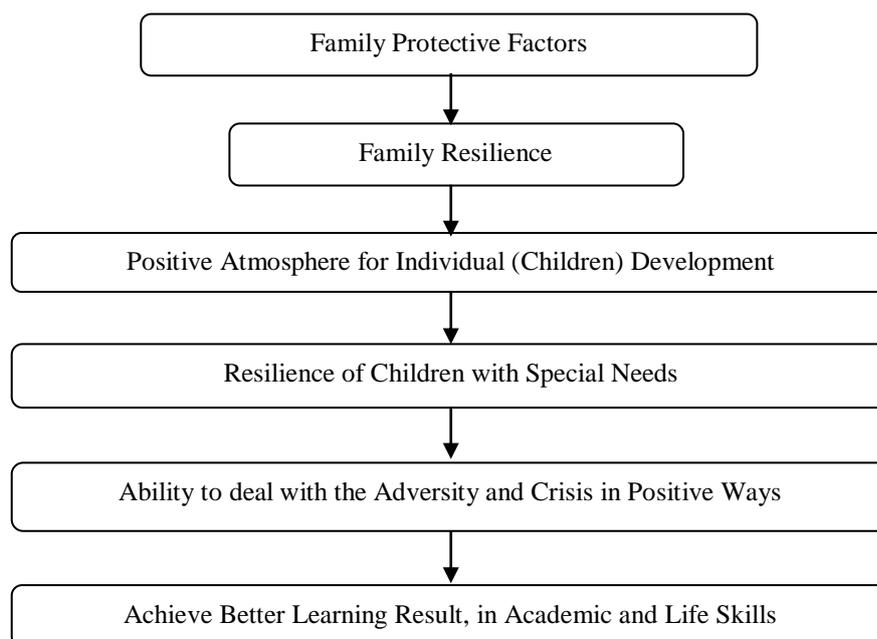
Resilience will make someone able to adjust to significant difficulty (Hendriani, 2006). Resilient individual has an ability to steer through serious life challenges and find ways to bounce back and to thrive. Resilience will also determine a person's success in life. Thus, children with special needs who have a high resilience will be able to deal with the crises of life in positive ways, remain optimistic in everyday life, and motivated to continue the learning process in developing their capabilities. This means also that resilience will open up wider opportunities for children with special needs to be able to achieve a better quality of life, both physically and psychologically.

Resilience in the educational context can protect children with special needs from failing in school and developing behavioral problems. Increasing children resilience is not only school responsibility, but also parents as the main figure in individual development. As we know, parents and the family is the first environment to provide the foundation for the development (Santrock, 2002). Everything that happens in families will influence both psychological and physical development. Without positive atmosphere and harmonious relationship, family will give a negative impact for the development of children in it. Conversely, if the family is in good condition, in which every person can communicate openly and interact in a warm atmosphere, it will further encourage the development in a more positive direction.

According to Olson and DeFrain (2003), family that has positive atmosphere for children development is a family that have a high resilience. Resilient families will respond positively to any difficulty by using a unique way, in context, the issues, as well as taking into account the point of view of the entire family. In resilient family, a child with special needs will get a healthy development atmosphere and a lot of support, so that these conditions may provide opportunities for achieving higher quality of life. Thus we could conclude that efforts to increase the resilience of childrens with special needs would be effectively done by strengthening family resilience.

Cite this as:

Hendriani, W. Family Protective Factors as The Basis for Helping Children With Special Needs Increasing Resilience. *Indonesian Journal of Disability Studies (IJDS)*.2017: Vol. 04(02): pp146-152



**Figure 1.** Family Protective Factors, Children Resilience, and Its Impact

In various studies, resilience is seen as a fundamental force that became the foundation of all the positive traits in building one's psychological and emotional strength. In general, resilience is characterized by a number of characteristics, namely: The ability to face adversity; Ability in the face of stress; or Rise from the trauma (Kalil, 2003). In line with this, Luthar, et al (2000) states that resilience is a dynamic process that includes a positive adaptation in the context of a difficult situation, the danger as well as significant barriers.

Resilience includes the existence of a number of abilities, characteristics or conditions of children who do not aim to eliminate risk, but rather an effort to be able to deal with things that could potentially bring the crisis in a positive way (Duncan, Bowden, and Smith, 2005). Being resilient does not mean that person had never experienced difficulty or stress. On the contrary, a way to become a resilient person is often experienced emotional pressures that can still be encountered. Resilience is also not a trait, which is owned or not owned by anyone. But the resilience includes the behavior, thoughts and attitudes that can be learned and developed in every human being.

In the context of the family, according to the National Network for Family Resiliency (1995), resilience is the ability of families to use its strengths to cope with any difficulties, obstacles and challenges of life in a positive way. This includes also the ability of families to return to the state level before the crisis. That is, when one day the family faces severe problems that make the family situation to be dropped and stressful, with the capabilities of the family may seek to resolve the issue completely and immediately return to the ideal condition as when the issue has not been addressed. Family resilience is a condition of strong families, so that families are able to face and solve various problems (Olson and DeFrain, 2003).

Resilience is formed by significant interaction between risk factors and protective factors (Kalil, 2003). Risk factors is early predictor of something unexpected or something that makes people more susceptible to things. Risk factor is anything that has potential to cause problems or difficulties. According to Luthar (Kalil, 2003) the risk factor is a mediator or variables that facilitate the emergence of problem behaviors.

In contrast to the definition of risk factors, the protective factor is defined as the potential things that are used as a tool for

Cite this as:

Hendriani, W. Family Protective Factors as The Basis for Helping Children With Special Needs Increasing Resilience. *Indonesian Journal of Disability Studies (IJDS)*.2017: Vol. 04(02): pp146-152

designing prevention and countermeasure of various obstacles, problems, and difficulties in effective ways (Kalil, 2003). Protective factors are the things that strengthen children and families in responding adversity and risk factors. A good and successful adaptation to a problem reflects the strong influence of protective factors that are owned. Most researchers view protective factors as something which act as “buffers”, as improving outcomes for families. Protective factors include those processes, provisions and relationships that support families to cope effectively and emerge hardier from crises or persistent stressors (Duncan et al (2005).

Various protective factors owned by families that have children with special needs are important to be explored. Exploration of these protective factors of resilience could help family to find their strengths to be able to face and solve many issues, both within the family context and larger environment, by using effective ways and maintaining the integrity and harmonic relationships among its members. Therefore, family will become a real supportive environment for the development and wellbeing of children with special needs.

## 2. Method

This study used qualitative method. Subjects were four special families, which consist of family with child who has mental retardation, family with child who has hearing impairment, family with child who has visual impairment, and family with child who has learning disability. All of those families reside in Surabaya. Data was collected through interview with each family member and observations with general guidance and field notes.

The method of analysis chosen for this study was thematic analysis (Braun and Clarke, 2006). The analysis consist of six stages, those were:

1. Familiarisation with the data: Reading and re-reading the data, and noting any initial analytic observations.
2. Generating initial codes: Generating pithy labels for important features of the data of

relevance to the research question guiding the analysis.

3. Searching for themes: Coding the codes to identify similarity in the data. A theme is a coherent and meaningful pattern in the data relevant to the research question.
4. Reviewing themes: Checking that the themes ‘work’ in relation to both the coded extracts and the full data-set; Reflecting on whether the themes tell a convincing and compelling story about the data, and begin to define the nature of each individual theme, and the relationship between the themes.
5. Defining and naming themes: Conducting and writing a detailed analysis of each theme, identifying the ‘essence’ of each theme and constructing a concise.
6. Producing the report: Weaving together the analytic narrative and (vivid) data extracts to tell the reader a coherent and persuasive story about the data, and contextualising it in relation to existing literature.

## 3. Result and Discussion

Result shows that there are eight protective factors owned by those special families in achieving resilience, which are:

1. Family independence, that is family’s ability to solve problems without being dependent to external support,
2. Patience and sincerity in experiencing the problems, which is defined as family’s positive attitude in facing difficulties, which promotes the ability to survive and adapt to stressful conditions without feeling desperate or inferior,
3. Persistence, that is family’s attitude not to easily surrender on facing the problems and finding ways to solve them,
4. Positive communication, which is an open communication, to share, to discuss and to create shared solutions for various problems faced by the family and its members,
5. Togetherness and support among family member,
6. Social supports, includes care and support from the parents’ families.

Cite this as:

Hendriani, W. Family Protective Factors as The Basis for Helping Children With Special Needs Increasing Resilience. *Indonesian Journal of Disability Studies (IJDS)*.2017: Vol. 04(02): pp146-152

7. Activeness in accessing information and openness to situational changes, which is defined as familial attitude and habit to actively access actual information about things happening on its environment or those related to the problems faced, and make efforts to collect and clarify data before making certain conclusions or decisions, and
8. Similarity positive respond between parents. There is unity of attitude between the parents toward everything that happens in the family. As a key figure in the family, a good and strong relationship between the parents is a major factor in building family resilience.

Protective factors involve things that strengthen the individual and family in facing the adversity. The result of this study is different from the study that was conducted by Hawley and DeHaan (VanBreda, 2012). This previous study identified some family protective factors such as: a good fit between parent and child, maintenance of family rituals, proactive confrontation of problems, minimal conflict in the home during infancy, the absence of divorce during adolescence, and a productive relationship between a child and his or her mother.

From the explanation given earlier that family resilience will determine how the resilience of the children in it, the effort to increase resilience in childrens with special needs can be done by actively strengthening family protective factors. A number of recommendations have been offered to help parent in doing all things needed to strengthen the eight protective factors.

First, have full acceptance to children with special needs in all of their special condition, as a part of family member. Hendriani (2006) stated that parents and family member acceptance on children with special needs will affect their attitude and behavior in supporting the children development, such as developing their self-confident, socializing in society, develop their independence, and advocacy in learning activity outside school. While parents who has fewer acceptances will show unwanted behaviors such as abandon the children with special needs, give them a lot of

punishment, restricted children social interaction, hiding the child from others, and have fewer involvement on child learning activity.

Second, get used to always think positive with trying to find the good side of any adverse events, related to the child's condition. Positive thinking doesn't mean that parent must keep their head in the sand and ignore life's less pleasant situations. Positive thinking just means that parent approach the unpleasantness in a more positive and productive way. They will think the best is going to happen, not the worst (*Positive Thinking: Reduce Stress by Eliminating Negative Self Talk*, 2012).

Individual perception determines behavior. When the parents saw the difficulties encountered related to the special needs of children as an aggravating problem, the response would be different from the other response when perceive it as a challenge that will surely be overcome if they do not give up in finding solution. The ability to think positively will lead children on optimism, so they will be able to survive in trouble, do not give up easily, and not depend on help from others. Thus, positive thinking will pave the way to strengthen the three protective factors, namely: Patience and Sincerity in experiencing the problems; Persistence; and Family independence.

Third, build togetherness and open communication, a mutual support within the family (Cole, et al, 2001). It can be started by getting together to talk and listen and discuss a variety of things together, even if only a simple topic of daily life. This habit will also help parents to avoid differences of opinion when addressing and resolving problems of children with special needs.

Fourth, actively seeking more information related to children's special needs. This will help family to always be objective when facing problem, not easy to get caught up in a negative emotional state, and able to focus to think, figure it out rationally when addressing the issue (Hendriani, 2009). By actively looking for information, parents will also have better understanding about the appropriate support for children development.

Cite this as:

Hendriani, W. Family Protective Factors as The Basis for Helping Children With Special Needs Increasing Resilience. *Indonesian Journal of Disability Studies (IJDS)*.2017: Vol. 04(02): pp146-152

Fifth, establish collaboration with those who can support the efforts of parents in developing children's ability. One of the main collaboration that is needed for increasing the resilience of children with special needs is between parents and school. School and parents are two parties that need each other. On the side of family, school is a partner that can provide a lot of stimulation needed in supporting the development of children with special needs, whether cognitive, affective, and psychomotor.

As for school, parents are partners in creating an effective learning process and achieving maximum results, in accordance with the educational goal setting. Mastery of abilities will increase, if the collaboration between parents and education professional practicing appears in the process of education Hunt and Marshall (2005). When parents are involved in education, children will more confident, happier, and make friends more easily. Their knowledge and skill will stay longer if they also trained it at home or outside school with help and guiding from parents. When schools work together with families to support learning, children tend to succeed not just in school, but throughout life (Gianzero, 1999).

**Table 1.** Steps in Strengthening the Eight Protective Factors

Parent Step	Protective Factor Number
Have full acceptance of the condition of the child	2
Get used to always think positive	1, 2, 3
Build togetherness and open communication	4, 5, 8
Actively seek more information related to the special needs	7
Establish collaboration with those who can support the in developing children's ability	6

#### 4. Conclusion

The importance of resilience in the individual life has led to the idea to help childrens with special needs to be able to increase their resilience, so they have a

toughness in the face of various challenges and problems, are able to obtain optimal results in their learning, and able to live their lives independently.

Efforts to increase the resilience of childrens with special needs can not be separated from the role of the family. At least there are two underlying reasons for this. First because the family is the primary environment of growth and development of every human being, and secondly, the individual resilience has been linked to family resilience. Based on the research, this paper has tried to outline steps that can be taken by parents in strengthening those eight factors, which will help and support childrens with special needs to increase their resilience.

These steps consist of: (1) Have full acceptance of the condition of the child; (2) Get used to always think positive; (3) Build togetherness and open communication; (4) Actively seek more information related to the special needs; and (5) Establish collaboration with those who can support the in developing children's ability.

Things that have been described need to be understood also by the school as parent's partner in providing optimal education for childrens with special needs. On the school side, the success of formal education will not be achieved without the involvement of parents in it. Therefore, it is also important for school to encourage parents to improve resilience in families and to maximize support for the development and advancement of children education.

#### 5. References

Adioetomo, S.M., Mont, D., and Irwanto. (2014). Person with disabilities in Indonesia: Empirical facts and implications for social protection policies. Jakarta: *Lembaga Demografi Fakultas Ekonomi Universitas Indonesia*.

Anak berkebutuhan khusus masih mengalami diskriminasi. (2011, 30 April). *Pikiran Rakyat* (online). <http://www.pikiran-rakyat.com/jawa-barat/2011/04/30/143494/anak-berkebutuhan-khusus-masih-mengalami-diskriminasi>.

Cite this as:

Hendriani, W. Family Protective Factors as The Basis for Helping Children With Special Needs Increasing Resilience. *Indonesian Journal of Disability Studies (IJDS)*.2017: Vol. 04(02): pp146-152

- Anak berkebutuhan khusus masih alami diskriminasi. (2012, 23 April). *Tempo (online)*. <https://m.tempo.co/read/news/2012/04/23/079399113/anak-kebutuhan-khusus-masih-alami-diskriminasi>.
- Braun, V. & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3, 77-101.
- Cole, K.A., Clark, J.A., and Gable, S. (2001). Promoting family strength. *Human Environmental Science Extension*, MU Extension, University of Missouri – Columbia.
- Duncan, J., Bowden, C., and Smith, A.B. (2005). Reviewing and rethinking parent support and parent education opportunities in New Zealand. *New Zealand Annual Review of Education*, 14, 153-170.
- Gianzero, G. (1999). Promoting parental involvement, improving children outcomes. *San Diego Dialogue*, January 1999.
- Groce, N. E. (2004). Adolescents and youth with disabilities: Issues and challenges. *Asia Pacific Disability Rehabilitation Journal*, 15(2), 13–32.
- Hardman, M.L., Drew, C.J., and Egan, M.W. (2002). Human exceptionality. Boston: Allyn and Bacon, *A Pearson Education Company*.
- Hart, A., Heaver, B., Brunberg, E., Sandberg, A., Macpherson, H., Coombe, S., and Kourkoutas, E. (2014). Resilience-building with disabled children and young people: A review and critique of the academic evidence base. *International Journal of Child, Youth, and Family Studies*, 2014, 5(3): 394-422.
- Hendriani, W. (2006). Penerimaan keluarga terhadap individu yang mengalami keterbelakangan mental. Research report. Surabaya: *Fakultas Psikologi Universitas Airlangga*.
- Hosseinpoor, A. R., Stewart Williams, J. A., Gautam, J., Posarac, A., Officer, A., Verdes, E., et al. (2013). Socioeconomic inequality in disability among adults: A multicountry study using the world health survey. *American Journal of Public Health*, 103(7), 1278– 1286. doi:10.2105/AJPH.2012.301115.
- Hunt, N. and Marshall, K. (2005). Exceptional children and youth. *Boston: Houghton Mifflin Company*.
- Kalil, A. (2003). Family resilience and good child outcomes. *Wellington: Centre for Social Research and Evaluation, Ministry of Social Development*, Te Manatu Whakahiato Ora.
- Luthar, S.S., Cicchetti, D. and Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child Development*, 71: 543-62, 2000.
- Masten, A. S. (2011). Resilience in children threatened by extreme adversity: Frameworks for research, practice, and translational synergy. *Development and Psychopathology*, 23(2), 493–506. doi:10.1017/S0954579411000198.
- Positive thinking: Reduce stress by eliminating negative self talk. (2012). [www.mayoclinic.com](http://www.mayoclinic.com).
- National Network for Family Resiliency. (1995). Family resiliency: Building strengths to meet life's challenges. *Iowa: State University Extension*.
- Olson, D.H. and DeFrain, J. (2003). Marriage and families. Boston: McGraw-Hill.
- Penyandang disabilitas masih mengalami diskriminasi. (2015, 3 December). <https://ugm.ac.id/id/berita/10799-penyandang-disabilitas-masih-mengalami-diskriminasi>.
- Rutter, M. (2006). Implications of resilience concepts for scientific understanding. *Annals of the New York Academy of Sciences*, 1094, 1–12. doi:10.1196/annals.1376.002
- Santrock, J.W. (2002). Life-span development: Perkembangan masa hidup (terjemahan). 2nd Edition. Jakarta: Penerbit Erlangga.
- Ungar, M. (Ed.). (2012). The social ecology of resilience: *A handbook of theory and practice*. New York: Springer.
- VanBreda, A.D. (2001). Resilience theory: A literature review. Pretoria: *South African Military Health Service, Military Psychological Institute, Social Work Research and Development*.

Cite this as:

Hendriani, W. Family Protective Factors as The Basis for Helping Children With Special Needs Increasing Resilience. *Indonesian Journal of Disability Studies (IJDS)*.2017: Vol. 04(02): pp146-152