

# FOSTERING RESTORATION The impact of love and second families in residential care

## Abstract

My Refuge House Ministry (MRH), a shelter for survivors of commercial sexual exploitation (CSE) and abuse in the Philippines, functioned under a Trauma Focused Cognitive Behavioural Therapy approach when it was founded in 2009. However, an assessment of their programmes in 2014 found that the girls felt uncomfortable with the counseling approach and trapped by the staff and shelter guidelines. As a result, MRH underwent a complete restructuring of their program in August of 2014, moving from a clinically focused approach to a strengths-based one, which was more culturally appropriate for the girls and staff members. Since its restructuring, MRH has developed a family-like environment between staff and girls, drawing upon their Filipino culture and way of life. The results have seen mutual growth in relationships between staff and girls and an increased level of respect between both parties. MRH has created a second family by advocating for a loving and caring atmosphere, which they believe to be the foundation for any healing environment. This paper describes why MRH operates from this approach, how this approach has been implemented, and the differences observed in the staff and girls since its introduction.

## Keywords

family, strengths-based, open communication, relationship, culture

## Corresponding author:

Rachel L. Jones, MSW, Instructor of Social Work, Milligan College, Tennessee

RLJones@milligan.edu

Rose Ann Obenque, RSW, Director of Program Operations, My Refuge House, Cebu Philippines

rose@myrefugehouse.org

Obenque, R.A. & Jones, R.L. (2016). Fostering restoration The impact of love and second families in residential care. [Joint Special Issue, Love in Professional Practice] *Scottish Journal of Residential Child Care*, 15(3) and *International Journal of Social Pedagogy*, 5(1) 145-151. doi:

<https://doi.org/10.14324/111.444.ijsp.2017.11>

Available online [www.celcis.org/journal](http://www.celcis.org/journal) and

<http://www.ingentaconnect.com/content/uclpress/ijsp>. SJRCC is published by CELCIS, ISSN: 1478 – 1840. IJSP is published by UCL Press. ISSN: 2051-5804

My Refuge House (MRH) was founded in 2008 to respond to the rising need of aftercare facilities for survivors of commercial sexual exploitation and abuse in the Philippines. MRH operates as a faith-based, residential aftercare centre and caters to girls between the ages of eleven and 21. The mission of MRH is to restore one life at a time and the shelter is dedicated to providing the best possible care to support the individual restoration of each girl. In order to improve their standard of care MRH has spent the past several years transforming their residential program and developing an innovative approach which is holistic and culturally appropriate. This new programme emphasises the importance of family, loving relationships, shared accountability, open communication, and Filipino culture. The process has led to a complete transformation of the programs and structures previously in place and has produced extraordinary results among the girls and staff members. This paper will highlight key aspects from the previous and current programs to explore the shelter's transformative impacts in regards to building healthy relationships and developing meaningful connections. MRH's journey towards an empowering, family environment has been an evolving process, and it is hoped that others can learn from the experience and apply techniques to their own residential care facilities.

## **Background**

After it was founded, MRH operated under the Trauma Focused Cognitive Behavioural Theory clinical model for six years. This therapeutic approach is empirically validated and widely used in the United States in treatment with survivors of sexual abuse and trauma. However, after several years of implementation it became obvious that this approach was not effective for the girls at MRH. Focusing on trauma as the therapeutic tool was inadvertently going against Filipino culture and their innate system of resilience. Filipinos face poverty and natural disasters to a debilitating level, and yet they continue to look forward, pick up the pieces, and rebuild. Adhering to a trauma-focused approach was not consonant with the culture of the girls or staff members and both parties struggled to operate within this clinical way of working, which had negative impacts, including aggressive behaviours and power struggles.

In response to these negative effects, MRH looked more closely at their programs and began conducting focus groups and informal surveys to determine the opinions and attitudes regarding the services that were being provided. These surveys and focus groups revealed several problematic areas within the shelter, as voiced by staff members and the girls, highlighting a need for radical improvements. In response to these findings MRH started its transition from a Western clinical approach to a more culturally appropriate resilience based program, drawing upon the strengths and perspectives of Filipino people.

## Previous Program

One of the significant findings from the focus groups was the limited leadership roles for the girls to engage in within the shelter. They had no ownership of the program and were merely recipients instead of participants. There was a visible segregation between the staff and girls, and the relationships were rigid with a 'no touching' policy (which was in contrast to the physically affectionate culture of Filipinos). These situations led to a competition for control between the staff members and girls and this became one of the most prominent struggles for the shelter staff. This competition resulted in disconnected relationships and aggressive verbal and physical behaviours such as threatening the staff and other girls, breaking furniture, punching walls, screaming, and shouting. These behaviours also created an unsafe environment for the girls to live and for the staff to work.

Relationships within the shelter were difficult due to the enmeshed nature of staff members' roles. The social worker at MRH fulfilled several overlapping roles, such as counsellor and disciplinarian, which could lead to role conflict on the part of the social workers and distrust on the part of the girls, disrupting the intended therapeutic benefits. The educators also functioned as house mothers and were as young as twenty years old, leaving no room to create a healthy mother/child relationship. Because of these dual roles, sometimes punishments would carry over from one setting to another and the girls were confused in whom to confide personal thoughts and struggles. This confusion resulted in the girls having inconsistent relationships and attachments with the staff, and the staff suffering from inconsistent job roles and challenging behaviour from the girls.

The girls also saw the shelter as a prison and themselves as prisoners, which further compounded the relationship issues of competition and enmeshment. The shelter is a gated and guarded compound and previously the girls were only allowed to exit for court hearings, quarterly family visits, and medical appointments. In addition, the programme operated under a reward and punishment system leaving the girls feeling even further restrained, as every action was being monitored and evaluated. Because of these feelings of imprisonment the girls would declare false medical symptoms just to be outside the walls for a few hours. During this time 80% of the girls were seeing an outside psychiatrist and were on medications for PTSD, bipolar disorder, depression, and ADHD. Discovering these detailed feelings and thoughts regarding the program helped profusely with restructuring the organisation to create an empowering and loving environment. The girls and staff were able to voice their struggles of feeling unsafe, restrained, imprisoned, distrustful, and limited - none of which were creating a healthy atmosphere for healing and restoration.

## Loving Family

Restructuring the programs at MRH began in 2014 and was the best decision the organisation could have made. Nevertheless, it was a difficult process to manage the negotiation between the management team, the staff members, and the girls to establish clear expectations for the journey ahead. Major developments during this transition phase were distinct roles for each staff member, age appropriate and experienced house mothers, peer leadership and mentorship programs for the girls, field trips and weekly outings, opportunities to strengthen self determination, removal of the 'no touching' policy, and collaborative projects between staff and girls. MRH also introduced a 'guidance with grace' approach of discipline, instead of the reward and punishment system previously used. This approach has encouraged the girls not only in taking accountability for their actions but also in understanding their own behaviour, and this has significantly reduced girls' aggressive behaviour towards the staff. MRH facilitated the restructuring with the intention of fostering relationships and promoting shared accountability between staff and girls for a smooth transition between programmes. The transition was almost easier than expected because eagerness for improvement was visible among all participants and it was amazing to witness the collaborative and responsible nature of the girls throughout the process. The staff saw that the girls appreciated the trust and respect involved with taking on responsibilities and the shelter was anxious to develop a program that would strengthen their inner capacities and develop their innate potential.

Culturally, Filipinos are very relational people and they value their families regardless of the mistakes they have committed. Take Hope's story for example. Hope was trafficked by her own mother when she was just around 14 years old. When she was rescued, her mom was put in jail and Hope wasn't allowed to visit her. When MRH started promoting the importance of loving relationships, Hope was allowed to visit her mom in prison every month. MRH knew that it might affect the legal case against her mom and the latter might convince her to drop the case. However, they listened to Hope's need to mend the relationship with her mom and they granted the request. After a series of visits, Hope's mom not only pled guilty but also mended their broken relationship. Family and community are at the centre of daily life in the Philippines, and it is this dependence that allows Filipinos to be resilient in the face of adversity.

While operating under the previous program, MRH was not able to build the healthy and loving community needed inside the shelter - limiting the most basic system of support instilled within Filipino culture. With the introduction of a strengths- and resilience-based programme, a family atmosphere and sense of community started to emerge within the shelter, providing a loving and healing environment for the girls. By creating safe boundaries and distinctions between the staff's roles, the girls began treating house parents as their mothers and house parents began treating the girls as their children. It broke down the toxic

institutionalised barriers, often found in residential centres, and created a supportive second family for the girls, abounding with mutual love and affection. MRH emphasises this second family by having several small cottages each housing six girls and a house parent. Each cottage has a mixture of ages to reinforce the family dynamic, including regular family nights and family outings. In Filipino culture the oldest daughter has many responsibilities and the other children respect her and the position she has in the family. By having various ages within the shelter the younger girls are able to have the older sister needed to help them develop respect for elders.

Connection as a spiritual family is also integral to the structure of MRH because the shelter operates as a faith-based organisation. The girls are never forced to participate in religious activities but they are encouraged to join the events moulded into the structure of the shelter. Oftentimes this spiritual connection is a great support for the girls and they find comfort and healing through their relationship with God. This spiritual connection also brings forth a deeper family bond between the staff and girls since it is a foundational aspect of the organisation itself.

The peer leadership program, previously mentioned, has also had a positive impact on the relationship between staff members and girls. The peer leadership program is an opportunity for girls to be 'mini staff' after going through an application process with the management team. There is a peer leader in each cottage and they act as support for the house parents, assist in leading family nights, and help with the younger girls. MRH has seen several of the girls take on this leadership responsibility, one of them being Maggie, who had been desperate to go home ever since arriving at the shelter. She would intentionally hurt the feelings of the staff, such as sending notes with 'f—you' and 'I hope you die', hoping the staff would get tired of her misbehaviour. Instead of giving up on her, MRH decided to challenge her by giving her the leadership role of librarian; then a year later she applied for peer leader and received the position. She has become a role model for the younger girls and is now in college pursuing a degree in social work. These are just a few examples of the transformation that has taken place at MRH due to its restructuring and implementation of a strengths- and resilience-based program emphasising local culture.

## **Conclusion**

At MRH love is a mutual affection between the staff and girls and holistic healing would be impossible without it. Creating an empowering space where thoughts, ideas, and innovative thinking are encouraged has fostered trust, love, self-determination, and resilience – all of which are components of a healthy family environment which develops authentically when other pieces are in place, such

as open communication, a safe space, respect, shared responsibility, and grace. With the intentional development of these components, MRH has seen a dramatic drop in aggressive behaviours, improved participation in education and home life, elimination of false medication reports and need for psychiatric medications, involvement in leadership positions, and so much more. The staff members at MRH are dedicated to forming authentic and deep relationships with the girls, built on trust and respect, not only for their individual healing but also to effectively model healthy relationships and boundaries for when the girls reintegrate back into their communities. Forming loving and caring relationships is the responsibility of the shelter because holistic restoration would be incomplete without a thriving family environment to foster therapeutic growth.

## About the author

**Rose Ann Obenque, RSW** is the Director of Program Operations at My Refuge House (MRH). She's been part of MRH since 2011 as a Social Worker before she became the Director of Program Operation in 2014.

**Rachel L. Jones, MSW**, is a Returned Peace Corps Volunteer who served at My Refuge House in the Philippines from 2014-2016. She is currently an Instructor of Social Work at Milligan College in Tennessee.

## References

Cohen JA, Mannarino AP, Deblinger E. Treating trauma and traumatic grief in children and adolescents. New York: Guilford Press; 2006.

Judith A. Cohen, Anthony P. Mannarino, and Esther Deblinger, Treating Trauma and Traumatic Grief in Children and Adolescents

Second Edition

[http://www.rappler.com/move-ph/ispeak/73433-problem-filipino-resilience-Shakira Sison](http://www.rappler.com/move-ph/ispeak/73433-problem-filipino-resilience-Shakira-Sison)

American Psychological Association [APA], 2009. The road to resilience. Retrieved from <http://www.apa.org/helpcenter/road-resilience.aspx>

Andres, T.Q.D. (2002). People empowerment by Filipino values, Manila, Philippines: Rex Book Store, Inc.

---

Adviento, ML, de Guzman, J, Community Resilience during Typhoon Ondoy: The Case of Ateneo-ville, Philippine Journal of Psychology , 2010, 43 (1), 101-113

Miles, G., Stephenson, P. Children in Residential Care and Alternatives. Retrieved from:

<http://www.bettercarenetwork.org/sites/default/files/Children%20in%20Residential%20Care%20and%20Alternatives.pdf>

*This work is licensed under a [Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License](https://creativecommons.org/licenses/by-nc-nd/4.0/)*