An Evaluation of the ISPCAN Inter-Sectoral Training: Child Abuse Protocols in South Africa

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MASTERS IN SOCIAL WORK
THESIS

Amy Maheswaran

An Evaluation of the ISPCAN Inter-Sectoral Training: Child Abuse Protocols in South Africa

2002
AN EVALUATION OF THE ISPCAN INTER-SECTORAL TRAINING:

CHILD ABUSE PROTOCOLS IN SOUTH AFRICA

AMY MAHESWARAN

Submitted in partial fulfillment of the requirements for the degree of Master of Social Work

AUGSBURG COLLEGE
MINNEAPOLIS, MN

2002
This is to certify that the Master’s Thesis of:

Amy Maheswaran

has been approved by the Examining Committee for the thesis requirement for the Master of Social Work Degree.

Date of Oral Presentation: December 3, 2002

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Thesis Reader: Dr. Lois Bosch

Diane Knust, MSW

Thesis Reader: Diane Knust, MSW
ABSTRACT

An Evaluation of the ISPCAN Inter-Sectoral Training:  
Child Abuse Protocols in South Africa

Amy Maheswaran  
December 16, 2002

This research studies how child abuse has become so pervasive in South Africa and evaluates a project that provides training for professionals to learn the necessary skills to build an effective social welfare system, potentially create national procedures for serving abused children and potentially change child abuse laws. Efforts have been made to build awareness on the rights of children in South Africa. Children, before and after the apartheid regime, have been affected by the breakdown of families and oppressive laws in a patriarchal society. Child abuse services and policies have attempted to address protecting children from abuse. Despite efforts that have been made, there are still major breakdowns in the social welfare system and justice system. A training funded by the Oak Foundation called the ISPCAN Inter-sectoral Training attempts to impact service professionals as well as children and families by introducing an approach to handling child abuse cases called the inter-sectoral approach.
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CHAPTER 1: INTRODUCTION

This chapter will introduce the background of child abuse services in South Africa, provide a statement of the problem and why the problem is important enough to research.

Background of the Problem
Child abuse is an international problem, and the rate of child abuse in South Africa, specifically with black children is escalating. Child abuse and neglect is a serious problem in South Africa that has been growing over the last two decades. In 1993-1994 for example, reported child abuse cases (ages 15 and under) increased dramatically. In 1993, child abuse and neglect cases increased from 1969 to 2694, and rape cases increased from 4736 to 7559 the following year (Schurink, 1996). By 1996, a total of 19,805 cases of crimes against children occurred, 7022 were child sexual abuse cases, 7363 rape cases, 480 sodomy cases, and 125 incest cases (Madu & Pelzer, 2001). By 1999, over 40,000 cases were reported to the South African Police Department alone (Xinhua News Agency, 1999). Readers should be cautious in interpreting the increase of reporting because it is not clear what has been the cause of the increase of cases and the data is only reported cases.

Children who are abused in South Africa, specifically black children, have been a public concern for South Africans since the 1970s. Child abuse is a complex problem that became even more pervasive during the apartheid regime. When attempting to understand this complex issue in South Africa, it is important to take into account cultural and historical implications of child abuse. One of the reasons, during the apartheid regime, family structure broke down because fathers worked away from home to earn an income. Migrant labor laws were established such as the Group Area Act and the Influx
violence (Sarkin, 1998). Efforts were made to build awareness in the country on the
disruption of children’s rights through violence after the apartheid regime. A human rights
culture had developed where human rights became a high national agenda item, however
promises made in the final constitution on how children should be treated has not fully
been implemented (Sarkin, 1998).

Conferences in South Africa had been a popular way to address children’s rights,
which started in the late 1980’s with the Harare Conference, followed by the UN
Convention on the Rights of the Child, followed by the Gaborone Conference, the World
Summit Declaration and the Children’s Charter of South African. These conferences
provided an opportunity for the community to voice their concerns about the political,
social and economic rights of children (National Children’s Rights Committee, 1994).
This thesis attempts to look at the child rights movement by determining whether
children’s rights are still being violated by not protecting children from abuse (i.e., not
fully abiding by the child abuse policies) and by the way abused children are being
served in the child welfare system and justice system.

Statement of the Problem

Past and present laws

Numerous attempts have been made to provide services to black children who are
abused through policies and creating services for children and families. Throughout the
years, the South African government had attempted to create policies to transform and
construct new laws. One of the first acts to protect children was the 1983 Child Care Act,
No. 74, which addressed children’s placement into a home that was due to abusive or
Challenges with the policies

There has been some difficulty in creating laws in South Africa and also a difficulty in implementing them (Peltzer & Phaswana, 2000). Policies for disadvantaged populations (i.e., children, women, black South Africans) have also failed due to deeply rooted traditions of creating racially biased policies (Woodhouse, 1999).

Challenges with child abuse services

In addition to the challenges of enforcing child abuse laws, child abuse services are fragmented in South Africa, and with the high prevalence of child abuse that has contributed to the lack of services for children. Not all cases of child abuse are reported. If reported, not all families are served (Rankin, 1997). Other issues include: the South African Police Department’s Child Protection Unit does not respond right away, and social welfare workers frequently are not proficient in various South African languages, nor are there qualified child welfare workers. The demand of services from reporters of child abuse is so high, that workers do not know how to handle their caseloads (Rankin, 1997). A South African Advocacy group, the Child Abuse Action Group (CAAG), has primary concerns that sentencing through the courts does not make severe enough punishments for child abuse crimes. Depending on the province, very few reporting centers (hospitals, social welfare offices, South African police) have a formalized system of case management (Simpson, 1997). Lastly, services are poorly coordinated with other sectors (Schurink, 1996). For instance, some sectors historically have not worked well with each other like the South African Police Department and the child welfare workers. Sectors have their own philosophy of how children should be served and disagree with other sectors philosophies (Schurink, 1996).
This protocol is being used to train professionals around the world in Thailand, Malaysia, Kenya, Argentina, Brazil and South Africa.

The ISCPAN’s intention is to provide an international protocol to serve abused children in developing countries. The protocol is meant to be adaptive to each country’s cultural context. In South Africa, an association of professionals called the South African Society for Preventing Child Abuse and Neglect (SASPCAN) is implementing the training across various provinces. If the training proves to be successful, SASPCAN would like to develop a strategic plan to create the skills from the training into national guidelines or procedures for serving abused children.

The Research Questions

There are two research questions addressed in this study. First, “How does the ISPCAN Interagency Training impact professionals who work with children who are abused in South Africa?” Second, “How can the ISPCAN Interagency Training impact new child abuse laws and national procedures for serving children who are abused?” Two surveys were administered to participants of the ISPCAN training and their supervisors, five months after the training was held in November 2001.

Summary

This chapter reviewed the background of child abuse issues in South Africa, stated the problem and research questions, and explained the purpose, significance of this research study. Chapter 2 provides an overview of literature that highlights the research that describes the problem and efforts that have been made to reduce the problem of child abuse in South Africa. Chapter 3 provides a theoretical framework of the study describing strategies for changing the social welfare system using a systems approach, the
CHAPTER 2: LITERATURE REVIEW

This chapter defines the significant terms of the study: child abuse, social welfare system, developmental social welfare, ethics, and inter-sectoral. The historical background of child abuse illustrates the social and political structures since the apartheid regime. Many associations such as the National Children’s Rights Committee, Child Abuse Action Group, South African Law Commission have made recommendations for how child abuse laws should be implemented and strategies for improving child abuse services. South African prevention and intervention models for child abuse will be addressed in this section as well. Finally, gaps in the literature will be identified.

Definitions of Terms

There are important terms that should be defined that are used throughout this study.

Child abuse

It is difficult to define child abuse in an African context because cultural attitudes surrounding child abuse is controversial. It is also difficult in the African context to distinguish child abuse from disciplinary action. The general definition of child abuse as defined by the African Network for the Prevention and Protection Against Child Abuse and Neglect (ANPPCAN) is “the intentional, unintentional or well intentional acts that endanger the physical, health, emotional, moral and the educational welfare of the child. These are those morally unacceptable to the community that may endanger the well being of the child, although the child may or may not perceive these acts as abuse” (Pelzer, 1999, p.68). In contrast, child abuse is defined in the US, according to the International Society of Child Abuse and Neglect, as “all forms of physical and/or emotional ill-
services, facilities, programs and social security to promote social development, social justice and the social functioning of people” (White Paper of Social Welfare, 1997, p. 7).

**Developmental social welfare**

One of the theoretical frameworks of this study is developmental social welfare. This concept was first used in the United Nations in 1989. Developmental social welfare programs refer to programs that are used to implement the national strategy of social welfare. The concept is being used more in South Africa to refer to the use of developmental strategies for changing the social welfare system. Developmental strategies refer to the mission, goals and principles of developing the social welfare system (White paper, 1997, Glossary). To develop social welfare, programs are created to “condition the well-being of society by encompassing people’s health, economic conditions and quality of life” (Bruzzy & Segal, 1998, p. 8).

**Ethics**

The second concept that should be defined in this study, and is explained as one of the theoretical frameworks for this study—is ethics. Ethics as defined by Link and Ramanthan (1999), is “our behavior and how our actions fits with the well-being of others” (p 69).

**Inter-sectoral**

Inter-sectoral describes the interaction between government departments such as education, housing, health, police and non-government when providing services (White paper, 1997, Glossary). Multi-disciplinary team is used interchangeably with inter-sectoral in this study.
Their vision of children’s rights protection as described by the South African Law Commission includes:

1. Use a “child friendly approach”
2. Notify the child’s parents their rights and responsibilities
3. Recognize that children need special protection
4. Develop and improve prevention and intervention programs that follow the Child Care Act.
5. Early childhood development services should be provided to prevent child abuse from occurring.” (Hallaby & Stuurman, 2002, p 3).

The Commission has also recommended how the 1983 Child Care Act should be implemented.

1. “to make provisions for structures, services and means for promoting the sound physical mental, emotional and social development of children;
2. to utilize, strengthen and develop community structures which provide care and protection for children;
3. to prevent, as far as possible, any ill-treatment, abuse, neglect, deprivation and exploitation of children;
4. to provide care and protection for children who are suffering ill-treatment, abuse, neglect, deprivation or exploitation or who are otherwise in need of care and protection;
5. generally to promote the well-being of children” (Hallamby & Sturmann, 2002, pp 4-5).
iii. to protect the child's fundamental human rights set out in the Constitution

iv. to protect the child from unfair discrimination on any ground, in particular from unfair discrimination on the ground of the child's age, his or her health or HIV status or that of his or her parents, the child's status with regard to his or her birth within or out of wedlock, or any disability from which the child may be suffering.

6. In any proceedings relating to a child or any action taken in respect of a child, delay must as far as possible be avoided.

7. Primary prevention and early intervention services should be available and programs to promote the welfare of children" (Hallamby & Stuurman, 2002, p. 5).

No further literature was found to describe the progress of using the guidelines. It will be indicated in later chapters whether some of these guidelines are being followed currently in the child welfare system, according to the results of this study.

The South African Law Commission Project Committee has developed guiding principles for the Substantive Law from the Sexual Offense Act (2002). The set of guiding principles includes:

- There is no clear strategy in South Africa to deal with child and adult victims of sexual offenses on a primary, preventative or protective level. Victims are more at risk of secondary abuse trauma for this reason. It is suggested to create a strategy for an inter-sectoral intervention for children who are sexually abused. It is recommended that national protocols should be designed throughout South Africa to
interviewing the child and mother, the student refers the family to an organization that specializes in abused children. The organization advised the mother to take Busi to the children’s department at a large hospital in the province. Busi went for a medical exam the next day and went to the child protection unit at the hospital to be interviewed by an English speaking social worker (Simpson, 1997).

The following day, mom went to the student social worker and explains that Busi was being physically “punished” by her father for going to the child welfare office. The child protection unit is contact and was unable to assist due to the volume of calls and being backed up with reports. The student pleads to the child protection worker but the worker states that she could not take any more cases because they had over 400 cases this month. The local police was called, but mom has no car and the police do not have a vehicle available to pick them up so far into the rural area. The student tries to find temporary shelter for Busi, but nobody is available at the local welfare department. Once a private welfare agency was reached, Busi’s family lived outside the area that they provided services. Busi’s mom lost faith of the system and is concerned about what would happen to her daughter (Simpson, 1997).

Busi’s father continues to attack her. Mom finally contacts the community leader and requests a community meeting to be called. The community decides on having a “community court”, with 100 community members. The family testifies and the father admits of his guilt and is “sentenced” to death. The community hands the father over to the police instead. The police does not respond to the call so the leader calls again and the father is arrested.
have an important role in South African society to support the movement of changing the social welfare system. One way services can improve is by using intervention or prevention that have worked effectively in other countries and can be adapted to South African society.

There are other steps that need to be set in place to create a more effective child welfare system. Funds need to be raised with support from the government and political community (Simpson, 1997). Currently, there are very few systems set in place for tracking child abuse cases. If there are tracking systems, they are not used on a consistent basis. Data collection can support program development efforts and implementation efforts (Simpson, 1997).

**Intervention and prevention models**

A variety of models have been written in South African or western countries’ journals that introduce a variety of program models that have been successful in their countries. The first two approaches use an inter-sectoral approach to intervening with child abuse.

**Case management committee approach**

Westernized models have been used to serve children in South Africa, however at a slower pace than in countries like the US or the UK. One model that is worth attention is the case management committee approach. The committee consists of support people for the client such as community members, community leaders, teachers, clergy, and doctors. Clients are interviewed at an open meeting with various members of the community. Community members discuss the problem and offer solutions for the child.
1989 through July 1990. The study investigated the prevalence of child abuse in the Children’s Hospital of Cape Town. Child abuse was determined by a combination of methods; 1) looking at the child’s history of abuse; 2) medical testing such as vaginal swabbing, STD testing, blood specimens for syphilis serology; 3) reviewing medical records; 4) social worker evaluation; and 5) medical evidence. The definition of abuse included domestic violence, physical abuse and sexual abuse. There were no cases reviewed for neglect. A total of 503 children were investigated during this period.

The study results identified strengths in the management team model and how child abuse cases were being handled. These procedures included: 1) “the expectations that all staff in the hospital manage child abuse cases; 2) the central coordinating role of the social workers; 3) the availability of ancillary services such as laboratories, radiology services; 4) the Child Abuse Management Team,” (Argent, et al., 1995, p. 1318).

There were many barriers to service within the Child Abuse Management Team. First, the investigation of child abuse victims, specifically sexual abuse cases are very time consuming. It takes at least an hour to examine a child suspected to be sexually abused. There is additional time needed to discuss cases, gather all records, and conduct legal proceedings and medical follow-up. There are not enough specialized pediatricians available to serve large proportions of children who are abused each year.

Other concerns with the process of serving abused children in a hospital are medical records are not regularly reviewed to ensure that staff completely document medical examinations. Cases are distributed to different units and do not stay in the Child Abuse Unit because staff have different levels of expertise. For example, the Trauma Unit staff had very little experience with pediatrics. The pediatric staff had very little
abuse in a safe setting, restoring a sense of feeling in control to minimize the long term effects of the trauma (Huskisson, 1996).

**Prevention approach**

Lastly, a conceptual framework of an approach to prevention programs has been developed by a Majodina (1993). Majodina makes recommendations for what should be required when developing a program for preventing child abuse.

- “Use a conceptual framework viewing child abuse as a multifaceted phenomenon, rather than looking at it simply (i.e., something or someone causes a person to abuse another person).
- Programs should be culturally sensitive, looking at cultural child rearing practices, educating families on what defines child abuse.
- Start programs supporting overall policies for ending child abuse.
- Advocacy must be provided specifically with women and children, the most oppressed gender and age group in South Africa.
- Assists in the process of influencing institutions and individuals of power to use authority to service children.
- Empowering children and women to get involved in their community and participate in convention on the rights of children.
- Create a higher position for children in society by placing children high on the political agenda in the South African government.
- Use the media to re-educate children and families on child abuse.
Summary

This chapter defined the terms of this study and described South Africa strategies and recommendations that various South African commissions have developed to improve service delivery for victims of abuse, and ways to implement laws. Intervention models and prevention models were highlighted as well. In the next chapter, the underlying theories of the developing the social welfare system and the International Declaration of Ethical Principles of Social Work will be described and applied to this study.
services. Services should take a holistic approach to serving children by meeting the needs of the child and family (White Paper, 1997). National strategies have been developed to improve the social welfare system. The strategies will be explained shortly. This study looks at the services that are provided for children and families involved in abuse and will determine whether the current welfare system coordinates services and/or uses a holistic approach to serving children and families.

Systems approach

The White Paper's theoretical framework relates very nicely to a systems approach to improving the social welfare system. The national strategy looks at the macrosystem of the broader society and community; the mesosystem of organizations and groups; and the microsystem of individuals and families (Rothman, Erlich & Tropman, 1995). This social problem with the social welfare system calls for a multilevel systems approach to linking different systems together such as social welfare, justice system, South African government, NGO's who are all involved in delivering services to children and families. the White Paper stance is that child abuse is a social problem that should be addressed by all systems in the country.

To improve the social welfare system, national developmental social welfare strategies have been designed by the Department of Welfare. Some of the national goals of the proposed strategy include:

a) “To facilitate the provision of appropriate developmental social welfare services to all South Africans, especially those living in poverty, those who are vulnerable and those who have special needs. These services should include rehabilitative, preventative, developmental and protective services and facilitates, as well as
family welfare services, both the social sector and the judicial sector should be involved in the transformation of these services.

c) Interventions should concentrate first on prevention, by enhancing family functioning, then on protection, and lastly on the provision of statutory services.” (White Paper, 1997, p. 7).

Ecological approach

Along with the national strategies for improving the social welfare system, national strategies for improving children and family functioning tie very nicely with what the World Health Organization calls the ecological model of violence. There is no single factor that explains why individuals are violent. However, it is part of a system of complex interactions between the individual, relationships with family, the community (and services in the community) and the cultural and environmental factors in society (World Health Organization, 2002).

The White Paper complements nicely with the International Code of Ethics for Professional Social Workers. Many of the underlying values of how to work with clients from the White Paper are consistent with the International Code of Ethics

International Declaration of Ethical Principles

According to the International Federation of Social Workers (IFSW), “ethical awareness is a necessary part of the professional practice of any social worker. His or her ability is an essential aspect of the quality of the service offered to clients” (Link & Ramanthan, 1999, p. 69). The purpose of the IFSW is to encourage debate over ethics between social workers around the world.
• Social workers should respect the basic human rights of individuals and groups as expressed in the United National Declaration of Human Rights and other international conventions derived from that Declaration.

• Social workers are expected to provide the best possible assistance to anybody seeking their help and advice, without unfair discrimination on the basis of gender, age, disability, color, social class, race, religion, language, political beliefs, or sexual orientation (Link et al., 1999, p. 74-75).

IDEP applies to this study by first lay the foundation of how social workers should serve clients and second, to determine whether social workers within the child welfare system are being served according to the IDEP.

Summary

This chapter explained the theoretical framework of this study detailing the White Paper written by the South African Law Commissions, the IFSW's International Declaration of Ethical Principles. Chapter four will explain the research questions, background of the project being evaluated, design of the study, data collection methods and strengths and weaknesses of the research design. A systems perspective is integrated within the design of this study in that the evaluation of the ISPCAN training investigates whether various systems are working together, and how well the systems work together to serve abused children.
Background of the ISPCAN project

The Oak Foundation has provided funding (since 2000) for developed countries to implement child abuse prevention and intervention trainings for professionals who work with abused children. The Oak Foundation is based in Geneva, Switzerland and has funded this project for three years in six different countries; Argentina, Brazil, Kenya, Malaysia, South Africa and Thailand.

The training in South Africa is called the, “ISPCAN Training & Local Capacity Building Program for Child Physical/Sexual Abuse Prevention & Treatment in Developing Countries” (also known as the ISPCAN Inter-sectoral Training). The ISPCAN and the SASPCAN have partnered to implement this project. ISPCAN “supports individuals and organizations working to protect children from abuse and neglect worldwide” (www.ispcan.org). Their primary responsibility on this project is the fiscal agent and monitors the funds. SASPCAN is a non-government organization (NGO) that works with the government departments in South Africa to provide trainings for child protection workers, social workers, health care workers, justice personnel, correctional service workers and educators (www.saspcan.org.za). Their role has been to develop the components of the training along with a national committee and local committee where the training is held. A local and national committee in South Africa comprised of experts in the social welfare field was formed and is available to provide guidance and advice throughout this project. The national committee arranges all the trainings across the various provinces in South Africa while the local committee work with the national committee on the details of local trainings.
Director of ISPCAN (Kim Seveo) and former co-chair of SASPCAN (Julie Todd) to ask if she could be the evaluator of the project. After numerous conversations regarding the researchers qualifications, the budget and the ramifications of doing research from the US, both partners agreed. Another partner on the project was the Director of an advocacy center called the Child’s Line. Joan Van Niekerk was instrumental in obtaining literature for the researcher and providing updates on the current status of laws or strategic planning in the South African government. Joan also provided feedback on the research design, methodology and questions within the surveys.

Research Design

Participants

The population surveyed in this study was professionals who worked in various sectors that worked with abused children in South Africa. These include: professionals include nurses or doctors from child abuse clinics, child welfare workers from children and family organizations, social workers, (those who serve families and children in crisis, or help children and families recover from abuse) and the specialized police units (i.e., Family Violence Unit or Child Protection Unit) were included in this study. The role of the researcher was to design the evaluation, provide instruction for data collection, analyze the data, and write a substantive report. The role of the South African partners was to provide advise on the research design, review and approve the surveys for language and cultural appropriateness, collect the data in a safe locked box and send the surveys to the researcher in US.
Potential Impact survey at that time (April 2002). For the Durban participants, a list of participants and supervisors were collected and surveys were mailed, faxed and emailed. All surveys were mailed or faxed back (private fax at home) to Julie Todd. The researcher was in regular contact (five times during the month and a half of the data collection period) with Julie Todd via email. The researcher received surveys in the beginning of June 2002.

Out of a possible 120 participants, 25 participants were sampled from both trainings along with 17 supervisors of the participants, having a total sample size of 42 (a response rate of 35%). This sample was not randomly drawn because of the difficulties obtaining a big enough sample.

Protection of Human Participants

The researcher in this study insured the protection of the subjects by following the Institutional Review Board’s guidelines. There were very little risks involved in this study. Surveys were sent out with self-addressed stamped envelopes with the return address. Participant surveys were mailed separately from supervisor surveys so that neither party would see the responses from each other’s surveys. Surveys that were faxed or emailed did have identifiers, however only one person saw the names and there were no names written on the surveys when returned to the researcher in the US. Subjects were provided an informed consent in writing including the purpose of the study. It was explained that subjects would have the option to decline completing the survey. Subjects were given clear and concrete directions to complete the survey (See Appendix D). The leaders of this project were provided with clear and precise instructions of how to collect the data (Appendix E). They were instructed to place any surveys received into a
cultural groups and all members of the various service sectors to understand them. Third, the researcher is directly working with two South African leaders who have a thorough understanding of child protection services and child laws. They have been instrumental in assisting the researcher on the research design, providing strategies for overcoming potential obstacles that may occur in the study and collecting the data in South Africa. Lastly, there was regular communication between the researcher and the South African leaders. The researcher met with the South African leaders to discuss the project January 2002 in San Diego, California at the 2001 ISPCAN International Conference. The final revision of the research design was discussed as well as potential research challenges. Throughout the entire study, the researcher was in regular communication with the lead data collector. If the researcher had any difficulties reaching one of them, one of the three partners knew how to reach them or was able to answer any questions the researcher had. The data collector was reminded of the next steps of the evaluation. During data collection, progress reports on data collection efforts were provided.

The limitations to this study include not using a representative sample of participants who attended the ISPCAN training. For this reason, the results of the data will be described and not generalized to all the participants and supervisors of the training or to all South Africans. Another limitation is that due to a small research budget, there were no funds to translate the surveys in South African languages. Efforts were made to write the surveys very simple in English with assistance from the two South African partners and their national committee. Despite major efforts in writing the survey in simple English there were some respondents who did not answer the questions appropriately.
CHAPTER 5: FINDINGS

As mentioned earlier, two surveys were administered in this study; the Potential Impact Participant Survey and Potential Impact Supervisor Survey. The result of the participant survey will be reported on first, followed by the supervisor survey. Results should be interpreted cautiously due to the fact that the sample size was small and would not be able to represent the entire population being targeted for this study. For this reason, the results will be described and implications will be made in Chapter 6 drawing on the literature that has been written on child abuse and the theoretical frameworks.

Participant Survey results

Use of skills

Participants were asked whether they have used any of the skills learned from the training. The majority of participants used the skills at the training. Eighty-eight percent of participants (N=25) reported that they have used the skills from the ISPCAN training, while eight percent reported they were not using the skills (see FIGURE 1). The type of skills being used was asked in the next question.

FIGURE 1

<table>
<thead>
<tr>
<th>Q1: Looking back at the Inter-sectoral child abuse training, have you used any of the skills you learned at work?</th>
<th>% of respondents</th>
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<tbody>
<tr>
<td>Yes</td>
<td>88%</td>
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<td>No</td>
<td>8%</td>
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<td>Doesn't apply</td>
<td>4%</td>
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Those participants (N=25) who have used the skills reported using a wide variety of skills from the training (see FIGURE 2). According to participants responses, overall,
- Educating child and parents on how to disclose child abuse cases to the police or what to do with strangers.
- Training colleagues on case managing child abuse cases within the health sector.
- Working more closely with the police during investigation stage.
- Learning the skills to improve working with children
- Valuing children and being more sensitive to their needs.

**FIGURE 2**

Q2: **HOW** have you used the training in your agency?

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</thead>
</table>
| Investigation                   | • Using multi-disciplinary approach to investigating abuse (written 3 times)  
                                 | • I use the skills when taking statements/interviewing from the victims more thoroughly (written 3 times)  
                                 | • When interviewing the children consideration was given to the police investigations in their line of questioning the children. Play therapy was utilized a lot more when working with the very young children.  
                                 | • Understanding the child's memory and when interviewing the child play therapy with abused children is used.  
                                 | • Developed skills in interviewing children-disclosure, risk assessment  
                                 | • Dealing with abused children in when interviewing and handling disclosure there has been an advancement of skills.  
                                 | • Understanding issues around the memory a recall of events on the victim's side (applying this to interviewing victims). |
| Work together with different sectors | • Role players working together  
                                 | • To train different sectors on handling child abuse cases.  
                                 | • In collaboration with other stakeholders  
                                 | • Person-to-person contact has enhance interagency work/referrals and heightened trust.  
<pre><code>                             | • Inter-sectoral stakeholders were invited to address participants and invites in the workshops. |
</code></pre>
<table>
<thead>
<tr>
<th>Professional establishment of active intersector structures where every one has a sense of belonging with his/her contribution meaningful.</th>
<th>To develop a system whereby sectors could work together.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work better with children</td>
<td>Improvement of how to work with a child.</td>
</tr>
<tr>
<td>Valuing children and understanding the effects of abuse</td>
<td>By understanding that children are vulnerable and more patience and understanding needs to be given to them. To also have a better understanding of interviewing and the examination procedures.</td>
</tr>
<tr>
<td>Other</td>
<td>We have used it in conjunction with our life skills HIV/AIDS programme as child abuse is a component there of.</td>
</tr>
<tr>
<td></td>
<td>Members are making you learn the skills obtained at the training but we do not have the necessary resources available to use as compound to countries like the U.S.</td>
</tr>
<tr>
<td></td>
<td>Used for background information (non-direct service provider)</td>
</tr>
<tr>
<td></td>
<td>Regular child protection meetings will incorporate the training by lead person.</td>
</tr>
<tr>
<td></td>
<td>Principals, educators and parents as well as learners were the target groups of the workshops.</td>
</tr>
<tr>
<td></td>
<td>Knowledge will be applied to development of our improved and more effective programmes.</td>
</tr>
<tr>
<td></td>
<td>Helped one to develop a holistic perspective as to how one should manage a child abuse case.</td>
</tr>
</tbody>
</table>

Note: Participants were able to answer this question with multiple responses.

N=25

One participant (N=1) who has not used the training explained that he/she has not used the skills due to other time commitments such as their caseloads being too high to allow time for applying the skills they learned from the training (See FIGURE 3).
**FIGURE 5**

Q5: What were the **MOST** helpful parts of the training?

<table>
<thead>
<tr>
<th>Category</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interviewing (6)</td>
<td>• Interviewing of the victim, collection of evidence for purpose of the investigation, investigation techniques.</td>
</tr>
<tr>
<td></td>
<td>• Interviewing children preparing the child witness</td>
</tr>
<tr>
<td></td>
<td>• Forensic interviews</td>
</tr>
<tr>
<td>Roles of stakeholders (5)</td>
<td>• Understanding the role of social worker</td>
</tr>
<tr>
<td></td>
<td>• Learning about different agencies and their role within child abuse cases. What is expected from each agency.</td>
</tr>
<tr>
<td></td>
<td>• Understanding the role played by other stakeholders in as far as child abuse protocol is concerned</td>
</tr>
<tr>
<td></td>
<td>• The interaction with other role players contributed to a better understanding of roles and functions.</td>
</tr>
<tr>
<td>Child Advocacy (4)</td>
<td>• Child advocacy centers</td>
</tr>
<tr>
<td>Identifying stakeholders to collaborate</td>
<td>• Importance of identifying relevant stakeholders for working inter-sectoral structures.</td>
</tr>
<tr>
<td></td>
<td>• Networking with the other sectors and understanding how they function what their restrictions are.</td>
</tr>
<tr>
<td></td>
<td>• Looking at the role’s of different professional</td>
</tr>
<tr>
<td></td>
<td>• Understanding the problems that other sectors have to deal with.</td>
</tr>
<tr>
<td></td>
<td>• Coming to know other people in other disciplines to be able to draw on their expertise of someone you know.</td>
</tr>
<tr>
<td></td>
<td>• Corroborative techniques</td>
</tr>
<tr>
<td></td>
<td>• Inter-sectoral collaboration strategies (2)</td>
</tr>
<tr>
<td>Medical examination (3)</td>
<td>• Medical examination (too little time- was rushed)</td>
</tr>
<tr>
<td>Investigation (2)</td>
<td>• Hints on investigation given by Michael Johnston</td>
</tr>
<tr>
<td></td>
<td>• Investigative techniques</td>
</tr>
<tr>
<td>Legal system</td>
<td>• Courtroom skills (2)</td>
</tr>
<tr>
<td></td>
<td>• Expert witnesses</td>
</tr>
<tr>
<td></td>
<td>• To know more about Justice system and how it works</td>
</tr>
<tr>
<td></td>
<td>• New information on the legal process as well as what makes prosecutions successful/failures</td>
</tr>
</tbody>
</table>
Q6: What were the **LEAST** helpful parts of the training?

<table>
<thead>
<tr>
<th>Category</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Structure of training</td>
<td>- When we were grouped for different lectures separately, because we didn’t know exactly what the justice and South African Police Service were learning and they see the slides we were shown with different abuse cases in the health lecture.</td>
</tr>
</tbody>
</table>
| Individual sessions       | - Courtroom skills is too specific to law personnel only  
                          - Case conferencing risk assessment was already familiar material.  
                          - Medical forensic examination with specific reference to evidence collecting kit.  
                          - To know how hospitals work  
                          - Debut by private attorney  
                          - Management of child abuse and neglect because at my agency we don’t do much on management because our core business is prevention of child abuse, which the training did not cover.  
                          - In one-way or the other each aspect of the training was helpful and was beneficial but perhaps least of all training/workshop by Mr. Stilwell. Our agency mainly focuses on prevention of child abuse.  
                          - Starting an advocacy center is a great challenge it needs co-operation from other sectors, which is not easy to do if one is operating out a lower level.  
                          - Courtroom skills is too specific to law personnel only  
                          - Case conferencing risk assessment was already familiar material.  
                          - Medical forensic examination with specific reference to evidence collecting kit.  
                          - To know how hospitals work  
                          - Debut by private attorney  
                          - Management of child abuse and neglect because at my agency we don’t do much on management because our core business is prevention of child abuse which the training did not cover. |
Q8: What has been the **HARDEST** part of using the skills from the training?

| Lack of resources | • Lack of resources- therapy room. Each social worker works in several large areas  
|                   | • Lack of opportunity  
|                   | • Lack of manpower and resources have been the downfall in our department. When one is attending to approx. 5 cases a day (new cases). One does not have the time or the extra manpower to work as a team.  
|                   | • To make use of some skills like collection it evidence needs the equipment which we do not have in RSA  
| Existing System   | • Getting around existing structures  
| Lack of time      | • Finding the time of implementing  
|                   | • finding the time to lay the basis for using what was learned.  
| Get role players involved | • It is difficult to get different role players involved as different courts different police, stations, etc.  
|                   | • Networking and collaboration needs to take place first.  
|                   | • Different disciplines (sectors) still not working together.  
|                   | • Difficulty in accessing all the stakeholders for meetings  
|                   | • Shortage of trained staff in ALL sectors.  
|                   | • To get a multi-disciplinary team to work together in managing a child abuse matter.  
| Not direct service provider | • We deal with assisting and not directly with providing services to abused children.  
|                   | • By not working in a child protection unit, we do not have the freedom and resources that other detectives have that work in a child protection unit.  
|                   | • Our institution is a specialized gynae and obstetric center, which caters for gynae patients, it does not attend to all children of abuse, it only attends to children of sexual assaults and only females.  
| Direct training for staff-ongoing | • People require training directly as the workshop was not a “train the trainer” type of workshop. Implementing a multidisciplinary approach difficult as lack of cooperation on the side of the police. No consultation with social workers  
| Management support | • Convening the managers in our
Respondents answered this question in two ways: what they as a staff have gained from the training and how children and families were affected. In terms of what children and families have gained from the skills learned by staff, participants (N=10) frequently stated that victims are feeling more empowered and there are lower levels of secondary trauma of abuse (FIGURE 10). Children and families have learned how to report child abuse and the importance of reporting, what signs to look for child abuse, how to handle disclosures and the rights of children. Children are also learning how to protect themselves. Other ways children and families have been affected is by a decline in secondary trauma of abuse. Lastly, participants reported they felt more supported by the services provided.

Participants have been affected from the training by understanding the process of the court system, criminal justice system, or the welfare system, the roles and responsibilities of sectors and gained interviewing skills. These outcomes have resulted in more referrals being made, having broader and more accurate referrals and stakeholders do not have other people do the “dirty work”. Other categories of responses included:

- Proper management of sexual abuse cases
- Protocol and procedures are clear to all workers
- Psychologist is available on site
of the workshop is included in services for social workers in the agency. Gains appear to be specific to “intervention”. As yet a multidisciplinary approach is not put into place with the agency as a partner.

- Victim is not subjective to unnecessary questioning.

| Receive appropriate referrals | - I have a broader and more accurate referral based.  
- Receive more appropriate referrals  
- Less “shifting around of dirty work” among stakeholders.  
- Good referral system to social worker |
| Other | - Proper management of children of sexual assaulted (females only)  
- Psychologist on site.  
- Families have better ways of handling abused children.  
- Advice desk  
- The centers (where) they can live in case of emergency.  
- Courtroom skills has helped us in respecting the child’s ambivalence and uncertainty regarding the court case and trying to include the child in any further decisions that love to be made regarding the court process.  
- Case examination and assessments squeezed in while doing routine work  
- I have more compassion for the victims and families of abuse |

N=19

Note: Participants were able to answer this question with multiple responses.

When asked why children and families have not been impacted by the skills participants have used from the training, a variety of reasons were given (N=4). First, participants reported there are barriers that stand in the way to improve service delivery by staff such as the court system being backed up with cases because of the high conviction rates. This can lead to court personnel being overwhelmed and staff having a difficult time having faith that the systems will be restored. For these reasons, it takes time for the system to prevent secondary abuse trauma. A variety of other reasons were
agency? 2) the approach is being used was it adapted before or after the ISPCAN training?

Sixty-four percent of participants (N=25) reported they do use the team management approach in general (see FIGURE 12). Of the participants that use the team management approach at their agencies, less than half (40%) of the participants (N=20) started using the team management approach after the training (see FIGURE 13). This may imply that the team management approach was introduced to them prior to the ISPCAN training.

FIGURE 12

<table>
<thead>
<tr>
<th>Q12: Do YOU team manage child abuse cases?</th>
<th>% of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>64%</td>
</tr>
<tr>
<td>No</td>
<td>24%</td>
</tr>
<tr>
<td>Doesn’t apply</td>
<td>12%</td>
</tr>
<tr>
<td>N=25</td>
<td></td>
</tr>
</tbody>
</table>

FIGURE 13

Q13: Did YOU start team managing child abuse cases after the training?

<table>
<thead>
<tr>
<th>% of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>Doesn’t apply</td>
</tr>
<tr>
<td>N=20</td>
</tr>
</tbody>
</table>

For those participants (N=19) who do use the team management approach, they more frequently partner with health care agencies (64%), the South African Police Department (26%), psychologists (21%), child advocates (21%) and social workers (21%). Other sectors that have developed partnerships with the participants include: the department of welfare, child protection units and child welfare agencies (see FIGURE 14).
resources are available to hire enough staff to coordinate a team management approach (see FIGURE 15).

**FIGURE 15**

Q15: Why are YOU or your AGENCY not team managing child abuse cases? N= 5

<table>
<thead>
<tr>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>• No structures in place</td>
</tr>
<tr>
<td>• The agency is focusing on prevention of child abuse and neglect.</td>
</tr>
<tr>
<td>• Capacity building still needs to be done to the team members.</td>
</tr>
<tr>
<td>• We have a great amount of cases that come in daily and due to a lack of manpower our agency’s members are forced to work on cases individually.</td>
</tr>
<tr>
<td>• We do but only for female sexual assault cases.</td>
</tr>
</tbody>
</table>

**Impact on Families When Team Managing Cases**

Participants (N=5) who are using the team management approach were asked what they have gained from team managing child abuse cases. There were a vast variety of responses with no reoccurring themes however (see FIGURE 16). The responses included:

- Improved service delivery
- Increased coordination of services
- Understands the roles and responsibilities of different sectors
children in South Africa. A series of questions were asked to the participants that addressed whether they thought the content of the training could potentially contribute to national procedures for managing child abuse cases. When participants were asked whether the training could contribute to national procedures for managing child abuse cases all respondents to this question agreed the training could be used as a national model.

Twenty-nine percent of participants (N=22) said that ALL the components of the training could be used for national procedures (see FIGURE 17). The most important components of the training that could potentially create national procedures for serving abused children included (N=24) (see FIGURE 18):

- Role players cooperating working as a team on cases;
- Defining roles and responsibilities of role players;
- Child advocacy centers;
- Forensic interviewing

The remainder of respondents had a variety of responses to this question. Many respondents provided a unique perspective when answering this question. For instance, participants reported other components of the training including the psychological trauma that the child experiences through abuse contributes greatly to the manner in which one child is handled; a central system of dealing with child abuse victims rather than the child having to go through independent units in the system; the reduction of the number of people who interview an abused child effectively in order to prevent secondary abuse trauma.
Respondents were asked what components of the training would not contribute to national procedures for serving children. Only nine participants responded to this question. Overall, participants (N=9) thought that all topics would contribute to national procedures (see FIGURE 19).

**FIGURE 19**

Q19: What topics would not contribute to national procedures?

<table>
<thead>
<tr>
<th>Responses</th>
<th>% if responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>67%</td>
</tr>
<tr>
<td>I think that all the topics were helpful. Morals of staff is just as important as the abused child.</td>
<td>11%</td>
</tr>
<tr>
<td>The profession specific workshops</td>
<td>11%</td>
</tr>
<tr>
<td>Not sure</td>
<td>11%</td>
</tr>
</tbody>
</table>

N=9
and/or province. The remainder of respondents didn’t appear to answer the questions appropriately. Although the surveys were written in a simple manner in English, respondents answered the questions as though it was worded, “How can child abuse laws be changed?”

**FIGURE 21**

**Q21: How could this training contribute to changing child abuse laws in the future?**

| Getting members from various sectors involved | • By keeping persons from prosecution agencies involved. Even representatives from the SA Law Commission should be present.  
• More sectors can work inter-sectorally  
• Stronger collaboration between different role players results in a united front to challenge the laws and the system allowing for change and better service delivery.  
• By targeting different professions—one hopes to change the mindset of how child abuse matters should be handled.  
• It brings together people from different areas that are involved in caring for abused children. They come together with problems and solutions to their day to day experience. They together can come up with procedures and protocols for management of abused children and together with a loud voice can influence the government in changing the laws. |
|---|---|
| Improve the rights of children | • That the child who cannot speak and give evidence in court because its only a child, its case to be taken up seriously and not leave the perpetrator go free.  
• With all the rights showered on the accused by the constitution, the training manual offers a more humanitarian, sensitive package for treatment of the victim. |
| --- | --- |
| Educate the public | • Could enlighten the whole of the community- across all sectors handling child abuse directly and indirectly via education in South Africa (1-3 youth will be raped by the year of 18). Every child is a potential abuse victim.  
• Awareness- a view to prevention  
• It could contribute by trainings, workshops and seminars on how to deal with children with special emphasis on the court staff.  
• It could contribute by trainings, workshops and seminars on how to deal with children with special emphasis on the court staff (presiding officers).  
• Stakeholders need to be trained and educated about their rights. |
| Miscellaneous | • Secondary abuse is prevented.  
• It is accepted internationally and it could contribute to emerging the laws in the future.  
• Justice department change their criteria for corrections.  
• Mailing inter-sectoral co-operating compulsory |

Note: Participants were able to answer this question with multiple responses.
N=23

Participants were asked why the training would not be able to change child abuse laws in the future. Only 11 participants responded to this question. The results indicate that respondents think that the one-time ISPCAN training was not enough to create further impact on national laws. It was suggested that further training would need to take
| All stakeholders need to be invested | • The training could contribute in changing child abuse laws in the future when it is given enough time and when all the stakeholders treat it as a matter of high importance.  
• The training could contribute in changing child abuse laws in the future when it is given enough time and when all the stakeholders treat it as a matter of high importance.  
• SASPCAN may not be strong enough to lobby for the necessary changes. |
| More training | • Training is definitely needed.  
• Participants may be fully committed or equipped to lobby for necessary changes.  
• Will one workshop make the required difference to change laws? |

**N= 11** Note: Participants were able to answer this question with multiple responses.
Supervisors were asked how their staff have used the training at their workplace. Many supervisors (N=15) reported their staff’s interviewing skills have improved, specifically, their group interviewing skills and interviewing individual children. Other skills that have improved included: effective team management, different stakeholders have come together to conduct trainings workshops with local social workers and health workers, enhanced skills in prosecutors, enhanced skills in medical examining, and training other staff on the skills (see FIGURE 24).
Training others  • Training was given to staff at my agency that did not attend

New programming  • The member is coordinating a life skills education program and has invited stakeholders to a meeting to present a more integrated program in schools.

Other  • Trainee undertook one session with staff to inform them what ISPCAN training was.
• Most of the information was already known to the person who attended.

N=15
Note: Participants were able to answer this question with multiple responses.

Supervisors were asked whether any of their other staff who did not attend the training have used the skills from the training. Twenty-nine percent of other staff (N=17) have used the training, while 47% have not used the skills from the training. Eighteen percent of supervisors reported the question did not apply to them (see FIGURE 25).

FIGURE 25

<table>
<thead>
<tr>
<th>Q25: Has any of your other staff (that didn’t attend the training) <strong>USE</strong> the skills from the training?</th>
<th>% of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>29%</td>
</tr>
<tr>
<td>No</td>
<td>47%</td>
</tr>
<tr>
<td>Doesn’t apply</td>
<td>18%</td>
</tr>
<tr>
<td>Not certain</td>
<td>6%</td>
</tr>
<tr>
<td>N= 17</td>
<td></td>
</tr>
</tbody>
</table>
Barriers to using the skills

When asked whether the skills from the training were easy or difficult to use at work, seventy-nine percent of supervisors (N=17) reported that the skills were “easy” to “somewhat easy” to use the skills at work (see FIGURE 29). The hardest part of using the skills according to supervisors (N=9) had been the fact that there was not enough training for staff to feel comfortable enough to use the skills. Staff were not able to fully understand how to implement the skills. It was suggested by one supervisor that a mentor should be provided for each participant to continue the educational process and assist in implementing the skills in the work place. Supervision would be an important effort to support participants as well (see FIGURE 30).
what this type of resources, but it is possible that there would need to be more supervision and a training to support the staff.

Lastly, supervisors reported the importance of having as many sectors as possible using the skills. It’s difficult to get all sectors trained and to get all sectors involved.

Impact the training has on children and families

Just as participants were asked, supervisors were asked how they perceived whether the children and families have gained anything from the staff’s use of skills from the agencies. Seventy-six percent of supervisors (N=17) reported that children and families have gained something from the skills used in the agency (see FIGURE 31).

**FIGURE 31**

<table>
<thead>
<tr>
<th>Q31: Have the children and families you work with gained anything out of the skills you are using in your agency?</th>
<th>% of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>76%</td>
</tr>
<tr>
<td>No</td>
<td>12%</td>
</tr>
<tr>
<td>Doesn’t apply</td>
<td>12%</td>
</tr>
<tr>
<td>N=17</td>
<td></td>
</tr>
</tbody>
</table>

Supervisors were also asked what children and families had gained from the skills used from the training. The majority of supervisors (N=24) reported that the training has affected staff more so than parents or children directly. One supervisor reported that using the multi-disciplinary approach assisted doctors. Other areas that have been affected include: 1) understanding roles and responsibilities of different sectors; 2) examinations are conducted more accurately; 3) there is less secondary abuse; and 4) improvement in the quality of services (see FIGURE 32).
how to report and protect themselves, parents are able to disclose more accurately, parents have a better understanding of their child’s emotional state after abuse, and children have an easier time coping with the abuse (see FIGURE 33).

A few supervisors reported why children and families have not benefited from the skills used at their agency. Supervisors reported (N=13) that the facilitators of the training should have prepared participants to apply the skills at their workplace. One other supervisor reported that the process of using the skills in the agency has not started while another supervisor reported that it’s not easy to implement the skills at the training (see FIGURE 33).

**FIGURE 33**

Q33: Why haven’t the children and families you serve gained anything from using the skills in your agency?

<table>
<thead>
<tr>
<th>Category</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Changing the training</td>
<td>• Do believe that benefit to children and families could have been enhanced by learning how to apply knowledge, 2) with one case discussion, 3) better mentoring other than the training.</td>
</tr>
</tbody>
</table>
| Process hasn’t started/not easy to implement | • The process has not really started yet  
  • Not easy to implement skills |

N=3

**Team managing cases**

The next series of questions addressed whether the agencies are using the team management approach to manage child abuse cases. Seventy-three percent (N=13) of respondents are using a team management approach (see Figure 33). Of the agencies that are using a team management approach to child abuse cases, a little less than half (47%) used the approach after the staff person attended the ISPCAN training, while 43 percent did not use the team management approach after the training (N=16) (see FIGURE 34).
FIGURE 36

Q36: What have the children and families gained from team managing child abuse cases?

<table>
<thead>
<tr>
<th>Category</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>No direct impact</td>
<td>• A better outcome for all concerned.</td>
</tr>
<tr>
<td></td>
<td>• Nothing directly yet. Indirectly maybe-by having trained teachers in the HIV workshops.</td>
</tr>
<tr>
<td></td>
<td>• This is still limited-difficult to assess at this stage. Staff member still does not feel confident in relation to other team members. Does not yet assert client’s needs adequately.</td>
</tr>
<tr>
<td>Inter-sectoral management</td>
<td>• Inter-sectoral support and management</td>
</tr>
<tr>
<td></td>
<td>• The natural child abuse protocol and the team work approach has been used here since 1978. The Oak training reinforces what is being done.</td>
</tr>
<tr>
<td></td>
<td>• Obtaining support from each other</td>
</tr>
<tr>
<td>Better understanding of rights of children</td>
<td>• A better understanding of their rights and the role they play in the justice system.</td>
</tr>
<tr>
<td></td>
<td>• Education given to them- What to do, where to report.</td>
</tr>
<tr>
<td>Better understanding of the roles of sectors</td>
<td>• Children and families gained more insight into the roles of different service providers. Eg. Police, child protection unit, etc.</td>
</tr>
<tr>
<td>Other</td>
<td>• Less confusion, better planning, better communication</td>
</tr>
<tr>
<td></td>
<td>• The families are able to work as one unit.</td>
</tr>
<tr>
<td></td>
<td>• Crisis centers are available and we are marketing ourselves to the community by giving education about child abuse.</td>
</tr>
</tbody>
</table>

N=11
Note: Participants were able to answer this question with multiple responses.

The last question asked about the team management approach was why agencies were not using the approach. There were only four respondents who answered this question. The major reasons why agencies were not using this approach was either because their agency did not manage cases, rather focuses services in a different area,
interviewing prosecution and having children witnessing in court. Other responses included various topics from the individual sessions (see FIGURE 39).

**FIGURE 38**

<table>
<thead>
<tr>
<th>Question: Do you think the topics of the training could contribute to national procedures for managing child abuse cases?</th>
<th>% of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>93%</td>
</tr>
<tr>
<td>No</td>
<td>0%</td>
</tr>
<tr>
<td>No answer</td>
<td>7%</td>
</tr>
<tr>
<td>N=15</td>
<td></td>
</tr>
</tbody>
</table>

**FIGURE 39**

Q39: What parts of the training **COULD** contribute to national procedures for managing child abuse cases?

<table>
<thead>
<tr>
<th>Category</th>
<th>Responses</th>
</tr>
</thead>
</table>
| Interagency approach               | • The intersectional session helped to coordinate the action of all the role players.  
|                                   | • Legal issues- there needs to be rational consensus on this.            |
|                                   | • Interagency cooperation                                                |
|                                   | • Entrenching the idea that inter-sectoral protocols should be developed.  
|                                   | • Giving feedback "up the live" where policies and procedures require adaptation for good practice. |
| All aspects of the training        | • All (3)                                                                 |
|                                   | • All- a number of new policy developments are in the process of finalisation. |
| Allowing children to be a witness in court | • Child as a witness in court                                          |
|                                   | • Difficulties the child witnesses experience in court.                  |
| Can't respond because didn't attend training | • Difficulty to say as I was not included in the training            |
|                                   | • Staff member is responsible to comment on national policy-improved knowledge |
| Individual sessions               | • Any training of the prosecutors will assist the national procedures    |
|                                   | • The interview process                                                 |
Potential Impact the Training has on Changing Child Abuse Laws

A series of questions were asked pertaining to whether the training could potentially create change in national laws in the future. Eighty percent of respondents (N=15) reported that the training has the potential to create new laws in the future (see FIGURE 41).

FIGURE 41

Q41: Do you think that the training material could contribute to changing the laws that serve children who are abused?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>80%</td>
</tr>
<tr>
<td>No</td>
<td>13%</td>
</tr>
<tr>
<td>No response</td>
<td>7%</td>
</tr>
</tbody>
</table>

N=15

The components of the training that could potentially change the laws include (N=13) educating on a national level to politicians, court officials, and prosecutors. Another form of education could be raising awareness of the difficulties involved in investigations (i.e., collecting evidence) and prosecutions. Other supervisors reported that laws are already in the process of changing by people lobbying for appropriate legislation (FIGURE 42).

FIGURE 42

Q42: How could this training contribute to changing child abuse laws in the future?

<table>
<thead>
<tr>
<th>Categories</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education/training</td>
<td>• Educating all parties concerned</td>
</tr>
<tr>
<td></td>
<td>• Training sessions make more people aware and proactive. There needs to</td>
</tr>
<tr>
<td></td>
<td>be national awareness about child abuse and the lack of guidelines at</td>
</tr>
<tr>
<td></td>
<td>present for use countrywide.</td>
</tr>
<tr>
<td></td>
<td>• Continuous inter-sectoral trainings and</td>
</tr>
</tbody>
</table>

85
training, laws would not change. Lastly, it is very difficult to get all the stakeholders to work together and talk with one voice about child abuse (see Figure 42).

**FIGURE 43**

Q43: Why do you think the training could not contribute to changing child abuse laws in the future?

- Need the training to be larger scaled
- Unless the SA Law Commission is present at the training, it won’t change any laws.
- This is just a local based training, legislation is decided upon from another province.
- It is difficult to bring together the different stakeholders in child abuse to talk with one voice.

N=4

There were additional comments on the survey that are worth further discussing by two respondents. Overall, respondents reported that the training should be more skill building, grant workers should attend the training and provide feedback and additional support is needed after the training in order to implement the skills (see FIGURE 44).

**FIGURE 44**

Additional comments

- I think the training should have been more skills based for workers in the field in order to have enhanced usefulness. Perhaps more case discussions as well.
- Need to be created for grant workers to give feedback as to what is and what is not working.
- Manuals/guidelines for supervisors mentors need to be developed and implemented in order apply the training and it’s application could be maximized in practice.
- In retrospect I could have/should have done more to help trainee implement skills in practice.

N=2
CHAPTER 6: DISCUSSION/IMPLICATIONS

The results of this study lead to a variety of implications that can be drawn to social work profession. Discussion will also be made in this chapter on the implications of the results and how the results relate to the literature found on child abuse in South Africa (including the theoretical implications). Recommendations for social work practice and policy will be made as well as suggestions for continuing research in this area.

Major Themes

There are a variety of themes that have come out of the results of the participant and supervisor survey. Both participants and supervisors reported that staff who attended the training were using the skills at their agencies. However, it does not appear that the skills that were taught were not taught frequently to other colleagues or used throughout the agencies.

A second, theme that came out of the results of the surveys was that participants have increasingly used the inter-sectoral approach to case management. More specifically, participants have been working together with other sectors on providing services. Efforts that have been made by using the inter-sectoral approach have resulted in more support for the victims, an increase of referrals and a better understanding of the child’s trauma. Interestingly, more supervisors (85%) reported their staff was using the inter-sectoral approach than participants (64%) did.
are better coordinated services, roles and responsibilities of each sector has been more clearly defined.

**Implications**

There are many challenges that have made it difficult for services and laws to change or to be improved. Three major goals of the training are difficult to implement; 1) using the inter-sectoral approach, 2) creating national procedures based on the components of the training, and 3) creating or enhancing child abuse laws that really address a fundamental question of whether the South African government and/or the social welfare system is being ethical. There is a deeply imbedded history of oppression in South African society that prevails, and although major efforts have been made to reduce discrimination and build awareness of the rights of children (and women), there still exists systems that remain with a certain frame of mind.

The White Paper’s underlying values (written by the South African Law Commission) is to provide services to those of need including rehabilitative, preventative, developmental and protective services and facilities, social relief programs, social care programs and the enhancement of social functioning. This study does not clearly measure what services are being offered in the social welfare department, but does highlight how services have improved since the ISPCAN training. Service delivery has improved according to participants and supervisors because staff have learned the necessary skills to serve children that are abused. However, it was suggested that further training should take place with direct line staff and supervisors so that staff have the support they need to continue implementing and refine the skills.
standards. Despite the fact that the South African social welfare system is not adapting the IDEP, there are some principles that are being used or enhanced. For instance, as indicated in the literature, a major effort has been made to building awareness in the country on valuing children. One indication of this that efforts are being made is that children are being valued enough to be interviewed during the investigation and are being a witness in court during a child abuse trial. This could potentially empower children and families because children are given a voice to share their story, but prosecutors must be cautious that children do not experience a secondary trauma. Other evidence of this is the South African Commission has suggested strategies for improving the child abuse laws, specifically the Child Care Act. The NGO’s and South African commissions need to continue reinforcing the value of children and moral decisions need to be made to protect them and intervene appropriately. This researcher would recommend the next steps for the South African Commission could be to recommend strategies for implementing the child abuse policies and service delivery.

There are numerous principles in the IDEP where social workers are responsible for being committed to social justice, respect the basic human rights of individuals, provide the best possible assistance regardless of gender, age, color, class, religion, etc., and to devote knowledge and skills to aid individuals, groups and societies to solve conflict on all levels (individual-society). The results of the study indicate that their organizations are resistant to change due to existing structures, management’s mentality of how children should be served by the social welfare system, and not enough resources to change. Change can ultimately occur within the government. It was suggested by the participants and supervisors of this study that the South African government (courts,
CHAPTER 7: CONCLUSION

South Africa historically has oppressed children, but has made major efforts to change oppressive systems such as the court system, social welfare system and South African government. Public leaders have built awareness in the country over the rights of children. Examples of these efforts have resulted in various task groups, commissions, and the Department of Welfare for example, to make recommendations for how laws should be changed and how services should be improved for abused children. Despite major efforts from commissions, child advocates, political leaders such as Nelson Mandela, laws are still not always enforced, perpetrators are not getting the sentences they deserve and service delivery is still in disarray due to the overwhelming number of cases.

There are two research questions that were addressed in this program evaluation. First, “How does the ISPCAN Interagency Training impact professional who work with children who are abused in South Africa?” It is evident that children and families have benefited from the training. The training has impacted children and families primarily by educating families on the rights of children, educating children and parents on how to prevent abuse and how to report abuse. Some respondents reported that this form of education has reduced secondary trauma of abuse. Another way that the training has impacted the children and families served at the agencies is having more support from other sectors and to understand the roles and responsibility of each sector and the type of services they provide.
participants shared that sectors should come together to share a common voice and advocate for how abused children should be serviced in the social welfare system. Supervisors, in addition, reported that politicians and the courts could be educated on potential national protocols from the training. The problems or barriers that lie in the way is a lack of support from the South African government, the South African Police Department and the existing criminal justice system that allows sex offenders to be released on bail, with there no formal process to register sex offenders and perpetrators are not given a punishment to fit the crime. Most perpetrators in South Africa are male, and they may not receive punishment to fit the crime due to the fact that South Africa is a male dominant society.

For a lasting impact to occur in the child abuse laws, the South African government and services provided for abused children would need to be trained all across South Africa as well as additional support after the trainings to implement the skills in local agencies. The South African government would need to be involved in the trainings, such as the South African Law Commission. The government would need to see the real importance behind putting energy and resources (funding) toward creating new policies and services and would need to prioritize child abuse as an important national problem.

A potential reason why the South African government may not be providing significant funding for more child abuse services and policies may be due to the competed resources or more of a focus on other social issues such as the HIV/AIDS epidemic in South Africa. Much literature has been written about HIV/AIDS in South Africa and it's relation to sexual violence. RAPCAN (Resources Aimed at the Prevention of Child Abuse and Neglect), a South African organization that provide
interpreted cautiously. Many participants/supervisors made helpful suggestions and described the reality of the social welfare system currently in South Africa, which could be used to continue creating strategies for these major efforts.

Throughout the literature and responses from the participants and supervisors, there are some underlying issues in South Africa that explain why problems are prevailing in the social welfare system. This researcher would strongly encourage the leaders of the ISPCAN training project to incorporate lecture and discussion around ethical issues within the government systems and strategies that could be made to discuss with political leaders the reduction and prevention of child abuse.

Lastly, it is important to acknowledge that social workers in South African could play a significant role in preventing and reducing child abuse. Social workers have always played a role in the delivery of social welfare services. Social workers have also been encouraged to participate in discussions on how to implement current policies and how to improve child abuse services. In recent years, social workers have played the role in social development of the welfare system (Rankin, 1997). Although traditionally social workers have worked more with the microsystem (individual clients). Paiva (1977) states, “social work has a special interest in social development because in its professional philosophy and practice it tries to look at the whole person, group, or community and attempts to integrate all that is needed for successful functioning.” (Rankin, 1997, p. 188). It has also been suggested by Omer (1979) that social work, social welfare and social development have a common ground. Social work ties in with social development through community development and by mobilizing communities (Rankin, 1997). Gray (1996) affirms this position by stating that the potential role of social workers could play
disseminating the information to key stakeholders including the South African Law Commission. Strategies will be discussed in terms of how this study can be used to inform South African sectors (St. Paul Police Department, hospitals, the justice system, schools, universities, commissions, about the ISPCAN project as well.


Institutional Research Board
Augsburg College

May 15, 2002

To: Amy Mahareswaran
From: Norma C. Noonan, Chair

I am pleased to inform you that the IRB has approved your research proposal

_____ as submitted

_____ as revised on May 14, 2002,
with the additional clarifying data requested by the IRB.

_____ with the following conditions:

Your IRB approval number which should be noted in your written project and in any major documents alluding to the research project is as follows:

2002-18-2

I wish you success with your project. If you have any questions, you may contact me: 612-330-1198 or noonan@augsburg.edu.

Dr. Rosemary Link
5. What were the **least** helpful parts of the training?

________________________________________________________________________


_____________________________________

6. What were the **most** helpful parts of the training?

________________________________________________________________________


_____________________________________

7. How easy was it to use the skills from the training in your agency? **Circle the answer around the number.**

<table>
<thead>
<tr>
<th>Easy (GO TO QUESTION 9)</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Somewhat easy</td>
<td>2</td>
</tr>
<tr>
<td>Not easy</td>
<td>3</td>
</tr>
<tr>
<td>Doesn't apply</td>
<td>8</td>
</tr>
</tbody>
</table>

8. What has been the **hardest** part of using the skills from the training?

________________________________________________________________________


_____________________________________

9. Have the children and families you work with gained anything out of the skills you use at your agency? **Circle the answer.**

<table>
<thead>
<tr>
<th>Yes (GO TO QUESTION 11)</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>Doesn't apply (GO TO QUESTION 12)</td>
<td>8</td>
</tr>
</tbody>
</table>
15. What have the children and families gained from team managing child abuse cases (SKIPP TO QUESTION 17)?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

16. Why have YOU or your AGENCY not team managing child abuse cases?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

17. Do you think the topics of the training could contribute to national procedures for managing child abuse cases? Circle the answer around the number.

Yes  1
No  2

18. What topics would not contribute to national procedures?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

19. What part(s) of the training could contribute to national procedures for managing child abuse cases?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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APPENDIX C

ISPCAN

Inter-sectoral Child Abuse Training Programme
Potential Impact
Supervisor Survey

The purpose of this follow-up survey is to get feedback on the possible impact the Inter-sectoral Child Abuse Training Programme has had on the STAFF PERSON WHO ATTENDED THE TRAINING and/or your AGENCY. Your answers will only be used for research and to improve the training. PLEASE PRINT CLEARLY. Follow the directions carefully after answering the question.

1. Looking back at the Inter-sectoral Child Abuse training, has your staff used any of the skills learned at your agency? Circle the answer around the number.

<table>
<thead>
<tr>
<th>Yes (GO TO QUESTION 3)</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>Doesn’t apply</td>
<td>8</td>
</tr>
</tbody>
</table>

Note: The numbers on the right are used for the researcher to code the responses.

2. WHY hasn’t your staff used any of the skills from the training (SKIP TO QUESTION 12)?

3. HOW has your staff used the training in your agency?
9. What has been the HARDEST part of using the skills from the training?

________________________________________________________________________

________________________________________________________________________

10. Have the children and families you work with gained anything out of the skills you are using in your agency? **Circle the answer around the number.**

<table>
<thead>
<tr>
<th>Yes</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>Doesn't apply</td>
<td>8</td>
</tr>
</tbody>
</table>

11. What have the children and families served at your agency gained from using the skills from the training?

________________________________________________________________________

________________________________________________________________________

12. Why haven’t the children and families you serve gained anything from using the skills in your agency?

________________________________________________________________________

________________________________________________________________________

13. Does your staff or your AGENCY team manage child abuse cases? **Circle the answer around the number.**

<table>
<thead>
<tr>
<th>Yes</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>Doesn’t apply</td>
<td>8</td>
</tr>
</tbody>
</table>
19. What parts of the training **COULD** contribute to national procedures for managing child abuse cases?

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

20. Do you think that the training material could contribute to changing the laws that serve children who are abused? **Circle the answer around the number.**

<table>
<thead>
<tr>
<th>Yes</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>2</td>
</tr>
</tbody>
</table>

21. How could this training contribute to changing child abuse laws in the future?

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

22. Why do you think the training could not contribute to changing child abuse laws in the future?

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
APPENDIX E

Dear Participant/or Supervisor:

Thank you for considering to complete this survey. Your feedback will provide us important information to improve the inter-sectoral training and to determine the potential impact of the training on you/your staff/ or agency. Please read the consent form. It may be difficult to understand. Unfortunately, I couldn’t make changes to this form. The consent form provides the following information: 1) an explanation of the research study, 2) there is no risk for you to participate in the study, 3) you would be volunteering if you agree to complete the survey 4) I need to know if you are ok with me quoting you in the report. The report that will be written for this study will not have any names of the participants from the training or their supervisors.

Completing the survey means you have consented to participate in the study. We will give you 2 weeks to complete the survey. All the surveys will be mailed back to the United States for me to analyze. To make sure your answers are confidential, we ask that you don’t put the name on the survey.

If you are interested in finding out the results of this study, I will be writing an "Executive Summary", summarizing the results. Request the summary from me. My contact information is on the consent form. The report will be ready for distribution January 2003.

Thanks again for your support!

Amy Maheswaran
Researcher
administered three months after the training (MAY WANT TO SEND AN ATTACHED MEMO WITH THE SURVEY). The goal is to collect 50 surveys from the participants (not all participants need to complete the survey at the training) and 50 supervisors. Julie and Joan will match staff survey with supervisor survey. Surveys that are completed will be mailed back to Amy when 50 (or as close to 50 as possible) staff and supervisor surveys are completed.

**Julie and Joan:** Potential Impact Supervisor Survey and the Potential Impact Participant Survey will be mailed out in August 2002 to the May training participants and supervisors that completed the assessment. Surveys should be returned together in a self-addressed envelope by late August 2002.

**Evaluator:** Analysis of data will take place in September 2002.

**Evaluator:** A report will be submitted to Julie and Joan by December 2002.

---

Signing this contract, means you agree to play the specific roles assigned in the evaluation, agree to complete the tasks and will see to it that your responsibilities are carried out until the end of the project. Certain obstacles may occur while following the time line, but data collection must be completed by the end of August 2002.

---

Evaluator, Amy Maheswaran  
Date

Julie Todd, Project Manager  
Date

Joan van Niekerk,  
National Committee member  
Date