

**African regional Child Trauma Conference 2019**  
**Abstract bundle**

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## Research on Children and the Online Environment in South Africa

*Dr Antoinette Basson (Youth Research Unit, BMR, Unisa)*

In recent years the African continent has seen exceptional growth in the use of information and communication technology. Notwithstanding the positive outcomes, it also brings risks in the form of online criminal offences, especially perpetrated against children. These include unsolicited exposure to sexually explicit material (pornography), the production and distribution of child pornography, grooming of children for sexual exploitation and sexual extortion. Through information and communication technology, the ability to sexually abuse a child is now in the hands of every person.

This presentation will focus on one of the key research areas of the Youth Research Unit (YRU), online behaviour and experiences of children in South Africa. In a recent study conducted by the YRU, investigating online exposure to pornography and sexting among children, 60% participants between the ages 12-18 years confirmed exposure to online pornographic material, whilst more than 70% had posted a sexually suggestive photo or video online. The results of the study do not only confirm the existence of online sexual exploitation of children but also highlights the evolving nature of this crime.

Sexual exploitation of children is a discouraging reality and there is insufficient research information available, especially in South Africa, to adequately address the online sexual exploitation of children. Based on the YRU research information, a need exists for more information that would facilitate action through processes, policies and legislation. Ultimately, the objective is to establish effective national responses to put an end to the sexual exploitation of children perpetrated through the use of information and communication technologies.



## Refugee Children and Post-Traumatic Growth

### Sonasha Braxton

Dr. Sonasha holds a PhD in clinical psychology from Saybrook University, an MSc in Human Rights from the London School of Economics and Political Science, an MA in psychology from Saybrook University, a BA in International and Africana Studies from the University of Miami and a post-graduate certificate in Global Mental Health; Trauma and Recovery from Harvard Medical School. I have over ten years of experience working in the field of International Refugee Protection, specifically in Sub-Saharan Africa. I also have over four years of experience working in the field of mental health, specializing in family therapy and indigenous mental health.

This presentation will provide an overview of mental health issues related to refugeehood for refugee children and an African-centered approach to interventions. Participants will learn about the relevant circumstances that create refugeehood, the international legal framework that defines refugeehood and state responsibilities, the process of resettlement, and children's psychological responses to the experience of refugeehood, both as they relate to trauma and post-traumatic growth. An ecological systems theory approach will be utilized to discuss the impact of various systems on children's mental health throughout the process of asylum seeking.

The rationale for this research is based in an existing gap in the literature with respect to asylum seeking and refugee mental health. Further, little attention has been paid to the way in which the interface of multiple systems affects refugee children's mental health, the way in which post-traumatic resilience evolves, and particularly African-centered approaches to interventions for children. Research methodology includes literature reviews of existing research on child trauma, posttraumatic growth, and culturally-relevant psychological interventions. The study will also utilize qualitative description, semi-structured interviews with psychologists and counselors working with refugee children in the country of asylum. It is hypothesized that posttraumatic growth will be positively associated with cultural resilience and interventions and culturally-adapted interventions which are inclusive of social context, history, religion, race, ethnicity, spirituality and other group-relevant areas. Study findings will contribute to the relevancy of culturally-specific psychological interventions as well as facilitate improved understanding of the strengths, resilience, and unique characteristics within African children which allow for posttraumatic growth. Further it is also hypothesized that examining the ecological interface which contribute to both trauma and resilience, and utilizing Africa-centered psychology, which acknowledges the permeation of spirit, connectedness of the universe, collective/ancestral element, and communal consciousness, that there will be improvement in the design of future child-centered, culturally-attuned interventions for African children in refugee contexts.



**Child Firearm Injuries in Cape Town**  
**Brown, C, Dlwati, V**

Carla is the head of Social Work: Child Protection Services at the Red Cross War Memorial Children's Hospital.

South Africa is fast becoming one of the most violent countries in the world, with a homicide rate 5 times the global average and at least 1500 contact crimes reported to the police every day. Violence and firearms are common features of the South African society: the leading cause of death being those resulting from violence and homicide, with firearms being ranked as a leading external cause of non-natural deaths. Children are also the victims of this gun violence. The Red Cross Children Hospital is the only hospital in Africa with a dedicated trauma unit for children and has been dealing with gunshot wounds since 1991.

A retrospective review of firearms injuries which presented to the Red Cross Children's Hospital between 1991 and 2019 was performed. Data recorded included the folder numbers; sex; date of birth; age; date of presentation; date discharged and in-patient stay; number of shots; circumstances; injury sites; injury type, treatment; resulting morbidities, survival; police involvement and reporting, outcomes.

We have assessed over 500 children under the age of 13 years with fire-arm related injuries since 1991. The vast majority of children injured by firearms were from (previously disadvantaged) suburbs with known gang-related crimes. Although the New Firearm Bill resulted in a significant decrease over the decade from 2000-2010, over the past 8 ½ years we have seen a new increase of firearm-related injuries in young children. Two of the major concerns in our study indicate that most children treated with fire-arm related injuries were under the age of 5 years as well as that the pattern of gunshots in children seems to be turning from "stray bullet" to being intentionally shot in violent incidents involving people living in the child's home. Gang violence and violence in general in the Western Cape communities is directly related to gunshot injuries in children. Children are being shot in what should be their safe spaces.

Our study showed an increase and disconcerting change of intentional mechanism of being injured. Children show signs of continuous post trauma symptoms. Police case outcomes needs to be interrogated. We stand by previous advocacy efforts to reduce firearms in South Africa. We appeal for greater access to therapeutic services for these child victims of trauma.

## Sexual Exploitation and Abuses of Children in South Africa : Key findings of the 2019 Situation Analysis Report

### Willy Buloso

Willy Buloso is an international human rights lawyer with extensive experience managing rights based programs at the country and regional levels. He has extensive experience in child protection, strategic litigation and victim participation and reparation. Willy holds a Master degree in Law and International relations from the University of Lyon 3 in France; and an International Diploma in Humanitarian Assistance from Fordham University in New York, USA.

Regional Coordinator for Africa at ECPAT International since May 2017, Willy is responsible for providing the strategic and technical leadership towards ECPAT's advocacy and programming work against the Commercial Sexual Exploitation of Children in more than 25 countries in Africa. He has previously worked for the International Criminal Court, Human Rights watch and the United Nations Mission in Mali. Willy is Fluent in Swahili, English, French and Lingala.

**Confidentiality and Communication:**  
**Communicating what is happening in therapy to relevant parties.**

**Janet Bytheway**

Janet Bytheway completed her Master's degree in clinical psychology in 1992 at UWC. She completed her internship at Lentegeur Psychiatric hospital. She has worked in private practice since 1992 and has a special interest in working collaboratively with children and families in distress. She is an accredited mediator, supervisor and trainer.

Confidentiality is a delicate bargain of trust (Martin Ugwu). Confidentiality and communication are not mutually exclusive. In this paper I will consider ways of communicating what is happening in the therapy process, to relevant parties, with the client's consent. Confidentiality is a process which is intended to protect the client. There are times when working collaboratively could offer an additional dimension to our work. The right to confidentiality and the need for communication have to be balanced in the best interests of our client.

Confidentiality has always been a central theme in the therapeutic process. We are trained to protect it at all costs. However, therapists often use it as a way of protecting themselves. They may not be comfortable negotiating confidentiality with their client. This can be seen as a form of defensive medicine i.e. an unhelpful effort to protect the practitioner at the cost of effectiveness, both clinically and financially.

The client needs to trust that we will only communicate what has been negotiated with them Using practice based evidence; I will discuss how to communicate relevant information about the therapy process. I will consider what the effects are of what we *do* and *do not* say. Ideally, the client will participate in the process and have a sense of agency about what will be said; or not be said, about them. Working collaboratively, involving other role players, provides us with a way of holding the client's need for safety, while working more effectively.



## The Core Package of Services for Child Care and Protection

### Mrs Neliswa Cekiso, Mrs Stefanie Scholtz, Mrs Wezet Botes

Mrs Neliswa Cekiso is the Director of Child Protection Services of the National Department of Social Development. She holds a Master's Degree in Social Work from the University of Pretoria. In the department, she is responsible for the strategy and policy direction for child protection services and takes a leading role in supporting the Programme of Action on Violence Against Women and Children. Neliswa is passionate about children and their continued protection into adulthood.

Cynthia Nyoni is the Deputy Director of Child Protection for the National Department of Social Development, social worker with a deep knowledge of child protection issues both from a policy and practice perspective. She is the National co-ordinator for the Inter-Ministerial Committee on Violence Against Women & Children Technical Task Team. She is responsible for the Developing Child Abuse, Neglect Strategies, Framework, Models and Preventative Models for CANE interventions within the Department of Social Development.

Wezet Botes graduated from the University of Pretoria in 1999 and has 20 years of social work experience. She holds a Social Work Masters' Degree in Forensic Practice (2008) obtained from the North West University. Wezet researched and developed the Core Package of Services for Orphaned and Vulnerable Children for the Department of Social Development under the USAID funded Government Capacity Building and Support Programme (GCBSP) between 2016 & 2019.

2017 DSD Child Protection Systems Review revealed that social workers lacked the capacity to engage with children on a therapeutic level prompting them to refer clients to external mental health services when in-depth therapeutic interventions are needed. In most communities' access to mental health professionals are limited resulting in children who have experienced abuse going without support. The DSD through the GCBSP programme developed a 10 session Therapeutic programme for children and families affected by sexual abuse based on the evidence-based Trauma Focussed Cognitive Behavioural Therapy model. Stipulating the interventions with children and families as well as the administrative and supervision requirements for the implementing social workers. The programme was tested and rolled out in KZN, GP and EC with 210 participating social workers.

Qualitative interviews revealed that the social workers felt empowered to manage children's disclosures of abuse, that the programme was practical and implementable within the social work environment provided they had access to confidential counselling rooms. Limitations were high caseloads, limited supervision for complex cases and inconsistent attendance for the 10 sessions to reach program impact. The programme created better outcomes for child victims who have previously did not have therapeutic support. The program was effective in capacitating the social workers with skills to therapeutically engage their clients and families. The limitations of inconsistent attendance would suggest the intervention is well suited to residential environments, camps or holiday programmes. Further support in developing the capacity for supervisors are needed to embed this program in social work practice within the DSD.



## **The Potential of Big Data and Predictive Data Analytics to improve the global welfare of children**

**Dr Tendai Chiguware**

Tendai is interested in big data analysis, machine learning and the application of similar technologies to solving, common, everyday problems. His other research interests include the use of technology to solve poverty problems, mobility and migrations and the disruptive technologies, services and platforms that make up the fourth industrial revolution.

As the world moves towards the digital economy, big data has been deployed into almost every facet of human lives from online shopping, smartphone use and application, social media applications like Twitter and Facebook as well as new disruptive technologies and platforms like e-ride hailing and cryptocurrencies. Consequently, there has been some growing sentiments that some of the potential and capabilities of big data analytics can be harnessed to improve the welfare of children around the world. Most specifically, some of the leading organisations on big data analytics like SAS feel that big data analytics play a significant role in supplementing the instincts, compassion and understanding of child services administrators, social workers and caregivers. Additionally, the organisation shares the same optimism with other similar organisations that data can inform agencies on how to apply limited resources in the most productive ways – and can prevent them from investing in unproductive directions. This paper evaluates some of the efforts that have been conducted so far to use big data analytics, machine learning and data mining to improve the welfare of children. Some of the organisations that have employed the use of (structured and unstructured) data in their fight to improve children welfare include SAS, UNICEF, University of Southern California's Children's Data Network, New York City's ChildStat, National Child Welfare Workforce Institute and Mathematica Policy Research.

While initial, casual observations see no collaboration or areas of convergence on the above mentioned organisations and their respective projects and datasets that inform this paper, a working hypothesis of the paper is that aggregating information from various datasets and agencies, across diverse fields like nutrition, health, education and mobility will lead to much better decisions when it comes to the welfare of children. The paper further seeks to ascertain the extent to which current efforts so far can answer some of the pressing questions that child welfare organisations face which include the following: Which interventions will work? Which ones won't? Who are the next victims? How can we improve our efforts? How can we get better returns from our current resources?



## Early experiences of a school-based programme providing information on sexual violence and linkage to care to survivors

**Mr Zhou Donald Chokuda**

Donald is a dynamic, passionate and committed humanitarian. He works in a Sexual and Gender Based Violence (SGBV) project that seeks the provision of free, accessible, quality and comprehensive medical and psycho-social care to survivors of SGBV. He works closely with the Department of Education and Sport Development (DESD), North West Province in implementing the Schools SGBV/Sexual Reproductive Health (SRH) programme, providing SRH health education services on sexual violence, training of learner peer educators, training of Life Orientation educators from the province on Sexual Violence and Psychological First Aid. Donald is a holder of a Master's degree in Development Studies.

In 2015, Médecins Sans Frontières (MSF) conducted a cross-sectional cluster-randomized household survey among women aged 18-49 years living in Rustenburg on experiences of rape and associated behaviors and attitudes.

7.7% indicated their first sexual experience was forced; 9% were raped before age 15. The incidence of childhood rape was 1.1 per 100 person years.

This high prevalence of child rape led to the development of a school programme, with the aims of reducing youth vulnerability to rape, raising awareness about services for sexual violence victims, and increasing appropriate referral to the Kgomoitso Care centers (KCCs) of child survivors identified in school.

Education sessions lasting 30-60 minutes and integrated into the life orientation curriculum were developed and validated by the Department of Education and Sport Development (North West Province). These included age-specific information on consent and sexual violence, for grades 4-7 and 8-12, and concluded by providing information on where they could receive care. Sessions were delivered by a team of one nurse and one health promoter.

After each session the team remained in a private room where learners seeking more information and referral could present and be linked to care. Furthermore, the programme entails training of Life Orientation Educators on how to recognize and respond to cases of sexual violence, training of learner peer educators as well as educating parents at school parents meetings.

21 schools in Rustenburg were visited over the course of the five months (March 2018 and March 2019). 15 519 learners in 251 class sessions received health education sessions. A total of 130 learners were referred to the KCC for sexual violence, intimate partner violence as well as substance abuse. It is feasible to provide education on consent and sexual violence within South African schools. Such sessions can also help facilitate access to services for survivors of rape. Referral to appropriate services may help mitigate the risk of ongoing, lifelong exposure to rape and other forms of sexual violence. Further work is needed to explore the preventive potential of this programme.



## Equipping lay facilitators to support traumatised children and families in Africa by means of healing communities

Coetsee, Dirk rev

Petra Institute

Three interlinked strategies to address the enormous need for child trauma intervention in Africa are proposed: 1) Embracing deliberate, intimate, intergenerational, therapeutic communities, hereafter referred to as 'healing communities', as spaces in which children and families can receive and provide spiritual and psychosocial support; 2) Equipping lay people to facilitate processes in healing communities. 3) Equipping trainers-of-facilitators to multiply the impact of the aforementioned two.

The rationale is: 1) Healing communities are more likely to have a broad based impact on the restoration of broken relationships and creating family and community resilience than individual therapy. 2) Through proper training, exposure and mentoring, lay people can be equipped to provide primary level spiritual and psychosocial support to children and families and to facilitate effective functioning of healing communities. 3) Committed and experienced facilitators can be equipped to train other facilitators and even to train trainers of facilitators in local contexts.

Through various programmes, including a programme called "*Walking with wounded children*", Petra Institute has been striving to reach the above goals in Africa, the Middle-East, Eastern Europe, Asia and South America.

While participants are not equipped to deal with severe mental disorders, they provide psychosocial 'first aid', but even more importantly, help to establish healing communities. Over almost two decades we received positive feedback from contexts of poverty, war and displacement, from affluent societies, from urban and rural communities, from different faith traditions and from highly as well as lowly schooled participants.

Because it is deeply rooted in values such as respect, relationality, humility, servanthood, love and patience; built on foundational skills such as listening, play and storytelling and packaged in an experiential learning process, the programmes seem to empower people to effectively apply the principles. We believe "*Walking with wounded children*" can contribute to the existing body of training programmes to build a broad base of committed agents capable of establishing and sustaining communities where traumatised children can find healing.

## Youth, healthcare and NGO service provider experiences of crime and violence in HIV care and SRH services in Cape Town, South Africa

*Diane Cooper, Gillian Green, Doreen Tembo, Sarah Christie*

1. University of the Western Cape, South Africa
2. University of Essex, United Kingdom
3. University of Southampton, United Kingdom
4. Yale School of Public Health, USA

Cape Town, South Africa has high levels of violence, and sexual and reproductive health (SRH) issues amongst youth. This qualitative study explored urban violence and crime experiences among 20 youth [18-24 years] and 20 key informants from primary HIV care and SRH services and NGOs. In-depth interviews were conducted using an interview guide. Data were coded and thematically analysed. Ethics approval was obtained from the University the Western Cape and permission granted from the City of Cape Town and Western Cape Health Departments. Informed consent was obtained from all participants.

Youth reported experiencing community-based muggings and expressed fear of rape. This made mobility difficult and life traumatic in communities with endemic crime and violence. Access to healthcare was sometimes hindered or delayed due to violence. Youth sought ways to access HIV care and treatment and SRH services, travelling by taxis in groups when they had sufficient funds and using alternative primary care facilities. Youth began to be pressurised to run errands for gangs at around 14 years of age. Healthcare providers experienced violence and crime in their work and home environments, disrupting provision of service, at times placing their lives in danger and creating stress and trauma. Little protection was offered within health services. NGO key informants ran services to engage youth in alternative meaningful activities to ameliorate the impact of violence and crime. Potential local initiatives including initiating creating safe spaces, rewarding engagement in safety initiatives, faith-based organisational outreach and introducing mindfulness in schools, as prevention measures are occurring. These strategies as coping mechanisms will be discussed and are of broader relevance to other health service contexts with high crime and violence.

## **'Not a girl, not yet a woman': Adolescent rape survivors, social resources & police reporting choices**

**Ms Anneke Eichstedt**

Anneke is a doctoral candidate (Department of Public Law) at the University of Cape Town, South Africa. Her research explores the police reporting behaviour of adolescent survivors of sexual violence. This project reflects her research interests in violence against women and children, law in everyday life and service provision to survivors of sexual violence. Anneke previously received a Master's degree in Criminology, Law and Society from the University of Cape Town (2016). Before moving to South Africa, she graduated with a B.A. Sociology from Bremen University, Germany (2014).

The South African police records endemic levels of sexual violence with a significant percentage of child complainants. Scholars explain the reporting of sexual offences to the police by portraying survivors as rational decision-makers: weighing the costs and benefits of accessing the criminal justice system. Teenagers, however, are constrained in their decision-making behaviour; and it is the interplay between their social position and legal mobilisation that this study set out to uncover. The aim of this paper is to discuss one element of this interchange: the (lack of) social support provided to adolescent rape survivors by their immediate social network and its impact on their reporting behaviour.

The study employed a qualitative data collection approach, conducting in-depth interviews with adolescents and young adults (15-21 years) who experienced sexual violence (n=38). Aiming to incorporate diverse voices, participants were sampled purposefully from multiple psychosocial service providers operating from the broader metropolitan area of Cape Town, South Africa.

Preliminary results illustrate that adolescent rape survivors contact law enforcement after reaching out to their caregivers. The support provided by their direct/extended family either acts as a facilitator or barrier to formal help-seeking. When acting as barrier, teenagers do not necessarily decide against reporting. Rather, they have to overcome additional obstacles, such as a lack of emotional support, fear of physical punishment upon disclosure and the provision of discouraging reporting advice.

Existing conceptualisations of crime victims' help-seeking behaviour has resulted in their framing as reasoned and thoughtful decision-makers; a conceptualisation that does not capture the nuances of reporting choices made by adolescent survivors. Rather, adolescent survivors' access to justice following their sexual victimisation is significantly determined by the support and protection provided by their social network. This remains of concern given that family life in South Africa is impacted by multiple internal and external factors, including violence, family conflict and financial hardship. This study contributes information about a severely understudied but at high risk group of sexual violence survivors. Adolescence is a challenging developmental phase which requires interventions that ensure an adequate protection while simultaneously recognising the growing autonomy of teenage complainants.

**Children affected by sexual violence: interventions for children, families and communities**  
**Children affected by sexual violence: interventions for children, families and communities**  
**Foca, Cindy**

Ms Foca occupies the position of General Secretary (CEO) of the (ELRC). She has 18 years of experience in the education environment in South Africa, as an educator, unionist, academic and leader in the education labour field. She holds Honours and Master's Degrees in Public Administration as well as a Master's Degree in Labour Law. Ms Foca is also enrolled for a Doctorate in Labour Law. She completed her LLM cum laude and was one of the top graduates in the year that she completed her studies.

**Acronyms**

CA	Collective Agreement
DBE	Department of Basic Education
DOE	Department of Education
DoJ	Department of Justice
ELRC	Education Labour Relations Council
LRA	Labour Relations Act
SACE	South African Council for Educators
SADTU	South African Democratic Teachers Union

Parties to the ELRC (DBE and SADTU), concluded CA No. 3 of 2018: Providing for compulsory inquiries by arbitrators in cases of disciplinary action against educators charged with sexual misconduct in respect of learners. A number of special disputes referred to the ELRC involve learners, either as victims of sexual misconduct or witnesses. In order to safeguard the rights of children, CA No. 3 of 2018 was concluded, which provides for a singular process that will ensure that these children are not exposed to secondary trauma.

Prior to the conclusion of the Agreement, there were three platforms available to learner victims of sexual misconduct or witnesses, these were: the Provincial Department of Education's internal disciplinary hearing processes; the SACE investigative process where the child is also required to testify; and the ELRC arbitration process. The learner was required to testify in all three processes and forced to relive the trauma.

The Agreement provides a one-stop process (arbitration) that replaces the Department's internal disciplinary hearing.

A number of stakeholders were engaged to ensure that this societal issue is addressed.

The ELRC collaborated with the following organisations: the SAPS; National Registrar of Sex Offenders; the Department of Social Development; DBE; SACE and the DoJ.

The DoJ assisted the ELRC with the training of its Disputes Resolution Practitioners and Intermediaries. The training sessions offered to practitioners focus specifically on Substantive Labour Law.

Since the conclusion of the Collective Agreement, there has been a greater influx of special cases to the ELRC involving the child as victim or witness of sexual abuse. The challenge remains child-friendly venues to hear these cases.



## **A Multipronged approach to dealing with foetal alcohol disorder spectrum.**

**Aisling Foley**

Home of Hope (HOH), a Cape Town based NGO, conducted a number of workshops on Fetal Alcohol Spectrum Disorder (FASD) for clinic nurses in different disadvantaged Western Cape communities. FASD is permanent brain damage caused by pre natal exposure to alcohol. In order to test the knowledge about FASD and effectiveness of the workshops, attendees completed questionnaires on FASD before and after the workshops the results of which were compiled into a report.

Fetal Alcohol Spectrum Disorder (FASD) is permanent brain damage caused by pre-natal exposure to alcohol. The brain damage typically manifests itself in learning and behavioural difficulties.

South Africa has the highest rate of FASD in the world. FASD is also South Africa's largest birth defect yet awareness and knowledge about the disability tends to be low. This means that the disability is often not recognised in vulnerable children causing more trauma for a child with special needs.

### **AIM AND OBJECTIVES:**

- To increase awareness & understanding about FASD
- To increase understanding about how FASD manifests itself through child behaviour
- To increase knowledge about the potential long term effects of FASD on the sufferer
- To recognise how the disability impacts on all the services a child with FASD requires

### **FINDINGS/RESULTS:**

FASD impacts on all areas of a child's life.

- Education – Approx. 43% of children with FASD have disrupted school experiences (suspension, expulsion and/ or drop out) \*
- Justice – Approx. 60% of those aged 12 & over with FASD get into trouble with the law \*
- Social Development
  - Approx. 80% of those with FASD cannot live independently \*
  - Approx. 85% of children with FASD are not raised by their birth parents. They typically live with other family members, in foster care, children's homes or on the streets.\*
- Mental Health
  - Approx. 94% of those with FASD also develop other mental health conditions such as bi polar, anxiety, depression, suicide, self-harming etc. \*
  - FASD is the largest preventable cause of intellectual disability in the world
- Employment- Approx. 80% of those with FASD cannot obtain/retain employment \*
- Health – With approx. 60,000 children born every year suffering from FASD, FASD is South Africa's largest birth defect.

### **CONCLUSION:**

- More extensive & regular training of and resources needed for those who encounter children with FASD
- Equipping those who encounter a child with FASD (social workers, medical staff, police, justice staff, mental health workers, psychologists, educators) with knowledge about the disability to enable them to recognise it, refer for a possible diagnosis and link the child to interventions and services which he/she needs



## **Equipping frontline clinic nurses with knowledge about Foetal Alcohol Syndrome.**

**Aisling Foley**

### **RESEARCH AIM AND OBJECTIVES:**

If we wish to increase awareness about the dangers of alcohol during pregnancy one of the best opportunities to reach pregnant, and all women of child bearing age, is through community clinics. HOH's aim was to ascertain what knowledge did front line clinic nurses have about FASD and if this knowledge was accurate. If it was shown that a lot of misconceptions existed then could educational training workshops be an effective solution.

### **METHODS (study design, sampling, instruments, procedures):**

HOH used a standard questionnaire with 6 questions about FASD which was completed by the attendees before and after the workshop.

### **FINDINGS/RESULTS:**

The knowledge about FASD amongst front line clinic nurses was often lacking and in many cases incorrect.

The study showed that the amount and accuracy of knowledge about FASD increased significantly after attending the workshop as evidenced by the Before & After Questionnaires (both in the answers to the questions and in the written comments in the Questionnaires).

### **CONCLUSION:**

It could be very effective to use clinic appointments as a learning opportunity to teach women about FASD. However there is a need to ensure that clinic staff have the necessary and correct knowledge to impart to their patients. Therefore we need:

- More extensive & regular training of and resources for clinic staff re FASD
- More effective education and support around contraception use for women of child bearing age to avoid alcohol exposed pregnancies.
- Understanding that pregnant women with FASD need more support & have special needs.
- A possible FASD champion in the Provincial DOH
- All health care workers to be given a standard message about FASD



## Co-creating spaces for resilience to flourish: A community music therapy project in a context of community violence

Sunelle Fouche

Co-authors Caley Garden, Dr Andeline dos Santos, Mari Stevens

Sunelle graduated with a Masters degree in Music Therapy from the University of Pretoria, South Africa and is registered with the Health Professions Council of South Africa. In 2003 she co-founded the non-profit organisation MusicWorks and currently serves as its Executive Director. She is committed to developing contextually sensitive music therapy practices and making these accessible to children growing up in marginalised communities.

Children's development can be greatly impacted when they grow up in communities with high levels of violence. Music therapists and community musicians at MusicWorks (an NPO partnering with communities in Cape Town's marginalised neighbourhoods) have experienced how children's relational capacities of empathy, self-esteem, self-regulation and sense of belonging are particularly challenged in areas such as Lavender Hill, a community ravaged by ongoing gang violence. Encouraging and strengthening the resilience of young people within such communities can empower them not only to break this cycle of violence, but also be part of the solution as they become contributing members of their community and society at large. Our project views resilience from an ecological lens and thus focuses on encouraging and strengthening resilience in young people and their broader school and parent community. Over a three-year period, young people are offered various musical experiences and collaborations with teachers, peers and families. The programme consists of gumboot dancing, music therapy groups, (in which we are currently piloting a mixed-methods research study aiming to develop relational capacities of young people) and marimba groups. We hope to develop a model that is replicable in other communities facing similar challenges, whilst being sensitive to the cultural diversity of the South African context. Considering resilience as culturally specific, we will look at how resilience functions in this context, how specific music experiences can strengthen resilience (individual and communally) in the Lavender Hill community, and showcase examples of the music therapy and community music activities.



**“They should not have to live like that”, an Ububele case of parent-infant psychotherapy in a context of internal and external poverty.**

**Katharine Frost, Lynne Goldschmidt**

Executive Director, Educational Psychologist, Johannesburg

Lynne Goldschmidt, Counselling Psychologist, Ububele, Johannesburg

This presentation is of an ongoing case of a mother and baby that has been seen at Ububele since the end of 2018. The case in itself is one characterised by trauma, domestic violence and the crippling relational effects of living in dehumanising poverty. This case has been selected because it illustrates something of the Ububele model. This model consists of various Infant Mental health interventions offered in various settings within Alexandra from NBO (Newborn Behavioural Observations) at Clinics and hospitals to Home Visits and play groups. In this way we provide a ‘net’ of services to catch vulnerable dyads in a context of profound poverty and then a ‘basket’ of services that can be offered. These services can then be cross referred and augmented.

Mom, Buyisiwe, and baby, Nathi were recruited into the Ububele Home Visiting Programme by Home Visitor Zanele who visited mom and baby from September until November 2018. Zanele made good contact, presented her work in supervision and then referred her to me for further and more in-depth support.

Nathi was nearly 3 months old at my first session, his appearance was in stark contrast to that of his mom, a diminutive, unkempt, skinny very young woman who smelled strongly of smoke and hand washed clothes. She described a volatile abusive relationship with her ‘husband’ and sister in law. All of whom share adverse living arrangements in Alexandra, Jhb.

The quality of the interactions was unpredictable with moments of attuned pleasure contrasted by hostile intrusiveness as mom relayed stories through baby of violent words and acts.

This traumatized dyad is in need of much support and the Ububele Home Visiting intervention followed by the parent-infant psychotherapy was augmented by referrals to psychiatry, police and finally, SASSA. The hypothesis is that it is only through such multiple interventions and cross agency referrals that change can occur, therapeutic benefits cohered and safety ensured.



## Changing parenting at community-level: Findings from a multi-year study

*Dr Chandre Gould<sup>1</sup>, Dr Catherine Ward<sup>2</sup>, Ms Wilmi Dippenaar<sup>3</sup>, Ms Lisa Kleyn<sup>3</sup>, Ms Diketso Mufamadi<sup>1</sup>*

<sup>1</sup>Institute for Security Studies, Pretoria, South Africa, <sup>2</sup>University of Cape Town, Cape Town, South Africa, <sup>3</sup>Seven Passes Initiative, Touwsrante, South Africa

Chandré Gould is a senior research fellow in the Justice and Violence Prevention Programme at the Institute for Security Studies (ISS). She has a PhD from Rhodes University. Since 2006 her work has focused on violence prevention and criminal justice in South Africa. She is co-PI with Professor Cathy Ward (University of Cape Town) on a four-year project to assess whether it is possible to bring about a community-wide shift towards positive parenting by delivering four positive parenting programs along with a social activation process in the community served by the Seven Passes Initiative. She convenes the National Dialogue Forum.

The safety and happiness of many South African children is undermined by violence in their homes and communities. Yet positive, non-violent parenting skills that help parents keep their children safe in and outside of the home can be learned. Between 2016 and 2019 the Institute for Security Studies, the University of Cape Town and the Seven Passes Initiative undertook a multi-year study to determine whether a social activation process combined with the delivery of four evidence-based parenting programmes could positively change parenting practices in order to promote child safety in an entire population. The study consisted of three waves of a community-wide survey of caregivers and children, one at baseline, one 18 months after the delivery of four parenting programmes was initiated, and one three years after the baseline. The delivery of the parenting programmes was sustained post-baseline and continues after the end of the study. Preliminary findings of the study will be presented that show that it may be possible to positively shift parenting in a whole community.

## Therapeutic education and family support: A unique approach to the reintegration of street children into communities in Maseru, Lesotho

Mrs Belinda Groves

Sepheo, Sparletta, Motimposo, Lesotho

Belinda Groves is the co-founder and director of Sepheo, an NGO in Maseru, Lesotho, responsible for the rehabilitation and reintegration of street children into communities. Belinda holds a Bachelor of Psychology (Honours) and a Master of International Law and International Relations from Australian universities. Belinda served for many years as a Policy Advisor and Deputy Chief of Staff to several ministers in the NSW Parliament (Australia), before arriving in Lesotho in 2012 to manage electoral observation teams. Belinda remained in Lesotho to establish Sepheo, which has served more than 800 children and young women in the past five years.

Sepheo is an NGO based in Maseru, Lesotho, that works with families and individuals traditionally excluded from society, including street-connected children, girls exchanging sex for money or goods, those with violent and dysfunctional caregivers, children who have dropped out of free primary school and those who have been abused, severely neglected and exploited. Sepheo's flagship program is a therapeutic primary school which boasts a 95% success rate transitioning children directly from the streets back into families and communities. The model is one of the only programs in the world for street-connected children that does not rely on residential care. Students are supported at school by trained social workers, who also work extensively with the child's caregiver(s) in the home. Since the introduction of Sepheo School five years ago, Maseru no longer has a problem of children living on the streets.

Sepheo's strategy for street-connected children is built on several years of on-the-ground research that uncovered the root causes of child homelessness in Maseru. Its school has been tailored to the needs of traumatised children and those with significant emotional and behavioural challenges. While children learn at their own pace, they complete the same primary school leaving exam as students in other schools, going on to mainstream high schools, vocational schools and employment.

In her presentation, Belinda will highlight how the inherent strengths of Basotho culture and extended family structures have been foundational to the success of the Sepheo strategy. She will discuss the findings of the research and their implications for programs designed to support street-connected children. She will also highlight the necessity for programs to incentivise positive choices that promote healing and reintegration, and emphasise the central role played by identity in sustaining positive outcomes amongst this demographic.



## **Children's Courts: accessibility and procedural accommodation for children and adults with disabilities**

**Willene Holness**

Willene is an Admitted Attorney of the High Court of South Africa. Currently teaching undergraduate and post-graduate students in law and an interdisciplinary masters' programme, Masters in Child Care and the Law. Published in disability, children's rights and constitutional law. Doctoral candidate at Centre for Human Rights. Previously attorney for the Legal Resources Centre with litigation experience in children's rights and disability.

Access to justice require states to take measures to ensure persons with disabilities are able to fully participate in proceedings, including investigative and preliminary stages, through the use of procedural, age and gender appropriate accommodations. The child's right to be heard in proceedings, including those of children with disabilities is also articulated in international and regional law treaties, together with recognition of legal capacity on an equal basis with others. Such recognition requires, if necessary, provision of support to exercise capacity and procedural accommodation to fully participate. These may include recognition of diverse communication methods, provision of sign language interpretation and other assistive methods.

The regulations to the Children's Act 38 of 2005 are currently being redrafted in the form of proposed rules regulating the conduct of proceedings of the Children's Courts of South Africa. Neither provide adequately for accessibility and procedural accommodation measures for children and adults with disabilities. The Committee on the Rights of Persons with Disabilities, civil society and academic literature have consistently called for more accessible and accommodative procedures in the judicial process and the removal of discrimination, stigma and barriers that impede equal participation.

The paper identifies the constitutional and international law requirements on the South African state to ensure access to justice for persons with disabilities, including obligations in relation to equality, legal capacity and accessibility. The need for rules articulating participation on aspects such as guidance to professionals on appropriate questioning techniques for children and adults with disabilities, as well as intermediaries that act as communication assistants, together with accessible formats of information and communication such as Braille, tactile, Easy Read and sign language is explored. It is submitted that while the children's court procedures are inquisitorial in nature, which theoretically enables the presiding officer discretion to allow evidence to be led in an informal way, it does not provide sufficient guidance on the accessibility and accommodation measures that may be needed. Relevant training for presiding officers and other stakeholders is currently lacking. The paper concludes with recommendations on the elements that these rules must include to meet with these obligations.

**Nyamekela4Care: an integrated intervention for addressing the training, empathic skills, and self-care needs of child protection service providers in resource-constrained settings**

***Dr Simone Honikman (Perinatal Mental Health Project) and Lucy Jamieson (Children's Institute)***

Simone is a medical doctor with extensive experience working within the public sector in women's health, both as a clinician and as a service manager. She founded the PMHP in response to the significant unmet need for maternal mental health within an overstretched public health care system. Her postgraduate qualifications include a Masters degree in Maternal and Child Health. Her work philosophy includes the development of sustainable services for integration within the public health system. Emphasis is placed on preventative interventions and the development of social capital among staff and communities.

Lucy Jamieson is a Senior Researcher at the Children's Institute, University of Cape Town, and teaches children's rights in the Faculty of Health Sciences. She has expertise in the following areas: Child rights; participatory democracy; governance; law reform & policy development; child protection. is a social justice and children's rights advocate focusing on the involvement of children in policy and law reform. She is a founder member of the International Canadian Child Rights Partnership.

South African law provides for an integrated child protection system designed to respond holistically to the needs of children. In practice, the lack of inter-sectoral collaboration is preventing children from accessing therapeutic and support services and allowing perpetrators to continue to abuse children without any form of criminal investigation.

To improve collaboration, the Children's Institute (CI) conducted a systematic review of multi-disciplinary team evaluations. The literature reveals that, practitioners in the child protection system (social workers, police officers, health professionals) face many challenges including poor infrastructure, staff shortages, long working hours, low morale and that there is lack of trust between different professions. They are often ill-equipped to provide empathic care and have little training in understanding how psychological problems impact health and development outcomes and vice versa. As these practitioners generally have minimal supervision and support, and limited access to ongoing professional development to maintain knowledge and skills, they experience extremely elevated levels of burnout or compassion fatigue and have high attrition rates.

In response to similar challenges in the health sector, the Perinatal Mental Health Project (PMHP) developed Nyamekele4Care (N4C), a multi-component intervention addressing the inter-connected problems impacting the quality of care among health professionals. It consists of a manualised structure for team meetings that includes: job-related learning, empathic skills development, case sharing and self-care practice. CI and PMHP are adapting the N4C model for multi-disciplinary teams delivering child protection services and plan to pilot it in two sites. The aim is to develop a framework for social services, police and health professionals to share and jointly manage complex cases, in the hope that this will improve the levels of client satisfaction.

The pilot includes pre- and post-evaluation of the intervention on practitioner well-being, the level of client satisfaction, and the percentage of case shared between agencies involved in child protection; findings will inform further adaptation of the N4C package and support roll-out. This paper presents an overview of the *Nyamekela4Care* child protection and the evaluation design.

## **Domestic Violence : Unconscious impacts on the child.**

**Ms Debbie Howes**

Debbie Howes is a Clinical Psychologist in private practice in Johannesburg. She qualified with a Masters degree in 1986 from Potchefstroom University. Debbie furthered her studies in Eriksonian, Ego-State Hypnotherapy, Medical Hypnoanalysis as well as EMDR (Eye Movement Desensitization and Reprocessing) and EMI (Eye Movement Integration). An interest in the relevance of children's stories which hold truths that serve to illuminate and educate, has resulted in a therapeutic model that Debbie has founded, namely the LRRH Reconditioning Technique. Debbie is the author of two books which describe the model and therapeutic process as well as a therapeutic deck of Cards.

Domestic violence is on the increase due to the escalation of societal, economic and environmental challenges. Conscious intent to change does not have impact on an unconscious level. The unconscious mind has a different logic and adopts belief systems and patterns according to the way in which it learns to be loved or to survive. These belief systems however are not often rational and may sabotage the ability for the child to achieve their true potential at a later stage in life. These dynamics are outlined and investigated. Judgement, guilt and blame are often projected at these children who in turn become further scapegoats for repeated trauma. These patterns often repeat in adulthood where contrary to what is intended, the abusive cycles are repeated with their own children. By desensitizing and reprocessing these dynamics with children who have been exposed to domestic violence, possibilities for change may arise so that they may grow up as balanced adults as well as empowered role models that facilitate generational constructive change. Case examples are cited.



**Child Abuse: A therapeutic intervention is outlined which addresses the unconscious dynamics of child abuse as well as the preventative possibilities for future change.**

**Ms Debbie Howes**

A therapeutic technique is outlined which addresses the triggers and reactive patterns that result in an individual who has been exposed to child abuse. These patterns are desensitised and reprocessed in favour of constructive forward movement. The relevant underlying belief systems and emotional patterns are both identified and reprocessed.

The unconscious mind has the logic of a child where cognitive information that is verbally communicated does not readily bridge to the unconscious mind. These patterns become fixed and may detrimentally affect the individuals' ability to achieve their true potential.

The therapeutic technique serves as a bridge to allow communication to integrate into the unconscious mind which is held in the body. Intellectual information becomes integrated into an experiential match which is internalised in the body so that behaviour corresponds to what is consciously known.

A 6 phase process is briefly outlined and discussed where possibilities for change on a deeper level allow the individual to achieve and align with their highest potential as well becoming an empowered role model for future generations.





## Children's participation in child protection in Brasil, Canada, China and South Africa

Ms Lucy Jamieson

Lucy Jamieson is a Senior Researcher at the Children's Institute, University of Cape Town, and teaches children's rights in the Faculty of Health Sciences. She is committed to involving children as far as possible in all of the Institute's research and advocacy with government, parliament, the AU and UN. She has supported children to share their views in 66 different engagements including public hearings on the Children's Act and South Africa's Shadow reports. She is a member of the International Canadian Child Rights Partnership a network of academic institutions, NGOs and young people researching children's participation in child protection.

This paper will present findings in research, policy, and practice from the International and Canadian Child Rights Partnership (ICCRP) on how to monitor children's participation within the context of child protection. Child welfare and protection is an essential priority for policy and programming and the United Nations Convention on the Rights of the Child affirms that children must participate in shaping decisions that affect them. However, the vast majority of child protection services in the world embrace a 'top down' approach to defining and codifying policies and practices governing children's rights. However, if children contribute to understandings of their situations through participation, the process and results will benefit the child protection activities specifically and children's rights more generally.

The ICCRP involves 7 academic institutions, 10 international and national non-government organizations, including NACCW, independent provincial human rights institutions, and research institutes in four countries to address the critical question of: How can children's participation in international and Canadian child protection programs and policies be monitored? This project uses a participatory approach to connect with young people, relevant international scholars, practitioners, members of the UN Committee on the Rights of the Child, funders and other stakeholders. The research objectives set out by ICCRP, include the identification of current conceptualizations of 'monitoring' participation in international child protection, understanding the realities, challenges, and success of monitoring participation in child protection in specific contexts and developing recommendations for effective measurement. In South Africa the research focussed on the Isibindi Youth Forums. The paper includes a brief an overview of the partnership and participatory methods used focusing on the role of the international and local Child and Youth Advisory Committees; and discuss the implications of the Partnership's latest findings at the global level and the South Africa specific findings.

## Strengthening sexual abuse prevention for children with intellectual disability in a low resourced setting; a case study

### Rebecca Johns

Rebecca Johns is a registered counsellor working with young adults with intellectual disability and their families. Rebecca obtained a M.Ed in Inclusive education and support services, UWC (2004). and develops sexuality education resources with WCFID, Cape Town, training educators and health professionals to facilitate sexuality education for children and adults with intellectual disability.

This case study presents the experience of delivering a week of training in a special school, rehabilitation and training centre with thirteen members of staff, children, young adults and parents situated in the Eastern Cape in a low socio economic setting. The training aims to strengthen children's resilience and protection through training staff and educators to provide sexuality education appropriate to the needs of children with disabilities alongside parent education on child sexual development and prevention of sexual abuse.

Children with disabilities are 3 to 4 times likely to be victims of abuse and often experience repeated abuse (Center for Child Law, 2017). A human rights-based framework aims to counter the discrimination, exclusion that increases this vulnerability. These frameworks guarantee the right to equality and equal access to services and include; the United Nations Convention on the Rights of Person's with Disabilities, 2006; The White Paper on the Rights of Persons with Disabilities, 2015; The Children's Act, 2005, Education White Paper 6, 2001, and the Framework and Strategy for Disability and Rehabilitation services 2015-2020). Sexuality and life skills education is seen as a tool to reduce risk of sexual violence (UN report, 2012). However, even when children with disabilities are included in school, there are few training programmes or resources tailored to their needs and the overloaded social development and justice system in South Africa compounds their risk and places a high burden of care on educators and staff. Additionally, there are few if any parent support programmes and a near total lack of training, materials and support on how to develop therapeutic programmes for children with disabilities (Centre for Child Law, 2017).

The training intervention aims to strengthen children's resilience and protection through emphasising the need of children with disabilities for sexuality education, alongside building staff confidence to deliver a programme and support parents. The case study presentation will provide the opportunity to share the learning from this experience and consider whether capacity building is possible within the limitations of a brief intervention.

## Sexuality education and children with intellectual disability: what can we learn from an inclusive approach?

Rebecca Johns

Unexamined negative attitudes toward the sexuality of children with intellectual disability mean that educators and parents are reluctant to provide them with sexuality education for fear of introducing or unleashing sexual interest. These fears, alongside negative attitudes toward the learning abilities of children with intellectual disability mean these children most in need of support and guidance are denied it. Lack of knowledge about sexuality is a recognized factor in increasing vulnerability to sexual abuse.

*The lack of sexual education of women and girls with disabilities, wrongly perceived as non-sexual beings, contributes to sexual violence committed against them, as they are unable to distinguish inappropriate or abusive behaviours' (UN, 2012).*

Key concepts related to sexuality such as consent, relationships, socially appropriate behavior and sexual feelings are very abstract for children with intellectual disability, especially if we rely on discussion or worksheet-based learning methods. Their different learning needs require the educator to break down key concepts into the simplest steps possible. Experiential and participatory learning methods; such as pictures and games further help to make concepts more accessible. Participatory and interactive methods are regarded as integral to comprehensive sexuality education (UNESCO, 2013) and yet educators in Southern Africa have the least confidence and experience in this methodology (UNESCO, 2013). It is argued that the learning gained from teaching learners with intellectual disability can be applied to an inclusive approach across mainstream and special education settings and is urgently needed in the South African context. This practical workshop aims to demonstrate participatory methods for sexuality education using visual resources, games and distancing techniques alongside identifying the knowledge, attitudes and skills learners need to support their health and wellbeing (UNESCO, 2018).

## **An overview of work with fathers in Africa to prevent violence against children**

### **Gloria Khoza and Wessel van den Berg**

Ms. Gloria Khoza currently holds the position of Child Protection Officer at UNICEF South Africa. Her portfolio of work contributes towards the prevention and early intervention and response programme areas. Her primary areas of focus are in the scale up of UNICEF supported parenting programmes, strengthening the social service workforce through capacity building in the implementation of evidence based programmes, as well as access to child friendly justice.

Wessel van den Berg is the Children's Rights and Positive Parenting unit manager at Sonke Gender Justice. In this capacity he supports Sonke's work on parenting and children's rights in the Africa region and globally. The unit's work focuses on gender equal, caring and non-violent parenting. Key projects include the MenCare Fatherhood Campaign, advocacy for the prohibition of corporal punishment in all settings, and the promotion of gender equal parental leave. Wessel is passionate about gender transformation and sustainable development.

This presentation will share examples of work with fathers to prevent violence against children in several countries across Eastern and Southern Africa including South Africa, Uganda, Tanzania, Rwanda and Botswana. The projects presented are all representative of work done in partnership with the MenCare Global Fatherhood campaign. The presentation will show initiatives that engage parents for gender equal and non-violent fatherhood across a socio-ecological spectrum with examples and lessons learnt from work at four levels of the spectrum.

These levels are: 1) individual behavior change, where we will share evidence of recent evaluation results of the Program P intervention; 2) Working with service providers, where we will present the MenCare South Africa Child Care and Protection campaign that works with social service professionals; 3) Changing social norms through media, where we will share examples of MenCare media initiatives from the region; and 4) Policy advocacy work for gender equal and non-violent fatherhood in South Africa.



## The (in) significance of the medical evaluation in child sexual abuse cases

Dr Marianne Kotze

Dr Marianne Kotzé (MB;ChB;Dip For Med (SA) Clin qualified as medical practitioner in 1977. Her passion is the holistic medical management of child sexual abuse cases. During her career of 20 years as clinical forensic practitioner she managed approximately 3000 victims of rape and child sexual abuse. She was responsible for extensive education in service of the Department of Health, Free State and the Departments of Family Medicine and Forensic Medicine, University of the Free State. She published several articles in medical journals, mainly on clinical forensic documentation and sexual offences.

The emphasis on the medical information as major part of the decision on whether child sexual abuse took place, is overrated. Doctors avoid involvement due to a perceived responsibility that they need to prove that an offence took place. Police officials tend to rely on medical opinions to guide them to open case. Prosecutors shy away from cases where there are no confirmatory clinical findings. Judges rely on confirmatory clinical findings and repudiate

The second part of the presentation investigates the reasons why a medical examination seldom confirms sexual activity, even in cases where there is a strong suspicion of sexual penetration.

Professionals may find it difficult to interpret the (in)significance of a lack of evidence. The medical evaluation is often accredited with much more evidentiary significance than it deserves.

An over-estimation of the value of medical findings or lack of findings may have serious consequences when court decisions and decisions on removal and replacement of children rely on erroneous information.

I sincerely hope that attendees may take ideas, which may stimulate communication with their local medical team, home.

A calm, knowledgeable caregiver and a relaxed child, along with a confident, effective health care provider is the pinnacle professional joy in an ideal world.



**Isipho seThemba: South African psycho-social aftercare programme for children who have been sexually abused and their caregivers**

**Edith Kriel and Marita Rademeyer**

The sexual abuse of children in South Africa is taking on epidemic proportions. The Optimus foundation found that one in three South African children have experienced some form of sexual abuse before age 17. Boys are abused at the same rate as girls, although experiences of abuse may differ. Most children who have been sexually abused have also suffered other forms of abuse, neglect, poverty or deprivation.

The support of a parent/caregiver is critical in the long term mental health and physical outcomes for children who have been sexually abused. This role becomes even more pronounced in a country such as South Africa, where children and families have limited access to state mental health services and medico-legal services. Unfortunately support for caregivers of children who have been sexually abused, has been found to be mostly non-existent.

This presentation explores an intervention (Isipho seThemba, which means a ‘a gift of hope’ in Zulu, one of the official languages of South Africa) designed by a multidisciplinary team. The programme is aimed at assisting the parents/caregivers of children who have been sexually abused to experience personal relief of trauma as well as to strengthen their coping skills to respond to the child’s trauma. The recovery of the individual child is concurrently addressed and the groundwork is laid for the prevention of re-victimization of the child. The programme is being piloted in three rural areas in South Africa namely Gert Sibanda (Mpumalanga province), Harry Gwala (Kwa-Zulu Natal province) and Umkhanyakude (Kwa-Zulu Natal province) where families have limited access to services. A qualitative research design is being employed to assess the efficacy of the programme. The development of the programme has been funded by The Foundation for Professional Development (FPD).



**Boxing-4-Autism: Promoting *all* children's capacity to participate in accessible mental health promotion programmes**

**Luke Lamprecht, Terry Behan & Sheri Errington**

There are limited interventions that can be deployed equally into advantaged and disadvantaged areas, that involve group participation, where Autism Spectrum Disorder (ASD) children can come together and participate in activities that have a quantifiable social, cognitive, emotional and physical benefit.

Fight with Insight has developed a physical and mental health intervention designed to achieve a broad developmental impact on the core deficits of ASD. This programme is called Boxing-4-Autism. It is an "open access" social impact programme that ascribes to the International Classification of Functioning. It is based on the premise that participation in society should be encouraged regardless of ability, because participation is believed to promote functioning. There is strong evidence to suggest that Boxing-4-Autism produces a wide range of benefits for young people with complex support needs, beyond the physical health benefits of exercise.

Through the creation of Boxing-4-Autism we aim to facilitate *all* children's capacity to participate in a mental health promotion programme, which recognizes their ability for agency, regardless of whether they are suffering from a mental health crisis, or not. In this context, children do not need to be defined by the label that brought them to care.

**A unique approach to working in-patient psychiatric intervention with adolescents: Fight with Insight's boxing programme at the Tara H. Moross Psychiatric Hospital.**

**Luke Lamprecht, Sheri Errington, Nondumiso Bikitsha, Tali Magnes & Caley Blane**

In South Africa, approximately 15% of adolescents have been diagnosed with a psychiatric disorder. Clinical and psychiatric interventions are the normal course of intervention for these young people. Unfortunately, these interventions tend to reinforce the focus on the disorder, and are only accessed when there is a crisis. In conjunction with the Occupational Therapists, Fight with Insight has developed a boxing programme for adolescents who are in-patients at Tara Psychiatric Hospital. Applying the theoretical concepts of life space intervention, the boxing provides a therapeutic frame, which not only addresses the health and psychosocial factors that contribute to mental health, but also builds resilience within these children. This presentation will provide a descriptive account of the programme itself, the changes that have been observed amongst the adolescents participating in the programme, and will present findings from research exploring the perceptions of the participants and occupational therapists involved. The intervention has been revolutionary in highlighting 3 key factors that can be applied within any intervention. Firstly, that the work happens within the context of relationships, and relationships can happen anywhere. Secondly, that physical fitness is the cornerstone of good mental health, and finally that it is not something you do with children that makes a difference, it's everything.



## Discipline with Dignity: Boxing as a restorative discipline strategy for addressing behavioural problems at school

Luke Lamprecht, Lucky Nhassambo & Sheri Errington

High rates of violence, a rising incidence of substance abuse and mental health disorders and the growing phenomenon of disconnectedness amongst young people are contributing to an increasing rate of behavioural problems in South African schools. Historically, punishment has been used in an attempt to control behavioural problems through practices such as detention. Restorative discipline has recently been introduced as an alternative and aims to facilitate an active compliance by fostering belonging, social engagement and meaningful accountability. Fight with Insight has developed 'Discipline with Dignity' - a boxing programme to replace detention at a prominent government high school in Johannesburg. The programme harnesses the physical and mental health benefits of exercise, as well as the developmental benefits of learning a martial art. By building confidence and focussing on what the child is capable of learning, it promotes the development of self-control and respect for self and others, following which young people can begin to understand their own behaviour, and take responsibility for their actions. This paper presents the rationale for replacing detention with boxing as a more restorative approach to assisting schools and young people with behavioural problems.



**Family dispute resolution:**

**Ananda Louw**

Ananda Louw is a principal state law advisor with the South African Law Reform Commission.

Divorce proceedings occur in South Africa in increasing volumes in accordance with mostly adversarial court procedures. Long court battles often cause harm to children and their relationships with their parents. Cases that are especially problematic are those where there are claims of violence or abuse, cases which have care and contact or care and protection issues, or cases that involve voluminous files or recurring litigation.

**Strategies for the abolition of corporal punishment:  
Legislative ban as a springboard to positive discipline**

**Ms. Isabel Magaya**

Isabel Magaya is a project co-ordinator at the Centre for Child Law at the University of Pretoria.

The reliance on corporal punishment and the values attached to it are deeply ingrained in South African society. It's been 22 years since laws banning the use of corporal punishment in public law settings came into effect but there is still high prevalence of corporal punishment being administered in schools across the country. It has been argued by some that the official ambivalence to the prohibition in schools by some teachers could be attributed to parental use and support of corporal punishment in the home. Bridging the home-school divide could be one way of disrupting the continued use of corporal punishment by some teachers in schools. Because corporal punishment is such an ingrained part of society, it has been difficult to shift people's attitudes towards the practice. Perhaps bridging the home-school nexus could pave way for complete abolition of corporal punishment in all settings including in the home.

This presentation seeks to devise an effective strategy for the abolition of corporal punishment in the home with the view that an explicit ban in law is one way of effectively protecting and enforcing children's rights against violent disciplinary measures. Because societal attitudes on the use and acceptability of punitive violence have been difficult to shift, this presentation will argue that an explicit ban of parental corporal punishment in law is a good place to start that also offers a good opportunity to engender attitudes respecting children's rights against corporal punishment. The presentation will also argue that once abolition in law is achieved it will provide new impetus to Government which will help usher in positive discipline and prevention and early intervention support services for parents who continue to use punitive violence.

Following the views of judge Keightly in a 2017 High Court ruling on parental corporal punishment, where she emphasised the fact that the intention [in abolishing parental corporal punishment] is not to charge parents with a crime and have mass prosecutions, but rather to guide and support parents in finding more positive and effective ways of disciplining children, this presentation will underscore the value of an explicit ban in the Children's Act more specifically. In the presentation I will discuss proposals of what a 'ban' in law should look like and the likely effect this will have on the parent-child relationship. The presentation will also discuss the most appropriate way of dealing with parents who use corporal punishment since it is generally agreed that criminalisation of parents is not in children's best interests. I will briefly cover arguments against State involvement in family life, particularly the undesirability of the State dictating to parents how to raise their children. Counter arguments will also be explored as a basis to support a legislative ban.

Court preparation is more about helping the child than winning the case

**Mrs Buyi Makhubela and Dr Shaheda Omar**

This workshop unpacks the court preparation process designed and implemented by the Teddy Bear Foundation. The programme is process orientated in that it provides support for the children and their families from the moment they enter the programme until finalization. The programme helps children cope in criminal courts proceedings.

The programme is based on the premise that it is essential to educate children about court proceedings to help alleviate anxiety, correct misperceptions, know their rights and ultimately improve the ability to testify. Children and families are provided with information to help identify the role players, where they are placed and what they do. The child is informed of court room etiquette, the rules applicable to witnesses, taking the oath and practicing question and answer skills. A Court orientation tour is recommended for every child and is done repeatedly whenever possible. The workshop will also outline creative strategies of court preparation including animal assisted interventions.



**The first 1000 days of life**  
**Dr Elmarie Malek**

Elmarie Malek is a Chief Paediatrician and Head of General Paediatric and Newborn Specialist Services at Tygerberg Academic Hospital and Senior Lecturer, Department of Paediatrics and Child Health of the University of Stellenbosch in Cape Town, South Africa. She currently serves as Chair of the Provincial Clinical Governance Committee for Paediatrics and Newborn and Child Health. She also chairs the Western Cape Provincial Strategic Goal 3 Working Group on Parent, Infant and Child Health and Wellness, which serves as a platform for facilitating intersectoral engagement and external partnerships for the Western Cape Province's 1st 1000 Days Initiative.

The first 1000 days of life is a scientifically proven critically sensitive period. Environmental influences in this period have profound intergenerational effects. Pregnant women in South Africa report high levels of exposure to violence during pregnancy and mothers report high rates of adverse childhood events. These data compel an intergenerational intervention approach to interrupt these continuous cycles. Parent support is a key component of the World Health Organisation's INSPIRE strategy towards violence prevention. The Western Cape Provincial 1<sup>st</sup> 1000 days Parent Support package is a development in collaboration between government sectors and partner organisations. Experience to date will be presented.



## **Treatment of Transgenerational Trauma Transfer with and without insight by the parent - case studies**

**Ms Antje Manfroni**

Antje is a clinical psychologist and has been working with children, adolescents and adults suffering from complex trauma, both in non-governmental organisations and in private practice for the past 15 years. During the past few years she has started to focus on transgenerational trauma as experienced both by children and their parents and the impact that community trauma has on this process.

Over the past few years a significant number of adolescents presented at my practice with severe yet idiosyncratic symptoms that did not seem to relate to their life experiences and personal history. Many of those symptoms appeared to be related to complex trauma. All patients had complex and often extremely enmeshed relationships with at least one of the parents who did have a history of complex trauma. I set out to try and understand how the symptoms were transferred from parent to child and how symptom relief could be achieved. My preliminary findings are that a willingness and ability of the parent/s to gain insight in their own trauma and to consider its impact on the child leads to a good treatment prognosis for the child. If the parent lacks the ability to develop insight or is highly defended or dissociated, the child tends to continue being the assigned symptom carrier and therapy for the child is often perceived as threatening for the parent and therefore terminated. I also found that the level of community traumatisation of the parent generation and prevalent (dys)functional community coping strategies correlate with the parents' engaging or avoidant approach.



## Identifying underlying adverse childhood experience typologies in the Birth to Twenty Plus Cohort: A latent class analysis

*Mrs Mercy Manyema, Prof Linda Richter*

Mercy Manyema is an early career public health researcher with experience in quantitative analysis and epidemiology. Her areas of interest include non-communicable disease prevention, childhood and adult obesity and early child development. She has worked on various projects in South Africa including evaluating the potential of fiscal policy to reduce non-communicable disease; a study to map the gaps between expert, stakeholder, and public understandings of early childhood development, and investigating breastfeeding trends for the past 50 years. Her PhD in Public Health focuses on the impact of adverse childhood events on young adult health and well-being.

Background: Adverse childhood experiences (ACEs) as described by the Kaiser Permanente Study Ace Study are common in both high and low-income settings. Evidence on the epidemiology and possibility of clustering of ACEs in low to income settings is scarce. ACEs have been linked to a wide range of non-communicable diseases and health risk behaviours. The objectives of this study were to: investigate how ACEs are interrelated, investigate the presence of underlying ACE typologies and determine if these latent groups can be differentiated by gender in a long-term birth cohort study in South Africa.

Methods: We conducted a cross-sectional analysis of data from the 2012 to 2013 wave of the Birth to Twenty Plus (Bt20+) Study, the longest running birth cohort in Africa to determine the co-occurrence of ACEs. Further exploration was conducted using exploratory factor analysis and latent class analysis (LCA) to investigate the presence of underlying latent groups and possible clustering.

Main results: The presence of most of the ACEs significantly increased the risk of experiencing others by up to two to eleven fold. The EFA revealed the evidence of clustering together of domestic violence and abuse and neglect variables. The LCA showed four possible underlying ACE classes.

Conclusion: ACEs are highly interrelated in this cohort. The presence of one ACE should elicit the search for more in the household environment. The presence of underlying typologies and the possibility of clustering of ACEs imply that the child not only suffers the direct effects of a particular ACE, but also of other ACEs that are potentiated or exacerbated by it. This clustering may be context specific therefore interventions for the prevention of ACEs need to be contextualized and involve the use of multiple strategies. Prevention strategies also need to provide support for families as well as communities.

## How safe do early adolescents feel in their school and community in low socio-economic neighbourhoods in Cape Town?

Suraya Mohamed

Suraya Mohamed\*, Diane Cooper, Lucia Knight, Hanani Tabana, Mamothena Mothupi and Ntobeko Nywagi

\* Presenting author

Background: The Global Early Adolescent Study (GEAS) is a 15 -country (including South Africa) international study. It is the first global study to explore the process of gender socialization in early adolescence, and how this process informs health and behavioural trajectories for boys and girls throughout adolescence and across contexts. Research has shown that lack of safety was cause for concern amongst school-going adolescents in low-income urban neighbourhoods in South Africa where the home, school and communities were described as threatening or unsafe. This presentation reports on the results of a larger than usual pilot study conducted in Cape Town. The survey focuses on the safety aspects in the community and at school as experienced/perceived by girls and boys.

Methods: The pilot study was conducted in two schools in low socio-economic urban communities in greater Cape Town. A quantitative questionnaire developed by the global GEAS research network was used as the data collection tool and included a 10-module health instrument. Pilot studies were conducted in all the study countries by means of an electronic survey amongst school learners. The questionnaire was uploaded onto tablets for self-administration by the learners but with research assistants present in case of any queries. Data collection took place after school hours at the respective schools.

A total number of 127 learners obtained caregiver consent and assented to participating in the study. Two thirds (82) were girls and one third (45) boys. A sizeable minority (37%) felt threatened or unsafe in school and their communities. Among those who felt threatened or unsafe within school, more girls (26%) than boys (18%) felt threatened and for girls this was mostly in the classroom and mostly from male classmates and other students (93%). The highest proportion of girls compared with no boys, felt unsafe from boys their own age. Twenty-three percent of girls who felt threatened in their communities responded that this was on their way to school compared with only 4% of boys. Among those who felt unsafe within their communities, both girls (42% and boys (49%) felt most threatened by gangsters; additionally, 8% of girls felt unsafe from drug dealers and 4% respectively from adults and traffic; Just over a quarter of boys while only 8% of girls reported carrying something with which to protect themselves. Of the overall sample, just under a third of boys and girls (29% and 27%) respectively were fearful that their parents or other adults might physically hurt them.

These results are from a pilot study and hence we cannot draw generalizable definitive conclusions. Nevertheless, this sample is larger than usual pilot studies, which test questions for relevance and understanding. It therefore does give an indication of the safety concerns of young adolescents within their schools and communities and hence contributes to the field of knowledge. The differences between boys and girls are striking in a number of instances. The findings on fear of gangsters and girls feeling unsafe when going to and from school is of great concern in these communities and has also been found in other studies. The findings on girls feeling unsafe from fellow male classmates in school is very disturbing as is the finding on fear of harm from parents and other adult adults who should be protecting them. This has implications for safety interventions. A quantitative study with a large sample of 1500 girl and boy early adolescents in 10 randomly selected schools in the greater Cape Town area will be conducted from July. The results of this study will provide conclusive evidence and factors influencing safety. These can be used to pave the way for greater contributions to effective safety interventions for adolescents in such communities.



**Family Strengthening: resilience, attachment and family preservation.**

**Danielle Moosajie, Robyn Jacobs**

Arise family centre

Poverty, lack of employment, poor quality education, drug and alcohol addiction, violence and gangsterism destroy local families in the community we work in on the Cape Flats. Yet, Arise refuses to accept that these common stories of failure are the only option, and we are committed to new stories of restored families, thriving children and transformation.

We believe that it is only through strengthening families that we will start to see lasting and sustainable change in our country. Resilience, attachment and family preservation are the the bedrock on which all our programmes are built and we believe that family strengthening needs to be the cornerstone of change built into every development programme across sectors. Our family strengthening work focuses on building resilience, deepening relationships, nurturing strengths, growing problem solving skills and developing a sense of belonging in all our families, regardless of how that family is formed. This brief presentation explores the various ways our NGO is strengthening families and urges listeners to consider their impact too. Because by strengthening families we strengthen communities.



**Preventing violence against children: complexities and complementarities: policies, strategies, resourcing and systems.**

**Sinah Moruane**

Sinah holds a master's degree in social work and an LLB, She is a child protection specialist at UNICEF and dedicates her life to the prevention of violence against children. Sinah is much loved and respected by her colleagues around the world.

Violence in South Africa affects a substantial proportion of children and is one of the fundamental barriers to national development and children's rights. A recent national prevalence survey found that around 1 in 3 of the approximately 19.5 million children in South Africa experience violence during their childhood. Reporting rates are much lower, with around 43,540 cases reported to the police in 2017, exacerbated by low prosecution rates. Sexual violence is widespread and often recurrent, with 40% of child survivors having experienced sexual violence more than once. Rates of other forms of violence are also high: 1 in 3 children reporting having been exposed to various forms of violence and 34% having been hit, beaten, or kicked by an adult. Violence has far reaching implications for children creating trauma and permanent scars. High levels of violence in South Africa is reported in schools, communities, churches and in homes which may go unreported for fear of exposing the family, stigma and reprisal by other family members.

Research has shown that children often behave violently after being exposed to intimate partner violence (IPV). In fact, when children are repeatedly exposed to acts of IPV, their ability to differentiate between violent acts and normal behavior is impacted negatively. As adults, these children tend to act on the internalized behavior that they previously witnessed, which, in turn lead to intergenerational cycle of violence. (Structural Determinants of Violence study).

What works to prevent violence in SA still need to be explored. Good legislative frameworks, evidence based interventions and well modelled systems are in place including the adversarial criminal justice system, yet high levels of violence concomitant with brutality persists. Government, civil society, private sector, media, academia, communities, traditional and religious leaders and need to connect and identify collective solutions to deal with the scourge of violence in SA. A well-coordinated, multifaceted approach informing policy, strategy and resourcing and cross cutting through the three layers of government is fundamental to ensure coherence, accountability and envisioned results. Prevention of violence and child trauma therefore calls for a multiplicity of well prioritized solutions, complementary in nature and anchored in originality and diversity of service beneficiaries.



**Homestart Uganda**  
**Charles Mugasa**

Home-Start Uganda is a voluntary organization in Uganda in which volunteers **offer regular support, friendship and practical help** to families with young children, in their own homes, helping to prevent family crisis and breakdown. Home-Start is available for any family with at least one child under 8 years of age. The organization trains parent volunteers who carry out regular home visits to support, care and offer practical help to child caregivers, to become their own communities' psychosocial support and anti-violence champions in families and communities. They are equipped with culturally relevant, somatic and art-based techniques that promote peace, resilience and self-care and wellbeing through integrated childcare focus areas.



## Discipline in Everyday Teaching (PDET)

*Divya R Naidoo, Mamahloli Masipa and Siphindile Ngcobo*

Divya Naidoo is the child protection programme manager at Save the Children South Africa and is an ardent activist for positive discipline.

Violence in the form of corporal punishment by parents and teachers, is exacerbated by a public, whose attitudes and beliefs are generally marked by a tolerance of corporal punishment against children, and acceptance that it cannot be prevented. Save the children has rolled out an integrated programme with the primary target groups being parents and educators as they spend most time with children. This workshop will outline the work of Save the Children's work with schools, lessons learnt and recommendations going forward, while also engaging participants in practical exercises from the Positive Discipline in Everyday Teaching (PDET) Model.



**Traumatic Experiences of Children in Emergencies: the Case of Chimanimani and Sipepa in Zimbabwe**  
**Dr Chamunogwa Nyoni, Dagobert Mureriwa, Francis Jaji and Judith Uze**

Chamunogwa Nyoni is a lecturer in the Department of Social Work at Bindura University of Science Education. He holds a DPhil (Sociology) and an MSc Population Studies. He is a researcher who has published immensely in the field of demography. He has worked in the field of development as monitoring and evaluation co-coordinator.

Zimbabwe is prone to natural disasters that have left a trail of damage to the country. Children and women rank among those mostly affected by natural disasters in Zimbabwe. Children are traumatized extensively in emergency processes and clearly are a particularly vulnerable group that has the right to be attended to first during the emergency in line with guidelines on emergencies. In emergencies, children's needs are not only limited to the basic survival issues such as shelter, water and food but also extend to emotional and psychological support. This research explored the traumatic experiences of children in emergencies with a special focus on natural climatic flooding events that affected the Sipepa community in Tsholotsho, Matabeleland North and the Chimanimani community in Mutare, Manicaland Province, Zimbabwe.

Employing a narrative research approach premised on the idea that listening to what children in crisis have to say is not only a moral and ethical responsibility for donor and humanitarian actors, but that it is also a humanitarian obligation (Save the Children 2015), the research reached out to one hundred and forty five children purposefully chosen on the basis of their experiences in floods and comprised of those in school as well as those out of school. The children revealed that the flooding emergencies that they have experienced have inflicted heavy psychological, emotional, social, and psychic burdens leaving them emotionally drained. The study further reveals that the emergencies have taken a toll on the children and their families with questions around death, separation and loss of parents and caregivers posing unanswered puzzles in their lives. The children reported an entrenched disruption of organized communal patterns of living that they have become accustomed to and a fear of death experiences which continually haunt them. Witnessed attack and victimization in camps coupled with images of their destroyed homes and economic livelihood ruins experienced have left the children very shaken. This research recommends that the treatment of child survivors in the acute aftermath of traumatic events is complex and certainly not a once off event as what happened in Zimbabwe. On the basis of the results, a call is made urgently identify secondary stressors that are still in operation as well as symptoms of re-experiencing trauma. Cognitive Behavior Therapy could be employed for children reporting heightened anxiety.



**The importance of good nutrition: Getting to the root of violence prevention for child protection in South Africa**  
**Dr Shaheda Omar<sup>2</sup>, Dr Frarida Mia<sup>2</sup>**

<sup>1</sup>Social Perspectives, Johannesburg, South Africa, <sup>2</sup>Teddy Bear Foundation, Johannesburg, South Africa

Shaheda Bibi Omar obtained a BA Social Work Honours, and Masters in Social Work (Mental Health). She is currently registered for a Doctorate in Social Work. Shaheda worked at the Johannesburg Institute for Social Services, Pedimed Clinic in Pretoria, Parktown School for Girls, Centre for HIV and AIDS Counselling at Medical Research Institute, Johannesburg Association for the Aged and Childline Gauteng. She has been working at The Teddy Bear Foundation since 2001 and is the Director.

South Africa has one of the highest rates of severe food insecurity in the world - estimated at 45.6% of the population in 2015 (UN Food and Agriculture Organisation). Concurrently, it has also been ranked as one of the most dangerous countries globally (Institute for Economics and Peace). There is a growing body of research that suggests that these two very different phenomena are related, with undernourishment being a causal factor in violence on socio-economic, psychological and neurological levels (Ledger, 2016). Despite mounting evidence for the links between malnutrition and an increased capacity for aggressive behaviour, there is limited advocacy for the development of violence prevention programmes that target malnutrition in early childhood development as a root cause of the levels of violence in our society. Through a comprehensive review of the academic and grey literature, this presentation aims to present findings that highlight the nature and extent of the link between malnutrition and violence. The review is expected to provide insights that locate malnutrition at the very heart of some of the most significant social crime prevention challenges that we face, and provide strong recommendations for programmes addressing malnutrition as a root cause of violence in South Africa.



**Collaboration, Participatory Design and the (Expressive) Street Arts between Youth patients, Clinical Staff and Street Artists: collaborative voice amplification for social transformation and youth-for-youth engagement in a psychiatric hospital in the Western Cape**

**Nabeel Petersen**

The Arting Health for Impact project, funded by the Wellcome Trust, had various interrelated outcomes: (1) improved relationships and participatory sharing between young in- and out-patients, clinical staff and street artists, (2) increased local community understanding of the lived experiences of mental illness for young people, (3) more inclusive, participatory knowledge production processes that increase public understanding of mental illness in South Africa and the region, (4) exploring potentials for participatory design of mental health and arts-based engagement steered by this collective and, (5) explore international collaboration by advocating for this approach between and across 3 countries, i.e. South Africa, India and Botswana .

The project attempted, by means of advocating for a participatory, inclusive and responsive approach in its design, to shift narratives around mental health through people-centred research, knowledge production and sharing. The project adopted a storytelling, participatory visual and expressive arts-based, inclusive engagement model developed by Wellcome Public Engagement fellow Nabeel Petersen. An immediate tangible result of this youth- or people-centred approach to engagement included the participatory design of a large participatory public mural as an engagement tool on the premises of Lenteguur Psychiatric Hospital presented at an Engagement Festival developed in equitable collaboration between all parties. This approach and overall engagement programme, steered by youth patients secured an audience of approximately 400 persons, in comparison to prior attempts by the Hospital which secured a maximum of 15 persons, and managed to present engagement and learning in a means that was community-response, -relevant and -sensitive.

**Making Child Protection "FUN" and "EASY"? The power of humour and rhyme to normalise child protection conversations between children, parents, carers and educators.**

**Mr Rod Power<sup>1</sup>, Ms Kate Power**

Co-authors of best-selling child protection books, Kate Power is a former police officer, mother of three and magical illustrator. Her husband Rod is an expert in accelerated learning and ridiculous rhyme. Together they have created a new approach to protecting vulnerable children, which engages and involves kids, parents, carers and educators alike. They live in Sydney, Australia and are currently working with The Teddy Bear Clinic in RSA to bring their work into African context.

There's a massive barrier in our efforts to reduce child abuse rates – the taboo nature of the topic and resulting societal attitudes towards discussing it with young children.

Most parents, carers and educators do not have the vocabulary to express themselves constructively regarding child abuse, and our adult attitudes towards the subject are often emotionally charged. Because of this, educating our children easily falls through the gaps of the thousand other priorities caregivers are concerned about. Research has shown that not enough parents, carers and educators feel equipped to address the issue constructively, which adds to the culture of silence – the preferred operating conditions for perpetrators. But an Australian couple – a former police officer and an accelerated learning expert – have created the antidote. After success in Australia and the UK they are now bringing their findings to Africa. Not only is their solution effective, it has the potential to create new revenue streams for child protection agencies. Come and hear how we can create a new generation of children who have been taught safety lessons they remember and apply for life.





## Interventions for children under 14 who show problem pornography use.

Marita Rademeyer

Marita is a clinical psychologist and chairman of Jelly Beanz. She has been in practise for 26 years and has developed training materials for mental health professionals and intervention programmes for children and families who have experienced trauma and abuse. Marita and Edith are co-authors of “Voices of Hope” and “Our bodies”. Marita’s passion is delivering direct therapeutic services to children and families.

Exposure to pornography amongst South African children appears to be on the increase. The youth research unit at BMR UNISA found that 48.4% learners who partook in their study, searched intentionally for online pornography, many on a daily basis. The use of pornography by young children is thought to contribute to early sexual debut, sexual exploitation of other children, lack of sleep, depression and other negative outcomes. This presentation explores interventions for children under the age of 14 who show problem pornography use. The importance of situational prevention and software options is discussed and the role of attachment based interventions for caregivers and children is explored. A call is made for wider advocacy on the harms of children’s exposure to pornography as well as active involvement of schools and communities in preventing exposure.



## Isipho seThemba: South African psycho-social aftercare programme for children who have been sexually abused and their caregivers

Marita Rademeyer

The sexual abuse of children in South Africa is taking on epidemic proportions. The Optimus foundation found that one in three South African children have experienced some form of sexual abuse before age 17. Boys are abused at the same rate as girls, although experiences of abuse may differ. Most children who have been sexually abused have also suffered other forms of abuse, neglect, poverty or deprivation.

The support of a parent/caregiver is critical in the long term mental health and physical outcomes for children who have been sexually abused. This role becomes even more pronounced in a country such as South Africa, where children and families have limited access to state mental health services and medico-legal services. Unfortunately support for caregivers of children who have been sexually abused, has been found to be mostly non-existent.

This presentation explores an intervention (Isipho seThemba, which means a 'gift of hope' in Zulu, one of the official languages of South Africa) designed by a multidisciplinary team. The programme is aimed at assisting the parents/caregivers of children who have been sexually abused to experience personal relief of trauma as well as to strengthen their coping skills to respond to the child's trauma. The recovery of the individual child is concurrently addressed and the groundwork is laid for the prevention of re-victimization of the child. The programme is being piloted in three rural areas in South Africa namely Gert Sibanda (Mpumalanga province), Harry Gwala (Kwa-Zulu Natal province) and Umkhanyakude (Kwa-Zulu Natal province) where families have limited access to services. A qualitative research design is being employed to assess the efficacy of the programme. The development of the programme has been funded by The Foundation for Professional Development (FPD).



## Scholar transport and the skorokoros - road crashes as an under-recognized form of violence against children in South Africa

Dr Lee Randall

As an occupational therapist with over 30 years' experience, Lee Randall has worked with numerous people with injuries and disabilities - many of them having been involved in road crashes. She obtained a Master's degree in occupational therapy in Boston in 1990 (funded by a Fulbright Fellowship) and has recently completed a bioethics PhD study of road safety in the Johannesburg minibus taxi industry. She spearheads the Road Heroes road safety advocacy campaign which aims to engage civil society and government in dialogue and action in relation to reducing road crashes, injuries, disabilities and deaths.

South Africa has some of the deadliest roads in the world, with 26 people out of every 100,000 dying in road crashes while the global average is 17 per 100,000. Indeed, aspirational countries have death rates below 5 per 100,000 people. In my PhD thesis – “Coffins on Wheels: a bioethical study of work conditions, driver behaviour and road safety in the Johannesburg minibus taxi industry” – I argue that for multiple reasons our road traffic system is in fact crashogenic, ie. likely to cause road crashes. Vulnerable road users like children are particularly at risk of death, injury and disability and this is most apparent in relation to unsafe mobility modes used by poor children. The dominant mode available to children who live beyond a reasonable walking distance to school, and whose parents cannot afford private vehicles, consists of elderly and defective scholar transport vehicles, frequently referred to as skorokoros.

There are numerous instances of overloading and reckless driving, with some crashes injuring or killing multiple children simultaneously, but the private operators receive government subsidies and the industry is hotly contested as a source of income and jobs. Given that numerous children travel to and from school every day in patently unsafe conditions, it is unsurprising that road crashes are the leading cause of death for South Africans aged 5-29.

Our Constitution and Bill of Rights make it clear that children's best interests should be paramount, yet this is not manifested in relation to informal public transport (paratransit) in general, or scholar transport in particular. Based on my PhD research I have argued that the minibus taxi industry operates in a contra-constitutional manner, infringing the human rights of drivers, passengers and other road users. In several important respects this argument can be logically extended to scholar transport. For instance, our laws and traffic authorities condone the use of scholar transport vehicles which are up to 12 years old, despite these being non-compliant with at least two of five critical road safety factors. These factors include speed control, prevention of drink-driving and use of motorcycle helmets, seatbelts and child-restraints and were identified via exhaustive research during the UN Global Decade of Action for Road Safety 2011-2020 (to which South Africa is a signatory). The absence of seatbelts and child restraints in most scholar transport vehicles is blatantly non-compliant with international best practice, and adversely affects the very group which our Constitution recognizes as requiring extra protection. Inadequate road safety awareness amongst parents, poor coverage of road safety in the school curriculum and a lack of safe and affordable alternative transit options combine to lock families into a dangerous situation in which children are at daily risk of death and violent injury. Those same children often lack access to proper treatment and rehabilitation services and, after road crashes, must rely on the ailing public health sector and slow, cumbersome Road Accident Fund claims – placing a burden on their families and potentially leaving them with lifelong disabilities. The situation is compounded by poor government oversight in relation to scholar transport, with a lack of problem-reporting options and unclear ownership of the situation. For instance, there is little or no intersectoral collaboration between the Departments of Transport, Education, Health and Justice when it comes to addressing road crashes and scholar transport.

Road safety advocacy has been documented as a legitimate role for health practitioners, who typically interact with numerous road users including children, parents and drivers. The recently launched Road Heroes campaign offers a way for civil society to engage government around specific road safety concerns, via petitions, participatory democracy projects (PDPs), road safety advocacy workshops, training on the Safe System road safety paradigm, publicising of our National Road Safety Strategy 2016-2030, and highlighting of the road safety components of our National Development Plan as well as the UN Sustainable Development Goals (SDGs). This could provide a mechanism to mobilise stakeholders around the unacceptable public health crisis associated with our youngest citizens resorting to skorokoros to travel to and from school.

## **Adolescent Reports of Experiencing Gender Based Violence: Findings from a cross-sectional survey from schools in a South African city**

Prof. Shahana Rasool

Shahana Rasool is a Rhodes Scholar with a Masters and Doctorate from the University of Oxford, Department of Social Policy. She is currently Associate Professor/Head of the Social work department, University of Johannesburg(UJ). Her research considers help-seeking after domestic violence, adolescent gender attitudes and exposure to gender based violence. Shahana is chair of the Southern African Journal for Social Work and Social Development. She is Vice President of Association for Schools of Social Work in Africa(ASSWA), and Africa representative for the International Association of Schools of Social Work(IASSW). Shahana is chair of the International conference on Gender and Sexuality

The aim of this paper is to describe adolescent reports of gender based violence (GBV) based on a cross-sectional survey conducted with grade 8 boys and girls in high schools. Self-completed paper based surveys were implemented with 1756 adolescents in 24 Johannesburg high schools in 2012 and with 2202 adolescents based at 30 Johannesburg high schools in 2013. Consent was required from both parents and learner in order for learners to participate. The results show high levels of GBV among adolescents, though fewer adolescents reported in 2013 than 2012. Boys were significantly more likely than girls to report experiencing all types of GBV, except for three physical GBV indicators in 2013. A specific indicator asked about rape and threats of rape. Whilst these figures were lower than asking about specific incidents of sexual violence, rates of rape were still between 8-11 %. The majority of perpetrators of rape and threats of rape were male. Adolescents were more likely to report experiences to family and friends, rather than authorities. Although a quarter of perpetrators were strangers, more were known to the victim. Findings suggest that adolescents are experiencing high levels of GBV from those known to them. Hence, there is a need for more accessible options for reporting and supporting adolescents to deal with these experiences, such as social workers in schools. Intervention and prevention strategies to deal with GBV are urgently required in the school context with both boys and girls as part of the curriculum.



## Rethinking Child Offenders and Existing Interventions

Dr Heidi Sauls

Heidi Sauls, Ph.D. Western Cape Department of Social Development

In 2016, the Western Cape Department of Social Development undertook an evaluation of the diversion programme for young offenders. The request for the evaluation was based on DSD Social Crime Prevention Programme's concerns that: there appears to be a reduction in the diversion of young children, who are in conflict with the law and; child offenders, who were participating in the diversion programmes, were not completing the diversion programmes. Based on this, the DSD Research Unit was requested to evaluate the diversion programme for child offenders between the ages of 12 – 17 years.

This evaluation was divided into two phases: the first phase was a process evaluation; evaluating the expected and actual implementation of the diversion programme for child offenders. The second phase explored the extent of and factors contributing to children reoffending, post-diversion.

Based on Phase 2 of the evaluation (2018), child divertees shared their day-to-day experiences in the different social and physical spaces that they navigate. The evaluation revealed the extent and nature of the boys' vulnerability. Through semi-structured interviews and focus group discussions, the boys' narratives disclosed their own experiences of and vulnerability to victimhood and violence in the private and public spheres in which they engage. Basically, the evaluation highlighted that the male child offenders are not unscathed by violence; also, these young boys are not merely perpetrators but victims of violence.

Several interventions are available to child offenders. However, the existing interventions are limited as it appears to overlook the male child's vulnerability to and experiences of violence. Existing interventions do not extensively reflect and respond to the male child offender's victimhood and trauma. This presentation therefore hopes to encourage a discussion on the employment of an approach that identifies and responds to the male child offenders' vulnerability and victimhood.



## **Strengthening Protection of Women and Children through National Integrated Case Management System: A Case of selected Councils of Mainland Tanzania**

**Mr. Pantaleon Shoki**

Mr. Pantaleon Shoki is an expert in Monitoring and Evaluation, Reporting and Learning; trained as a Social Sector Analyst under the World Bank's IDF grant. Mr. Shoki has held various positions and responsibilities with different international and local organizations in Tanzania. Between 1993 and 1998, the World Bank engaged Mr. Shoki into different research projects from being a supervisor to a full consultant in Tanzania. Mr. Shoki is currently serving as the Monitoring, Evaluation, Reporting and Learning Advisor at John Snow Inc.'s USAID funded Community Health System and Social Welfare System Strengthening Program in Tanzania.

Violence against Children (VAC) is on the rise within the East and greater Horn of Africa. Nearly 3 out of every 10 girls and nearly 3 out of every 20 boys in Tanzania claim to have experienced sexual violence. Almost three-quarters of girls and boys questioned had experienced physical violence before the age of 18 at the hand of an adult or an intimate partner. Around 25% had been subjected to emotional abuse by an adult during childhood. (VAC study 2011).

Moreover, In Tanzania, almost four in ten women have experienced physical violence, and one in five women report experiencing sexual violence in their lifetime (from the age of 15).<sup>16</sup> Spousal abuse, both sexual and physical, is even higher (44%) for married women. According to the 2010 Demographic Health Survey, 39 percent of women age 15-49 have ever experienced physical violence since age 15 and almost one-third of women (33%) aged 15-49 experienced physical violence in the 12 months prior to the survey. Women's experiences of violence cuts across sociodemographic factors and the rates of physical, sexual, and psychological violence were higher in rural areas and among the less educated.

The Community Health and Social Welfare Systems Strengthening Program (CHSSP) is implementing National Integrated Case Management System (NICMS) which outlines a harmonized, standardized, and systematic structure for the care and protection of vulnerable children and their families, aiming at improving access to and integration of protection, social welfare, and health services for MVC, including HIV continuum of care services. CHSSP is also implementing National Plan of Action to End Violence against Women and Children (NPA-VAWC) which was launched by the Government of Tanzania in 2017. The plan guides the coordination of committees responsible for overseeing the protection of women and children at all levels by reinforcing the government's commitment to eliminate violence against women and children.

To strengthen structures for protection of women and children, CHSSP incorporated the National Integrated Case Management System (NICMS) framework into the NPA-VAWC training package to ensure comprehensive guidance on identification, coordination, management, and referral of all categories of orphans and vulnerable children/most vulnerable children (OVC/MVC) and adolescents at risk of HIV exposure.

The NICMS aims to connect and coordinate all service providers working with children across the different sectors of HIV/health, protection, and social welfare. Since the launch of NICMS, Violence against women and children (VAWC) protection committees have been established in 63 councils and supported the completion of referrals for most vulnerable children and their families to appropriate services.

CHSSP has trained 15,560 Community Case workers (CCWs) who are community volunteers to strengthen and expand the social welfare workforce at the community level in case management for every 20 OVC across the targeted councils. More than 730,000 most vulnerable children and their families have been identified, while more than 44,500 MVC have been referred and linking to the necessary services.

Structural configurations for the social protection systems under the Local Government Authorities are cornerstone for a comprehensive guidance on the identification, coordination, management, and referral of all categories of most-vulnerable children. Linking the NICMS with the NPA-VAWC is significantly contributing to achieving the 90-90-90 goals by comprehensively identifying children, victims of abuse and violence, and other people who are at high risk of HIV infection and linking them to social protection systems.

**Discipline 101- from the Silent Generation to the Millennials. What should parental authority mean to today's child?**  
**Adv Veerash Srikison**

Veerash Srikison is an admitted advocate since 2003 and the founder and director at Fair Practice Mediation and Negotiation Consultancy (Pty) Ltd based in Johannesburg, South Africa. Her ADR qualifications include being an internationally accredited mediator by CEDR(UK) and in South Africa by ACDS (University of Stellenbosch). She is also a cum laude graduate of the Arbitration Foundation of South Africa (AFSA – University of Pretoria) in mediation, arbitration and negotiation. Veerash is a trustee of Matla A Bana - A Voice Against Child Abuse, and works closely with the SAPS in volunteering her time to assist when needed.

Online parenting portals and academic researchers have viewed the ongoing debate, on whether physically disciplining a child should be at the “hands” of the parent, as either being an archaic and abusive manner in which to address a child's behaviour, while the other advocates that sparing the rod means spoiling the child. The defence of reasonable chastisement for having committed corporal punishment in the home has been given a restricted interpretation and most notably come under debate in the Constitutional Court. This presentation will address discipline as seen through the generations and has provided in a broader understanding of the authoritative parent versus the authoritarian parent. It will focus on how each parenting style can influence the child's understanding of conflict management as they develop. To fully understand the impact the two parenting styles have on a child, the differing communication methods each parenting style uses and the consequences, either positive or negative, thereof on the child will be examined.

This presentation will further provide ways in which the skills of negotiation and communication, which adults are presumed to know, ensures that parental authority remains the focus of a parent's duty to constructively navigate through a child's developmental stage while experiencing emotional setbacks that come with raising a child. The aim of this presentation will be to illustrate the impact a parenting style has on a child, that children are more receptive to authority that heeds to their rights, while giving the audience an informed view of the power and control a parent regardless of age, wields when they engage in disciplinary action. This topic will provide a reflective and introspective split-second journey that each person should undergo at that moment when disciplining a child becomes a necessity by exploring the thought processes and communication that occurs between parent and child in that instance.



## **The Enneagram as therapeutic model to assist with identity formation in African teenagers.**

**Ena Theron**

Ena is a counselling psychologist in private practise. She is currently working on her PhD.

Psychology as a science was developed in an individualistic and rational framework of Western thought. Despite globalization and the movement of decolonization, few models of psychotherapy have been developed or adjusted to cater for the needs of the African population. Unlike Euro-Western psychology—in which the psychological and the spiritual are separate domains and the spiritual dimension is often ignored—the African belief system stresses that the psyche and the spirit are one (Mbiti, 1990; Nobles, 1991). Furthermore, according to Nobles (1991) European ethos rest on the principle of individual survival which is based on the survival of the fittest according to evolution theory, and on the divine commandment of Judaeo-Christian origin to control and rule nature. Viljoen (Meyer, Moore and Viljoen, 2003) reasons that these two principles give rise to values such as competition, individual rights, autonomy, individuality, uniqueness, responsibility for oneself and individual differences. In personality theories these principles are expressed in concepts such as ego of I-identity of self-concept and self-realisation or self-actualisation. This stands in opposition to the African ethos that value the survival of the community and union with nature. These principals give rise to values that centre on co-operation, interdependence and collective responsibility. Psychological modalities of behaviour that would fit these attributes are communality, group orientation and agreement. The negation by Africans of a unique identity is shared by the Eastern Perspective and by post-modern views. Post- modern views place emphasis on the transcendence of ego and underplay the importance of ego-identity (Meyer, Moore and Viljoen, 2003). According to

The author wants to propose the Enneagram as a possible model to assist with the identity formation of African teenagers. The Enneagram model considers the wellness of humanity beyond a dominant Eurocentric subset. The Enneagram is rooted in Eastern philosophy and allow for the integration of spirituality and transcendence of ego that affirm a spiritual identity. Research has proven the Enneagram an effective model for the advancement of ego development (Daniels, 2018). The Enneagram allow for a group therapy approach that is not just cost effective, but also address the collective way of being of the African person.





## **Minimizing Risk in Alternative Care Workshop**

**Eddie Thesen , Kathy Scott**

National Association of Child Care Workers NACCW

According to the South African Children's Act, alternative care refers to a temporary safe care, foster care or a child and youth care centre. The reasons for placement in alternative care include, uncontrollable behaviour of the child; a child living or working on the street; drug addiction and dependence by the child; exploitation; maltreatment or being exposed to conditions that place the child's physical, emotional, social and cognitive development at risk due to parental neglect or abuse.

Children placed in alternative care often display challenging behaviour that may include aggression towards carers and other children, self-injury, property destruction, oppositional behaviour, and withdrawn and/or inappropriate behaviour. The people that support these children include foster parents, child and youth care workers and others who provide temporary in safe care. Child and youth care workers have been faced with an array of challenges with regard to the discipline of children in child and youth care centres. There is also risk in contributing to secondary abuse, either physically or emotionally, by the carers facing challenging behaviour from children. The carers and child and youth care workers may not necessarily be equipped with the skills (other than punishment) in order to manage the behaviour of children in their care and thus place themselves and the children at risk of harm.

This workshop will explore with participants the following elements to be incorporated or strengthened in the training of carers to minimize the risk of harm for children and the carers themselves. These elements include understanding behaviour, behavioural support principles, skills in communication and self-awareness of the caregiver, which is at present included in the Further Education and Training Certificate (FETC) in Child and Youth Care. Further specialised training may also support carers with engaging children displaying challenging behaviours. Lastly, supervision of carers in the use of these elements as well as good multi-disciplinary teamwork allows for minimizing the risk of harm for children and the carers.

**Inter-sectoral partnership is key: The processes in conducting African-centred child-centric research on child sexual trauma for academic purposes**

**Neziswa Titi**

Neziswa Titi is a Research Psychologist based at the South African Medical Research Council and University of South Africa's Violence, Injury and Peace Research Unit and a Doctoral Candidate for UNISA. Her PhD seeks to understand child sexual trauma using Afrocentric child-centric research methods with the aim to inform the development of an African-centered child-centric psychological conceptual tool for the formulation of psycho-social interventions that address child sexual violence related trauma. Neziswa is part of the iBali Network which is a collective of scholars, activists and research practitioners working across Africa on issues of exclusion.

Academic research that aims to generate the life-stories of children aged 9 to 11 years old who have experienced sexual trauma requires intersectoral partnership to find solutions that will advance interventions directed at child sexual trauma in our country. Researchers, students, child welfare organisations, child protection services as well other institutions whether in the public or private sector need to work together to advance care and support for children dealing with sexual trauma. The processes involved in the research, the successes, challenges and failures are influenced by how different sectors work together. This workshop will discuss issues pertaining to academic research for degree purposes.

I will give participants a run through of the ethics application and clearance processes as required by academic institutions, issues pertaining to obtaining buy-in from welfare organisations in order to work with children in their care, the recruitment and data collection processes, data collection time-lines, the role and the limitations of the researcher, and what a partnership with organisations looks like. I will also share some key lessons I have learnt during my field work for my PhD project that aims to understand how children make meaning of sexual trauma. Finally, the workshop will create a space for thinking about ways that can make doing research with children beneficial for children and a profitable experience for all role-players.



**Children, migration and the law: unaccompanied and separated foreign children in South Africa - a presentation and reflection on their particular protection and care needs**

**Sindiswe Moyo & Giulia Treves**

The Scalabrini Centre and Lawrence House presentation focuses on the challenges faced by unaccompanied and separated foreign minors, to open up a discussion regarding barriers and particular care needs and recommendations to improve service delivery.

Unaccompanied foreign children are particularly vulnerable, since they have no caregiver in South Africa and extremely limited options in terms of documentation. The number, demographics and circumstances of unaccompanied and separated foreign children (or Unaccompanied and Separated Migrants – UASM) living in South Africa are unknown, or seldom reported on with accurate statistics.

A survey conducted by the Scalabrini Centre in the Western Cape Province on foreign children placed in Child and Youth Care Centers across the province indicated that 4% of the children were migrants. A similar survey was conducted in Gauteng and Limpopo provinces. It was found that one of the main challenges that these children face is a lack of identification documentation and appropriate legal status. Without valid legal status it is becoming more challenging for unaccompanied and separated children to access services especially access to education. Documentation is central to an individual's ability to exercise basic human rights.

An often under estimated and insufficiently considered aspect of the challenges faced by migrant children and youth is that of the impact of trauma on their development and more general the incidence of mental health conditions in these young people. As a residential service, Lawrence House offers holistic programmes to respond to the needs of children placed in alternative care who display behavioural challenges due to mental health conditions, in particular of children having experienced trauma. The complex realities of these young people mean that many have experienced fracturing, loss, abandonment and violence. In addition for many young people with migration-related experience in South Africa, their sense of self, their history and identity has been dislocated from the bonds, ties and reference points that positioned them in their society.

Through our contribution we aim at raising awareness on the particular vulnerability of migrant children and seek to equip conference participants with guidelines on best practises and knowledge to uphold these children's rights.



## Growing up on the streets: creating street citizenship practices through research and knowledge exchange in three African cities

Lorraine Van Blerk

Lorraine van Blerk is Professor of Human Geography at the University of Dundee. Her research focuses on issues of social justice and social change, particularly for the lives of young people including refugees, young people living on the streets and those experiencing poverty and exclusion in a range of urban and rural contexts. Her paper draws on the longitudinal project Growing Up On The Streets. She is co-editor of the Taylor and Francis International Journal Children's Geographies and has published widely in international journals and books in this area, including co-authoring the Routledge paperback Children, Youth and the City.

Young people constitute a significant proportion of global populations. In Africa 60 percent of the population are below 25 years, with young people disproportionately affected by extreme poverty. With poor prospects for adult life, youth are marginalized in the contexts of civil war, political tensions, environmental crises, as well as protracted conditions of poverty. Youth may also face disenfranchisement and exclusion from citizenship practices. There is an ever present need to understand the realities for such young people, to learn from their experiences, and to enable their voices to influence policy and practice.

This paper draws on co-produced longitudinal research comprising ethnographic interviews and focus groups, and knowledge exchange workshops across three diverse African cities: Accra, Ghana; Harare, Zimbabwe and Bukavu, DRC. Drawing on the work of Sen, the research employed a capabilities framework, working with young people to highlight their unique skills and qualities despite their lack of access to services and rights as they live life growing up on the streets. In each city six street-living young researchers gave weekly ethnographic reports of their friendship networks and communities over three years from 2013-2016. A series of 198 focus groups covering 11 topics (66 per city) engaged a wider group of over 500 young people to discuss issues including housing, health, food and earnings. Following data collection, the young researchers also engaged in knowledge exchange training and workshops for presenting their own perspectives to policymakers and practitioners.

The research shows that street-living young people create diverse strategies that facilitate our understanding of the precariousness of life, the available opportunities, difficulties faced and trauma experienced. Their capabilities and resilience are shaped by their unique life contexts. The paper develops a potentially powerful concept – of 'street citizenship' discussing how, when denied formal status, rights and spaces to be citizens, young people on the streets forge informal, alternative forms, practices and spaces for their own version of citizenship. The paper ends by offering insight into strategies for enabling young people to shape their own lives and communities and provides approaches for practitioners seeking to employ young people's citizenship practices in practice.



## **Evidence based practice in dealing with childhood trauma: an ethical obligation**

**Prof Esme van Rensburg**

Prof van Rensburg is a professor in Psychology at the North West University (Potchefstroom campus) where she lectures child psychology, child psychopathology, psychotherapy with children and ethics. She has published 31 articles in international journals and has done presentations at 28 international conferences. She is also a guest lecturer at the Vrije University of Amsterdam. 88 Masters' and PhD students have completed their research under her guidance. She has been in private practice for 35 years where she only works with children.

The need for evidence based intervention and evidence based practice is emphasized across different professions. When dealing with trauma in children, it is of paramount importance that the intervention should be effective, as well as appropriate for the specific client. Yet, health care professionals assume that when research has been done regarding a certain topic or intervention, that automatically proves that it is “evidence based”. Research has shown that often professionals do not know the difference between evidence based interventions, versus evidence based practice. The aim of this presentation will be to demonstrate the difference between evidence-based interventions versus evidence based practice. The aim of evidence based practice is to enhance the quality of service, to increase accountability, to be cost effective and to enhance quality of life. Furthermore, evidence based practice should be underpinned by ethical principles. Evidence based practice will be contextualized within the framework of ethical principles of justice, equality, respect for the child, truthfulness, autonomy and the best interest of the child. The difference between techniques versus principles in working with children with trauma from an evidence-based perspective will be discussed.



## The Specialised Behaviour Management Program

### Mrs Nicolette Vigeland

Nicolette Vigeland has her Honours in Psychology from Stellenbosch University. She has a passion for working with children and young people and has been doing so for 20 years. She has seen the change that community intervention can bring about in the lives of young people and families and this is where her passion lies. She currently works as Program Manager running the Specialized Behaviour Management Program at Leliebloem House.

This program provides holistic therapeutic intervention to adolescents and families to prevent school drop out and statutory intervention. She is currently pursuing her Masters in Social Development.

The Specialised Behaviour Management Program was designed in 2011 to look at problems usually found unmanageable or referred to child and family psychiatric units, in a more holistic way. Leliebloem House was approached by the Department of Social Development to pilot this project. The program is for adolescents who are: 13 - 18 year old; reside in the Athlone/ Wynberg Districts, show signs of Conduct/ Oppositional Defiant Disorder. It is a Primary Early Intervention Program, therapeutic by nature and focusses on family preservation. Adolescents and families are given tools and skills to better manage these behaviours and improve family functioning.

The program is in its 9<sup>th</sup> year. Thus far it has been successful in bring about change in the lives of adolescents aged 13-18 and reducing the signs of Oppositional Defiant Disorder and Conduct Disorder and preventing the necessity of Statutory intervention.

Intervention is done through family sessions, home visits, parenting workshops, individual and school sessions. We have noticed the changes that take place. Children are less aggressive, stop stealing, attend school daily and do their school work. Parents understand the development of their child better, use the tools given to assist their child and better discipline is in place. This takes time, requires the involvement of all role players and means that underlying and contributing factors are dealt with successfully.

Sadly, this project has yet to be rolled out. We received 50 referrals in 2018-2019 alone. We deal with 10 adolescents and their families a year and therefore are overwhelmed by so many referrals. Some referrals were out of our District and therefore we could not intervene. In 2018-2019, 34% of our referrals were from the Manenberg area, 20% from Hanover Park, 18% from greater Athlone. 76% of these referrals were male and 24% female. Ages of those referred were between 7 and 18 year old. 46% were referrals received from schools, 30% from NGO's, Community based organisations and Government departments and 24% from family members. As can be seen, there is an awareness of the program and a great need for it to be researched and rolled out.

## Early Childhood Development practices from the perspective of caregivers in Ga-Dikgale community

Ms Michelle Walford

Michelle Walford is a development specialist with a background in rural development and public health. She is passionate about impact-driven development and focuses on Theory of Change and Monitoring and Evaluation. Early Childhood Development (ECD) practices can shape the outcome of a child's life into adulthood, and caregivers are key in ensuring that proper ECD care is provided. Following the principles of Self-Efficacy Theory as a theoretical framework, the caregivers' perceptions of the care provided can affect the development outcomes of the children in their care.

This was a qualitative study that used Focus Group Discussions (FGDs) and facility-level questionnaires to explore the current ECD practices in the Ga-Dikgale community, Limpopo, from the perspective of the caregivers who provide ECD services. Quantitative data were also collected to give context to the study, through facilitated questionnaires. This research sought to explore how the caregivers at ECD facilities in Ga-Dikgale perceive ECD practices in Ga-Dikgale. The aim of the research was to explore the perceptions of caregivers working at ECD facilities with regard to ECD practices in Ga-Dikgale.

The study included 32 facilitated interviews with a representative of each ECD facility, and five FGDs with a total of 33 participants. Qualitative data were collected through FGDs and analysed using MaxQDA. Quantitative data were collected on both a facility and participant level to complement the qualitative data and provide context to the responses from the FGDs. The Quantitative data were analysed using Excel.

The deductive themes from the study included: defining ECD; the importance of ECD; ECD activities; ECD infrastructure and equipment; ECD priorities for providing care; and community engagement. The following inductive themes emerged: caregivers' personal lives; relationships with stakeholders; and the needs and requirements for the respective ECD facilities. The results show that experiences vary across the participants with regard to community support and their relationship with stakeholders.

The respondents recognise the importance of ECD in the shorter term, for school readiness and child protection. While a loving and nurturing environment is provided, respondents do not appear to recognise the importance of their own roles in the development of the children in their care. There is a consistent focus on areas of concern or lacking as opposed to the importance of the work being done. A lower sense of self-efficacy among caregivers may have adverse effects on the development outcomes of the children in their care.



## PROTECTIVE BEHAVIOURS ABSTRACT

Hayley Walker

Protective Behaviours (PB) is a practical, empowering approach to personal safety. This is achieved by recognising our personal concept of safety, trusting our intuitive feelings (early warning signs) that tell us when we are feeling unsafe and developing strategies for self-protection. The Protective Behaviours process links safety with fun and excitement and an adventurous approach to life.

The first theme 'We all have the right to feel safe all the time' incorporates the concepts of 'Rights and Responsibilities', 'Safety' and 'Early Warning Signs'. The second theme 'There is nothing so awful, or too small, we can't talk about it with someone' develops the concept of personal 'Networks' of support. A more recent version of the second theme 'We can talk with someone about anything, no matter what it is' is a simpler sentence and suggests a positive 'We can talk' message about networking, consistent with the PB process.

The seven 'Strategies' of Protective Behaviours are intended to enable us to take necessary action to feel safe again. They are designed to reinforce the two themes of Protective Behaviours, use one-step-removed approaches in our search for solutions, review our personal networks to ensure they are reliable, use persistence in taking necessary action to feel safe again, risk on purpose as needed, protectively interrupt in unsafe or potentially unsafe situations and observe the language of safety for ourselves and with others.

The Language of Safety has been described as the glue that holds the PB process together. It encourages us to be mindful of the 'Quality' of the language we use, ensuring that we have 'Shared Meaning', taking 'Ownership' of our language and maintaining 'Clarity' in our verbal and non-verbal communication.

In this way the PB process can increase our self-confidence and empower us to enhance our own thinking and problem solving skills. In turn this can increase our ability to take protective action on our own behalf, and seek the support of others when needed, to help us feel safe again. When we are feeling safe we are more likely to feel confident, strong and empowered, engage in adventures and live life to the full within a framework of safety.



## **Art and play therapy: innovative contributions to responding to trauma in resource limited contexts**

**Dr Nataly Woollett**

Dr. Nataly Woollett is a South African therapist and researcher, trained in the fields of psychology, play therapy and art therapy. Nataly's expertise is in trauma and bereavement; and the intersection of mental health, HIV and violence. She is vested in the wellbeing of children, adolescents and their caregivers. Nataly has an interest in the use of evidence based treatment interventions that can be taken to scale in resource limited settings that can address disease burdens of mental health, HIV and violence.

Art and play therapy are evidence and research based as well as innovative treatment methods in the work of treating trauma. 'Talking cures' often do not harness the transformative power of non-verbal access to trauma memory or the ability of clients to integrate their narratives in self-directed ways. Non-verbal therapies push boundaries by transcending language and its defenses, intervening in accessible and safe ways. These therapies are particularly helpful with children and adolescents where language to one's own experience can be limited and fragmented and where the relationship with one's 'therapist' is fraught with power inequalities. Children and adolescents easily engage in non-verbal treatment, thereby improving their agency and participation in the process, and consequently increasing motivation towards their symptom reduction. This workshop will explain the neurobiology underlying the effectiveness of these methods of treatment, particularly as they relate to trauma. Participants will briefly engage in art making and play with the intention of understanding these methods and gaining insights and skills regarding their value and application in the therapeutic process. Participants will leave with resources to bolster their work with traumatized child and adolescent clients.



**Building Resilience in HIV positive adolescents in Johannesburg**  
**Dr Nataly Woollett, Prof Lucie Cluver**

Dr. Nataly Woollett is a South African therapist and researcher, trained in the fields of psychology, play therapy and art therapy. Nataly's expertise is in trauma and bereavement; and the intersection of mental health, HIV and violence. She is vested in the wellbeing of children, adolescents and their caregivers. Nataly has an interest in the use of evidence based treatment interventions that can be taken to scale in resource limited settings that can address disease burdens of mental health, HIV and violence.

Resilience has potential to improve health outcomes for high-risk populations. Resilience may be vital for perinatally infected HIV positive adolescents, who are exposed to significant stigma and risk. Despite recognition that this population demonstrates resilience in the face of difficulty, little is known about how resilience occurs. The aim of this study was to identify elements of resilience in a group of perinatally infected HIV positive adolescents attending HIV clinics. In-depth interviews were conducted with 25 purposively selected HIV positive adolescents (15 female, 10 male) between the ages of 13-19 years in Johannesburg.

Characteristics included a pertinent set of beliefs, recognition of personal strength and capacity for self-reflection. Pragmatic acceptance about life, actively taking responsibility, and robust self-esteem were evident. Pursuing adults, accessing healthcare and challenging HIV related stigma were prevalent.

Perinatally infected adolescents, who face high levels of hardship and change, nevertheless exhibit strong resiliency beliefs, traits, and behaviours. Healthcare environments have the potential to be utilized as powerful resources in fostering resilience in HIV positive adolescents, if characteristics of adolescent resilience were integrated into current prevention and intervention programming. Resilience promotion could lead to improved health outcomes for HIV positive adolescents.

