

Creating pathways for a greater outreach to children and families affected by child abuse

A therapeutic child protection intervention

Presented by: Dr Shaheda Omar
SVRI Forum 2019



teddy bear
foundation

Background



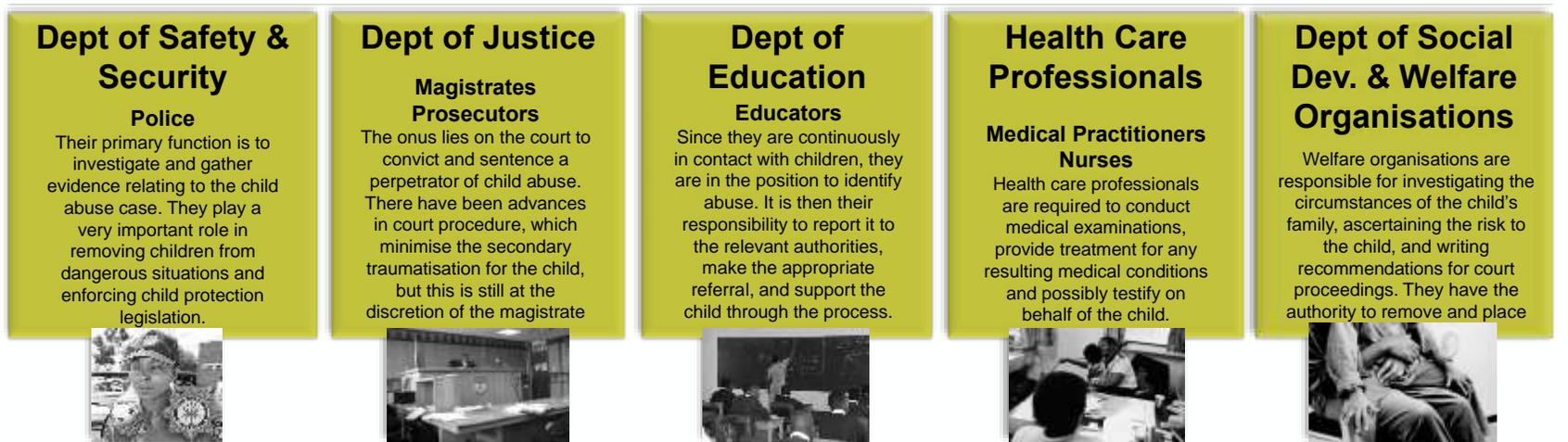
Children who are abused are subject to potentially long-lasting physical and mental health consequences (Perry, 2001), and require high-quality care (Jewkes et. al., 2010).



Background



Reported cases enter the child protection system:



- Responsible for ensuring the best interests of the child (Barborton, 2006).
- However, these services alone, are not enough (Budlender & Proudlock, 2013).

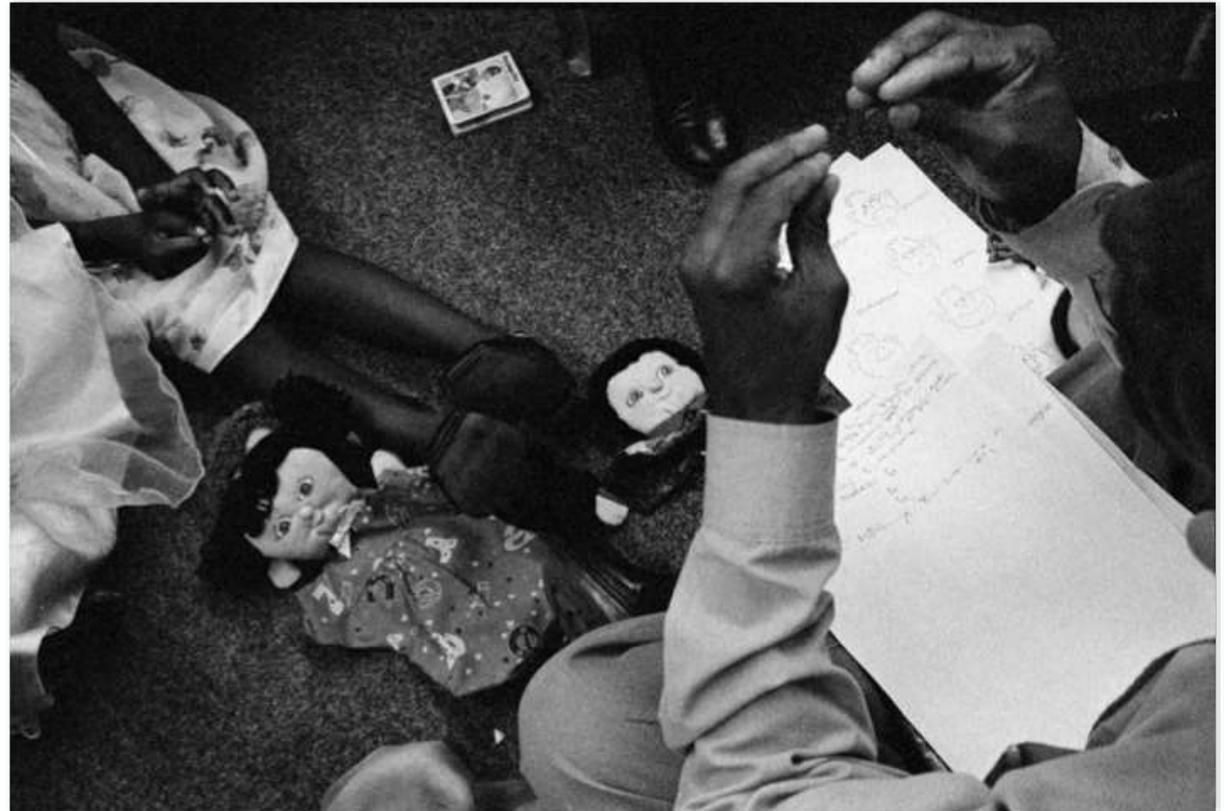
Background



Non-governmental organisations (NGOs) have thus become an invaluable source of service delivery within the South African child protection system.

Insufficient
funding

Innovation



Intervention



The Teddy Bear Foundation has designed and piloted:

A SHORT-TERM RESIDENTIAL THERAPEUTIC CHILD PROTECTION PROGRAMME

AIM:

To provide children and caregivers affected by child abuse with a therapeutic process to heal, recover and mitigate the effects of abuse through enhanced caregiver and child psychosocial support.



Intervention



OBJECTIVES:

- To engage a wide range stakeholders providing child protection services.
- To identify children and caregivers who are in need of child protection services.
- To initiate healing and recovery for sexually abused children.
- To develop and monitor safety plans for each child.
- To monitor and evaluate the short-term impact of the programme.



Intervention



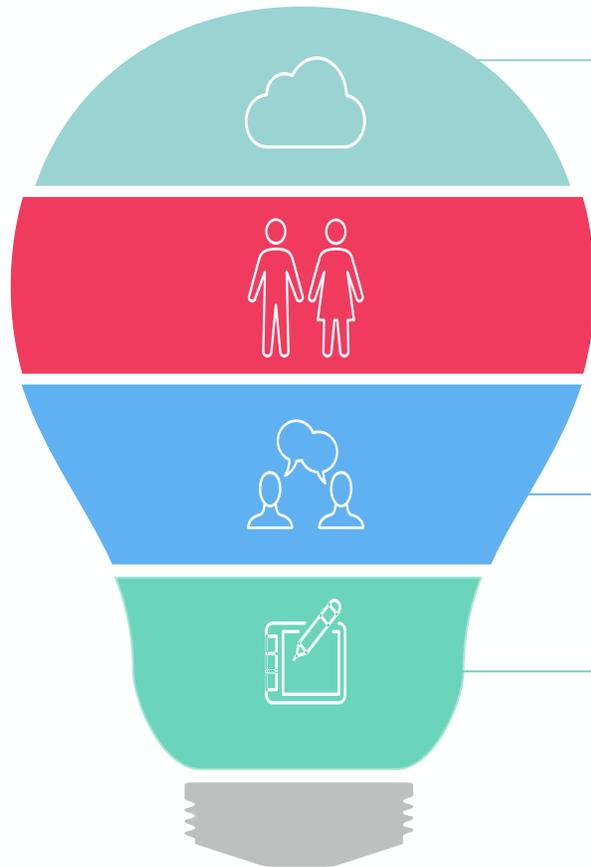
A **group-based** therapeutic programme, consisting of 4 full day sessions, which were run over two consecutive weekends.

SESSION THEMES:

- Reflection and introspection
- Healing
- Changing patterns
- Support skills for caregivers
- Legal support



Research Methods



Aims

- To explore participants' experiences of the programme, and
- To evaluate the impact on symptoms of post-traumatic stress

Sample

150 girls (7-18 yrs) and caregivers affected by child abuse were identified and recruited through government and community based support services in Johannesburg, Krugersdorp, Soweto and the East Rand.

Instruments

Intake forms, pre and post-test surveys, open-ended reflection questionnaires, process notes and reports

Analysis

Quantitative: Descriptive statistics
Qualitative: Thematic content analysis

Findings: Pre intervention



- **PTSD:** 26% of children were experiencing severe symptoms of PTSD
- **Relationships:** Poor relationships between parents & caregivers
- **Biggest challenge:** The courts, and their handling of cases

"I was moody and didn't want to talk to my mother, I felt like she blamed me for what happened and I felt it was my fault. "



"My child was always sad and withdrawn. She did not want to talk to me and I did not know what was going on. "



Findings: Post intervention



- **PTSD:** The number of children experiencing severe symptoms of PTSD dropped to 11%.
- **Relationships:** Improved relationships between parents & caregivers.
- **Trust:** Re-built trust in the system, and promoted support seeking behavior.

“After these sessions, I feel like I have a closer relationship with my mother...I have more confidence and I broke the silence.”

“My child disclosed her abuse at these sessions and I can already see a change in her. She is happier and we are now able to talk to each. I understand now what was going on with her.”



Conclusion



This innovative approach to intervention addresses the many challenges of time constraints, financial resources and personnel shortage, but it also helps to keep the therapy very focused.

It appears as madness but it is with a purpose, and the method results in favourable outcomes, creating pathways for a greater outreach to many traumatized child victims and their families.



Thank you!

Authors: Dr Shaheda Omar & Sheri Errington

This project was supported by:

